

Medway Local Assessment Protocol

RELATED GUIDANCE

This document should be read alongside:

- [Working Together Guidance 2018](#)
- [Medway Interagency Threshold Criteria for Children in Need](#)
- [Assessments Procedure](#)

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1. Introduction

This protocol aims to secure the cooperative working that is essential for the effective assessment of needs of children and young people and the identification of the services to be provided to support parents and carer givers to meet the needs of the children in their care.

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

2. The Local Protocol for Assessment

What is a Local Protocol?

The Local Protocol is a 'handbook' that describes what Medway Children's Services will do when a child is referred for support. It is a map that guides the child's journey through assessment and planning.

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

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

What is an Assessment?

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

Why have a local protocol for Assessment?

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

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

Who is the Local Protocol for Assessment for?

The Local Protocol allows children, young people, their families and everyone who works with them to understand what they can expect when children are being helped by Medway Children's Services.

3. Thresholds and Referrals

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

Medway Interagency Threshold Criteria for Children in Need ensures we access the right Assessments and services for children and their families in times of need and supports the right conversations to happen at the right time to identify children in need of help and protection.

Medway Single Point of Access receives all contacts/referrals from professionals and the public where there are safeguarding concerns, welfare needs or professional requests for information and offers professionals and members of the public advice, guidance and signposting to appropriate support agencies if required. The Single Point of Access and the Multi Agency Safeguarding Hub utilises the Medway Threshold document to ensure that all children and families receive the right service at the right time. This can include Universal Services, Early Help or services from the Statutory Social care teams.

4. Assessments undertaken by Medway Children Services

4.1 Early Help assessments

Universal

Universal services have an important role to play in identifying and providing early help to children and families. Practitioners within universal services such as schools, children's centres and various health organisations are well placed to identify emerging needs as they work with all children in a local authority.

In most cases, needs identified by families or universal practitioners will not require any additional support. At any given time, most children, young people and families in Medway are thriving and their needs can be best met within universal services through the receipt of information, advice and guidance or being signposted to appropriate services. Children, young people and families have access to a range of services within the local community and settings that is universally available to all (such as health visitors, GPs, nurseries, schools, etc).

Early Help

In some circumstances, some children will require support which is additional to, or different from that which is normally provided at the universal level. The Early Help Assessment is a universal tool for supporting children, young people and families with the early identification of needs and agreeing a plan of action. As soon as a problem emerges, an Early Help Assessment can be initiated in partnership with the family to capture their story, identify what is working well and what could be better. The multi-agency team around the family meeting will agree a coordinated plan of support and an appropriate universal lead practitioner to continue to work with the family. This will be reviewed within 6-8 weeks to highlight successes and progress made and to agree next steps. The Early Help Partnership Officer/co-ordinator offers support to universal practitioners to embed the Early Help Framework, including training, toolkits etc.

The quarterly Partnership Meetings led by Early Help Co-ordinators bring together professionals from a range of different agencies and disciplines to facilitate greater communication and information sharing regarding resources in the community. At these meetings practitioners from universal services can present and seek support if a family plan is not progressing towards the agreed outcomes and/or to discuss and agree how the needs of identified children and families can best be met.

Early Help Response in Single Point of Access

Early Help Workers are co-located in the Single Point of Access as part of the integrated response at the front door and are able to facilitate the smooth and timely transition of new Early Help Requests to relevant Children and Family Hubs for twice weekly multi-agency allocation meeting.

The Early Help Co-ordinator is located in MASH and navigates Early Help data base and links with Early Help networks to gather information to inform MASH enquiries and contributes to discussions and decision making as part of MASH outcome meetings.

Early Help and Targeted Services

In some circumstances, a child or family's presenting needs cannot be met at the universal level and may require targeted and time limited support to prevent problems from escalating further. Some families will require additional help at various points within their lives and may need to access targeted services to help re-build their resilience and capacity to manage. Early Help and Targeted Services work with children, young people and families that have additional or complex needs that require multi agency support but do not meet the threshold for statutory involvement.

How Early Help and Targeted Services are allocated

Early Help and Targeted Services are allocated if a family has additional or complex needs that require a multi-agency response, the family consents to engagement and where needs cannot be met entirely by universal services. All new requests for Early Help and Targeted Services are received via First Response (SPA). For children and families who have received services as children in need and no longer require this level of intervention and have ongoing needs, support can be accessed by the Medway Children Services Transfer of Cases procedure.

If families choose to decline Early Help Services this does not mean that specialist safeguarding services will become involved except where there is a risk of significant harm to the child concerned or where they may present a significant risk to others.

Where allocated, Early Help and services will be shaped by the following principles:

- An Early Help **intervention** will be used to engage the family and seek consent to their involvement, understand strengths, needs and risks, establish goals, and record the work undertaken by all agencies in partnership with the family.
- The Early Help Multi-Agency meeting will agree a coordinated plan of support and an appropriate lead practitioner to continue to work with the family.
- To work in collaboration with universal services to provide a co-ordinated package of support and work to help the child, young person or family to build capacity and resilience to sustain changes.
- To act as the lead practitioner for the family, taking responsibility for ensuring that the agreed family plan progresses and is reviewed regularly in partnership with the family and involved agencies.
- To seek to understand the child or young person's lived experience by engaging with the child, young person, family and other professionals, and maintain regular contact with the child and/or family.
- To undertake regular and timely multi agency reviews at least every 6 -8 weeks, to review progress against any identified outcomes established within the plan to ensure they are meeting the identified needs.
- If safeguarding concerns arises as part of the targeted work with a child or family, this will step up to First Response and when safe to do so with the full knowledge and consent of the family.

4.2 Statutory Assessments

What is a Statutory Assessment under the Children Act 1989?

A statutory assessment is an assessment undertaken by Medway Children Services in accordance with section 17 or section 47 of the Children Act 1989. Local Authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Local Authorities undertake assessments of the needs of individual

children to determine what services to provide and action to take to keep them safe and support them to thrive in the care of their parents.

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

If information gathered during an assessment (which may be brief) results in the social worker suspecting that the child is suffering or is likely to suffer significant harm, then Medway Children's Services, under Section 47 of the Children Act 1989 is required to make enquiries to decide what action must be taken, with partners, to safeguard and promote the welfare of the child. There may be a need for immediate protection whilst the assessment is carried out and this may mean that a child cannot safely remain at home with their parents.

Child & Family Assessments and S47 enquiries

A children's social care (statutory) assessment in Medway is called a Child and Family Assessment. All assessments will use the Framework for the Assessment of Children in Need and their Families (as set out in Working Together 2018) and will be underpinned by the Signs of Safety practice model.

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

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

Health assessments

Health assessments can provide valuable input and insight into the wider assessment process and should be considered for all children where a section 47 assessment is being considered. Health assessments should be performed in a timely manner by health professionals who have the experience and capacity to undertake a comprehensive medical and developmental history and perform an appropriate physical examination. This will be a Specialist Paediatric Registrar, an associate specialist or a Consultant Paediatrician (a consultant would oversee all assessments).

Practitioners undertaking the assessment of Sexual abuse require additional forensic training and have relevant experience and competence which the majority of paediatricians will not have.

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

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

Assessments when children enter the care of the Local Authority

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

Where a child is accommodated under Section 20 of the Children Act 1989, Medway Children's Services has a statutory responsibility to assess the child's needs and draw up a care plan which sets out the services to be provided to meet the child's needs and support the child to return home to the care of their parents at the earliest opportunity it is safe for them to do so.

Where a child becomes looked after, the assessment will be the baseline for work with the family while the child is away and will focus on the support the Local Authority will provide to any child to safely return home to the care of their parents. Any needs which have been identified must be addressed before decisions are made about the child's return home.

How it will work implications for partners and parents

Within one working day, Medway SPA/MASH (First Response) will decide as to whether a contact requires a statutory response and becomes a referral to Children's Services (Section 17 or Section 47). A decision-maker who is a social work Team Manager will decide the type of statutory response that is required.

In urgent and very serious cases (mostly Section 47) the decision will be made within 4 hours of the information being received. This will ensure that an appropriate safety plan is agreed. The family will be prioritised without delay with a visit by a social worker within the same 24 hours of referral decision to assess the child's/children's welfare.

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

For less urgent cases (Section 17) the child must be seen by a social worker within 3 working days of the referral decision.

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

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

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

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

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

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

For cases where there are no child protection concerns but where the child is believed to be a Child in Need, the assessment will be completed under section 17 of the Children Act 1989. At the start of the assessment, the social worker will see the children individually,

discuss with the team manager and agree with the family the length of time it will take for the assessment to be completed within 40 working days.

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

Contribution of partner agencies working with the child and their family

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

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

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

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

Where there is a delay, or any other issue of concern, agency complaint processes are available for professionals, parents and children.

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

If during the course of the Child and Family Assessment, it is discovered that a school age child is not attending an educational establishment, the social worker should contact the Attendance Advisory Service for Schools and Academies to establish a reason for this.

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

Recommendations following assessments

Every assessment should end with a clear set of findings that identify the risks and strengths in the family and next steps for how to achieve the outcomes. As part of the assessment the social worker and their manager together with the young person, the family and other professionals will decide if services are required and if so, which services will deliver support to improve the welfare and safety outcomes for the child.

- **Transferring the family to Early Help Services:** If the family require an Early Help service and provide consent for this to happen, transfer to the service should take place. A transfer discussion should also take place between the social worker and the relevant Children and Family's Hub and a joint plan of should be developed together with the child/ young person and their parents. This should take place without delay and should be completed as soon as it becomes apparent that the family would benefit for support. The Child and Family Assessment does not need to be completed for the support to be provided to the child and the family.
- **Providing further s17 Child in Need statutory services to the family:** When the assessment concludes the child is in need and requires an intervention or through the course of the assessment the child has become Looked After, the family will need to be transferred to the relevant statutory team in Medway Children Services. This should take place without delay and should be completed no later than 10 days from the end of the assessment.
- **Providing further s47 Child Protection statutory services to the family:** Where the assessment and the s47 enquiry concludes the child is at risk of harm and requires an intervention service an Initial Child Protection Conference (ICPC) should be requested without delay and should be completed no later than 15 days from the strategy meeting at which s47 enquiries were initiated. The social worker will complete their report for Initial Child Protection Conference and transfer the family to the appropriate team in Medway Children Services at the initial conference.

4.3 Statutory Return Home from Care Assessments

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

- The nature and level of the harm that triggered entry to care is fully understood in the present;
- The nature of any change, since entry to care, in family or extended family composition and functioning is understood in relation to past harm;
- The child's level of resilience and ability to self-protect is understood in relation to the past harm;
- The nature and level of any future danger is understood;
- The proven willingness, ability, and motivation to make and sustain changed behaviour in parents and family networks is understood;
- The proven willingness to engage honestly with protective and supportive services on the part of the parents in the future is understood;
- A plan has been developed that includes the views of the child, parent(s) and other significant adults, and has been shared with the family, the child, and key professional networks;
- Birth parent(s) agree in writing to support the planned contact arrangements between the child and protective adults and professionals outside the family;
- The child has a safety plan and/ or support plan specific to them.

The decision-making process requires that:

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

5. Assessing Children in specific circumstances

Where a child is involved in other assessment processes, it is important that these are coordinated so that the child does not become lost between the different agencies involved and their different procedures. All plans for the child developed by the various agencies and

individual professionals should be joined up so that the child and family experience a single assessment and planning process, which shares a focus on the outcomes for the child.

5.1 Pre-birth assessments

Assessments may also need to take place before a child is born to ensure that the child will be safe following the birth and that their needs will be met. Pre-birth assessments are a proactive means of analysing the potential risk to a new-born baby when there is concern about a pregnant woman, her partner or ex-partner and where relevant, her immediate family.

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

The word “parent” should be loosely interpreted as appropriate to mean the mother and father, the mother’s partner, anyone with parental responsibility, and anyone else who has or is likely to have day to day care of the child. It is crucial to involve everyone who is a potential parent or carer in the assessment.

A pre-birth assessment should be considered:

- Where a previous child/children in the family have been removed because they have suffered harm;
- Where a Registered Sex Offender (or someone found by a child protection conference to have abused children) has joined a family.
- Where concerns exist about a parent’s mother’s ability to protect from suffering significant harm at the hands of someone in the immediate or extended family.
- Where there are acute professional concerns regarding parenting capacity, particularly where the parents have either severe mental health difficulties or learning disabilities.
- Where alcohol or substance abuse is thought to be affecting the health of the expected baby, and is likely to impact on the parents’ ability to meet the needs of the child once born is one concern amongst others
- Where the expected parent is very young and a dual assessment of their own needs as well as their ability to meet the baby’s needs is required.
- Where one the parent to be is a Child Looked After (CLA) or is a Care Leaver. Importantly, this should include both prospective parents not simply the expectant mother.

The Local Authority will also be mindful at this early stage of the possibility that legal proceedings may need to be initiated either as a framework around a parent and baby foster placement or because separation of parent(s) and baby is indicated.

The pre-birth assessment should be completed to a standard that meets the requirements for evidence in Court Proceedings.

Circumstances indicating a Pre-Birth Assessment:

- Always if a previous child/young person has died unexpectedly in the care of the parents and the cause of death is a result of anything other than 'natural causes';
- Always if a previous child has been removed via Care Proceedings due to abuse or neglect or other Risk of Significant Harm or if they have a current child who is the subject of Care Proceedings or within a PLO process;
- Always if the parents have a child living with them who is currently the subject of a Child Protection Plan;
- Always if there is a current Sec 47 investigation on the unborn that is likely to lead to an Initial Child Protection Conference or Child In Need Plan;
- Always if for any reason (in addition to the above) it is possible that the mother and new-born will need to be separated at birth and Children Services will be part of the planning (not including a parent's request for adoption);
- Always if either of the prospective parents is a Child Looked After (CLA) or Care leaver and professionals have concerns regarding their parenting capacity;
- Should be considered if the parents have a child under 8 who was the subject of a CPP within the previous 18 months.

Particular care should be taken when assessing risks where the prospective parents are themselves children i.e. under the age of 18 years and in particular if they are themselves Children Looked After. Attention should be given to evaluating the quality and quantity of support that will be available within the extended family, the needs of the parent(s) and how these will be met, the context and circumstances in which the baby was conceived, and the wishes and feelings of the child (or children) who are to become parents.

The unborn child and the parent under the age of 18 should have separate child and family assessments. Separate social workers to be allocated to unborn and unborn's parent to ensure the child's and young person's needs are explored fully in their own right

If the perspective parent is a Child Looked After then attention should be paid to their long term plan and how assessing for independence should incorporate the thinking of 'independence with responsibility for a child'.

5.2 Disabled Children: Education, Health & Care Plan Assessments

A disabled child in a family will receive a Statutory Assessment as any other child. Any service eligibility assessment, carer assessment or special educational need assessment

will be taken into consideration by the assessing social worker before concluding the analysis and agreeing with the family any future multi-agency plan.

Any Education, Health & Care Plan assessment being undertaken will consider any statutory assessment that has occurred within 12 months. Where a child is known and open to a social worker or child and family worker, then the Education, Health & Care Plan Co-ordinator leading the assessment will initiate contact with the social worker who will provide an update of the child's social care needs and the provision identified to meet these needs so that assessments of educational, social and health needs are coordinated.

If a child is not known to social care but is subject to a Education, Health and Care Plan Assessment, the social worker will establish if the child has any social care needs and provide the relevant advice to inform the EHCP Assessment.

If a young person aged 16+ has a disability which means they may receive a service when they become an adult, the assessing and reviewing social worker will undertake further assessment of needs prior to young person's 18th birthday to identify need for services into adulthood.

5.3 Young Carers and Families

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

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

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

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

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

A young carer's needs assessment must include an assessment of whether it is appropriate for the young carer to provide, or continue to provide, care for the person in question, in the light of the young carer's needs for support, other needs and wishes. A local authority, in carrying out a young carer's needs assessment, must have regard to the extent to which the young carer is participating in or wishes to participate in education, training or recreation, and the extent to which the young carer works or wishes to work.

Assessments of a young carer must always consider the capacity of their parents to offer a level of care necessary to respond appropriately to the child's needs. Parenting capacity will need to be assessed in the context of the family's structure and how family members relate to one another and to their wider community. Where the person is a young carer, caring for their parent (or a parental figure) it will be important to protect the child from taking on a role in which they feel responsible for "parenting" the adult who would usually be caring for them. The results of a young carer's needs assessment will include establishing whether the child should be provided with services as a Child in Need (under section 17 of the Children Act 1989).

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

5.4 Contextual safeguarding

In Medway Children's Services, Child and Family Assessments of children suffering harm due to contextual safeguarding concerns will generally be completed by the Adolescent Team and will consider whether wider environmental factors are present in a child's life and are a threat to their safety and/or welfare.

Contextual Safeguarding is an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. Contextual Safeguarding¹ appreciates that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people's experiences of extra-familial abuse can undermine parent-child relationships. Therefore, we need to engage with individuals and sectors who do have influence over extra-familial contexts, and recognise that assessment of, and intervention with, these spaces are a critical part of safeguarding practices.

Children who may be alleged perpetrators will also be assessed to understand the impact of contextual issues on their safety and welfare. Interventions will focus on addressing these

¹ Adolescent service & child protection Joint Working Protocol: Signs of Safety and Contextual Safeguarding Assessment Tool Appendix A)

wider environmental factors, which are likely to be a threat to the safety and welfare of a number of different children who may or may not be known to Medway Children's Services children's. Assessments of children in such cases should consider the individual needs and vulnerabilities of each child and look at the parental capacity to support the child, including helping the parents and carers to understand any risks and support them to keep children safe and assess potential risk to child.

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

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

6. Other Specialist Assessments

6.1 Court related S37 or S7 assessments

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

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

These assessments are to be completed on the court specific templates that are located in the Local Resources section on Trix.

6.2 Private Fostering Assessment

A Private Fostering Assessment must be completed when a child under the age of 16 years (18 years if the child has a disability) has been cared for by someone who is not a close relative for longer than 28 days. The statutory assessment is to ascertain the carer's

suitability to care for the child/young person and must also consider the child's needs to ensure the carers are able to provide suitable day to day care of the child/young person.

A Privately Fostered child is a child under 16 (or under 18 if the child has a disability) cared for and accommodated by someone other than:

- A parent
- A person who is not the parent but who has parental responsibility
- A close relative (Grandparent, step-parent, brother, sister, uncle or aunt) for a period intended to last **more than 28 days**.

Private Fostering is based on parental consent – if a parent has not agreed for someone else to look after their child, then the arrangement is not Private Fostering. Private Fostering arrangements are quite separate from arrangements made by Medway Council for 'children looked after' and living with foster carers. Private Fostering covers many situations, including children who are temporarily away from their families e.g. for educational holidays, children of overseas students and refugee or displaced children. This includes children who have had a disagreement with their parents and have gone to live with a neighbour or a school friend's family.

Although it is a private arrangement, there are certain duties and responsibilities under the Children Act 1989, Children Act 2004 and the Children (Private Arrangements for Fostering) Regulations 2005 to ensure that children who are Privately Fostered are protected. It is the job of the Council to check that these regulations are being observed.

By law they must make regular visits to make sure that children are safe and well cared for. They have to check various aspects of the Private Fostering arrangement, including carrying out checks on the Private Foster Carers and their premises, to make sure that the arrangement is a suitable one. The Council must also provide advice to Private Foster Carers. Medway Council does not approve Private Foster Carers but they have the power to stop a person from Private Fostering if the care is not suitable, or the accommodation is not suitable. On the other hand, if they consider something is not satisfactory, they can make the carer take action to sort out the problem, for example, by installing fire guards or smoke alarms.

When a child is Privately Fostered, the child's parents still have full responsibility in the eyes of the law. By law, the parents and carers, and any other person directly involved in arranging the placement, must notify the Local Authority about the arrangement. Private Foster Carers are responsible for carrying out any duties agreed with the parents, and must allow a representative of Medway Council to visit the child and the premises. Parents are expected to take part fully in planning for the child's future. It is expected that there will be a written agreement between the foster carer and the parents covering essential aspects of the arrangement.

Children in private foster placements have the same rights to protection and access to services as children living in their family home.

The Council being notified means that:

- They can carry out safeguard checks

- They can investigate the circumstances surrounding the arrangement
- They can listen to the young person's wishes and feelings
- Where appropriate, they can provide preventative and support services
- Where appropriate, they can provide support services after the end of the Private Fostering arrangement.

These assessments are completed by the Fostering Team.

6.3 Assessments of Prospective Foster Carers

The assessment of prospective foster carers is regulated by the National Minimum Standards – Standard 13: recruiting and assessing foster carers who can meet the needs of looked after children.

These assessments are underpinned by:

- Regulations:
 - 26 – Assessment of prospective foster carers
 - 27 – Approval of foster carers
 - 28 – Reviews and terminations of approval
- Children Act 1989, Section 22G – General duty of Local Authority to secure sufficient accommodation for looked after children.

The fostering service recruits, assesses and supports a range of foster carers to meet the needs of children they provide care for and is proactive in assessing current and future needs of children.

The recruitment and assessment process for Medway Council Fostering Team entails:

Initial Enquiry and Registration of Interest

Upon receipt of an initial enquiry via the website, social media or telephone call the responsible social worker will respond within 48 hours in order to complete a Registration of Interest; information gathered regarding the enquirer's personal circumstances including employment, family details, motivation to foster. Verbal consent is obtained to undertake system checks with the Local Authority. A decision will be made by the social worker to proceed to a Home Visit or close the enquiry.

Home Visit

A Home Visit will be arranged within 5 working days of the completed Registration of Interest. During the visit, a comprehensive Health and Safety Check will be undertaken and further information obtained. All prospective applicants must be present and it is a preference of the Fostering Team that any birth children resident in the home should also be involved in this visit. The Fostering Team will make the decision as to whether to invite the enquirer(s) to complete an application pack.

Following receipt of a completed application pack, the Fostering Team will confirm in writing within 5 working days

- Acceptance onto Stage 1 of the Fostering Assessment Process; or

- Reasons as to why the application could not be accepted at this time.

Stage 1: Pre-Assessment Process (up to 2 months)

Several statutory checks and references will be carried out within Stage 1, including:

- Personal references
- Ex-partner references
- Mortgage / Rent checks
- Bank references
- School and Health references for any birth children
- Employer references
- Probation checks
- Local Authority checks for current and previous place of residence
- Enhanced DBS certificates will be sought for every person over the year of 16 living in the applicant(s)' home
- Medicals undertaken by the applicant(s)' GP and reviewed by the Fostering Medical Advisor.

Training:

All applicants will attend a Skills to Foster course within Stage 1. The course is designed to develop their understanding of fostering and the needs of children in care, as well as providing information to support them to decide whether they wish to continue with their fostering journey. Adult birth children and significant members of the applicant(s) family / support network are invited to attend the course alongside the applicant(s).

Following completion of the training course and receipt of the statutory checks and references the responsible line manager will decide whether the applicant(s) are able to proceed to Stage 2. There are occasions whereby Stage 1 and Stage 2 run concurrently. This will be the decision of the line manager and made following the applicant(s)' completion of the Skills to Foster course.

Stage 2: Form F Assessment (up to 4 months)

An assessing social worker will be identified and an Assessment Planning Meeting will be arranged. The meeting will agree: the number of sessions to be completed, dates, times, venues, and who should be present at those sessions.

A Midway Review will be scheduled to take place after session 4 of the assessment and will be chaired by the line manager for oversight and review. An assessment completion date and Panel date will be agreed at this meeting, with the aim to attend Panel within 4 months of the first assessment session.

A minimum of 8 sessions will be undertaken by the assessor with the prospective foster carer(s). All birth children of the prospective foster carer(s) will be visited as part of the assessment. Preparation sessions will be undertaken with any birth children living in the home.

Three referee visits will be undertaken by the assessing social worker.

Regular supervision between the assessing social worker and line manager will take place and any concerns identified could result in a Second Opinion visit. The prospective foster

carer(s) can request a Second Opinion visit at any time should they wish to raise concerns about their assessment.

The assessment will explore all aspects of an applicant's life; childhood and family experiences, education, employment, current relationship, previous relationships, household members, lifestyle, animals in the household, other children living outside of the home (including adult children), support network, and an assessment of fostering capacity including caring for children, working with professionals and birth family, understanding identity, motivation to foster, anticipated impact of fostering, understanding safe caring, preparation, training completed and future developmental needs.

Fostering Panel

The completed assessment will be presented to Medway Council's Fostering Panel, which will be attended by the prospective foster carer(s) and their assessing social worker. It is the aim of the Fostering Team to identify the prospective foster carer(s) Supervising Social Worker prior to Panel. If this is achieved the SSW will also attend Panel.

The Panel will make a recommendation regarding the suitability of the applicant(s) becoming approved foster carers for Medway Council.

This recommendation is shared with the Agency Decision Maker who will make the final decision to approve the applicant(s). The applicant(s) will be notified in writing of the decision within 10 working days.

Matching Process

It will be the responsibility of the Fostering Team and allocated Supervising Social Worker to explore matches based on a child's needs and the capacity of the approved foster carer(s) to meet those needs, in line with their approval and assessed matching considerations.

6.4 Assessment of Prospective Adopters

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

Below is a summary of the stages of assessment and matching for adopters:

Registration, checks and training: up to 2 months

1. Apply to adopt: complete the registration of interest form given to you at the home visit
2. Checks and references: we'll carry out a range of checks and request references
3. About you: we'll ask for information about yourself, your childhood and background, your relationship (if you're applying as a couple), your support network and why you want to adopt
4. Training: We provide training to help prepare you for parenting an adopted child and help you to complete your own research
5. At the end of this stage, you will have all the information you need to decide if adoption is right for you and we will have the information we need to decide whether you are able to proceed. If not we'll explain why and tell you what you can do next.

Assessment: up to 4 months

In this stage, you will be allocated a social worker who will visit you weekly to complete an assessment.

In this assessment we'll find out more about you and your life experiences, your community and support networks, and why you want to adopt. We'll also talk about the adopted children's needs and how you can meet those needs.

1. Assessment: Your social worker will prepare a report based on the information you have shared during your assessment
2. Decision: The completed assessment will be presented to Medway Council's Adoption Panel, which you will attend. The panel will make a recommendation to the Agency Decision Maker, who makes the final decision about approving adopters.

Matching a child to you

Our assessments aim to find out all about you and your family so that we can find the most appropriate match for you, your family and the adopted child or children.

1. Matching: This can take from as little as a month, up to a year or maybe more to ensure that the placement is the best match for everyone
2. Placing a child with you: When a suitable child has been found, the match will be approved by an adoption panel from the area the child lives. We will then plan with you how to begin the gradual introduction of the child to you and your family. It is usually a few weeks before a child moves into their new home.

Once you have adopted your child

We will support you through the early days of placement while you get to know your child. Once you're ready and your child has lived with you for 10 weeks you can apply for your adoption order. Once an adoption order is made, you will have full legal responsibility for looking after the child.

From November 2020 these assessments will be completed by workers in the Regional Adoption Agency.

6.5 Assessment of Prospective Special Guardians

Special Guardianship Order/Child Arrangement Order assessments of friends or family capacity to become Special Guardians or exercise parental responsibility via a Child Arrangement Order for a child.

This is different from a statutory assessment of a child's needs, but the child's need must be considered during any relevant private law or public law proceedings to ensure the carers are able to care for the child and meet their needs.

A Special Guardianship Order (SGO) can be applied for, with or without the support of the Local Authority or the parent of a child.

As part of the report submitted to court the Local Authority must outline the support plan for the child and the carers, both now and in the future. This may include financial assistance, which can be paid either as a one off payment or as regular payment. Any allowance is

means tested and reviewed annually. The carers may be eligible to apply for child benefit and child tax credit.

Local Authority responsibilities will vary depending on the legal status of the child and the arrangement.

The term 'Kinship Care' is often used to refer to children being cared for by relatives under the auspices of Special Guardianship Orders.

This assessment is different from a statutory assessment of a child's needs, but the child's need must be considered within the assessment to ensure the carers are able to care for the child and meet their needs.

A robust assessment usually takes about twelve weeks to complete. Assessments consider:

- the developmental needs of the child;
- the parenting capacity of the special guardian or prospective special guardian;
- the family and environmental factors which have shaped the life of the child;
- what the life of the child might be like with the special guardian;
- any previous assessment undertaken in respect of the child or the special guardian or prospective special guardian;
- the needs of the special guardian or prospective special guardian and their family;
- where it appears to the Local Authority that there is a pre-existing relationship between the special guardian or prospective special guardian and the parents of the child, the likely impact of the special guardianship order on the relationship between that person, that child and that parent.

These assessments are of suitability to care for a child until they reach adulthood and are completed by the Connected Carers team.

7. Problem Resolution Procedure

Dissent and disagreement

Disagreements could arise in several areas, but are most likely to arise around:

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

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

Professional disagreement is only dysfunctional if not resolved in a constructive and timely fashion. Disputes where necessary should be escalated to the relevant Team Manager or in

the case of a dispute with Team Manager decision making then the relevant Group Manager.

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

Key Principle

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

Medway Safeguarding Children Partnership is clear that there must be respectful challenge whenever a professional or agency has concern about the action or inaction of another. If a professional disagreement arises and the issue cannot be resolved between practitioners, the matter should be referred to the line manager who will discuss with their opposite number in the other agency, in the hope that the issue can be resolved.

Failure to resolve problems between line managers must be further escalated to Senior Managers within the respective organizations.

If there continues to be no resolution, then the matter should be escalated to the Medway Safeguarding Children Partnership Learning Lessons Sub Group. A clear record of all discussions, agreements and actions must be kept by all parties.

A serious escalation could be defined as a situation where the effectiveness of the response of one agency is likely to have a significant impact on the confidence of the other agency leading to possible longer-term impact on the ability of the agencies to work together for the benefit of vulnerable children and their families.

Escalations should be made in accordance with the Medway Safeguarding Children Partnership (MSCP) Escalation Policy 'Resolving Professional Differences'.
<https://www.medwayscp.org.uk/mscb/downloads/file/298/mscp-challenge-and-escalation-policy>