

# Local Assessment Protocol for London Borough of Croydon Children's Services

(NB: This protocol relates to assessments undertaken within statutory children's services teams and not early help assessments)

## RELATED GUIDANCE

Working Together to Safeguard Children (A guide to inter-agency working to safeguard and promote the welfare of children) (March 2015)

London Child Protection Procedures (November 2015)

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## 1. Introduction

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This document is the London Borough of Croydon's local assessment protocol and it sets out the local arrangements for how cases will be managed once a child has been accepted as requiring a referral to Children's Social Care (CSC).

This Protocol should be read in conjunction with Croydon's Early Help Pathways Guidance, which can be accessed here: [www.practitionerspacecroydon.co.uk/wp-content/uploads/2014/05/Web-version-140067-Early-help-guide.pdf](http://www.practitionerspacecroydon.co.uk/wp-content/uploads/2014/05/Web-version-140067-Early-help-guide.pdf) . It is important that children and families receive an assessment appropriate to their level of need. Assessments through Section 17 of the Children Act are a serious intervention into the life of a family and should only be undertaken when there is a clear basis to do so.

This document aims to outline how:

- Assessments will be timely, transparent and proportionate to the needs of individual children and their families;
- Assessments will meaningfully include relevant professionals, including but not limited to, Police, Health (community, adult mental health, acute) Education.
- Professionals should support children and families to actively contribute to assessments;
- Assessments can be informed by other specialist assessments, such as the assessment of children with special educational needs (Education, Health and Care Plan) and how multiple assessments should be coordinated so that the child and family experience a joined up assessment process and a single planning process focused on outcomes;
- Desired outcomes are identify, and measured.
- The progress of assessments should be reviewed along with other professionals, the child and family;
- The process for the assessment of children who are returned from care to live with their families;
- The youth justice system will be addressed within the applicable assessment processes;
- Decisions should be recorded in line with the CSC recording policy;
- Case recording should include a routine focus on the child's development in order that developmental progress can be monitored;
- Each child and family should be assisted to understand the type of help being offered to them and their own responsibilities within any child plan;
- Children and families can challenge professional decisions and how they can make complaints about the services they receive.

## **2. The Single Assessment in Croydon**

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The Single Assessment was developed in 2013 to replace the Initial Assessment and Core Assessment as a process in the broader programme of social work improvement in Croydon. This programme continues to seek to strengthen the practice of frontline workers, deliver better outcomes for children and families and respond to the Munro Review of Child Protection.

Changes to statutory requirements in **Working Together to Safeguard Children 2013** removed the distinction between initial and core assessments and replace this with on-

going, locally developed assessments of need. The introduction of the Single Assessment process in Croydon reflects this change.

One Single Assessment is completed per family is required, however the needs of each child are considered separately to ensure that each child's needs are fully considered. The Single Assessment eliminates the need for practitioners to complete multiple risk assessments and additional reports to conference by introducing a process that serves multiple functions. The form has been streamlined by including fewer tick boxes and sub sections for each of the domains. The Single Assessment replaces initial and core assessments and the social work reports to Initial Child Protection Conferences / Review Child Protection Conferences.

**The Framework for the Assessment of Children in Need** remains the basis upon which information within the new form is collected and analysed. The single assessment incorporates elements of the Strengthening Families model that is used for Child Protection Conferences in Croydon. The information held by other agencies, including education, GPs and other health professionals, police and adults services continues to be critical in informing these assessments.

Working Together to Safeguard Children 2015, describes high quality assessments as having the following features:

- Child centred: Where there is a conflict of interest, decisions should be made in the child's best interests;
- Rooted in child development and informed by evidence;
- Focused on action and outcomes for children;
- Holistic in approach, addressing the child's needs within their family and wider community;
- Ensure equality of opportunity;
- Involve children and families;
- Build on strengths as well as identifying difficulties;
- Integrated in approach;
- A continuing process and not an event;
- Leads to action, including the provision and review of services on an on-going basis;
- Transparent and open to challenge.

Research has shown that taking a systematic approach to enquiries using a conceptual model is the best way to deliver a comprehensive assessment for all children. A good assessment is one which investigates the following three domains, set out in the diagram below. It is essential that the assessment is informed by information held by other agencies that have current contact or a history of contact with the child and their family.



The interaction of these domains requires careful investigation during the assessment. The aim is to reach a judgment about the nature and level of needs and/or risks that the child may be facing within their family. It is important that:

- Information is gathered from all sources including Children's Services themselves and recorded systematically;
- Information is checked and discussed with the child and their parents/carers where appropriate;
- Differences in views about information are recorded;
- The impact of what is happening to the child is clearly identified.

Every assessment should be child centred. Where there is a conflict between the needs of the child and their parents / carers, decisions should be made in the child's best interests.

Each child who has been referred into CSC by MASH & Triage should have an assessment to respond to their needs and to understand the impact of any parental behaviour on them as an individual. Local authorities have to give due regard to a child's age and understanding when determining what (if any) services to provide under **Section 17** of the Children Act 1989, and before making decisions about action to be taken to protect individual children under **Section 47** of the Children Act 1989.

Every assessment must be informed by the views of the child as well as the family. Children should, wherever possible, be seen alone and the CSC social worker has a duty to ascertain the child's wishes and feelings regarding the provision of services to be delivered. It is important to understand the resilience of the individual child when planning appropriate services. In some cases, other professionals may be better placed to support children and families to contribute to assessments. Professional judgment should be employed to determine when and how other professionals work with social care professionals to gather the views of children and families.

Every assessment should reflect the unique characteristics of the child within their family and community context. The Children Act 1989 promotes the view that all children and their

parents should be considered as individuals and that family structures, culture, religion, ethnic origins and other characteristics should be respected.

Every assessment should draw together relevant information gathered from the child and their family and from relevant professionals including teachers, early years workers, health professionals, the police and adult social care.

Every assessment should consider the reasons professionals are involved with the child and family, and what outcomes are being sought.

A high quality assessment is one in which evidence is built and reviewed throughout the process. Professionals may arrive at a judgment early in the case but this may need to be revised as the case progresses and further information comes to light. It is best practice that professionals re-visit their assumptions in the light of new evidence and take action to revise their decisions in the best interests of the individual child. The aim is to use all the information to identify difficulties and risk factors as well as developing a picture of strengths and protective factors.

### **3. Referral Process**

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#### **3.1 Role of MASH /Triage**

Croydon is committed to making sure that children and families receive the right help at the right time. Croydon's Children's MASH / Triage plays a critical role in ensuring this commitment is achieved.

Children's MASH / Triage provides a single place to make a referral to about a child or family. In Croydon, MASH / Triage is comprised of a core range of services including CSC, Police, Youth Offending, Probation, Health and the Early Help Hub (part of the borough's early intervention offer). MASH / Triage also has strong links to other services including Child and Adolescent Mental Health Service (CAMHS) and Best Start, the Borough's early intervention offer for children aged under 5 and their families.

MASH/Triage aims to provide an integrated offer which facilitates access to a range of services, including statutory intervention, dependant on the needs of the child and family.

#### **3.2 Access**

The MASH/ Triage online portal is accessed via [www.Croydon.gov.uk](http://www.Croydon.gov.uk)

or by:

Fax on **0208 430 1003**;

Email at [childreferrals@croydon.gov.uk](mailto:childreferrals@croydon.gov.uk)

For urgent referral's professionals should call **020 8726 6400**.

MASH/Triage has a Consultation Line for professionals to seek advice and guidance in relation to whether a safeguarding referral is appropriate. **Please Note:** the consultation line is for non-urgent matters and you will not be able to make a referral by calling this number. **Consultation line:- 020 8726 6464**

Within one working day of a referral being received, a local authority social worker should make a decision about the type of response that is required and acknowledge receipt to the referrer.

### **3.3 Decision Making**

The Children's MASH / Triage Service will make a decision about which service is best placed to respond and pass requests on accordingly within 24 hours where a child appears to be in need of protection or 48 hours for all other cases. Requesters will be notified automatically by email once this has happened.

The Children's MASH/Triage receive in excess of 20,000 contacts per year, with Police MERLINS making up the highest number of contacts to MASH/Triage, Police MERLINS are created when a child comes to the notice of the police and there are concerns about that child's vulnerability. Police MERLINS account for the majority of contacts in MASH - there are currently over 13,000 MERLINS created in Croydon a year. These MERLINS will be passed to the Children's MASH / Triage Service and dealt with in exactly the same way as an online request for support and protection.

MASH/Triage makes decisions on the progression of contacts in line with the London Child Protection Procedures Continuum of Help and Support, which is in line with Croydon's four stage of intervention model.

Feedback should be given by local authority children's social care to the referrer on the decisions taken. Where appropriate, this feedback should include the reasons why a case may not meet the statutory threshold to be considered by local authority children's social care for assessment and suggestions for other sources of more suitable support.

### **3.4 What happens to MASH / Triage referrals?**

All requests for support or protection for Croydon children are assessed by the Children's MASH / Triage Service using the Continuum of Help and Support. Where an immediate risk of significant harm is identified, the request will be immediately progressed to the Assessment Service. All other referrals are subject to information gathering within MASH/Triage to determine if statutory Children's Services intervention is warranted. Many of these

requests will be subject to 'MASH intelligence' which includes representatives from Children Social Care, Community Health, Youth Offending, Education, Probation and the Police. Each member of MASH / triage will check what information they currently hold about the child and family to enable a collective, informed decision about which service is best placed to respond.

In other boroughs, the triage service is being referred to as a MASH - Multi-Agency Safeguarding Hub. London Councils, the Metropolitan Police and NHS London are committed to rolling out MASH across London.

### **3.5 Multi Agency Safeguarding Hub (MASH)**

Croydon's MASH function takes place within Triage. MASH core agencies include:

- Children's Social Care;
- Police Public Protection Desk (MET Police);
- Community Health.
- Education
- Probation
- Adult Mental Health

MASH satellite agencies include:

- Early Help Hub

The benefits of the MASH approach are:

- An improved ability to safeguard vulnerable children;
- An improved analysis and focus on 'problem solving' – especially where several referrals are received regarding the same child or family;
- Better quality and more complete risk assessments based on the availability of more information at an earlier stage;
- Increased efficiency - risk assessments can be completed jointly with other agencies, reducing the need for duplication and enabling swifter decision-making.

Each agency identifies the information they hold on a child, including information that may be held by the police. Each agency then assesses whether it is appropriate for this information to be shared (in line with the information sharing arrangement) and a decision is made based on the level of need and a summary is provided to the initial referrer.

As with all referral's to MASH/Triage consent is needed, unless there is a immediate risk of harm to a child/ren – MASH/Triage will seek contact parent/carers to seek consent to MASH intelligence being completed, however can override consent if this is deemed appropriate to safeguarding.

## 4. Children's Social Care Assessment

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All statutory assessments of children and their families, must be planned and coordinated by a social worker and will be conducted based on the Assessment Framework.

### 4.1 Planning the Assessment

Good planning at the outset of the assessment process leads to a better assessment and, where required, a better plan for the child. Planning an assessment means identifying the aims of the assessment, who should be involved and what information needs to be obtained (and how). The plan for the assessment should be agreed between the assessing social worker and line manager and recorded on CRS.

Questions to be considered when planning assessments include:

- Who will undertake the assessment and what resources will be needed? What information is already available?
- Who in the family will be included and how will they be involved (including absent or wider family and others significant to the child)?
- In what grouping will the child and family members be seen and in what order and where?
- What services are to be provided during the assessment?
- Does anyone in the family have additional communication needs and if so, how will these be addressed?
- How will the assessment take account of the particular issues faced by black and minority ethnic children and their families, and disabled children and their families?
- What methods and tools will be used?
- What other sources of knowledge about the child and family are available and how will other agencies and professionals who know the family be informed and involved?
- How will the consent of family members be obtained?
- What are the timescales for completing the assessment?

### 4.2 Starting the Assessment

A Single Assessment should be completed:

- On receipt of a referral on a new unknown case or known closed case - if it is deemed referral has met threshold;
- On an open case where significant incident has occurred – that is on a **Section 47** child protection concern, birth / death of family member impacting on care and wellbeing of subject child.

A Single Assessment must be opened:

- Same day as decision to progress referral (but no later than 24 hours);



- At point closest to incident. For Section 47 this must be on same day of Strategy Meeting / Discussion;
- If the referral is child specific, the referral record for siblings should be explicit and detail the reasons for not progressing their case beyond referral;
- If a referral is not child specific a single assessment must be completed on all children in the household. All children who are subject to assessment will have an 'activity' opened on Children's Recording System (CRS) to indicate that the assessment has commenced.

### **4.3 Strategy Discussions and Strategy Meetings**

In all circumstances where there is likelihood of Significant Harm, a Strategy Meeting / Discussion must be held. The timescales and process as set out in the London Child Protection Procedures and Working Together to Safeguard Children 2015 must be adhered to.

Professionals should refer to Working Together to Safeguard Children 2015 for further information on requirements relating to Strategy Meetings / Discussions. See Working Together to Safeguard Children (A guide to inter-agency working to safeguard and promote the welfare of children) (March 2015).

### **4.4 Timescales for completion of Single Assessment; Other Requirements**

A Single Assessment must be completed in the timescale that is right for the child and family and proportionate to the level of risk. The local protocol for completion of assessments is 20 working days with Unit Manager's reviewing and determining if the assessment should progress to the maximum 35 working days.

For Single Assessments within the Section 47 process, the Single Assessment must be completed at least 48 hours before the Initial Child Protection Conference (ICPC). This allows for sharing of the information with parents/people with Parental Responsibility and the chair in advance of ICPC.

For Review Child Protection Conferences (RCPCs), assessments should be completed and shared at least three days prior to the conference.

If for any reason the assessment goes beyond 35 days, there must be a management rationale for this recorded on the assessment document and also detailed within observations. This should also detail the timescale for the completion of the assessment.

### **4.5 Assessing Systemically**

Croydon CSC promotes the use of systemic approaches in assessing and intervening in Child Protection. The following principles should be considered throughout any assessment:

- In order to develop a better understanding of the experiences of children, families and the potential for change, assessors should consider the relevance of family dynamics and relationship patterns;
- Assessors should contextualise children’s experiences within the family and wider community. Assessments and ensuing plans should consider how wider networks can be engaged to create change;
- Assessors, supervisors and the wider professional network should consider hypotheses throughout the assessment process, which help to understand causal factors and routes to change;
- Assessments should reflect upon the ‘family life cycle’ and how this concept can be utilised to understand stresses in a family network;
- All assessments must include a genogram and chronology, to ensure that family history and structures are effectively considered in assessments. Assessments should consider and reflect on circularity in the family system;
- Assessors should consider how relationships between professionals may impact family dynamics, and vice versa.

#### **4.6 Coordination with other agencies and professionals (including consent)**

All agencies and professionals involved with the child and family have a responsibility to contribute to the assessment process. This might take the form of providing information and direct or joint work. Differences of opinion between professionals should be resolved swiftly but where this is not possible, local arrangements for resolving professional disagreements should be implemented (See Section 8, Challenging and Complaining).

It is entirely possible that different professionals will have different experiences of the child and family and understanding these differences can actively contribute to the understanding of the child and family. Key professionals should be involved from the outset of any assessment and through an agreed and regular process of review.

The social work manager will have a key role in supporting the practitioner to ensure all relevant agencies are involved.

It is the assessing social worker’s responsibility to seek information from other agencies. Requests for information should be made in writing, with the proviso that more urgent requests can be made verbally and followed up in writing at a later date.

Outside of Section 47 Enquiries, consent of service users must be sought prior to information sharing requests being made. Within Section 47, it remains best practice that consent to share / receive information is sought.

While requests for information are to be made in writing, this should not replace timely professional dialogue about the child and family.

Professionals should be given sufficient context about the concerns to enable them to make relevant contributions to the assessment. Agencies providing services to adults who are parents or carers or who have regular contact with children should also routinely consider the impact on the child of the adult’s particular needs.

#### 4.7 Analysing Strengths and Risks

The assessment should involve a robust professional judgment about the nature and significance of any unmet needs and / or risks that the child and family may be facing.

An assessment should seek to establish:

- Any **significant harm** the child has already suffered;
- Any significant likelihood the child may suffer further significant harm in the future;
- Whether the child and family are experiencing any significant unmet needs.
- Strengths and protective factors which could lead to change and mitigate risk.

Through the use of systemic approaches, a range of information should be gathered in relation to family structures, beliefs, relationships and circular causality. Assessors should also consider any previous or concurrent assessments. The assessment process should also draw on all available information from the professional network.

The assessment should then include an analysis of this information, potential hypotheses and routes to change.

Analysis must underpin the entire assessment process, and conclude the following:

- Risks / needs: What, if anything, are we worried about?
- Strengths and protective factors: What is working well for the child and family?
- Plan: What needs to happen now?
- Continuous Assessment: What further questions, if any, have arisen from the assessment that should now also be addressed?

#### 4.8 Thresholds

The partnership in Croydon has a mutually agreed and understood approach to thresholds, which guide decisions about service provision.

Service offer	Levels of need	Summary of features
Universal services All Children and Young People in Croydon	Level 1a Universal	Children with no identified additional needs and whose development needs are met by universal services (schools, nurseries, children’s centres, health visiting, school nursing, GPs, Integrated Youth Services)

Early Help Is provided by a range of services	Level 1b Early warning	Children with low level additional needs, likely to be short term. Signposting by universal service or delivery of support
	Level 2a Emerging Vulnerability	Additional needs requiring multi-agency intervention needing lead professional/significant adult.
	Level 2b Escalating Vulnerability	Children meet the definition of children in need in the Children Act 1989 and are at risk of moving to a high level of risk if they do not receive more intensive early intervention.
Statutory Intervention A statutory framework for young people and families who need protection and work with young offenders.	Level 3a Intensive Family Support  Level 3b Legal Intervention & Corporate Parenting	Children and families require specialist/ statutory support e.g. child protection or youth offending

At the end of the assessment process, professionals, with input from the family, will decide on the threshold of risk and need and eligibility for on-going service provision.

**See Appendix 1 for a diagram that highlights specialist, targeted and universal services.**

A fully comprehensive document giving greater levels of detail and based on the London Safeguarding Children Board Threshold document is available on the Croydon Safeguarding Children Board website.

**See Appendix 2 for a diagram showing the possible progression routes for service users post assessment.**

## 4.9 Outcomes

Each assessment should be focused on outcomes with decisions regarding services, help and support made on this basis. In the course of the assessment, the social worker and their manager should determine:

- Is the child a Child in Need? (Section 17 Children Act 1989);
- Is there reasonable cause to suspect that this child is suffering, or is likely to suffer, Significant Harm? (Section 47 Children Act 1989);

- Is this a child in need of accommodation? (Section 20 or Section 31A Children Act 1989).

The possible outcomes of a Single Assessment are as follows:

- **No Further Action:** universal services can meet needs and the cases will close to CSC;
- Targeted support required: in such circumstances, the 'step-down' of the case should be agreed between agencies, with lead professional responsibility transferring from CSC to the receiving targeted services, e.g. Family Resilience Service, Schools, Best Start
- **Child In Need Services Required:** in such circumstances, case responsibility will be transferred from the Assessment Service to the receiving Care Planning Service. All cases must have a Child in Need Plan at the point of transfer;
- **Child Protection Services Required:** At any stage during the assessment, it may be considered that the significant harm threshold is met. In such circumstances, a CSC manager will convene a Strategy Meeting (or in very urgent circumstances, hold a Strategy Discussion with police) and plan a single of joint Section 47 Enquiry. If it is decided that the case should proceed to Initial Child Protection Conference (ICPC), it may be decided that the child should be made subject to a Child Protection Plan. Once subject to a Child Protection Plan, case responsibility will transfer to the Care Planning Service. As part of the transfer process, it is expected that the receiving team will attend the ICPC;
- **Emergency Action** to protect the child at any point during the assessment process.

The outcome of the assessment should be:

- Discussed with the child and family and provided to them in written form. Exceptions to this are where this is likely to place a child at likelihood of Significant Harm or jeopardise an enquiry;
- Taking account of confidentiality, and with the consent of the parents, provided to other professionals;
- Should the child and / or family disagree with the assessment, they should be supported to share their concerns in writing, and this will be added to the social care record.

Professionals should also consider the desired impact of planned services on children and families - what do we want to be different and how will we know. CSC professionals have access to an outcomes measuring tool and should make use of this in order to establish if desired outcomes are being achieved.

#### 4.10 Disabled Children

A non-statutory Early Help assessment may be sufficient on its own to establish the kind of help and support needed for disabled children but in some cases, a specialist assessment may be required (for example an Occupational Therapy assessment or a health assessment).

If it becomes apparent that there are concerns about the child's safety, then a CSC assessment will be completed by a social worker.

Disabled children are Children In Need and may require assessment in order to establish what kind of help and support they need, if any. Disabled children may also need an assessment to be completed by a social worker, because of concerns about their safety and welfare.

The majority of Single Assessments of disabled children will be undertaken by the specialist Children with Disability Service.

When undertaking assessments with children with disability, consideration needs to be given to how best to communicate with the child or young person in order to ascertain their wishes and feelings.

The referral pathway to the Children with Disability Service is via Children's MASH / Triage .

#### **4.11 Pre-Birth Assessments**

Pre-birth assessments are a proactive means of analysing the potential risk to a new born baby when there is concern about a pregnant woman, her partner or ex-partner and where relevant, her immediate family.

The main purpose of a pre-birth assessment is to identify what the risks and potential needs of the unborn child and his/her family may be, whether the parent(s) are capable of changing so that the risks can be reduced and if so, what supports they will need.

For further information please see the London Borough of Croydon, Pre-Birth Assessment Multi-agency protocol.

#### **4.12 Children Missing and Child Sexual Exploitation**

Although Children Missing from Home and Child Sexual Exploitation are separate, our analysis has shown that many of the children concerned are affected by both being recorded as missing and as being at risk of sexual exploitation. The Leadership of the Council is committed to combating CSE and this was one of the three priorities for the Council in 2015. The Croydon Safeguarding Children Board has established a specific sub-group that focuses on safeguarding missing children and children subject to CSE with dedicated action plans for each which include the specific protection of Croydon children looked after.

Croydon has high levels of reports of children missing from home compared to the rest of London which is due to having the largest number of young people in the capital. It is also partly as a result of the high numbers of children looked after by other authorities being placed in the area. In May 2015, we had 109 children missing from home: 8 of those were

Croydon CLA and 101 were other LA CLA. Of these many had multiple missing episodes, some in excess of 5+ (Dec 14 – May 15). The largest percentage (78%) were aged 15-17 and the youngest child reported missing 12 years old; 52 were males and 44 females. The largest number of children comes from Lambeth (17) followed by Wandsworth (10), Southwark (10), Surrey (6), Lewisham (6).

There has been an extensive investment in Croydon in responding when children go missing. We have commissioned an Independent Return Home Interview Service from the NSPCC. In April 2015, we secured additional services for Return Home Interviews from another voluntary agency Railway Children who are funding Safer London to provide a team of workers to intervene with children who going missing and are subject to CSE. This has enhanced our capacity to intervene with all Croydon children looked after who go missing or who are subject to CSE.

The Missing Children's Action Plan can be located at:

<http://im.croydon.net/services/slacqa/cscb/Meetings/CSE%2021%2001%2015%20ITEM%205%20Final%20CSCB%20Missing%20Strategy%202014%20and%2015.docx>

The Child Sexual Exploitation Action Plan can be located at:

<http://im.croydon.net/services/slacqa/cscb/Meetings/CSE%2021%2005%2015%20CSE%20action%20plan%20and%20Strategy%20DRAFT.docx>

We have invited those local authorities who have placed the most children within our area to meet with us and consider how best to address the needs of such children. We are currently engaged in sharing information about children at highest risk, information about local providers and are considering commissioning arrangements to support them. The RHI data is collated into quarterly reports and this data is used to inform practice as well as commissioning arrangements. We have also developed our response and skills with Children looked after who have been trafficked or are at risk of trafficking through a joint Home Office funded project with Barnardo's and the University of Bedford.

#### **4.13 Female Genital Mutilation (FGM)**

As a society we are learning more and more about Female Genital Mutilation (FGM). With such a diverse community, Croydon's Children's Service needs to develop strategies to ensure there are safeguards in place to protect children and young people from FGM. Croydon Clinical Commission Group have taken the lead in investing in an exciting new twelve month FGM Project which will assist us in scoping and mapping the prevalence of FGM in Croydon; reducing and preventing FGM and improving outcomes for women and children affected by FGM through an effective multi-agency response and better engagement with professionals and communities on FGM. As a result of this project , those

charged with safeguarding Croydon children and young people will be better able to protect children and young people from FGM.

#### **4.14 Radicalisation & Extremism**

Vulnerable children living in Croydon need to be protected from Radicalisation and Exposure to Extremist Ideology as their vulnerability could lead them to being targeted by radicalised groups or individuals. It is crucial that these children are protected using the Chanel Panel process and that social workers and others are provided with WRAP training and access to the Prevent Guidance and given clear understanding of what action to take if they suspect a child or young person is at risk of becoming radicalised. Where there are concerns that relate to a child, all referrals should be made to the MASH. The MASH will refer all cases to the Channel Co-ordinator as well as making a decision on the relevant thresholds whether a Children's Social Care Assessment is required.

For further information see <https://www.croydon.gov.uk/community/safercroydon/advice-information/counter-terrorism>.

#### **4.15 Young Carers**

A young carer is defined as a child or young person (under 18 years old), whose life is significantly affected because of the need to care for a family member who is ill, has a disability or mental illness or is affected by substance abuse (including alcohol) or other debilitating illness.

Provisions relating to young carers and parent carers have been inserted into Part 3 of the Children Act 1989 by sections 96 and 97 of the Children and Families Act 2014. These provisions came into force on 1 April 2015.

Recognition of the needs of young carers will often lie with Adult Services staff if they are the only service involved. Adult Services staff must always consider the needs of the children in the family and discuss appropriate referrals for assessment of their emotional and/or physical support needs with their parents.

When the need for a young carer's assessment has been identified, a decision should be made about the most appropriate person to lead the assessment. If the case is not known to Children's Services (or not open to them), Adult Services staff should consult with the MASH / Triage to decide if a joint approach is appropriate. This discussion should include consideration of a referral to the Croydon Young Carers Project.

#### **YOUNG CARERS PROJECT:**



✉ Young Carers Project,  
Carers Support Centre,  
24 George Street,  
Croydon,  
Surrey,  
CR0 1PB

☎ 020 8649 9339 (option 2)

@ youngcarers@offtherecordcroydon.org

Young carers may come to attention through any of the types of assessments described in this document.

Services for young carers are delivered through an independent provider, the Young Carers Project, who deliver a free, friendly and professional service, offering support to young people, aged 7-25, who are caring for a parent, sibling or other family member with a physical disability, mental health issues, long-term illness or learning difficulty,

Young Carers Project offers a wide range of activities to support young carers, including:

- TRIPS AND ACTIVITIES - we organise all sorts of activities for all ages during the holidays to help you take a break, have fun and meet other young carers.
- EMOTIONAL SUPPORT & COUNSELLING - offering one to one emotional support and confidential counselling sessions to help you with any issues you may be facing in your life.
- EDUCATIONAL SUPPORT - providing support around any issue to do with school, college or training. We also run a weekly Learning Support Club.
- FAMILY SUPPORT - giving support to parents, where appropriate. We also run regular informal coffee mornings to get together and consult with parents.
- MONTHLY BOYS & GIRLS GROUPS - this is just a chance to get together. We pick different activities every time and occasionally we just like to chill!

#### **4.16 No Recourse to Public Funds**

##### **Definition of Family with No Recourse to Public Funds (NRPF)**

A family with NRPF is any adult/adults who has/have parental responsibility/is main carer of children and who is 'subject to immigration control' and as a result is barred from working, and/or has no access to UK Visas Immigration (UKVI) support or public funds and therefore could be deemed 'destitute'.

The term "subject to immigration control" is defined by Section 115(9) of the Immigration and Asylum Act 1999 and is defined as a person who is not a national of an EEA State and who:

- Requires leave to enter or remain in the United Kingdom but does not have it;
- Has leave to enter or remain in the United Kingdom which is subject to a condition that he does not have recourse to public funds:
- Has leave to enter or remain in the United Kingdom as a result of a maintenance undertaking (e.g. entered on a spousal visa);
- Has leave to enter or remain in the United Kingdom only as a result of paragraph 17 of Schedule 4 (i.e. continuation of leave pending an appeal).

Schedule 3 of the Nationality, Immigration and Asylum Act 2002 sets out four groups who are barred from specific services (including support under Section 17 CA 1989) unless that support is required to avoid a breach of their treaty rights. These groups comprise of 'those with refugee status abroad', 'citizens of other EEA States', 'failed asylum seekers who have not complied with removal directions' and 'persons unlawfully in the United Kingdom'.

If the family is presenting as destitute then the children will need an simple assessment to establish whether they are without provision for their basic care needs. Children who are without provision for their basic care needs will qualify for a service as Children in Need under section 17 of the Children Act 1989.

For adult social care support is provided under the Care Act 2014 or accommodation under homelessness legislation.

### **Purpose of Assessing**

- To ascertain if children under the care of adults with NRPF are safe:
- To assess the level of needs of children under the care of adults with NRPF:
- -To assess if the family is deemed 'destitute' - To ascertain If the family is 'destitute' and thus eligible to access support under Section 17 of the Children's Act 1989 as otherwise this would constitute a violation of their Human Rights (Articles 3 & 8);
- To ensure families with NRPF are linked to all relevant agencies/support networks
- To ensure there is a clear plan in place to assess and review the needs of the children and any change of circumstances in the family which will warrant withdrawal of support ( family is no longer deemed 'destitute' by having obtained status in the UK and have access to public funds; or the carer has re-married; etc)

### **Process**

The process of any family with NRPF accessing the Children and Young People's service is as follows.

1. The screening Manager will assess if the referral is made on the basis of 'destitution' and there are no 'child protection' concerns. If the referral is on the basis of 'destitution', and the adults in the family are 'subject to immigration control' and fall within 'Schedule 3' as described above, screening will pass it over to the NRPFs families' team.
2. The NRPFs Families Team will first make an enquiry with the family in order to ascertain the following:
  - Whether the family is ordinarily resident in the borough:
  - To establish eligibility under current immigration legislation (to check entitlement to UKBA or other benefits);
  - To ascertain if any services are needed at this stage (i.e. subsistence and/or accommodation);
  - If services are needed and the family is not entitled to any other services or support, to complete Simple Assessment (Child in Need Assessment) to be completed within 7 working days in order to assess the level of need and vulnerability:
  - Under the Care Act 2014 where the adult's need for such services have not arisen solely due to destitution and/or to avoid a breach of the adult's human rights which would otherwise occur if no services were provided.

At this stage the family has been provided with emergency support and/or accommodation in order to comply with Section 17 of the Children Act. A Human Rights Assessment will determine if the family qualifies for support following the emergency support provided.

3. Once simple assessment is completed, a Human Rights Assessment will also be completed in order to assess if it would be a breach of the family Human Rights to withdraw support. The Human Rights Assessment is to be completed within 30 working days; however flexibility will apply on a case by case basis.
4. If the outcome of the Human Rights assessment is that it will be a breach of the family's Human Rights to withdraw support, this service will support the family until there is a change of circumstances and the case will be reviewed every 6 months, including a care plan for each child.
5. If the outcome of the Human Rights assessment is that it will NOT be a breach of the family's Human Rights to withdraw support, then the assessment will be referred to the legal department to confirm conclusion does not breach our duty under Section 17 of the Children Act 1989 or Human Rights (Articles 3, 6 & 8). The support to the family will cease within reason and the case will be closed.

**NOTE:** If at any moment CP concerns come to light, the Social worker from the NRPFs Families Team will work jointly with an allocated social worker from First Response for the duration of the assessment process. Case responsibility will lie with the social worker from First Response whilst child protection concerns are being investigated. Should the child become the subject of a child protection plan case responsibility will move to the Safeguarding and Support Service [L1] at the first core group meeting.

Should any child protection concerns be unsubstantiated then case responsibility will return to the NRPFs Families Team.

#### **4.17 Children returning 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 having to be accommodated again in the future. Good practice suggests that this Care Plan should be agreed between the child, the child's family and any involved professionals at a planning meeting.

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

##### **Planned return**

The social worker will complete an updated Single 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 will must be authorised by the social worker's team manager and service manager.

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 Child Review, which may need to be re-arranged so as to take place sooner than planned.

If the child is the subject of a Section 31 Order, a 'placement at home agreement' will need to be signed by the Director, CSC. 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 Section 31 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 Section 31 Order, the Looked after Child Review following the return home, and all subsequent Looked After Child Review, must consider the revocation of the Order.

## **5. The revised Public Law Outline (PLO) for Court proceedings and pre-proceedings work**

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### **5.1 Background**

The Public Law Outline (PLO) was introduced in 2008 with the primary aim of reducing delay in public law proceedings (when local authorities apply to the family courts for care or supervision orders). In 2010, this framework was significantly revised with the aim of ensuring that all public law cases would be completed within 26 weeks (from the date of issue by the local authority to the final court hearing).

Under this new framework, apart from the focus on reducing delay, there is also an expectation that, should court proceedings be necessary, the professionals working with the family will be in the best position to assist the court and that the need for independent or external experts will be much reduced. This will mean, for example, that where a parent has mental ill health, the court will expect to receive a statement or report from the treating psychiatrist.

### **5.2 PLO Requirements**

Apart from in emergency situations, the expectation is that local authorities will not initiate court proceedings without first completing all the documents in the Pre-proceedings Checklist:

- 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 safety and welfare of the child may be jeopardised if the start of the proceedings is delayed until all of the documents in the Pre-proceedings Checklist are available. The safety and welfare of the child should never be put in jeopardy because of lack of documentation, and immediate action such as an application for an Emergency Protection Order should be taken where necessary.

As any proceedings issued by the local authority must be completed within 26 weeks (other than in exceptional circumstances), this means that there can only be limited time during court proceedings to undertake further assessments or to work with the family in order to achieve positive change. Following a Legal Planning Meeting where the threshold criteria is

met, then a 'letter before proceedings' is to be sent to the parents which triggers the availability of public funding for legal advice during this pre-proceedings stage. The Local Authority's concerns and timely plan should be clearly set out in the 'letter before proceedings' and a meeting set up with the family and their legal representative so that they are clear about what is expected of them and what they can expect from professionals. The work completed in this pre proceedings stage must be of a high standard able to stand up to potential court scrutiny – clear, thorough and multi-agency assessments must be completed, leading to a clear plan for the family, with clear targets and expectations of what needs to be done, by when. The implementation and success of the pre-proceedings plan must be regularly and robustly reviewed. The right support must be arranged with the family in order to help them achieve the required improvements and all professionals must work together effectively, sharing information as required. Additionally there should be pre-proceedings work focussing on identifying and evaluating possible alternative family carers. Therefore work completed in the period pre-proceedings is vital for two reasons:

- It may divert a case along a route which avoids the need for proceedings;
- When that is not possible, and proceedings have to be commenced, the preparatory work will facilitate the smooth running of the case.

Given the focus on reducing delay for the child, the revised PLO framework does not mean that local authorities can now take significantly longer before deciding to initiate court proceedings (in effect, this would mean transferring the delay from within the court proceedings to beforehand). This means that our formal child protection procedures need to work congruently with the PLO framework and decisions following a Legal Planning Meeting are tracked to ensure that cases do not drift once within the pre-proceedings stage.

## **6. Assessment and Role of Supervision**

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See also **Staff Supervision Policy**

Effective assessment is underpinned by good quality, consistent, reflective supervision.

Reflective supervision is the process by which supervisor and supervisee step back and take a constructively critical look at the progress of a case and ensure that plans are sound and good outcomes achieved.

The purpose of reflective supervision is to develop applied practice wisdom and thereby maximise the impact of the practitioner on the safety and well-being of the children and families for whom they are responsible. It does this through a two-way process of reflection and challenge which promotes curiosity, appropriate skepticism, and critical and systematic thinking, and the exercising of confident professional judgment.

It is expected that all assessing social workers will receive practice supervision throughout the assessment process, in line with the CSC Supervision Policy.

## **7. Partnership with Children and Families**

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Children should be seen and listened to and included throughout the assessment process. Their ways of communicating should be understood in the context of their family and community as well as their behaviour and developmental stage.

Assessments, service provision and decision-making should regularly review the impact of the assessment process and the services provided for the child and family. Any services provided should be based on a clear analysis of the child and family's needs and with a view to achieving the identified objectives.

Children should be actively involved in all parts of the process based upon their age, developmental stage and identity. Direct work with the child and family should include observations of the interactions between the child and their parents / carers.

All agencies involved with the child, the parents or carers and the wider family have a duty to collaborate and share information to safeguard and promote the welfare of the child.

### **7.1 The Child**

The child should participate and contribute directly to the assessment process based upon their age, understanding and identity. They should be seen alone and spoken to alone to ascertain their views, wishes and feelings. For non-verbal children recording must evidence clear observations of the child in relation to their parents, siblings and family environment. If this is not possible or in their best interest, the reason should be clearly recorded.

Note, that seeing a child on their own is not sufficient. And the social worker should seek to understand the child's wishes, feelings and perspectives, and how they function within the family system.

Direct work with children is integral to effective assessment. A 'direct work toolkit' is available for social workers to support effective practice.

The pace of the assessment needs to be based upon the pace at which the child can contribute. However, this should not be a reason for delay in taking protective action. It is important to understand the resilience of the individual child in their family and community context when planning appropriate services.

Every assessment should be child centred. Where there is a conflict between the needs of the child and their parents / carers, decisions should be made in the child's best

interests. The parents / carers should be involved at the earliest opportunity unless to do so would prejudice the safety of the child.

## **7.2 The Parents**

The nature and extent of the parents / carers' involvement in the assessment will be central to its success. At the outset, they need to understand how they can contribute to the assessment, what is expected of them and what is likely to happen if change is not achieved. The assessment process must be open and transparent and this includes being open with parents / carers where we doubt the veracity of what they have told us, where we see inconsistencies between different sources of information and where we have concerns about their parenting. All parents / carers should be involved equally in the assessment and should be supported to participate.

All Children have fathers and every effort must be made to include them and the paternal family in the assessment. All attempts at identifying fathers need to be evidenced within the assessment, including checks with 'Gateway' Services and by making use of social networking sites.

Any male partners living in the family home need to be included in the assessment and the role that they play in the lives of the children need to be fully explored.

## **8. Challenging and Complaining**

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See also **Compliments and Complaints Procedure**

If children, young people and their families wish to challenge the outcome of an assessment they can use the Complaints and Compliments Procedure for Children and Young People's Services. A copy of the leaflet will be given to children, young people and their families during the assessment process and is also available in leaflet form in all council receptions and libraries. This leaflet also contains details about how to contact an advocate for a child or young person.

Complaint Resolution Team  
Floor 7, Zone C  
Bernard Weatherill House  
8 Mint Walk  
Croydon CR0 1EA  
Phone: 020 8604 7015  
Email: [complaints@croydon.gov.uk](mailto:complaints@croydon.gov.uk)

If needed, an interpreter will be provided.



If professionals wish to challenge or complain about the assessment process or outcome they can use the Croydon Safeguarding Children Board Conflict Resolution Protocol. For further information, please visit the **CSCB website** or contact **Croydon Safeguarding Children Board**.

See **CSCB Escalation Policy, March 2015**

## Appendix 1: Specialist, targeted and universal services

	Stage 1 Universal	Stage 2 Vulnerable	Stage 3 Complex	Stage 4 Acute	
<b>Level of Need</b>	<p><b>Early Help</b></p> <p>Children with no additional needs Children whose developmental needs are met by (personalising) universal services</p>	<p>These children have low level additional needs that are likely to be short-term and that maybe known but are not being met</p> <p>It is your professional judgement as to whether a single agency referral or coordinated multi-agency support is appropriate - if in doubt contact Locality Early Help for advice</p>	<p>Child's needs are not clear, not known or not being met</p> <p>Child with additional needs – requiring multi-agency intervention</p>	<p>Children with high level complex needs likely to require longer term intervention from statutory and/or specialist services</p> <p>Child In Need: These children may be eligible for a child in need service from children's social care and are at risk of moving to a high level of risk if they do not receive early intervention</p>	<p><b>Safeguarding</b></p> <p>Children with complex additional unmet needs and/or experiencing significant harm that require statutory intervention such as child protection or legal intervention. These children may need to be accommodated by the local authority either on a voluntary basis or by way of Court Order</p>
<b>How do you assess need?</b>	Your setting will have their own method for assessing need		Early Help Assessment (CAF) or Special Educational Needs assessment	Early Help Assessment (CAF) or the SEN Service will undertake an Education Health and Care Plan	Children's Social Care will undertake the assessment
<b>How do you access this stage of intervention?</b>	At this level services are 'open access' or 'universal' meaning that they are generally available to all children and young people. Universal services are those such as schools, leisure centres, GP surgeries, youth centres, etc, and are accessible without either a referral or an assessment. Most universal services have websites containing their contact information – try searching online or <a href="http://www.practitionerspacecroydon.co.uk">www.practitionerspacecroydon.co.uk</a>	<ol style="list-style-type: none"> <li>1. obtain consent to information sharing</li> <li>2. complete the appropriate referral form and submit as directed on the form</li> </ol>	<ol style="list-style-type: none"> <li>1. obtain consent to information sharing</li> <li>2. complete an Early Help Assessment (CAF) or SEN assessment with appropriate consent</li> <li>3. bring together a Team Around the Family (TAF) to identify a lead professional and agree a support plan with clear objectives, outcomes, timescales and understanding of who is responsible for doing what</li> </ol>	The lead professional will contact the Locality Early Help at <a href="mailto:earlyhelp@croydon.gov.uk">earlyhelp@croydon.gov.uk</a> when there are concerns that the support provided by the Team around the Family is not enabling progress. Locality Early Help will work with the lead professional to identify the most appropriate and proportionate next steps	Contact MASH on 0208 726 6400 or in an emergency phone 999
<b>Who is responsible for providing support at this stage?</b>	Universal services such as schools, leisure centres, GP surgeries, youth centres, etc	Universal services working with one other service	Universal services working together to form a Team Around the Family. The lead professional will be identified from the Team Around the Family	Universal services working together with a range of services forming a Team Around the Family including Stage 3 services. The lead professional will be from the Stage 3 service	Universal services working together with a range of services forming a Team Around the Family. The lead professional role is likely to be a practitioner from one of the following services: Children's Social Care Youth Offending Service
<b>Where do I get advice?</b>	<a href="http://www.practitionerspacecroydon.co.uk">www.practitionerspacecroydon.co.uk</a>	Locality Early Help at <a href="mailto:earlyhelp@croydon.gov.uk">earlyhelp@croydon.gov.uk</a>	Locality Early Help at <a href="mailto:earlyhelp@croydon.gov.uk">earlyhelp@croydon.gov.uk</a>	Locality Early Help at <a href="mailto:earlyhelp@croydon.gov.uk">earlyhelp@croydon.gov.uk</a>	MASH Consultation Line 020 8726 6464

Appendix 2: Possible progression routes for service users post MASH / Triage

