



**London Borough  
of Hounslow**

# **Children's Social Care**

## **Thresholds Guidance & Assessment Protocols**

**Statutory & Common Assessment Frameworks**

**LONDON BOROUGH OF HOUNSLOW CHILDREN'S SERVICES**  
**PROPOSED LOCAL THRESHOLDS GUIDANCE & ASSESSMENT**  
**PROTOCOL 2016 – 2020**

## **SECTION 1: INTRODUCTION**

### **1.1 Thresholds guidance & assessment protocol**

This document provides revised and up-dated guidance to determine local thresholds and an assessment protocol to assess and support children with additional needs, and their families.

The Local Safeguarding Children's Board (LSCB) and Hounslow Children's Services have agreed to publish a joint document that combines the LSCB thresholds guidance and Children's Services assessment protocol to clarify professional responsibilities and expectations and ensure that children and young people receive timely:

- Early help services to prevent problems escalating, and;
- Statutory services to safeguard and promote their welfare

This document is primarily targeted at professionals who come into contact with children and families and have a concern about a child's development, welfare or safety. Understanding and appreciating how local thresholds are applied will help professionals decide what to do and inform the action that they take. This will enable services to work well together and in the best interests of children and families.

It is expected that practice across all agencies within Hounslow is underpinned by the following two key principles;

- **safeguarding is everyone's responsibility:** for services to be effective each professional and organisation should play their full part, and;
- **a child-centred approach:** for services to be effective they should be based on a clear understanding of the needs and views of children.

### **1.2 Key Documents**

The protocols set out in this document are informed by the statutory and best practice guidance provided by the following documents:

- i. Working Together to Safeguard Children (2015)  
<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>
- ii. London Continuum of Need  
[http://www.londoncp.co.uk/files/revised\\_guidance\\_thresholds.pdf](http://www.londoncp.co.uk/files/revised_guidance_thresholds.pdf)
- iii. London Child Protection Procedures (5<sup>th</sup> Edition 2015)  
<http://www.londoncp.co.uk/>

- iv. What to do if you are worried a child is being abused: Advice for Practitioners (2015) <https://www.gov.uk/government/publications/what-to-do-if-youre-worried-a-child-is-being-abused--2>
- v. The Association of Chief Police Officers “Risk Principles”, which were adapted and referred to by the Munro Review (2011), are attached and marked Appendix 4.

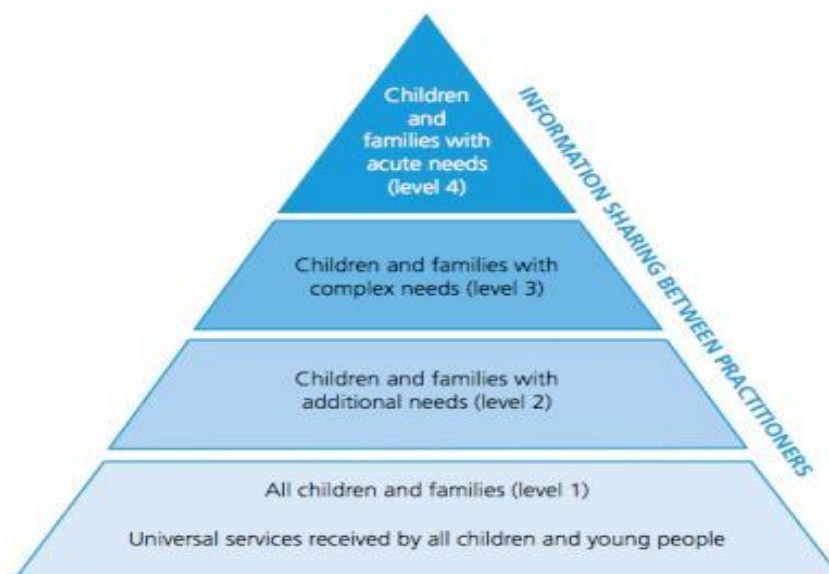
## SECTION 2 : THRESHOLD GUIDANCE

The Hounslow LSCB thresholds are aligned with the London Continuum of Need (2009), which can be accessed in full using the hyperlink above.

### 2.1 The continuum and levels of need

The continuum of need provides a conceptual model to help professionals identify and assess the most appropriate threshold of intervention and support for a particular child. It is intended to be used as guidance, not a prescriptive procedure, to support practitioners and managers to exercise sound professional judgement.

The four levels of need are outlined below:



## The Four Levels of Need

### *Tier 1: No additional needs*

These are children with no additional needs; all their health and developmental needs will be met by universal services. *These are children who consistently receive child focused care giving from their parents or carers.* The majority of children living in each local authority area require support from universal services alone.

### ***Tier 2: Early help***

These are children with additional needs, who may be vulnerable and showing early signs of abuse and/or neglect; their needs are not clear, not known or not being met. *These children may be subject to adult focused care giving.* This is the threshold for a multi-agency early help assessment to begin. These are children who require a lead professional for a co-ordinated approach to the provision of additional services such as family support services, parenting programmes and children's centres. These will be provided within universal or targeted services provision and do not include services from children's social care.

### ***Tier 3: Children with complex multiple needs***

These children require specialist services in order to achieve or maintain a satisfactory level of health or development or to prevent significant impairment of their health and development and/or who are disabled. They may require longer term intervention from specialist services. In some cases these children's needs may be secondary to the adults needs. This is the threshold for an assessment led by children's social care under Section 17, Children Act 1989 although the assessments and services required may come from a range of provision outside of children's social care.

### ***Tier 4: Children in acute need***

These children are suffering or are likely to suffer significant harm. This is the threshold for child protection. These children are likely to have already experienced adverse effects and to be suffering from poor outcomes. Their needs may not be considered by their parents. This tier also includes Tier 4 health services which are specialised services in residential, day patient or outpatient settings for children and adolescents with severe and /or complex health problems. This is likely to mean that they may be referred to children's social care under section 20, 47 or 31 of the Children Act 1989. This would also include those children remanded into custody and statutory youth offending services.

## **2.2 Changing needs**

Children's needs and circumstances often change over time and accordingly, children can, and do, move from one level of threshold to another. It is important therefore to ensure that professionals understand that "risk" and "need" are dynamic issues. When a child meets certain criteria within the context of the threshold this does not mean that they will stay at this level. Additionally, agencies and professionals, including universal services, may need to offer support at a number of different levels, subject to availability. Every professional working with a family needs to be mindful that they may be the only one having a significant level of contact with a child and therefore should not assume someone else will respond if something starts to go wrong.

## 2.3 Seeking advice

It is important to be clear about the purpose and intended outcome of a referral. It is always helpful to carefully consider the perceived levels of need to get a sense of where the best “fit” of services is likely to be. It will be useful to consult with colleagues when you have concerns about a child. When the concern is about risk of harm the agency’s named or designated lead for child protection should be contacted. Alternatively, a local authority children’s Child Protection Adviser can be contacted for advice.

## SECTION 3 : ASSESSMENT PROTOCOL

In accordance with Working Together (2015) the local authority, in consultation with partners and with agreement of the LSCB, have produced an assessment protocol which focuses on how cases will be managed once a notification on a child is received by Children’s Services.

### 3.1 Accessing Services

Within L.B.Hounslow there is a single front-door for accessing Early Intervention Services and statutory Social Care (Appendix 1 for contact details). Contact can be made by telephone at any time to discuss any potential issues of concern a professional may have for a child. However, **professionals should make a formal Referral for a service from either Early Intervention or Social Care through the revised Child & Family Assessment/ Notification (CFAN)**(Appendix 2) . This should be used where a child with additional needs may benefit from support and when a professional in any agency has a concern about a child’s needs not being met. A professional may be asked, and should be prepared if requested, to complete this form following a telephone discussion regarding their concerns for a child.

**This single form replaces BOTH the previous Early Help Assessment AND the Inter-Agency Referral Form.**

Upon receipt of any information relating to a child a decision is made using the Referral Pathway set out at Appendix 3. An informed decision is made as to the most appropriate outcome and the Child & Family Assessment/ Notification (CFAN) is designed to assist in that process, so professionals should always try to provide as much relevant information as possible. A decision is made to:

- i. Log the notification as information only, or signpost the family to another service
- ii. Progress as a Referral to the Early Intervention Service
- iii. Request MASH checks
- iv. Progress as a Referral to Children’s Social Care

### **3.2 Early Intervention**

All Notifications progressing to Early Intervention Services are screened by qualified Social Workers and consent for such an intervention has to be obtained before it can progress. Professionals should take the time to obtain this from families if using the CFAN form to access Early Intervention.

Early help is more effective in promoting the welfare of children than reacting later. Intervention at the early signs of difficulty helps to prevent the escalation of problems. Early help should be provided as soon as possible, which may be during the child's early years or when they become teenagers.

The use of the CFAN form to access Early Intervention Services will enable effective information sharing, avoid children and families having to re-tell their story, prevent repeated assessments and provide co-ordinated help to make the most efficient use of resources. The assessments should;

- Be completed by a Lead Professional who knows the child and family, can act as an advocate and be part of the integrated plan of support
- Be undertaken with the agreement of the child and their parents/ carers (with some limited exceptions) and should involve them
- Provide opportunities for professionals to quickly set out the issues of concern and identified strengths regarding the child's needs and the longer-term risks to the child of those needs not being met.
- Help to identify the most effective, evidence-based services. Details about the range and type of local early help provision can be accessed via the Family Information Service which is being developed to reflect the multi-agency offer of early help services.
- Be reviewed to ensure that the assessment and provision of services make real progress and prompt a step-up to local authority Children's Social Care whenever the assessment indicates a child has or is likely to suffer significant harm

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

The decision making Manager at the Front-door has access to the Multi-Agency Safeguarding Hub (MASH) to provide them with further relevant information if required.

Hounslow Children's Services operate a Multi-Agency Safeguarding Hub (MASH) in collaboration with the Metropolitan Police and other key safeguarding partners. The MASH is embedded within the Frontdoor to help maintain a specific focus on safeguarding and child welfare concerns. The MASH will inform and support operational teams by researching, interpreting and determining what information is proportionate and relevant to share.

MASH activity is undertaken on a highly confidential basis, collating practice knowledge and local intelligence held by MASH partners to build a picture that is shared on a "need to know" basis.

All notifications where there is uncertainty regarding the most appropriate response will be routed into the MASH. The MASH agencies will interrogate their respective database to pull out proportionate and relevant information to assist the Manager in their decision to route the referral to either Early Intervention or Children's Social Care.

All agencies contributing information within the MASH will aim to provide any relevant information to the MASH Manager within **24 hours** of the request. In the event any information checks are delayed the MASH Manager will make a decision regarding next steps as soon as the circumstances of the case, as they are known, dictate and in any event by no later than **72 hours** based upon the information available. Any decision made in the absence of any relevant information, must be reviewed in the event any such information is subsequently received beyond the 72 hour deadline.

### 3.4 Children's Social Care

In accordance with the Children Act 1989, local authorities are required to provide services for children in need in order to safeguard and promote their welfare. Local authority children's social care operate within a strict legal framework that dictates which cases must be accepted from referral and what services can be offered or provided to children, young people and families.

A local authority children's social worker leads and co-ordinates the assessment of the child's needs in order to determine what appropriate action to take and what services to provide.

The range of statutory assessments include:

- **Children in need of support** (section 17, Children Act 1989): A child is in need if they are unlikely to achieve or maintain a satisfactory level of health or development, or their health or development will be significantly impaired, without the provision of services. A child is also in need if s/he is disabled.
- **Children in need of protection** (section 47, Children Act 1989): Whenever concerns arise about a child being maltreated, the local authority children's social care must initiate enquiries to find out what is happening and whether protective action is necessary. The local authority, with other relevant organisations, have a duty to make enquiries when there is reasonable cause to suspect that a child is suffering, or is at risk of suffering, significant harm to decide what any action to safeguard and promote the child's welfare. This may include taking immediate protective action.

### 3.5 "In need" referral criteria

The decision about whether a child is eligible for an assessment or on-going service rests with the social care Duty Managers. The assessment of whether a child's needs fall within the "in need" eligibility criteria takes into account and is informed by:

- The age of the child

- The level of the child's need and the impact of the concern on the child's welfare and development
- The level of risk facing the child, currently and in the future, and any risk that they may pose to others
- The child and family's family and wider circumstances
- The level of support that is being provided, or may be provided, by other agencies and professionals
- The risk of deterioration if services are not provided
- The local authority's statutory responsibilities

### 3.6 Statutory single assessment process

The statutory assessment process is a dynamic and evolving process that aims to bring continuity and consistency for children and families. It is important that practice is responsive, maintains focus, makes progress and delivers improved outcomes for children and families.

The timeliness and quality of an assessment are critical elements in achieving good outcomes for children. The following section sets out the assessment timeframe, followed by the relevant practice guidance, when a child is referred into children's services:

- Within **24 hours** of a Notification being received at the Frontdoor a decision is made about the type of response that is required and what service is best placed to respond. We will aim to give an acknowledgement to the referrer.
- In the event it is felt that additional information is required to make a decision on the most appropriate response the MASH Manager will request that multi-agency checks are carried out by MASH partner agencies, as set out in Section 3.3.
- In relation to new Referrals, the Intake Teams are likely to follow up the majority of in-coming Social Care referrals for assessment, although other teams like the Children with Disabilities Team and the Youth Offending Service will assume assessment responsibility for children who meet their criteria
- Assessments will be proportionate and conducted at a pace that reflects the nature and level of need and risk indicated by the presenting referral circumstances. There are a range of assessment tools available to Social workers and they should carefully consider the most appropriate one given the circumstances of the case. For example the Quality of Care assessment tool is specifically geared towards exploring issues of Neglect.
- Action will be taken to see and communicate with children appearing to requiring protection as soon as practicable. Children will almost always



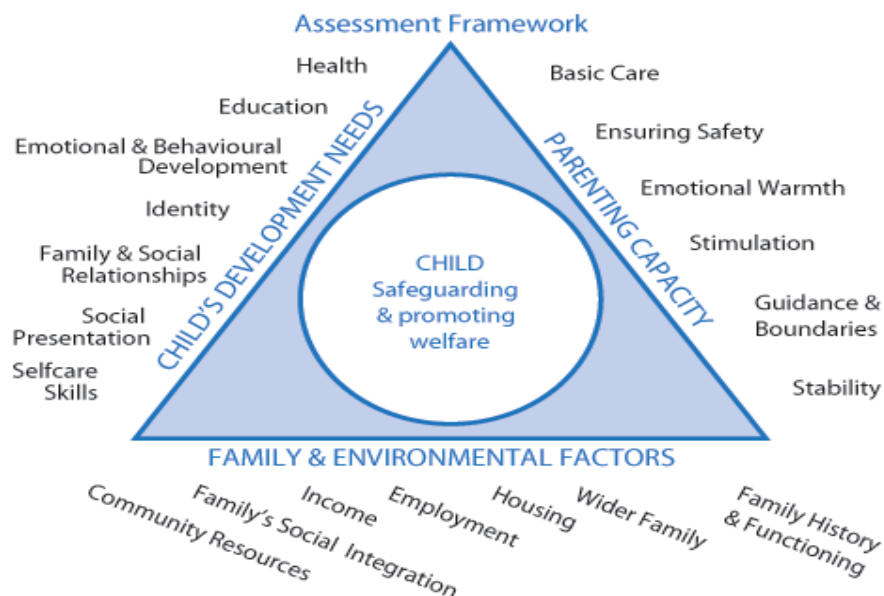
be seen as part of an assessment, and whenever possible they should be seen on their own

- The social worker will undertake any proportionate additional multi-agency checks, sharing relevant information and promoting effective collaborative working with key partners during the course of the assessment process
- Throughout the assessment process the Social Worker will consult with a manager who will bring challenge and support to critically reflect on the social worker's assumptions, analysis and professional judgements.
- Throughout the assessment process and at the conclusion decisions are taken regarding the most appropriate intervention. This may include a number of outcomes including a decision to access Early Intervention Services through either the Brokerage or Step-Down process, to proceed to an initial child protection conference, to pursue a further period of specialist assessment, provide Social Work support and intervention, transfer for follow up by another agency or close the case without taking any further action.
- Following a child protection assessment under S47, if a multi-agency initial child protection conference is required, this will be convened within **15 days** of the Strategy Discussion that triggered the investigation.
- All needs assessments will be progressed and completed within a maximum of **45 days**. If, following discussions with the child, their family and other professionals, an assessment exceeds 45 days the reasons will be recorded as to why this is necessary. It is intended that this will only be an exceptional arrangement.
- All assessments, support and intervention undertaken by the Intake Team should ideally be completed within a maximum of **3 months** at which point the case will be closed or transferred to the appropriate team with responsibility for future planning, monitoring and review arrangements.

### **3.7 Statutory assessment practice guidance**

A good assessment is one that investigates the child's developmental needs and the parent's capacity to meet those needs within the context of the family and other relevant environmental factors. The new Children & Family Assessment and Notification (CFAN) uses these Domains and is the starting point for a further in depth analysis of needs and risks using one of a range of comprehensive assessment tools.

The assessment triangle provides a conceptual model and places the child at the centre of the assessment process. The diagram below illustrates the assessment triangle and outlines the relevant dimensions for consideration within each of the 3 key domains:



- To ensure that children's views, wishes and feelings are taken into account, consideration will be given to the child's age, understanding and any particular communication needs, including the need to use an interpreter or signer where appropriate, to ensure that seeing and communicating with children is both meaningful and purposeful.
- Social workers will have appropriate skills, equipment and use of suitable venues to help engage and build a rapport with children in order to ascertain their views, wishes and feelings. For example, this will include the application of appropriate play skills and use of equipment and communication tools for undertaking direct work with children.
- As part of the consultation process with other professionals, social workers will obtain already completed assessment reports to build up a comprehensive picture of the child and family over time and establish a base line to help inform direct contact and communication with the child and family. This will inevitably help to broaden and extend the scope and impact of the current assessment. For example, this should include statements of special educational need and child and adolescent mental health assessment reports.
- Social workers will coordinate assessment activity with other professionals and agencies to streamline communication and activity with the child and family, avoid the potential for repetition and duplication and maximise the impact of available professional experience and expertise. A professional network meeting may be convened by the social worker to assist and support the exchange of information between agencies and other professionals and clarify service planning and coordination.
- Every assessment should focus on impact and outcomes. Where continued social care involvement is recommended there should be a

clear plan, outlining the services to be provided, actions to be undertaken, by whom and for what purpose. Outcomes should be measurable and plans should be reviewed regularly to make sure that satisfactory progress is being made.

- Assessment outcomes should be shared with parents and children where they are of sufficient age and understanding. Parents and children should be encouraged and supported to identify what kind of support will be most helpful to them and actively engaged in the planning process. Any conflicting perspectives should be noted and copies of completed assessment reports should be provided.

### **3.8 Recordkeeping**

Children's social care records are created and maintained on an electronic system called LCS, which provides a user data base, a workflow management system and a facility to manage performance activity reports.

Social Work practice needs to maximise the proportion of time spent undertaking direct work with children and families. However, any records made should be explicit about the evidence that focuses on;

- The child's needs and circumstances including any analysis of risk
- The impact of support and intervention provided to the child and his / her parents and family
- The positive outcomes that are achieved by the child and his / her parents and family
- The significance to the child's welfare of any specific event

Casework recording for children's social care, and indeed other agencies, will record decisions and information about a child's development so that progress can be monitored to ensure that the child's outcomes are improving. The effective use of Chronologies will greatly assist all professionals in this task.

### **3.9 Additionally vulnerable children**

The assessment process for some children will require additional care to ensure that their particular needs, circumstances and vulnerabilities are taken into account. It is particularly important that any other assessments that are underway are co-ordinated so that the child continues to be at the centre of the process and does not get lost between different agencies and procedures. More specifically this includes:

### **3.9a Children with a Mental Health diagnosis**

This is the threshold for a multi-agency early help assessment to begin and a lead professional to co-ordinate an approach to the provision of additional services, such as family and parenting support, and may include review of appropriate learning & education provision for the child.

Not all children with a mental health diagnosis are 'children in need'. However some individual children who meet the criteria below will need co-ordinated help from health, education and children's social care and therefore may be deemed to be Children in Need. Those who reach this threshold will be subject to an assessment of need under s17 Children Act 1989.

In the Children Act 1989 a child shall be taken to be 'in need 'if;

- They are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority.
- Their health or development is likely to be significantly impaired, or further impaired, without the provision for them of such services; or
- They are disabled.

"Development" means physical, intellectual, emotional, social or behavioral development; and

"Health" means physical or mental health.

### **3.9b Self-Harm & Suicidal Behaviour**

Any child or young person, who self-harms or expresses thoughts about this or about suicide, must be taken seriously and appropriate help and intervention, should be offered at the earliest point. Any practitioner, who is made aware that a child or young person has self-harmed, or is contemplating this or suicide, should talk with the child or young person without delay.

Pan London Child Protection Procedures, Part B Practice Guidance should be followed;

[http://www.londoncp.co.uk/chapters/self\\_harm\\_suic\\_behv.html](http://www.londoncp.co.uk/chapters/self_harm_suic_behv.html)

Children and young people presenting to the West Middlesex University Hospital having self-harmed or having self-harming / suicidal thoughts may be subject to a joint assessment undertaken by Children Adolescent Mental Health Services and Children's Social care.

### **3.9c Children Receiving Tier 4 Inpatient Provision**

Within the continuum of needs outlined above in Four Levels of Need, Tiers 1-4 are relevant to the context of mental health.

When children are receiving Tier 4 mental health inpatient provision the local authority should be notified if it is known that the family have support needs or there are child protection concerns. Upon notification the local authority shall ensure a S17 or S47 assessment is undertaken, as commensurate with its duties under the Children Act 1989.

The assessments will consider maintenance and promotion of contact between the child and their family, including financial assistance where appropriate. Details of the assessment process are outlined in Children's Social Care section 3.4-3.8 above and in Hounslow's procedures manual;

[http://www.proceduresonline.com/hounslow/cs/chapters/p\\_assessment.html](http://www.proceduresonline.com/hounslow/cs/chapters/p_assessment.html)

### **3.9d Children Act 1989 Section 85 & 86 Duties**

When a child is provided with accommodation by any Local Health Board, Special Health Authority; National Health Service trust or by a local authority in the exercise of education functions for at consecutive period of at least 3 months. The accommodating authority has a duty to notify the responsible authority.

Upon receipt of this notification we shall;

- Take such steps as are reasonably practicable to enable them to determine whether the child's welfare is adequately safeguarded and promoted while he is accommodated by the accommodating authority; and
- Consider the extent to which (if at all) they should exercise any of their functions under this Act with respect to the child.

Within these duties social care will considering the maintenance and promotion of contact between the child and their family, including financial assistance where appropriate.

<http://www.legislation.gov.uk/ukpga/1989/41/part/XII/crossheading/notification-of-children-accommodated-in-certain-establishments>

### **3.9e After Care Duties Mental Health Act 1983 Section 117**

Where children admitted for treatment under Section 3 of the Mental Health Act 1983, health and social care have additional after care duties under Section 117 of the act.

Section 117 imposes a duty on health and social services to provide aftercare services to certain patients who have been detained under the Mental Health Act.

<http://www.legislation.gov.uk/ukpga/1983/20/section/3>

Section 117 states that aftercare services must be provided to patients who have been detained in hospital:

- For treatment under Section 3
- Under a hospital order pursuant to Section 37 (with or without a restriction order) or
- Following transfer from prison under Section 47 or 48.

This includes patients on authorised leave from hospital and patients who were previously detained under Section 3 but who stayed in hospital after discharge from section.

It also includes people who are living in the community subject to a community treatment order and restricted patients who have been conditionally discharged.

<http://www.mind.org.uk/information-support/legal-rights/aftercare-under-section-117-of-the-mental-health-act/>

The level of support shall be determined by an assessment of need under S.17 of Children Act 1989.

### 3.9f Disabled children

The social work team for children with disabilities (SWTCD) provides a service for children from birth to their 18<sup>th</sup> birthday, at which point the young person may transition to one of the adult teams for continuing support. Young people may transition to either the Community Disability Learning Team (CDLT), the Independent Living Team (ILT) or the Community Mental Health Team (CMHT).

The SWTCD supports children and young people who have a permanent and substantial learning and / or physical disability. The following information illustrates the type of needs that would indicate the involvement of the SWTCD;

**Learning disability** – descriptors to determine the criteria for a SWTCD service are children and young people who:

- Have a severe learning disability
- Have a Statement of Special Educational Needs for severe learning disabilities
- Attend a school or SEN centre for students with a severe learning disability
- Require assistance with bathing, toileting, dressing, eating and / or engaging in social activities substantially beyond that of their peers
- Demonstrate behaviours, some of which may be challenging to others, which impact on all aspects of the child or young person's functioning or daily living and may pose a risk to themselves and / or others

- Are diagnosed with Downs Syndrome and are aged 14 years +

**Physical disability** – descriptors to determine the criteria for a SWTCD service are children and young people who:

- Are a full time wheel chair user and / or have severely restricted mobility without the provision of specialist equipment, eg; a hoist
- Require assistance with daily activities, eg; bathing, toileting, dressing, eating and / or engaging in social activity substantially beyond that of their peers
- Are unable or mostly unable to use hands to complete daily tasks and / or activities

**Health** – indicators to determine the criteria for a SWTCD service are children and young people who:

- Have a diagnosed health condition which is severe and potentially life threatening and results in frequent hospital admissions that limits access to developmental, social or educational activities and daily living
- May be in receipt of continuing care or palliative care from health services

**Hearing** – indicators to determine the criteria for a SWTCD service are children and young people who:

- Have a hearing loss > 71 dB
- Are registered deaf
- Use British Sign Language (BSL)

**Vision** – descriptors to determine the criteria for a SWTCD service are children and young people who are:

- Registered blind
- Eligible to be registered blind

**Under five years old** – descriptors to determine the criteria for a SWTCD are children under five who:

- Have not yet been assessed for educational purposes and experience substantial developmental impairment or delays in more than one area of cognitive or sensory development
- Have been diagnosed with severe global or severe developmental delay

The SWTCD does not provide a service for children or young people with Attention Deficit Hyperactivity Disorder (ADHD), Aspergers Syndrome or moderate learning disabilities. The SWTCD does not generally provide a service for children who attend special schools for children with mild to moderate learning disabilities, except some young people diagnosed with an Autistic Spectrum Disorder who have additional needs.

### **3.9g Young carers**

The Referral Pathway for Young Carers is attached as Appendix 5.

Young carers are children and young people who regularly look after and provide emotional support to someone in the home who is physically or mentally unwell, has a disability or is suffering from the effects of misusing drugs and / or alcohol.

A child or young person's caring responsibilities at home may not be well known or fully appreciated and because of this young carers may become additionally vulnerable. Young carers are often very proud of the care and support that they provide. However, without early identification and support young carers may find that their caring responsibilities begin to have an adverse impact on their education, health and wellbeing. It is important to ensure that a child or young person's caring responsibilities do not become excessive or inappropriate and that the effects of caring do not lead them to become isolated.

Identifying young carers is a shared responsibility that schools, colleges, adult and health services are well placed to do. In many cases early support will be appropriate to address any additional needs that are identified. However, if there are any safeguarding concerns regarding the nature, level and circumstances of the care being provided by a child or young person, their needs and circumstances should be assessed in accordance with the Children Act 1989. The Young Carers Project is an integral part of the Early Intervention Service and provides a range of support services on an individual, group and family basis to support young carers and their families.

### **3.9h Young offenders**

There are a number of principles that underpin the delivery of services to young people who offend and include a commitment to:

- Safeguard children and young people
- Ensure the best possible outcomes for young people and to promote their resilience
- Reduce young people's involvement in offending and anti-social behaviour
- Protect the public
- Work in partnership with families
- Reduce social exclusion
- Promote equality of opportunity and fair treatment



The Youth Offending Service holds a range of roles and responsibilities, some of which are shared with Children's Social Care, and include:

- Provision of Appropriate Adult services for young people aged 10 – 17 in custody suites when the parent/carer is unable or unsuitable
- Provision of accommodation
- Responsibilities for young people remanded into Youth Detention Accommodation or Local Authority Accommodation
- Assessment (in respect of bail and sentencing)
- Attendance at court
- Responsibilities for supervising community based penalties
- Safeguarding vulnerable young people

The joint protocol between Hounslow Youth Offending and Children's Social Care Services (2016) provides operational details to promote effective working practices in the best interests of children, young people and their families, and the wider community.

In addition to Children's Social Care, the YOS also works with a range of other partners including, but not restricted to, the Police, Crown Prosecution Service, Court Service, Independent Reviewing Officers, other Local Authorities and a large number of youth detention accommodation providers. The joint protocol identifies the points along the child / young person's journey when collaborative working is required and the considerations that are required for assessing existing, new and changing needs and risks.

In respect of bail, a YOS assessment may be requested by the Court when the Crown Prosecution Service makes an objection to the bail application. The grounds for an objection include the likelihood of absconding, possible interference with Police enquiries or witness intimidation and the lack of a suitable bail address. The YOS assessment will consider whether any of the objections are substantiated and, if they are, whether measures can be taken to mitigate the risks. Routinely this assessment will consider the home circumstances, the suitability of the home / bail address being identified by the family, suitability of a Local Authority placement as a bail address and consideration of any curfew restrictions which may be viable. In order to support the completion of this assessment there is an expectations that the assessor will request and receive relevant information about the child / young person and their family. All assessments will include consideration of the relevant needs, risks and any safeguarding considerations.

Remand placement details are confirmed by the holding institution to YOS within 24 hours of the remand decision. Young people who are remanded to youth detention accommodation are afforded a "looked after" status for the duration of their remand period. As such, equivalent standards of assessment, planning, monitoring and review are expected. The young person will be allocated a social worker from the Pathways or Children Looked After Service and an Independent Review Officer within 1 day of notification. The local standard states that the first looked after review will be held within 15 days. Due to the additional concerns

associated with young people who are detained, the young person's safety and wellbeing and arrangements for contact with members of their family will be continually assessed as will the possibility of any subsequent bail application.

A young person who is remanded into the care of the Local Authority may be returned home subject to an assessment and obligatory checks to confirm that the home environment is safe and suitable.

After a young person has been found guilty the YOS is asked to complete a Pre-Sentence Report (PSR) by the Court. This is usually completed over a period of 15 working days although the need for specialist reports may require a longer period of time. Where the young person is already allocated to Children's Social Care all relevant information is shared, this should include Children Looked After Care / Pathway Plans, Child Protection Plans and any other recent assessments. This is to ensure that the author of the PSR presents relevant information and takes proper account of any mitigating circumstances before sentencing and any existing plans that may be in place.

In the majority of cases, custodial sentences for young people are Detention and Training Orders (DTO) ranging from 4 to 24 months, and these may be reduced depending on good behaviour. A DTO is served half in custody and half in the community. Planning for release will start at the earliest opportunity and will need to take any change in family and personal circumstances into account. The YOS case manager will liaise with custodial facility and the Youth Justice Board to confirm the release date into the community and inform all relevant partners.

The continuing YOS assessment should give due regard for how the young person will be enabled to complete the requirements of any community order or post custody licence conditions. Sometimes requirements are attached to a Youth Rehabilitation Order, like a Local Authority Residence Requirement or Intensive Fostering requirement, and the assessment process will be dependent on the young person's status and circumstances and authorisation by the relevant Heads of Service.

### **3.9i Looked after children who are returning to the care of their parents**

Children should only return home from care when:

- Relevant professionals have assessed the likelihood of further abuse or future harm and shared their findings with each other as part of a multi-agency meeting eg: as part of the statutory review of the child's looked after arrangements
- The assessment of need confirms that the risk of further abuse is, on balance, extremely low

In these circumstances a plan should be formulated in advance of the child returning to the care of his / her parents to address the transitional arrangements and any future risks to confirm how the child and family will be properly supported.

There are a number of planning options that should be considered on a case by case basis to ensure that decisions are appropriate to meet the individual needs and circumstances of each child who is returning home to the care of their parents. These options may include, but are not restricted to, the following:

- A period of testing the rehabilitation, not exceeding 6 weeks, whilst the child remains subject to an Interim Care Order
- A Child in Need Plan alongside a Supervision Order for the duration of the Order
- A Child in Need Plan (without an Order) for a period of 3 months

Consultation with the child and his / her parents is crucial to ensure that they are supported to be active participants in the planning process. Relevant plans need to be clearly defined and accessible for the child and family.

The pace and level of the transitional and rehabilitation support plans will be determined by the needs and circumstances of the individual child and his / her family. In preparation for the withdrawal of statutory services, consideration should be given to the need for on-going support provided by the Early Intervention Service.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/441643/Children\\_Act\\_Guidance\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/441643/Children_Act_Guidance_2015.pdf) (page 125)

### **3.9j Child Sexual Exploitation**

Hounslow's Safeguarding Children's Board recognises the insidious nature of this form of abuse. Practice should be informed by the following seven key principles to ensure that children and young people who are victims or at risk of becoming victims are seen and heard and the appropriate multi-agency intervention is put in place.

1. The child's interests must be the top priority
2. Participation of children & young people
3. Enduring relationships and support
4. Comprehensive problem solving
5. Effective information sharing within and between agencies
6. Supervision, support and training of staff
7. Evaluation and review

#### **HSCB - Resources CSE**

In the event a professional has concerns for a child then the risk assessment tool available on the above link should be completed and shared with the Frontdoor as appropriate.

### **3.9k Female Genital Mutilation (FGM).**

All professionals, particularly in Health and Education settings should be vigilant to the risk to children from FGM. The referral pathway at Appendix 6 and the London CP Procedures will guide professionals in the course of action to take.

### **3.10 Complaints**

Hounslow children's services aim to provide the best possible response for children, and their families, who need help, within the resources that are available. All feedback, including comments, compliments and complaints, are welcome. It is always beneficial to know when things work well, when improvements can be made and when there are complaints.

In the first instance, attempts should be made to resolve complaints at a local level by contacting the relevant line manager. However, if this does not resolve the matter satisfactorily there is a Children & Families Complaints Service. Further details can be obtained via the Hounslow website at

<http://www.hounslow.gov.uk/complain>

## APPENDIX 1: HOUNSLOW CONTACT DETAILS

❖ If a child, children or family are already known to social care you will need to liaise directly with the allocated social worker and/or Team Manager/Assistant Team Manager. If you do not know the name of the social worker or which team the child/children are allocated to please contact the Duty Desk on 020 8583 6600 and they will be able to advise you.

❖ If you wish to discuss a child or children who are not currently known to social care you will need to contact Children's Services Front Door on 020 8583 6600/3200 Option 1. Should the discussion result in a formal referral, then you will be asked to email a written referral to:

[CSLL-socialcare-gcsx@hounslow.gcsx.gov.uk](mailto:CSLL-socialcare-gcsx@hounslow.gcsx.gov.uk) or fax it to 020 8583 3245.

If you wish to discuss any decision made at the Front Door the Duty Managers can be contacted on 020 8583 3257 (West) or 020 8583 4573 (East).

❖ We will endeavour to keep you informed as promptly as we can regarding what action is being taken in response to your referral and when a decision is made to close the case.

❖ If you are unhappy with the service you have received from our Front Door, Intake or Safeguarding & Support teams please do not hesitate to contact the relevant Team Manager on:

**East of Borough:** Intake East

Team Manager: Leo Waenga  
[Leo.waenga@hounslow.gov.uk](mailto:Leo.waenga@hounslow.gov.uk)  
Tel: 020 8583 3348  
Fax: 020 8583 3245

**West of Borough** Intake West

Team Manager: Elizna Visser  
[Elizna.visser@hounslow.gov.uk](mailto:Elizna.visser@hounslow.gov.uk)  
Tel: 020 8583 3685  
Fax: 020 8583 3245

**Safeguarding & Support Teams**

East	Erin O'Toole Tel: 020 8583 3285
West	Alison Billinge & Afia Yasin Tel: 020 8583 3293
West 1	Zara O'Donnell Tel: 020 8583 3253

❖ If you are dissatisfied with the action taken by the Team Manager and wish to escalate the matter please contact:

Martin Forshaw  
Head of Operational Child Protection and Safeguarding  
Telephone: 020 8583 4479  
Email: [martin.forshaw@hounslow.gov.uk](mailto:martin.forshaw@hounslow.gov.uk)

# Child and Family Assessment/Notification Form (CFAN)

**IDEALLY THIS FORM SHOULD BE COMPLETED ELECTRONICALLY, NOT  
HANDWRITTEN.**

## 1. Assessor/Referrer Details

Assessor/referrer name:	Organisation:
Role:	Address:
Email:	Telephone:

### Date Completed:

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Is this a Social Care **Safeguarding** Referral? **Yes/No**

Are the family aware of this referral? **Yes/No**

Is this assessment a request for **Early Intervention Services**? **Yes/No**

**Has consent been given?** **Yes/No**

*(Consent is essential for any non-compulsory Early Intervention Service)*

Is this child/young person in a Private Fostering Arrangement? **Yes/No**

Is this child/young person a Young Carer? **Yes/No**

## 2. Family Composition and Details

### Main Parent/Carer

Name:	Date of Birth:
Address:	Relationship to child/ren:
Postcode:	Parental Responsibility:
Email:	Gender:
Home Tel:	Ethnicity:
Mobile no:	

### Parent/Carer 2

Name:	Date of Birth:
Address:	Relationship to child/ren:
Postcode:	Parental Responsibility:
Email:	Gender:
Home Tel:	Ethnicity:
Mobile no:	

### Children and other household residents

Please indicate in the Highlighted box the child/ren this form refers to ✓

Name	✓	DoB/EDD	Gender	Ethnicity	School/Setting	Year



### 3. Communication

Is English the family's first language
If no, please state the first language
Is interpreter required
Communication difficulties/issues
Please give details of any disability or special needs within the family:

### 4. GP Details

Is Family registered with a GP; <b>Yes/No</b>	NHS No:
Practice/Health centre:	
Address:	
Telephone:	

### 5. Previous Support Service or Other Known Agency Involvement

Family member	Professional/Agency and Contact details	Reasons for involvement	Current? Yes/No

## 6. Reason for Contact

Please summarise the issues leading to this Assessment/Notification

Who are you concerned about in this household and why?

If this request is for EIS education service please state member of EIS staff consulted (or MPPM) and date:

## 7. Family Assessment Information

Please provide known information on all family members including strengths as well as needs

Health - Details of any physical and emotional or mental health needs

Education/Learning issues

Quality of family relationships and home environment

Housing, work and finances

What are the current strengths and supports in place?

What support do you feel is required and what outcomes would you like to see achieved?

What are the risks if no support/intervention is put in place?

## Assessors Signature

Signed:	Name:	Date:
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## 8. Consent to Share Information

### Consent statement for information storage and information sharing

“We need to collect the information contained within this document so that we can understand what help you may need. We may need to share some of this information with, or request additional information from, other organisations so that they can help us to provide the services you need.”

“We will treat your information as confidential and we will not share it unless we are required by law to share it or unless you or your child will come to some harm if we do not share it. In any case we will only ever share the minimum information we need to share.”

<b>I have had the reasons for information sharing and information storage explained to me. I understand those reasons and consent to information being shared.</b>	<b>Yes</b>	<b>No</b>
<b>I understand the information that is recorded on this form and that it will be stored and used for the purpose of providing services to myself and the children or young people for whom I am parent or carer.</b>	<b>Yes</b>	<b>No</b>
<b>I wish to receive services provided or co-ordinated by London Borough of Hounslow Early Intervention Service.</b>	<b>Yes</b>	<b>No</b>

### Exceptional circumstances:

#### Concerns about significant harm to infant, child or young person

If at any time during the course of this assessment you are concerned that an infant, child or young person has been harmed or abused or is at risk of being harmed or abused, you must follow your Local Safeguarding Children Board (LSCB) safeguarding children procedures. The practice guidance ‘What to do If you’re worried a child is being abused’ (HM Government, 2015) sets out the processes to be followed by all practitioners.

These referral processes will be included in your local safeguarding children procedures and are set out in Chapter 5 of Working Together to Safeguard Children (2015).

(<http://www.education.gov.uk/aboutdfe/statutory/g00213160/working-together-to-safeguard-children>).

**You should seek the agreement of the child and family before making such a referral unless you believe that to do so would place the child at increased risk of significant harm.**

**If possible please obtain**

**Parent/Carer/Young Person Signatures**

Signed:	Name:	Date:
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Signed:	Name:	Date:
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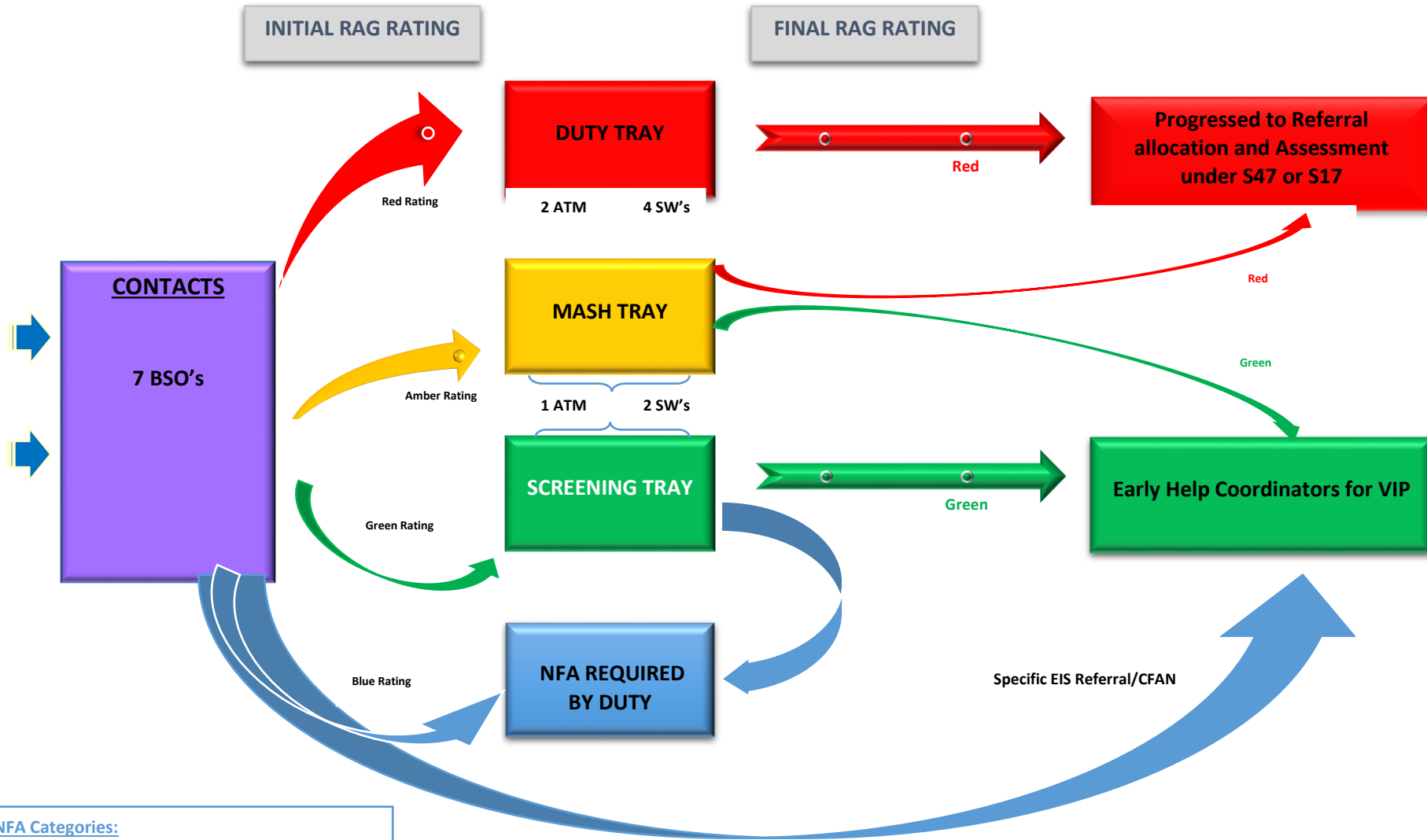
Signed:	Name:	Date:
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**Other adult family/household members or significant others**

Signed:	Name:	Date:
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Signed:	Name:	Date:
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### CHILDREN'S CONTACT AND REFERRAL PATHWAY



- NFA Categories:**
- Complete Record Checks and provide information on the child
  - For Information Only
  - Information Given and Signpost to other agency
  - Open Case – Notify Allocated Case Worker

**APPENDIX 4: THE ASSOCIATION OF CHIEF POLICE OFFICERS “RISK PRINCIPLES”****ADAPTED BY THE MUNROW REVIEW (2011)****Principle 1:**

The willingness to make decisions in conditions of uncertainty (i.e. risk taking) is a core professional requirement for all those working in child protection

**Principle 2:**

Maintaining or achieving the safety, security and wellbeing of individuals and communities is a primary consideration in risk decision making.

**Principle 3:**

Risk taking involves judgement and balance, with decision makers required to consider the value and likelihood of the possible benefits of a particular decision against the seriousness and likelihood of the possible harms.

**Principle 4:**

Harm can never be totally prevented. Risk decisions should, therefore, be judged by quality of the decision making, not by the outcome.

**Principle 5:**

Taking risk decisions, and reviewing others' risk decision making, is difficult so account should be taken of whether they involved dilemmas, emergencies, were part of a sequence of decisions or might appropriately be taken by other agencies. If the decision is shared, then the risk is shared too and the risk of error reduced.

**Principle 6:**

The standard expected and required of those working in child protection is that their risk decisions should be consistent with those that would have been made in the same circumstances by professionals of similar specialism or experience.

**Principle 7:**

Whether to record a decision is a risk decision in itself which should, to a large extent, be left to professional judgement. The decision whether or not to make a record, however, and the extent of that record, should be made after considering the likelihood of harm occurring and its seriousness.

**Principle 8:**

To reduce risk aversion and improve decision making, child protection needs a culture that learns from successes as well as failures. Good risk taking should be identified, celebrated and shared in a regular review of significant events.

**Principle 9:**

Since good risk taking depends upon quality information, those working in child protection should work with partner agencies and others to share relevant information about people who pose a risk of harm to others or people who are vulnerable to the risk of being harmed.

**Principle 10:**

Those working in children protection who make decisions consistent with these principles should receive the encouragement, approval and support of their organisation.

## **APPENDIX 5. YOUNG CARERS PATHWAY**

### **Young Carers Referral Process Pathway**

**The young carer's pathway has been formulated between the Early Intervention Service, Children's Social Care and Adults' Services. It illustrates the process to be followed when a child or young person is identified as taking on caring responsibilities, such as:-**

- **domestic help in the home**
- **general and nursing type care**
- **intimate personal care**
- **childcare**

**The pathway brings together the joint working between Children's and Adults' Services to enable early identification of Young Carers and the assessment of their needs. It also enables a coordinated package of support, taking into consideration their caring role.**

**The objective of the pathway is:-**

- **To clarify the referral pathway and assessment of young carers**
- **To identify the needs of the young carer in a timely manner and ensure the appropriate package of support is put in place to meet the young carer's needs**
- **To embed a whole family approach across Children's and Adults' Services when assessments are undertaken**
- **To ensure the level of caring responsibility for the young carer remains safe and is not excessive (i.e. not having a detrimental impact on their well-being)**

**The provisions for young carers included in the Care Act 2014 is intended to link with provisions in the Children and Families Act 2014. This is to provide a clear framework for both Children's and Adults' Services to take a whole-family approach.**

**This involves the professionals;**



- **Assessing the needs of young carers to recognise how the child's wellbeing and development is affected by their caring responsibilities;**
- **Understanding the extent to which this care is relied upon by those being cared for and the wider family.**

**This pathway illustrates the different levels of assessment and services available to young carers taking into account their level of need and the continuum of change.**

#### **Referral to the Frontdoor:-**

**If a child or young person is identified as having a caring role for another person, irrespective of the level of care being given, a CFAN should be completed by a professional on behalf of the child or young person and submitted to Children's Services.**

**The CFAN form together with information gathered by the Screening Team will be used to help assess and understand information about the young carer and their family to determine:**

- **the amount, nature and type of care which the young carer provides**
- **the impact of the caring role on the child or young person's education, personal and emotional development**
- **whether the caring tasks undertaken by the child or young person are inappropriate or excessive**
- **whether a needs assessment has been carried out, for the person being cared for, if not an internal referral will be made to Adult Services via Adult First Contact**
- **whether the young carer's needs can be met by offering a universal provision or more specialist intervention**
- **As part of the Screening process Social Workers will ensure details on the adult person being cared for is passed onto Adult First Contact**

#### **Child in Need/Protection**

**If the assessing Social Worker determines the young carer to be a 'child in need'**

- **A referral will be made to Children's Social Care for a Sec. 17 assessment to be undertaken. This is to ensure the relevant provision of support is offered to the young carer and their family as appropriate**
- **Whilst the Sec 17 assessment is being completed, a referral should be made to the Early Intervention Service via the VIP process for a single agency referral to the Young Carers Project**
- **On completion of the Child and Family Assessment, the Young Carers' Project should form part of the social care plan**

### **Early Intervention**

**If it is deemed that the young carer's needs:**

- **do not present significant concerns or they are living in circumstances which can be resolved quickly**
- **require low level guidance and support**
- **require respite from their home situation**
- **require a place to engage with other young carers to exchange experiences of caring**

**A direct referral will be made to the Early Intervention Service via the VIP process.**

**Within five working days of the Early Intervention Service receiving the referral the case will be discussed at the Virtual Initial Planning Meeting (VIP) where services from the Early Intervention network will be identified to provide intervention to the young carer and their wider family.**

- **The VIP will decide whether the young carer should receive a single agency intervention from the Young Carers Project or a Team around the Family Intervention (TAF).**
- **If it is deemed that the young carer and their family would benefit from a TAF, a lead professional will be identified and agreed at the VIP.**
- **The lead professional will arrange and facilitate a Team around the Family (TAF) meeting within 10 working days**
- **The lead professional should also act as an advocate for the child or young person and coordinate the delivery of services.**

- **If it decided at the VIP meeting that a single agency intervention (Young Carers project) can meet the needs of the young carer, a referral will be made by the Early Help Coordinator (EHCo) by the next working day following the VIP meeting.**

### **The Young Carers Project**

**The project offers a wide range of activities to support young carers, including:**

- **Information, advice and 1-1 support**
- **Opportunities to meet other young carers**
- **Fun activities, outings and respite from home**
- **Regular drop in sessions**
- **Homework support**
- **Advocacy support**

### **Self-Referrals**

**Should a young carer self-refer to the Young Carers' Project, an officer from the project will complete a CFAN form with the young person and their family members where possible. The form will be submitted to the Frontdoor to be put on to the LCS System.**

### **Young Carers Transition to Adulthood**

**Where a young carer is approaching the transition age of 18 to 'adulthood' a joint assessment should be undertaken between Children Services and Adult Services to determine if the young carer:-**

- **will have support needs after becoming 18**
- **will continue to provide care for the person being cared for**
- **requires support to participate in further education, training or employment.**

The 'transition' joint assessment should be initiated by the lead professional at the young carers 16th birthday and completed no later than six months prior to reaching the young person's 18th birthday.

If the young carer is only receiving support from the Young Carers Project at the time of transition, an officer from this project will initiate the joint assessment by completing a Family Assessment/Referral form which will be submitted to Adult First Contact to arrange a professionals meeting.

### Adult Services

#### Adult First Contact

All assessments received by Adult First Contact, for adults with a care or support need will be screened to establish if there are young carers in the family. This is important to ensure parenting responsibilities are taken into account, and the impact of the adults' need of care and support on the young carer are considered.

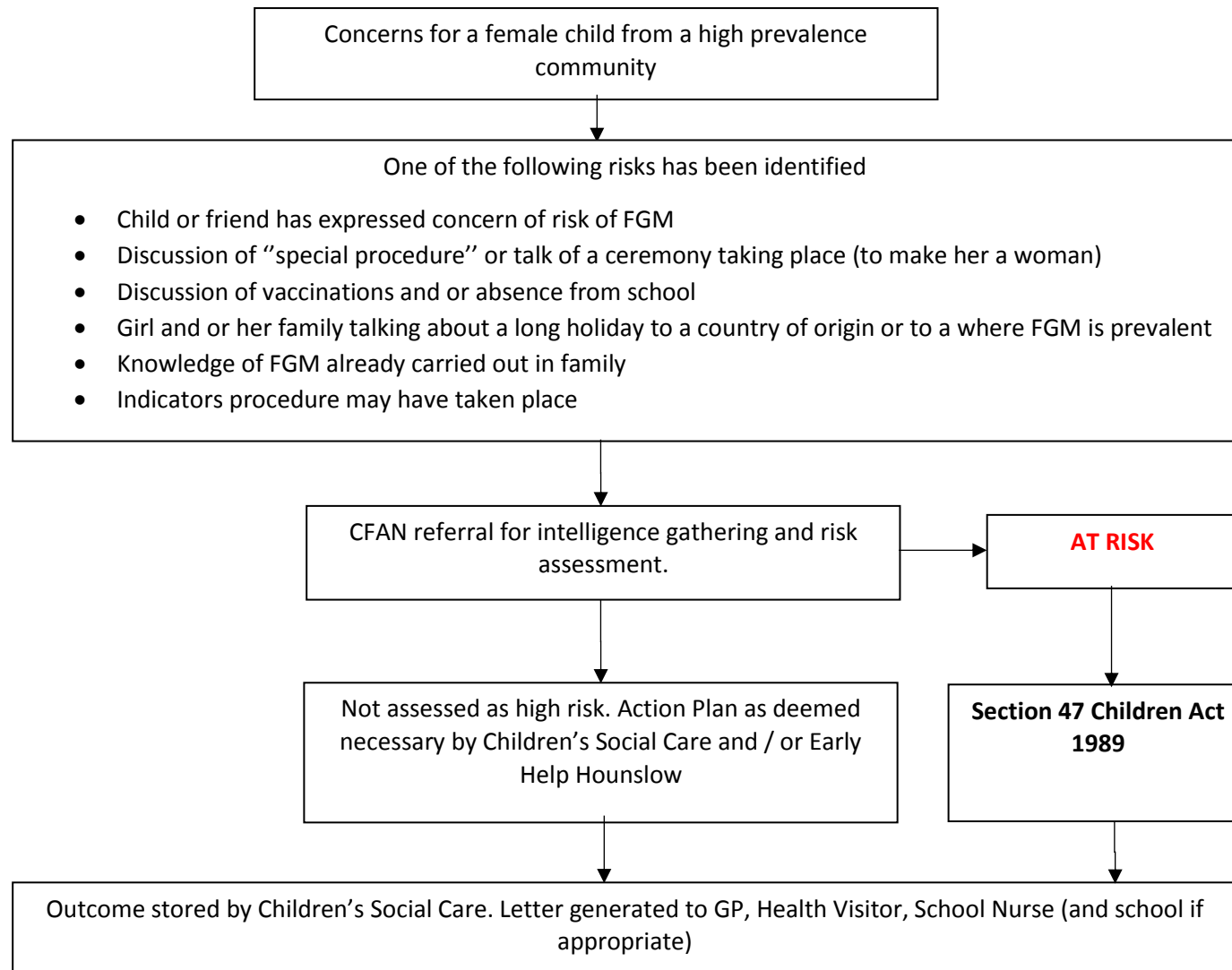
The screening will:-

- assess whether a young carer is undertaking the caring role, if yes; an



Hounslow FGM Pathway Childs Context

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**In the case of a child at risk of immediate significant harm or removal from the country to allow that significant harm to take place; contact must be made immediately with the Police – by calling 999**