

Cambridgeshire Local Protocol for Assessment

1.0 Purpose

- 1.1 The purpose of this protocol is to outline the process including timelines that Cambridgeshire County Council Social Care Social Work Units and Teams will follow when undertaking a statutory assessment under the Single Assessment framework. It describes how agencies should work together within this process.

- 1.2 The timeline for undertaking an assessment incorporates the recommendations of Working Together 2015 which states:

“Para 51. Decision points and review points involving the child and family and relevant professionals should be used to keep the assessment on track. This is to ensure that help is given in a timely and appropriate way and that the impact of this help is analysed and evaluated in terms of the improved outcomes and welfare of the child.”
Pg 24

1.3 In a recent Serious Case Review conducted in Cambridgeshire, the overview report writer commented on the scope of assessments:

“For any assessment of risk to primarily rely on accounts given by the parent, without any objective evidence being sought to confirm or challenge such accounts, is likely to miss identifying the potential safeguarding risks to the children. Overall professionals need to have “respectful uncertainty” in dealing with parents”

The quality of assessments relies upon gaining information and analysis from a variety of sources i.e. a range of agencies who are working together with a child and their family.

2.0 Aims

- 2.1 A key aim of the single assessment framework is to set out clearly the assessment timescales and process applicable within Cambridgeshire.
- 2.2 This single assessment framework will:
- Reinforce the primary methodology of systemic social work
 - Aid relationship building with children and their families
 - Strengthen reflective social work and supervision
 - Encourage use of research in our assessments

- Strike the balance between ameliorating risks and promoting resilience
- Assist us to better explain why we are involved in a child's life to them, their families and partner agencies.

3.0 Practice Development

3.1 The intention of the framework while not overly prescriptive is that it be used in all of Cambridgeshire's statutory children's social care assessments. It supports the strength based approach adopted by Cambridgeshire and partner agencies in safeguarding children.

3.2 This single assessment framework will support social workers to practice as confident practitioners and will promote the incorporation of other agencies' work in assessing the needs of and risks to children. The assessments that other agencies carry out are listed at **Appendix 1** and for useful links to other assessments ***please see Appendix 2.***

3.3 We will support the exercise of professional judgment through the provision of continued professional development opportunities, quality supervision, a robust quality assurance framework, and continued access to national research through membership of Research into Practice.

3.4 Promoting high quality effective assessments, will lead to purposeful plans and interventions, which are developed through meaningful relationships with children, their families and those involved with them.

3.5 The single assessment will be used for child protection investigations, initial care planning; child in need planning; presenting child protection concerns to an Initial Child Protection Conference; reviewing the risks to a child through the Review Child Protection Case Conference pathway and reassessing the requirements of children in need or children in care at points of change in their lives, such as preparing for re-unification.

4.0 Review of Assessments and updates

4.1 Assessments of children's needs should be a continuous process with at least an annual updating single assessment being undertaken. A new single assessment should also be undertaken when there is a critical incident or significant change to the child and family's circumstances.

4.2 The management of the case in terms of which agency should be working with the family is dependent on the level of need as outlined in the Cambridgeshire Threshold Document.

5.0 Supervision and Management Oversight

- 5.1 The role of supervision and Unit meetings is critical in the completion of robust Single Assessments.
- 5.2 Supervision will be based around our Supervision Policy; systemic supervision and the Unit Meeting framework which enable practitioners and managers to critically reflect and plan their intervention with a child and their family.

6.0 Principles

- 6.1 Social workers will work to the principles of Cambridgeshire's thrive model of intervention when undertaking an assessment including:

- The welfare and safety of the child is paramount
- Families are unique and know their own story
- Children are best maintained within their own family unit wherever this is safe to do so.
- We have a duty to assist families to identify support either within their own family or the community in order to meet their child's needs and keep them safe.
- When working with families we will do our best to explain what we are doing and why, and the legislative framework within which we practice.
- We will always seek consent to undertake an assessment, unless to do so will put any person at immediate risk of harm.
- We will always treat children and family members with respect, openness, and honesty when undertaking an assessment, talk directly with them, listen carefully and record and take into account their views.
- We will undertake assessments in a timely manner.
- The assessment will balance risk and resilience factors.
- The child will remain central to the focus of the assessment, whilst involving immediate family members and any other significant people in family or community.
- The assessment will lead to an agreed plan of intervention incorporating the wishes and feelings of the child, their family and professional agencies involved.
- Each plan will be outcome focused and lead to action, wherever needed.

7.0 Timelines

- 7.1 These are the agreed timelines in Cambridgeshire for carrying out a child and family single assessment. The expectation is that the majority of

assessments will be completed, recorded and agreed within a maximum of 35 days. However the aim is that assessments will be completed before this dependant on the needs identified within a families situation.

The flow chart below describes the timescales and process of the assessment:

Single Assessment

Day 1 – Begins within 1 day of the receipt of the referral. Case is allocated to the Consultant Social Worker (CSW).

Case note to be completed by CSW using managers' comments, event type assessment and actions to be taken and by whom. Provisional timescales for the completion of the assessment to be set.

Between **Day 1** and **Day 10** – Child must be seen.

Day 10 – Plan to be completed and added to ICS, contents should include -

- What work has been undertaken.
- What further interventions are necessary with an agreed timescale for the assessment to be completed.
- Or make the decision that the assessment has already been completed and further action required and / or closure.

Day 20 – Expectations for the Single Assessment to be completed, fully written up and authorised by the CSW.

Day 35 – All assessments are expected to be completed. Only in exceptionally complex cases should the Group Manager agree to extend the assessment to the maximum 45 days.

CSW to add a managers comments event type case note identifying what work has been undertaken, what further interventions are necessary and why assessment requires additional time beyond the 35 days.

Day 45 – All Assessments must be completed and signed off by the CSW.

7.2 It is the responsibility of Social Work Units to comply with the timelines as set out. It is the responsibility of Consultant Social Workers, Group Managers and Team Managers to ensure that assessments are reviewed at the intervals set and management oversight is evidenced and recorded.

7.3 In Cambridgeshire, the expectation is that all single assessments will be completed within 35 working days and the majority will be completed within 20 working days.

8.0 Commissioning Services

8.1 An assessment can be concluded at any point within the 1 to 45 day timeframe provided this is agreed by the social work Team Manager or Consultant Social worker and managerial oversight is captured within case records on the child's electronic records (Protocol). It is important to bear in mind Working Together 2015:

"Para 61. Whatever the timescale for assessment, where particular needs are identified at any stage of the assessment, social workers should not wait until the assessment reaches a conclusion before commissioning services to support the child and their family. In some cases the needs of the child will mean that a quick assessment will be required." Pg 26

9 Multi-agency working

9.1 At the point of referral into CSC and throughout the assessment process that a family experiences, there are many agencies that may also be able to offer information at this stage and contribute to assessments. Please see Appendix 1.

9.2 There are also interventions that can be made by other agencies, which will contribute to safeguarding the child or young person.

9.3 Cambridgeshire LSCB hosts multi-agency procedures for safeguarding children facing a wide range of risks. Included are procedures on areas such as working with children and young people at risk of Child Sexual exploitation and trafficking; private fostering; living with domestic abuse; parental learning disability and parental mental health. The procedures are regularly updated - please refer to them as a matter of course when working together to assess children and families:

<http://cambridgeshirescb.proceduresonline.com/chapters/contents.html>

9.4 Where there are professional disagreements regarding the assessment of the risks and needs associated with a child, or differences relating to



the planned support and intervention, practitioners must protect the best interests of the child, and their own judgment, by escalating their concerns through their management structure and through utilising the LSCB procedures for resolving professional differences

http://www.cambslscb.org.uk/user_controlled_lcms_area/uploaded_http://cambridgeshirescb.proceduresonline.com/pdfs/escalation_resolution.pdf

Depending upon the precipitating reason for the assessment and information gathered in the course of it, the Single Assessment should flow into and overlap with a number of discrete areas of assessment and links are listed below. The list is not exhaustive and should the reader know of an assessment area that is missing or the link is broken please alert the Procedures Administrator in Children's Social Care.

10.0 Procedure Links

The hyperlink below sets out Cambridgeshire Social Care's policies and procedures.

<http://cambridgeshirecin.proceduresonline.com/index.htm>

http://cambridgeshirecin.proceduresonline.com/chapters/p_assessments.html

Appendix 1

Agency roles and responsibilities in the assessment of children, young people and their families in Cambridgeshire

Agency	Acute Trust - Hinchingsbrooke
Referral information	Emergency Departments would only be able to give any demographic details, next of kin and GP and previous admissions to the Trust if they have attended before. Any inpatient admissions would be under the care of Cambridgeshire Community Services at Hinchingsbrooke
Assessments	Women's health services may be involved in the EHA process
Intervention	None for ED
Further information about the agency and services	http://www.hinchingsbrooke.nhs.uk/ http://www.cambscommunityservices.nhs.uk/

Agency	Addenbrookes - CUFHT
Referral information	Information will be held for individuals that have attended the Emergency Department, Outpatients or who have been an inpatient. This would typically include names, alias, date of birth, NHS number, Next of Kin and secondary significant contact details, address, telephone number, religion, ethnicity, first language. Searches can be made under name and/or date of birth. Information can be disclosed without consent on a case by case basis based on the degree of public interest. Health information that is necessary, relevant and proportionate for the purpose can be shared. The subject access team handles written requests from statutory agencies for copies of medical records.
Assessments	<p>Urgent Out of hours child protection medical assessments. In hours, Community Paediatricians should be contacted via Stephen Tweedell on 01223 884160 to arrange a medical examination.</p> <p>If child or adult requires an acute health setting there is the opportunity for a general health assessment plus a range of specialist medical assessments available. Mental health, Speech and language, Occupational Therapy, Physiotherapy, Psychology, Specialist secondary medical opinion. Usual referral route would be via GP. In addition the Child Development Centre is a dedicated Outpatient resource for neurological impairment</p>
Intervention	Wide range of commissioned services which may include admission to hospital. Contributions to statutory meetings, ongoing Child Protection and Child in Need plans
Further information about the agency and services	http://www.cuh.org.uk/cms/addenbrookes-hospital

Agency	CAFCASS
Referral information	Cafcass has a National database of every child and adult who has been involved in family proceedings. Where the request for information relates to a child protection enquiry under section 47 CA1989, we are able to send information without leave of the Court. Where the Local Authority has been Ordered to prepare a section 7 Report - Court Rules permit disclosure of our documents. If the enquiry relates to anything else, we are able to verbally share information and the Local Authority are able to view our files but we are not able to disclose any court documents without leave of the Court.
Assessments	Cafcass only work when Ordered by the Court, in relation to Public Law matters where the Local Authority are involved and in relation to Private Law Matters - any application for a section 8 Order (CA1989). In private law we prepare and file section 7 reports in respect of Residence, Contact, Prohibited Steps or Specific Issues. We work to a National protocol between Cafcass and the ADCS to determine whether Cafcass or the Local Authority should prepare the section 7 report.
Intervention	See above paragraph, we may attend CP Conference as 'observer' only in Public Law and also have input to LAC Reviews either in writing or in person.
Further information about the agency and services	www.cafcass.gov.uk

Agency	CASUS - Cambridgeshire Child and Adolescence Substance Use Service – Young People’s (Under 18’s) Drug and Alcohol Treatment Service.
Referral information	<p>On receipt of a copy of a written consent by the young person (YP) and family for CASUS to share information or under an existing consent by the young person to share information with social care/ social worker - CASUS would confirm that a you person has been assessed and in treatment or no longer in treatment with the team. CASUS would provide a summary of the current care plan agreed with the yp and any relevant comments related to attendance, planned review and onward referrals.</p> <p>Where there were child protection concerns and if no consent from YP has been obtained it would be expected that the enquiring Social Worker would share sufficient concerns with CASUS to support the sharing of relevant information as covered in the CPFT Safeguarding Handbook 2010 on the LSCB website. Additional advice on information sharing may be sought from CPFT safeguarding team.</p>
Assessments	Comprehensive holistic assessment of the child or young person will have been undertaken, including substance misuse, mental health and physical health. These assessments are reviewed by a multi-disciplinary team that includes substance misuse practitioners, RMN, SW and consultant psychiatrist. Risk assessment and safety planning will have been completed. Care Plan summaries and formulations could be shared as could the most recent Mental Status Examination and the most recent consultant psychiatry letters if relevant.
Intervention	All CASUS interventions can be included in a wider CIN or safeguarding plan with the agreement of the YP. The team offers multi component treatment to address substance misuse - mentalisation based family work, CB interventions, motivational interventions, specialist prescribing and interventions to address mental health difficulties where they are related to substance misuse.

Further information	<p>Information on the CASUS service and treatment is located on http://www.casus.cpft.nhs.uk/</p> <p>LSCB/Cambridgeshire Drug Alcohol Action Team Safeguarding Practice Guidance 2010.</p> <p>CPFT Safeguarding Handbook 2010 (under review)</p>
---------------------	--

Agency	Cambridgeshire Inclusion - Adult Drug Treatment Services
Referral information	<p>Inclusion would be able at the point of referral Inclusion would be able to share all relevant information, including but not limited to:</p> <ul style="list-style-type: none"> - Details of the parents including full name, DOB, address, contact information, GP, employment status, income type, housing/accommodation status, self-defined ethnicity - Details of the Child(ren) including full name, DOB, address, school, GP, previous engagement with Social Care - History of substance misuse (includes drugs, alcohol, prescribed and illicit) - Medical history (where relevant to the referral or ongoing care) - Full Risk Assessment Document - Summary of engagement to date including objective report of their progress - Details of planned treatment and copy of Treatment Plan (where appropriate) - Details of Drug Screening results - Details of other agencies involved where consent exists

Assessments	<p>Inclusion carryout a comprehensive assessment of all Adults accessing or referred to our service. This assessment collects a range of standard information and in addition includes:</p> <ul style="list-style-type: none"> - Full history of Substance Misuse - Medical History - Healthcare Assessment - Assessment of Risk, including risk management plan - Recovery Focused Treatment Plan - Where clinical interventions are delivered there will also be a GP based assessment and clinic assessment - EHA, Social Care referral form where required
Intervention	<p>Inclusion offer a range of commissioned services for the Adult to directly reduce the risks associated with substance misuse, and ultimately address their substance misuse including:</p> <ul style="list-style-type: none"> - Comprehensive Assessment of Need - Comprehensive assessment of substance misuse - 1-2-1 evidence based psychological interventions to address substance misuse - Group interventions to address substance misuse - Specialist/Expert input and advice on substance misuse - Stabilisation and Detoxification services for drug users - Support programmes for drug users including cannabis, ketamine, cocaine and “legal highs” - Family and Carer interventions for those affected by an individual’s substance misuse <p>Please be aware whilst we offer Drug Testing/Screening as part of the service we offer this is limited to the purpose of safely providing treatment. On average this will see individuals tested at random 4 times a year. Inclusion can offer additional testing as part of an order,</p>



	report or plan for a small fee to cover the cost of the test.
Further information about the agency and services	http://www.inclusion-cambridgeshire.org.uk/ Inclusion Cambridgeshire Website All referrals can be made via 0300 555 0101 (central number all calls charged at a local rate)

Agency	Cambridgeshire and Peterborough Foundation Trust (CPFT)
Referral information	Depending on the circumstances (e.g. s47 enquiry, or not. Information shared will depend on the information being sought, and assessed on a case by case basis. Issues of confidentiality and consent to share will be taken into account, and whether there might be a 'public interest' in disclosing.
Assessments	It is possible that a range of specialist clinical assessments could be conducted depending on the health concerns (mental health, learning disabilities)
Intervention	Depends on identified health needs at the time.



Further information about the agency and services	http://www.cpft.nhs.uk/
---	---

Agency	Children's Centres - Jo Sollars
Referral information	The majority of Children's Centres are managed by the Local Authority within District Teams.
Assessments	EHA
Intervention	Children's centres offer a 70/30 split of targeted early help to families in vulnerable groups and universal provision and also act as the hub through which a wide range of health and wider services are delivered to families. The children's centre agreements with Children's Social Care ensure an appropriate focus in early childhood services on support for children on a child protection plan or with a common assessment
Further information about the agency and services	Centres also each have a website with details of location, resources and services. http://www.cambridgeshire.gov.uk/childrenscentres

Agency	Early Years Assessment
Referral information	Assessment and observation in early years settings play an important part in helping parents, carers and practitioners to recognise children's progress, understand their needs, and to plan activities and support. Information about a child's development should be provided to parents in the prime areas of learning and development of the EYFS: personal, social and emotional development; physical development; and communication and language.
Assessments	<p>There are two main types of assessments completed by early years settings:</p> <ul style="list-style-type: none"> - 2yr old check - Ongoing Learning and Development Assessments
Intervention	<p>For specific intervention or where additional support is required for the child and family, Support for Learning assessments or the Common Assessment Framework are used</p> <p>In addition to the above, early years providers can contribute the following information about the child to assessment</p> <ul style="list-style-type: none"> - Attendance record - Details of any changes in bEHAViour - Records of any previous logs of concerns - Relationships with peers and adults - Observations regarding the physical care e.g. physical presentation, hygiene, nutrition, general health - Observations about the emotional care / stimulation e.g. warmth, stimulation, relationships with adults/carers - Parent/carer's relationship with the setting - Information about other services or agencies who may be working with the family
Further information about the	http://www.cambridgeshire.gov.uk/info/20007/children_and_families

agency	
--------	--

Agency	General Practitioners
Referral information	G.P.s are able to share information without consent should there be a section 47 enquiry. G.Ps are also able to share information when there is a risk of significant harm. However at this stage it is the GP discretion as there are issues of confidentiality.
Assessments	G.P.s carry out routine health surveillance to identify children who are not developing within normal parameters. If there are ongoing health issues they will be able to offer a professional opinion on how this may affect a child both physically and emotionally.
Intervention	GP services involve support for families with physical and mental health issues alongside specialist services.

Agency	District Councils: Housing
Referral information	From South Cambs District Councils position we could contribute information from housing (including homeless applications and allegations of DV) and environmental health concerns. We could signpost a professional to any social landlord that the family may be tenants of.



Further information	<p>To find a list of GPs in the area please go to this link:</p> <p>http://www.cambridgeshireandpeterboroughccg.nhs.uk/</p> <p>To find out which GP a child is registered with go to this link for details:</p> <p>http://www.cambscommunityservices.nhs.uk/what-we-do/children-young-people-health-services</p>
---------------------	--

Assessments	We are involved in children in need meetings regarding issues in and around the home. Should children be placed in care temporarily or permanently we need to know as this could affect their entitlement to benefits.
Intervention	We also need to know if a child is moving back for the reason above and how it could potentially impact on issues we were involved in and around the home.

Further information about the agency and services.	<p>There are 5 districts councils in Cambridgeshire– contact details regarding housing can be found on these websites. As a professional you will be able to request information regarding the housing providers of a family you are working with from these housing departments https://www.cambridge.gov.uk/ https://www.scambs.gov.uk/services/housing http://www.huntingdonshire.gov.uk/Housing http://www.eastcambs.gov.uk/ http://www.fenland.gov.uk/article/1720/Housing</p>
--	--

Agency	Localities
Referral information	To be sent as an Early help Assessment to the Early help Hub
Assessments	District team workers complete Early Help assessments, and the Family Intervention Projection their FIP assessments

Intervention	Briefly, a range of interventions, including group work, 1;1s, parenting programmes, legal enforcement of non school attendance, children's centre activities with targeted groups of parents and children. Much depends on the defined needs and role of each professional discipline in the District team. See also protocol with children centres and social care which you should have
Further information about the agency and services	See Early help pages on http://www.cambridgeshire.gov.uk/info/20076/children_and_families_practitioners_and_providers_information/370/providing_children_and_families_services/8

Agency	Police
Referral information	At the point of referral to Social Care the EHH triage all cases and refer level 4 cases to the MASH for a strategy discussion. The team in the MASH situated with the IAT will conduct research of all police systems and then share that information with IAT at a face to face strategy discussion.

Assessments	Once the CAIU (Child Abuse Investigation Unit) officers have attended a section 47 joint visit they will update social care to the investigations progress which can then be fed back by Social care for the assessment process.
Intervention	The police, in cases where bail conditions have been imposed can provide an element of intervention to protect the family.
Further information about the agency and services	http://www.cambs.police.uk/

Agency	Schools
Referral information	<p>Basic details e.g., address, contact numbers, parents, PR etc</p> <p>Previous and current concerns</p> <p>Other agencies involved</p> <p>Educational progress and achievement, attendance, punctuality Social relationships/interaction with peers, other adults, parents</p> <p>Changes in child's bEHAviour</p> <p>Physical care, emotional care/stimulation</p> <p>Parents relationship with school</p> <p>Speech and language including any specific communication difficulties SEN</p> <p>Child's views</p>

Assessments	Statutory assessment of SEN EHA.
Intervention	This will vary from school to school according to resources etc Examples may include:
	<ul style="list-style-type: none"> 1:1 support Extended schools activities Counselling Monitoring of attendance Educational Psychologist input Specialist Teaching Team
Further information about the agency and services	http://www.cambridgeshire.gov.uk/CMSWebsite/Apps/Schools/SchoolSearch.aspx

Agency	Further Education
Referral information	<ul style="list-style-type: none"> • Basic details e.g., address, contact numbers, parents, PR etc • Previous and current concerns (we could also provide disciplinary reports/records as this is sometimes linked to a young person's situation rather than purely bEHAvioural) • Other agencies involved • Educational progress and achievement, attendance, punctuality • Social relationships/interaction with peers, other adults, parents • Changes in child's bEHAviour • Physical care, emotional care/stimulation • Parents relationship with school • Speech and language including any specific communication difficulties • SEN • Child's view
Assessments	<p>Statutory assessment of SEN</p> <p>EHA</p> <p>Health/Medical checks</p> <p>Risk Assessment</p>

Intervention	<p>This will vary from setting to setting according to resources etc Examples may include:</p> <ul style="list-style-type: none"> 1:1 support Extended schools activities Counselling Monitoring of attendance Educational Psychologist input Specialist Teaching Team Mental health support
	<ul style="list-style-type: none"> Welfare support Health/Medical support Financial support IAG/Careers/Job seeking support
Further information about the agency	<p>Family Information Directory:</p> <p>http://www.cambridgeshire.gov.uk/info/20007/children_and_families</p>

Agency	Health Visiting
Referral information	The Health Visitor will be able to share information from the clinical record maintained on System One and any additional information contained in a patient file (if there is one) with the IAT in accordance with agreed information sharing protocols.

Assessments	Assessments are carried out in accordance with Assessment Framework Triangle, and The Threshold Document leading to completion of EHA, or referral to social care where appropriate.
Intervention	The Health Visiting Service is currently able to deliver services outlined in the national Healthy Child Programme, these range from universal services such as antenatal visit, new birth visit, 3-4 month mental health assessment, 1 year development check and 2.5 year development check, through universal plus interventions such as sleeping, feeding, parenting support and behaviour etc to more complex universal partnership plus interventions such as mental health, early support, domestic violence and safeguarding .
Further information about the agency and services	http://www.cambscommunityservices.nhs.uk

Agency	School Nursing
Referral information	Where there was a child in need referral. The School Nursing Service would be able to give information to the IAT if the Health Practitioner approached; knew of the child/family issues and consent had been sought in advance, to ensure specific information was shared with identified persons. This information would only be offered after undertaking a review of their health record and where appropriate a health assessment of the child/family in question.

Assessments	The School Nursing Service within Cambridgeshire meets the needs of children, young people and their families using robust health assessment tools including the Early Help Assessment (EHA) where deemed appropriate and consent gained to ensure information can be shared with identified persons (as above).
Intervention	Following assessment, School Nurses can make a contribution to the CIN/Family Plan by offering a range of Public Health interventions and packages of care including, Mental Health assessments, support and referral to the Child and Adolescent Mental Health Services (CAMHS), GP/Community Paediatrician/Allied Health Professionals etc. as appropriate. Access is often via the School and for older children the School Nurse Drop-in Service, which includes Sexual Health advice/support/treatment, including prescribing Emergency Hormonal Contraception (EHC) (where age-appropriate), Condoms, Pregnancy Testing, Chlamydia Screening, support with medication in school, sleep, bEHAViour, healthy eating/activity/hygiene/head lice/puberty and continence issues (bedwetting/soiling etc.).
Further information about the agency and services	http://www.eric.org.uk/ http://www.mind.org.uk/ http://www.brook.org.uk/ http://youngcarers.net/ http://kidshealth.org/teen/drug_alcohol/ http://www.talktofrank.com/drug/alcohol http://www.cambsdaat.org/?q=content/youngpeople

Agency	Youth Offending Service
Referral information	YOS will provide information on any statutory Court Order and police caution that young people had received. We could also provide information on whether a parent had been subject to a voluntary parenting intervention or Parenting Order.
Assessments	The YOS complete an ASSET assessment on all young people: ASSET is a holistic offending assessment on the young person. These assessments provide a judgement on risk of re-offending, harm to others/public and on vulnerability. YOS would share this with Social Care at point of referral alongside YOS Intervention Plans. In respect of parents, the YOS completes an assessment where there has been a voluntary parenting intervention or statutory Parenting Order. We also complete an Intervention Plan for parents and could provide this to Children's Social Care. We have a team of specialist workers who also provide emotional and mental health, health, substance, education/training and accommodations assessments if needed.
Intervention	The YOS is in the main responsible for delivering multi-agency interventions to young people subject to statutory Court Orders (including custody cases) and police cautions. The YOS has access to police, CAMHS-seconded psychologist, substance workers, health worker (nurse), young people's workers and accommodation officer as part of the multi-agency team. These resources could form part of a child in need plan or family plan, but offending would need to be identified as one of the primary areas of concern as resources are limited. The YOS offers voluntary parenting interventions to those parents where young people are subject to a Court Order or police caution, and where a young person has been identified at risk of re-offending. YOS parenting work could be identified as part of a child in need/ family plan where offending again is the primary concern and there is a need for parents to implement boundaries and a different parenting approach to reduce the risk of offending. The YOS also jointly line manage a team of 3 prevention workers based within the District Teams and they provide intervention to prevent young people from entering the CJ System. Again if offending is the primary concern this could be part of child in need / family plan.



Further information	<p>The majority of YOS leaflets can be found:</p> <p>http://camweb/cfa/cenhanprevs/youthsupserv/yos.htm</p>
---------------------	--

APPENDIX 2

Procedure name	Procedure section	Link	Comments
Overview of the Cambridgeshire Threshold Document	7.5 Recommended Reading	http://cambridgeshirecin.proceduresonline.com/chapters/p_links_useful_reading.html	
Assessments	Section 3.3	http://cambridgeshirecin.proceduresonline.com/chapters/p_assessments.html	
Planning and review	Section 3.4	http://cambridgeshirecin.proceduresonline.com/chapters/p_planning_and_review.html	Information regarding Health Assessments
Intervention	Section 3.5	http://cambridgeshirecin.proceduresonline.com/chapters/p_intervention.html	Assessments in relation to different functions i.e. Cambridgeshire Sexual BEHAViour service.

<p>The Youth Offending Service and Children in Need</p>	<p>Section 3.7</p>	<p>http://cambridgeshirecin.proceduresonline.com/chapters/p_youth_offending_serv.html</p>	<p>Refers back to section 3.3 in the manual. CYP Remanded to Youth Detention Accommodation (YDA) or remanded to Local Authority Accommodation (RLAA) –Process.</p> <p>The Youth Offending Service will make a referral to Social Care using the agreed process, including completed Asset assessment,</p>
---	--------------------	--	---

			via the Contact centre, approximately two months prior to the young person's early release date. If a young person is assessed by the secure provider and YOS as eligible for early release accommodation must be identified to avoid any delay in release and infringement of human rights.
Transitions - Disability	Section 3.8	http://cambridgeshirecin.proceduresonline.com/chapters/p_transitions.html http://cambridgeshirecin.proceduresonline.com/pdfs/safeguarding_disab_child_practice_guide.pdf	Transitional assessments and Safeguarding Disabled Children

Framework for case Management	Section 3.10	http://cambridgeshirecin.proceduresonline.com/chapters/p_framework_for_case_manage.html http://www.cambridgeshire.gov.uk/childrenandfamilies/children-services/supportforpractitioners/practitionerspolicies/commonassessmentframework/default.htm	Assessments in relation to step down process and the Common Assessment Framework
Guidance for assessing prison Contact	Section 3.12	http://cambridgeshirecin.proceduresonline.com/chapters/g_ass_prison.html	
Kinship care	Section 3.14	http://cambridgeshirecin.proceduresonline.com/pdfs/kinship_care_policies_procedures.pdf	
Domestic Violence Barnardo's matrix	Section 3.1	http://cambridgeshirecin.proceduresonline.com/chapters/p_contact_and_referrals.html#dvar	
Private Fostering assessment.	2.3 Family and Friends Care Policy	http://cambridgeshirecin.proceduresonline.com/chapters/p_fam_fri_pol.html	

