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|  | **Protocol for the Assessment Teams**  |
| **Version** | **1** |
| **Date** | **May 2020** |
| **Date for Review** | **April 2021** |

**Version control**

**Assessment Teams**

This protocol sets out the framework within which the Assessment Team social workers will engage with children, young people and their families. It is underpinned by a range of legislation including, but not limited to:

* Children Acts 1989 and 2004;
* Children (Leaving Care) Act 2000;
* Care Standards Act 2000;
* United Nations Convention on the Rights of The Child;
* Human Rights Act 1998;
* Adoption and Children Act 2002;
* Data Protection -Legislation;
* Children and Families Act 2014;
* Children and Social Work Act 2017.

The protocol also has regard to, and is consistent with, a range of government guidance, particularly the principles set out in the Statutory Guidance Working Together to Safeguard Children [**Chapter 1: Assessing need and providing help**](http://www.workingtogetheronline.co.uk/chapters/chapter_one.html)

The Assessment Team with the addition of a 10 Day Response into the integrated front door in Hull, allow the identification and immediate response to families who require any safeguarding intervention to address specific and notable concerns within a family and identify to correct intervention to reduce risk and meet the family need.

The Assessment Team’s work on a one in six duty rota, during their duty week they will be co-located within EHASH to enable timely consultation a seamless transfer and allocation of cases from the point of referral.

**Aims of the Team;**

* Re-align the service to target resources at those children and young people identified as requiring a short-term intervention to prevent escalation
* To ensure a multi-agency approach in all assessments undertaken making contact with professionals/agencies involved with the child/family to canvass their views/opinions/assessment of risk
* Increase productivity and maximise the opportunity for responding in a timely manner to immediate safeguarding concerns ensuring the right child is receiving the right service at the right time
* Ensure a more productive and cost-effective use of resources
* Seamless transition between teams and improved workflow

**Objectives**;

* Assess need and identify any safeguarding issues, formulate a clear analysis, plan and recommendation within a maximum 45 working day timeframe.
* Embed the use of risk assessment tools to inform decision making
* Engage the family in interventions during assessment where the need can be met, to prevent the case being escalated to a Locality Teams.
* Make informed recommendations based on outcome of risk assessment for cases to step up/down
* increased compliance with timescales
* To make the best use of the respective skills of all partner agencies in delivering front line services

**Structure**

The Assessment service have 7 teams. They consist of 1 Ten-Day Assessment Response, who deliver 10 day assessments for lower level cases to re-direct the flow of work. The 10 Day Response have six Social Workers, a Referral Officer and a Team Manager.

The Ten Day Assessment Response social workers will operate on a biweekly duty system with three Social Workers on duty at any one time. This will allow them on their non-duty week to formalise and complete allocated assessments within required timeframes.

Whilst the social workers sit alongside EHASH it will be regulated by the assessment service group manager to ensure that practice guidance is adhered to.

There are then 6 locality Assessment Teams who deliver more in depth assessments for the complex, high risk work coming through EHASH. Each Assessment Team has a Team Manager, 5 social workers, a Family Practitioner and a Team co-ordinator.

There is an identified grade 10 practitioner within each team who can offer support and advice in the absence of the team manager.

The 6 Assessment Teams work on a 5 weekly rota. They spend one week on duty, being allocated all cases city wide. They then have 5 weeks in which to respond to the risk, assess, develop an intervention and move the case on to the relevant service; Locality Teams, Early Help, targeted Service or Universal Services.

**Allocation**

* All referrals transferred to the Assessment Team social workers will commence from the date on which the contact was referred into EHASH
* The allocation of referrals to the Assessment Teams will be determined by the EHASH Team Managers in consultation with the assessment team duty manager, who will determine application of threshold
* The EHASH team manager will liaise with the team manager of the Assessment Team regarding the nature of the concerns and the reason an assessment is required.
* Where there is a need for a strategy discussion, the Assessment Team Manager and investigating social worker from the assessment team will attend and contribute to the discussion and decision making with regard to threshold.

**Preparation for Assessment**

As per the current guidance on completion of assessments <http://hullscb.proceduresonline.com/chapters/p_assessment.html>

The allocated worker should ensure they have read any prior social care or early help involvement with the family.

At the point of allocation, the Team co-ordinator or Family Practitioner will be asked to update/commence the child’s chronology, update the family networks and formulate a family genogram.

**Key issues to address:**

* What are the presenting issues?
* Have the presenting issues been assessed/ explored previously?
* When was the last period of social care/early help involvement?
* Voice of the child, what is their lived experience?
* Are there any identified risk indicators?
* What are the protective factors?
* Are there any changes to the household? i.e. a new partner, additional child, change in living conditions?

**Management oversight**

Each case will have a clear management overview providing steer and guidance

This will include but not be exhaustive of:

* The Child/ren are to be seen within 5 days of the referral to obtain the child’s voice (other than immediate safeguarding concerns where children would be seen the same day)
* With consent the child’s sleeping and living arrangements should be observed
* Liaison with involved agencies to be undertaken to determine existing support networks/identify any concerns/share relevant information
* Ensuring that visits are purposeful and explore the primary reason for the referral
* Chronology of significant events and social care history to be compiled.
* Ensure personal details/demographics are up to date

Discussion between the manager and allocated worker around initial findings to be documented on liquid logic at day 8, 20 and 43 of assessment

To enable management quality assurance to take place at various points in the assessment, the Team Manager should aim to review to case at Day 8 and Day 20 of the assessment. This is to enable further tasks to be undertaken if required, or for clear direction on the case to be given to close, step down before the 45 day timescale. This will avoid drift and delay for the family.

Any cases that are not completed within the agreed 45 day timeframe require a management checkpoint to be documented on liquid logic with a clear rationale as to why the assessment has gone out of timescale for the team with a clear strategy as to the future trajectory of the case.

**Practice requirements**

All cases will have clear direction around the key issues and concerns.

The allocated social worker will familiarise themselves with previous involvement prior to initial contact with the family.

The child and their family must be seen within 5 working days of the date of referral.

Children should be seen alone, and their voice clearly recorded in the assessment in bold and inverted comas.

To ensure that the child’s lived experience is represented their living and sleeping arrangements should be observed and documented and their learning and play opportunities explored.

Discussion with the team manager will take place after the initial visit for a case discussion around findings and future trajectory.

Consent must be obtained and clearly evidenced in the case recordings.

A genogram should be compiled with the family to clearly identify their support network/risky individuals.

Service user details will be updated on Liquid logic to ensure they are correct.

The allocated social worker will work within a 45 working day timeframe and will make full attempts to complete their work for management quality assurance within good time with the aid of frequent reviews of the case.

Discussion around the trajectory of the case should be held between the allocated Social Worker and Team Manager and clearly documented on the child’s file.

At least one supervision is needed on each child that a social worker in the Assessment Team holds. This should be child focused, review risk and have detailed actions with timescales.

The social worker in the Assessment Team is responsible for ensuring compliance on each assessment allocated to ensure a smooth transition moving forward, whether this is step down to early help, transfer to Locality or escalation to Child Protection or Legal Proceedings.

**Outcomes**

The purpose of the Assessment Team is to ensure thorough assessment of risk and need on each case to improve efficiency of workflow through the department. With rigorous assessment and implementation of targeted family support arrangements, the team will ensure that families get the right level of support and that they do not unnecessarily progress further into the social care system.

They will also ensure that high level case that need to be escalated to S.47 and progressed to child protection do so in a timely manner, ensuring swift transitions to the correct team and good evidence for the transition.

The assessing social worker may identify and recommend any of the following:

* Closure with advice: This will be in the form of a co-produced safety plan with the family evidencing where key issues have been identified and methods of safety implemented.
* Single agency/targeted support: This could be school, if there is an educational matter such as attendance or behaviour or health if it is centred on access to health provisions or support around health needs that are not of a safeguarding nature.
* Universal services: a multi-agency approach that does not require the support of statutory services.
* Early help intervention which may include; parenting support, behaviour management strategies etc.
* Child in need: Should assessment determine the need for a social work plan to be in place to support the family this will be written by the allocated assessment team social worker who will coordinate and chair the initial CIN meeting prior to transfer to the locality team.
* Escalation to Initial Child Protection conference. This will be done following a strategy discussion and S.47 enquiry. The Assessment Team Social Worker will present the case at the ICPC and the plan will be taken forward by a Locality Team social worker.
* Escalation to Legal Proceedings. The Assessment Team Social Worker will complete all court paperwork and present the case at Court for the first Hearing. The case will then be transferred and taken forward by the Locality Team.
* Once allocated within the locality team a joint visit/shared meeting between the receiving social worker and the Assessment Team Social Worker will be co-ordinated to facilitate smooth transition for the child and family.

**Escalation policy**

In order to promote positive working relationships and reduce any disputes around decision making between differing parts of the service it is essential that team managers work closely together and have discussions about cases and their progression. It is good practice to offer challenge and debate to ensure that the children and families for whom we work receive the right level of service.

However, it is noted that there will be occasion where managers cannot agree on the right provision or pathway for the child. This could be at point of referral or at the conclusion of the assessment.

In the event of their being differing opinions regarding the future trajectory of a referral/case the team manager in disagreement, should seek guidance from their group manager. The Group Manager will provide a review of the case and guidance in consultation with their counterpart in Localities to agree case progression. In the unlikely event of a resolution not being found at Group Manager level the issue will be escalated to Head of Service for the Integrated Front Door/Assessment Teams who in consultation with the Head of Service for Locality teams will make the final decision.

Should a social worker not agree with a manager’s decision making regarding the progression of a case they should raise this with their manager who will seek assistance and mediation from the relevant group manager.