

Portsmouth Children and Families Services

Local Assessment Protocol

1. Introduction

This document is for professionals who come into contact with children and families living in Portsmouth and have a concern about their welfare. The document sets out how services are organised around children's differing needs for support, help and protection and provides a framework for agencies to work together to achieve best outcomes for children and young people.

This document should be read alongside Portsmouth's threshold of need document, the 4LSCB Child Protection Procedures (revised September 2016), Working Together to Safeguard Children: A Guide to interagency working to safeguard and promote the welfare of children (March 2015), The international Child Abduction and Contact Unit (Guidance 2016) and Working with Foreign Authorities: Child Protection Cases and Care Orders (Departmental Advice for local authorities, social workers, service managers and children's services lawyers).

2. Assessment Principles

The Department of Health, Department of Education and Employment and Home Office Framework for the Assessment of Children in Need and their Families (2000) sets out a framework for assessment to analyse, understand and record what is happening to children within the context of their families and communities and aims to assist practitioners to make professional judgments as to whether the child is in need or at risk of harm.

The Assessment Triangle sets out three domains for assessment:

- The developmental needs of children.
- The capacities of parents or caregivers to respond appropriately to those needs.
- The impact of wider family and environmental factors on parenting capacity on children.

In Portsmouth all activity is underpinned by restorative practice principles. Restorative practice is a way of behaving which helps to build and maintain healthy relationships, resolve difficulties and repair harm where there has been conflict. We will support the development of family capacity, resilience, and

independence by building on strengths and enabling them to identify their own solutions - and take responsibility for their **stronger future**.

It is our expectation that all assessments will:

- Be timely, transparent and proportionate to the needs of individual children and their families.
- Be concise and written in simple language.
- Identify areas that build upon family strengths by recognising what they do well, engaging their support systems and identifying their successful coping strategies.
- Put the child at the centre and examine the child's lived experience within the family.
- Clearly set out any worries or concerns as directly expressed by the children and young people in the household.
- Include the whole family, including non-resident fathers.
- Be undertaken in partnership with families.
- Be informed by the views of other professionals involved with children and adults in the family.
- Include the assessing social worker's analysis of risk and need.
- Set out what needs to change to improve outcomes for the child(ren) and when this needs to happen.
- Be shared with parents, and children where appropriate.

3. Portsmouth pathways to support services

At different times families might present different levels of need, which might require limited support or intensive support depending on their circumstances. We want to be able to identify children who have additional needs at the earliest opportunity so as to offer help at the earliest opportunity. There are a range of services available for families in Portsmouth and the Portsmouth Safeguarding Children Board has developed a pathway through services to ensure that children, young people and their families receive the appropriate help at the right time.

3.1. Universal Services

All children, young people and families access a range of universal services, including maternity and health visiting services in early years, education, leisure facilities, GPs, and services provided by voluntary organisations. If problems arise families are encouraged to access self-help services such as libraries, schools and online help services in the first instance.

3.2. Additional Support

These children and families will require some additional support to meet their needs. Additional support is usually offered by a single agency and may include children where specific needs are identified (e.g. need for Speech and Language Therapists). Practitioners will want to engage families in a **conversation** about how best to support their needs and might consider completing an early help assessment for these children if it is helpful to make a record of their needs, strengths and goals, leading to a plan of intervention to achieve them.

3.3. Targeted Support

These children and families may face a range of difficulties that are increasingly complex and challenging. A clear understanding of their circumstances will be required in order to provide purposeful support. When practitioners identify that a family's needs have reached this level of need a **conversation** should take place with the family and an early help assessment should be completed so as to inform the multi-agency response that is required. Practitioners should have a **conversation** with the multi-agency safeguarding hub (MASH) to discuss the level of concern and ensure that the family has access to the right services to meet their needs.

3.4. Specialist Support

These are children who are considered highly vulnerable and require support under a statutory framework to address their needs. To consider whether a child and family meet the threshold for a statutory social work service under the Children Act 1989 a referral should be made to the MASH. The MASH will consider what is known about the family and apply the threshold criteria to determine whether a social work assessment is necessary, whether the concerns are such to warrant a child protection enquiry or whether a coordinated multi-agency early response is most appropriate.

3.5. Summary

Wherever possible all children's and families' needs will be met by universal services:

- As soon as any professional is aware that a family has any additional needs that may impact adversely on a child he/she will have a **starting conversation** with the child and their family and offer advice and support to meet that need.

- Families will be empowered to identify their own problems, needs and solutions. In most cases, outcomes for children will only be improved by supporting and assisting parents/carers to make changes. Our aim is always to build resilience in children and families and the capacity to overcome their own difficulties for the remainder of their lives.
- We will offer support and services to help families find their own sustainable solutions. Once improvement is made services will reduce or end so as not to create dependence.

4. Early Help Assessments

If a child has additional needs that require the support of more than one agency an early help assessment should be completed. The aim of the early help assessment (EHA) is to help identify, at the earliest opportunity, a child, young person's or family's additional needs, which are not being fully met by the existing services they are receiving and to support the provision of timely and coordinated support to meet those needs. An early help assessment can only be undertaken with informed and explicit consent from the child/young person and/or their parents/carers.

The early help assessment:

- Is a process for consistently carrying out a common holistic assessment.
- To help everyone including the child in the family and those working with the family understand information about their needs and strengths.
- Uses a standard format to help record and, where appropriate, share with others the information given during the assessment.
- Can only be undertaken with informed and explicit consent from the child/young person and/or their parents/carers.

When undertaking an assessment practitioners should take account of what works best for families as identified in the Government guidance 'Working with Troubled Families' (Department for Communities and Local Authority 2012):

1. Having a dedicated worker, working with the child and their family.
2. Practical 'hands on' support for the child and their family.
3. A persistent, assertive and challenging approach to meeting the child's needs.
4. Considering the child's family network as a whole when gathering the information about them.
5. Having a common purpose and agreed actions.

5. Multi-Disciplinary Working, Team Around the Child/Family (TAC or TAF) and Team Around the Worker (TAW)

If the early help assessment identifies that coordinated multi-disciplinary support is required to meet the needs of the child and family then a team of practitioners might become the Team Around the Child/ Family. The parent/carer and TAC/TAF will agree who is best placed to become the Lead Practitioner who will lead the TAC/TAF in developing a plan of action to support the child in context of their family network. This may, for example, include housing officers, teachers or early year's workers. Being a Lead Practitioner is about ensuring that the plans made for the child are carried out and to help resolve any difficulties that may arise.

In Portsmouth a co-ordinated multi-agency approach will include the option to provide a Team Around the Worker (TAW), so that the family experience only the Lead Practitioner working with them, rather than the whole professional group. This model wraps multi-agency support around the Lead Practitioner, so that they are equipped with the right knowledge and right skills to support the child/ family.

Ensuring that the right families receive the right support at the right time will be strengthened by quality **conversations**.

6. Multi-Agency Safeguarding Hub (MASH)

The MASH manages all safeguarding contacts to the front door of children's services where the level of concern indicates there ought to be a co-ordinated multi-agency response. The MASH provides a multi-agency intelligence sharing service to support children and families in Portsmouth having access to the right help at the right time.

Professionals from key agencies; children's social care, police, health and education work together to ensure that safeguarding concerns are understood in the context of all known relevant information. The MASH will determine which children and families should receive a targeted early-help response; which should be assessed for support under S17 Children Act 1989, as children in need; and when a child protection enquiry should be initiated to consider whether a child is suffering, or at risk of suffering, significant harm.

This MASH provides robust working-together and decision-making arrangements across the children's workforce.

7. Single Assessments completed by Children's Social Care

When a child is referred to Children's Social Care Services for a statutory assessment of need they will have a Single Assessment in accordance with Working Together to Safeguard Children 2015.

All single assessments are undertaken by qualified social workers under the supervision of experienced Leader(s).

Assessments will involve a visit(s) to the child's home and where appropriate, the child's school. During the assessment the social worker will gather information from the child, his/her parents/carers, siblings, wider family and support systems and professionals involved in the child or family's life. Children will be seen alone and together with their parent(s) and siblings.

At initial allocation the locality service leader, in consultation with the Team Leaders, will consider the following as part of the planning process for a Single Assessment:

- The reason for the referral and any alleged or suspected concerns.
- The timescale for completing the assessment - 10 days, 25 days or 45 days.
- The information that will be shared with the child's parents/carers and key agencies.
- Obtaining consent, where appropriate for agency checks to be undertaken.
- The child and family's linguistic, cultural and communication needs.
- Access to the child and how the child's views will be obtained.
- Engaging non-resident parents.
- Which professional agencies will be required to contribute to the assessment.
- Effective communication with parents with learning disabilities.
- Violence in the home.
- The specific needs of unborn children.
- Contingency arrangements for emerging information, changing or new circumstances that increase risk to the child.
- Social and environmental factors affecting risk i.e. group offending/ gang-involvement.
- Non-resident children of adults in the household.

- Obtaining the family history and involvement with services.
- Any services that are required to immediately alleviate need.

The assessment should take no longer than 45 working days to complete and should be reviewed by the team leader at 10 days. Team leaders will maintain oversight of the timeliness of the assessment in supervision with the social worker.

Completed assessments will determine:

- If the child is in need of services provided under s17 Children Act 1989.
- If the child is need of accommodation under s20 Children Act 1989.
- What actions, if any, are required to safeguard the child in the immediate or longer term.
- The type and level of services that are required to improve the child's outcomes.

The Single Assessment will be used to formulate the child's plan and will be used as the social work report for Initial Child Protection Conferences, including updated assessments for subsequent Review Child Protection Conferences.

8. Section 47 Enquiries Children Act 1989 - Child Protection Investigations

Enquiries under s47 Children Act 1989 will be triggered if a child is taken into police protection, is the subject of an emergency protection order or there are reasonable grounds to suspect that the child is suffering or likely to suffer significant harm i.e. the child has made a serious allegation of abuse, has incurred an unexplained injury, or is suffering neglect.

In accordance with Working Together to Safeguard Children and the 4LSCB Child Protection Procedures, all child protection investigations in Portsmouth will:

- Be planned through an initial (or review) Strategy Discussion or Meeting with the Police and Health, and other agencies as relevant.
- Be undertaken either jointly with the Child Abuse Investigation Team (CAIT) or solely by Children's Social Care Services (single agency).
- Be informed by MASH checks/information.
- Be completed within 15 working days of the initial Strategy Discussion.
- Identify what needs to happen to ensure the child is safe for the duration of the investigation i.e. safety planning or temporary living arrangements.

away from the source of risk or harm with a relative, family friend or foster carer.

- Initiate a Single Assessment, in which the child will be met with alone.
- Where a crime has been committed against the child, obtain the child's evidence by undertaking a video-taped interview carried out by a CAIT police officer and a specially trained social worker.
- Where necessary, include a physical examination of the child by a paediatrician.
- Determine whether an Initial Child Protection Conference is required to develop a multi-agency safeguarding plan (Child Protection Plan) for the child(ren).

9. Public Law Outline

The Public Law Outline (PLO) 2010, provides a framework for local authority care proceedings applications to ensure that assessments to determine arrangements are made in the best interests of the child and are completed and finalised in the Family Court within 26 weeks.

With exceptions to emergency situations, the court expectation is for the local authority to complete the requirements of the pre-proceedings checklist ahead of initiating court proceedings including:

- A Court statement.
- A family Genogram.
- A Chronology.
- Current assessments of the child and his or her family.
- A proposed Care Plan.
- A threshold statement (setting out the concerns regarding Significant Harm to the child).

The time frame limits time during court proceedings to undertake specialist assessments, so the expectation is for social workers to undertake or arrange for assessments to be conducted within the PLO and/or set out the services the family must engage with to enable them to achieve positive change.

A Legal Privilege Meeting held between the social worker and local authority legal department will determine if threshold is met to issue court proceedings, once

determined, the local authority will send the parents a letter before proceedings, which triggers the availability of public funding for the parents to obtain legal advice. The letter before proceedings will set out the local authorities concerns and the outline plan for completing specific assessments within timescales. A meeting will be held with the parents/ family and their legal representative(s) to ensure that they are clear of the expectations. The pre-proceedings plan will be reviewed at agreed intervals.

10. Assessing and Planning for Permanence

Assessments of a child's needs in relation to his or her Permanence Plan must:

- a) Focus on outcomes; and
- b) consider stability issues, including the child's and family's needs for long-term support and the child's needs for links, including contact, with his or her parents, siblings, and wider family network.

Social workers must ensure the child's Permanence Plan is clearly linked to previous assessments of the child's needs in full consultation with family and community networks to establish the child's attachments, support networks and the child's wishes and feelings. The assessment process must ask how stability for this child will be achieved.

By the time of the second Looked After Review, the child must have a Permanence Plan that supports:

- Reunification with birth or extended family.
- Adoption.
- Special Guardianship Order/ Child Arrangements Order.
- Long-term Fostering.

11.Children with Disabilities

Children with disabilities are 'children in need' and therefore require assessment of their needs to establish what kind of help and support they require, if any.

11.1. Adults with disabilities

The Care Act 2014 came into force in April 2015 and sets out revised responsibilities of Local Authorities on when and how people who need care and support should be assessed and supported. The assessment must involve the individual and their carers or others who have an interest in their welfare. The needs of carers who provide or intend to provide care to a person must also be assessed. The assessment is how a local authority decides whether a person needs care and support to help them

live their day-to-day life. The assessment must be carried out by an appropriately trained social worker, who will consider a number of factors, such as:

- The person's needs and how they impact on their wellbeing – for instance, a need for help with getting dressed or support to get to work.
- The outcomes that matter to the person – for example, whether they are lonely and want to make new friends.
- The person's other circumstances - for example, whether they live alone or whether someone supports them.

The aim is to get a full picture of the person and what needs and goals they may have. After carrying out the assessment, the local authority will then consider whether any of the needs identified are eligible for support.

12. Other Assessments

12.1. Children with Special Educational Needs: Education, Health and Care needs assessments

Parents/carers or the young person can ask for an Education, Health and Care (EHC) needs assessment, if they believe one is needed and anyone at the child/young person's school, such as a teacher, can also ask for an assessment to be carried out. Useful Information on the Portsmouth Local Offer and SEN is available on the council website.

The SEN Team will want to see evidence that the pupil needs more support than what is ordinarily available in a mainstream education setting. Once a request has been made, they will advise if agreement has been reached to complete an EHC Needs assessment. If an EHC Needs assessment is agreed, the SEN team will gather information from the parent/carer and the child/young person and a range of other professionals.

12.2. Education, Health and Care (EHC) Plan

An EHC Needs assessment might lead to an EHC Plan. This is a legal document that describes a child's or young person's special educational, health and social care needs.

An EHC assessment does not always lead to a child or young person receiving an EHC plan. The EHC Needs assessment process can take up to 20 weeks from the request being received to a final Education, Health and Care Plan being issued if it is necessary.

12.3. Outcomes

The Special Educational Needs and Disability (SEND) Code of Practice 2015 is designed to help children and young people to work towards their aspirations by focusing on outcomes.

Outcomes underpin the detail of EHC plans and describe what parents hope their child can achieve, or what children want to achieve for themselves, especially as they move towards adulthood.

The Outcomes in an EHC Plan will usually come from discussion with the child/young person, their family, the setting and any outside professionals involved with the child/young person – they are coproduced.

12.4. Personal Budgets

Parents, carers and young people have the right to request a Personal Budget when agreement has been reached to issue an EHC Plan. The policy can be found on our procedures online portal in the, [Children and Young People Aged 0-25 with Special Educational Needs and Disabilities](#) policy. Children with disabilities are children in need and therefore require assessment of their needs to establish what kind of help and support they require, if any.

12.5. Young Carers

A young carer is defined as a child or young person (under 18 years old), who gives regular care and emotional support to a parent, brother, or sister, or someone else in the family who is ill, has a disability or mental illness or is affected by substance abuse (including alcohol) or other debilitating illness.

The Care Act 2014 and the Children and Families Act 2014 together provide a framework to ensure inappropriate caring for young people is prevented or reduced and whole family needs are met. The Acts give young carers similar rights to assessment as other carers have under the Care Act. For the first time carers are being recognised by law in the same way as those they care for and are eligible for assessment and support.

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. If the family is not currently open to Portsmouth's Children and Families Services, contact should be made to the MASH who will consider with other professionals involved with the family who will lead the assessment.

The assessment will consider whether it is appropriate for the child/young person to provide on-going care by considering their age and the impact of the caring responsibilities on their social and educational development, the assessment will also take into account the child/young person's wishes. The assessment will include the young person, their parent/carer and any other person the young person identifies as significant.

Many young people are proud to be carers for their family members and support is available to them through the Portsmouth Young Carers service

which has friendly, helpful workers who are there to offer support and advice to any young carers in Portsmouth.

12.6. Children and Young People involved in the Criminal Justice System

Young people who have committed an offence will receive support to help make positive changes in their lives, so they do not re-offend or cause further harm to the community.

In order to understand the type and level of support required to address offending behaviour an assessment will be undertaken by a member of the Youth Offending Team (YOT), which is a multi-agency team comprising of Youth Offending Team workers, some of whom may be, social workers, probation officers, police, and a restorative justice/victim worker. The team is also supported by professionals with expertise in education, speech, language and communication, child and adolescent mental health and substance misuse. The team works closely with community volunteers, Housing, Community Safety, Children and Families Services including Children's Social Care, and the local community and voluntary sector.

The team work together and support holistic assessment and interventions using the Asset-Plus tool. The assessment will determine current and previous offending or anti-social behaviour and the current or future risk of harm, serious risk of harm and risk to the young person. The assessment is informed by personal, family and social factors such as living arrangements, parenting, family and relationships, learning, education, training and employment, patterns and attitude, resilience, goals and attitudes, opportunities, engagement and participation and factors affecting desistance.

The assessment will consider potential future behaviour, its likelihood and impact, determine the likelihood of reoffending rating and risk of serious Harm, making a professional judgement about the likelihood and impact of adverse outcomes in relation to the young person's safety and well-being.

The assessment can be used to inform the court at the sentencing stage and to develop a plan to reduce further offending by taking into account the nature of the offending, the young person's personal circumstances and their attitudes and beliefs.

Youth Offending Teams also:

- Help young people at the police station if they're arrested.
- Help young people and their families at court.
- Supervise young people serving a community sentence.
- Stay in touch with a young person if they're sentenced to custody and help them to prepare for when they are released.

- Arrange for young people to make amends for their behaviour.
- Provide support for parents of young people who are in trouble.
- Encourage young people to lead a positive and healthy lifestyle which involves going to school, college or finding work.
- Support young people to access support to deal with substance misuse and their emotional or mental health.

12.7. Unaccompanied Asylum Seeking Children and Age Assessments

In undertaking assessments of children from abroad, our social workers will consider if the child has been trafficked, their emotional, physical, educational and mental health needs, their life and family in their country of origin and their journey to the UK, their immigration status and accommodation needs.

Children who may have been trafficked to the UK will be referred to the National Referral Mechanism (NRM), some may require a Section 47 enquiry and the development of a robust safety plan.

Social workers may need to undertake an age assessment if there is uncertainty about the age of a person seeking asylum as an unaccompanied or trafficked child. Often, the Home Office will request this is undertaken, but a social worker can decide to complete one if there is significant reason to doubt that the claimant is a child. Age assessments are not a routine part of Portsmouth's assessment of unaccompanied or trafficked children, but are used to ensure age appropriate services are offered. ([Guidance to assist social workers and their managers in undertaking age assessments in England, October 2015](#))

A qualified children's social worker will undertake the assessment with an interpreter. Children and young people will be given a full copy of the age assessment. The Home Office will be advised of the outcome through the agreed Model Information Sharing Pro Forma – Outcome of Age Assessment.

All unaccompanied children will be accommodated under s20 Children Act 1989 for the duration of the age assessment, in parallel a child in need assessment will be undertaken to assess their full range of needs.

12.8. Channel/Prevent

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

Portsmouth's strategy is framed around four pillars, all of which are essential to the successful delivery of Prevent:

- **Countering extremist ideology:** How to strengthen institutions and provide local and national counter-narratives to contest and undermine extremism ideology within communities and online.
- **Building a partnership with all those opposed to extremism:** The need to develop effective partnerships between statutory partners and within communities – including the key need to develop local networks of individuals and groups to act as mainstream voices against extremism.
- **Disrupting extremists:** Early sight of new legislative proposals to increase the powers available to target individuals and groups involved in promoting or supporting extremism or terrorism in the UK, including new powers to ban extremist organisations and restrict the harmful activities of the most dangerous extremist individuals.
- **Building cohesive communities:** Recognition that isolation, division, and inequity within communities can exacerbate an individual's vulnerability to grooming by extremism and increase the appeal of extremist narratives. The government sets out a number of tools to improve community cohesion and social integration and emphasise the importance of this work within a local context.

The strategy aims to detect, deter and divert vulnerable people from the radicalisation process and tackle extremist groups forming or operating in the city. For children and young people at risk, or vulnerable to radicalisation, a referral can be made to Channel to assess the risk; Channel is a multi-agency panel that aims to prevent vulnerable individuals from being drawn into extremist or terrorist ideologies. All referrals for children are managed through the MASH.

12.9. Safeguarding children at risk of abuse through female genital mutilation (FGM)

Definition

The World Health Organisation (WHO, 1996) defines female genital mutilation as: 'all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons'.

Under the Female Genital Mutilation Act 2003 it is an offence in England, Wales and Northern Ireland for anyone (regardless of their nationality and residence status) to:

- Perform FGM in the UK.
- Assist the carrying out of FGM in or outside of the UK.
- Assist a girl to carry out FGM on herself in or outside of the UK.
- Assist FGM on a UK national or permanent resident by either a UK or non-UK person – this would cover taking a girl abroad to be subjected to FGM. Even in countries where the practice is not a criminal offence.

The Serious Crime Act 2015 introduced a legal duty for specific professional groups to report to the police any girl who has had FGM. This duty applies when a girl informs the professional that FGM has been carried out on her and/or the professional observes physical signs on the girl appearing to show that FGM has been carried out. The duty applies to all teachers and all regulated health and social care professionals in England and Wales.

If FGM is suspected or identified by any professional or member of the public they must make contact with the MASH. This includes health professionals who identify expectant mothers' who have experienced FGM. A decision will be made as to whether a referral for a statutory social work assessment is required to assess risk, prevent a crime from taking place or investigate a crime that has already taken place (FGM Act 2003).

If a child is at risk or has been exposed to harm, Children's Social Care will hold a Strategy Meeting within 24 hours to agree a joint investigation with the police under Section 47 Children Act 1989. This may occur on the same day depending on risk levels. Consideration will be given to all female children in the household including unborn female children.

If immediate protection is required the local authority will consider alternative care arrangements, in consent with parents or under police protection powers or by an application for an Emergency Protection Order.

A child protection conference or long-term alternative care arrangements will only be considered necessary if there are unresolved child protection issues once the initial investigation and assessment have been completed.

In accordance with DOH guidance for health professionals on FGM, there is a requirement for health professionals to refer directly to both the police and the MASH if they identify a child under the age of 18 years who has had FGM performed or who is perceived to be at significant risk of having the procedure.

Women over the age of 18 years of age identified as having had FGM, in particular pregnant women, are risk assessed by health professionals. Only if a pregnant woman or a woman with female children requires assessment or support from Children's Social Care will a referral be made. All women will be informed of the illegality of the procedure and their GP notified of their FGM status.

12.10. Children at risk of Sexual Exploitation (CSE)

Sexual exploitation of children and young people under 18 (CSE) involves exploitative situations, contexts and relationships where the young person (or third person/s) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or others performing sexual activities on them.

CSE can occur through the use of technology without the child's immediate recognition, e.g. being persuaded to post images on the internet or mobile phone without immediate payment or gain. Violence, coercion and intimidation are common. Involvement in exploitative relationships is characterised by the child or young person's limited availability of choice as a result of their social, economic or emotional vulnerability.

A common feature of CSE is that the child or young person does not recognise the coercive nature of the relationship and does not see themselves as a victim of exploitation, as they consider they have acted voluntarily. The reality is they have not consented and their behaviour is not voluntary. As the 4LSCB CSE Protocol points out, a child cannot consent to his or her own abuse.

When children and young people are considered to be at risk of child sexual exploitation a Portsmouth Risk Assessment Tool should be used by professionals to assess risk. The risk assessment should consider what type of exploitation the young person may be experiencing based on the information known:

- **Inappropriate relationship:** the young person is in a relationship with an older partner who exerts a great deal of influence and control over them due to an imbalance of power. The young person is likely to believe they are in a serious adult relationship and not recognise its exploitative nature.
- **Peer exploitation:** the young person is in a relationship with another young person who is coercing them into sexual activity with their friends. This is the model that gang related exploitation follows.
- **Organised exploitation:** the young person is being groomed or sexually exploited by a network of perpetrators and may be being coerced into sexual activity with different men. Some may be used to recruit others.

Children can be at an increased risk when the following factors are present:

- Under 13 years of age
- Looked After Child
- Missing from school or excluded/NEET
- Missing from home or care
- Gang involved or Offending behaviours
- Learning Difficulty or Disability
- Mental Health needs
- Difficult family background or estranged from family
- Sexually active - repeat sexually-transmitted infections, pregnancy and terminations
- Physical injuries
- Drug or alcohol misuse
- Change in physical appearance
- Evidence of sexual bullying and/or vulnerability through the internet and/or
- Social networking sites
- Receipt of gifts from unknown sources
- Recruiting others into exploitative situations
- Self-harm - thoughts of or attempts at suicide

12.11. Multi-Agency Operational Sexual Exploitation Meeting

The multi-agency operational CSE meeting will maintain oversight of all CSE cases assessed as high, medium or low risk in Portsmouth, inform prevention strategies, identify emerging trends, intervene and inform disruption strategies, secure support for victims, and work closely with the police to prosecute perpetrators.

12.12. Children who Return Home from Care

When a child is voluntarily in care (Section 20) and the decision is made for him / her to return home, a Care Plan must be drawn up in order to support the child once they return home with the primary aim of reducing the likelihood of the child returning to the care system in the future. The Care Plan should be agreed between the child, the child's family and any involved professionals at a planning meeting.

The following process relates to young people for whom the plan is long-term care, not those where the plan was always rehabilitation.

12.12.1. Planned return

The social worker will complete an assessment when the question of possible rehabilitation is identified and this will need to address the level of support that would be required should the child return home. Such an

assessment must be authorised by the social worker's team leader and service leader.

If the outcome of the assessment is positive – it identifies that the child can return home - the change in the plan for the child will need be agreed at the next Looked After Children Review, which may need to be rearranged so as to take place sooner than planned.

If the child is the subject of a Section 31 Care Order, a 'placement at home agreement' will need to be signed by the Deputy Director, Children and Families Services. This will take the form of a child and family assessment with a covering confirmation sheet. A rehabilitation plan will be agreed at the next Looked After Child Review, including increased overnight stays at home as a precursor to a full return. However, if the child is the subject of a Care Order, any overnight stays must not take place until the Deputy Director has signed the 'placement at home agreement'.

If the child is the subject of a Care Order, the Looked After Child Review following the return home, and all subsequent Looked After Child Review, must consider the revocation of the Order.

13. Compliments and Complaints

Portsmouth City Council takes feedback about our services seriously.

13.1. Comments and Compliments

Compliments regarding individual staff members will be sent to their line manager and details will be recorded on file. It is helpful to let professionals know when they have done a good job. We will use your feedback to help improve the services that we provide.

13.2. What is a complaint?

A complaint is any expression of dissatisfaction of our services. You may consider that:

- You have not been treated with courtesy and fairness
- You are unhappy about the standard of service you have received
- We have failed to provide a service to which you are entitled
- You are unhappy about the action taken by us

If you wish to make a complaint to Portsmouth City Council, please let us know:

- What has gone wrong giving us as much detail as possible because it helps us to understand the situation better
- What you would like us to do to put things right.

There are three stages within the council's Corporate Complaints Policy. Each stage has a different response time, as follows:

- At Stage 1, complaints will be responded to within 10 working days.
- At Stage 2, complaints will be responded to within 20 working days.
- At Stage 3, complaints will be responded to within 30 working days.

If you are not satisfied with the investigation and response to your complaint you can contact the Local Government Ombudsman who looks at complaints about councils as well as some other authorities and organisations. It is a free service: their job is to investigate complaints in a fair and independent way, and they do not take sides.

13.3. Contacts

- By phone on 023 9284 1172
- In person by making an appointment on the above number
- By writing to The Complaints Manager for Social Care, Portsmouth City Council, 5th Floor, Civic Offices, Guildhall Square, Portsmouth, PO1 2EP
- By using our pre-paid comments, compliments and complaints form, Your Shout! which can be obtained by calling the above number or by clicking on this [link](#)
- By sending an email to csccomplaints@portsmouthcc.gov.uk

Appendix A – The Legal Framework

Definitions

- **Section 17** : A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled.
- **Section 47**: Local authorities, with the help of other organisations as appropriate, have a duty to make enquiries under section 47 of the Children Act 1989 if they have reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, to enable them to decide whether they should take any action to safeguard the child's welfare.
- **'Harm'** means ill treatment or the impairment of health or development and includes witnessing harm being caused to others. Harm can be one or more episodes of physical abuse, sexual abuse, emotional abuse or neglect which impair or damage the child's development (see 4LSCB Child Protection Procedures)
- **'Development'** means physical, intellectual, emotional, social or behavioural development
- **'Health'** means physical or mental health
- **'Ill treatment'** includes sexual abuse and forms of ill treatment that are not physical

Working Together to Safeguard Children (2015):

<https://www.gov.uk/government/publications/working-together-to-safeguard-children-2>

Portsmouth Safeguarding Children Board: <http://www.portsmouthscb.org.uk/>