CSCP
CROYDON SAFEGUARDING CHILDREN PARTNERSHIP

PRACTITIONER'S GUIDE

Using the CSCP Safeguarding Self-Assessment Tool

A practical guide to evidence, score and strengthen your organisation's safeguarding arrangements

> **Use this guide alongside the workbook.** It explains how to prepare, make defensible scoring judgements, interpret the results and convert gaps into measurable improvement.

For organisations working with children and young people in Croydon

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Start here

Critical check: All 20 scored questions open at 0. This is a starting state, not an assessment result. Work through every dropdown and make an active judgement. Record uncertainty rather than leaving an item untouched.

Do not rely on the headline score alone. A total or RAG rating can mask a serious weakness in one question or domain. Review every item, prioritise immediate safety and statutory gaps first, and use the domain averages to direct improvement.

Purpose of this guide

The CSCP Safeguarding Self-Assessment Tool helps an organisation reflect on its arrangements across 20 questions and six safeguarding domains. This guide supports a proportionate, evidence-based assessment and a clear route from findings to action.

The tool is **not** formal validation, accreditation or approval by the Croydon Safeguarding Children Partnership (CSCP). It does not replace professional judgement, statutory guidance, local procedures or action when a child may be at risk.

Who should use it

The tool is designed to support voluntary, community, faith and social enterprise organisations and can also be used by other organisations that want to test their safeguarding arrangements. Section 11 duties apply directly to specified statutory bodies; other sectors have safeguarding duties under their own legal and regulatory frameworks.

The assessment cycle

1 **Prepare**
Agree scope and leadership, then gather current evidence.

2 **Assess**
Discuss each statement and select the score that matches practice today.

3 **Evidence**
Record what supports the judgement and where it can be found.

4 **Review**
Check individual items, domain averages and the overall rating.

5 **Act**
Prioritise gaps, assign ownership and set measurable outcomes.

6	**Assure** Monitor delivery, test impact and obtain governance sign-off.

Suggested ownership

Role	Contribution
Assessment lead	Coordinates the process, retains the evidence record and controls the final workbook.
Safeguarding lead / DSL	Explains current practice, local procedures, concerns management and safeguarding risks.
Senior leader, trustee or board lead	Provides challenge, approves priorities and accepts accountability for delivery.
HR / people lead	Provides safer recruitment, induction, training, supervision and conduct evidence.
Frontline staff and volunteers	Test whether arrangements are understood and work in day-to-day practice.
Children, young people and families	Where appropriate, provide feedback on accessibility, confidence, voice and response.

Small organisations: One person may hold several roles. The important safeguard is that scoring is challenged by at least one other person and approved by whoever holds governance responsibility.

1. Prepare before opening the tool

A reliable assessment begins with a clear scope and a shared understanding of what counts as evidence. Avoid completing the workbook alone from memory.

Agree the scope

- Identify the organisation, service, site or programme covered by the assessment.
- Agree the assessment date, lead, contributors, approver and review date.
- Decide whether contracted, commissioned or sessional activity is included.
- Use the same scope when interpreting evidence and creating actions.

Gather a proportionate evidence pack

Evidence source	Examples to gather
Governance	Safeguarding lead role description; trustee or board minutes; safeguarding reports; risk register.
Policies and practice guidance	Safeguarding policy; reporting flowchart; allegations, whistleblowing and code of conduct procedures; risk assessments.
People and recruitment	Recruitment procedure; DBS and eligibility records; recruitment-check register; induction and training matrix; supervision records.
Casework and response	Anonymised audits; concern forms; referral and escalation records; management oversight; learning from incidents.
Voice and experience	Accessible complaints route; feedback from children and families; participation records; evidence of changes made.

Evidence source	Examples to gather
Partnership working	Information-sharing guidance; partnership meeting records; referral routes; evidence of multi-agency communication.

Use evidence safely

> **Do not put identifiable case information in the workbook.** Use document titles, version dates, anonymised audit references and secure file locations. Follow your organisation's information governance, retention and access controls.

A useful evidence note is short and traceable. For example: 'Q3 - Safeguarding Policy v4, approved by trustees 12.05.26; review due 12.05.27; staff briefing attendance 21/23.'

Save and control the working copy

- Download and save a local copy before entering information.
- Use a clear filename, for example: QA - Organisation Name - 10.08.26.xlsx.
- Store it in an approved location with access limited to relevant staff.
- Retain the final version, evidence index, action plan and sign-off record together.

2. Make evidence-based scoring judgements

Score the organisation's current, consistent practice - not its intentions, best example or policy wording. Where practice varies, score the position that children are most likely to experience across the agreed scope.

Score	Workbook definition	A defensible judgement
0 - Absent	No policy, person or process in place.	The arrangement is missing, unusable or there is no credible evidence that it operates.
1 - Emerging	Basic or informal arrangements exist but are inconsistent, outdated or not widely known.	Some activity exists, but coverage, currency, ownership or staff understanding is unreliable.
2 - Established	Formal, documented processes are in place, relevant and understood by the team.	The arrangement is current, implemented and supported by evidence from more than one source.
3 - Embedded	Practice is mature, actively monitored and used to drive continuous learning or improvement.	The organisation tests quality and impact, acts on findings and can show sustained improvement.

Four calibration questions

- **Is it current?** Policies, training and checks are in date and reflect the service as it operates now.
- **Is it consistent?** The arrangement applies across relevant teams, sites, staff and volunteers.
- **Is it understood?** People can explain what they would do without relying only on a document existing.
- **Is it tested?** Audits, feedback, supervision or governance oversight show whether it works and leads to change.

> **Scoring discipline:** A policy usually supports a score of 2 only when it is current, implemented and understood. A score of 3 requires evidence that practice is monitored and improved; a policy alone is not enough.

When evidence is mixed or missing

- Use the lower score when a material part of the standard is not met.
- Do not average several different realities into a more reassuring score.
- If you cannot verify a claim, record the uncertainty and score conservatively.
- Record what would be needed to confirm or improve the judgement.
- Use comments such as 'partially implemented' or 'not tested' to explain why a score was selected.

Evidence expectations

The workbook describes the supporting-evidence box as optional for the initial quick assessment. For credible assurance, record a concise evidence reference for every score where possible and be prepared to provide evidence for scores of 2 or 3 if the assessment is later reviewed.

3. Complete the workbook

Tab 1 - User guide

Read the workbook's introductory guidance and confirm the assessment team understands the limitations of the tool. Follow the linked action-plan prompt once scoring is complete.

Tab 2 - Tool

1	**Work through all 20 questions** Use the dropdown in the Score column. Do not leave a displayed 0 untested; every question starts at 0.
2	**Discuss evidence before selecting** Compare the available evidence with the four-point scoring definitions. Record disagreement and how it was resolved.
3	**Watch the section averages** Each blue section row calculates the average for that domain. Use it to locate patterns, but still inspect each question.
4	**Use the supporting-evidence box** Reference questions by number and list document title, version/date, audit or feedback evidence and any uncertainty.
5	**Confirm the overall score** The total is the sum of the 20 item scores and ranges from 0 to 60.

Tab 3 - Result

The Result tab displays the overall score, headline rating, average score for each domain and advisory guidance. Review the lowest-scoring questions first, then consider patterns across domains.

Overall score	Workbook rating	How to respond
0-20	Non-compliant, immediate risk	Review significant gaps immediately and obtain safeguarding support. Prioritise governance, reporting and safer recruitment risks.
21-39	Partial compliance	Target inconsistent or missing arrangements and create a robust improvement plan.
40-52	Compliant	Strengthen scores of 2 by testing quality, consistency and impact. Do not overlook any individual 0 or 1.
53-60	Strong practice	Maintain evidence, continue quality assurance and share learning where appropriate.

Important: The RAG rating is advisory. It is not a threshold decision, legal determination or substitute for a risk assessment. Any serious gap must be acted on regardless of the total score.

4. Understand the six domains

The tool groups the 20 questions into six domains. Evidence should show both the existence of arrangements and how they operate in practice.

Domain	Questions	Evidence that may support the judgement
1. Governance, leadership and accountability	Q1-Q4	Named safeguarding roles; board or trustee oversight; current policy approval; reporting to leaders; staff understanding; learning culture.
2. Policies and procedures	Q5-Q8	Clear reporting route; allegations and whistleblowing procedures; code of conduct; setting-specific risk assessment; evidence staff can use the procedures.
3. Safer recruitment and people management	Q9-Q13	Recruitment checks; DBS decisions; accurate central register; induction and refresher training; role-appropriate supervision and support.
4. Responding to concerns	Q14-Q16	Staff knowledge; factual and secure records; timely decisions; referrals; escalation; management oversight; case audits.
5. Child-centred practice	Q17-Q18	Accessible ways to raise concerns; evidence children are heard; feedback and complaints analysis; service changes arising from feedback.
6. Information sharing and partnership working	Q19-Q20	Information-sharing guidance; staff understanding; proportionate decision records; engagement with local safeguarding partners.

Distinguish implementation from impact

Evidence of arrangement	Evidence of implementation	Evidence of impact
A safeguarding policy is approved and current.	Staff induction and briefings show the policy is used and understood.	Audits and feedback identify improvement; changes are implemented and re-tested.
A training standard and matrix exist.	Relevant staff complete induction and refresher training on time.	Knowledge checks, supervision and case audits show practice has improved.

Evidence of arrangement	Evidence of implementation	Evidence of impact
A complaints route is published.	Children and families can access it and receive a response.	Themes are reviewed and lead to demonstrable service changes.

Professional challenge: If the evidence shows only that a document exists, do not assume the arrangement is understood, consistently applied or effective.

5. Turn findings into an action plan

Download the CSCP Action Plan template and use it as a live improvement record. Priority should be determined by risk and urgency, not simply by the order of the questions or the overall score.

Prioritise in this order

Priority	Typical finding	Expected response
Immediate	A gap could leave a child at risk now, or there is no safe route to report or respond.	Take protective action, escalate internally and obtain advice without waiting for the audit cycle.
High	A score of 0 or 1 in a statutory, governance, safer recruitment or concerns-management requirement.	Assign a senior owner, set a short deadline and monitor frequently.
Planned improvement	An established arrangement is inconsistent, not yet evaluated or needs to move from 2 to 3.	Define a measurable improvement and test its effect at the next review.
Maintain	A score of 3 supported by current evidence.	Continue routine assurance; do not treat embedded practice as permanently complete.

Write actions that can be assured

Each action should state the gap, root cause, specific activity, named owner, completion date, success measure, monitoring route and current status.

Weak action: 'Improve safeguarding training.' This does not identify the gap, owner, deadline or how improvement will be measured.

Stronger action: 'By 30 September 2026, the L&D lead will update the training matrix, book all overdue staff onto role-appropriate training and introduce monthly expiry reminders. Success: 100% of in-scope staff current; a sample of staff can explain the reporting route; compliance reviewed monthly by the safeguarding lead.'

Governance and review

- Agree how often progress will be reviewed - weekly for immediate risks, then proportionately as controls improve.
- Report progress and unresolved barriers to the relevant manager, trustee, board or governing body.
- Close an action only when the stated success measure has been met and evidenced.

- Re-score the relevant question when practice has changed and there is enough evidence to justify a different judgement.
- Retain sign-off and the date of the next full self-assessment.

6. Worked case study: ABC Youth Club

ABC Youth Club runs evening sessions across two venues using six staff and sixteen volunteers. The safeguarding lead coordinates the assessment with a trustee and a session lead. They gather the safeguarding policy, training matrix, induction records, supervision notes and a sample of anonymised concern records.

The judgement

> **Question 12:** 'Safeguarding training is provided at induction and refreshed regularly.'

What the team found	Why the score is 1 - Emerging
All new starters receive a basic induction briefing.	This shows an arrangement exists.
Only 14 of 22 staff and volunteers have current role-appropriate training.	Implementation is inconsistent across the workforce.
The training matrix has no owner and no expiry reminders.	The gap is likely to recur unless the process changes.
Two sampled volunteers could not explain who to contact outside session hours.	The arrangement is not yet widely understood or reliable.

The team does not award a 2 simply because induction occurs or the policy requires refresher training. Current evidence shows that the process is incomplete and inconsistently understood.

The evidence note

> **Record in the workbook:** 'Q12 - score 1. Induction checklist v2 includes safeguarding. Training matrix reviewed 10.08.26: 14/22 current; no named owner or automated reminders. Staff sample: 2/5 unclear about out-of-hours reporting.'

The action

Field	ABC Youth Club entry
Area for improvement	Safeguarding induction and refresher training
Identified gap / root cause	Eight people are overdue; no named owner, expiry-alert process or knowledge check.
Action required	Update the matrix, assign ownership, book overdue training, introduce monthly reminders and add a short reporting-route check to supervision.
Lead officer	Operations Manager
Timescale	Eight weeks; monthly monitoring thereafter
Success measures	100% current; 90% or more sampled staff correctly explain the reporting route; no overdue refresher training at three-month review.
Status and oversight	In progress; reviewed monthly by Safeguarding Trustee

Reassessment

Eight weeks later, all in-scope staff are current and the reminder process is operating. The organisation does not automatically move to 3. It first checks whether the new process is sustained, understood and monitored. A score of 2 may be justified once implementation is evidenced; a score of 3 requires ongoing assurance and learning.

7. Final quality and sign-off checks

Before approving the assessment

- **Check:** Every question has been actively considered and scored against current practice across the agreed scope.
- **Check:** Scores of 2 and 3 can be supported by current, traceable evidence.
- **Check:** Any uncertainty, variation or missing evidence is recorded; all scores of 0 or 1 have been reviewed regardless of the overall RAG rating.
- **Check:** Actions are prioritised by safeguarding risk, with owners, dates and measurable outcomes.
- **Check:** The assessment and action plan have been challenged and approved at the right governance level.
- **Check:** A review date has been set and the evidence is stored securely.

Common pitfalls

Pitfall	Correction
Completing the workbook alone from memory	Use a small assessment group and gather evidence before scoring.
Leaving default zeros or scoring aspiration	Make an active judgement for every question; score what happens now and place plans in the action plan.
Treating a policy as proof of impact	Test staff understanding, consistency, oversight and outcomes.
Focusing only on the total	Review every question and prioritise serious gaps regardless of the headline rating.
Writing vague actions or closing them too soon	Specify ownership, deadline and impact measures; close only when improvement is evidenced.
Saving identifiable case details in the tool	Use anonymised, traceable evidence references and approved secure storage.

If the assessment identifies an immediate concern

The audit is not a reporting route. If a child may be at risk, follow the Croydon Thresholds and Referrals guidance and your organisation's procedures without waiting for the assessment or action plan. Call 999 where there is immediate danger. Allegations about a person who works with children must be managed through the LADO procedure.

Support and key links

Use: Assurance page | Audit Tool | Action Plan

Reference: Thresholds and Referrals | LADO procedures | Working Together 2026

Support: cscp@croydon.gov.uk