

Children and Families Service

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Our policies, procedures and guidance adhere to our core Hackney Children and Education principles to:

- Apply 'STAR' our aspirational [Systemic, Trauma-informed, Anti-Racist approach to practice to achieve Social Justice](#)
- Promote equity, equality and diversity in all our activities, ensuring inclusive processes, practices, and culture with consideration to all protected characteristics, in line with the [Council's Equality Plan](#).
- Disrupt and dismantle [systemic racism, inequality and injustice](#)
- Ensuring that every child and young person in Hackney has a safe, healthy and inclusive environment in which they can thrive. This includes [all those who may identify as lesbian, gay, bisexual, transgender, queer, questioning, intersex or asexual \(LGBTQIA+\)](#)
- Utilise a strengths-based [Domestic Abuse informed approach to practice](#)

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Hackney Local Assessment Protocol

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1. Introduction

The statutory guidance in [Working Together to Safeguard Children 2023](#) requires local authorities, with their multi-agency partners, to develop and publish local protocols for assessment. This local protocol sets out arrangements for how we will assess, plan and respond once a child¹ is referred to Hackney Children and Families Services (CFS). It is consistent with the requirements of the statutory guidance, and with the reforms to children's services mandated in the [Families First Partnership Programme Guide](#), which include bringing together the previously separate Early Help assessment and Section 17 Child In Need assessment into a single Family Help assessment.

2. The Statutory Framework

A statutory assessment is an assessment required by law under 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.

A Family Help assessment is carried out by Family Help Teams to establish the nature of the child and family's needs to and inform whether support is needed through a plan that meets the criteria for Family Help (inclusive of targeted early help and Child in Need [Section 17](#) of the Children Act 1989). This will include parental consent for an assessment and involve genuine and transparent working in partnership with children and their families. A Family Help assessment can be undertaken by a qualified Family Help Social Worker or by a Family Help Practitioner whose qualification is other than in social work. They will have a duty to ascertain the child's wishes and feelings and take account of them when planning the provision of service. If a Family Help Practitioner is working with a child and family and a Section 47 enquiry is required, court proceedings are initiated or a decision is made for the child to become looked after, a qualified social worker in the team will need to become the allocated worker.

If information gathered during an assessment (which may be brief) results in concern that the child is suffering or is likely to suffer significant harm, then the local authority, 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.

Following an application under [Section 31A](#) of the Children Act 1989, where a child is the subject of a care order, the local authority 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, the local authority 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 identified needs.

¹ The definition of child used within this protocol encompasses children up to their 18th birthday; it also includes unborn babies.

3. Principles

In Hackney, we use a systemic, trauma-informed, anti-racist ('STAR') approach to practice. This means:

- We recognise that children and families in Hackney are part of a wider set of systems and relationships;
- We think about what's happened to people, not what's 'wrong' with them - we seek to build trust, maximise psychological safety and empower children and families;
- We work through relationships to address inequities, including racism, and seek to dismantle systems of whiteness;
- We do this by being curious, compassionate, collaborative and reflexive, centring the voices of our children and families;
- We engender strengths based values and behaviours in our workforce and practice;
- We centre human rights to create change in the wider systems that affect our children and families.

It is our primary concern to ensure that children referred for assessment of need and risk are kept safe from both familial and extra-familial harm and are able to access the help they need. We believe that, to accurately assess risk, our practitioners must be able to exercise discretion about the extent and scope of the assessments that they undertake. It is our view that assessments should be timely and guided by well-informed professional judgements about the activities that are necessary to complete an assessment that is 'fit for purpose'. We believe that such an approach promotes a greater level of professional analysis throughout the assessment process.

We ensure that specialist expertise, support and help is available from the beginning and throughout an assessment, as we believe an assessment is an intervention in its own right. We believe that an assessment provides an opportunity to build trust and relationships so that decisions are made swiftly with strong analysis. We aim to inspire confidence in the families we support and in our partners. Our assessments centre families' expertise and strengthen family-led decision making, which involves our practitioners engaging wider family members, friends, voluntary and community sector partners or faith leaders already engaged in supporting the family from the outset.

We will promote transparency: we will always try to explain to children and their families what we are doing and why and explain this in a way that is comprehensible to them. We will make every effort to understand the child's experience from their perspective and to pay careful attention to the insights that this gives us when we are considering how we can best assist them.

Hackney does not follow a single approach or assessment tool but, instead, encourages our practitioners to utilise a range of evidenced-based approaches and tools to gather information, assess risk and effectively communicate and engage with children and families and other relevant professionals or organisations with responsibility for local spaces during the assessment process. We recognise that children experience harm in both familial and extra-familial contexts.

In the case of assessments for children where extra-familial risk is the primary concern, familial dynamics are addressed in relation to protective factors from future extra-familial harm. At the

point of allocation to a practitioner, a proportionate timescale for assessment will be decided by the Team Manager to ensure that enquiries are focused and proportionate to the issues of concern and are undertaken in the most timely and least intrusive manner possible for families. This will be recorded on the child's file and will be no longer than 45 working days from the date of allocation.

4. The Purpose of an Assessment

We believe the purpose of assessment is to develop a clear understanding of the family's current situation or the extra-familial risk context by gathering information from the child, their family and networks, other professionals and the wider community. We use this information to assess strengths, risks and needs and to develop hypotheses, test out interventions and create plans for change. Our assessments continue during periods of intervention and are continually shaped by our new learning about a family's life and circumstances, ensuring that we centre families' expertise about their own circumstances and the perspectives of those in their networks (for example, wider family members, friends, voluntary and community sector partners or faith leaders) to inform our analysis.

The assessment process enables our practitioners to understand the child and family and their wider contexts by gathering a range of information about what has happened before, what is happening now and what needs to happen next to facilitate change or to ensure that the child is safe and that their needs are being met. It provides a narrative of the child's life, who they are, who they know, what contexts they are in, what is happening to them and how their experiences are impacting upon them. Whilst it is parents' responsibility to bring up their children safely, we recognise that they may sometimes need assistance to do so.

The purpose of assessment is to:

- Gather important information about a child, their family, their network and the wider systems or contexts they engage with and that they value, or are worried about (such as peer groups, schools, community groups, neighbourhoods);
- Analyse risks and identify needs in each of these contexts;
- Decide what actions are needed to keep children safe;
- Identify the support or interventions that need to take place to improve a child, family's likelihood of achieving positive outcomes.

Assessments will always be completed in partnership with parents, caregivers (and in the case of extra-familial risk, also with identified partners, professionals and organisations with responsibility for local spaces or contexts) and will involve others as much as possible which may include; wider family, friends, religious or community groups and a wide range of professionals who know the child and family and who can contribute information and insight in order to build a full picture of a child's needs and circumstances. We use assessments to support the child and family to gain greater insight into their own situation and aspects of family functioning that may need to change.

5. The Role of the Family Help Lead Practitioner

Family Help Lead Practitioner is how the Department for Education refers to the lead practitioner assigned to work with a child and family when they require Family Help services. A Family Help Lead Practitioner does not need to have a social work qualification unless a child requires a child protection response. In Hackney, we refer to Family Help Lead Practitioners as Family Help Social Workers if they have a social work qualification and as Family Help Practitioners if they have any other kind of qualification.

While [Working Together 2026](#) sets out how Family Help Lead Practitioners from a range of professional backgrounds, based in and/or employed by partner organisations, currently in Hackney the role is occupied only by Family Help Social Workers and Family Help Practitioners employed by the Local Authority. In line with the [Children's Social Care National Framework](#), Family Help Social Workers and Family Help Practitioners will work with families with professional curiosity and empathy and be highly effective at offering help to the family, in order to improve outcomes for children.

At the point it is decided that a Family Help Assessment is required, consideration will be given to whether a Family Help Social Worker or a Family Help Practitioner is most suitable to support the particular child and family. Allocation decisions will be made in line with practitioner knowledge, skills, experience and capacity, and reflect the needs of children and families. Family Help Practitioners who begin working with families at the targeted early help stage can continue to lead work with families if the child is later assessed to be a child in need as defined by Section 17 of the Children Act 1989. Families will always be supported by Family Help Social Workers when it is agreed that a child protection plan is needed. When a child comes to the attention of Family Help because of concerns about actual or likely significant harm but is not previously known, they will also be supported by a Family Help Social Worker.

Family Help Social Workers and Family Help Practitioners will be responsible for providing direct help and will coordinate support forming a 'team around the family' with other services. They will remain the main point of contact for the family for as long as support is needed. They will have the knowledge and skills to use relevant evidence-based interventions and to identify any other relevant practitioners and agencies required to meet the family's needs. They will be skilled in family work and confident in working with families where there are complex and changing needs.

All Family Help Social Workers and Family Help Practitioners will have the knowledge and skills that enable them to:

- build strong and trusting relationships with children and families;
- provide families with clarity of purpose, deliberate and focused interventions informed by evidence and frequent, honest feedback;
- use a range of child-centred methods (for example, observation, play, activities and creative tools) to be emotionally attuned to and build rapport and trust with children, developing a full picture of their daily lives, unique perspectives, wishes and needs, including those who are pre-verbal, disabled or have additional communication needs;

- use tools (for example, ecopams, geograms and chronologies) to identify key events in both adults' and children's lives, patterns of previous relationships, gaps, intergenerational issues and the effectiveness of previous interventions;
- implement a whole-family plan in response to the single assessment that meets everyone's needs, working in a strengths-based, anti-discriminatory way, which includes child and family voices in decision-making where possible;
- be helpful to a family by deploying evidence-based interventions and practice when working directly with a family, avoiding the need to refer on to others;
- identify and respond to wider needs of children and their families, drawing on practitioners from other disciplines in the Family Help teams when necessary;
- be aware of local services and community resources to support children and families and how to navigate and access these;
- support family-led decision making and use family network support packages to empower family networks;
- review plans regularly and be alert to any change in need, including all forms of significant harm, and understand how to escalate concerns, including sharing information and working collaboratively with social workers and, when required, Child Protection Leads and other members of the Child Safeguarding Team;
- Provide clear written reports and case recording on relevant case management systems.

6. Assessments - timeliness and proportion to need

All requests for support to Hackney Children and Families Service are screened by the Multi-Agency Support Hub (MASH). A MASH Team Manager will usually make a decision as to the next course of action within 2 hours but always within 24 hours. If further social care screening is required, the MASH manager will RAG (Red/Amber/Green) rate the request in line with risk to indicate the timescale of completion of MASH screening. Red screening for completion within 4 hours, Amber screening to be completed within 48 hours and Green screening to be completed within 72 hours.

If a contact requires a Family Help assessment of need or risk, it will be referred and allocated to a Family Help Team on the same day the MASH Team Manager makes such a decision. If MASH screening determines that a child protection response is required, the MASH Team Manager will also notify the duty Child Protection Lead so that they can work alongside the allocated Family Help Social Worker. At the point of allocation to a practitioner in the relevant Family Help Team, a proportionate timescale for assessment will be decided by the Family Help Team Manager. This will be recorded on the child(ren)'s Mosaic file and will be no longer than 35 working days from the date of allocation. Progress and timescales set for the assessment will be reviewed by a manager 20 working days from the point of allocation. The outcome will be recorded on the child(ren)'s file.

All teams undertaking assessments are expected to have processes in place to plan and track progress on assessments. Whilst it is the Team Manager's responsibility to decide the most appropriate systems for their team, senior managers will explore the rationale and need for continuing assessment when an assessment has been ongoing for 35 days. This ensures that

our assessments remain focussed on what it is that is needed to reach a decision about what needs to happen next.

Consent for gathering information about a child during the assessment - especially with respect to liaising with multi-agency partners for the purpose of sharing information - will be sought from their parent or carer. Where the level of concern determines this consent should be overridden in order to safeguard a particular child, this will be clearly recorded by the appropriate manager.

Children will be regularly seen and engaged during assessments, as appropriate to the nature of the assessment and age of the child, sometimes this will be alone, sometimes at home and sometimes in other settings like school. A child's home will always be visited as part of the assessment process and direct work undertaken with them to understand their views and daily lived experiences. Where appropriate visits will include seeing bedrooms, kitchens, living areas and bathrooms to gain a full understanding of the home environment. Families and key professionals will be kept fully informed of progress, and planned activities during assessments. Where extra-familial risk is a primary concern, the location of harm (for example, a school or neighbourhood space) will be visited and observed in relation to the impact it has on the child's safety.

All families will be offered support with coming together with their wider network to explore potential solutions to their challenges at any point from referral onwards. This will include practitioners engaging people in the network in assessments and plans and also supporting informal family network meetings. It might also involve a formal Family Group Conference where the family network and needs are complex, where there is a request by the family for independent facilitation or whether concerns have escalated to Child Protection or Public Law outcome. This is designed to empower the family and the wider network to come together to participate in decision-making and to make a family-led plan in response to concerns.

7. The Local Framework for Assessments

Hackney's local assessment framework is described in this section. The same framework is used for a variety of different assessment requirements, for example suspected abuse or neglect, a disabled child in need of help or a child at risk of homelessness. It is our view that assessments should be fit for the purpose or circumstances for which they are being completed.

A 'fit for purpose' assessment of a child and family's needs will, as appropriate to context:

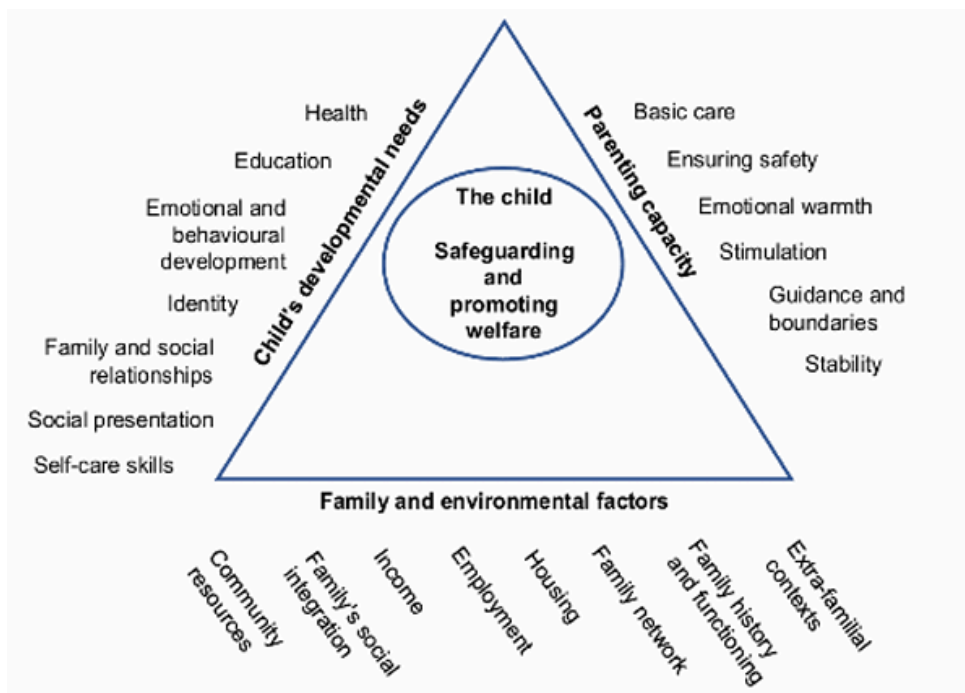
- The families support network including family, friends, community or faith groups through completion of a cultural eco-map or genogram
- Consider the impact of previous familial and extra-familial harm on a child including physical, emotional, sexual abuse and neglect;
- Fully consider the legislative options available in protecting children who have been subject to abuse, neglect, trafficking and exploitation;
- Provide robust analysis of previous and current risks and the likelihood of further harm;
- Be timely, decisive and evidenced-based;
- Take full account of historic factors and patterns of behaviour;
- Recognise strengths and protective factors;

- Investigate the whereabouts and influence of absent parent figures and other significant adults;
- Consider the issues a family is currently facing in the context of their history and experiences and the support they have available to them;
- Fully explore immigration status and circumstances;
- Be underpinned by a thorough analysis of need, grounded in anti-racist practice, systemic principles and trauma-informed approaches;
- Be sharply focused on reducing risks and improving outcomes for children;
- Consider the parents' or carers' current ability to respond to a child's needs and their capacity to change (this will include fathers, partners, and all adults that play a significant caring role in the child's life), or in the case of extra-familial risk any professional or organisation with responsibility for local spaces or contexts;
- Fully consider the impact of significant friendship networks, personal relationships and peer groups on the safety and wellbeing of adolescents;
- Capture children's views and experiences and use these to inform assessments and plans – wherever possible using the child's own words;
- Meaningful engagement with parents and children (particularly in the case of extra-familial concern) to find out what their views are on the problem (where appropriate) and what they think the solutions are for a safe and healthy future;
- Be transparent so that the family understands what is happening and why, and seek to collaborate with the family;
- Consider the impact and influence of wider systems and individuals including family, community, culture, religion and environmental circumstances;
- Effectively involve relevant partner agency professionals who know and understand the child and their family;
- Explore the financial circumstances of the family and clearly identify evidence relating to income, poverty, exploitation, criminality or fraud;
- Fully explore the child and family's historic and current living arrangements;
- Be written in plain English and clearly distinguish between facts and professional opinions, drawing on relevant research where appropriate;
- Include information on the child's development so that progress can be monitored to ensure their outcomes are improving.

The National Assessment Framework - Assessment Triangle

The National Assessment Framework provides a tool, the assessment triangle, that assists practitioners to consider three domains for assessment: parenting capacity; a child's developmental needs; and family and environmental factors. Family Help Assessments in Hackney will often refer to these aspects within the framework.

The diagram below sets out the domains and elements of the National Assessment Framework.



HM Government (2026), *Working Together to Safeguard Children: A guide to multi-agency working to help, protect and promote the welfare of children*

The headings in the assessment triangle will include consideration of the following.

Family background

- Including historical and current family relationships and social networks, with consideration given to all significant adults including extended family members, resident and non-resident partners, fathers or father-figures – both current and previous. This will include consideration of the family's ethnic, cultural and religious background and immigration status.
- Where relevant, parent's views on child's extra-familial activity, such as child's peer group and their online activity.
- Parents or carer's own experience of growing up, including how they related to their own parents or carers, siblings or extended family, what trans-generational patterns of interaction may be impacting on the current situation and their experience of school or otherwise being educated.
- Details of significant positive and negative events in the life of the family, including traumatic events that may continue to impact on family functioning. It will also include history of pregnancy and births, and explore how the family coped, who supported them and the identified resources, strengths or support systems that they have utilised and can continue to draw upon.
- Details of previous professional involvement from a range of services including health. This may include medical conditions or psychiatric help the family has accessed in the past. The assessment will consider what help has been useful and why.

Environmental factors

- Including exploration of past and present living conditions, housing, employment status, finances, legal status, access to and use of family or community resources.
- The immediate neighbourhood that the family live in and the public and educational spaces that the child spends time in or travels through

Child development

- For each child in the household, referring to age-related guidance depending on the age of the child you are assessing: health, including if there have been any health assessments or diagnoses, with any outcomes achieved and whether the child has a disability; emotional and behavioural development; education, exploring whether any assessments of educational development and cognitive functioning have been undertaken; family and social relationships, including the practitioner's understanding of the quality of the primary attachment relationship(s); and the child's social and peer relationships, including the online and 'offline' context of each one

Parenting capacity and any parenting assessment

- Including exploration of basic care, safety, emotional warmth, stimulation, guidance, boundaries and stability, with practitioner's observations of parenting style and attitude – is parenting "good enough" from the practitioner's perspective to meet the child's needs?
- Where there is extra-familial risk, the extent to which the parent-child relationship acts as a protective factor to mitigate risks outside the home (for example, trust and mutual respect), or not (for example, 'victim' blaming and harsh punishment).
- Where there is extra-familial risk, the level of knowledge and influence that parents have in relation to the child's peer group and activity outside the home.

Issues affecting the parent or carer's capacity to respond appropriately to the needs of the child(ren)

- Including any particular difficulties adults in the family are experiencing, for example substance misuse, mental health difficulties, learning difficulties, domestic abuse. Consideration of parent or carer's own experiences of being parented, any previous professional intervention including parenting interventions and the outcomes of these – did the family engage with the service, what helped, what was the motivation for change? Consideration of support available to parents, factors that may be an obstacle to change, parent or carer's capacity and motivation to change, including cultural and religious factors. Consider also situations where risk is located outside of the home, for example living in a gang affected area where children are criminally exploited.

A child's emotional wellbeing and mental health

- Including any evidence of existing or developing formal child mental health issues such as: risk of self-harm or suicide, low mood or depression, eating difficulties etc. Reference use of appropriate measures and questionnaires. Consideration will be given to cognitive factors and learning abilities.
- May include clinical formulation and recommendation of therapeutic intervention as appropriate.

Hackney Assessment Practice Guides

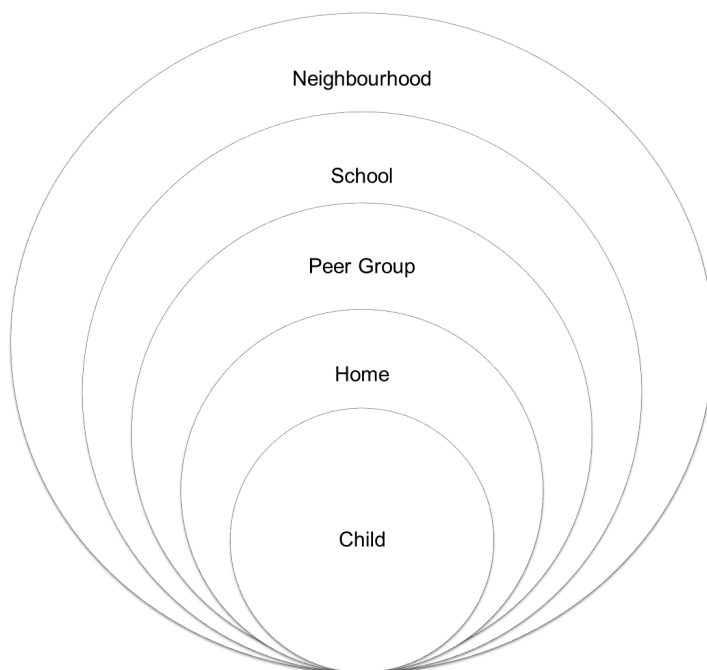
Our [Assessment Practice Guides](#) below break down key aspects of assessment and provide practitioners with questions or prompts for specific assessments and specific areas of assessment.

Extra-Familial Harm

If children and families are to receive the right help, at the right time, everyone who comes into contact with them – including midwives, health visitors, GPs, early years professionals, teachers, youth workers, youth offending and gangs workers, police, voluntary and community sector partners as well as Family Help Social Workers and Family Help Practitioners – has to play a role in identifying concerns, sharing information and taking prompt action individually and jointly working with other agencies to provide support. In the case of extra-familial risk, this also includes wider community partners such as community professionals or organisations who are involved in supporting a number of children within a peer group with responsibility for local spaces or contexts and businesses.

All professionals or agencies involved in a child's life, and/or responsible for the context in which harm takes place, will contribute to a Family Help Assessment and share relevant information relating to their agency involvement and assessments, ensuring that they are also transparent sharing with families their views on strengths, needs and risks. Practitioners will need to consider whether any of the information provided needs to be further verified or needs to be updated, but not duplicate information gathering activities. In some cases, particularly where there are extra-familial risks, assessments will draw on a pre-existing relationship between a child and another agency worker in order to gather their views to inform the assessment. Further information on other specialist assessments can be found in [section 13](#) of this protocol.

The diagram below sets out the different contexts within which harm may occur:



Hackney Children and Families Service has an integrated clinical model with co-located Specialist Clinical Practitioners. Where required, a clinical consultation can be sought to support a formulation of the child's emotional wellbeing and mental health and a summary of clinical issues, relational patterns, and the wider systemic context with a clear rationale for the need of further clinical treatment or therapeutic intervention via the in house Family Therapy Clinic or support in making a referral to CAMHS.

During the assessment, practitioners will sometimes see children alone and will ask the parents' permission unless there is a child protection investigation being undertaken. The practitioner will speak to parents or carers individually and together, and consideration will be given to seeing all significant adults including extended family members, resident and non-resident partners, fathers or father-figures – both current and previous. When the context of harm is outside the family home, practitioners will speak to all relevant parties including professionals or organisations with responsibility for local spaces or contexts within the setting and, where appropriate, other children who are implicated in assessment.

In the process of finding out what is happening to a child, it is critical to develop a co-operative working relationship with parents. Where appropriate, consent from families will be obtained before discussing a referral about them with other agencies. If consent is denied, but it is judged in the best interests of the child's welfare to continue enquiries with other agencies, this will be explained to the family. The objective of working with family members, peer groups, and equivalent professionals or organisations with responsibility for local spaces or contexts within extra-familial contexts is always to safeguard and promote the welfare of the child. The child, within the context of where harm is taking place, therefore, is kept as the focus.

It is recognised that developing a working relationship with children and family members, peer groups, and equivalent extra-familial professionals or organisations with responsibility for local spaces or contexts will not always be easy to achieve and can be especially difficult when there have been concerns raised about harm to the child. Perceived parental reluctance to engage needs to be considered through the lens of previous trauma, including racialised trauma and experiences of structural oppression. We will persistently try to find ways of understanding the family's relationship to help in this context and different ways of engaging the family in the assessment process.

It is an expectation that children will be fully informed and involved in the assessment process to ensure we accurately understand their views and daily lived experiences. There may be some cases where this is not possible. The judgement as to how much information to share with a child about a referral and the reason for the assessment will be based upon the circumstances, a child's age, their capacity to understand the reason for the referral, and professional assessment of whether or not sharing information with the child is in the child's best interests.

8. Think Family

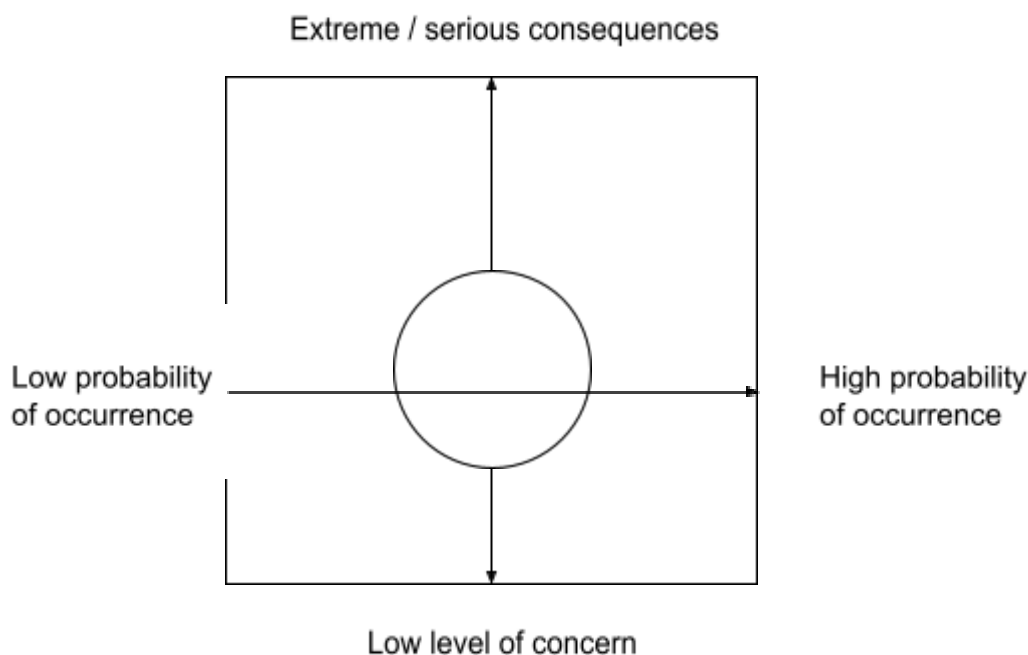
We will take a 'Think Family' approach to completing assessments and work in partnership with all services working with a child or adult family member. This means that we will:

- Be alert to any additional needs of parents or carers or other adults we may come into contact with during the assessment. This includes, but is not limited to: adult mental health, adult learning difficulties, adult learning disabilities, substance misuse and domestic abuse.
- Talk with the specialist adult services that can potentially help meet those additional needs.
- Involve specialist adult services in our assessment to determine whether or not parents require support to enable them to care for their children and/or whether the additional needs present a significant risk.
- Involve relevant adult services in any planning to ensure that the needs of children are met through a focus on the specialist support that adults may require as parents or carers.
- Ensure that coordinated intervention, led by skilled professionals and volunteers, engages all relevant services to support adults in their role as parents or carers or significant others in a child's life, including offering appropriate advocacy.

If it is identified that a parent or carer or other adult in the household requires a specialist assessment, a referral will be made to the relevant service. Our intention to make a referral will be discussed with the adult first and their consent will be sought to share information with other professionals unless there are clear reasons for not doing so. In the context of safeguarding people from harm and abuse, refusal of consent can be overridden.

9. Assessing Risk

Depending on the individual circumstances of the child, a decision will be made about the degree of risk to the child. This may be immediate, during the assessment, or at the end of an assessment. This judgement may be made in relation to one incident or an overall judgement relating to parenting capacity and, where appropriate, how this interplays with the capacity of the multi-agency partnership to provide safety within an extra-familial context of harm. The diagram below depicts the continuum of risk which children will move through. Practitioners will describe how the information in the assessment fits together to inform an understanding of the family's current situation, and the implications for the child's future welfare. Judgements about risk and protective factors will be outlined, with an explanation of how they have been reached. Supervision about children and families and group supervision will be used to test hypotheses and challenge or strengthen a practitioner's judgment about risk. The assessment will include a clear description of any areas of dispute or uncertainty about risk factors, and any complicating factors. Any changes that are judged to be needed will be specified, and the parent or carer's capacity to change will be addressed.



10. Strategy Discussions

If there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, a strategy discussion will be convened by the Child Safeguarding Team engaging relevant professionals who know the family. A strategy discussion can take place following a referral or at any other time, including during the assessment process. Strategy discussions will take place at the earliest possible opportunity, within 24 hours after a referral, incident or accumulation of concern which suggest a child may be at risk of significant harm. In exceptional circumstances the timeframe for the strategy discussion can extend up to 48 hours, providing the child's immediate safety has been secured. The Strategy discussion will be used to share available information, agree the conduct and timing of any criminal investigation and decide whether enquiries under Section 47 of the Children Act 1989 should be undertaken, or whether a Section 17 should be initiated and whether a review Strategy Discussion booked. Where a single agency has had to act immediately to protect a child, a strategy discussion will take place as soon as possible after action has been taken.

The strategy discussion can include a range of professionals but will, as a minimum, involve a Child Protection Lead, the Family Help Social Worker or Family Help Practitioner, the relevant Family Help practitioner (where allocated to an alternatively qualified practitioner) and a qualified experienced social worker, senior social worker or Team Manager, a Police representative, an Education professional and a Health professional. The Child Protection Lead will notify the Police, Education and Health MACPT Leads about the strategy discussion and complete the 87a referral to Police at the earliest available opportunity. The Police, Education and Health MACPT Leads will ensure the strategy discussion receives the most appropriate attendance and information from their respective agencies. The Child Protection Lead will ensure representation from other

agencies involved in supporting the child and family as relevant, for example Adult Mental Health, Learning Disability or substance misuse services.

Professionals participating in strategy discussions must have all their agency's information relating to the child(ren) to be able to contribute it to the discussion, and must be sufficiently senior to make decisions on behalf of their agencies. Following the strategy discussion, the Police, Education and Health MACPT Leads will communicate the outcome to any members of the child's network unable to attend.

The Child Protection Lead will record all information gathered and decisions made as part of the strategy discussion. The Section 47 investigation will be completed within 15 days in consultation with the allocated professional network around the family.

11. Pre-Birth Family Help Assessments

Assessments may also need to take place before a child is born to ensure that they will be safe after they are born and that their needs will be met. Pre-birth Family Help Assessments will consider the domains outlined in the National Assessment Framework described above and also consider:

- The age of the pregnant woman and the circumstances leading to the pregnancy;
- If a pregnancy has been concealed what the reasons are for this;
- Previous pregnancies and/or children of both parents;
- How each parent feel about the unborn baby;
- What preparations the parents have made for the birth;
- The parent's engagement with services;
- Parental behaviour, relationships and needs prior to and during pregnancy i.e. substance abuse, domestic abuse, mental health problems.
- The impact of the timing of the assessment in order to avoid last-minute activity around the date of delivery of the child, especially if there is a risk of a premature birth.

For first-time parents, their parenting capacity has not yet been tested, so any judgments about this is provisional and the assessment will consider what might change following the birth, including any factors that might increase or decrease risk to the child. Following a pre-birth assessment, if no further Family Help Support is required, consideration will be given to referring parents to universal services to provide support with the parents consent. Agencies involved in supporting the family will be made aware of any potential risk factors and advised to re-refer if they have any concerns about the family.

12. Documentation and Recording

Assessments will be factual, evidence-based, [written in plain English](#) and include reference to relevant research where appropriate. Where the views of professionals are included, distinction will be made between fact and professional judgement as required. The assessment recommendations, whether they indicate action or not, will clearly outline the reasons for the decision and this will be made clear to the family and key professionals, including the referrer.

The views of parents or carers and children on the assessment and its findings will be recorded. Wherever possible, the language used by the child or family will be captured instead of trying to reinterpret or paraphrase what has been said. This can give valuable insight into the behaviour, relationships and views of family members.

13. Outcomes of Assessments

An assessment will be deemed to be complete when there is sufficient understanding of the needs and risks within the family and, where relevant, the extra-familial context, to make a well-informed decision about what needs to happen next. It is the Team Manager's responsibility to decide when an assessment is complete.

Where the assessment concludes that support at a Family Help level is not required, families will continue to be supported by universal services and, if not already aware, signpost to the range of services at their local Children and Family Hub or Youth Hub.

Where the assessment concludes that a child and family's needs can be met at a Family Help level, the allocated Family Help Social Worker or Family Help Practitioner will ensure their needs continue to be met through an ongoing Family Help Plan.

Where the assessment concludes that an ongoing child protection response is required, the Child Protection Lead will work alongside the allocated Family Help Social Worker to develop and progress a multi-agency Child Protection Plan for each individual child. This includes preparing birth plans for unborn babies. The plan will set out what services are to be delivered and what actions are to be undertaken, by whom, by when and for what purpose.

Assessment is an ongoing process in all interventions to support children and families. As we learn new information, this will inform our plan for working with the family and the interventions we identify to meet their needs. At each point of formal review of the child's plan (for example, Family Help Review, Review Child Protection Conference, Looked After Children Review), the updated assessment will be documented in reports prepared for these meetings. Assessments will also be updated if there is a significant event and/or escalation of risk. Children's plans will be monitored and subject to regular reviews in line with [our practice standards](#) and regulations to ensure that the plan is achieving what is required in the timescale agreed as appropriate for the child.

Where the assessment concludes that there is no need for further Family Help support, our involvement with the family will end. It may be 'handed over' to support provided by other services, including relevant voluntary and community sector partners, as appropriate with the agreement of the family. The Family Help assessment and plan will form the basis for any further intervention.

The conclusions of any assessment will be shared with the child and their family and, where relevant, equivalent extra-familial professionals or organisations with responsibility for local spaces or contexts. Parents and carers will always receive a copy of any assessment

documentation within a maximum of 10 days following the conclusion of the assessment. Where no further action is required, the reason for this will be clearly recorded and shared with the child and family. Children will be given a copy of the assessment if they are of an age where this is appropriate. Some sensitive or confidential family information may be removed if this is deemed to be in the best interest of the child.

Feedback will be given by the MASH to the referrer on the decisions taken with the family's knowledge and consent. Where appropriate, this feedback will include the reasons why a Family Help Assessment is not required and include suggestions for other sources of suitable support.

Where a child becomes looked after by the local authority, the assessment will form the basis of ongoing work with the family while the child is living away from the family. A further assessment by a Social Worker is required before the child returns home under the [Care Planning, Placement and Case Review England Regulations 2010](#). This will provide evidence of whether the necessary changes and improvements have been made to ensure the child's safety when they return home.

Whatever legislative framework the child is assessed under, the purpose of the assessment is always to understand the needs, nature and level of any risk and harm being suffered by the child, and to provide help and support to address those needs and make the child safe. The [Hackney Child Wellbeing Framework](#) focuses upon these needs and risks to children and families within their environment or context.

14. Other Specialist Assessments

An assessment of a child and family's needs can be informed by other specialist assessments. It may also trigger another agency assessment or provide a contribution to them. Specialist assessments are coordinated so that the child and family experience a joined-up assessment process and a single planning process focussed on outcomes.

Age assessments

It may be necessary to carry out an age assessment if there is uncertainty about the age of a person seeking asylum as an unaccompanied asylum seeking child (UASC). These assessments take place to determine whether the person is a child and therefore entitled to support under the Children Act 1989. Age assessments will be carried out in accordance with the statutory guidance.

Channel/ Prevent Assessment

In line with the statutory requirements of the [Counter Terrorism and Security Act 2015](#), Hackney's Prevent strategy is a borough-wide initiative which aims to support and divert vulnerable people away from the radicalisation process. It also aims to deter extremist groups from operating in the borough. Where there are concerns about an individual becoming vulnerable to radicalisation, a referral can be made to Channel to assess risk and offer support.

Staff from all agencies with concerns about a child's vulnerability to extremism or risk of radicalisation are expected to make a clear written record of the concerns they have heard and/or

witnessed and speak to the Hackney MASH to explore these concerns and the context for the child, for example: sources of information, friendship groups, interests, access to IT and other relevant background and protective factors. Following this exploration with MASH, a referral to Channel will be considered. It is expected that low level concerns may be managed by universal service provision and the family themselves. A record of concerns and actions is logged. If concerns escalate, the matter must be referred to the MASH.

Where there is imminent or potential risk of harm to a child(ren), agencies are expected to make a request for statutory support to the MASH. An assessment will be undertaken in respect of the child's safety and welfare and consideration given to support and intervention as required.

Channel² is an early intervention multi-agency panel designed to safeguard vulnerable individuals from being drawn into extremist or terrorist behaviour. Channel works in a similar way to existing multi-agency partnerships for vulnerable individuals. It is a voluntary process allowing the individual to withdraw from the programme at any time. Channel is for individuals of any age who are at risk of exploitation by extremist or terrorist ideologues.

Anyone can make a referral to Channel and each referral is screened for suitability via a preliminary assessment. Where appropriate, a Channel Panel will be arranged to allow a full multi-agency assessment.

The Channel Panel is chaired by the Local Authority and includes the Police and statutory partners where appropriate, to collectively assess the risk to an individual and decide whether an intervention is necessary. Lead safeguarding professionals are invited to attend the Panel on a case-by-case basis. If an intervention is required, the Panel works with local partners to develop an appropriate individualised support package to reduce risks to the individual and reduce the risk of extremism.

Disability assessments (including carer assessments)

Disabled children are regarded as Children in Need and have the right to a statutory Section 17 assessment to determine the level of service required to support them. This is carried out by the Disabled Children's Family Help Team.

Hackney uses a social model of disability to assess how we can help disabled children and their families. 'The Social Model frames disability as something that is socially constructed. Disability is created by physical, organisational and attitudinal barriers and these can be changed and eliminated. This gives us a dynamic and positive model that tells us what the problem is and how to fix it. It takes us away from the position of "blaming" the individual for their shortcomings. It states that impairment is, and always will be, present in every known society, and therefore the only logical position to take is to plan and organise society in a way that includes, rather than excludes, Disabled people.' (Barbara Lisicki, 2013)

² Channel duty guidance: Protecting people susceptible to from being drawn into terrorism, a guide for local partnerships (April 2015) <https://www.gov.uk/government/publications/channel-guidance>

The Disabled Children's Family Help Team considers the needs of disabled children and their family by carrying out a Family Help Assessment. The assessment seeks to understand the impact that societal barriers, impairments and difficulties have on their right to enjoy an 'ordinary life' and access the same opportunities that non-disabled children take for granted.

Once it is assessed that a child meets the indicators for a care package and the family wants to engage with this, the recommendation is presented at the weekly Care Package Panel for approval. The care package will be reviewed at least once every two years to ensure it is still meeting the needs of the child. Preparation for Adulthood assessments are undertaken for young people aged 16 and over which will consider the support required for the young person going into adulthood.

Carer's Assessments, through the Care Act 2014, recognise the impact on siblings and significant others in caring for disabled children. Carer's assessments are completed with relevant family members to consider what support they may require to receive respite and assistance with their caring role.

The Disabled Children's Family Help Team will also assess whether it is necessary to provide support under section 2 of the Chronically Sick and Disabled Persons Act.

Domestic abuse

Domestic abuse is a safeguarding and parenting issue. Under the [Domestic Abuse Act 2021](#) children have been given statutory recognition as "victims" if they "see, hear or experience the effects of" domestic abuse. Practitioners should work on the basis that a child living in a home where domestic abuse is occurring will see, hear or experience the effects of the abuse.

Children harmed through domestic abuse, along with their non-abusive carers, will be at risk of experiencing or will experience trauma. Throughout any Hackney CFS assessment and intervention, practitioners must think and act in a trauma-informed way. The [Hackney trauma-informed multi-agency guidance: responding to child victims of domestic abuse](#) provides a practical approach to those working with families.

Hackney takes an approach in line with the *Safe and Together Model*, namely that non-abusive parents are supported, perpetrator patterns of behaviour and their effects on children are identified and documented and those causing harm are held to account to change their behaviour choices. Safe and Together provides a [range of tools](#) to aid assessment of domestic abuse.

An assessment used with victims of abuse by both statutory and voluntary sectors is the [Hackney Domestic Abuse Risk Assessment](#), an adapted version of the Safe Lives Risk Checklist. This contains a range of risk-based questions that can be used by practitioners through direct questioning and drawing upon information provided by partner agencies. The assessment helps practitioners take into account intersectionalities and particular types of risk; there are prompts around Anti-Racist Practice, Disability, LGBTQ+ status, Intergenerational Abuse and Extra-Familial Harm / Exploitation.

The checklist is used to assess the level and type of risk. For those [‘at high risk of serious harm or murder because of domestic abuse’](#) Hackney’s Multi-Agency Risk Assessment Conference (MARAC) provides co-ordinated multi-agency evaluation and intervention. Hackney MARAC takes place fortnightly, though sharing information and taking action to reduce risk should take place on all domestic abuse cases. See the [MARAC section of Hackney’s domestic abuse webpage](#) for more information and the referral form.

In all cases of domestic abuse Children’s Services should work closely with agencies already engaged or needing to be engaged with the person being harmed and the person causing harm as well as with the children. In practical terms this means sharing information, undertaking joint meetings where possible, ensuring at the point of step-down / transfer that agencies are involved in ongoing planning and monitoring as part of the team around the family.

CFS’ [Domestic Abuse Intervention Service](#) provides assessment and intervention for any victim or perpetrator of domestic abuse aged 16 or over.

Female Genital Mutilation (FGM)

The [City and Hackney Female Genital Mutilation \(FGM\) Protocol](#) provides agencies with information on how to safeguard women and girls who are at risk of FGM or have undergone FGM. It sets out how agencies should respond and provides useful information and resources.

Health Assessments

There are many different health services available in Hackney that may undertake specific assessments in relation to children and adults. These assessments will sometimes feed into the Family Help Assessments.

Specialised, targeted medical assessments are provided at Hackney Ark, Monday to Friday on request, by Community Paediatricians under consultant supervision. These assessments are also available out-of-hours through General Paediatrics at Homerton Hospital. These provide evidenced-based medical documentation and conclusions about signs and symptoms of abuse and other health or developmental needs which are identified and managed. Other types of health assessments or information may be obtained from a wide range of sources including GPs, health visiting and school nursing, Accident & Emergency departments, mental health, drug and alcohol services, audiology, speech and language therapy, midwifery and any other health services that are involved with the child and family. This includes children with complex health needs where a number of departments are involved.

Parental Learning Disability

A referral may be made to the Integrated Learning Disability Service (ILDS) if a practitioner is working with a parent or carer who may benefit from support services. The Service will assess whether an adult has a Learning Disability using the eligibility criteria for the service. This will help them understand an individual’s needs and decide if or what services they may benefit from. The specialist team will work closely with CFS to review if and how the learning disability may impact upon parenting, and support them to develop interventions tailored to the family’s needs.

Parental Mental Health

Parental mental illness does not necessarily have an adverse impact on a child's developmental needs, but it is essential to always assess its implications for each child in the family. Many children whose parents have mental ill health may be seen as children with additional needs requiring professional support. Where a parent may have mental illness, practitioners will discuss with them what support they require or would be able to access.

In the instance that the parent or carer has severe or enduring needs, they may already be under their own mental health team. Practitioners will have contact with that team, either via the care coordinator or psychiatrist, in order to improve communication between agencies, and support understanding of their symptoms, treatment and risks.

If a parent or carer is not receiving services and they may benefit from this, a referral will be made to City and Hackney Adult Mental Health Point of Entry (CHAMHPE) who will review whether the referral will be accepted. If the referral is accepted, CHAMHPE will determine the urgency of the referral and allocate accordingly.

The Adult Mental Health Worker will undertake an assessment (which will include a risk assessment) and inform the Children and Families Service promptly of the outcome. Understanding the risk, stress and vulnerability factors for parents with mental health needs and considering these fully in any care planning is imperative to ensure children are safeguarded. The two agencies will agree on a coordinated approach to supporting the family.

Special Educational Needs: Education, Health and Care assessments

A child has special educational needs (SEN) where a learning difficulty or disability calls for special educational provision, namely provision different from or additional to that routinely available to pupils of the same age.

The majority of children with SEN or disabilities will have their needs met within local mainstream early years settings, schools or colleges. The Local Authority will conduct an assessment of education, health and care needs when it considers that it may be necessary for special educational provision to be made for the child in accordance with an EHC Plan.

The purpose of an EHC Plan is to make special educational provision to meet the special educational needs of the child, to secure the best possible outcomes for them across education, health and social care and, as they get older, prepare them for adulthood. The plan will specify how services will be delivered as part of a whole package and explain how best to achieve the outcomes sought across education, health and social care for the child.

An EHC needs assessment will not always lead to an EHC Plan. The information gathered during an EHC needs assessment may indicate ways in which the school, college or other provider can meet the child's needs without an EHC plan. Hackney Education will conduct assessments and prepare and maintain EHC plans in the most efficient way possible, working collaboratively with children and their parents. It is likely to be possible to complete the process more quickly than the statutory timescales permit, except in more complex cases or where there is disagreement

Further information on the EHC assessment process in Hackney is available on the website: <http://www.hackneylocaloffer.co.uk>

Substance Misuse

Although there are some parents who are able to care for and safeguard a child despite their dependence on drugs or alcohol, parental substance misuse can cause significant harm to children at all stages of development. A thorough assessment is required to determine the extent of need and level of risk of harm for each child in the family.

When the parent is already known to a substance misuse service, CFS will work with them to identify whether parents are willing and able to lower or cease their substance misuse, and what support they need to achieve this.

Parents or carers with a drug or alcohol issue who are not receiving support services may be referred to the [Hackney Recovery Service](#) (delivered by Turning Point, London Friend and Mind CHWF). The Hackney Recovery Service offers drug and alcohol support and treatment to all Hackney residents. If the case is considered to be high risk, a Recovery Practitioner will contact the adult within 48 hours and invite them in for assessment. If there are no immediate concerns identified, the adult will be offered an appointment, usually to take place within a week of receiving the referral. A Recovery Practitioner will complete an assessment with the adult which will help identify the best course of treatment that can be offered. CFS will work with Hackney Recovery Service throughout the assessment and treatment to share information and monitor the level of risk caused by substance misuse.

Young Carers' Assessments

If a local authority considers that a young carer may have support needs, it must carry out an assessment under Section 17 of the Children Act to establish how best they can support the young carer and their family.³

A young carers' needs assessment includes an assessment of whether it is appropriate for the young carer to provide, or continue to provide, care for the person in question, in light of the young carer's needs for support, and other needs and wishes. The assessment will consider the impact of the child's caring role on their health and development, and reach a view about whether any care tasks are inappropriate or excessive. This assessment will 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. The [Young Carers \(Needs Assessment\) Regulations 2015](#) require local authorities to look at the needs of the whole family when carrying out a young carer's needs assessment⁴. A young carers' needs assessment will involve the young carer, the young carer's parents, and any person who the young carer or a parent of the young carer requests to be involved.

³ Working Together to Safeguard Children 2023

⁴ Working Together to Safeguard Children 2023

Young carers may come to attention through any of the types of assessments described in this document. When the need for a young carer's assessment has been identified, a decision will be made about the most appropriate person to lead the assessment, and the assessment will involve a range of professionals who will contribute to build a full picture of the child's needs and circumstances. This is not limited to, but likely to include schools, health services, young carers' projects and Hackney Children and Families Service.

Youth Justice Assessments

The AssetPlus assessment is a common, structured, assessment tool used across the Youth Justice system in England and Wales for children who have offended (or alleged to have offended in the case of bail support programmes). The purpose of an AssetPlus assessment is to make a comprehensive and holistic assessment; identifying the needs of a child; factors contributing to offending behaviour; risk and vulnerability and positive factors and supporting desistance as well as addressing difficulties and challenges. All children who are working with the Youth Justice Teams (court and gangs) will have an AssetPlus completed within 20 working days of the start of the order or remand period. The assessment will be reviewed as a minimum every three months, or if there is a significant change to the child's circumstances. An end AssetPlus will be completed at the end of the order in order to evaluate progress. Children and their parents or carers are also asked to complete a self-assessment at the beginning and at the end of the intervention that allows for self-reflection and joint learning.

The Prevention and Diversion team works with children who have been diverted from the formal criminal justice system. Any child who commits and admits to low level offence and is suitable for an Out of Court Disposal (Community Resolution, Triage, Youth Caution, Youth Conditional Caution) will be assessed within 15 working days of allocation using the Prevention and Diversion Assessment Form. In addition to this, if a child is issued with a Youth Caution or Youth Conditional Caution the Youth Justice Board approved Prevention and Diversion Assessment tool will be completed within 10 working days of the Out of Court Disposal being administered during their Initial Appointment with the Youth Justice Service Police. This allows for the Hackney Youth Justice Service to meet Youth Justice Board data return requirements for formal youth justice outcomes.

Young Hackney and the Turnaround and Engage Projects (both time limited funded) also work with children at risk of offending or who may be experiencing difficulties in their family or with education or training. Each child and their family are assessed individually through the Young Hackney assessment process and provided with a package of support specifically tailored to the child's needs. The aim is to make an effective intervention before a crisis point is reached.

15. Governance Arrangements

All Family Help Practitioners and Social Workers are supervised by a social-work-qualified Team Manager. All children receiving a service from Hackney CFS will have an updated assessment and plan that is regularly reviewed and signed off by a manager.

If a child is receiving Family Help support, and this service is being provided to them by a Family Help Practitioner whose qualification is other than in social work, their assessment and plan will

be quality assured and reviewed by a social-work-qualified Team Manager, to support them in monitoring and responding to any increases in the level of risk. Where risk is at, or increases to, the level of significant harm, children receiving Family Help support will be allocated to a Family Help Social Worker.

Within the first four weeks of any assessment commencing, supervision by a manager will take place and be recorded by them on Mosaic.

A Family Help Assessment will be signed off by the Team Manager within 40 days of commencement.

Where a Family Help Assessment is undertaken within the Disabled Children's Family Help Team, and concludes that a disabled child is eligible for a care package, the child will be presented to the Care Package Panel to agree a package of support within 2 weeks of the assessment completion.

16. Information for Parents or Carers About Assessments

A clear and concise document is available providing information for parents and carers about the assessment process relating to statutory social care involvement with children and their families.

The guidance document explains that assessment is a tool which helps Hackney Children and Families Service understand what is happening in their family and if there needs to be change to ensure their children are safe and their needs are being met. The document clearly outlines to parents and carers what will happen, how they will be part of the assessment and what might happen after the assessment. The document should be shared with parents/ carers at the start of an assessment.

The document is available here: [Assessments: Information for Parents & Carers](#)

17. Complaints, Compliments and Comments

Parents and children have a right to complain about the services they receive. Local authorities are required by Section 26 of the Children Act 1989 to establish complaints procedures, and children and parents will be provided with information about Hackney's complaints procedure as part of the assessment process.

Information on how to make a Children Act complaint can be obtained from Hackney Children and Families Service and is available on the [Council's website](#).

Complaints about Hackney CFS that do not fit the Children's Act complaints criteria can be made by following the corporate complaints process, as outlined on the [Council's website](#).

Records of investigations and the outcome of complaints are held by the Quality Assurance and Improvement Team. The information is used for quality assurance, monitoring and service improvement.

Compliments and any other comments about Hackney Children and Families Service will also be shared via the Quality Assurance and Improvement Team.

All other agencies have a requirement to maintain a complaints procedure and parents who have a complaint about a particular agency's services will be advised to pursue this with the agency concerned.

18. Evaluation and Review of Assessment Protocol

This protocol will be reviewed and practice will be evaluated on a regular basis. This evaluation and review will incorporate the views of children and families and practitioners. The evaluation and review of the protocol and assessment process will form an integral part of our continuous improvement process as set out in our [Children and Families Service Learning Framework](#). The framework also sets out the process for case audits with the Children and Families Service.

Accountability and decision-making with the Children and Families Service is set out in the [Matrix of Responsibility](#) and the [Children and Families Practice Standards](#). The Children and Families Annual Report and the CHSCP Annual Report include the evidence of impact on outcomes for children and families, showing the progress and learning that has occurred following audits.