CHILDREN'S SERVICES



PRACTICE STANDARD:

Assessments

Assessments will be undertaken in partnership with parents and other agencies who know them, completed as swiftly as the complexity allows, and the outcome will be reported back to the family and contributing professionals.

All Children	 The child (depending on age and understanding) and the family know about the assessment and are actively involved in any assessment. Their informed consent to undertake agency enquiries has been gained unless there is a clear safeguarding issue that makes this inappropriate (this decision will be recorded by the manager) 	Practitioner and Team Manager
All Children	 Assessments are informed by children's wishes, feelings and lived experiences. These will be clearly and accurately articulated in their assessment. It will be clear in the analysis how the child's lived experience has influenced the outcome of the assessment. Chronologies are created and kept up to date to support continuing assessment. Family networks will be mapped, explored and understood using cultural genograms and ecomaps. Children's parents including fathers and parents not living with the family, carers and members of their identified family network will be involved in the assessment. Their views, thoughts and feelings will be included in and inform the assessment. The perspectives of other professionals are sought and listened to. The information they provide is recorded in the child's assessment clearly influencing and informing the outcome of the assessment. 	Practitioner







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	 Needs, areas of concern, strengths, highlighting diversity in all its forms, and protective factors are identified, analysed and assessed with rationale for the decisions made. 	
	 Appropriate tools will be used to assess and understand specific issues – i.e. the completion of a 	
	 Graded Care Profile where there are concerns of neglect. 	
	 Assessments (and statutory reports acting as an updated assessment) are submitted 	
	to a manager for quality assurance and sign off at least one working day before they are to be shared with families or partners; unless a different timeframe has been agreed in advance.	
	• The assessment is shared openly with the child and family and their feedback sought and their views recorded.	
	 The outcome of the assessment will be shared with the professionals who have contributed to the assessment 	
All Children	 The child's assessment has oversight of the team manager who will provide a view and feedback as part of the authorisation process 	Team Manager
	 The team manager will quality assure assessments (and statutory reports which are serving as re-assessments) in advance of sharing with other parties 	
Children with SEND	 Following a request for an EHCNA, parents/carers/YP will be informed of the LA's decision within 	Case Officers
	 6 weeks. The decision will be informed by a multi-agency panel including representation from 	
	Education, Health, and Social Care.	
	 If an assessment is agreed, an assessment case officer will be allocated, and a 	
	family conversation will be offered.	
	Advice/assessments will be requested from all agencies involved with the	
	child/young person; to include an Educational Psychologist and will be considered in	
	the compilation of the draft EHCP. The voice of the child/young person and family will be gathered and shared within the final EHCP Following assessment,	

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		 parents/carers/YP will be informed whether an EHC plan will be issued within 16 weeks of the initial request. If it is agreed to issue an EHC plan, a 'draft' will be issued for consideration allowing 15 days to for parent/carer/YP to respond. The 'final' EHCP will be issued within 20 weeks of receipt of the initial request and parent/carer/YP will be informed of the new allocated case officer. The final EHCP will be shared with the parents and education setting, along with any reports used to inform the writing of the EHCP included within the appendices. 	
Children in Need		 Children and Young Persons Assessments (CYPA) should be completed in a timescale that is proportionate to the risks and needs of the child / children in the family which may be much less than 45 days A draft assessment should be shared with parents and others with PR for feedback before completion and sign off by the Team Manager Assessments will take no longer that 45 days from the point of referral and will be current within a 12 month period. (see comments about reports for ICPC and stat review). 	Social Worker
Children in Need		 Management direction of CYP assessment will be recorded on the file at allocation. At 8 days a management direction will be record a decision about whether the assessment will be completed in 15 days, or the next review point if it will be longer. 	Team Manager
Children in need Protection	of	 Child Protection Enquires – The lead social worker should ensure that the purpose of the assessment is transparent, understood and agreed by all participants. A timescale for completion of the assessment should be agreed locally, depending on the urgency of the situation and the needs of the child, and should not exceed 45 working days. The 'Record of Outcome of Sec.47 Enquiry' must be complete within 15 days of the strategy meeting taking place. Reports for review child protection conference are an updated assessment and should address the child or young person's circumstances and needs holistically. Reports should be shared with parents and CP chair 3 days before an ICPC and 5 days before an RCPC. 	Social Worker







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Children in Care	 Reports for statutory review are an updated assessment and should address the child or young person's circumstances and needs holistically. Reports for Stat Review should be shared with the child/family and IRO 3 days before the review. Leaving Care Assessment of Needs should be completed no more than 3 months after the young person's 16th birthday or after the young person becomes Eligible or Relevant if this is later. 	Social Worker
Early/Targeted Help	 Early Help Assessments (EHA) should be completed in 10 working days from the point of referral. 	Lead Practitioner

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