

5 REFERRAL & ASSESSMENT

5.1 INTEGRATED CHILDREN'S SYSTEM & ASSESSMENT FRAMEWORK

- 5.1.1 The *Integrated Children's System* (ICS) incorporates and is based on the conceptual framework in the *Framework for Assessing Children in Need and their Families* (known as the Assessment Framework).
- 5.1.2 This Assessment Framework provides a systematic multi-agency approach to record and analyse what is happening to children and young people within their families and the wider context of the community in which they live.
- 5.1.3 The framework provides a standardised approach to the referral and assessment process within Children's Social Care and all referrals are subject to this screening and assessment process.
- 5.1.4 Staff in all agencies should be aware of the framework and what it might mean for them in terms of their contribution to assessments of children in need. When a Common Assessment Framework (see [3.5.3-10](#)) is in progress, it should inform the overall assessment process.
- 5.1.5 The Assessment Framework captures and analyses information by means of:
- An initial consideration (or screening) of a referral ([5.4](#))
 - An Initial Assessment ([5.5](#)) and
 - A 'Core Assessment' ([5.6](#))
- 5.1.6 These assessment stages involve gathering and analysing information about the three domains of the assessment framework:
- Children's developmental needs
 - Parents' or caregivers' capacity
 - Impact of the wider family and environmental factors
- 5.1.7 At all stages of referral and assessment, consideration must be given to issues of diversity, so that the impact of cultural expectations and obligations are understood.
- 5.1.8 Where there are any communication difficulties, an interpreter should be used. Consideration should be given to the needs of those families who speak English adequately for day to day interactions, but whose linguistic abilities may be insufficient to understand sensitive and complex discussions about parenting and child welfare. Family members should not be used as interpreters (see [9.12](#)).

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- 5.1.9 Some families may have little knowledge of the law with regard to the power of the state to intervene in the area of child welfare and may need help to appreciate the implications of this for their child/ren.
- 5.1.10 Throughout the assessment processes, the safety of the child remains paramount at all times and in all circumstances.
- 5.1.11 The assessment process in Children's Social Care determines whether a referral should be responded to as a child in need of support (s.17 Children Act 1989) or additionally as a child in need of protection (s. 47 Children Act 1989).
- 5.1.12 Any concerns about vulnerable adults arising during the assessment process (or at any point in Children's Social Care intervention) should be referred to Adult Care Services of Hertfordshire.
- 5.1.13 Incidents of abuse and neglect within families are on a continuum and situations where abuse is developing can, at times, be resolved by support services outside the child protection procedures.
- 5.1.14 The result of the assessment may inform an ICS 'child's plan', which may include child in need meetings and /or family group conferences and other service provision to support child and family.

LINK WITH CHILD PROTECTION ENQUIRIES

- 5.1.15 **A decision to initiate a child protection enquiry (s.47 enquiry) may be taken at any time, whenever the criteria are met.**
- 5.1.16 The particular procedures involved are included in module 6.
- 5.1.17 S.47 enquiries are usually the outcome of an Initial Assessment completed within 7 working days. The process may be abbreviated if criteria for s.47 enquiries are met e.g. a family is well known to Children's Social Care or facts clearly indicate a need for s.47 enquiries.
- 5.1.18 A Core Assessment should be commenced following the strategy meeting / discussion initiating the s.47 enquiry (see 5.6).

5.2 REFERRAL FROM MEMBERS OF THE PUBLIC

- 5.2.1 When members of the public are concerned about the welfare of a child or an unborn baby, they should contact the Customer Services Centre (CSC) on 01438 737500, who will either pass the referral to the Client Services team (if closed or not known) or to the named worker or team (if open). Child protection concerns will be fast tracked to the appropriate Assessment team for immediate action. See 3.6 for further information.

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- 5.2.2 The Police and the NSPCC help lines offer an alternative means of reporting concerns (appendix 1 contains contact details) and they must inform Children's Social Care of any child protection concerns.
- 5.2.3 Any professional from **another** agency receiving a child protection referral from a member of the public must:
- Advise her/him to refer directly to Children's Social Care via the CSC
 - Inform Children's Social Care of the details of the concern via CSC
 - Note details of the concern and the communication with CSC
- 5.2.4 Individuals may prefer not to give their name to Children's Social Care or NSPCC. Anonymous referrals from members of the public must be investigated thoroughly by Children's Social Care.
- 5.2.5 Alternatively they may disclose their identity, but not wish for it to be revealed to the parents / carers of the child concerned. Where possible, staff should respect a referrer's request for anonymity. There are however, certain limited circumstances in which her/his identity may have to be given e.g. to a court.
- 5.2.6 Local publicity should make the above clear to potential referrers.

5.3 PROFESSIONAL REFERRALS & REFERRAL CRITERIA

INTRODUCTION

- 5.3.1 Staff in LSCB member agencies and contracted service providers must make a referral to Children's Social Care if there are signs that a child under the age of eighteen or an unborn baby:
- Is suffering or has suffered abuse and / or neglect (see module 3)
 - Is likely to suffer abuse and / or neglect (see module 3) or
 - (With agreement of a person with parental responsibility) would be likely to benefit from family support services
- 5.3.2 When staff are unsure if a referral is appropriate, they may seek consultation with Children's Social Care via a 'What if' conversation (see [3.5.26-3.5.29](#)).
- 5.3.3 Whilst professionals should, in general, seek to discuss any concerns with the family and where possible seek their agreement to making referrals to Children's Social Care, this should only be done where such discussion and agreement-seeking will not place a child at increased risk of significant harm (see [3.5.14](#)).

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- 5.3.4 Professional referrals cannot be anonymous and should be made in the knowledge that during the course of enquiries it will be made clear which agency has originated the referral.

General referrals to Children's Social Care

- 5.3.5 The referral to Children's Social Care process for professionals is the same as for the public (see 5.2).

Health referrals to Children's Social Care

- 5.3.6 All health referrals from hospital or PCT must be made on 'form CSF 3155H' and faxed to Client Services on their dedicated number.

Police & schools

- 5.3.7 Police, schools and health should make referrals direct to Client Services on their dedicated number, or if known, the named worker or team.

REFERRALS OUTSIDE NORMAL HOURS

- 5.3.8 Referrals to Children's Social Care outside normal Client Services Centre hours (08.00 - 20.00 Monday – Friday & 09.00 - 16.00 Saturday) are diverted to the Emergency Duty Team (EDT).
- 5.3.9 Referrals to the Police CAIU should be made on 0845 3300222. The CAIU normal hours are 09.00 – 22.00 Monday – Friday & 09.00 – 17.00 week-ends and Bank Holidays. Any emergency calls outside of these hours should be made via the 999 system.

INFORMATION TO BE PROVIDED WITH A REFERRAL

- 5.3.10 Where available, the following information should be provided with the referral (but absence of information must not delay referral):
- Cause for concern including details of any allegations, the source/s of these, timing and location of incident/s
 - Child's current location and emotional and physical condition
 - Whether the child needs immediate protection
 - Full names, date of birth and gender of child/ren (including all surnames used)
 - Family address (current, when last moved and previous address)
 - Identity of those with parental responsibility
 - Names and date of birth of all household members and any known regular visitors to the household (including all surnames used)

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- Details of child's extended family or community who are significant for the child
- Ethnicity, first language and religion of children, parents / carers
- Any need for an interpreter, signer or other communication aid
- Any special needs of child/ren and other household members
- Any significant / important recent or historical events / incidents in child or family's life, including previous concerns
- Details of any alleged perpetrators (if relevant)
- Background information relevant to referral e.g. positive aspects of parents care, previous concerns, pertinent parental issues e.g. mental health, domestic violence, drug or alcohol abuse, threats and violence towards professionals
- Referrer's relationship and knowledge of child and parents / carers
- Known current or previous involvement of other agencies / professionals e.g. schools, GPs
- Information regarding parental knowledge of, and agreement to, the referral

Confirmation of referral

- 5.3.11 The professional referrer must confirm verbal and telephone referrals in writing, within forty eight hours, where possible using a multi-agency referral form. Any CAF that has been undertaken should be attached to the referral. Referrals should be addressed to Client Services, P.O. Box 153, Stevenage, Herts. SG1 2GH Fax: 01438 737402.
- 5.3.12 Children's Social Care must acknowledge referrals in writing within one working day of receipt. If no acknowledgement is received within three working days, the referrer must contact Children's Social Care again to establish the current status of the referral.

Recording by referrer

- 5.3.13 The referrer should keep a written record of:
- Discussions with child
 - Discussions with parent
 - Discussions with managers
 - Information provided to Children's Social Care
 - Decisions taken (clearly timed, dated and signed)

5.4 SCREENING BY CHILDREN'S SOCIAL CARE

- 5.4.1 All referrals to Children's Social Care should initially be regarded as children in potential need, evaluated on day of receipt (or within one working day) and a decision made about the next course of action and when taking a referral, staff must establish as much of the information detailed in [5.3.10](#) above as possible:
- 5.4.2 This screening process should establish:
- The nature of the concern
 - How and why it has arisen
 - What the child's needs appear to be
 - Current location of child, when last seen and by whom
 - Whether the concern involves abuse or neglect
 - The foundations for these concerns
 - Any need for urgent action to protect the child / any other children
- 5.4.3 This above process will involve:
- Discussion with referrers
 - Consideration of any existing records for the child and for any other members of the household (including if children are or have ever been the subject of child protection plans)
 - Involving other agencies as appropriate (including the Police if any offence has been or is suspected to have been committed) (see also single and joint agency investigations [6.5](#))
- 5.4.4 Personal information about non-professional referrers including subject families and other agencies, should not (without consent) be disclosed to third parties.

Informing parent/s of referral

- 5.4.5 Parents' permission should generally be sought by Children's Social Care before discussing a referral about them with other agencies (see [3.5.14](#)). Permission is not required if any criteria below apply.
- 5.4.6 If parent/s have not been informed prior to referral, the professional referrer should be asked to inform them **unless** it is considered to do so might place the child at increased risk of significant harm, e.g. by:
- The behavioural response it prompts e.g. a child being subjected to threats / forced to remain silent if alleged abuser informed
 - Leading to an unreasonable delay
 - Leading to the risk of loss of evidential material
 - Placing a member of staff from any agency at risk

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- 5.4.7 Inter-agency discussion without parental permission may also be justified if it is concluded information held in other organisations is likely to inform a decision to conduct s.47 enquiries.
- 5.4.8 The Children's Social Care team manager should authorise any decision to discuss the referral with other agencies without parental knowledge or permission, and the reasons for such action recorded. When there is a possibility that a crime may have been committed, discussion with the Police must occur prior to informing the parents of the concern (see [5.4.13](#) below).

Confidentiality

- 5.4.9 Other agencies' response to requests by Children's Social Care for information should be in accordance with guidance in module [2](#) (Information Sharing & Confidentiality).

Outcome of screening the referral

- 5.4.10 The outcome of the referral must involve immediate evaluation of any concerns about either the child's health and development, or actual and/or potential harm, which may justify further enquiries, assessments and/or interventions.
- 5.4.11 The team manager / duty senior must be informed of any potential s.47 enquiries and authorise the decision to initiate a strategy discussion. If the child and/or family are well known to Children's Social Care and/or the facts clearly indicate that s.47 enquiries are required, it may be appropriate to hold a strategy discussion without further assessment – in that case the referral information will also constitute the Initial Assessment.
- 5.4.12 The threshold may be met for a s.47 enquiry at the time of referral, during initial or Core Assessment or at any point of Children's Social Care involvement.
- 5.4.13 The Police must be informed at the earliest opportunity if a crime may have been committed. The Police must decide whether to commence a criminal investigation and a discussion held to plan how parents are to be informed of concerns without jeopardising Police investigations (see [6.5](#) Single & Joint Agency Investigations).
- 5.4.14 The immediate response to referrals may be:
- No further action at this stage or
 - Provision of advice and information or
 - An Initial Assessment of needs (which may be very brief if the criteria for initiating s.47 enquiries are met)

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- A Core Assessment, if indications exist that the case is particularly complex or several Initial Assessments have been previously completed
 - Emergency action to protect a child
- 5.4.15 The team manager must sign and approve the outcomes of the referral and ensure a chronology has been commenced and / or updated.
- 5.4.16 All referrals must be acknowledged in writing within one working day (see 5.3 for expectations of professional referrers).

No further action

- 5.4.17 Where there is to be no further action, feedback should be provided to referrers about the decision and the reasons for making it.
- 5.4.18 In the case of referrals from the public, feedback must be consistent with the rights to confidentiality of the child and her/his family.

5.5 INITIAL ASSESSMENT

- 5.5.1 The Initial Assessment is a brief assessment of each child referred to Children's Social Care where it is considered necessary to determine whether s/he is in need, the nature of any services required and whether a further, more detailed Core Assessment should be undertaken.

Timescale

- 5.5.2 An Initial Assessment must be completed within a maximum of seven working days of the date of the referral to Children's Social Care and may be very brief if the criteria for initiating s.47 are met.
- 5.5.3 Any extension to this time-scale must be authorised by the Children's Social Care team manager, with reasons recorded. For example, there may be a need for delay in order to arrange for an interpreter or avoid a religious festival. Any delay must be consistent with the welfare of the child.

The assessment process

- 5.5.4 Where another agency has completed a common assessment (CAF) this should form the basis of the Initial Assessment.

- 5.5.5 A qualified and experienced social worker should **lead** the Initial Assessment and carefully plan:
- Interview/s with the child/ren within a timescale appropriate to the nature of concerns expressed, ensuring that the child/ren's wishes and feelings are appropriately ascertained
 - If the child /ren should be seen with or without carers
 - Interview/s with parents / carers / other relevant family members
 - To address need for interpreters / communication aids (see 9.12)
 - What the child and parents should be told of any concerns
 - Information to be obtained, including historical and, if applicable, from agencies abroad (contact information can be obtained via the Foreign & Commonwealth Office (0207 008 1500), the relevant Embassy or Consulate (see the London Diplomatic List, ISBN 0 11 591772 1 from the Stationery Office on 0870 600 5522 or FCO website www.fco.gov.uk)
 - What contributions from other agencies are required
- 5.5.6 Other agencies' responses to requests by Children's Social Care for information should be in accordance with module 2 and 3.5
- 5.5.7 If the child and/or carers have moved into the authority, all professionals must seek information covering previous addresses from respective agencies (including those for children and carers who have spent time abroad (see module 12 Children & Families Moving Across Boundaries, and appendix 1 for relevant contact details).
- 5.5.8 Children's Social Care should make it clear to families (where appropriate) and other agencies, that information provided for this assessment may be shared with other agencies and contribute to the written form completed at its conclusion.
- 5.5.9 At this stage it may be unclear whether a criminal offence has been committed. Initial discussions with the child should be undertaken so as to minimise distress and avoid leading or suggestive questions and thus maximise the likelihood s/he will provide accurate and complete information.
- 5.5.10 If during the course of the assessment it is discovered a school age child is not attending an educational establishment, Children's Services (Education) should be contacted via Client Services.
- 5.5.11 If the criteria for initiating s.47 enquiries are met at any stage during an Initial Assessment, it should be regarded as concluded and a strategy discussion held immediately to decide if a s.47 enquiry and Core Assessment are required (see Child Protection Enquiries module 6)

Outcome of Initial Assessment

- 5.5.12 Following an Initial Assessment, the next course of action should be decided, following discussion with the family, unless such a discussion may place a child at risk of significant harm. Possible outcomes of the Initial Assessment are:
- No further action
 - Immediate provision of child in need services (using the initial plan on the ICS Initial Assessment)
 - Instigation of a Core Assessment if the child's needs are complex or a more in depth assessment is required to decide on the need for appropriate services
 - Instigation of a strategy discussion, s.47 enquiry, Core Assessment and possible joint Police investigation (see module 5)
 - Immediate protective action (see 6.6)
- 5.5.13 The team manager must sign and approve the outcomes of an Initial Assessment and ensure the:
- Child/ren have been seen or there has been a recorded management decision that this is not appropriate e.g. a s.47 enquiry initiated which will plan method of contact with child
 - Needs of all children in the household have been considered
 - Analysis is completed, including consideration of the child's needs and any risks to the child
 - Initial plan is completed for cases which are provided with a service, but not progressed to s.47 and / or Core Assessment
 - Initiation or updating of a chronology
- 5.5.14 Written information on the outcome of the Initial Assessment should be provided to the family and professional referrers. Exceptions to this are justified only where this might jeopardise further action e.g. s.47 enquiry or Police investigation, or place any individual at risk.
- 5.5.15 Feedback should be provided to non-professional referrers about the outcome of this stage of the referral in a manner which recognises the right to confidentiality and the welfare of the child.

5.6 CORE ASSESSMENT

- 5.6.1 A Core Assessment may follow an Initial Assessment or when new information or concerns on an open case indicates the need for further assessment and should be generally undertaken when any of the following apply:
- Needs are so complex that further assessment is required to identify them
 - Concerns are that a child in need may become a child in need of protection
 - Child protection issues have been established / a strategy discussion / meeting initiates a s.47 enquiry
 - A child is at risk of being looked after
- 5.6.2 A Core Assessment, using the Assessment Framework, must be completed within a maximum of thirty five working days.
- 5.6.3 A child protection conference (initial or review) or an ICS child's plan may decide that an update is required and these should also be undertaken within thirty five working days.
- 5.6.4 Any request from another agency for a Core Assessment must be given serious consideration and clear reasons communicated and recorded for a refusal. If the other agency remains concerned, the procedure for resolution of professional disagreement should be followed (see [6.12](#)).
- 5.6.5 Children's Social Care is responsible for the co-ordination and completion of the assessment, drawing upon information provided by partner agencies.
- 5.6.6 The team manager must sign and approve the outcomes of a Core Assessment and ensure that:
- There has been direct communication with the child and her/his views, wishes and feelings have been recorded and taken into account
 - All the children in the household have been seen and their needs considered
 - The parent / carer has been seen and her/his views and wishes have been recorded and taken into account
 - Views of significant family members have been sought as appropriate
 - The analysis has been completed
 - The chronology at the front of the file is up-to-date

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- 5.6.7 When a Core Assessment has been undertaken under s.17 Children Act 1989 i.e. without a s.47 enquiry, the outcomes will be:
- No further Children's Social Care support / intervention is required (although there may need to be referral to other agencies) or
 - Child is in need and suspected actual / likely significant harm – the procedures in module 6 apply or
 - Child in need but no suspected actual / likely significant harm – further Children's Social Care / multi-agency support will be required through the use of an ICS child's plan (child in need planning processes are described in 8.1)
- 5.6.8 Where a Core Assessment is undertaken under s.47 Children Act 1989 i.e. with a s.47 enquiry, the procedures in module 6 apply.