



Effective Support for Children, Young People and Families in Croydon, Right Help, Right Time

Shared guidance to help all practitioners working with children, young people and their families/carers to provide additional and intensive early help and specialist support.



CONTENTS

Subject	Page Number
1. Preface	3
2. Introduction	4
3. Our vision for Effective support, Right Help, Right Time in Croydon	5
4. Understanding need, support and help	10
5. Consulting with other services, schools and settings	13
6. Levels of need and help	15
7. Children in special circumstances	17
8. Access to level 2 services – additional	24
9. Access to level 3 services – Intensive	25
10. Effective Support at a glance – Indicators of possible need	31
11. Appendix 1: What happens when you make a referral to the local authority about a child	37
12. Appendix 2: Best Start Family Solutions Service (intensive early help)	39
13. Appendix 3: Legislation and Guidance	40

1. Preface

In July 2018, the Government published revised statutory guidance [Working Together to Safeguard Children](#): a guidance to inter-agency working to safeguard and promote the welfare of children.



Working Together sets out the legal requirements that health professionals, social workers, police, education professionals and others working with children must follow. The guidance emphasises that effective support and safeguarding for children and young people is the responsibility of all professionals working with children and young people, and provides advice in support to Sections 10 and 11 of the Children Act 2014 where the primary duties for all agencies are set out.

Working Together reminds us that “Nothing is more important than children’s welfare. Children who need help and protection deserve high quality and effective support as soon as a need is identified. We want a system that responds to the needs and interests of children and families not the other way around. In such a system, practitioners (individuals who work with children and their families in any capacity) will be clear about what is required of them individually, and how they need to work together in partnership with others.”

Working Together is defined as statutory guidance and therefore all professionals working with children, young people and families should make time to read the document. Local arrangements to implement the requirements should be prioritised by leaders and senior managers in every agency with responsibilities for children, young people, families and carers to enable them to safeguard children and to act in their best interests.

Effective Support Right Help, Right Time, Guidance provides a practitioner guide to effective support in Croydon which explains the criteria for providing help to children, young people, families and carers and could be developed to be the local ‘threshold document’ required by Working Together 2018 and should be read in parallel to the Working Together guidance.



2. Introduction

This guidance is for everyone who works with children, young people, their families and carers in Croydon. It is about the way we all work together, share information and make sure that children and families are always the main focus and concern when we are providing effective support to them. This advice is to help us to help children and their families to become stronger and more resilient, so that they can identify what is difficult and find solutions before the problems become so complex that specialist statutory social work help is required.



This advice should be read alongside statutory guidance and the framework for supporting children in need as outlined in the [London Child Protection Procedures](#) published by the London Safeguarding Children Board. These procedures are more detailed and provide practice guidance in relation to safeguarding practice across London and between Boroughs.

All children and young people will receive or be able to access **Universal Services**, such as maternity services at birth, health visiting and children centre support in their early years, school and youth services for older children. Universal services seek, together with parents and families, to meet the needs of children and young people so that they are happy, healthy, able to learn and develop securely.

However, some children, either because of their own additional needs or because of difficult circumstances at home, will need extra help to be healthy and safe and to achieve their potential. In Croydon, we want to offer help and support to these children and their families at an early point and with the consent of their parents.

In Croydon a significant amount of public money, across a range of agencies, is invested in services for children and families. This guidance offers a framework for us to work together so that we use our resources more effectively and bring about positive sustainable changes for children, young people and their families. To do this we need to work collaboratively and honestly with the child and their family to identify strengths and needs, to find practical and achievable solutions and to provide the right amount of information, advice and support: *Right Help, Right Time*.

We agree collectively to work with children and their families to prevent their needs escalating and we will actively seek not to refer to services at a higher level of need unless, and until, we have done everything possible to meet their needs at the current level.

In this guidance we explain four levels of need and help: **Universal, Additional, Intensive and Specialist**. Services for children with additional and intensive needs are sometimes known or described as 'targeted services', such as behaviour support or additional help with learning in school, extra support to parents of children in early years or targeted help to involve young people in youth services.

Children with **Additional needs** are best supported by those who already work with them such as health professionals, children centres, schools, and for them to organise additional support with local partners as needed. These services are also well placed to recognise and respond when extra support may be necessary so that support is addressing family vulnerabilities early.

For children whose needs are **Intensive**, a coordinated multi-disciplinary approach providing an intensive package of support is usually best. This means that the concerns can be managed without the need for statutory social work intervention or other specialist interventions. There is likely to be a 'strengthening family wellbeing assessment' undertaken and a family keyworker/support worker to work closely with the child and family to ensure they receive all the support they require. These needs are usually best led by a professional already known to the family. The lead professional will engage the family and other professionals to co-ordinate support through one 'outcome based plan'. Where the support needed is more than a lead professional can organise effectively, referral will be made via the Front Door – Single Point of Contact (SPOC) to the Council's realigned 'intensive' early help family case work locality teams – renamed 'Best Start Family Solutions' service who can work with the child and family in a more intensive way.



Specialist services are necessary when the needs of the child are so significant that immediate **statutory social work or highly specialist intervention** is required to keep them safe and protect them from harm or serious risk to their health or welfare. These needs may emerge after a series of, or despite, targeted early help interventions, or be sudden and/or so serious as to require an immediate request for services. There will be concern that the child is likely, or is suffering significant harm or developmental delay. Examples of specialist services include children social care, child and adolescent mental health services (CAMHS) level 3 or 4 or the youth offending service.

By working together effectively with children with additional needs and by providing co-ordinated multi-disciplinary/agency support and services for those with intensive needs, we seek to prevent more children and young people requiring statutory interventions and specialist services.

This guidance should also be read by staff working in other service areas such as adult mental health, community health, adult social care, housing and leisure. This guidance sits alongside the Croydon Corporate Plan which prioritises strong and resilient children, families and communities.

3. Our vision for Effective Support, Right Help, Right Time in Croydon

Our ambition for children is that **all children and young people in Croydon will be safe, healthy and happy, and will aspire to be the best they can be. The future is theirs.**

In Croydon we believe that every child should have the opportunity to reach their full potential. We believe that children should grow and achieve within their own families when it is in their best interest and it is safe for them to do so. By working together, we will develop flexible services which are responsive to children and families' needs.

Croydon is establishing a vision for the future that will provide for:

- A system wide approach, with joint pooled resources and pathways operating across organisational boundaries

- An outcome focussed approach delivering long term sustainable solutions for individuals and families to secure resilience and independence
- A shift from acute provision to an increase in prevention and early help activity
- Evidence based services that are built around customer need
- Locality based delivery where appropriate



Early help is everyone's responsibility; we want children, families, communities and agencies to work together so that families are assisted to help themselves and are supported as soon as a need arises, thereby improving the wellbeing and life chances for Croydon's children and young people.

We will as partners together:

- Understand those families where children may be at risk of not reaching their full potential and share concerns
- Build a relationship with the child and their family as early as possible, and work with them to create a family environment that provides children with the best life chances, builds resilience and prevents problems from arising or escalating
- Reduce the number of children and their families requiring support from specialist services.

Schools and colleges are an important part of our safeguarding system in Croydon. They have responsibility to identify concerns early, provide help for children and prevent concerns from escalating. All our schools and colleges have designated safeguarding leads who meet regularly to discuss local issues. Croydon primary and secondary heads associations meet regularly with senior education and social care leads to explore and resolve safeguarding issues.

Croydon's Metropolitan police colleagues are fully committed to safeguarding and protecting children consistently and effectively. The safety of children and young people is a borough policing priority and an area of constant focus and scrutiny. The police have significant contact with young people and strive to make them safer by diverting them from crime and protecting them from harm wherever possible. Locally there is robust partnership working between the police and local strategic partners and a commitment to further develop the workforce and partnerships so that they are sufficiently focussed on the needs and experiences of children and young people.

Croydon children and young people receive services from a number of health agencies whose responsibilities include ensuring that those children and their families who are vulnerable are identified and supported as early as possible. They do this in a number of ways:



- Universal and additional need pathways for children, young people and their families which includes health visiting and school nursing to all families through the healthy child programme
- Specialist pathways for children and young people with additional medical and allied health needs.
- Maternity pathways
- Acute pathways

Wherever possible, health agencies will provide a ‘targeted response’ in partnership with families who have an expressed or assessed need. This may include working with additional early help services. Health partners acknowledge that joined up, integrated early help services and good partnership working are essential to improving outcomes for children, young people and their families.

Croydon Council is realigning its existing early help services, Best Start, Early Help Hub, Family Resilience Service (FRS), Parenting Hub and Family Functioning Team (FFT), in autumn 2018 and will rename this ‘intensive’ early help service as ‘Best Start Family Solutions’ service. Thus creating a locality based, intensive, systemic key work service to work with children and families deemed as intensive need under the continuum of need, including children deemed on the edge of escalation to statutory services and those stepped down from statutory services. FFT will continue to provide borough wide edge of care interventions for children and their families supporting children open to statutory services and intensive early help support. Parenting programmes will continue to be provided for practitioners working with children and families open to both statutory and early help services and we will work with partners to further develop our parenting programmes to ensure they meet the needs of children and their families. The Best Start Family Solutions service whilst being accessible only with parental consent, is closely aligned to our children centres where help and support is available from universal services.

Locality based Early Help centres will continue to develop greater integration and alignment with communities, including faith communities, and partner agencies, exploring co-location and/or coordination of processes with early year provisions, health visitors, schools, children and adult substance misuse services and emotional and mental health services.

Children’s Early Help and Social Care in addition to the Family Functioning/Edge of Care team providing support to families in crisis where their children are deemed ‘on the edge of care’ are piloting a new model evidence based provision working alongside FFT to help families in crisis to strengthen and focus on their child’s safety and welfare. **Social workers remain committed to supporting families in relationships that make change possible.** Where children cannot remain with their families or where children social care are working to enable them to return home, we will develop ‘the edge of care specialist teams’ to work alongside the allocated social worker to provide intensive help for children and their parents to support the changes that must happen before reunification is safe. Edge of care provision will also be available to children open to our Best Start Family Solutions, intensive need, early help service.

The statutory social work service is available for children who have been harmed or who are at risk of significant harm.

In Croydon, practitioners in all services are committed to the following principles which inform their work with children, young people and their families:



- Wherever possible children and families' needs will be met by universal services
- As soon as any professional is aware that a child has any additional needs, they will talk to the child and their family and offer advice and support to meet that need.
- Families will be encouraged to identify their own strengths, difficulties, needs and solutions. In most cases, outcomes for children will only be improved by supporting and assisting parents to make changes. In Croydon we have adopted the 'strengthening families' approach to our practice framework to help us in our work.
- We will offer support and services to help families to find their own enduring solutions and build resilience. Once improvements happen, services will reduce or end so that we do not create dependence on services.
- Our aim is to build resilience in our children and families. We want them to believe in and lead the changes to alleviate any further difficulties as they arise in their lives.

To deliver effective help for children, young people and their families we need the following elements:

- **An honest, open and respectful approach**

We know that parents are usually the best people to understand their child's needs, however parenting can be challenging. Parents deserve support when they request it. Asking for help should be seen as a sign of responsibility and strength rather than a parenting failure.

In most cases it should be the decision of the parents when to ask for help or advice, but there are occasions when practitioners may need to engage parents actively to help them and prevent difficulties from becoming more serious.

All practitioners need to work honestly and openly with families, discuss any concerns with them and ensure that they and the children are involved in the decision making about next steps. Parental consent should be the accepted norm unless gaining their consent to share information and make enquires would create or increase risk of harm to a child. It is important that all practitioners acknowledge and respect the contribution of children, their parents and other family members at all times, listening carefully to what they say and making sure they are clear about and understand what is happening. We must be sure that parents and children have copies of clear correspondence, assessments and plans.

- **Earlier, solution focussed and evidence based help**

It is important that any difficulties are identified early so that the child and their family receive the right help at the right time to strengthen their care and protection of their child.

We will work with children and their families as soon as any difficulties become apparent to help them identify the things they want to change and the support they need.

The most effective support is tailored to the child and their family needs and provided at the minimum level necessary to ensure the desirable outcomes are achieved, with as little disruption to family life as possible.



- **A multi-disciplinary approach to assessment, support and help.**

Safeguarding and promoting the welfare of children in Croydon is the responsibility of everyone who works with or has contact with children, young people and their families.

A multi-disciplinary approach ensures that children and families' needs and experiences are understood by everyone. Partners and professionals who work with children and their families should consult one another, share information and work together to ensure that the child and their family get the most appropriate and effective support; Right Help, Right Time.

- **A confident workforce with a common core of knowledge, a shared framework for practice and a good understanding about children's needs and development.**

Appropriate, effective and timely support, right help, right time, for children and families cannot be achieved without the professional judgement and expertise that all practitioners working with children bring to the role. We will support individuals and organisations in Croydon to develop confident practitioners who can work in an honest, open, collaborative and non-judgemental way with children and their families to enable them to make positive choices and changes.

4. Understanding need, support and help

The levels of need in later sections of the document are a means of developing a shared understanding about working locally with children and families. They also explain the approach we take in Croydon across all our services and partnerships, to enable us to provide the most consistent and effective help. They should be read and understood by all practitioners and managers and should form part of the induction process for new staff in any local agency working with or associated with children, young people and their families. The levels of need illustrate how we will respond to the requirements of children and families across **Universal, Additional, Intensive and Specialist services**.



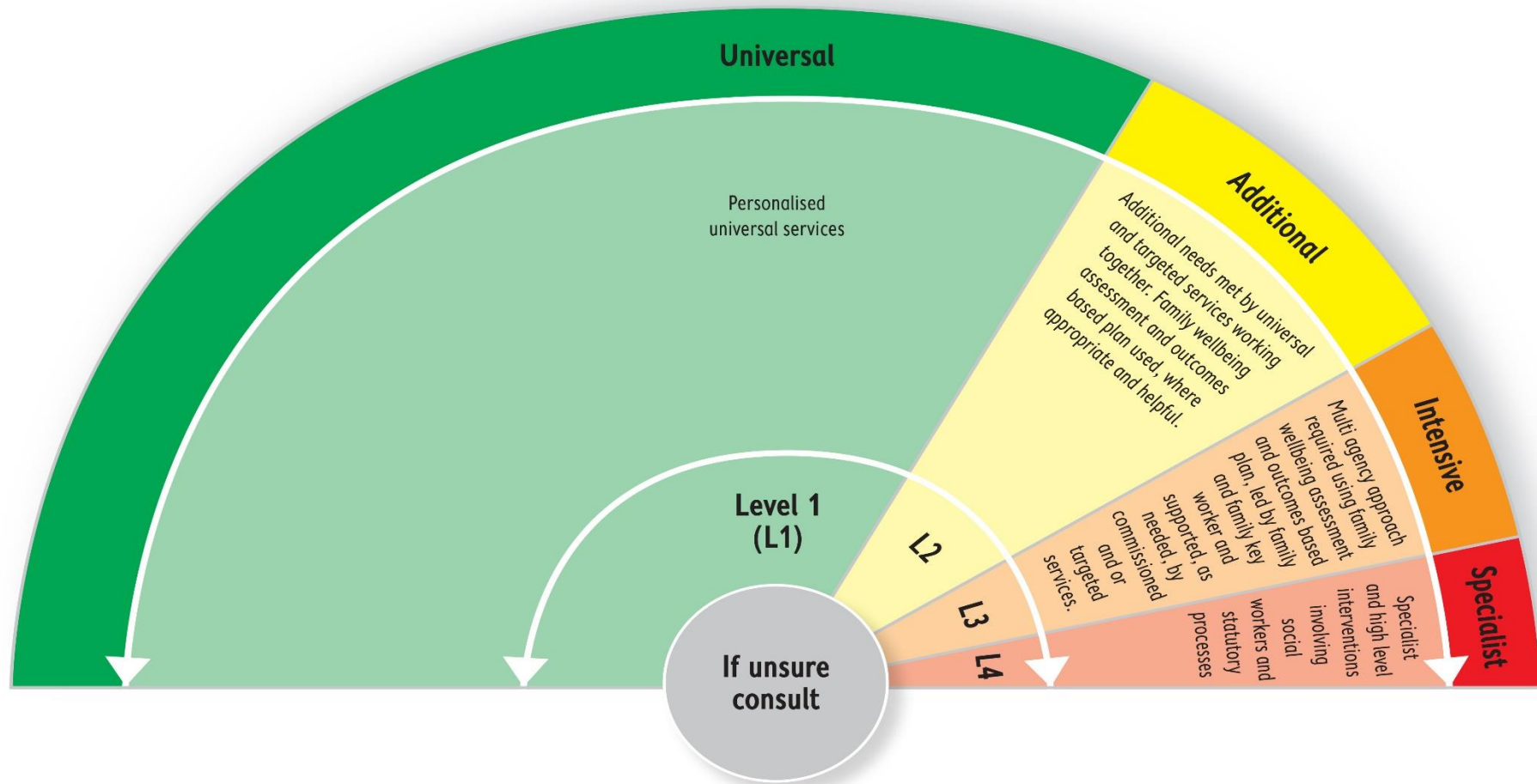
Multi-agency guidance – working in partnership to help

All partners working with children, young people and their families will offer support as soon as we are aware of any additional needs. We will always seek to work together to provide support to children, young people and their families at the lowest level possible in accordance with their needs.

As with all guidance and criteria relating to access for help and support for vulnerable people the most important and complex task is the making of a professional judgement about next steps. This will always be informed by any known evidence, the views of children and their families and the impact that any risk and uncertainty is likely to have on their safety and wellbeing. The criteria in this document are neither exhaustive nor weighted. They should be used to guide professional discussions and not to support fixed and inflexible positions. Their core purpose is to help practitioners and managers make a next steps decision about whether and how a child and their family and their associated network are able to protect and promote the welfare of a child or children.

In Croydon, professionals are committed to seeking to work collaboratively and respectfully with the child and their family in order to support them to address their needs at the lowest appropriate level and at the earliest possible time.

Croydon Continuum of Need



All partners working with children, young people and their families will offer support as soon as we are aware of any additional needs. We will always seek to work together to provide support to children, young people and their families at the lowest level possible in accordance with their needs.

We collectively agree to work with children and families to prevent their needs escalating to a higher level and we will actively seek not to refer to services at a higher level unless and until we have done everything possible to meet their needs at the current level.

Pages 15 to 16 set out more detailed indicators of need as well as explaining how each level of service might respond. This guidance seeks to give clear advice to all professionals and to the public on the levels of need and thresholds within the continuum of need for different services and responses in Croydon.

We recognise however, that each child and family member is an individual, each family is unique in its make-up and reaching decisions about levels of need and the best interventions requires discussion, reflection and professional judgement.

'Strengthening Families' approach provides a framework for us to do this together, by considering the key elements within this framework for any assessment.



- What are the strengths of the child and family and what is working well?
- What is the harm, past and present, that we are worried about in respect of a child?
- What are my worries? And what are we worried is going to happen to the child in the future if nothing changed?
- What are the complicating factors making the problem more difficult to deal with?
- What did the child say or communicate about these worries and what do they want to happen?
- What did the family say about these worries?
- Has their response helped my decision making?
- What is the picture of the family as a whole? Is there any safety or protection?
- What are the needs of any siblings and parents or other significant members of the family?
- What advice and support have I offered the child and their family?
- What needs to happen to keep the child safe now and/or address the worries?
- What do the family want to happen?
- What is the view of other professionals involved with the child/family?
- Does the family consent to sharing information? If not why not?
- Does the family agree to an offer of help and support? If not why not?
- What action will I take if consent is not given and what will the impact be for the child if action is not taken?
- What is the advice from my line manager/ practice supervisor or safeguarding advisor?

The purpose of these questions is to have a better understanding of the child and their family lived experiences. Be curious; put yourself in the child's place. Recognise that views and interests may differ. Treat all family members with respect and show empathy.

We are committed to developing collaborative working relationships with children and their families to help us understand the circumstances of each family, to be professionally curious and rigorous in making judgements and to maintain clear and relentless focus on the child's safety and protection.

5. Consulting with other services, schools and settings



Consultation is the act of sharing information to obtain the perspective of another practitioner. It is not a referral to another service unless, during the consultation, it is decided that a referral would be the best course of action. Consultation may take different forms, from a telephone call to a series of meetings between two or more practitioners. Consultation is best undertaken by speaking to each other and not just by email. The principle being that we want more conversations to help us offer the right response. This should be instead of spending unhelpful energy on gatekeeping which often means that children and their family do not get the help or advice they need at the right time and in the right way.

Whenever consultation takes place it is important that practitioners follow the principles of information sharing and confidentiality. If the consultation is internal (between practitioners in the same organisation) practitioners should ensure that they follow their own agency procedure for information sharing.

If the consultation is external (between practitioners from different organisations), the guidance outlined in the [Government Advice on Information Sharing](#) and within the [London Safeguarding Guidance](#) should be used to decide whether information should be shared. In most cases, unless the child would be at significant risk, the child and their family should be aware that the consultation is taking place and where appropriate, be given the opportunity to be involved.

Principles of Consultation

- Consultation should be open to all agencies who work with children, young people and their families
- Consultation should take place when there is a clear benefit to the child, young person and their family
- Consultation is an important part of helping agencies and practitioners to work together to achieve the best possible outcomes for children and young people
- Consultation is a two way process and demonstrates an acknowledgement of different but equally valid knowledge and expertise
- You should be able to explain to the family why you feel it would be helpful to consult with other agencies. Families should, whenever possible, be aware of and involved in consultations and informed of the outcomes and decisions taken as a result
- Information should be shared in the spirit of openness, transparency and honesty between practitioners, the child and the family. However, it is important that you have due regard for the principles of confidentiality
- There should be a record made of all consultations to ensure clarity and to enable you to evidence any decisions that have been made

Children Social Care Consultation

If you have concerns about a child living in the Croydon area and a child that is not already allocated to a social worker you should, in the first instance, talk to your own organisation *safeguarding lead* for advice and guidance. Following discussion with your own organisation safeguarding lead if you or your designated safeguarding lead want an opportunity to talk through your concerns with Children Social Care before deciding the best course of action, please contact the Front Door - Single Point of Contact (SPOC) Team **0208 726 6464** – professionals consultation line.



Whatever the outcomes or decisions, the consultation must always be recorded by the SPOC team. The names of the professionals having the consultation must be included. If, following a consultation, a professional wishes to make a formal referral – the referral will be taken by the social worker in the Front Door (SPOC) undertaking the consultation over the telephone and the referrer will then forward the completed referral form to the SPOC within 24 hours.

At any time when a family is being offered support and help from any agency, it is important that practitioners feel they can ask for help and advice and draw on the expertise of others. All practitioners, services, schools and settings who work with families should feel able to consult with one another at any time before deciding on a course of action or way forward. All settings will have safeguarding leads where their staff can seek advice and guidance on safeguarding matters from.

6. Levels of need and help

Levels and Referral Routes	Needs	Services (examples)	Outcome
Level 1: Universal Open access to provision	All children and families who live in the area have core needs such as health and education	Early years, education, primary health care, maternity services, housing, community health care, youth centres, children centres and leisure services. Children are supported by their family and in universal services to meet all of their needs	Children and young people make good progress in most areas of development
Level 2: Additional Two or three services work together to meet child and family needs, co-ordinated by a service and/or people who know the child/family best It may be helpful for the child, their family and the professionals to work out a plan with a review timeline to make sure that the help on offer is making a difference. This would be a family outcome based plan established and managed by the leading agency within universal services NO referral to the Croydon Council Single Point of Contact (SPOC) is required.	Children and families with additional needs who would benefit from or who require extra help to improve education, parenting and/or behaviour, or to meet specific health or emotional needs or to improve their material situation	School holiday and short breaks provision for disabled children Extra health support for family members; behavioural support Housing support Additional learning support CAMHS tier 2 support to schools SEN support and help to find education and employment Speech and language therapy Children centres Parenting support Targeted youth work Services provided on a voluntary basis to families (these may be offered by volunteers and/or commissioned through a voluntary organisation)	The life chances of children and families will be improved and sustainable by offering additional support

<p>Level 3: Intensive</p> <p>Access requires a multi-agency referral form to the Croydon Single Point of contact (SPOC) for access to the Best Start Family Solutions service</p> <p>A family wellbeing assessment and outcomes based plan with an allocated family key worker to lead the shared professional approach</p> <p>Support from the special educational needs and/or disability service</p>	<p>Vulnerable children and their families with multiple needs or whose needs are more complex, such as children and families who:</p> <ul style="list-style-type: none"> • exhibit anti-social or challenging behaviour, including exploitation, such as child sexual exploitation, gangs and radicalisation • suffer some neglect or poor family relationships • have poor engagement with key services such as school and health • children excluded or at risk of exclusion from school • have a disability resulting in complex needs 	<p>Due to the complexity of needs, especially around behaviour and parenting, a shared professional and co-ordinated plan is developed with the family. The assessment and plan is led by a family keyworker and the service is provided with the consent of the parents/carers</p> <p>A wide range of services might be involved in meeting the family's needs, e.g. CAMHS tier 3, adult mental health or drug/alcohol team</p> <p>Families needing substantial support to care for a disabled child, usually with the help of a social worker/support worker from the children with disability service</p>	<p>Life chances will be significantly impaired without co-ordinated multi-agency support that makes a difference and enables sustainable improved outcomes</p>
<p>Level 4: Specialist</p> <p>Access required a multi-agency referral form to the Croydon Single Point of contact (SPOC)</p> <p>Children social care</p> <p>Child in need</p> <p>Child protection</p> <p>Care proceedings</p> <p>Youth treatment orders/ custody</p> <p>Level 4 CAMHS</p> <p>Hospital or hospice in-patient</p>	<p>Children and young people who have suffered or are likely to suffer significant harm as a result of abuse or neglect.</p> <p>This will include children at high risk of sexual and criminal exploitation and also those at high risk of female genital mutilation (FGM)</p> <p>Children with significant impairment of function/learning and/or life limiting illness</p> <p>Children whose parents and wider family are unable to care for them</p> <p>Families involved in crime/misuse of drugs or domestic abuse at a significant level</p> <p>Families with significant mental or physical health needs</p>	<p>Children social care, youth offending service</p> <p>Criminal justice system, level 3 and 4 CAMHS In-patient and continuing health care Fostering and residential care</p> <p>Health care for children with life limiting illness</p> <p>Services for children with profound and enduring disability</p> <p>Referrals have to be made to services with the power to undertake statutory non- voluntary intervention and services with specialist skills</p>	<p>Children and/or family members are likely to suffer significant harm/ removal from home/ serious and lasting impairment without the intervention of specialist services, very often using their statutory powers</p>

7. Children in special circumstances

Children with special educational needs (SEND) and/or disabilities

All early years settings and schools have a special educational needs coordinator (SENCO) or inclusion manager. It is their responsibility to coordinate support for children in their setting and to liaise with other professionals to ensure children's needs are met and set out in a plan if that is required.



All schools receive additional funding to enable them to set up a range of provision to meet children's special educational needs. Colleges and other higher education settings have the same responsibility towards any young people up to the age of 25 with a special educational need or disability and who attends their provision.

A statutory assessment of education, health and care is a coordinated multi-disciplinary assessment carried out for children, young people aged 0-25 with severe and complex special educational needs which cannot be met through reasonable adjustments within the school alone. The assessment is conducted with the Children and Families Act 2014. The coordinated assessment determines whether an Education, Health and Care (EHC) plan is needed. An EHC plan is a legal document setting out the education, health and care needs of the child, the outcomes expected, and the education, health and care provision required to achieve those outcomes. EHC plans replace statements of special educational needs (SEN) and learning difficulty assessments. For more information about special educational needs and disability support in Croydon please visit [Croydon's Local Offer of Special Needs](#)

Referrals about children with a disability including those who also have a statement of SEN or EHC plan follow the same path as any other set out in this guide. If any person has concerns about the safety and/or welfare of a child, they should in the first instance contact their own safeguarding lead and then where appropriate make a referral to Croydon's SPOC. If the concerns are about a child who is already known to and has an allocated social worker in the children with disability service, then contact the allocated worker directly to share your concerns. For children, who have a disability or special educational need and who do not have an allocated social worker; the referral will be managed in the usual way through the SPOC. The London Safeguarding Children Board guidance on children with disabilities (CWD) can be found at [London Safeguarding Children Board CWD Guidance](#) and should be read in conjunction with this guidance.

Young Carers

Young Carers are children who have daily care responsibilities for a family member with a disability (physical or mental), long term illness or who misuse substances.

These children are particularly vulnerable often because the extent of their caring responsibilities are rarely known in full. In addition, some families are frightened of the consequences of professional intervention, fearing that their children may be removed or families separated. Many children will not even tell a teacher or a friend that they are caring for someone else within their family.



Being a young carer can have a profound effect on the life of a child. Their health might be affected due to lack of sleep or the volume of household chores and intensity of physical care they have to provide. Young carers can also face challenges in respect of their education and social and emotional wellbeing. Their lives outside of school may be different to their peers and they may feel lonely and isolated and in some cases suffer verbal bullying and abuse at school.

In Croydon, the local authority has a commissioned partner, Off the Record, who provides the Young Carers Project who identify and support young carers.

If a referral is made to children's social care, the question as to whether a child is a young carer is always asked. When children are identified as young carers, they are automatically referred to Off the Record who will undertake an assessment of their needs.

The London Safeguarding Children Board (SCB) guidance on young carers can be found at [London SCB Young Carers](#) and should be read in conjunction with this guidance.

Assessments will ascertain why a child is caring and what needs to change in order to prevent them from having excessive or inappropriate caring responsibilities which could impact adversely on their wellbeing, education or social and emotional development. This duty of care has been adopted in addition to responsibilities placed on the local authority set out in the Children Act 1989 and amended by the Children and Families Act 2014.

Any professional who comes into contact with a young carer should offer them and their family the opportunity of having an assessment through Off the Record. If there are immediate concerns about the safety and/or wellbeing of a young carer, professionals should make a referral to SPOC who will give advice and progress the referral appropriately.

Children involved in the youth justice system and serious violence

Children and young people involved in the youth justice system will be known to the Youth Offending Service (YOS) who undertake a range of work to reduce the risk of these young people reoffending.

The team undertake specialist assessments in relation to the young people referred from the courts, police or other agencies. As part of their work, they will enquire as to whether the young person or their family is known to children social care. They will also consider whether the child has specific needs in relation to their safety, welfare and education. If during their work with a young person it becomes known or suspected that they have suffered abuse or neglect or are at risk of harm or further harm, they will make a referral to children social care through the SPOC.

The assessment undertaken by the YOS also addresses the young person's education, training and employment status and any special educational needs. The YOS teams will liaise with colleagues in schools, colleges and the SEN team where appropriate.



There is a local memorandum of understanding for education providers and the local authority to ensure that children and young people who are known to have been involved in sexually harmful behaviour are able to exercise their legal entitlement to education. Its wider purpose is to set out the expectations that the child protection and safeguarding procedures for all pupils are robust, effective and operated in accordance with the statutory guidance updated by the government in September 2016. [Keeping Safe in Education](#)

Youth violence, serious or otherwise, may be a function of gang activity. However, it could equally represent the behaviour of a child acting individually in response to his or her particular history and circumstances. The metropolitan police service defines serious youth violence as 'any offence of the most serious violence or weapon enabled crime, where the victim is aged 1 – 19' (i.e. murder, manslaughter, rape, wounding with intent and causing grievous bodily harm). Youth violence is defined in the same way but also includes assault with injury offences.

The factors which influence a child's propensity to initiate violence may include parenting that is cold or uncaring, non-nurturing, neglectful, characterised by harsh discipline, maltreatment, such as physical or sexual abuse in childhood and/or trauma such as domestic abuse. Many parents are aware of the widespread perception that gang related behaviour or membership is product of poor parenting and they often know the solution lies in assuming responsibility for their children. However, they may feel unable either to control or to protect their children, in which case, professional engagement is inevitable and necessary. The London Safeguarding Board Children Board guidance on safeguarding children affected by gang activity/serious youth violence can be found at [London SCB guidance on gang activity](#) and should be read in conjunction with this advice.

Children who go missing from care, home and education

Children who are missing even for a short period can be vulnerable to significant harm. Children who go missing are often at higher risk of or are already being sexually or criminally exploited. In the case of children who are looked after, this is especially concerning and every agency involved must do all they can to prevent and protect children from such exploitation. Looked after children who are missing will therefore be afforded the highest child protection priority by both children social care and the local police.

A child missing from school or education is also an issue of concern and potential risk. In addition to the impact on academic achievement and development, all professionals should consider other risk factors such as a potential forced marriage or planned female genital mutilation (FGM) which may be influencing the absence from school. If any professional is concerned about a child missing from school, care or education, they should use this guidance as advice and discuss their concerns with their designated safeguarding lead within their school/education setting in the first instance. Following this, where appropriate, make a referral to SPOC or seek consultation from SPOC if needed. The London Safeguarding Children Board guidance on missing from care, home and education can be found at [London SCB Guidance children missing](#) and should be read in conjunction with local guidance.



Children at risk of sexual exploitation or who have been exploited

Child sexual exploitation (CSE) involves abusive situations, contexts and relationships whereby a child or someone close to them receives a 'reward' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, money, gifts) in exchange for performing sexual acts. There is an established link between children who are regularly missing and sexual exploitation. The abuse can occur through the use of technology including social media, without the child's immediate recognition (e.g. persuaded to post sexual images on the internet/mobile phones).

Violence, coercion and intimidation are common aspects of CSE. Often the child does not recognise the coercive nature of an exploitative relationship and does not see themselves as a victim of exploitation. They might believe their abuser is in a genuine relationship with them and loves them. They may be unwilling to say anything that could find the abuser in trouble or cause them to become angry, thereby threatening the continued relationship. In some situations, including those where gangs are involved, there may be a belief that the abuse is 'normal' and a 'rite of passage'. Girls and young women related to or connected with male gang members may be especially vulnerable to sexual violence and exploitation.

If any professional in Croydon has concerns about the sexual or criminal exploitation of a child or young person, they should speak immediately to their designated safeguarding lead and, where appropriate, make a referral to SPOC and ensure that you include the completed Child Exploitation Screening tool [Croydon Child Exploitation Screening Tool](#) with the referral to SPOC. The London Safeguarding Children Board guidance Safeguarding Children from Sexual Exploitation can be found at [London SCB Safeguarding Children from Sexual Exploitation](#). CSE guidance and procedures for Croydon can be found at [Croydon SCB CSE-Referral-Guidance](#) and should be read in conjunction with this document.

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

Female genital mutilation is child abuse and constitutes significant harm. Child protection procedures should be followed when there are concerns that a girl is at risk of, or is already the victim of, FGM. FGM comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. It is important to note that the procedure has no health benefits.

FGM has been classified by the world health organisation into four types:

- Type 1: circumcision - partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris)
- Type 2: excision (clitoridectomy) - partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina)

- Type 3: infibulation (also called pharaonic circumcision) -this is the most severe form of female genital mutilation. Infibulation often (but not always) involves the complete removal of the clitoris, together with the labia minora and at least the anterior two-thirds and often the whole of the medial part of the labia majora. The vaginal opening is narrowed through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia
- Type 4: unclassified - all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterizing the genital area. It is likely that 'labia elongation' would come under the definition of type 4 FGM.



FGM is prevalent in 28 African countries as well as parts of the Middle East and Asia. It is estimated that over 20,000 girls under the age of 15 are at high risk of FGM in the UK each year and that 66,000 women in the UK are living with the consequences, although the true extent is unknown due to the hidden nature of the crime.

Under the Female Genital Mutilation Act 2003, it is an offence to carry out FGM of any kind in the UK or for a UK national or permanent UK resident to assist in the carrying out of FGM abroad. It is also an offence to assist any female to carry out FGM on herself either in the UK or abroad. **The Mandatory Reporting of FGM Duty came into force on 31st October 2015. This duty requires regulated health and social care professionals and teachers in England and Wales to personally report to the Police when she/he has either been told by a girl that she has had FGM or has observed a physical sign appearing to show that a girl has had FGM.** In all other cases, where FGM is suspected or a girl is thought to be at risk, professionals should follow the child protection procedures set out in the main body of this document.

The age at which girls undergo FGM varies according to their community and culture. The procedure may be carried out when the girl is newborn, during childhood or adolescence, just before marriage or during the first pregnancy. However, in the majority of cases, the mutilation is thought to take place between the ages of five and eight years. Girls of school age who are subjected to FGM overseas are thought to be taken abroad at the start of the school holidays, particularly in the summer holidays, in order for there to be sufficient time for recovery before the new term.

Professionals who have daily contact with children and their families are best placed to raise awareness of the problem and to ensure that families are aware that FGM is illegal at any age and that the authorities are actively tackling the issue. It is not a personal choice – it is an illegal act with serious consequences. This awareness may deter families from having the mutilation performed on their children. The London safeguarding children board guidance on safeguarding children at risk of abuse through FGM can be found at [London SCB Guidance on safeguarding children at risk of abuse through FGM](#) and should be read in conjunction with this guidance.

Children at risk of radicalisation and exposure to extremist ideology

Children at risk of harm as a result of involvement or potential involvement in extremist activity should be referred to the SPOC who will advise and/or progress according to the risk of harm identified to the child or young person. If the child/young person is at immediate risk of harm, the matter should be reported to the police straight away.



Children and young people can be radicalised in different ways. They can be groomed either online or in person by people seeking to draw them into extremist activity. Older children or young people might be radicalised over the internet or through the influence of their peer network – in this instance their parents might not know about this or feel powerless to stop their child's radicalisation. Children and young people can also be groomed by family members who hold harmful, extreme beliefs; this includes parents/carers and siblings who live with the child and/or person(s) who live outside the family home but who have an influence over the child's life. They may be exposed to violent, anti-social, extremist imagery, rhetoric and writings which can lead to the development of a distorted world view in which extremist ideology seems reasonable.

A common feature of radicalisation is that the child or young person does not recognise the exploitative nature of what is happening and does not see themselves as a victim of grooming or exploitation. The harm children and young people can experience ranges from a child adopting or complying with extreme views which limits their social interaction and full engagement with their education, to young children being taken to war zones and older children being groomed for involvement in violence. Radicalisation happens when people come to support extreme ideologies based on the teachings of political, social and religious groups. In some cases, those with extremist views will specifically target children because they believe them to be more impressionable and willing to follow their teachings. A child may be more willing to join an extreme group because it may give them a sense of identity and 'belonging'. It is important to recognise the early signs of radicalisation in order to agree the best and most effective support to protect and help the child or young person. This will mean working together with parents/ carers and the child's school. Advice around specific cases can be provided by local 'Prevent' leads, local authority Prevent coordinators or police Prevent officers. The names and contact details of these professionals can be obtained from Croydon Council website [Croydon Counter Terrorism & Prevent Strategy](#).

The London Safeguarding Children Board guidance on safeguarding children exposed to extremist ideology can be found at [London SCB Guidance on safeguarding children exposed to Extremist Ideology](#) and should be read in conjunction with this guidance.

Private fostering

A private fostering arrangement is one that is made privately by parents (that is to say without the involvement of a local authority) for the care of a child under the age of 16 (under 18, if the child is disabled) and by someone other than a parent or close relative with the intention that it should last for 28 days or more.

Private foster carers may be members of the child's extended family, such as a cousin or great aunt. A person who is recognised as a close relative under the Children Act 1989 i.e. a grandparent, brother, sister, uncle or aunt (whether of full or half blood or by marriage) or stepparent is not considered to be a private foster carer.



A private foster carer may be a friend of the family, the parent of a friend of the child or someone previously unknown to the child's family who is willing to privately foster a child. The period for which the child is cared for and accommodated by the private foster carer should be continuous (although an occasional short break would not constitute a break in continuity). Local authorities do not formally approve or register private foster carers. However, it is their duty to ensure that they are satisfied the welfare of children who are privately fostered is being satisfactorily safeguarded and promoted. Private foster carers and those with parental responsibility are required to notify the local authority of their intention to privately foster or to have a child privately fostered or where a child has been privately fostered in an emergency.

Private fostering includes:

- Children living with a friend, or the family of girlfriend/ boyfriend
- Children who have come to the country for medical treatment, exchange holidays or language courses
- Children being cared for while a parent is in prison or hospital.

Professionals who work with children often come across private fostering arrangements as part of their day-to-day work. **If any professional in Croydon identifies a private fostering arrangement as described, they should contact the SPOC directly.**

When the local authority becomes aware of a privately fostered child, it has a duty to assess the suitability of the arrangement and to make regular visits to the child and the private foster carer. Children should be seen alone unless this is inappropriate and the parent should also be visited where possible. Contact with the parent should always be made. All children who are privately fostered will be given the contact details of the social worker who will be visiting him/her while s/he is being privately fostered.

The Children (Private Arrangements for Fostering) Regulations 2005 and the amended s67 of the Children Act 1989 strengthens the duties upon local authorities in relation to private fostering by requiring them to:

- Satisfy themselves that the welfare of children who are privately fostered within their area is being satisfactorily safeguarded and promoted
- Ensure that such advice as appears to be required is given to private foster carers
- Visit privately fostered children at regular six weekly intervals in the first year and 12 weekly in subsequent years
- Satisfy themselves as to the suitability of the private foster carer, and the private foster carer's household and accommodation. The local authority has the power to impose requirements on the foster carer or, if there are serious concerns about the arrangement, to prohibit it

- Promote awareness in the local authority area of the requirement to notify, advertise services to private foster carers and ensure that relevant advice is given to privately fostered children and their carers
- Monitor their own compliance with all the duties and functions in relation to private fostering, and to appoint an officer for this purpose.



The London safeguarding children board procedures on private fostering can be found at [London SCB procedures on private fostering](#) and should be read in conjunction with this guidance.

8. Access to level 2 services – additional

Practitioners are expected to work together to meet the child or young person's additional needs and they may need to engage with other services to do so.

Practitioners should access services at *Level 2 -Additional* using their own service specific request form/letter. The Croydon multi-agency referral form, which is currently under review, has been developed for use when professionals think that a child and/or family need intensive or specialist help. The request form/letter should have the consent section completed (which parents should sign to give consent to the request for service and to information sharing).

We should also ask young people who demonstrate Fraser competency especially those aged over 15, to give their consent. Fraser competence is a term used to describe a child under 16 who is considered to be of sufficient age and understanding to be competent to receive contraceptive advice without parental consent or knowledge. It is a narrower definition than the Gillick competence which often refers to children being capable of giving consent to other matters requiring their decision.

The family wellbeing assessment is led by a lead professional within the professional network and is used to discuss and record the family's views, their needs, strengths and the goals that they identify, leading to the production of an outcome based plan to support them.

Where the difficulties or needs are more complex, or intervention under level 2 has not achieved the desired outcomes and concerns remain for the child, practitioners should consider making a referral through SPOC with the family, for the Croydon Best Start Family Solutions service (intensive early help level 3).

Single Point of Contact (SPOC) including the Multi-Agency Safeguarding Hub (MASH)

The SPOC is a multi-agency professional team, based at Bernard Weatherill House, Mint Walk, Croydon that has capacity to share information and to use that information appropriately to consider the risk of harm to children, young people and families. Children social care, the police, health, housing, education, Family Justice Centre (FJC), early help, probation and youth offending information can be shared as appropriate. These services are co-located as part of a multi-professional team to ensure that the best possible analysis is made following a referral to SPOC to maximise the opportunities locally to make the right response. The level of information sharing by SPOC professionals is proportionate to the level of risk/uncertainty/harm that is suspected or known.



The SPOC in Croydon will, where required and after advice and guidance has been sought from your own organisation designated safeguarding lead, offer advice, guidance and support about help for families who have additional and intensive needs (levels 2 and 3) because often this is best clarified through regular discussion and review to make the best decision.

9. Access to level 3 services – Intensive

Prior to requesting services at level 3, **Intensive**, practitioners are expected to have worked together to meet the **Additional** needs of the child and their family.

Where practitioners identify that a child and their family would benefit from a more intensive multi-disciplinary response than they can provide, they should discuss this with the family and **complete the Croydon multi-agency referral form**. The referral should be sent to the SPOC, who will decide on the best response and where deemed appropriate pass the referral to the locality Best Start Family Solutions service team or other appropriate level 3 service.

Full details can be found at: [SPOC Safeguarding Referral Form](#) and then following links for *concerned about a child*

Email: childreferrals@croydon.gov.uk

Telephone: 0208 726 6400 or 0208 020 8255 2888 (when professionals concerned about a child's immediate safety)

Appendix 2 to this document shows the level 3 – Best Start Family Solutions Service in diagrammatic form.

A family wellbeing assessment (FWBA) will be used when there are concerns and/or issues within a family that have not been resolved by additional support from universal services or by referral to another agency.

The **family wellbeing assessment** is used when a shared and coordinated professional response and a more intensive engagement with the family is needed. The **Best Start Family Solutions service** will use this **assessment**, or build on an existing **assessment** as a means of identifying and recording their needs and the needs of each family member.



The **family wellbeing assessment** is designed to maximise engagement with children and their families who must consent to have help at this level. The assessment assists families to identify their own strengths and solutions, supporting them to tell their own stories in their own words and being central to planning, implementing and sustaining the changes they need to make.

Once the **family wellbeing assessment** is complete, a family wellbeing outcome based plan is developed with the family with clear goals, actions, timescales and review dates. The family keyworker will work with the child and their family and relevant partners to implement and review the plan.

The completed **family wellbeing assessment** remains the responsibility of the Best Start Family Solutions (FS) service locality team to retain, update and provide copies and access to the child, family and key partners. The **family wellbeing assessment and outcomes based plan** should be entered on the early help child's electronic record by the **FS service**.

A copy of the completed assessment and plan must always be given to all family members involved, including children and young people, age and understanding permitting.

Best Start Family Solution services and partners will work with children and their families for generally up to six months, with a first month review to monitor progress and a key review at three months to oversee the changes and progress.

The Best Start Family Solutions service supports families with the following difficulties:

- Families affected by domestic violence
- Families living with drug and alcohol misuse
- Families affected by parental mental ill health
- Families where children have previously been in need and in receipt of a more specialist service but continue to require further support at an intensive level of need
- Families living with a low level of neglect
- Families where a child or children are at risk of or have already been excluded from school.

The team includes professionals with a range of different professional backgrounds who will provide the family key worker role. Experienced children's services managers lead the locality teams supported by an experienced children's services service manager.

The early help electronic child record system in Croydon Council will hold a database of all the family wellbeing assessments that are undertaken for intensive need early help cases in the borough.

The SPOC functions as the **entry point into Best Start Family Solutions locality teams to ensure that the appropriate level of information is provided to enable the family key workers to engage quickly and effectively.**

The Best Start Family Solutions locality service is offered to children and their families on a voluntary and consensual basis where children and young people are unlikely to suffer significant harm. It is a strengths-based and solution-identifying service.



The thresholds against the continuum of need between early help at this level (intensive) and formal social work support (specialist) are critically important to review regularly.

The Best Start Family Solutions locality team managers and service manager are expected to focus on oversight and supervision to all cases with this level of need. This is the means by which we review and consider the safety of local arrangements. An audit framework is also in place to provide additional reassurance and the Head of Service and other senior leaders for Early Help and Children Social Care are also expected to carry out regular audits on the application of this threshold and the effectiveness of early support to families.

The family wellbeing assessment should not delay any action if a professional is concerned that a child is, or may be, suffering significant harm. In such cases the professional should make a referral to Croydon's SPOC, based at Bernard Weatherill House, Croydon.

Full details can be found at: [SPOC Safeguarding Referral Form](#) and then following links for *concerned about a child*.

Email: childreferrals@croydon.gov.uk

Telephone: 0208 726 6400 or 0208 020 8255 2888 (when professionals concerned about a child's immediate safety)

Where there is doubt about the most appropriate response, anyone concerned about the welfare of a child should consult with their own manager and/or designated safeguarding lead within their own organisation and, make a referral to SPOC or where they remain unsure, contact the SPOC and ask for a **consultation with a SPOC social worker**.

New referrals (including cases that are no longer open) should be made using [SPOC Safeguarding Referral Form](#)

Unless there is immediate risk of significant harm, the family should be consulted by the referrer and informed of the referral unless in so doing, the risk of harm or actual harm to a child would increase. The referrer can always ask to discuss their concerns with a qualified social worker in the SPOC if they are uncertain and before they make a referral on the above telephone number.



Children social care (CSC) has a responsibility to **children in need** under **section 17** of the Children Act 1989 Act. These are children whose development would be significantly impaired if services were not provided. This includes children who have a long lasting and substantial disability which limits their ability to carry out the tasks of daily living.

CSC engagement with children in need is on a voluntary basis. Parents, or young people who are **Fraser competent**, can refuse some or all such offers of assistance. Often families prefer a lower level of support such as that offered through their school or health centre because this is less stigmatising or intrusive. The family wellbeing assessments can be a useful way of engaging children in need and their families on a voluntary basis and many difficulties can be resolved this way. For children in need, referral to CSC is appropriate when more **substantial interventions are needed, where a child's development is being significantly impaired because of the impact of complex parental mental ill health, learning disability, substance misuse, or very challenging behaviour in the home**. A CSC referral is also appropriate where parents need practical support and respite at home because of a disabled child's complex care needs. In these situations CSC will work with families on a voluntary basis, often in partnership with other professionals, to improve the welfare of the children and to prevent difficulties escalating to a point where statutory child protection intervention is needed.

The second area of CSC responsibility is **child protection** – that is where CSC must make enquiries under section 47 of the Children Act 1989 to determine whether **a child is suffering or is likely to suffer significant harm**. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children.

There are no absolute criteria on which to rely when judging what constitutes **significant harm**. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, and the severity of the emotional and physical impact on the child. **It is important to consider age and context – babies and young children are particularly vulnerable and parental factors such as history of significant domestic violence, substance misuse or mental ill-health will always be significant in influencing the professional judgements that need to be made.**

Significant harm could occur where there is a single event, such as a violent assault or sexual abuse. More often, significant harm is identified when there have been a number of events which have compromised the child's physical and psychological wellbeing; for example, a child whose health and development is severely impaired through neglect.

Professionals in all agencies have a responsibility to refer a child to children social care when it is believed or suspected that the child:

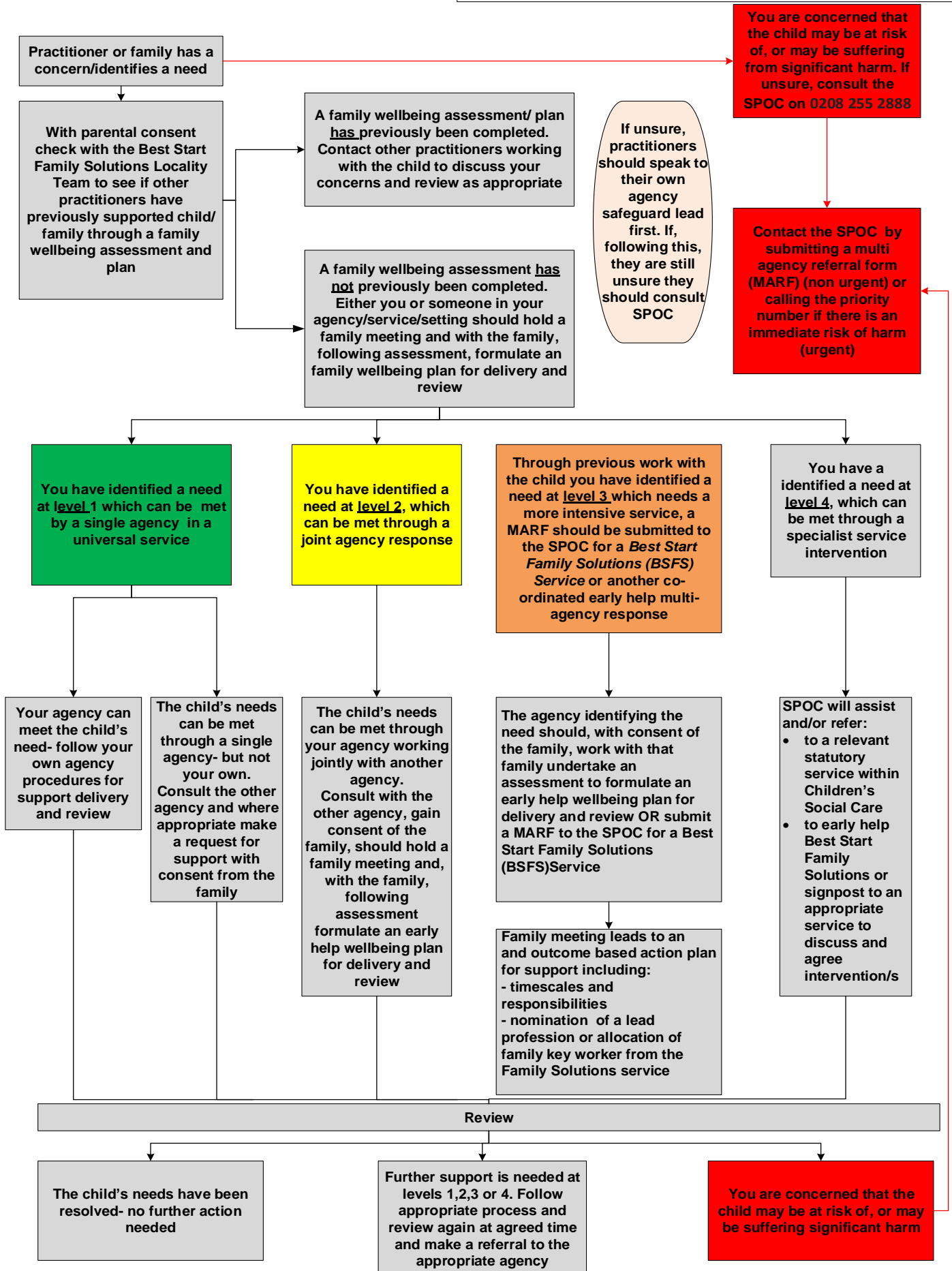
- Has suffered significant harm – child protection
- Is likely to suffer significant harm – child protection
- Has significant developmental or disability needs which are likely only to be met through provision of CSC family support and disability services (with agreement of the child's parent) – children in need.

Additional information or concerns on open cases should be made to the allocated social worker (or in their absence the manager or the duty social worker).

When CSC undertakes a section 47 child protection enquiry, the [London Child Protection Procedures](#) are followed.

Effective support at a glance

Call 020 8726 6400 for non urgent queries or the Croydon Single Point of Contact (SPOC) on 0208 255 2888 for urgent child protection matters



10. Indicators of possible need

The indicators of possible need listed under each heading are an indication of the likely level of need. Only by talking to children and their family in more detail to explore the context and factors behind the need, will the practitioner be able to form a judgement as to the level of support needed. The indicators are a guide and not a pre- determined level of response.

Level 1 - Universal needs

Children and young people who make good overall progressing most areas of development and receive appropriate universal service, such as health care and education. They may also use leisure and play facilities, housing or voluntary sector services

Development needs of Child/Young Person

Education and Learning needs	Health needs
<ul style="list-style-type: none"> • Enjoys and participates in learning activities • Access to books, toys and age appropriate learning • Good links between home and school • Has experiences of success and achievement • Planning for career and adult life 	<ul style="list-style-type: none"> • Health needs being met • No worries regarding diet and nutrition • Good enough hygiene • Developmental and health checks / immunisations up to date • Developmental milestones appropriate • Safe and age appropriate sexual activity
Emotional Health & Behaviour Needs	Family and parenting needs
<ul style="list-style-type: none"> • Good quality early attachments • Able to adapt to change • Able to understand others' feelings • Takes responsibility for behaviour • Responds appropriately to boundaries and constructive guidance • Can differentiate between safe and unsafe contacts • Age appropriate clothing and appearance • Age appropriate self-care skills shown • Demonstrates resilience • Good emotional wellbeing 	<ul style="list-style-type: none"> • Shows warm regard, praise and encouragement • Ensures stable relationships • Ensures the child can develop a sense of right and wrong • Good relationships within family, including when parents are separated • Support provided by wider family • Stable and affectionate relationships with family • Is able to make and maintain friendships • Provides for child's physical needs, e.g. food, drink, appropriate clothing, hygiene, medical and dental care • Accommodation has basic amenities and appropriate facilities and can meet family needs • Budget adequate to meet needs • Protected from danger or significant harm • The family feels part of the community and are able to access local services and amenities • Regular employment

Level 2 - Additional needs

Children and young people who require extra support to meet their needs. A single universal service or two services are likely to be involved. These services should work together. There is no need for intensive or specialist services

Development needs of child and young person

Education and Learning needs	Health needs
<ul style="list-style-type: none"> • Has some identified learning needs or disability or receives Special Educational Needs (SEN) support in nursery/school, and the barriers to the child/young person engaging fully in the education setting require a family approach • Language and communication difficulties • Patterns of regular school absences • Low motivation to engage in learning • Not reaching educational development potential • Physical disability needs requiring targeted support • Some fixed term exclusions • Not in education, employment or training post 16 	<ul style="list-style-type: none"> • Emerging worries regarding diet/hygiene/clothing • Defaulting on immunisations/development checks/health/dental appointments • Slow in reaching developmental milestones • Emerging worries regarding substance misuse

Emotional Health & Behaviour Needs	Family and parenting needs
<ul style="list-style-type: none"> • Some difficulties with family or peer group relationships • Some insecurities around identity expressed • Finds managing change difficult • Can behave in an anti-social way e.g. minor offending • Can be over friendly or withdrawn or not aware of risk • Change in communication leading to a more guarded/secretive self • May be engaged in bullying behaviour • Victim of crime or bullying • Not always adequate self-care e.g. poor hygiene • Slow to develop age appropriate self-care skills eg. age inappropriate clothing and appearance • Disability limits amount of self-care possible • Experienced loss of significant adult or family member • Low self esteem • Moderate depression, anxiety, self-esteem or confidence issues • Moderate stress • Moderate health anxiety • Moderate Post-traumatic stress disorder and/or obsessive compulsive disorder • Moderate anger management • Moderate mental ill health issues emerging e.g. regular self-harm, eating disorders 	<ul style="list-style-type: none"> • Basic care is not provided consistently • Parent/Carer requires advice on parenting issues • Young, inexperienced parents inconsistent responses to child/young person by parent/carer • Starting to show difficulties with attachments • Child/young person spends considerable time alone • Rarely exposed to new experiences • Taking on a caring role for parent/carer or may look after younger siblings • Parent has physical or mental health difficulties • Parental stress starting to affect ability to ensure child's safety • Domestic abuse with the potential for emotional impact on child/ren • Multiple changes of address • Limited support from extended family and friends • Family seeking asylum or are refugees e.g. no access to public funds • Poor state of repair, temporary or overcrowded or unsafe housing • Intentionally homeless • Poor parental engagement with services • Parent/carer requires advice on parenting issues • Parents own emotional needs beginning to impact on child's wellbeing • Teenage pregnancy • Some exposure to dangerous situations in home/community • Lack of emotional warmth • Unable to develop other positive relationships • Parent/carer offers inconsistent boundaries • Lack of routine in the home • Lack of positive role models or existence of significant others who are poor role models • Parents struggling to have their own emotional needs met • Family new to area • Some social exclusion or conflict experiences • Limited access to universal resources or community facilities • Periods of unemployment of parent/carer • Financial/debt problems

Level 3 - Intensive needs

Vulnerable children, including those who have a disability, children and young people whose needs are more complex. This refers to the range, stage and depth of needs. A number of these indicators would need to be present to indicate need at this level. More than one service is likely to become involved and the Best Start Family Solutions service become involved, and a family keyworker allocated to work alongside the family, undertaking a family wellbeing assessment and ensuring help from other professionals.

For a child with complex disability, the special need and disability service would become involved. Support at this level will be accessed through the SPOC using the referral form.

Development needs of child and young person

Education and Learning needs	Health needs
<ul style="list-style-type: none"> • Consistently poor nursery/school attendance and punctuality • Not in Education (Under 16) • Has identified Special Educational Needs and Disability requiring both additional support and the involvement of outside agencies, and the barriers to the child/young person engaging fully in the education setting require a family approach • Young person aged 14 and over with identified SEND who require both additional support and the involvement of outside agencies, where planning for independence in adulthood has not started • Not achieving Key Stage benchmarks due to parental care School attendance below 90% • Greater of or equal to 3 fixed term exclusions or greater than 15 days excluded in any one year • Permanently excluded from school 	<ul style="list-style-type: none"> • Health/dental worries not accepted or addressed –treatment not being sought/adhered to • Multiple health problems/disability • Consistently missing required health appointments • Overweight/underweight where no organic cause • Regular substance misuse including drugs/alcohol • Developmental milestones not being met • Self-harming behaviours

• Emotional Health & Behaviour Needs	Family and parenting needs
<ul style="list-style-type: none"> • Persistent disruptive/challenging/ criminal behaviour • Exhibiting extremist language/ behaviour/aligned to a gang • Sexualised behaviour • Risky sexual behaviour • May be at risk of being groomed for sexual exploitation • Missing from home or change in behaviour/routine suggesting development of inappropriate relationship • Child lacks a sense of safety and often puts him/herself in danger • Unable to demonstrate empathy • Experiences of persistent discrimination e.g. ethnicity, sexual orientation or disability • Poor self-care for age • Disability prevents self-care in a significant range of tasks • Very poor self-esteem • Difficulty in coping with anger/ frustration and upset • Child/young person demonstrates thoughts, behaviours, distress and/ or impact on functioning that may be consistent with a (working) diagnosis, and treatment is focused on achieving short/medium term psycho-social goals. • Without treatment or intervention the child/young person would require a more intensive level of care 	<ul style="list-style-type: none"> • Receives erratic/inconsistent poor quality care • Parental capacity affects ability to nurture • Absence of positive relationships • Parent in prison • Not receiving positive stimulation • Difficult to engage parents/carers – reject advice/support • Parent continually struggling to provide care • Professionals concerned basic care will not be provided • Parents mental health problems or substance misuse affects care of child/young person • Parents perceive child's safety outside the home to be a real problem • Neglect identified • Unsafe situations e.g. criminal activity, drugs, alcohol • Incidents of domestic abuse with impact on victim and children • Family has serious physical/ mental health difficulties • Drug use or alcohol dependency by parent/carers • Poor relationship/little communication with wider family • Vulnerable accommodation e.g. friend's house • Parents struggle to engage to set effective boundaries • Young person is carer for family member • Lack of basic skills or long term substance misuse hinders parents employability • Chronic unemployment that is affecting family • Serious debts/poverty impact on ability to meet basic needs • Parents socially excluded • Community are hostile to family

Level 4 - Specialist needs

Children, young people and families whose needs are complex and enduring and cross many domains. More than one service is usually involved on a statutory basis with qualified social workers as the lead professional. It is usually the local authority's children social care service who act as the lead agency

Development needs of child and young person

Education and Learning needs	Health needs
<ul style="list-style-type: none"> Where Education, Health and Care (EHC) Assessment requires social care involvement and where reviews of EHC Plans should be synchronised with social care plans. Persistent school refusal if in conjunction with other complex and significant needs 	<ul style="list-style-type: none"> Severe/chronic health problems, developmental delay or disability where treatment not being sought or adhered to* Persistent and high risk substance misuse Pregnancy or Sexually Transmitted Infection (STI) of a child under 13* Repeat dental extraction under general anaesthetic (or multiple dental extractions) due to neglect Child significantly under/over weight
Emotional Health & Behaviour Needs	Family and parenting needs
<ul style="list-style-type: none"> Challenging/disruptive behaviour putting self or others in danger At significant risk or already being sexually exploited* Child at risk of trafficking* Child is at significant risk of gang affiliation and/or criminal exploitation* Harmful sexual behaviour Sexual activity child under 13* Inappropriate relationship with an adult Abusing other children Chronically socially isolated Frequently missing from home/ placement* Young person persistently running away or absconding Participates in extremist actions in language and behaviour* Serious or persistent offending behaviour Persistent poor and inappropriate self-presentation Significant impact of traumatic event Acute mental health problems e.g. severe depression; threat of suicide; psychotic episode Risk admission to psychiatric hospital Deterioration of mental health leading to risk to self and/or others 	<ul style="list-style-type: none"> Parents consistently unable to provide 'positive enough' parenting that is adequate and safe Previous children removed from parents care Domestic abuse in pregnancy* Regularly hungry, very unclean, clothing smells. Child abandonment* Any allegation of abuse or serious neglect or a suspicious injury in a pre or non-mobile child or a child with a disability* Persistent instability and violence in the home* Parent and/or child have significant involvement in crime Parents unable to keep child safe and secure A child at risk of female genital mutilation, honour based violence or forced marriage* Poor/harmful sibling relationships Involving a child in crime or significant anti-social behaviour Negative influence from family involved in drugs/crime/illegal activities Parent's mental health problems or substance misuse significantly affects care of child and/or pregnancy An individual with serious child related offences visiting/moving into a household with children*
*S47 strategy discussion required	*S47 strategy discussion required

Appendix 1

What happens when you make a referral to the local authority about a child?

Telephone calls to SPOC are received by children customer support workers. These customer support workers are not social workers, but are able to respond to queries, give information and signpost to other services as necessary. Such discussions do not constitute a consultation because these need to be undertaken with a social worker (see page 14 of this guidance). All calls/emails into the system are logged onto the child's electronic system as **contacts** (provided the call or referral does not relate to an open case, in which case, the details are recorded on open case notes and passed to the allocated worker).

Where a contact is potentially a child in need referral or a child protection referral (i.e. in need of intensive support and help), the SPOC/MASH will gather further information that day, having a duty to respond to the referrer within 24 hours to explain what is going to happen next.

Where the call or referral suggests that a child is at risk of immediate harm, the details will be passed to the assessment service for immediate action under the supervision of the service manager for the assessment service. The child will ALWAYS be seen on the same working day.

All contacts will be seen by a manager within one working day to decide a course of action. Next steps will include:

- Advice and information given
- Sign-posting to other help or targeted services, for example targeted youth or FJC (Domestic Abuse support) or the Best Start Family Solutions service or to the SPOC/MASH for further consideration, including a consultation between the caller and a qualified social worker where next steps are not immediately clear
- Held in the SPOC/MASH until the end of the next working day (at most) to gather more information
- Accepted as a referral and allocated to a social worker in the assessment service
- No further action.

The outcome of the enquiry will be fed back to the referrer within 24 hours as required in statutory guidance.

When a referral is accepted, it will usually be allocated to a social worker in the assessment service. In most cases a **children and families assessment** will be undertaken. This will include seeing the child alone (where age appropriate), **within 3 working days of the original referral (or as soon as in necessary in accordance with the presenting risk and uncertainty)**, meeting parents and carers, discussing concerns and gathering current and historical information from all relevant professionals to make a judgment about needs and risks in order to develop a plan or agree further actions to support the child.

During an assessment, UNLESS there are concerns that the child is at risk of harm or significant harm or has already been harmed AND the decision has been made that the nature of the assessment is that it is a child protection enquiry (section 47 of the Children

Act 1989), parental consent must always be sought, gained and recorded before seeking further information from other agencies as part of the assessment.

The outcome of an assessment may be the provision of advice or help from an existing service, a child in need plan, request for Best Start Family Solutions (intensive early help) to support the child/ family, or no further action. The outcome of the referral will be shared with the referrer and any agencies from whom information has been sought. Statutory guidance (see [Working Together 2018](#)) gives up to 45 working days for the completion of an assessment which allows for detailed information from other agencies and family members to be sought, detailed exploration into the family background to be carried out, and the needs of the children to be fully understood. In Croydon, the time an assessment takes is agreed at the start between a manager and practitioner. It will be wholly dependent upon the presenting risk and uncertainty, the family history and the judgement about the welfare and safety of the child or children at that time and be proportionate. **An assessment may lead to a child in need plan or other protective action as is deemed necessary.**

Whenever there are **child protection concerns**, a **‘section 47 (Children Act 1989) enquiry’** is undertaken. This involves liaison with the police and other agencies and will ALWAYS be started following a **strategy discussion**, often through a multi-disciplinary meeting, to decide and plan next steps.

An assessment of the child’s circumstances including risks and needs is undertaken following the strategy meeting. This may lead to a decision that there are no concerns, to a voluntary child in need plan, or to some form of statutory intervention often through an **initial child protection conference (which needs to take place within 15 working days of the initial strategy meeting)**.

If those in attendance at the child protection conference agree, a **child protection plan** is written and becomes the agreed working arrangement for everyone to protect the child. This includes the parents, carers and extended family. The child protection plan will make clear to the parents what changes they have to make to ensure the child does not suffer significant or further harm. The plan will also set out what will happen if the changes are not made. Should the circumstances of the child not improve or where further serious incidents occur, a decision may be made to apply to the court for **care proceedings**.

The first step in this process is usually to have a legal planning meeting and issue parents with a formal **public law outline (PLO) letter** stating what must improve to avoid care proceedings.

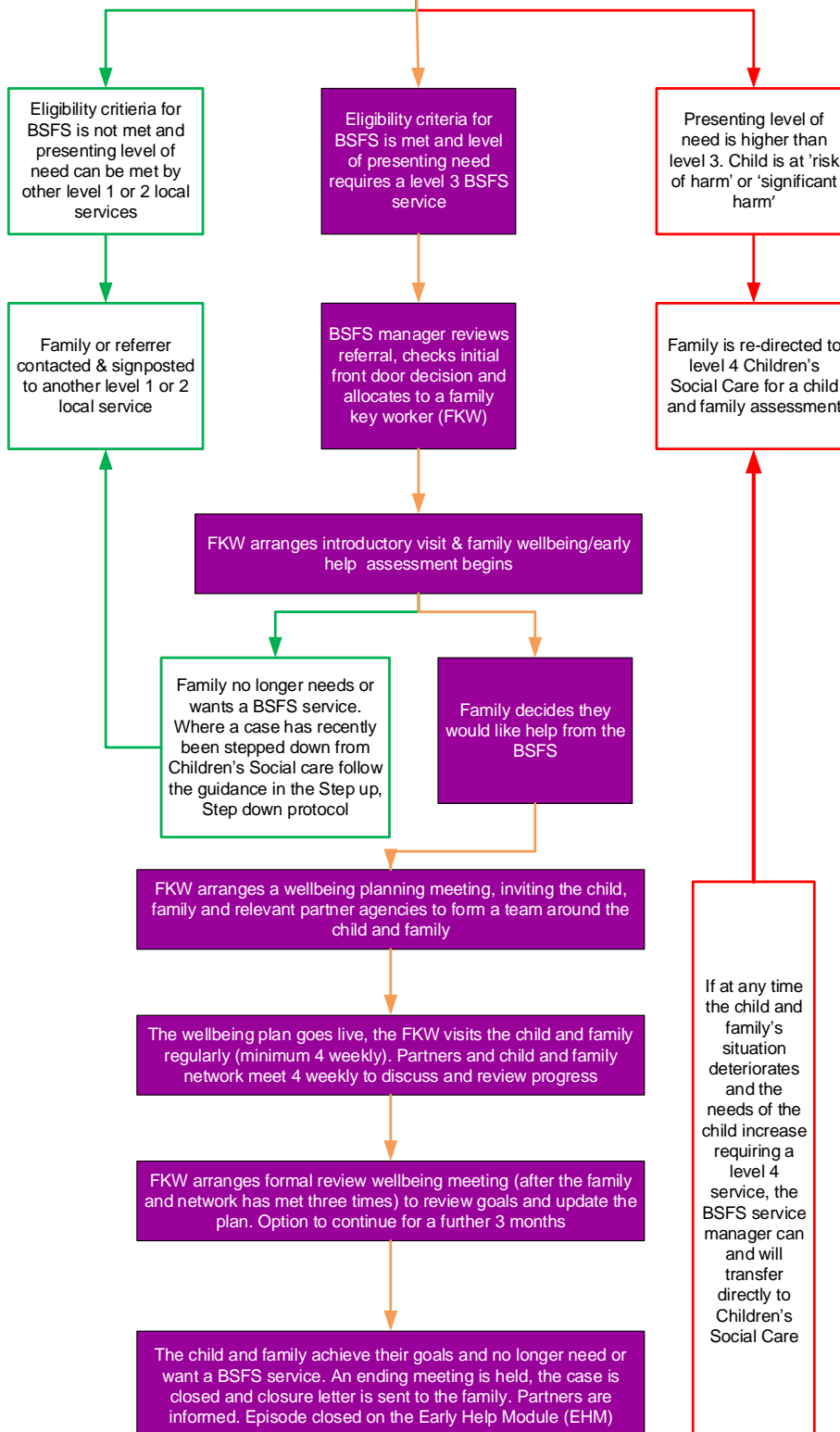
Once children’s social care and other specialist help have successfully reduced the risk of significant harm for the child, targeted and/or intensive services may be asked to continue to support the child and family through the **‘effective support’** processes already described.

Appendix 2- Best Start Family Solutions Service

Best Start Family Solutions Service- family wellbeing - level 3 intensive family support service

Front door- Single Point of Contact (SPOC)- receives a multi agency referral (MARF) for the Best Start Family Solution (BSFS) Service. The MARF (currently under review) is available at www.croydon.gov.uk, follow the link 'Concerned about a Croydon Child' in order to complete the online referral form.

SPOC makes a decision on next course of action within one working day.



*Presenting level of need is not higher than a level 3 BSFS and child is **not** 'in need or at 'risk of significant harm'*

Referral accepted by BSFS manager & allocated to key worker within 48 hours of receipt. Episode started on Early Help Module (EHM)

Introductory visit within 5 days of receipt of referral. Family wellbeing/early help assessment completed within 20 days of referral

Initial planning meeting held following first visit and within 5 days of start of family wellbeing/early help assessment. Assessment completes within 25 days of initial referral

Child (where appropriate), family and professionals receive a copy of the wellbeing assessment and plan within 5 days of the initial planning meeting

BSFS service aims to help children and families within a 6 month period. At the 3 month wellbeing formal review meeting, the timeframe for achieving goals & continuing help should be discussed and a further plan agreed for the second phase of support

Appendix 3: Legislation and Guidance

Legislation

[The Children Act 1989](#)

[The Children Act 2004](#)

[The Children and Families Act 2014](#)

[Children and Social Work Act 2017](#)

[Education Act 2002](#)

[Data Protection Act 2018](#)

Guidance

[Working Together Guidance 2018](#)

[Keeping Children Safe in Education](#)

[Gillick competence](#)

[Government advice on information sharing](#)

[Local Safeguarding Children's Board](#)

[Reducing Parental Conflict Hub](#)

[London Child Protection Procedures](#)