

Newham Local Assessment Protocol

RELATED GUIDANCE

This document should be read alongside.

- [Newham's Pathways to Help and Support](#)
- [London Safeguarding Procedures](#)
- [Working Together Guidance 2018](#).

1. Introduction

This protocol aims to secure the cooperative working that is essential for the effective assessment of needs and the identification of the services to be provided.

It sets out how London Borough of Newham and partner agencies, working in partnership with parents/carers, children and young people, will assess, plan and respond when there are concerns about a child and where the threshold for a social care Child and Family Assessment (Children Act 1989) is met.

2. The Local Protocol for Assessment

What is a Local Protocol?

The Local Protocol is a 'handbook' that describes what the Local Authority (LA) will do when a child is referred to the LA for support. It is a map that guides the child's journey through assessment and planning.

The main purpose of the Local Protocol for Assessment is to set out the arrangements for how cases will be managed once a referral has been received by London Borough of Newham Children's Services.

The Local Protocol will also explain what help a child receives before the thresholds are met for statutory assessment, such as when children and families require Early Help.

For the purposes of this protocol, a child is defined as anyone who has not reached their 18th birthday, including unborn children. 'Children' therefore means 'children and young people' throughout. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection (Definition provided by Working Together 2018).

What is an Assessment?

An assessment is a process of collecting information that allows somebody to understand what is happening so the child can be helped. It is the story of the child's life, who they are, who they know and their lived experiences. Whilst it is the parents' responsibility to bring up their children, they may need assistance from time to time to do so. The assessment will normally be completed in partnership with parents and will involve a range of professionals who will contribute in order to keep the child safe and help them if they have additional needs, such as those arising from a disability.

Why have a local protocol for Assessment?

In March 2018, the Department of Education published "[Working Together to Safeguard Children 2018. A guide to inter-agency working to safeguard and promote the welfare of children](#)".

Working Together explains what the LA and other organisations should do to safeguard and promote the welfare of children. The government has asked all LA's with their partners to write and publish a 'Local Protocol for Assessment'.

The Local Protocol allows children, young people, their families and everyone who works with them to understand exactly what process they can expect whilst children are being helped by London Borough of Newham.

Who is the Local Protocol for Assessment for?

The Local Protocol ensures children, young people, their families and everyone who works with them understand exactly what to expect whilst children are being helped by London Borough of Newham.

3. Thresholds and Referrals

A threshold is a point at which something might happen, stop happening or change, in relation to providing services to a child, young person and their family to make sure the child or young person has the right people doing the right things to keep them safe, healthy and achieving the best in life we and they could hope for.

[Newham's Pathways to Help and Support](#) ensure we access the right Assessments and services for children and their families in times of need and supports the right conversations to happen at the right time to identify children in need of help and protection.

Multi-agency Safeguarding Hub

The Multi Agency Safeguarding Hub (MASH) is the single point of contact for all safeguarding concerns regarding children and young people in Newham. It includes representation from Children's Social Care, Police, Health, Probation, Education, Youth Offending Service, Housing, Family matters, IDVA service, voluntary services and Adult Services.

MASH acts as a front door to manage all safeguarding referrals and determines the level of response that is offered to contacts and referrals. MASH undertake further information gathering about the child and their family from relevant agencies and their own multi-agency records, and from this combination of information will decide as to whether a referral needs to be made to the Assessment Team for a Child and family Assessment.

Where the concerns for a child are immediate and serious, the MASH information gathering process runs parallel with the Rapid Response Team to ensure essential safeguarding action planning between Children's Services, the police and health.

The MASH is a referral mechanism undertaking information gathering, analysis and decision-making. It does not provide direct services to children. Rapid Response, Assessment & Intervention teams and Early Help Families First work directly with children and their families.

MASH will inform referrers of the outcome of the referral and the decision that has been taken.

4. Principles of Assessments

High quality assessments are timely, transparent and proportionate to the needs of individual children and their families. All Assessments should:

- Identify what is working well in the family;
- Identify worries about the children and young people in the family through meeting them directly and eliciting their wishes, views and feelings or through observation of relationships;
- Identify what needs to change for the care of the children to be safe and stable in the long term;
- Be undertaken in partnership with family members, ensuring that each child and family understands the type of help offered and their own responsibilities, so as to improve the child's outcomes;
- Be undertaken using a whole family approach which takes account of the perspectives of family and extended family, professional and naturally occurring networks.

The purpose of assessments is to enable effective, evidence-based decision making. Decisions must be recorded and shared with children, families and partner agencies involved with them.

Recording will always include information on the child's development so that progress can be monitored to ensure their outcomes are improving. This will reduce the need for repeat assessments during care proceedings, which can be a major source of delay.

5. Early Help Assessments

Universal Early Help

Universal services have an important role to play in identifying and providing early help to children and families where they can. Practitioners within universal services such as schools, children's centres and health are well placed to identify emerging needs as they work with all children in the borough. In the majority of cases, needs identified by families or universal practitioners will not require any additional support. Our assumption is that at any given time the majority of children, young people and families in Newham are thriving and their needs can be best met within universal services through the receipt of information, advice and guidance or being signposted to appropriate services. Children, young people and families have access to a range of services within the local community and settings that is universally available to all.

In some circumstances, some children will require support which is additional to, or different from that which is normally provided at the universal level. The Early Help Record is a universal tool for supporting children, young people and families with the early identification of needs and agreeing a plan of action. As soon as a problem emerges, an Early Help Record is initiated in partnership with the family to capture their story, identify what is working well and what could be better. The multi-agency Team Around the Family (TAF) meeting will agree a coordinated plan of support and an appropriate universal lead practitioner to continue to work with the family. This will be reviewed within 6 weeks to highlight successes and progress made and to agree next steps.

There is an Early Help Response which is co-located in MASH as part of the integrated front door engage in useful conversations to help understand the presenting needs and obtain the family's consent to early help; identify the most appropriate agency to offer support to family in a timely manner; support a seamless transition from statutory to universal services as part of the step down process; and provide support to universal practitioners to embed the Early Help Framework to prevent needs from escalating to the point of requiring statutory intervention. The team supports universal practitioners to help families through the completion of an Early Help Record and will also identify an appropriate lead practitioner for those families that require a multiagency response via the Neighbourhood Action Meeting (NAM).

NAM is a fortnightly multi-agency and multi-disciplinary meeting that brings together professionals from a range of different agencies and disciplines to discuss and agree how the needs of identified children and families can best be met at Level 1 or 2 of the Pathways

to Support and Protection. This meeting facilitates greater communication and information sharing that increases interagency collaboration to create a better understanding of a family's needs to agree an appropriate lead agency to support the family. Universal services can also present and seek support by attending NAM if a family plan is not progressing towards the agreed outcomes.

Targeted Early Help: Families First

In some circumstances, a child or family's presenting needs cannot be met at the universal level and may require targeted and time limited support to prevent problems from escalating further. Some families will require additional help at various points within their lives and may need to access targeted services to help re-build their resilience and capacity to manage. Families First work with children, young people and families that have additional or complex needs that require multiagency support but do not meet the threshold for statutory involvement. The service provides targeted early help to families for a 3-6 months period, where one or more of the following factors is impacting on the child or young person's wellbeing:

- Parental domestic abuse
- Parental mental ill-health
- Parental substance misuse
- Parents with learning disabilities/difficulties
- Family conflict
- Children at risk of exclusion or those who have already been excluded from school, including children not in education, employment or training (NEET)
- Young people at risk of exploitation in the community
- Young people with emotional well-being difficulties
- Young people perpetrating domestic abuse against their parents

How Families First services are allocated

Targeted Early Help services are most likely to be allocated if a family has additional or complex needs that require a multiagency response, the family consents to engagement and where needs cannot be met entirely at the universal Early Help level.

Where allocated, Families First services will be shaped by the following principles:

- An Early Help Record will be used to engage the family and seek consent to their involvement, understand strengths, needs and risks, establish goals, and record the work undertaken by all agencies in partnership with the family.
- The multi-agency Team Around the Family (TAF) meeting will agree a coordinated plan of support and an appropriate universal lead practitioner to continue to work with the family.
- To work in collaboration with universal services to provide a co-ordinated package of support and work to help the child, young person or family to build capacity and resilience to sustain changes.
- To act as the lead practitioner for the family, taking responsibility for ensuring that the agreed family plan progresses and is reviewed regularly in partnership with the family and involved agencies.
- To seek to understand the child or young person's lived experience by engaging with the child, young person, family and other professionals, and maintain regular contact with the child and/or family via face to face contact and/or other means of communication.
- To undertake regular and timely multiagency reviews at least every six weeks by holding Team around the Family (TAF) meetings, to review progress against any identified actions established within the plan to ensure they are meeting the identified needs.
- Families choosing to decline early help services does not mean that specialist safeguarding services will become involved except where there is a risk of significant harm to the child concerned or where they may present a significant risk to others.
- If safeguarding concerns arises as part of the targeted work with family, then these will step up to MASH with the full knowledge and consent of the family as appropriate.

6. Statutory Assessments and Review

What is a Statutory Assessment under the Children Act 1989?

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 of the Children Act 1989. This requires working together with children, young people and families and it will require their consent to progress. A 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 London Borough of Newham, under [Section 47](#) of the 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 of the Children Act 1989, where a child is subject of a [Care Order](#), London Borough of Newham 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](#) of the Children Act 1989, London Borough of Newham 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 needs.

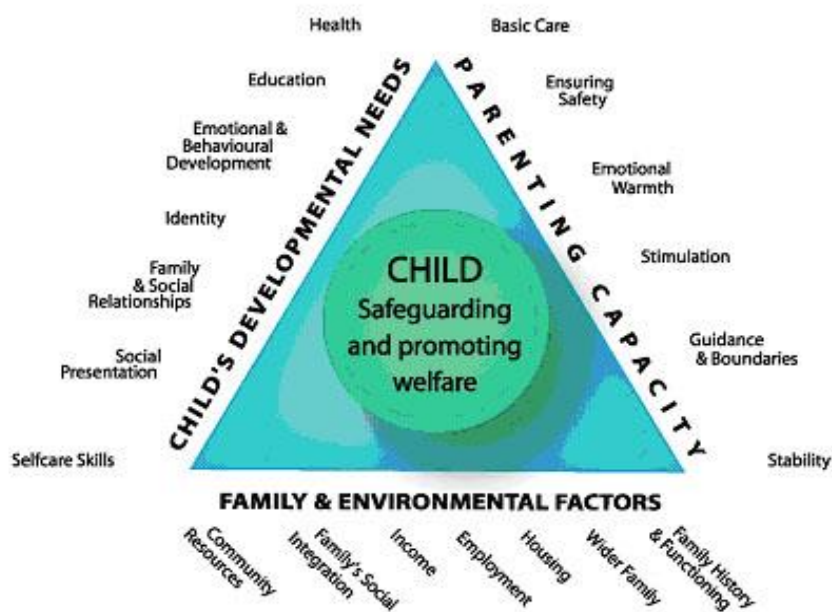
Where a child becomes looked after, the assessment will be the baseline for work with the family while the child is away. Any needs which have been identified must be addressed before decisions are made about the child's return home.

An assessment by a social worker is required before the child returns home under the Care Planning, Placement and Case Review England Regulations 2015. This will provide evidence of whether the necessary changes and improvements have been made to ensure the child's safety when they return home.

7. Statutory Assessment in the London Borough of Newham

Practice Standards - Child & Family Assessments and S47 enquiries.

A children's social care (statutory) assessment in Newham is called a Child and Family Assessment and has replaced what was previously known as an Initial Assessment and Core Assessment. All assessments will use the Framework for the Assessment of Children in Need and their Families (as set out in [Working Together 2018](#)).



This assessment framework provides a model to examine how the different aspects of the child's life and context interact and impact on the child. It is important that:

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

The purpose of an assessment (whether carried out s17 child in need or s47 child protection) is to understand what is happening in the child's life (including unborn), exploring how they are cared for by the adults around them and how their health, education and wellbeing needs are being met. Where there has been, is, or likely to be unmet need, or the child is suffering harm, the assessment should identify what help and support the child and family require to meet the need and prevent further harm.

- ✓ **History/chronology:** The family history is critical to understanding the child's experience and predicting the future. As the first step in the assessment process the social worker should review referral information, MASH research and any history available to them, starting or updating the chronology, which should continue to be routinely updated.

- ✓ **Planning the assessment:** The social worker should plan how they intend to carry out the assessment, including identifying the focus of the assessment, when, where and how the assessment will be conducted. Who will need to be spoken to, what information will be needed to be gathered, any additional considerations (e.g. communication aids, interpreters) and what resources will be needed. The social worker should estimate how long the assessment may take to complete, this should be agreed between the social worker and manager, then reviewed regularly.
- ✓ **Engaging the child & family:** The assessment should be undertaken in partnership with the child and family, with their consent and full participation. The social worker should carefully explain the reason and purpose of the assessment and keep the family informed throughout the process. If this is not possible, the reasons should be clearly recorded.
- ✓ **Information gathering:** The assessment is holistic and requires information sharing from a number of sources, by all those involved in the child and family. Wherever possible, multi-agency checks should take place through discussion with key professionals in the child's life, not relying solely on database checks or standardised letters. The assessment should be balanced, identifying strengths and protective factors as well as need and harm. When gathering information, consideration needs to be given to how reliable the information and/or source is. Information should not be taken at face value, it should be checked, and fact, opinion and hearsay should be differentiated.
- ✓ **Visits/talking to the child:** Understanding the child's perspective, wishes and feelings is central to the assessment. The social worker should see and speak to each of the children separately in their first language and wherever possible they should be seen on their own. If this is not appropriate or possible, the reasons should be clearly recorded. The child/ren should be seen as quickly as possible and no later than 10 days after the referral. Thereafter, the number and frequency of visiting should be proportionate to the complexity of the situation. Visits should not be less than every 10 days.
- ✓ **Parent's, carers and the wider family:** The assessment should explore the child's whole family, friendship and community network as there may be significant people in the child's life beyond those living in the household. Every assessment should include a genogram and/or ecomap which highlights key people in the child's life. The genogram should be routinely updated whilst the case remains open. Particular attention should be paid to include fathers in the assessment.
- ✓ **Analysis:** The social worker will analyse the information gathered and come to a professional judgement about whether or not the child/ren are presently safe and

predict the likelihood of this remaining the same or changing in the future. The analysis should refer to the following:

- The strengths and protective factors in the child's life.
- The need/harm or potential need/harm to the child. Separating the issues e.g. DSV, drug misuse, emotional abuse, mental health difficulties.
- To judge 'significance' the following should be referenced: How long the need/harm has been going on for (Duration). How often it is happening/has happened (Frequency). The context in which it happens/has happened. The seriousness of the incident/s or situation.
- If the child has been harmed or at risk of harm, what the harm attributable to (Cause) i.e. (a) the parenting/parent's behaviour (b) the environment or harm in the community (c) the child is beyond parental control.
- What has been or will be the impact on the child's health and wellbeing in the immediate, medium and long term.
- Where there are multiple concerns, is there a correlation, do they compound each other?
- The parent's response to the concerns raised. E.g. Recognition and insight into the concerns. Do they accept responsibility? Have they been able to offer alternatives? How able are the parents/carers to manage the risk factors themselves?
- The level of engagement from the parents. E.g. Their level of co-operation or resistance. When considering the parents behaviour, is there a genuine commitment to change, compliance with requirements, disguised compliance and/or overt non-engagement;
- Whether any professional intervention thus far has made any difference. Has anything changed in relation to (1) the child's experience (2) the parenting being given. What is it? If little or nothing has changed:
- What is parent's ability & motivation (capacity) to change, what is the likelihood of change in the future? How soon is that change likely to occur and is this soon enough for the child?
- If change is present what is the likelihood of change being sustained when professionals are not present? Being clear about what level of engagement

helps to predict this. If there is genuine commitment, the likelihood of maintenance is higher than if you only have compliant behaviour.

- Triggers for relapse? If some change has been achieved, what might cause the situation to return as before? E.g. The return of an abusive partner triggering a return to alcohol misuse;
 - The analysis should note what is not known about the child & family and consideration given to its importance, recognising whether a robust analysis can be made without it.
- ✓ **Professional judgement:** Once the issues have been weighed up, the social worker needs to predict 'on a balance of probability' and with a safe level of uncertainty, the likelihood of the concerns continuing or re-emerging in the future and what factors are likely to increase the risk of harm.
- ✓ **Plans:** If the assessment has identified unmet need or harm, the social worker should recommend what needs to change and what, if any, help or services the family need to make those changes. This informs the child's plan which the social worker should develop with the family. The initial plan will provide any subsequent lead professional, Families First worker or statutory social worker with a clear outline of what help and services are required.
- ✓ **Timeliness of assessment:** The length and depth of the assessment should be proportionate to the complexity of the child's situation and the level of need/harm. The social worker and manager should estimate the number of visits and expected length of time it will take to complete the assessment at the point of allocation. This should be reviewed after the first visit and any extension authorised by the manager. All assessments should be completed, and the final report shared with family no later than 45 days of receipt of the referral.
- ✓ **Provision of information, guidance and signposting:** Where the assessment concludes the child is not in need or at risk of harm, the family should be provided with advice and signposted to a service for support as required. This should take place without delay and should be completed no later than 20 days from the end of the assessment.
- ✓ **Transferring the family to Early Help Families First Service:** If the family require a Families First service and provide consent for this to happen, a referral to the service should be made, a transfer discussion should take place with the allocated Families First worker and a joint visit to the family to handover. This should take place

without delay and should be completed no later than 10 days from the end of the assessment.

- ✓ **Providing further s17 Child in Need statutory services to the family:** Where the assessment concludes the child is in need and requires an intervention service, or through the course of the assessment the child has become Looked After. The family will need to be transferred to the relevant statutory service. This should take place without delay and should be completed no later than 10 days from the end of the assessment. *Refer to Newham's Transfer Terms of Reference for further details.*

- ✓ **Providing further s47 Child Protection statutory services to the family:** Where the assessment & s47 enquiry concludes the child is at risk of harm and requires an intervention service. An Initial Child Protection Conference (ICPC) should be requested without delay and should be completed no later than 15 days from the strategy meeting. The social worker will complete their report for ICPC and transfer the family to the Intervention service at the ICPC *Refer to Newham's Transfer Policy for further details.*

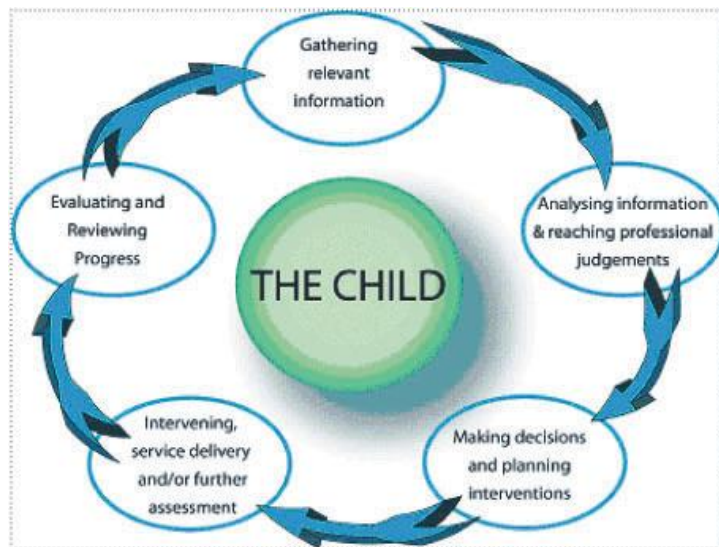
- ✓ **Management oversight & decisions:**
 - **Allocation:** When a decision maker in the MASH decides the situation meets the threshold for a C&F assessment, a manager should allocate the child/ren to social worker within 1 day of receipt of the referral.

 - **Length of assessment:** Managers should discuss the progress, findings and review the length of the assessment with the social worker at allocation and throughout the process. Managers are expected to review the assessment after the first visit no later than 10 days from referral.

If the assessment requires further action the manager needs to authorise an extension and will review again no later than 25 days (from referral).

Complex situations may require the assessment to be extended further, the manager needs to authorise an extension and the should review the social workers conclusion and recommendations for further action. Managers should authorise all remaining extended assessments no later than 40 days (from referral).

8.The Assessment Cycle



How it will work; implications for partners and parents

Within 24 hours, Newham Multi-Agency Safeguarding Hub (MASH) will decide as to whether a contact requires a statutory response and becomes a referral to Children’s Services (Section 17 or Section 47). A decision-maker who is a social work Practice Lead (manager) will decide the type of statutory response that is required.

In urgent and very serious cases (mostly Section 47) the decision will be made immediately and will be prioritised without delay with a visit by a social worker within the same 24 hours of referral decision to assess the child’s/children’s welfare.

For less urgent cases (Section 17) the child must be seen by a social worker within 10 working days of the referral decision.

For children who require immediate protection, action must be taken by the social worker, or the police or NSPCC if removal is required, as soon after the referral decision has been made (Section 44 and 46 of the Children Act 1989).

The Practice Lead in discussion with the social worker will set the timescale at the outset of the assessment process for its completion as described above. The maximum timeframe for the assessment to conclude and be signed off by a Practice Lead should be no longer than 40 working days from the point of referral decision.

It is the responsibility of the social worker to clarify to the child and their family how the assessment will be carried out and shared with the child, their family and relevant partners within the agreed completion date.

The social worker will evaluate the type and seriousness of risks of harm to the child; in doing so all current 'risk assessments' provided by partner agencies will be considered. The evidence base of any risk assessments should be made available to the assessing social worker by the relevant agency, so this can be discussed with the family, as is appropriate in each case.

Whatever the timescale for assessment and where particular needs are identified at any stage of the assessment, the social worker will not wait until the assessment is completed before commissioning services to support the child and their family. In some cases, the needs of the child will mean that a quick assessment will be required.

Providing services or initiating Care Proceedings should not be delayed until the assessment is completed, as this can have a detrimental impact on the child's development. It is important for the child that they are able to reach their full developmental needs at the right time throughout their life.

For cases where child protection concerns arise, the assessment will be completed in accordance with section 47 of the Children Act 1989. The assessment must be completed within 13 days of the first strategy discussion to enable the assessment report to be available to an Initial Child Protection Conference (ICPC). The ICPC must be held within 15 working days of the strategy discussion at which the decision to initiate a Child Protection Enquiry was made.

The social worker will go through the Social Work Assessment and chronology with the child/ children and family 2 days prior to the Initial Child Protection Conference.

For cases where there are no child protection concerns but where the child is believed to be a Child in Need, the assessment will be completed under section 17 of the Children Act 1989. At the start of the assessment, the social worker will see the children individually, discuss with the team manager and agree with the family the length of time it will take for the assessment to be completed within 40 working days.

Assessments carried out for looked after children will also be completed within 40 working days and focus on the child's developmental progress, including his/her health, and the desired outcomes for the child, taking account of the wide range of influences which affect a child's development both positively and negatively, using the Assessment Framework. These assessments take place in consultation with family members and carers and well as the child themselves and will be shared accordingly.

The Practice Leads and social worker will discuss the progress of the assessment prior to the anticipated completion date. If there are valid reasons for the assessment not being

completed within the agreed timeframe, this will be recorded, and a revised timeframe will be set if appropriate. The reason for delay must be valid and approved by the Practice Lead.

Where child protection concerns become evident in the course of a S17 assessment then the Practice Leads will convene a multi-agency strategy discussion in accordance with the London Safeguarding Children's Board Child Protection Procedures.

Contribution of partner agencies working with the child and their family

The parent's consent should usually be sought, before discussing a referral about them with other agencies, unless this may place the child at risk of Significant Harm, in which case the social work manager should initiate a Strategy Discussion. If there is suspicion that a crime may have been committed including sexual or physical assault or neglect of any child, the Police must be notified immediately.

When consent is obtained, all agencies and professionals involved with the child, and the family, have a responsibility to contribute to the Assessment process. This might take the form of providing information in a timely manner and direct or joint work. Differences of opinion between professionals should be resolved speedily but where this is not possible, the local arrangements for resolving professional disagreements should be implemented. It is possible that professionals have different experiences of the child and family and understanding these differences will actively contribute to the understanding of the child and their family.

For all children under the age of 5, the expectation is that visits will be undertaken jointly between the social worker and health visitor.

For cases where there are concerns about neglect, assessments should include use of the [Graded Care Profile](#) in order to monitor the impact on the child's development and check progress is being made.

Attention will be paid to 'drift and delay' and all parties contributing to the assessment will be responsible for timely completion. If drift or delay is having an impact on the outcomes for the child, there is accountability for all agencies to the Newham LSCB.

Where there is a delay, or any other issue of concern, the [Newham Resolving Professional Disagreements process](#) or individual agency complaint processes are available for professionals, parents and children.

All agencies contributing to the statutory assessment process will have a responsibility to ensure that their staff work within the Local Assessment Protocol and that their staff have received the necessary safeguarding training.

If during the course of the Child and Family Assessment, it is discovered that a school age child is not attending an educational establishment, the social worker should contact the Children Missing Education Team – childrenmissingeducation@newham.gov.uk - to establish a reason for this.

Agencies providing services to adults who are parents, carers or who have regular contact with children must consider the impact on the child of the particular needs of the adult in question.

Assessing family from abroad

An increasing number of cases involve families from abroad, necessitating assessments of family members in other countries. However, the Court of Appeal has pointed out that it might not be professional, permissible or lawful for a social worker to undertake an assessment in another jurisdiction. CFAB advise that enquiries should be made as to whether the assessment can be undertaken by the authorities in the overseas jurisdiction. UK social workers should not routinely travel overseas to undertake assessments in countries where they have no knowledge of legislative frameworks, cultural expectations or resources available to a child placed there.

See also [Child protection: Working with foreign authorities Guidance \(DfE, July 2014\)](#).

Statutory Return Home from Care Assessments

Regular assessments are a core part of the care planning process for looked after children. It is also essential that an up-to-date assessment informs any decision-making and trajectory planning for a child to return home. Return home from care will be perceived as a positive option as long as the return home step is assessed as safe and where, for older young people, the risk associated with a return home is outweighed by the risk associated with placement in care. These principles are:

- The nature and level of the harm that triggered entry to care is fully understood in the present;
- The nature of any change, since entry to care, in family or extended family composition and functioning is understood in relation to past harm;
- The child's level of resilience and ability to self-protect is understood in relation to the past harm;
- The nature and level of any future danger is understood;
- The proven willingness, ability, and motivation to make and sustain changed behaviour in parents and family networks is understood;

- The proven willingness to engage honestly with protective and supportive services on the part of the parents in the future is understood;
- A plan has been developed that includes the views of the child, parent(s) and other significant adults, and has been shared with the family, the child, and key professional networks;
- Birth parent(s) agree in writing to support the planned contact arrangements between the child and protective adults and professionals outside the family;
- The child has a safety plan and/ or support plan specific to them.

The decision-making process requires that:

- The history of harm, the changes that have taken place since entry to care, the identified risks for the future and the protective plan for the future have been understood and agreed by the Service Manager who is not the line Manager for the case;
- The Independent Reviewing Officer will be notified of the outcome of the assessment in relation to the above and plan for a child to return home in a timely manner to enable a final LAC Review;
- Where a Looked After Child is discharged from care at very short notice (e.g. Placement breakdown leading to decision by parents/Local Authority to return S20 child home) time constrictions mean that a LAC Review cannot always be arranged prior to a child returning home. In such cases LAC status will end when a child returns home and a Child in Need Review will be held within 20 working days of the child's return;
- The Director of Operations must approve the ending of LAC status for any young people age 16 and 17 years who had a previous Care Plan to remain Looked After long term until 18 years.

9. Assessing Specific Children

Where a child is involved in other assessment processes, it is important that these are coordinated so that the child does not become lost between the different agencies involved and their different procedures. All plans for the child developed by the various agencies and individual professionals should be joined up so that the child and family experience a single assessment and planning process, which shares a focus on the outcomes for the child.

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 are a proactive means of analysing the potential risk to a new born baby when there is concern

about a pregnant woman, her partner or ex-partner and where relevant, her immediate family.

The main purpose of a pre-birth assessment is to identify what the risks and potential needs of the unborn child and his/her family may be, whether the parent(s) are capable of changing so that the risks can be reduced and if so, what supports they will need.

In a High Court judgment (Nottingham City Council v LW & Ors [2016] EWHC 11(Fam) (19 February 2016)) Keehan J set out five points of basic and fundamental good practice steps with respect to public law proceedings regarding pre-birth and newly born children and particularly where Children's Services are aware at an early stage of the pregnancy.

In respect of Assessment, these were:

- A risk assessment of the parent(s) should 'commence immediately upon the social workers being made aware of the mother's pregnancy';
- Any Assessment should be completed at least 4 weeks before the mother's expected delivery date;
- The Assessment should be updated to consider relevant events pre - and post-delivery where these events could affect an initial conclusion in respect of risk and care planning of the child;
- The Assessment should be disclosed upon initial completion to the parents and, if instructed, to their solicitor to give them the opportunity to challenge the Care Plan and risk assessment.

Disabled Children: Education, Health & Care Plan Assessments

A disabled child in a family will receive a Statutory Assessment as any other child. Any service eligibility assessment, carer assessment or special educational need assessment will be taken into consideration by the assessing social worker before concluding the analysis and agreeing with the family any future multi-agency plan.

Any Education, Health & Care Plan assessment will consider any statutory assessment that has occurred within 3 months. Where a child is known and open to a social worker or child and family worker, then the Education, Health & Care Plan Co-ordinator leading the assessment will initiate contact and receive an update of the child's progress and family circumstances as identified in the last review of any plan so that assessments of educational, social and health needs are coordinated.

If a young person aged 13+ has a disability which means they may receive a service when they become an adult, the assessing and reviewing social worker will undertake further assessment of needs prior to young person's 18th birthday to identify need for services into adulthood.

Young Carers and Families

Young carers are children under the age of 18 who provide regular and ongoing significant unpaid care or emotional support to a family member or friend who is physically or mentally ill, disabled, or misuses alcohol or other substances.

The child or young adult has caring responsibilities that are important and relied upon within the family in maintaining the health safety or the day to day wellbeing of the person receiving care or of the wider family. It does not apply to the everyday and occasional help around the home that may be often expected of or given by children and families and is part of community and family cohesion.

Young adult carers are aged 16 to 25 years and have specific needs and rights as they make the transition to adulthood.

The Children and Families Act 2014 amended the Children Act to make it easier for young carers to get an assessment of their needs and to introduce 'whole family' approaches to assessment and support. Local authorities must offer a young carer's needs assessment if a child or their parent requests it or where it appears that a child is involved in providing, or intending to provide, care. This legislation is aligned with similar provision in the Care Act 2014 requiring local authorities to consider the needs of young carers if, during the assessment of an adult with care needs, or of an adult carer, it appears that a child is providing, or intends to provide, care. In these circumstances the authority must consider whether the care being provided by the child is excessive or inappropriate; and how the child's caring responsibilities affects their wellbeing, education and development. These duties were implemented on 1st April 2015 and are reflected in Working Together to Safeguard Children 2018.

No care package for a child or adult should rely on excessive or inappropriate caring by children and young adults. The Local Authority can combine the needs assessments of more than one family member if everyone agrees. To do this effectively requires local services working together across the statutory and voluntary sectors to consider the whole family's needs.

A young carer's needs assessment must include an assessment of whether it is appropriate for the young carer to provide, or continue to provide, care for the person in question, in the light of the young carer's needs for support, other needs and wishes. A local authority, in carrying out a young carer's needs assessment, must 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.

Assessments of a young carer must always consider the capacity of their parents to offer a level of care necessary to respond appropriately to the child's needs. Parenting capacity will need to be assessed in the context of the family's structure and how family members relate to one and other and to their wider community. Where the person is a young carer, caring for their parent (or a parental figure) it will be important to protect the child from taking on a role in which they feel responsible for "parenting" the adult who would usually be caring for them.

The results of a young carer's needs assessment will include establishing whether the child should be provided with services as a Child in Need (under section 17 of the Children Act 1989).

The starting point for any assessment will always be children are children first.

Children involved in the Youth Justice System: Youth Justice Assessments

Where the Youth Offending Team is involved, the YOT case manager will be expected to contribute to the statutory assessment. YOT staff may have also completed or contributed to an Early Help Record. All specific youth justice assessments will take account of any statutory assessments and plans in place for the young person.

Youth Offending Teams carry out assessments for young people in a range of circumstances: young people at risk of offending (i.e. prevention services), triage and diversion, out of court disposals (e.g. Youth Cautions) and statutory interventions. The main framework for the assessment of young people in the youth justice system is AssetPlus. AssetPlus is an assessment and planning framework approved by the Youth Justice Board and mandated by National Standards 2013. AssetPlus provides a framework for practitioners to analyse the young person's offending and anti-social behaviour and identify factors or circumstances which may contribute to similar behaviour in future. AssetPlus places a focus on identifying strengths and factors which may help or hinder the process of desistance. The information gathered from AssetPlus is used to inform court reports and help formulate plans of intervention to address needs, safety and wellbeing and future offending, including harm to others.

Youth justice assessments follow many of the key principles of assessment described in detail above, including effective engagement with young people and parents/carers (which involves the use of specific self-assessment tools), obtaining information from a wide range of sources, and assessing parenting capacity. In all cases, a judgement will be made in respect of the likelihood of further offending, overall safety and wellbeing and risk of harm to others. In relevant cases, following a period of intervention, an additional assessment will be made in respect of young people who present an ongoing risk of harm to children.

Where young people have admitted or been convicted of sexual offences, the AIM2 assessment framework will be used to identify strengths and concerns, which will inform intervention plans and reunification arrangements.

Under section 3 of the Legal Aid, Sentencing and Punishment of Offenders Act 2012 a child becomes looked after by London Borough of Newham when they are remanded into Local Authority Accommodation by a Criminal Court or made subject of Youth Detention Accommodation. The statutory guidance for care planning and eligibility for services therefore also apply in these circumstances. Where a child is remanded to Youth Detention Accommodation a Detention Placement Plan will be prepared in addition to standard youth justice assessments and plans. The Detention Placement Plan will be undertaken by a qualified Social Worker in the relevant social care team. Visits to the secure establishment may take place in conjunction with the YOT Case Manager in order to avoid multiple assessment interviews for the young person and to encourage a joint approach to assessment.

Unaccompanied Asylum-Seeking Children - 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). Age assessments will be carried out in accordance with guidance to ensure they are Merton Compliant.

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 Newham Children's Social Care Services via MASH. Contact with London Borough of Newham 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 safeguarded.

MASH will check whether 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.

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

Newham Children's Services will undertake statutory Child and Family assessment 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 Child and Family Assessment; 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, a strategy discussion will be convened, and Pan London Child Protection Procedures will be followed.

Support and advocacy will be offered by Manor Gardens Community Centre to all women who have undergone FGM.

Contextual safeguarding

As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including: exploitation by criminal gangs and organised crime groups such as county lines; trafficking, online abuse; sexual exploitation and the influences of extremism leading to radicalisation. Extremist groups make use of the internet to radicalise and recruit and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered.

In London Borough of Newham Child and Family Assessments of children in such cases will consider whether wider environmental factors are present in a child's life and are a threat to their safety and/or welfare. Children who may be alleged perpetrators will also be assessed to understand the impact of contextual issues on their safety and welfare. Interventions will focus on addressing these wider environmental factors, which are likely to be a threat to the safety and welfare of a number of different children who may or may not be known to Newham Children's Services children's. Assessments of children in such cases should consider the individual needs and vulnerabilities of each child and look at the parental capacity to support the child, including helping the parents and carers to understand any risks and support them to keep children safe and assess potential risk to child.

Local authorities also have a statutory duty to have '*due regard, in the exercise of its functions, to prevent people from being drawn to terrorism*' under the provisions of the Counter-Terrorism and Security Act 2015. In complying with this duty, London Borough of Newham works in partnership with a range of statutory partners including the police, prisons and the probation service, the health service, as well as schools and education providers.

For children and young people at risk, or vulnerable to radicalisation, a referral can be made to Channel to assess the risk; Channel is a multi-agency panel that aims to prevent vulnerable individuals from being drawn into extremist or terrorist ideologies. All referrals for children are managed through MASH. Imminent threats of harm must be reported directly to the Police.

10. Other Specialist Assessments

The Child and Family Assessment is informed by other specialist assessments. It may trigger another agency assessment or contribute to them.

When a Child and Family Assessment is triggered, the social worker will ensure that any other current or ongoing assessments by other agencies are identified and requested from partners. This means that all relevant information, assessments and plans, made by professionals with the child and family informs the Child and Family Assessment. Professionals who have contributed to the Child and Family Assessment will be recorded on the assessment form and their analysis of the main strengths and concerns of the current circumstances for the child and family will be explicitly considered throughout.

Court related assessments

If a Court has concern for the welfare of a child during the course of proceedings in a private law application, then they can ask a social worker to conduct a Section 37 assessment. The information gathered during this assessment will assist in the decision making and care planning for the child.

Where a child is currently in receipt of or has received a service from London Borough of Newham in the month, the court may ask London Borough of Newham for a Section 7 Assessment when they are considering any private law application under the Children Act 1989. Otherwise social workers from Child and Family Court Advisory Support Service (CAFCASS) may produce such reports for the court.

Private Fostering Assessment

A Private Fostering Assessment must be completed when a child under the age of 16 years (18 years if the child has a disability) has been cared for by someone who is not a close

relative for longer than 28 days. The statutory assessment is to ascertain the carer's suitability to care for the child/young person and must also consider the child's needs to ensure the carers are able to provide suitable day to day care of the child/young person.

Assessment of Prospective Adopters and Special Guardians

Assessment of prospective adopters including step parent adopters are different from a statutory assessment of a child's needs, but the child's need must be considered when completing these assessments to ensure the adopters are able to care for the child and meet their needs.

Special Guardianship Order/Child Arrangement Order assessments of friends or family capacity to become Special Guardians or exercise parental responsibility via a Child Arrangement Order for a child. This is different from a statutory assessment of a child's needs, but the child's need must be considered during any relevant private law or public law proceedings to ensure the carers are able to care for the child and meet their needs.

Health assessments

Health assessments can provide valuable input and insight into the wider assessment process and should be considered for all children where a section 47 assessment is being considered. Health assessments should be performed in a timely manner by health professionals who have the experience and capacity to undertake a comprehensive medical and developmental history and perform an appropriate physical examination. This will be a Specialist Paediatric Registrar, an associate specialist or a Consultant Paediatrician (a consultant would oversee all assessments). Practitioners undertaking the assessment of Sexual abuse requires additional forensic training and have relevant experience and competence which the majority of paediatricians will not have.

Any limitations of a parent or older adolescent (16 plus) to consent and contribute to a statutory assessment under the Children Act 1989 may be assessed under Mental Capacity Act or Mental Health Act by health or adult professionals.

In general, it is good practice for the child's social worker to attend the appointment to ensure that the child is supported and that all relevant information is shared with the medical practitioner.

11. Problem Resolution Procedure

Dissent and disagreement

[LSCB Escalation Policy](#)

Disagreements could arise in a number of areas, but are most likely to arise around:

- thresholds
- roles and responsibilities
- the need for action
- communication

Problem resolution is an integral part of professional co-operation and joint working to safeguard and promote the well-being of children/young people. While often a positive sign of developing thinking within a dynamic process this can therefore, however, be reflected in the immediate term as a lack of clarity in procedures or approaches.

Professional disagreement is only dysfunctional if not resolved in a constructive and timely fashion. Disputes where necessary should be escalated to the relevant Practice Lead or in the case of a dispute with Practice Leads decision making then the relevant Service Manager.

Attempts at problem resolution may leave one worker or agency believing that the child remains at risk of significant harm. This person or agency has responsibility for communicating such concerns through agreed channels.

Key Principle

It is every professional's responsibility to "problem solve". The aim must be to resolve a professional disagreement at the earliest opportunity as swiftly as possible, always keeping in mind that the child and young person's safety and welfare is the paramount consideration.

The London Borough of Newham Safeguarding Board is clear that there must be respectful challenge whenever a professional or agency has concern about the action or inaction of another. If a professional disagreement arises and the issue cannot be resolved between practitioners, the matter must should be referred to the line manager who will discuss with their opposite number in the other agency, in the hope that the issue can be resolved. Failure to resolve problems between line managers must be further escalated to Senior Managers within the respective organisations.

If there continues to be no resolution, then the matter should be escalated to the Independent Chair of the Safeguarding Board via the Board Manager. A clear record of all discussions, agreements and actions must be kept by all parties. A serious escalation could be defined as a situation where the effectiveness of the response of one agency is likely to have a significant impact on the confidence of the other agency leading to possible longer-term impact on the ability of the agencies to work together for the benefit of vulnerable children and their families.

12. Compliments & Complaints

London Borough of Newham's social care practitioners work alongside children, young people, families, carers and other professionals in order to promote the best possible outcomes for the children. This means communicating, engaging, involving and acting on views appropriately. Asking for feedback is one of the best ways to understand how well this has been done and where it could be better. Gathering and using feedback promotes the reflective 'learning' culture we endeavour. It provides evidence of our progress and should be regularly discussed within supervision.

Service user feedback is different from, and in addition to, 'direct work' with children and families, for example asking children, young people and parents/carers about their views on the reason for social care involvement and the 'plan' for the child. Collecting and recording information which demonstrates how service users have been properly included and involved in social care processes is built into all assessment forms and plans within the electronic recording system. It is a vital part of working with children and families. In addition, we seek to use information from compliments and complaints to inform practice development.

Compliments

A compliment is defined as a customer statement of positive recognition or praise for a service or individual. Where appropriate officers may acknowledge compliments. Any verbal or written compliments will be recorded by the member of staff receiving the compliment and be passed to the appropriate manager for recording on the Compliments Register. Any member of staff identified as being the subject or contributing to any matter giving rise to the compliment will be notified within three working days. Feedback on compliments will be shared with employees at appropriate timings.

Complaints

Service users' views are important to us. We are committed to providing a high-quality service to our residents and users. Our aim is to offer the correct services and encourage people to ask for our help. We think we get it right most of the time, however there may be times when things go wrong. If this happens, we want to hear so we can try and put things right.

A complaint about Children's Services will not have a negative effect on any services already being provided, or any applied for. Service users have a right to complain and the results of complaints can improve our services.

If service users are not happy with the service they have received, or the way they have been treated, they should first talk to a member of the team or their manager. They will look into the concerns and try to correct them quickly; however, if service users remain unhappy, they can use the complaint contact details that are below to pursue a formal complaint.

13. Acknowledgements

We are happy for other Local Authorities to make use of this Newham Local Assessment Protocol. The development reflects the generous and fulsome co-operation and support from a number of other Local Authorities and agencies.

Appendix 1: Definitions

1. Definition of Child in Need

For the purposes of this Part a child shall be taken to be in need if—

- a. He/she is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part;
- b. His/her health or development is likely to be significantly impaired, or further impaired, without the provision for him/her of such services; or
- c. He/she is disabled, and “family”, in relation to such a child, includes any person who has parental responsibility for the child and any other person with whom he has been living.

For the purposes of this Part, a child is disabled if he is blind, deaf or dumb or suffers from 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; and in this Part—

- “Development” means physical, intellectual, emotional, social or behavioural development; and
- “Health” Means Physical or mental health.

2. Definition of Significant Harm

The Children Act 1989 introduced Significant Harm as the threshold that justifies compulsory intervention in family life in the best interests of children.

Harm is defined as the ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include, “for example, impairment suffered from seeing or hearing the ill treatment of another”.

Suspicious or allegations that a child is suffering or likely to suffer Significant Harm may result in a Child In Need Assessment incorporating a Section 47 Enquiry also known as a child protection investigation.

- 'Harm' means ill treatment or the impairment of health or development, including for example impairment suffered from seeing or hearing the ill treatment of another.
- 'Development' means physical, intellectual, emotional, social or behavioural development
- 'Health' means physical or mental health; and
- 'Ill treatment' includes sexual abuse and forms of ill treatment that are not physical.

Physical abuse, sexual abuse, emotional abuse and neglect are all types of harm. There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes a single violent episode may constitute significant harm but more often it is an accumulation of significant events, both acute and longstanding, which interrupt damage or change the child's development.