

**Referral, Assessment,
Planning and Decision
Making for Children in Need
Procedures**

**Version 1.7
August 2016**

Document name & file location	Referral, Assessment Planning and Decision Making for Children in Need Procedures. CSC Policy Library	
Document Author	Sarah Roberts	
Document owner	Mairead Panetta	
Review date	This document is to be reviewed a minimum of every 3years, the next review to occur no later than February 2019. Incremental reviews may take place as required.	
Accessibility	This document can be made available in hard and electronic formats. No copies in other languages are currently available.	
Destruction date	Details of destruction dates	
How this document was created	Version 1	Author and Team
	Version 2	Team / Line Manager
	Version 3	CSMT / DMT / CMT
	Version 4	Executive Briefing / Executive / Full Council / Portfolio Holder
	Version 5	Public document or Pre-print Design Circulation
Circulation restrictions	No exceptions, FOI Exempt (Delete as appropriate)	
Version	Detail of change	Name & Date
1.0	Document created	October 2009
1.1	Reviewed and updated	Mairead Panetta June 2013
1.3	Reviewed and updated	Sarah Roberts January 2014
1.4	Reviewed and updated	Mairead Panetta July 2014
1.5	Reviewed and updated	Mairead Panetta June 2015
1.6	Reviewed and updated	Mairead Panetta February 2016
1.7	Reviewed and updated	Mairead Panetta August 2016

Accessibility

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Copies in alternative languages may also be obtained.

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1 Introduction

The majority of the children involved with Children's Social Care are 'children in need' who are living with their families. Research indicates that offering services to families where children are 'in need' increases their capacity to care for and protect their children.

These procedures set out:

- how Children's Social Care will assess whether children are 'in need'
- how services will be provided, if this is seen as the most appropriate form of support.
- how services will be planned and reviewed.

2 Policy

Bracknell Forest Children's Social Care seeks to promote children's well being within their families and communities, and to enhance the outcomes for children 'in need' (within the meaning of the Children Act 1989) and their families.

It will do so by,

- undertaking assessments of the needs of individual children in collaboration with families and with partner agencies, who share responsibility for these assessments
- determining what action should be taken and what services should be provided to respond to that need.
- Planning and coordinating the provision of a range of services to enable children to remain within their own families, as long as this is consistent to promoting and safeguarding their welfare. Such services can either be provided directly and solely by Children's Social Care or in collaboration with other agencies.
- Ensuring that the impact of service provision, or other intervention is monitored and plans are reviewed

A child who has been assessed as being 'in need' is the threshold for Children's Social Care interventions with children and their families. ¹ However not all children assessed as being 'in need' will require or receive a service from Children's Social Care. Other agencies (e.g. Education or Health) might be best placed to provide services directly without requiring Children's Social Care's involvement. In addition, services in the community (e.g. voluntary or statutory agencies) might be able to support children and their families without a continuing Children's Social Care involvement.

3 Legal Framework

3.1 Children Act 1989

The Children Act 1989 sets out the responsibilities of Councils with Social Services. Responsibilities as the lead agency for establishing whether a child is in need and for ensuring services are provided to that child as appropriate.

The duties and powers of the local authority to assess the needs of a child and to provide services are outlined in Part III of the Children Act 1989, in particular Section 17, and Schedule 2 Part I. Part III is the main part of the Act (titled Local Authority Support for Children and Families) about the delivery of services by social services departments. Other Parts (I, II, IV and V) outline the way in which court

¹ See Bracknell Forest's needs/risk matrix which clarifies the threshold for Children's Social Care
<http://www.bracknell-forest.gov.uk/access-to-childrens-social-care-services.pdf>

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orders may be obtained to authorise or enforce certain actions, in relation to family proceedings, care and supervision and the protection of children

3.1.1 Children in Need

The Children Act 1989 states the general duty of every local authority.

It shall be the general duty of every local authority (in addition to the other duties imposed on them by this Part):

- (a) *to safeguard and promote the welfare of children within their area who are in need; and*
 - (b) *so far as is consistent with that duty, to promote the upbringing of such children by their families by providing a range and level of services appropriate to those children's needs.*
- Children Act 1989 Section 17 (1)

This duty rests with the local authority **as a whole**. The provision of the range and level of services appropriate to children's needs is done by local authorities, schools, health and voluntary agencies working together in partnership

3.1.2 Definition of Children in Need

The Children Act 1989 provides a definition of a 'child in need'

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

- (a) *he 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 health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or*
- (c) *he 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.*

Children Act 1989 Section 17 (10)

"development" means physical, intellectual, emotional, social or behavioural development; and "health" means physical or mental health.

Children Act 1989 Section 17 (11)

3.1.3 Children with Disabilities

Local Authorities are required to provide services for disabled children which are designed to minimise the effects of their disabilities and to give them the opportunity to lead lives that are as normal as possible (Children Act 1989 Schedule 2 paragraph 6)

3.1.4 Definition of Children with Disabilities

Under the Children Act 1989, disability is defined as follows:

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.

Children Act 1989 Section 17 (11)

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The definition of disability under the Children Act 1989 is different from Health and Education definitions². A disabled child under the Children Act 1989 is one whose disability is 'substantial' and 'permanent' and where their needs which arise from their disability requires more support than is available through the capacity of their parents/carers and mainstream services.

Substantial will mean considerable or significant factors which are life changing or limiting, and might include issues to do with risk and dependency. Permanent means existing indefinitely, not expected to improve. However, there must be sufficient flexibility to take account of intermittent or episodic conditions.

3.1.5 Child Protection

The Children Act 1989 sets out the local authority's duty to investigate child protection concerns.

Where a local authority:

- *are informed that a child who lives, or is found, in their area – is the subject of an emergency protection order; or is in police protection; or*
- *have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm,*

the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

Children Act 1989 Section 47 (1)

3.2 Children Act 2004

The Children Act of 2004, section 53, amends the Children Act 1989 and requires local authorities to give due regard to a child's wishes when determining what services to provide under section 17 of the Children Act 1989, and before making decisions about action to be taken to protect individual children under section 47 of the Children Act 1989. These duties complement requirements relating to the wishes and feelings of children who are, or may be, looked after (section 22(4) Children Act 1989), including those who are provided with accommodation under section 20 of the Children Act 1989 and children taken into police protection (section 46(3)(d) of that Act);

Section 10 of the Children Act 2004 establishes a duty on local authorities to make arrangements to promote co-operation between agencies in order to improve children's well-being defined by reference to the five outcomes and a duty on key partners to take part in those arrangements.

3.3 The Equality Act 2010

This Act puts a responsibility on public authorities to have due regard to the need to eliminate discrimination and promote equality of opportunity. This applies to the process of identification of need and risk faced by the individual child and the process of assessment. No child or group of children must be treated any less favourably than others in being able to access effective services which meet their particular needs; and

3.4 The United Nations Convention on the Rights of the Child

This is an international agreement that protects the rights of children and provides a child-centred framework for the development of services to children. The UK Government ratified the UNCRC in 1991 and, by doing so, recognises children's rights to expression and receiving information.

² The DfE definition is "someone who has a physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities".

4 A Child Centred Approach

Children are clear what they want from an effective safeguarding system

Children have said that they need • (from Working Together 2013)

- **Vigilance: to have adults notice when things are troubling them**
- **Understanding and action: to understand what is happening; to be heard and understood; and to have that understanding acted upon**
- **Stability: to be able to develop an on-going stable relationship of trust with those helping them**
- **Respect: to be treated with the expectation that they are competent rather than not**
- **Information and engagement: to be informed about and involved in procedures, decisions, concerns and plans**
- **Explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response**
- **Support: to be provided with support in their own right as well as a member of their family**

5 Procedures

5.1 Common Assessment Framework

The Common Assessment Framework (CAF) is intended to promote more effective, earlier identification of children's additional needs and improve multi-agency working. It provides a simple, non-bureaucratic process for a holistic assessment of a child's needs, taking account of the individual, family and community. In Bracknell Forest the CAF will be undertaken by practitioners working with the children and young people at levels 1 and 2. As far as possible a CAF will normally accompany any professional referral to Children's Social Care or can be used as the referral documentation.

Referrals that do not meet the threshold for Children's Social Care may be referred to the Early Intervention Hub for additional support by the referrer and with the consent of the family.

(see links below to the LSCB website and Bracknell Forest access to services)

<http://bfscb.org.uk>

<http://www.bracknell-forest.gov.uk/access-to-childrens-social-care-services.pdf>

5.2 Management of Contacts to Children's Social care

All contacts to Children's Social Care are made to the Multi-Agency Safeguarding Hub. See MASH procedures for information and processes for managing contacts to the MASH.

5.2.1 Open or Recently Closed Cases

For cases that are **open to the long term teams** (i.e. Under 11's, Over 11's and the Children's Specialist Support Team), any new incidences of significant information regarding these cases should be passed directly to the relevant team and allocated worker.

For children and young people who were **previously open to one of the long term teams but closed within a 3 month period** of the referral, any new contacts or referrals on these children will be managed by the MASH if the threshold for a referral has not been met.

5.2.2 New referrals from MASH to Children's Social Care

All referrals on **not previously known or on closed cases** will be dealt with by the Duty and Assessment Team.

5.3 Management of Referrals and Re-referrals

A referral will normally follow from:

- Information received about a child, adult or family which points to the need for further (professional) enquiry or intervention (this will have been already recorded as a MASH contact)
- A request for an assessment / or service where the thresholds for service may be met
- Any significant one-off pieces of work requiring professional knowledge /skills to resolve
- A CAF having been undertaken with a recommendation for referral to Children's Social Care will be fully reviewed in the MASH.

5.3.1 Feedback to Referrer

In all cases a standard feedback email completed by the MASH Manager and sent by MASH admin is used to inform referrers of the department's actions. Where appropriate this feedback should include the reasons why a case does not meet statutory thresholds and suggestions of more suitable support.

5.3.2 Lead Professional Role

The lead professional role falls to a social worker once the referral has been accepted by Children's Social Care. The social worker should clarify with the referrer; when known, the nature of the concerns and how and why they have arisen.

5.3.3 Decision Making

The social worker should **make a decision** about the type of response that is required and discuss this decision with the manager within **one working day** of a referral being received This will include determining whether;

- the child requires immediate protection and urgent action is required;
- the child is in need, and should be assessed under section 17 of the Children Act 1989;
- there is reasonable cause to suspect that the child is suffering, or likely to suffer, significant harm, and whether enquiries must be made and the child assessed under section 47 of the Children Act 1989;
- further specialist assessments are required in order to help the local authority to decide what further action to take; and
- services are required by the child and family and what type of services.

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5.3.4 Possible Responses to Referrals and Re-referrals

- Provision of one off service or resource (e.g. one off financial; grant)
An assessment must be completed prior to a one off service being provided and the case being closed.
The child and family and the referrer must be informed of the action to be taken.
- Strategy Meeting
Where information gathered results in the social worker suspecting that the child is suffering or likely to suffer significant harm, the local authority should hold a strategy discussion to enable it to decide, with other agencies, whether to initiate enquiries under section 47 of the Children Act 1989. Working Together (2013) and The Berkshire Local Safeguarding Children's Board Child Protection Procedures must be followed.
- Private Fostering Notification
This will be passed to the Family Placement Team for an assessment of the private fostering arrangements.
The Duty and Assessment Team is responsible for undertaking a Single Assessment in relation to the child who is being privately fostered if this is a new case.
For children and young people already allocated in the long-term teams who become privately fostered, the allocated worker will undertake the necessary assessments. *see Policy Procedures & Practice for Private Fostering.
- Fostering Referrals
Expressions of interest or enquiries received regarding people wishing to become foster carers will be passed to the Family Placement Team Duty Worker.
- In Family Adoption Enquiries
Enquiries received regarding in-Family adoptions will be passed to the Family Placement Team Duty worker.
- Adoption Enquiries
Enquiries received regarding Adoption will be passed to the Family Placement Duty worker.
- Special Guardianship
Expressions of interest or notifications received regarding people wishing to become special guardians will be passed to the Family Placement Duty Worker.
- Occupational Therapy Referrals Guidance
The Duty SWer will gather information from the parents and professionals involved The purpose is to gather sufficient information to enable the OT service to prioritise their work and to identify any other needs that may require additional services. The child or family will not need to be seen as the Occupational Therapist will subsequently be visiting to assess the child.
- Re-referrals
Cases referred, which have been closed for less than 3 months by a long-term team, will be passed directly back to the long-term team for recording the contact, the referral and consideration of any further action. If the case is to be allocated, an Assessment will be undertaken by the allocated worker. This may be a brief piece of work, updating the information and analysis already available to the team, or may require more in-depth assessment if the referral is about a new issue/need.

In cases referred which have been closed for less than 12 months by a long-term team and the current presenting issues are similar to the previous referral or where an Assessment was

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completed within 6 months of the current referral date, and no services were provided by Children's Social Care the Duty Senior should consider either arranging a Child In Need Planning Meeting, to include family members and professionals, in order to review the supports and services previously put in place for the family, or a referral to the Early Intervention Hub

- **Assessment**
If the response to a referral is that further assessment is required to ascertain whether the child is a child in need they will be allocated to the named duty worker responsible for completion of the assessment. Where appropriate workers from the DCT or FAST and professionals from agencies such as health and education will contribute to the assessment.

5.4 Management of Assessments

5.4.1 Purpose of assessment

The purpose of an assessment is to determine whether the child is in need, the nature of any services required and whether any specialist assessments should be undertaken to assist the local authority in its decision making.

5.4.2 Timeliness of assessment

The child should be seen as soon as possible. How soon is dependent on the child's needs. In some cases the needs of the child will mean that a quick assessment will be required.

For children who are need of immediate protection, action must be taken by the social worker (or the police or NSPCC), if removal is required, as soon as possible after the referral has been made (sections 44 and 46 of the Children Act 1989) and within 24 hours, unless there are exceptional circumstances.

All children must be seen as part of an assessment, within 5 working days of the referral.

The timeframe for the assessment must be agreed with the supervisor. The maximum timeframe for the assessment to conclude, such that it is possible reach a decision on next steps, should be no longer than 45 working days from the point of referral. (Working Together)

Local practice is that most assessments should be completed within 10 working days of the referral and should not exceed 35 working days. If the needs of the child and family are such that the assessment cannot be completed in that timescale this must be discussed with the supervisor. The new timescale and the reasons for any extension must be recorded in case notes by the social worker.

If during the assessment the child's safety becomes a concern it must be secured before proceeding further with the assessment.

At any stage of the assessment where particular needs are identified, social workers may commission services to support the child and their family and should not wait until the assessment reaches a conclusion.

5.4.3 Communication with the family and consent.

It is the responsibility of the social worker to make clear to children and families how the assessment will be carried out and when they can expect a decision on next steps. Families should be given the explanatory leaflet "A Guide to Assessment for Children and Families."

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The parent or carer's consent to the Assessment and to information being sought from and shared with other agencies should be obtained. This consent should be recorded on the appropriate referral forms. If the child/young person is of sufficient age and understanding, their consent should also be obtained.

Personal information about children and families held by professionals and agencies is subject to a legal duty of confidence and should not normally be disclosed without the consent of the subject. However should a parent or carer or a child withhold consent, the law permits the disclosure of confidential information if it is necessary to safeguard a child or children in the public interest; that is, the public interest in child protection may override the public interest in maintaining confidentiality. Disclosure should be justifiable in each case, according to the particular facts of the case, and legal advice should be sought in cases of doubt.

5.4.4 Characteristics of a high quality assessment

High Quality Assessments

- Are child centred. Where there is a conflict of interest, decisions should be made in the child's best interests;
- Are rooted in child development and informed by evidence;
- Are focused on action and outcomes for children;
- Are holistic in approach, addressing the child's needs within their family and wider community;
- Ensure equality of opportunity;
- Involve children and families;
- Build on strengths as well as identifying difficulties;
- Are integrated in approach;
- Are a continuing process not an event;
- Are ones in which evidence is built and revised and assumptions are tested and revisited throughout the process.
- Lead to action, including the provision and review of services; and
- Are transparent and open to challenge.

5.4.5 Bracknell Forest assessment Practice standards

All cases requiring an Assessment will be allocated to a named worker and this will be recorded on FWI Assessments will be completed within 35 working days of the decision to begin the Assessment Consent to contact other agencies and to share information will always be obtained, unless consent is not sought under child protection procedures

The Assessment will include:

- Seeing the child face to face, and alone
- Interviews with /observations of the child to gather their views and ascertain their wishes and feelings with regard to services to be delivered.
- An assessment of the resilience of individual children within their families
- Interviews with the child's carers and family members as appropriate
- Respectful consideration of family structures, culture, religion, ethnic origins and other unique characteristics
- Involvement of at least one other agency in gathering information
- Analysis of the presenting problem
- A chronology
- Genogram
- Identification of the child's needs

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- Summary of strengths/risks/concerns
- Recommendations for future action and service required, and how these might be provided

Assessments will be signed by the allocated worker and their supervisor.

The family will be sent a copy of the Assessment Record and given an opportunity to discuss and comment on it, and to sign it.

Assessments should use appropriate tools

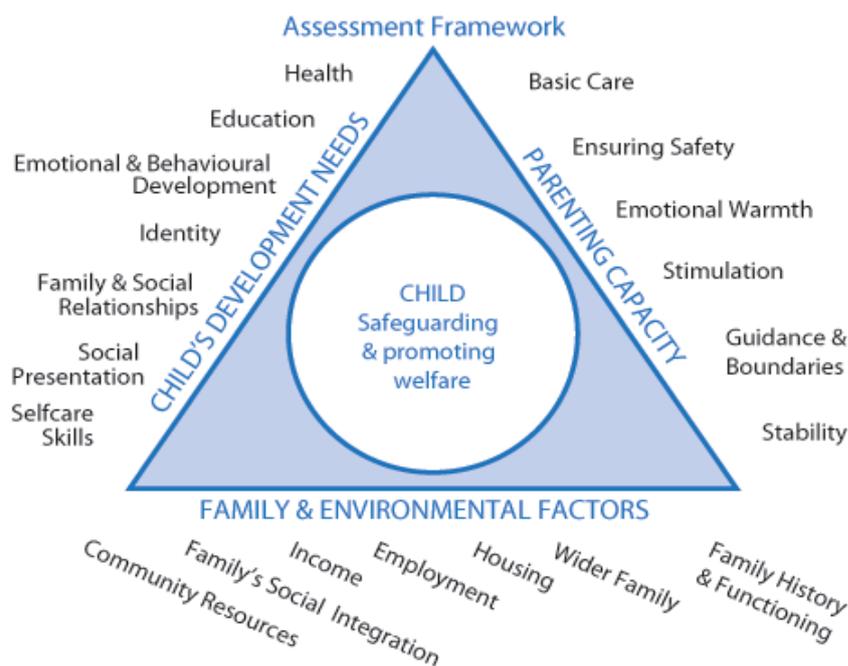
Assessment should be informed by and make reference to current research evidence where applicable

5.4.6 Undertaking a systematic assessment

Enquiry

Research has shown that taking a systematic approach to enquiries using a conceptual model is the best way to deliver a comprehensive assessment for all children. A good assessment is one which investigates the following three domains

- The child's developmental needs, including whether they are suffering or likely to suffer significant harm
- Parents' or carers' capacity to respond to those needs; and
- The impact and influence of wider family, community and environmental circumstances.



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

- Information is gathered and recorded systematically;
- Information is checked and discussed with the child and their parents/carers where appropriate;
- Differences in views about information are recorded; and
- The impact of what is happening to the child is clearly identified.
- Obtaining an accurate base line on the child's development during the assessment process is essential so that progress can be monitored during the time of social care intervention to ensure that the outcomes are improving.

Analysis and Critical Thinking

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The social worker should analyse all the information gathered from the enquiry stage of the assessment to decide the nature and level of the child's needs and the level of risk, if any, they may be facing.

Critical reflection through supervision should strengthen the analysis in each assessment and the social work manager should challenge the social worker's assumptions as part of this process.

An informed decision should be taken on the nature of any action required and which services should be provided. Social workers, their managers and other professionals should be mindful of the requirement to understand the level of need and risk in a family from the child's perspective and ensure action or commission services which will have maximum impact on the child's life.

Decision points and review points involving the child and family and relevant professionals should be used to keep the assessment on track. This will ensure that help is given in a timely and appropriate way and that the impact of this help is analysed and evaluated in terms of the improved outcomes and welfare of the child

Tools to Support Assessment and Analysis and Critical Thinking

A range of tools to support the gathering of information, analysis for assessment are available in Assessment Tools on BORIS.

<http://boris.bracknell-forest.gov.uk/children-young-people-and-learning/children-and-families-social-care/assessment-tools-4.htm>

5.4.7 Chronologies

A chronology is the document that shows the child or young person's journey, both before and during CSC involvement with them and their family. Different types of chronologies are created for different reasons through the journey of a child or young person, for example, multi-agency or court chronologies. However, this policy focuses on master chronologies on FWi. A chronology is NOT a replication of the detailed recording and contact sheets in a child or young person's file.

Chronologies are means of organising information and enable practitioners to gain a more accurate picture of the child or young person's journey and highlight gaps and missing details that require further assessment and identification. They help to give early indications of emerging patterns of progress or concern. At the start of an assessment a chronology can help to organise the historical information gathered to assist in predicting future behaviours, areas of potential risk, risk heightening factors, protective factors and parental capacity for change. Research shows that there is a greater risk of serious harm within families where this has occurred in the past.

Chronologies are particularly helpful in the identification of neglect. Neglect, by definition, occurs over extended periods of time. The compilation of a timeline of events which may individually not give cause for concern may lead to an earlier identification of possible abuse or neglect.

A chronology is a working tool. Keeping a chronology up to date whilst working with a child, young person and their parents or carers will provide valuable information when the case is reviewed. Chronologies can highlight possible triggers for truancy or missing episodes; patterns of contact with birth family members and the child's reactions; sustaining improvements in behaviour or triggers for lapses which may lead to an understanding of placement breakdown.

As children with disabilities may be especially vulnerable to abuse (due to social isolation; dependency on parents and carers for practical assistance in daily living, including intimate personal care; impaired capacity to resist or avoid abuse and speech, language and communication needs which may make it difficult to tell others what is happening) a chronology will be provide a platform for assessing and monitoring cases in both the short and long term.

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In Children's Social Care (CSC) a chronology should be started when significant events happen during professional involvement. It should be started as part of the process of completing a single assessment and it should be updated during the period of CSC involvement with the child or young person. In some cases the practitioner may wish to start a chronology earlier and will need to use professional judgement as to when this would be helpful.

A significant event is an incident that impacts (positively or negatively) on the child or young person's safety and welfare, circumstances or home environment. This will inevitably involve a professional decision or judgement based upon the child or young person family's individual circumstances. It is important to take account of the child or young person's perspective of the significance of an event. Some events will be significant for any child or young person, such as the death of a parent, changes of school or the birth of a sibling. However, this will not be true for all events. The death of an aunt will be more significant to a child who received a great deal of support from her than for a child whose parents are estranged from their wider family.

Significant events fall under a number of broad headings

- Changes in the circumstances of the child and family
- Health of child or young person
- Education
- Offending behaviour
- Children's Social Care Intervention

As stated earlier, a chronology should not be a duplication of the case recording on the child's file. The following information is required

- the date of the significant event
- a summary of the event
- the source of the information

A chronology provides a skeleton of key incidents and events that inform the assessment of children and young people, therefore if they are to be of value they need to be succinct and simple in format. Recording only significant issues or contact with a child in sufficient, but not excessive, detail ensures that the chronology's value to show the child's journey remains.

Facts, rather than opinions, should be recorded in the chronology. It is important to ensure accurate information is included in the chronology as errors may become fact and be replicated by other professionals in the future. Incorrect chronologies can lead to the wrong decisions being made about a child's safety or the wrong information about a birth family being passed to a child.

For an example of good practice and succinct recording in a Chronology see Appendix 4

5.4.8 Professional Consultants and Specialist assessments

Assessments should always be based on information sharing between the agencies involved with a family and a collaborative multi agency approach to analysis. They should also be informed by existing assessments such as the assessment for children with special educational needs (Education, Health and Care Plan) and young carers and disabled children assessments. See Multi Agency Information Exchange Protocol.

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In addition practitioners and their managers may benefit from the expertise and experience of professionals in other disciplines in order to arrive at well-balanced judgements about the needs of children. These professionals can act as consultants or advisers to assist and contribute to the assessment processes, which includes analysis of information gathered.

Areas where social workers may seek additional information, consultation or special services include those families where there is parental mental health, parental substance misuse, domestic violence, and parental learning disability. The effects of these on children are likely to be complex and require a careful and thorough assessment. In these circumstances CSC Social Workers should collaborate with Adult Services.

Protocols and guidance documents are in place to assist in this:

- Community Mental Health Team and Children's Services Inter-Agency Policy;
- Substance Misuse Protocol;
- Domestic Abuse Multi-Agency Action Plan
- Bracknell Forest LSCB Multi-Agency Protocol on Safeguarding Young People from sexual exploitation Strategy
- Protocol for the Exercise of Joint responsibilities between YOS and CSC

In some circumstances it may be necessary to commission specialist assessments to provide specific understanding about an aspect of the child's development, parental strengths and difficulties or the family's functioning. These specialist assessments might include:

- Parenting assessments
- OT assessments
- Paediatric assessments
- Psychological or psychiatric assessments of the child or of the parents.

Where appropriate CSC should co-ordinate all specialist assessments and consider a single planning process focused on outcomes.

5.4.9 Completion of an assessment

The social worker will make a recommendation to the Duty Senior or team manager who will make the final decision on what action is to be taken following the completion of the Assessment and record this decision, with reasons.

On completion of assessment one or more of the following may be recommended.

- It is assessed that the child is not in need and no further action need be taken and the case is closed.
-

When a case is closed by the Duty and Assessment Team a copy of the Assessment, a closure letter a privacy notice, and a service user questionnaire should be sent to the family to seek their views on the quality of the service provided.

When a case is closed by the long term teams the 3 houses tool (or equivalent) should be used with the child to gather evidence that the child feels safe before social work involvement ceases. The service user form should be completed directly with the parent/carer service user.

- There is no continuing role for Children's Social Care, but additional supports from within the family network would enable the family to manage and prevent further referral to Children's Social Care.
-

In these cases the Duty and Assessment Team should make a referral for a Family Group Conference. When the referral is made and passed to the Family Group Conference Development Worker there will

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be no further input from the Duty and Assessment Team worker. An independent Family Group Conference Co-ordinator will be commissioned to work with the family network and any identified professionals to facilitate the Family Group Conference. Once the Family Group Conference has been held, any plans and decisions made will be reviewed by the family network and any professionals directly.

- Referral to appropriate agency to meet assessed need
- Provision of service from within CSC to meet assessed need

In these cases a plan of action with anticipated outcomes clearly identified is developed, either CiN or CP plan.

- Emergency provision of specific services where needs are significant and urgent

5.5 Case responsibility and Transfer

Following completion of an Assessment, all cases that require services from CSC will transfer from the Duty and Assessment Team to the relevant longer-term team (i.e. either the Under 11s Team, the Over 11s Team/Leaving Care Team, or the Disabled Children Team).

5.5.1 Cases remaining with duty

Exceptionally, where it appears that case can be closed within 4 weeks of the completion of the assessment following a time limited piece of work, the Duty and Assessment Team may keep the case in short term services order to achieve this and avoid unnecessary case transfer.

Children in Need cases - will **not** remain in the Duty and Assessment Team for longer than 8 weeks from the point of referral except in exceptional circumstances. This timescale allows for the completion of a complex Single Assessment and 2 weeks for the transfer process to be completed. The team holding the case will be responsible for arranging a Child in Need Planning Meeting.

Child protection cases - If the Duty and Assessment Team has begun Section 47 enquiries, the case will transfer to the relevant long-term team at either the Initial Child Protection Conference or, if there is no Child Protection Conference, at the completion of a Single Assessment. The Duty and Assessment Team Manager must inform the receiving Team Manager of the date and time of the Child Protection Conference as soon as this is known, to facilitate their attendance and prior identification of the future key worker.

The allocation of transfer of post Section 47 cases that do not go to an ICPC will be risk assessed on a case by case basis to determine if they should be allocated to a Qualified Social Worker and a management decision recorded.

Looked after children cases - If a child has become accommodated (Children Act 1989 Section 20) the case will be transferred at the initial planning meeting, which will be held prior to admission if it is a planned admission, otherwise within a maximum of 5 working days of the child becoming looked after. Cases subject to emergency court action followed by no further legal action, will transfer in accordance with their subsequent status. For example, if the case is taken to an Initial Child Protection Conference, then transfer will take place at this point.

For cases that are the subject of care proceedings, the allocated Duty and Assessment Team worker will complete the initial statement for court. A case transfer discussion will be held prior to the first hearing. The Team Manager and social worker from the relevant long-term team will consult with the Duty and Assessment Team worker to clarify the interim Care Plan for the child and agree who will complete this for the court. The Team Manager from the relevant long-term team will identify a worker to attend court and continue case responsibility (the Duty and Assessment Team worker will be required to attend court).

5.5.2 Case Transfers (general)

Transfers between teams must be flexible and consider the needs of the individual child and minimise changes in social workers.

If some children in the family are over 11 years old and some under 11, the children are allocated to the team most relevant to the children's greatest needs.

If a child is being transferred from the Duty Team and is coming up to his/her 11th birthday, the Over 11's Team will be allocated the case work as this will prevent a child transferring again when he/she reaches 11 years old. This will also apply when a social worker in the Under 11's Team is leaving the Local Authority and the child is approaching the age of 11 years old. In these incidences transfer to the over 11's will take place before the child reaches 11 to prevent a further change in social worker.

When a child is transferring from the Under 11's Team to the Over 11's Team, this should take place at an appropriate time in the child's life e.g. at a LAC review. If the placement is unstable or the child is experiencing problems at school, the child will remain with his/her social worker until these problems are resolved.

5.5.3 Transfer procedure from the Duty team

- The Duty worker identifies the need for transfer following completion of assessment and completes Section 1 of the Transfer to Long Term Team form. Once completed these forms are kept in files corresponding to the appropriate long term team.
- Every Monday the Duty Team Duty Family Worker emails each long term teams' team manager and assistant team manager with the list of names, taken from the forms, of children who need to transfer.
- Every Tuesday morning a Transfer Agreement Meeting is held between the Duty and Long Term Teams' managers. The forms are taken to this meeting by the Duty TM / ATM. Section 2 of the form is completed in the meeting and forms are passed to Long Term team managers.
- Long Term managers return files to ATM / TM Duty with Section 3 completed on the same day and details are passed to the Duty worker who will who set up the CIN meeting, within a fortnight of the Transfer Agreement Meeting.
- There is an expectation that the case record will be up to date at the transfer discussion and a chronology completed by the time of the child in need/LAC planning meeting or ICPC.
- Genograms can be created on Fwi but if the families are large and complicated, the genogram should be drawn with dates of birth and scanned into Smart Office. If the case is going to ICPC, or care proceedings are to be issued, the genogram will need to be Word processed.
- The Duty and Assessment Team are responsible for identifying the needs of the children and the need for onward CSC services. The relevant planning meeting is used by the Long Term Team to decide how resources can be allocated to best meet those needs. Decisions made at this meeting may deviate from the Duty Team recommendations regarding what sort of services a family should be allocated within the plan.

Referral and Assessment Procedures

- The case is to transfer within two weeks of the Transfer Agreement Meeting. Cases still waiting for a planning meeting after this timescale will automatically transfer to the Long Term Team and the Duty Team will communicate this in writing to the family and involved professionals
- Forms are passed to admin to case note / scan
- Children Centre managers, the Early Intervention Hub Co-ordinator and the Family Group Conference Co-ordinator attend transfer meetings for appropriately aged children. This means they can become involved at a much earlier stage and cases may be stepped down at an earlier point if a suitable intervention can be offered by their staff. Families that need a FGC can also be identified earlier. On occasions, for appropriate families, the Children's Centre or Hub may take case responsibility at this meeting.

5.5.4 Process for transferring between long term teams

- The team manager of the long term team (CSST/under or over 11's) emails the manager of the receiving team outlining case details and the reason the child/ren need to transfer to that team.
- The family will be discussed at the next available Tuesday transfer meeting and a process to transfer agreed.

5.5.4 Bracknell Forest practice standards: case transfer

- Accountability for cases will be clear at all times. The allocated worker or team will be recorded on Fwi
- Parents, children and carers, and referrers where relevant, will be kept informed of case transfer arrangements
- Cases will transfer at a multi-agency child in need planning meeting In exceptional circumstances a joint home visit by the case holding social worker and the social worker who the case will be transferred to, will best meet the needs of the family and these cases will transfer following the home visit without a full multi-agency meeting being held.
- Case records transferred from the Duty and Assessment Team will be up to date and will be authorised by a manager. Information on FWI will be up to date.
- The single assessment or letter informing the family of the outcome of S47 enquiries will be sent to the family prior to the transfer planning meeting or initial child protection conference with a fair processing (or privacy) notification.

5.6 Planning and Decision Making

The impact of any interventions and the achievement of better outcomes for children, and young people and their families is dependent on effective planning. Development of a child's CiN or Protection plan is informed by the Single Assessment process.

5.6.1 Bracknell Forest practice standards: planning

The Child's Plan will:

- be developed from an up to date assessment
- involve children and young people, and their families in its development
- involve service providers from all relevant agencies/organisations in its development
- describe the identified needs of the child, and what therapeutic services are required
- be responsive to changes in a child and young person's needs or circumstances
- include specific, achievable, child-focused objectives and identify measurable outcomes;
- identify timescales for these outcomes to be achieved

Referral and Assessment Procedures

- be specific about actions to be taken (in each of the three assessment domains) and identify who is responsible for each action
- clearly identify roles and responsibilities of professionals and family members, including the nature and frequency of contact by professionals with children and family members;
- be specific about services and resources required to achieve the desired outcomes, establish costs and how these will be met
- lay down points at which progress will be reviewed, and the means by which progress will be judged;
- include means of evaluating the impact of actions taken and services provided
- identify consequences and contingencies should desired outcomes not be achieved or circumstances change.

5.6.2 Bracknell Forest practice standards: decision making

Decisions will be

- participative and collaborative, reflecting a desire to work in partnership with families and other agencies
- made on the basis of agreement and negotiation where possible, as opposed to imposition
- involve family members at all stages and respect family views,
- be based on strengths within the family as well as addressing deficits and concerns
- be made be subject to review, and
- The process for making the decision will be recorded as well as the decision

5.7 Child in Need Planning Meeting

For children who are not looked after or subject to a protection plan, in every case where a decision has been made by Children's Social Care to provide services following a Single Assessment, a Child in Need Planning Meeting will be convened to make the necessary arrangements.

5.7.1 The purpose of the CiN planning meeting

The purpose is to provide a forum where professionals and families will

- make decisions regarding the provision of services to children and their families. (As such it should focus on decision-making as opposed to concentrating on information sharing.)
- develop the working plan to safeguard and promote the welfare of the child
- identify the people who will implement the plan
- review effectiveness of the plan
- make arrangements for the single assessment to be updated as required

5.7.2 The format of the CiN planning meeting

CiN planning meetings will follow the Signs of Safety approach. (see Signs of Safety Policy and Guidance)

5.7.3 Issues to be addressed in the CiN planning meeting

- issues arising out of the assessment
- previous departmental and other agency involvement with the family and family background
- child's developmental needs (each child of the family/household should be considered individually)
- parents'/carers' capacity to respond appropriately to the child/young person's needs
- family and environmental factors
- child's views
- parent's views

Referral and Assessment Procedures

- analysing needs and actions requested to safeguard and promote the child's welfare
- whether any additional protective action should be taken, including consideration of whether the situation fulfils the criteria for holding a Child Protection Conference
- whether a Family Group Conference is required to continue to develop the plans being developed for the child/young person
- developing a Child's Plan
- any specialist assessments required and arrangements for commissioning these (i.e. who is to do what and when is this to happen)
- interim arrangements/plan, i.e. actions to be undertaken and services to be provided pending the completion of a Core Assessment
- date of the Planning Group, if needed, and the next Child in Need Planning Meeting.

5.7.4 Practical arrangements for a CiN planning meeting

These should be made by the team holding the case.

- Attendees

Parents/carers and young people of sufficient age and understanding should be encouraged to attend. Representatives from Health and Education who have contact with the child will be invited to the meetings, together with any other agency working directly with the family or who may be able to offer a service to the family.

If a meeting does take place without the family being present, this should be considered a professionals meeting eg a risk management panel with managers present and chaired by a senior CSC manager for a child whose behaviour places him or her at risk of significant harm. This meeting should follow the same format as a Child in Need Planning Meeting, the family must be kept informed of the process and outcome and a child in need planning and reviewing process must held in conjunction with a RMP.

- Child/young person's involvement in the process

The child or young person's involvement and participation in the CiN process are essential whether they attend the meeting or not.

Decisions regarding attendance should involve the young person and be based on his/her maturity and what is in his/her best interests.

Independent Advocacy should be explained and offered.

Informal advocacy should be explained and offered.

In all circumstances the views and wishes of all children old enough to express their views and wishes should be ascertained using whatever medium is most appropriate.

- How to prepare the family

The agency convening the meeting are responsible for engaging the family in the child in need process. They should

- Discuss the issues on the agenda with them in advance of the meeting
- Provide written information
- Prepare the family for the meeting by explaining its structure and format and how they can participate.
- Offer parents and young people the chance to put their views in writing.
- Explain to parents that they may need independent support, information and advice to be able to participate fully from an informed position, particularly where there is a divergence of views.
- Explain that they may be accompanied to the meeting by a supporter if they wish.
- Explain that they may have an interpreter if necessary

- Time and Venue

Referral and Assessment Procedures

The Child in Need Planning Meeting should be held at a time and place that maximises the ability of the family to participate in a meaningful way.

Ideally the venue should be familiar to the family and able to provide comfortable, family friendly surroundings (possibly the family home.)

Consideration should be given to the accessibility of the venue for people with a disability or who are dependent on public transport

- Identifying Chairperson and their role

The Chair of Child in Need Planning Meetings will be either a Team Manager or Assistant Team Manager who has an understanding of child in need issues and knowledge of the child protection procedures.

The chair must:

- Fully explain the role of the Social Worker at the initial CiN Planning Meeting
- Facilitate the exchange of information and the inclusion of all those attending the meeting
- Facilitate the participation of parents, carers, children and young people
- Ensure the meeting follows the agenda and that the meeting keeps to time
- Help members to interpret the information and focus on the relevant issues
- Manage any conflict and facilitate discussion of opposing views
- Encourage clear, jargon free communication and challenge the evidential base of any judgements given

Summarise regularly to ensure all involved are aware of what is happening

- Recording – decisions, actions, disagreements

A summary of the issues discussed, decisions made, actions agreed and any disagreements must be recorded, together with the agreed Child's Plan.

Recording must make tasks and responsibilities (for both the family and agencies) clear

If no agreement can be reached the record of the meeting should record disagreements and any action proposed.

The CiN Plan should include the following components:

- the objective of the plan, for example to provide and evaluate the efficacy of therapeutic interventions
- what services will be provided by which professional group or designated agency
- the timing and nature of contact between professional workers and the family
- the purpose of services and professional contact
- specific commitments to be met by the family
- specific commitments to be met by the professional workers
- which components of the plan are negotiable in the light of experience and which are not
- what needs to change and the goals to be achieved (for example the child's weight to increase by a specific amount in a particular period, regular and appropriate stimulation for the child in keeping with her or his development and age)
- what is unacceptable care of the child

- Communication and keeping participants informed

The CIN plan must be sent to everyone who was invited to the meeting

It is the responsibility of the key worker to make sure that parents and child(ren) are clear about the objectives of the plan, the causes of concern, what needs to change and about what is expected of them as part of the plan. They need to accept the plan and be willing to work to it and to understand the consequences if things do not change.

Referral and Assessment Procedures

All parties should be clear about their respective roles and responsibilities in implementing the plan. If the family do not speak English, the plan should be constructed with the family in their first language and they should receive a written copy in their first language.

If family members' preferences are not accepted about how best to safeguard the child, the reasons for this should be explained. Families should be told about their right to complain and make representations, and how to do so.

In some cases it will be useful or useful or necessary for those professionals most directly involved with the case and family members to meet together between Child in Need Planning Meetings to either further develop the plans made or to review changes in the child's/family's circumstances.

5.7.5 Roles and responsibilities of participants in a CiN planning meeting

The social worker is responsible for:

- completing the Single Assessment of the child and family (where necessary), securing contributions from other professionals and family members as necessary;
- acting as lead worker for the inter-agency work with the child and family;
- co-ordinating the contribution of family members and other agencies to the actions that need to be taken,
- putting the plan into effect
- monitoring progress against the objectives set out in the plan.
- alerting appropriate managers where the plans cannot be progressed and it is necessary to consider alternative action.

Where no social worker is allocated, it is the responsibility of the Team Manager or Assistant Team Manager to oversee the management of the Child in Need Planning Plan and to notify family members and other agencies of this fact.

The responsibilities of other participants are:

- to contribute to the Single Assessment and to continuing assessments (where necessary)
- to carry out agreed tasks in accordance with their own agency functions: if this is not possible the lead worker should be consulted before any plans regarding the child or family are altered;
- to provide specialist advice which will inform the plan;
- to provide the lead worker with written reports as requested;
- to communicate regularly with the lead worker about the progress of their own part of the agreed plan;
- to inform the lead worker of any change in circumstances relevant to the plan;
- to alert the lead worker to the need to convene a Review Child in Need Planning Meeting early;
- to help identify unmet need.

5.8 Family Group Conference

If the criteria for a Child in Need Planning Meeting are met, then consideration should also be given to offering the family the option of a Family Group Conference. Family Group Conferences can be used at any stage. For example:

- Planning – Family Group Conferences should be considered where there are complex packages of support
- Child Protection – A Family Group Conference should be considered at Child Protection Conferences as part of the protection plan and as part of a pre-proceedings meeting.
- Looked After Children – Family Group Conferences should be considered before placement or as soon as possible afterward. A Family Group Conference should also be considered at first and subsequent LAC Reviews, as appropriate.

Referral and Assessment Procedures

- Leaving Care – A Family Group Conference should be considered when drawing up and reviewing the Pathway Plan.
- Court Proceedings – A child/young person being considered for care proceedings or a court order should not prevent a Family Group Conference taking place.

5.9 Reviewing CiN Plans

The first Review CiN Planning Meeting should take place within three months of the initial meeting and thereafter at least every six months with timescales determined at the first meeting until:

- the child is no longer unlikely to achieve or maintain a reasonable standard of health or development
- the child's health or development is no longer likely to be significantly impaired
- other procedures are followed (e.g. the child becomes looked after or subject to Child Protection Procedures)

The purpose of the review meeting is to revise and update both the assessment and plan, to check it is being implemented and to monitor progress against the objectives and outcomes stated in the plan

The Review Child in Need Meeting should consider:

- changes in circumstances since the last meeting;
- the overall aim of the intervention and whether this remains relevant in light of any progress or development;
- the objectives and actions agreed in the Assessment and the extent to which these have been met, including, consideration of any alternative actions or provisions that have been used and any services planned but not yet provided and any work still to be completed;
- any revised priority needs or risks to the child;
- whether the current level and type of service provision is appropriate;
- whether there is sufficient change to the situation to avert cumulative impairment of health or development or of harm becoming serious for the child;
- whether the parent(s)/carer(s) are able to use the services offered and are able to provide adequate parenting;
- the cumulative effect of any repeated minor incidents and persistent deficits in parental care upon the child's health and development.

A review Child in Need meeting could be chaired by the social worker but the plan must be sent to an Assistant Team Manager or Team Manager to authorise.

A record of the meeting together with the new plan will be made and circulated to everyone invited to attend the meeting.

5.10 Child Protection Strategy Discussion

Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm CSC should convene a strategy discussion to determine the child's welfare and plan rapid future action. A strategy discussion can take place following a referral or at any other time, including during the assessment process. It might take the form of a multi-agency meeting or phone calls and more than one discussion may be necessary.

5.10.1 Purpose of CP strategy discussion

The discussion should be used to:

- Share available information;
- Agree the conduct and timing of any criminal investigation; and
- Decide whether enquiries under section 47 of the Children Act 1989 should be undertaken.

Where there are grounds to initiate a section 47 of the Children Act 1989 enquiry, decisions should be made as to:

- What further information is needed if an assessment is already underway and how it will be obtained and recorded;
- What immediate and short term action is required to support the child, and who will do what by when; and
- Whether legal action is required.

5.10.2 Timescale for CP strategy discussion

The timescale for the assessment to reach a decision on next steps should be based upon the needs of the individual child, consistent with the local protocol and certainly no longer than **35 working days from the point of referral into Children's Social Care**.

5.10.3 Professionals involved in CP strategy discussion

It will involve the social worker and their manager, a police representative, and health professionals as a minimum.

Other relevant professionals will depend on the nature of the individual case but may include the professional or agency which made the referral, the child's school or nursery and representatives from any health services the child or family members are receiving.

All attendees should be sufficiently senior to make decisions on behalf of their agencies.

5.10.4 Roles and responsibilities

Social workers with their managers are responsible for:

- Convening the strategy discussion
- Ensuring that the discussion
 - Considers the child's welfare and safety, and identifies the level of risk faced by the child;
 - Decides what information should be shared with the child and family (on the basis that information is not shared if this may jeopardise a police investigation or place the child at risk of significant harm).
 - Agrees what further action is required, and who will do what by when, where an EPO is in place or the child is the subject of police powers of protection.
- Recording decisions agreed in accordance with local recording procedures
- Following up actions to make sure what was agreed gets done.

The police are responsible for

- The basis for any criminal investigation and any relevant processes that other agencies might need to know about, including the timing and methods of evidence gathering
- Leading the criminal investigation.

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Local authority children's social care have the lead for the section 47 enquiries and assessment of the child's welfare/ where joint enquiries take place.

5.11 Initiating Section 47 Enquiries

A section 47 enquiry is initiated to decide whether and what type of action is required to safeguard and promote the welfare of a child who is suspected of, or likely to be, suffering significant harm.

A section 47 enquiry is carried out by undertaking or continuing with an assessment in accordance with the Bracknell Forest Practice standards for a good assessment

Local authority social workers have a statutory duty to lead assessments under section 47 of the Children Act 1989. The police, health professionals, teachers and other relevant professionals should help the local authority in undertaking its enquiries.

5.11.1 Roles and responsibilities

Social workers with their managers are responsible for:

- Leading the assessment in accordance with this guidance;
- Carrying out enquiries in a way that minimises distress for the child and family;
- Seeing 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;
- Interviewing parents and/or caregivers and determine the wider social and environmental factors that might impact on them and their child;
- Systematically gathering information about the child's and family's history;
- Analysing the findings of the assessment and evidence about what interventions are likely to be most effective and 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; and
- Following the guidance set out in Achieving Best Evidence in Criminal Proceedings; Guidance on interviewing victims and witnesses, and guidance on using special measures, where a decision has been made to undertake a joint interview of the child as part of any criminal investigation 2011 3.

The Police are responsible for

- Helping other agencies understand the reasons for concerns about the child's safety and welfare;
- Deciding whether or not police investigations reveal grounds for instigating criminal proceedings;
- Making any evidence gathered available to other professionals to inform discussions about the child's welfare; and
- Following the guidance set out in Achieving Best Evidence in Criminal Proceedings; Guidance on interviewing victims and witnesses, and guidance on using special measures, where a decision has been made to undertake a joint interview of the child as part of the criminal investigations.

Health professionals are responsible for

- Undertaking appropriate medical tests, examinations or observations, to determine how the child's health or development may be being impaired;
- Providing any of a range of specialist assessments. For example, physiotherapists, occupational therapists, speech and language therapists and child psychologists may be involved in specific assessments relating to the child's developmental progress. The lead health practitioner

³ Ministry of Justice Achieving Best Evidence in Criminal Proceedings; Guidance on interviewing victims and witnesses, and guidance on using special measures.

http://www.cps.gov.uk/publications/docs/best_evidence_in_criminal_proceedings.pdf

Referral and Assessment Procedures

(probably a consultant paediatrician, or possibly the child's GP) may need to request and coordinate these assessments; and

- Ensuring appropriate treatment and follow up health concerns.

All involved professionals are responsible for

- Contributing to the assessment as required,
- Providing information about the child and family
- Considering whether a joint enquiry/investigation team may need to speak to a child victim without the knowledge of the parent or caregiver.

5.12 Outcomes of Section 47 Enquiries

Local authority social workers are responsible for deciding what action to take and how to proceed following section 47 enquiries.

If Children's Social Care decides not to proceed with a child protection conference then other professionals involved with the child and family have the right to request that a conference be convened, if they have serious concerns that a child's welfare may not be adequately safeguarded.

As a last resort, the LSCB have a dispute resolution process to resolve differences of opinion.

5.12.1 Where concerns of significant harm are not substantiated

Social workers with their managers should;

- Discuss the case with the child, parents and other professionals;
- Determine whether support from any services may be helpful and help secure it; and
- Consider whether the child's health and development should be re-assessed regularly against specific objectives and decide who has responsibility for doing this.

All involved professionals should;

- Participate in further discussions as necessary;
- Contribute to the development of any plan as appropriate;
- Provide services as specified in the plan for the child; and
- Review the impact of services delivered as agreed in the plan.

5.12.2 Where concerns of significant harm are substantiated and the child is judged to be suffering, or likely to suffer, significant harm

Social workers with their managers should;

- Convene an initial child protection conference. The timing of this conference should depend on the urgency of the case and respond to the needs of the child and the nature and severity of the harm they may be facing. The initial child protection conference should take place within 15 working days of a strategy discussion, or the strategy discussion at which section 47 enquiries were initiated if more than one has been held;
- Consider whether any professionals with specialist knowledge should be invited to participate;
- Ensure that the child and their parents understand the purpose of the conference and who will attend; and
- Help prepare the child if he or she is attending or making representations through a third party to the conference. Given information about advocacy agencies and explain that the family may bring an advocate, friend or supporter

All involved professionals should;

- Contribute to the information their agency provides ahead of the conference, setting out the nature of the agency's involvement with the child and family;

Referral and Assessment Procedures

- Consider, in conjunction with the police and the appointed conference Chair, whether the report can and should be shared with the parents and if so when; and
- Attend the conference and take part in decision making when invited.

5.13 Case Closure

No case involving a vulnerable child will be closed before the child and the child's carer have been seen and spoken to about case closure, and a plan for step down to non-statutory services to support the family and welfare of the child, has been agreed.

When a decision is made regarding a case being closed consideration may be given to "Step Down" to the Early Intervention Hub to provide some ongoing additional support at a lower threshold of need.

The decision to close a case and the step-down plan will normally be made at a Review Child in Need Planning Meeting. The decision must be authorised by the Team Manager or Assistant Team Manager. All other agencies involved with the family should be informed of the case being closed and the reasons for this.

5.13.1 Case closure pack

A closing pack containing a complaints form, a service user feedback form and a Three Houses Tool should be used with the family by the social worker when closing cases. The feedback form will be completed by the parents with the social worker present (unless the parent would prefer to complete this on their own). The 3 houses tool (or equivalent) will be completed by the social worker with the child, exploring the child's wishes and feelings. No case can be closed if a child says they feel unsafe.

Referral and Assessment Procedures

5.13.2 Case closure record

A Closure Record should be completed by the social worker to close all cases that have progressed to Single Assessment. This will summarise the services and interventions provided to a child or young person and their family, the evidence that supports the decision to close a case and the plan for the ongoing welfare of the child. In the event of the case being re-opened the Closure Record provides a summary of previous work carried out and its impact on outcomes for the child/young person and their family.

A Closure Record will include:

- a summary of the reason by CSC involvement since date of most recent referral.
- overall summary of program achieved and impact of CSC involvement.
- what services have their child and family received?
- what has happened/changed in the family?
- how have the child/family responded to the intervention?
- What impact has the intervention had on the child/family?
- the views of the child, their family (and when appropriate, service providers from relevant agencies), about the decision to close the case.
- Report the outcome of the 3 houses or other tool to demonstrate that the child now reports they are safe
- name of lead professional or detail of the referral to the Early Intervention Hub

5.13.3 Closing a case on FWi

The necessary screens on FWi at case closure, including ending the key worker involvement and team involvement must be completed by the Team Manager or Assistant Team Manager

5.13.4 Case closure due child moving to another authority

If the case is being closed because a child is moving to another local authority area, and the child has continuing needs, a referral *must* be made to the local authority to which the child is moving, and the date of this referral, and the date of acknowledgement of this referral included in the Closure Record.

5.13.5 Step-down to non statutory services following case closure

The Early Intervention Hub provides the mechanism for step down to non statutory services following a case being closed by CSC. The multi agency group represented at the hub are best able to determine a coordinated approach to ongoing family support and to monitor a family's progress and taper off help as appropriate.

The Hub meets 2 weekly. The CAF / or Family CAF is the usual mechanism for supporting discussion at the meeting, however CSC can provide a completed Single Assessment as the referral document.

Appendix1 Unborn Hospital Alert Form

Booked for delivery at

HOSPITAL ALERT IN RESPECT OF

Has a referral for registration been made to the Children's Centres (slip attached) Yes -----

No -----

GP surgery :-

UNBORN BABY :-

EDD:

Mother:

dob :

Father :

dob :

Address:

Background:

Protective factors:

Plans:

Plan on admission / plan for discharge

If there are any concerns or further information is needed then please contact:

During office hours:

ADD NAME OF WORKER / OR TEAM -

Outside Office Hours:

Emergency Duty Team 01344 786543

Date -

Referral and Assessment Procedures

Form completed by Name -

Children's Services, Bracknell Forest Council

Please email completed form to via secure or GCSx where appropriate

Steve.bailey@bracknell-forest.gov.uk

fph-tr.maternitysafeguarding@nhs.net

susan.viccars@berkshire.nhs.uk

If not booked for Frimley Park Hospital the alert also be sent to the relevant hospital, via secure email address

Appendix 2 Bracknell CSE Referral Pathway

Bracknell Child Sexual Exploitation and Missing Children’s Operational Mapping Meetings Referral Pathway

Complete Pan - Berkshire CSE screening tool

http://berks.proceduresonline.com/client_supplied/CSE_indicator_tool.doc
 (This is on FWI for Social Workers)
 Refer to children’s social care

Email to - Childrens.SocialCare@Bracknell-Forest.gov.uk

And telephone the Duty Social worker (or the Childs social worker) if you think there is an immediate risk to a child/young person 01344352020



The Duty and Assessment Team (or the Childs specific social work team) will consider all referrals and determine the level of risk. The level of risk may be amended, either higher or lower from that presented in the referral. Social Care to review internal database and any existing CAF

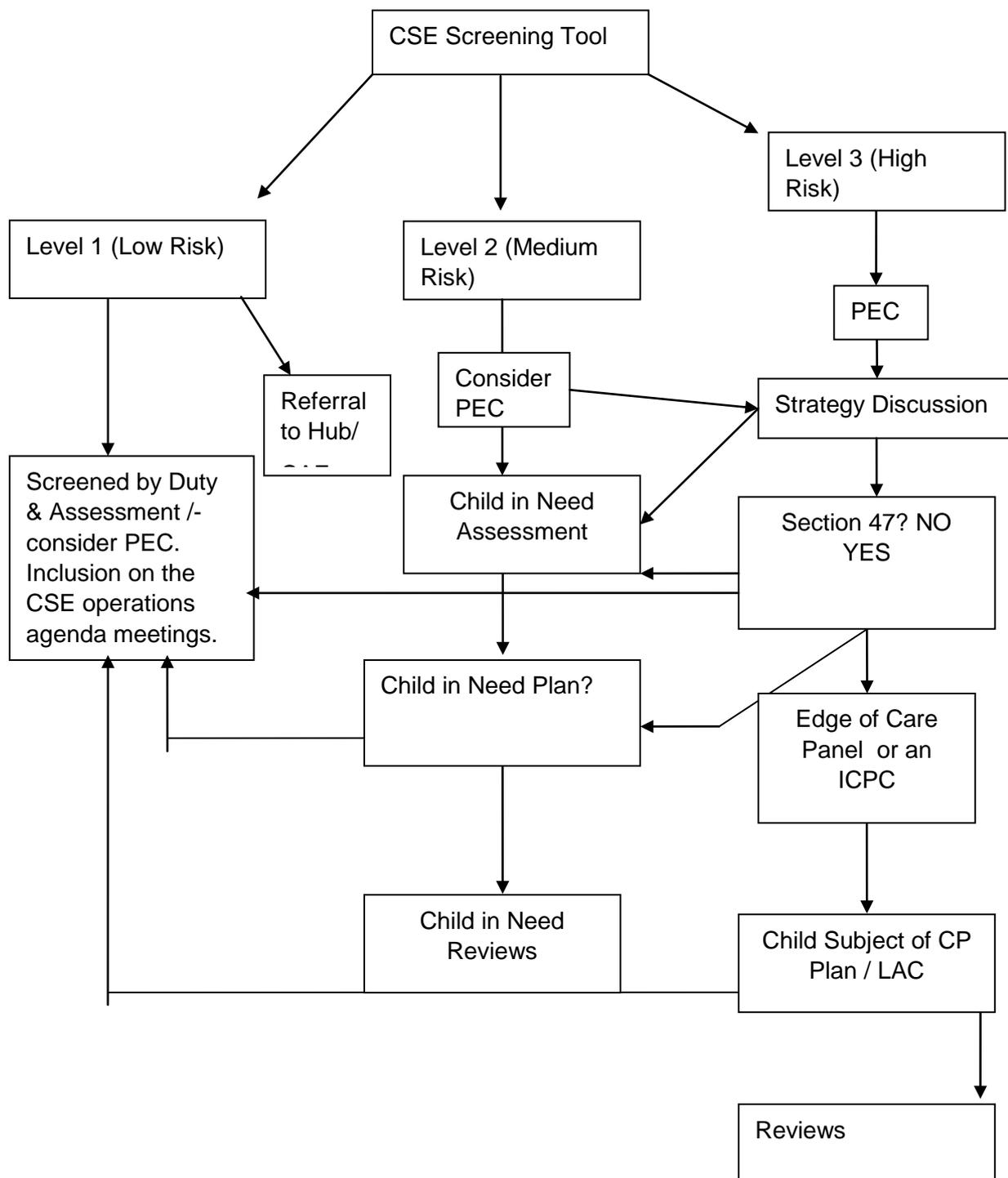
<p>Level 1 - Low risk - All low risk cases will be recorded as a contact in FWI and you will be advised to take them forward for inclusion on the next Operations group Agenda. Duty will forward the screening tool to CSST.</p>	<p>Not all level 1 cases will require a referral to the police (PEC). However, if the vulnerability factors in level 1 or other information indicate a direct link to CSE a PEC referral should be made.</p>
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<p>Level 2 & 3 (Medium and High) risk</p> <p>All Level 2 Medium and Level 3 High risk cases will be allocated to a social worker for assessment. Where the child already has an allocated worker then the identification of CSE as a risk will trigger an assessment / review.</p> <p>(These will also be referred to the next Operations Meeting for information gathering purposes) by CSC.</p>	<p>In all cases where the risk tool indicates CSE may be a concerning factor 2 or 3 (Med or High) a referral needs to be made by CSC to PEC (Police enquiry centre) and multi- agency strategy discussion to take place.</p> <p style="text-align: center;">Professional judgement is required for Level 2. Level 3 is a CP referral.</p>
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Level 3 and some Level 2 cases should trigger a Section 47 assessment after a strategy discussion

The CSE operations group is not designed to replace any usual child protection or child in need processes. Please see the Terms of Reference on the LSCB Website.
 Referrals for ‘missing’ are processed to the agenda by TVP. If you are concerned about a child who’s ‘hidden’ missing and may not enter the group via TVP – please contact the CSST.

Bracknell CSE Referral Pathway



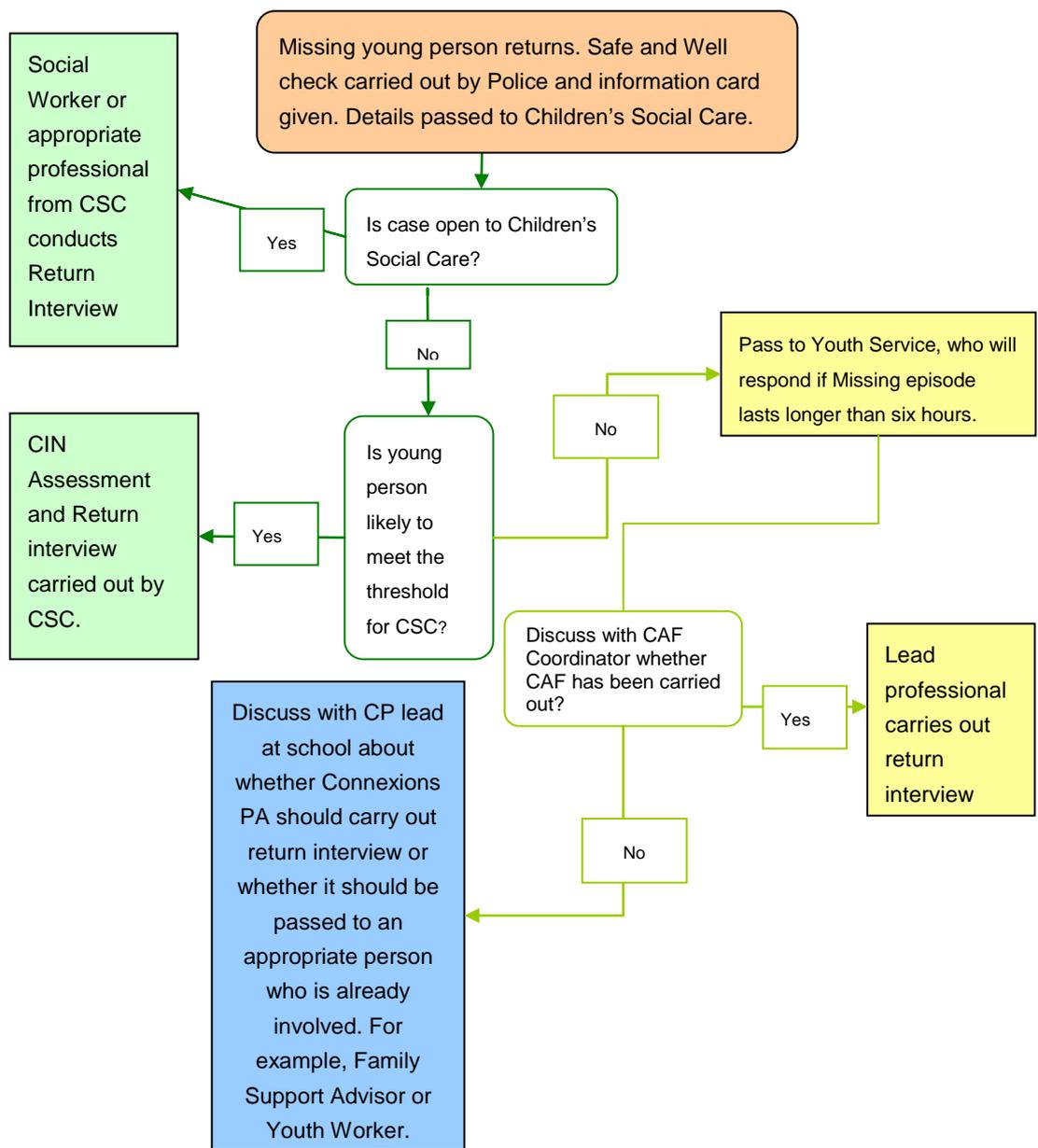
Note – where a child is identified as being vulnerable or at risk of CSE action must be taken to ensure there is a plan in place to reduce the risk / vulnerability. This may be part of a Child in Need Plan, Child Protection Plan or Looked After Child Plan – where there is no formal plan in place a **CSE Action Plan** should be used. This plan is often useful even if there are other plans in place – but essential if there are not. All screening tools should be sent to the Children’s Specialist Support Team for inclusion on the operational meetings agenda.

Appendix 3 Bracknell Forest Return Interview Procedure

BRACKNELL FOREST COUNCIL RETURN INTERVIEW PROCEDURE

(for those young people who reach the threshold for a Return Interview)

The following procedure should be used in conjunction with the online Berkshire Child Protection Procedures. <http://berks.proceduresonline.com/index.htm>



Referral and Assessment Procedures

Notes

- In all cases where return interviews are carried out by agencies outside of Children's Social Care, referrals should be made back to CSC if any Child Protection concerns arise.
- More information can be obtained from the Thames Valley Police Missing Person's Coordinator on 01189 536069 or nicola.cecil@thamesvalley.pnn.police.uk

- In cases where neither a CIN Assessment nor a CAF have been carried out, it is recommended that consideration should be given to carrying out a CAF.

- If the CAF Coordinator is unavailable, this stage should be bypassed and Connexions Advisor should proceed to next stage and have discussion with school.

- If the trigger incident occurs during school holidays, in cases where there has been no CAF, the Connexions Advisor should carry out the Return Interview.

- If any incidents occur involving young people who are below Year 8 at school and therefore do not meet Connexions criteria, Children's Social Care should either carry out the return interview or agree with the school who is the appropriate person to do so. It is suggested that young people who go missing at this age will *usually* meet the threshold for an assessment by Social Care.

Guide to Return Interview

This form is a guide for the return interview.

It has several purposes, but it is important to remember that the welfare of the child is paramount and the prime purpose of the interview is to safeguard the child.

Other purposes are:

- To ensure the child is safe in his/her placement (home, care etc):
- To investigate how the child's welfare can be safeguarded and promoted in the future:
- To prevent further episodes of the child going missing;
- To promote safe behaviour if the child does go missing again;
- To obtain intelligence to facilitate finding the child if he/she goes missing again.
- To assess whether child protection procedures should be initiated;
- To decide whether a criminal investigation should be initiated in respect of the child going missing, actions done to the child while missing

The list is not exhaustive.

The interview should take place as soon as possible after the return home.

The interviewer should conduct the interview in a sensitive manner, and as far as is possible not with carers. The interviewer should be mindful that the child may be running away from an abusive situation and conduct the interview accordingly.

The form should not be rigorously adhered to. It is a guide to help the young person share information and therefore the interviewer should use his/her discretion to deviate from this guide.

It is expected that the police will inform families of the potential for return interviews when they do the safe and well check.

Appendix 4 Transfer form within Children’s Social Care

TRANSFER PROCESS WITHIN CSC FOR CIN WORK

- Child protection case transfer at initial child protection conference.
- LAC cases are transferred at first LAC planning meeting.
- Duty worker completes assessment and identifies need for transfer, either for CIN or CP court cases at first court hearing.
- DFW Monday emails LT teams with names of children who need to transfer the following week taken from the forms in the blue and yellow files. This allows the LT teams sufficient time to read the file and identify a worker. The transfer audit tool will be completed by Duty.
- Forms taken by Duty TM / ATM to Transfer Agreement Meeting, Tuesday Mornings.
- In the meeting section 2) completed by Duty TM / ATM, forms and files passed to LT managers.
- LT managers return files to ATM / TM Duty with s3) completed.
- Details of section 3) given to workers who set up the CIN meeting.
- Forms are passed to admin worker to case note / scan.
- Forms returned to Duty ATM / TM who archives forms.

To be completed by TM / ATM of L/T Team

(Cases to transfer within two weeks of transfer agreement meeting)

Section 3

Name of L/T Worker:

Two dates for SOS and Name of Chair:

Date form passed back to Duty:

TRANSFER TO LONG TERM TEAM

To be completed by Duty worker:

Section 1

Case name:

Transfer Agreement Meeting Date:

Genogram in ESCR: Y/N

(If No, by when.....)

Chronology updated: Y/N

(If No, by when.....)

To be completed by Duty TM / ATM at Transfer Agreement Meeting:

Section 2

Plan discussed at Transfer Agreement Meeting:

Referral and Assessment Procedures

Appendix 5 Good practice example chronology.

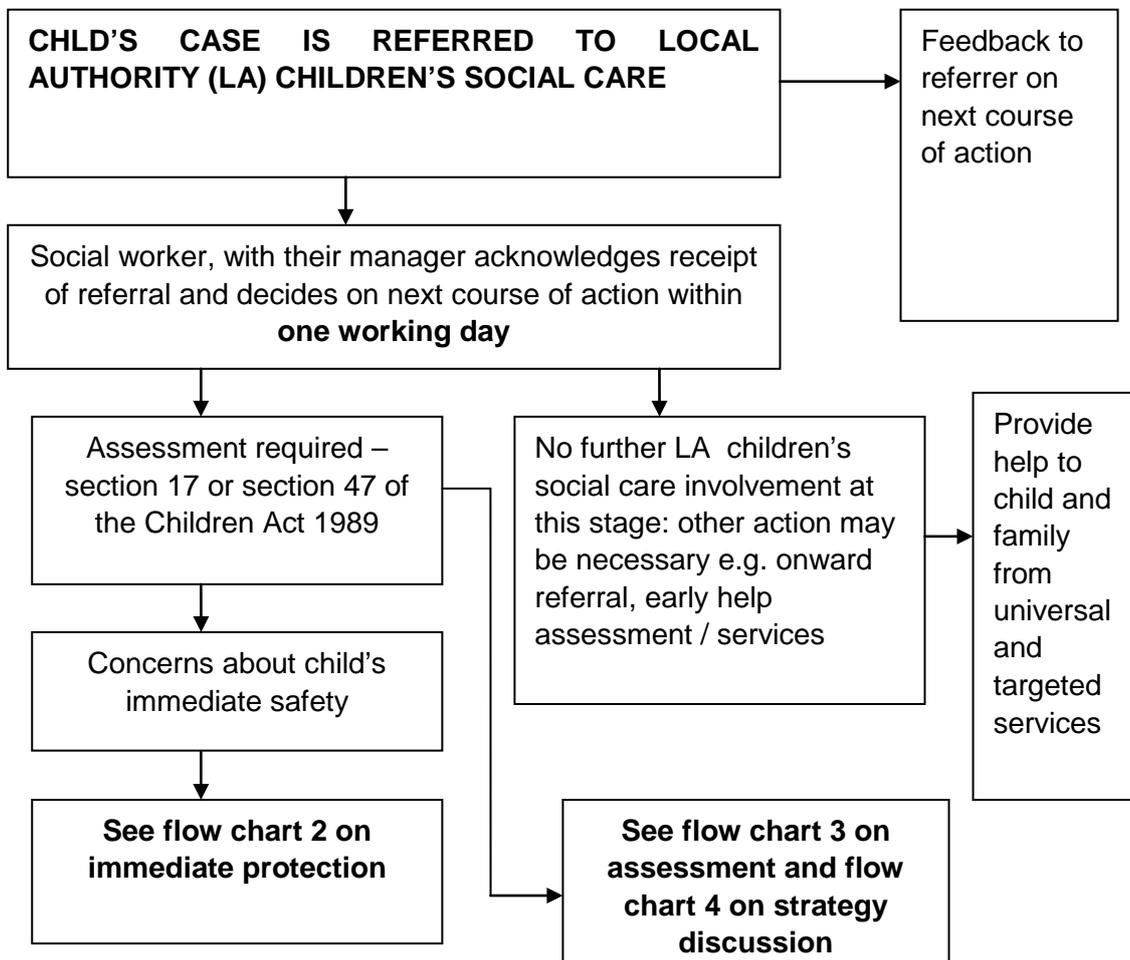
Date	Event	Comments and Outcome
28.4. 2004	Kieran Hughes born. (CHANGE IN CIRCUMSTANCE)	
14.11.2004	Referred to Social Services due to Health Visitor concerned re pattern of DNA appointments. IA completed with outcome of NFA (HEALTH)	
02.12.2011	Grace Hughes born (CHANGE IN CIRCUMSTANCE)	
September 2011	Mr Gordon moves out of the family home. (CHANGE IN CIRCUMSTANCE)	
02.10.11	Destiny excluded from school for three days due to bullying another pupil (EDUCATION)	
15.12.11	Destiny receives a final warning for shop lifting (OFFENDING BEHAVIOUR)	
11.1.12	Mum makes referral to Safeguarding for family in acute stress. Single assessment completed with outcome of de-escalation to EIH (CSC INTERVENTION)	
April 2012	Destiny moves to Cannock Chase High School (EDUCATION)	
April 2012	Ms Dunn completes parenting course (CSC INTERVENTION)	
18.5.12	Destiny registered with optician. Prescribed glasses (HEALTH)	
June 2012	Ms Dunn starts part time job (CHANGE IN CIRCUMSTANCE)	
23.8.12	Destiny achieves 3 GCSEs (EDUCATION)	
3.9.12	Case closed to LST (CSC INTERVENTION)	
15.2.2012	School nurse reports Kieran has head lice for the fourth time since the beginning of the school year. (HEALTH)	
March 2012	Kieran, his mother and Grace move between Staffordshire and Stoke for the 3 rd time this year (CHANGE IN CIRCUMSTANCE)	

Referral and Assessment Procedures

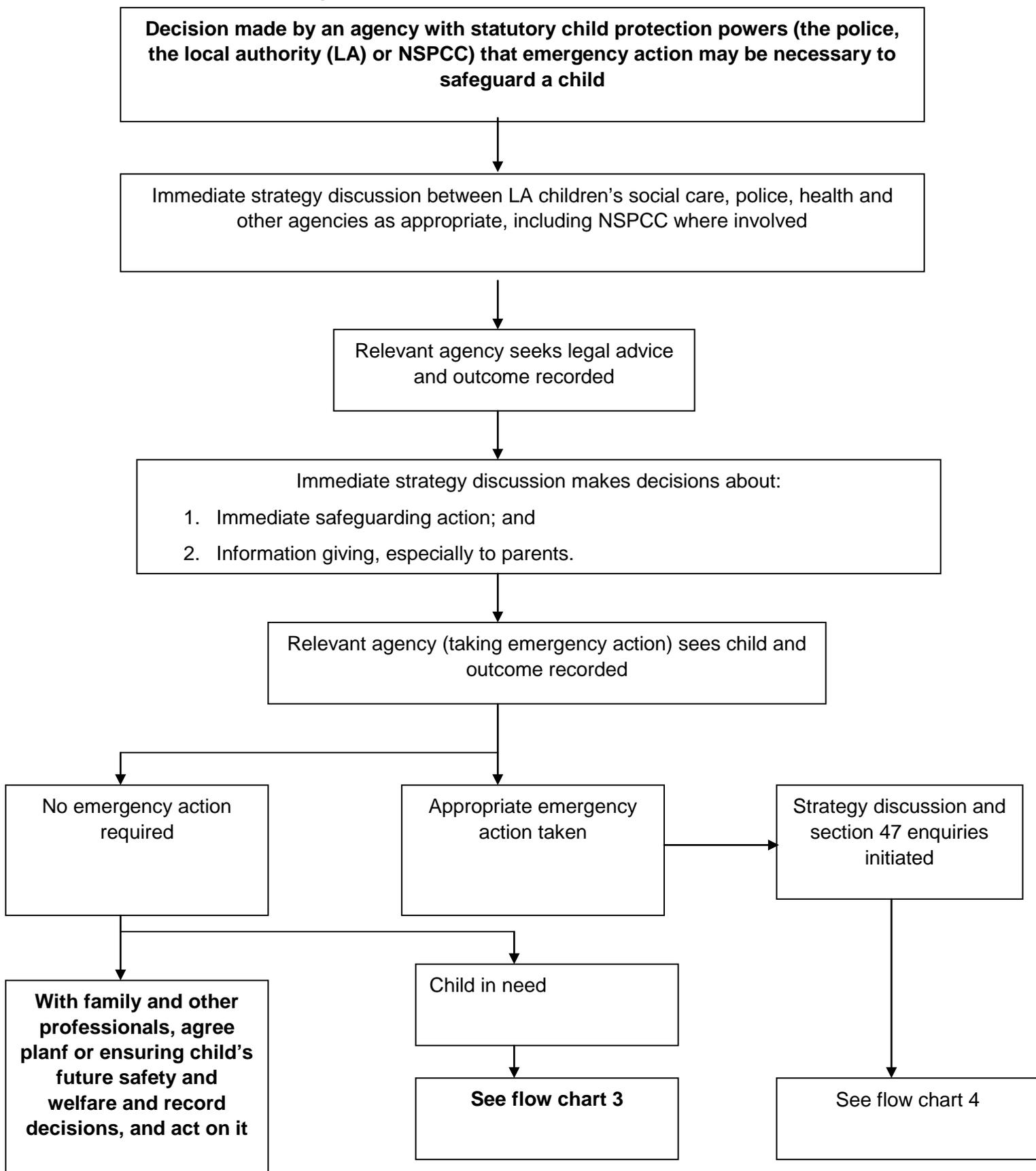
2.5.12	EWO alerted that Kieran has missed 10 days of school during April (EDUCATION)	
21.5.12	Referral to First Response from Police leading to S47 investigation (CSC INTERVENTION)	
22.5.12	Mr Hughes bailed following appearance in court re domestic abuse charges. Condition imposed – not to contact, either directly or indirectly, Mrs Hughes, Kieran or Grace. (OFFENDING BEHAVIOUR)	
25.5.12	Further domestic abuse incident at family home. Mrs Hughes had allowed Mr Hughes to stay the night. Kieran and Grace accommodated under a Police Protection Order. (CSC INTERVENTION)	
20.6.12	Foster carers register Kieran with the local dentist and GP. (HEALTH)	

Appendix 6 Flowcharts.

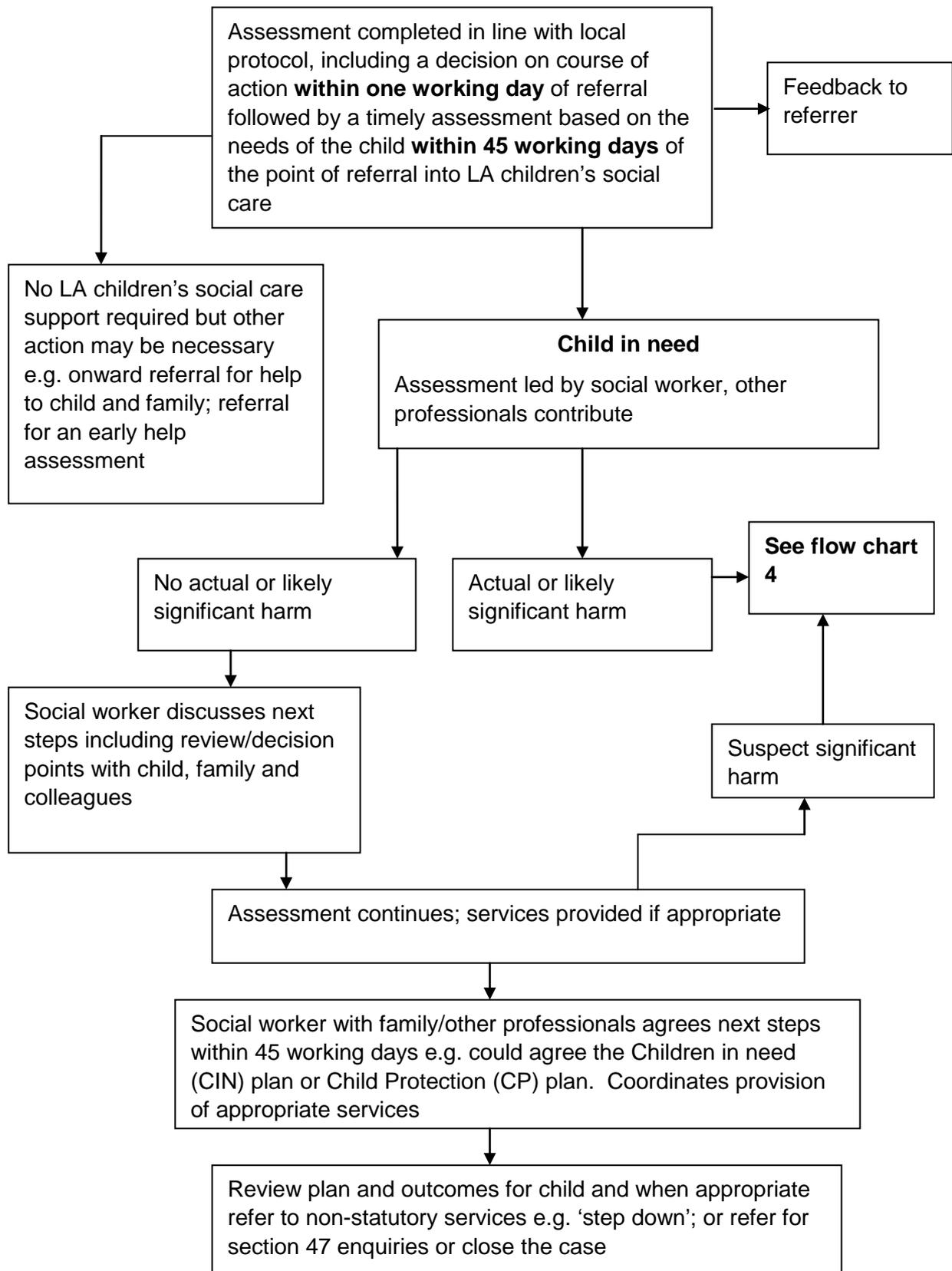
Flow Chart 1 : Action taken when a child is referred to local authority children’s social care



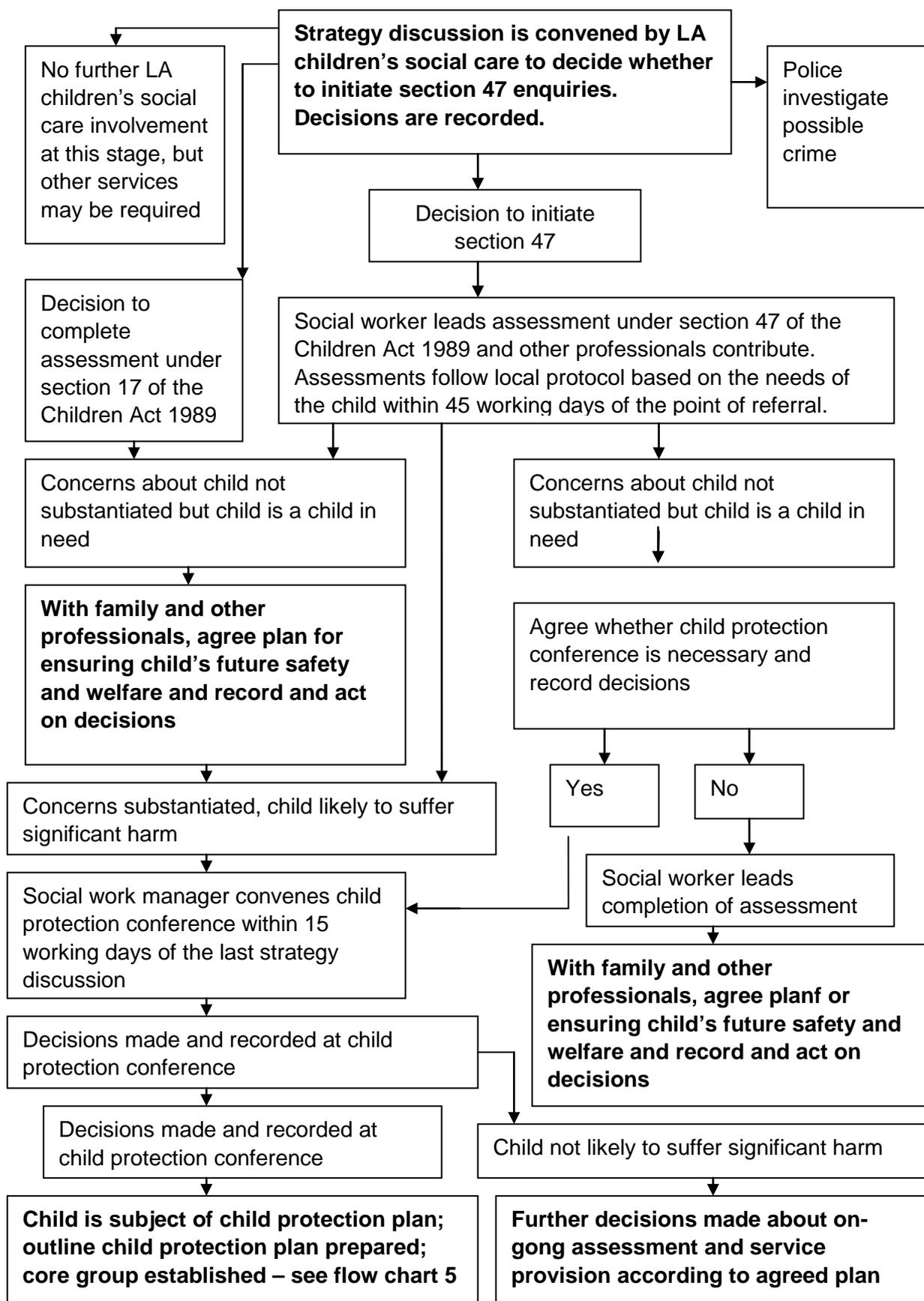
Flow Chart 2 : Immediate protection



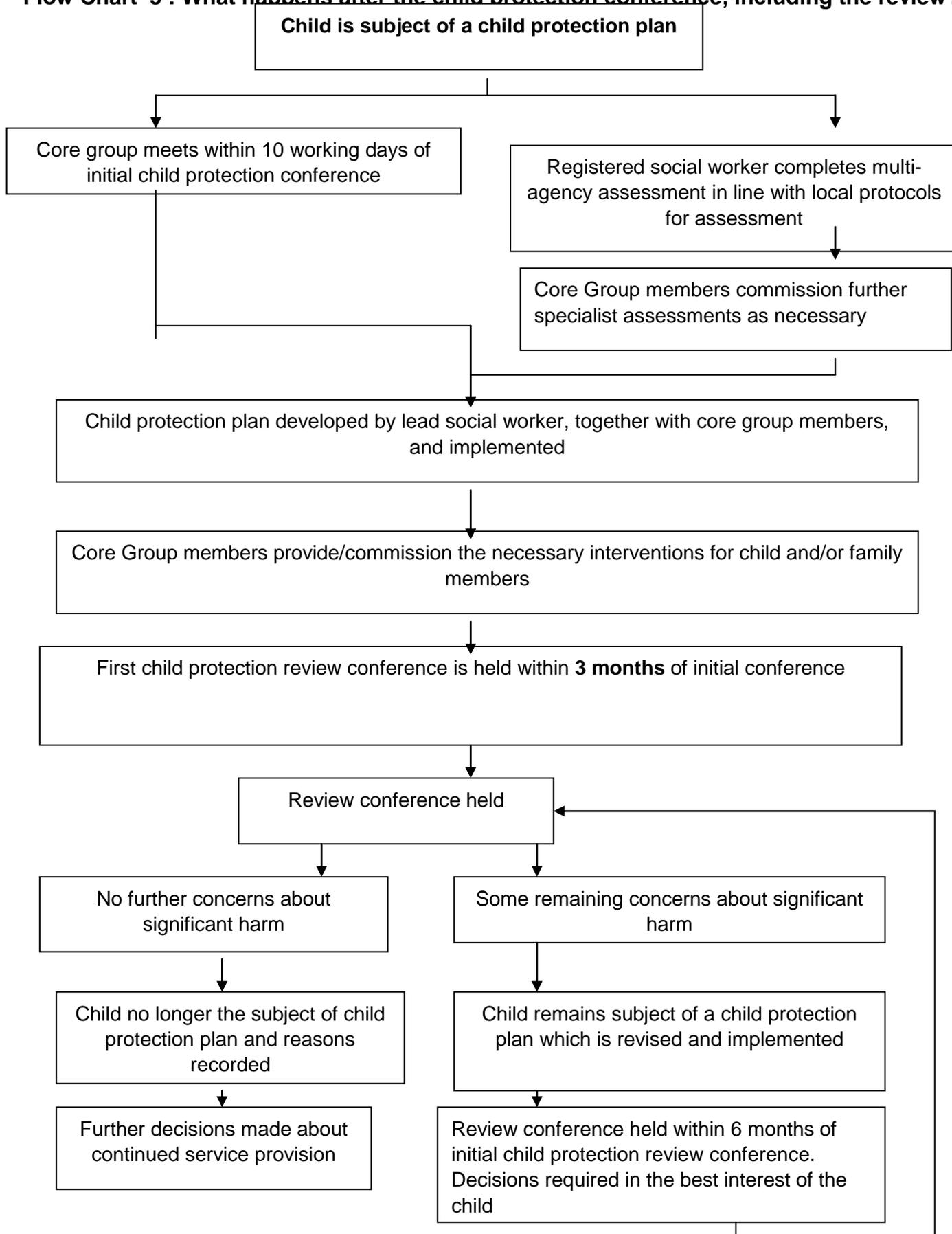
Flow Chart 3 : Action taken for an assessment of a child under the Children Act 1989



Flow Chart 4 : Action following a strategy discussion



Flow Chart 5 : What happens after the child protection conference, including the review?



Referral, Assessment, Planning and Decision Making for Children in Need Policy and Procedures

Flow Chart 6 Looked After Children Overview

Before admission	Planned Placement	Unplanned Placement
	Assessment Complete: Care Plan Placement information record Chronology Health consent form Inform Independent Reviewing Officer and arrange first review	
As soon as possible (for unplanned placements)		Inform Independent Reviewing Officer Complete: Care Plan Placement Information Record Health Consent Form Then continue as for planned placement
Within 5 working days (if not held prior to admission)	Planning Meeting Confirm Care Plan and clarify: Day to day arrangements Contact arrangements	
Within 20 days	Personal Education Planning Meeting LAC Health assessment to be	
Within 20 working days	Initial Looked After Children Review meeting arranged	
Within 35 working days	Single Assessment to be completed (if not already completed prior to admission)	

Referral, Assessment, Planning and Decision Making for Children in Need Policy and Procedures

Within 3 months of the initial LAC review meeting	Permanency Planning meeting Second Looked After Children Review	
Within 6 months of the second LAC review meeting	Third Looked After Children Review meeting	
At least every 6 months	Looked After Children Review meetings	