



South Gloucestershire Protocol for Assessments in Children's Social Care

Introduction

This assessment protocol was developed by South Gloucestershire Council Children's Social Care, in discussion with partner agencies. The protocol sets out the arrangements for how cases will be managed once a child is referred into children's social care. It is consistent with the statutory guidance Working Together to Safeguard Children (2015) and the South West Child Protection Procedures. Its aim is to support practice across the professional network so that good assessments form the foundation for effective action that has a positive impact for children.

The purpose of the protocol is to ensure consistent communication of practice protocol + guidance to partner agencies and parents, so that we can all be clear about expectations and work in partnership.

Every assessment should draw together relevant information gathered from the child, their family and relevant professionals including, but not limited to, teachers, early years workers, health professionals, the police and adult service providers. It is likely that other professionals involved with the family will also have useful information and insight about the child and family which will contribute to a fuller understanding of the child's needs and the likelihood of harm.

All agencies and professionals involved with the child, and / or family, have a duty to collaborate, share information to safeguard and promote the welfare of the child. These professionals should be involved from the outset and throughout the planned review process.

South Gloucestershire Children's Social Care takes the lead in developing and updating this protocol, in discussion with partners, and the protocol is agreed with the South Gloucestershire Safeguarding Children Board. South Gloucestershire Children's Social Care is publicly accountable for this protocol and all organisations and agencies share their responsibility to understand it. This protocol is published on the South Gloucestershire Safeguarding Board website. This protocol is divided into sections set out in the table below.

Section	Content	Page
1	Protocol for the Assessment of Children in Need in South Gloucestershire	
2	Providing Early Help	
3	Threshold criteria for Children's Social Care (inc. link to How to make a Referral)	
4	Children's Social Care Single Assessment (Child & Young Person's Assessment)	
5	Child Protection	
6	Arrangements for Children in Special Circumstances	
7	Actions and Outcome	
8	Timescales	
9	Feedback (Comments, Complaints & Compliments)	
10	Recording	
11	Appendices -Assessment Process (for Children's Social Care use)	

Related Protocols/Policies/ Documents

1. Working Together to Safeguard Children (2015)
2. The Single Assessment Framework for Early Help
3. Framework Care Planning, Placement and Case Review (England) Regulations 2010
4. A Child's Journey of Need- Threshold guidance and matrix: Responding to the Needs of Children and [South West Child Protection Procedures](#)
5. SGSB Guidance for Professionals
South Gloucestershire Children's Social Care Partnership with Young People, Parents & Carers

1. Protocol for the Assessment of Children in Need in South Gloucestershire

Working Together to Safeguard Children 2015 sets out a number of pre-requisites which should be contained in a local protocol for an assessment led by Children's Social Care. These are outlined below and should form the basis of South Gloucestershire's Assessment Protocol:

Assessment with purpose

All assessments, including early help assessments, should be with purpose, they are the basis for practitioners taking actions to safeguard and promote the child's welfare. Every assessment should be focused on outcomes of the child, identify what needs to change for a child and family, what needs to be different, and identify what support is needed to enable the change to happen. This will include a social work relationship with the child and family, and may include support services to enable the needs of the child to be met. All assessments should be child centred, focused on the child's best interests, rooted in child development and informed by evidence and they should focus on action that will change children's lives resulting in better outcomes for them

Timeliness

- There are defined timescales for deciding on the outcome of a referral (one day).
- The time between agreement at a Strategy Discussion that a Section 47 Enquiry should be commenced to the time of a Child Protection Conference should be convened (15 working days) and the
- Overall time in which an assessment is completed (45 days); the timeliness of the assessment is defined by the needs of the child that is being assessed.
- A suitably qualified and experienced social worker must complete the assessment in conjunction with the other professionals involved with the child and their family.

The needs of the child should drive the assessment; delay is not in the child's interest. The period in which the assessment is conducted should not exceed 45 working days from the point of referral, unless an extension is approved by the Team Manager who records the reasons and identifies new time limits. Delays should be related to the needs of the child (for example for the completion of a specialist assessment or piece of direct work) not the needs of the organisation (for example heavy caseloads). Some assessments will be completed more quickly. Team Managers will set an internal timescale for the assessment to be completed, review can take place and the timescale extended by up to 4 days if required.

Involvement of the child and their family

The child and their family have the most vital role in the process of assessment. Their agreement is required and they must understand the purpose of the assessment and who is to be involved. When families are reluctant to work with children's social care, the worker will need to try to persuade them that this is in their child's interests.

Consent from parents must be obtained in writing using the consent form. When the child's welfare could be compromised by requesting consent (for example from a parent that poses a risk to the child) the social worker must record why the consent has not been obtained and what steps are to be taken to involve them at a stage when it is safe to do so. Clearly recording the child protection concerns that enable the assessment to progress without consent is key.

Consideration should always be given to the involvement of absent parents in the assessment as their perspective may be essential to obtain an accurate analysis.

The child and their family must understand what is expected of them and what change is required and how this is to be measured.

Seeing the child

The social worker completing the assessment must have an understanding of the child's perspective of his or her life and what is or has happened. The views and the wishes of the child must be heard. To enable this to be done, the child must be seen alone and if this does not happen, the reasons why must be recorded. Babies must be seen awake and mobile, if pre-mobile, babies should be held by the Social Worker. Such information will form a part of the assessment.

Children must be helped to communicate and this help can take many forms, including the use of appropriately trained interpreters, those trained in sign language. Social workers should not use family members/friends but can use other adults that know the child well, but have no allegiance to the family. Assessments which relate to children with disabilities, especially those whose ability to communicate is limited, need to identify ways of independently identifying their wishes and feelings without an over dependence on the analysis of the child's carers.

Significant harm and providing services

If at any point of the assessment, a concern arises that the child is likely to or is suffering significant harm, a strategy meeting must be convened as a matter of urgency. This meeting must consider if the threshold for Sec 47 investigation is met; and whether or not steps need to be taken to provide immediate protection of the child.

Where particular needs are identified at any stage of the assessment, the social worker should not wait until the assessment is concluded before progressing to an Initial Child Protection Conference and/or commissioning services to support the child and their family. They need to build a relationship with individuals & parents from the outset.

Each child in the family should be the subject of an assessment where there is a concern that the child is suffering significant harm or that they have had or are having contact with an alleged perpetrator.

Involvement of Other agencies

Whilst Children's Social Care retains the responsibility for the completion of the assessment, it is the duty of any agency who knows the child and the family to contribute to the assessment. This contribution will vary depending on the circumstances of the child; it can include the provision of information and services. Agencies who contribute to the assessment should be involved in its analysis, planning, and review. Contribution from the following agencies should always be considered:

- Police (whether or not an offence has been committed);
- Health, especially in relation to the child's development and the family history;

- Education, including where relevant, pre-school and further/higher education.

Other agencies and organisations may need to be asked to contribute to the assessment process, depending on the circumstances of the child and their family. This may include agencies which work with adults, for example where parents or another adult living in the household have drug, alcohol or mental ill health problems, learning disabilities or where there is domestic abuse.

Professionals who are primarily providing a service to the child's parents or carers have a vital role to play in developing an understanding of the parent's capacity and capability and they have a duty to participate in the process of assessment.

Sharing of information between professionals and local agencies is essential for effective identification and assessment of children's needs and risks to them, so there is a proportionate response and the right support and help for children and families identified. Early sharing of information is key to providing effective early help where there are emerging problems. At the other end of the continuum sharing information can be essential to put in place effective child protection services. If a professional is concerned about what information they can share they should talk to the safeguarding lead in their organisation or talk to a member of the Access & Response Team (ART) 01454 866000

2. Providing Early Help

Early Help means getting additional, timely and effective support to children, young people and families who need it. It aims to enable children to flourish and to prevent long term and negative outcomes.

Early Help can refer to support in the critical early years of a child's life (including pre-birth and pregnancy), but can cover any age when difficulties begin to emerge. This approach enables interventions to take place before critical thresholds are crossed, and pathways become much more irreversible for young people.

Early Help aims to significantly improve the outcomes for children, young people and families. In order to do this, it relies on local agencies working together to identify and assess individual needs and provide targeted support for these in partnership with parents and because they want support and consent to it.

An effective Single Assessment for early help (SAFeh) depends on the agreement of the child (of sufficient age or understanding) and their parents or carers. If parents and/or the child do not consent to a SAFeh, then a professional judgement has to be made as to whether, without help, the needs of the child will escalate. If so, a referral into children's social care may be appropriate. Professionals should always try to engage parents to understand how a SAFeh could be supportive, and the nature of any concerns in order to gain consent.

Once a decision has been made to undertake a SAFeh it must be completed in a timely way, unless otherwise agreed. The SAFeh is undertaken to help with the early identification of children and young people's emerging needs and to

promote a coordinated service response to meet them. Where child's needs are not clear, not known, or not being met, a range of early help services are required.

A SAFeh can be started by anyone working with a child and their family, it is the practice policy which enables parents + agencies to get together to identify the child's needs, the strengths and resources within the family and the services which are best placed to support them. It works best when the lead professional who knows the child best and is trusted by the family, plays a coordinating role for the child, parents and other practitioners. This will be recorded centrally in a SAFeh document.

A good SAFeh will:

- Engage the child, young people and/or parents and carers and support them to participate in and take responsibility for their contribution to a collaborative assessment. Each child must be seen, individually.
- Ensure the voice of the child / young person is listened to and recorded throughout the assessment process.
- Support the child, young person and parent / carer to adopt a self-determining, solution focused approach to the issues. Work on Parents priorities / concerns.
- Use the Signs of Safety model to enable the family to engage in understanding their and the child's needs and what needs to change for them.

South Gloucestershire Safeguarding Children Board has responsibility for monitoring and evaluating the effectiveness of early help and the local authority has responsibility to promote interagency cooperation to improve the wellbeing of children. More detailed guidance on the completion of Single Assessment for early help can be found in:

- [Single Assessment for Early Help Toolkit](#)

3. Threshold criteria for children's social care referrals

The purpose of these is to assist in discussion to determine the right response for the right child at the right time.

The Child's Journey of Need - Threshold guidance and matrix helps professionals to exercise professional judgement and should be used to identify when:

- a child is being maltreated, persistently neglected or is suffering or is likely to suffer significant harm for some other reason
- a child will not reach their expected health and development, or their health and development will be significantly impaired if there is not children's social care help or intervention
- a child has a disability that impairs their life chances, and without the provision of an integrated disabled children's service or children's social work help, they will not be able to realise their potential and live as normal a life as possible
- a child appears to be in a private fostering arrangement, and the local authority has not been notified

- if a local authority considers that a young carer may have support needs, they must carry out an assessment. The local authority must also carry out such an assessment if a young carer, or the parent of a young carer, requests one. Such an assessment must consider whether it is appropriate or excessive for the young carer to provide care for the person in question, in light of the young carer's needs and wishes. The Young Carers' (Needs Assessment) Regulations 2015 require local authorities to look at the needs of the whole family when carrying out a young carers' needs assessment.[7] Young carer's assessments can be combined with assessments of adults in the household, with the agreement of the young carer and adults concerned
- the behaviour of a professional or carer who is placed in a position of trust and responsibility for a child raises concern about their suitability

Referrals for statutory social care assessment from professionals require consent of those with parental responsibility or the consent of the young person, if they are of sufficient age and understanding, unless there is reasonable cause to consider that the child is at risk of, or suffering, significant harm. If this is thought to be evident consent would not be needed. However where it is safe and appropriate to do so it is best practice to inform parents of the need to make a referral, by the referrer.

A referral should be supported by a SAFeh, where an assessment has been undertaken and is relevant to the referral.

The SGSCB Thresholds Guidance should be used to aid professional judgment as to the level of vulnerability and risk of harm to a child.

- [A Child's Journey of Need – Threshold guidance and matrix](#)

The SGSCB Escalation process should be used if a professional disagrees with the outcome of the referral.

- [Resolution of Professional Differences – Escalation Policy](#)

There is also specific SGSCB Guidance for Professionals in respect of particular groups of vulnerable children and young people:

- [Children missing from home, care and school](#)
- [Children who may be at risk of child sexual exploitation](#)
- [Children who may be at risk of female genital mutilation, honour based violence & forced marriage.](#)
 - [South Gloucestershire multi-agency guidance – Honour Based Violence, Female Genital Mutilation and Forced Marriage](#)

If a professional is unsure about the need or risk, they should talk to their manager and/or the named safeguarding lead for their service.

When the public or professionals need to make a referral or raise a concern about a child, the Access and Response Team (ART) will make the first assessment of what needs to be done to keep or make the child safe.

ART will gather information about the concerns before assessing each case and determining the next appropriate steps to support children and families. The team is made up of a range of staff who can also provide advice to professionals regarding the appropriateness of making a referral to children's social care

Access & Response Team (ART) 01454 866000

accessandresponse@southglos.gov.uk

4. Children's Social Care Single Assessment

An assessment is known in South Gloucestershire Children's Social Care as a Single Assessment. It is undertaken when a child has more complex or serious needs and:

- where there are child protection concerns
- where their health or development is likely to be significantly impaired
- where they may have a significant level of disability
- or in some cases a child may be in need of care and / or protection.

Under such circumstances this assessment is undertaken by a qualified Social Worker.

There is just one form of documentation for recording any type of Social Care assessment and which can build a summary of the SAFeh (where one has been completed). This will help reduce duplication and for a family to have to repeatedly "tell their story" when more than one assessment is undertaken within a relatively short space of time.

Where there is a pre-existing assessment conducted by a partner agency such as a SAFeh, this should be used to inform the Single Assessment, although it should be clear that the information must be up-to-date and when the child was seen, and whether seen alone, wherever possible. If not, the reasons why the child was not seen has to be included in the SAFeh.

The social worker conducting the assessment must collate information from other pre-existing assessments such as education, CAMHS, or a consultant paediatrician in relation to a child's specific health needs for example. Collating such assessment information will help the social worker understand the child's needs, improving understanding, assessment analysis and outcome decision making. In most cases consent to share information is required from parents.

Particular care needs to be taken in relation to new assessments of disabled children and those who are being assessed in relation to an Education, Health and Care Plan (EHCP). The experience of these children and their families is often that they have been subjected to many assessments which gather the same information over and over.

The purpose of the assessment is always to gather important information about a child and family; analyse their needs and / or the nature and level of any risk and harm being suffered by the child; decide whether the child is a child in need (Section 17 Children Act 1989) and / or is suffering or likely to suffer significant

harm (Section 47 Children Act 1989); and to provide support to address those needs and improve outcomes for the child to make them safe.

South Gloucestershire is committed to implementing the Signs of Safety approach as our core, multi-agency approach to working with families and managing risk where children are in need of early help and protection. Signs of Safety provides an evidence-based approach to assessment, planning, intervention and review that is based on a genuine partnership with children and families, one in which practitioners balance needs and risks with family strengths.

This is used by Preventative Services and Children's Social Care Services.

An assessment will be undertaken:

- If a child has needs that cannot be met by targeted (early help) services and / or the case has been "stepped-up" if there are indications that the child has more complex or serious needs;
- If there are child protection concerns, indications that a child is suffering or is likely to suffer significant harm, and if following a strategy discussion, a section 47 enquiry is commenced (this can be single agency social care and Police, or a joint investigation with both).

An assessment will also always be completed when:

- A child becomes, or is at risk of becoming accommodated. The single assessment will be the baseline for work with the family, and it will address what needs to happen so that the child can secure permanence (a sense of belonging, security and safety through their childhood). This includes all accommodations under section 20 Children Act 1989 (parents' consent to accommodation).
- A child becomes looked after following emergency interventions such as Police Protection or a remand into local authority care (Legal Aid, Sentencing and Punishment of Offenders Act 2012)
- A decision is taken by children's social care that parenting cannot be improved within a timescale that meets the child's needs; legal advice will be sought and the threshold for care proceedings considered
- Prior to the return home of a child whose Care Plan is for a return home, as required under the Care Planning, Placement and Case Review (England) Regulations 2010
- Where a placement of a child under the Care Planning, Placement and Case Review (England) Regulations (amended 2014) and / or an application to discharge a Care Order is being considered
- Where a child is privately fostered
- A looked after child has a significant change of circumstances e.g. the change of a long term placement

Assessments will be timely and purposeful, avoiding drift in making decisions for children. They will be completed within a maximum of 45 days and when this does not happen, the Team Manager will record the reasons for this in the child's case record. We aim to complete an assessment with a timescale that takes into

account the child's needs and is proportionate to the concerns raised. The social worker with their manager will consider the key questions they need to address through the assessment, determine what tasks they need to carry out in order to have sufficient information to form an analysis as a basis for a professional judgement about the child's needs, risk to their welfare, protective factors and what type of help is required from whom.

The social worker, in liaison with the Team Manager, will make sure that appropriate help is provided immediately to the child and family during the assessment, and will take into account the impact of that help in deciding whether or not there is a continuing need for children's social care help. The social worker will also consider whether any specialist assessments are needed to assist the decision making about what continuing help is needed.

The social care team manager will have oversight and make the decision about the initiation and the outcome of the assessment. It is essential for managers to be able to track that children are being seen and spoken to in a timely manner. The child/young person must always be seen as soon as possible after the decision has been made to commence an assessment and in all circumstances within 10 working days. If the referral concerns abuse or neglect and the child is deemed to be at immediate risk, the child will be seen within 24 hours and earlier if the level of perceived risk warrants immediate action. Where children are subject of a section 47 investigation but not deemed at risk of immediate harm they should be seen within 72 hours; and where a section 17 Child in Need assessment is being undertaken the child must be seen within 10 working days.

A chronology will always be completed as part of the assessment to consider what has gone before, including previous concerns about the child's welfare, parenting capacity, and impact of any early help. This is to assist in identifying patterns of harm and their impact upon a child / children, and changes that are identified as being needed.

Following the completion of the assessment, a plan will be developed which sets out what needs to change, what parents want to change and need to do to enable that change to happen. It will also identify what agencies need to, as well as define any support that may be needed. The plan will set clear measurable outcomes for the child and define expected changes for the parents. The plan will reflect the positive aspects of the family situation as well as where change is needed. Professionals across the local authority such as housing, education and health professionals will meet their duty to cooperate under section 27 of the Children Act 1989 by assisting the social worker to carry out their delegated duties. Clear monitoring arrangements such as regular visits and reviews must be spelt out in the Plan and in accordance with South Gloucestershire Council Practice Standards. Management oversight of the assessment, the plan as well as the monitoring arrangements, is imperative to enable clear direction. Management decisions will always be recorded as part of the child record.

The Plan may be a SaFeh, Child in Need Plan, a Child Protection Plan or a Care Plan for a looked after child, depending on the level of need and any significant risk of harm identified.

5. Child Protection

Child protection procedures may be initiated at any point of the single assessment process where there are reasonable grounds for suspecting that a child is at risk of significant harm. Following referral some assessments will include child protection enquiries, but concerns about significant harm could emerge at any point in the assessment process. Similarly during the assessment the concern about significant harm may be resolved, and the child protection process is concluded.

Whenever there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm, there will be a strategy discussion involving children's social care, the police, health and other relevant professionals, particularly education, to confirm that enquiries under Section 47 of the Children Act 1989 should be undertaken, or to decide that, in the light of further information and analysis this is not required.

The strategy discussion might take the form of a multi-agency meeting or phone calls. A strategy discussion can take place following a referral or at any other time, including during the assessment process. The police will discuss 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; and lead the criminal investigation (local authority children's social care have the lead for the Section 47 enquires and assessment of the child's welfare) where joint enquiries take place. In the event that a Child Protection Conference is convened, the assessment will need to continue and take into account the recommendations of the conference.

Where there is a risk to the life of a child or a likelihood of serious immediate harm, children's social care and the police will use their statutory child protection powers to act immediately to secure the safety of the child. This is done by taking legal advice in the first instance.

The Single assessment will be updated after any Sec 47 enquiry.

6. Arrangement for Children in Special Circumstances

Children with Disabilities

All disabled children are Children in Need and they can be referred to Children's Social Care in the same way as other children. All other referrals of disabled children need to be made to ART and will be passed on and assessed by the 0-25 Team (specialist team for children and young adults with disabilities) who will undertake the single assessment.

The vulnerabilities of children with disabilities, and the potential barriers to a child communicating what is happening to them and expressing their wishes are recognised and addressed in practice guidance. Social workers from the 0-25 Team are able to provide consultation to professionals leading assessments and working with disabled children.

The carer of the child with a disability may also require the local authority to undertake an assessment of their ability to provide, or to continue to provide, care for the child, under section 1 of the Carers (Recognition and Services) Act 1995. The social worker must take account of the results of any such assessment when deciding whether to provide services to the child with disabilities.

When the child has a disability, the social worker will take into account the communication needs of the child to ensure that they elicit the views and wishes of that child. Every child can communicate in some way and it is the duty of the social worker to engage with that child in a way that meets the child's needs. The social worker will liaise with those who know the child best to ensure that they are using the appropriate strategies; this may include family members or other professionals who know the child well. The assessment needs to explore the ways in which the child's condition or ability impacts their day to day life and the life of the family. The social worker needs to consider the child's outcomes and what support is required for that child to meet them.

Young Carers

All children who provide care to adult family members are entitled to an assessment in their own right. Such assessments are conducted by Children's social care. The South Gloucestershire Young Carers service may be referred to at any time.

- Carers Support Centre website: <http://www.carerssupportcentre.org.uk/>

Children and young people who commit offences

All children and young people who commit offences are referred to the Youth Offending Service which provides the primary service to this group. However, if it becomes apparent that such children may require additional services or that they are suffering or likely to suffer Significant Harm, the Youth Offending service will make a referral to Children's Social Care.

Assessing Families of Children 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. Children & Families Across Borders 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.

7. Actions and Outcomes

Every assessment should be focused on outcomes, deciding which support and help is in the child's best interests. Throughout the course of the assessment, the Social Worker in liaison with their Team manager should determine:

- Is this a Child in Need? (Section 17 Children Act 1989);
- Is there reasonable cause to suspect that this child is suffering, or is likely to suffer Significant Harm? (Section 47 Children Act 1989);

- Is this a child in need of accommodation? (Section 20 or Section 31a Children Act 1989).

The possible outcomes of the assessment should be decided on by the Social Worker and the Team Manager who should agree a plan of action setting out what services are to be delivered, how and by whom, in discussion with the child and family and the professionals involved.

There are a range of possible outcomes which may include:

- No Children's Social Care support required but other action may be necessary including:
 - Support to access into early help provision;
 - Referral into single agency / specialist provision.
- The development of a multi-agency Child in Need Plan, led by Children's Social Care for the provision of Child in Need services to promote the child's health and development
- Specialist assessment for a more in-depth understanding of the child's needs and circumstances;
- Undertaking a strategy discussion/meeting, a Section 47 Child Protection Enquiry;
- Emergency action to protect a child;
- Escalation of social care intervention such as commencement of legal proceedings or accommodation;
- De-escalation of social care intervention such as ceasing to need a Child Protection Plan or be looked after.

Following the assessment the Social Worker should:

- Discuss outcomes with the child and family and provide them with the assessment in written form. Exceptions to this are where this might place a child at risk of harm or jeopardise an enquiry;
- Inform in writing, all the relevant agencies of their decisions and, if the child is a Child in Need, of the plan for providing support;
- Inform the referrer of what action has been or will be taken.

8. Timescales

The maximum time frame for the assessment to conclude, such that it is possible to reach a decision on next steps, should be no longer than 45 working days from the point of referral. If, in discussion with a child and their family and other professionals, an assessment exceeds 45 working days the Team Manager and professionals involved should record the reasons for exceeding this time limit.

9. Feedback

Parents and those with parental responsibility, and children of sufficient age and understanding should know how to give feedback on the outcome of the assessment and for this to be recorded, as part of the assessment. Their views and wishes are an integral part of the assessment.

Information on how to provide feedback on the service received must be provided by the social worker at the outset of the assessment, and facilitated throughout the assessment through access to the Comments, Complaints and Compliments process and advocacy services for children and young people and adults with particular needs.

- <http://www.southglos.gov.uk/council-and-democracy/complaints/children-adults-and-health-complaints/>

A copy of the Single Assessment will be given to each parent with parental responsibility (PR), and with consent of a parent with PR, a copy will be given to a parent without PR.

All assessments are treated as highly confidential and Data and information is protected in accordance with the Data Protection Act.

10. Recording

Recording by all professionals must include information on the child's development so that progress can be monitored to ensure their outcomes are improving. This is significant in circumstances where neglect is an issue.

Recording must include when the child was seen alone and their wishes and feelings and how they have impacted on recommendations, decisions and plans.

Records should be kept of the progress of the assessment on the individual child's record and in their chronology to monitor any patterns of concerns.

Plans and action points arising from meetings should be circulated to the participants including the child, if appropriate, and the parents.

Records must be kept of feedback from the child, family members and professionals on the outcome and conclusions of the CYP Assessment.

Recording should be such that a child, requesting to access their records, could easily understand the process taking place and the reasons for decisions and actions taken.

Supervision recordings should reflect the reasoning for decisions and actions taken

11. Assessment in long term Children's Social Care

All of the above sections and good practice guidance apply in terms of long term social workers assessing and working with children and families. Social workers in the long term teams will work with children and families where a single assessment outcome is that a child is in need of a service either because they are a Child in need of protection, a Child in need or a Looked after child. Assessment is a dynamic process and it is imperative that sound, child-focussed care planning is based on up to date and relevant assessment. That said,

assessment should never become a stand-alone entity in itself, it should always lead to decisions and help being provided, by the right people, at the right time, for the child in their journey.

Children within the child protection process will have an updated assessment for each review child protection conference, which is completed by the social worker within their report, and which ensures conference is provided with an updated view on the risks and strengths for the child. This assessment also critically analyses whether the current CP plan is effective and working to reduce risk.

Where it is identified that a child may be at risk of being accommodated under section 20, a single assessment should be completed by the social worker, so that an informed decision can be made. If a child is accommodated in an emergency, a single assessment will be completed to assess their needs and to inform the immediate and medium term plan.

Where a child has been subject of a child in need plan for 12 months, a re-assessment of their needs and any risks should occur in order to inform future planning and to assist in deciding whether the current plan is working or whether something different needs to happen.

Sometimes a more in depth assessment of a parent's ability to safely and effectively parent their child is needed and a social worker will complete a Parenting assessment. This takes a different format and is frequently used in the Child protection and Public Law outline process in order to make decisions; critically these parenting assessments will focus on a parent's capacity to change, looking at both their motivation and ability to do so.