

# Family Services

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## Resilient Families, Resilient Children

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# 1. Introduction

Working Together, 2018 sets out that local authorities, with their partners, should develop and publish local protocols for assessment. Barnet's local protocol sets out clear arrangements for children referred to the local authority for support, as such, is a 'handbook' that describes what the local authority will do and how the child will move through the journey of assessment and planning.

The local protocol aims to secure cooperative working across agencies, and with parents/carers, children and young people that places the child at the centre of decision making both in Early Help and when a child requires a statutory social work assessment by Children's Social Care Services.

- Barnet Continuum of Help & Support Guidance 2023
- The London Safeguarding Children Partnership Threshold: Continuum of Need Matrix 2022 (Appendix A)<sup>1</sup>
- London Safeguarding Children's Procedures (Updated March 2023)<sup>2</sup>
- Working Together to Safeguard Children 2018<sup>3</sup>
- Working with Foreign Authorities: Child Protection Cases and Care Orders (Departmental Advice for local authorities, social workers, service managers and children's services lawyers)<sup>4</sup>.
- The international Child Abduction and Contact Unit (Guidance 2016)<sup>5</sup>
- Barnet Early Help Operational Protocol

The local protocol provides a framework for agencies to work together in the best interests of children, so they are supported, safe and enabled to reach their full potential.

- A child is defined as pre-birth (unborn) and anyone who has not yet reached their 18th birthday. 'Children' therefore means 'children and young people'.
- The term 'practitioners' is used throughout the guidance to refer to individuals who work with children and their families in any capacity.

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<sup>1</sup> [Threshold Document: Continuum of Help and Support \(london safeguarding children procedures.co.uk\)](https://london safeguarding children procedures.co.uk)

<sup>2</sup> [London Safeguarding Children Procedures](https://london safeguarding children procedures.co.uk)

<sup>3</sup> [Working Together to Safeguard Children 2018 \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

<sup>4</sup> [Child protection: working with foreign authorities - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

<sup>5</sup> [International Child Abduction and Contact Unit application form - GOV.UK \(www.gov.uk\)](https://www.gov.uk)



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## 2. What is an Assessment?

When a child comes into contact with services, practitioners need to understand what life is like for them so they can ensure the right support is put into place for them. An assessment gathers information from children, the adults that care for them and the agencies that support them, such as schools and health services. Assessments are completed in partnership with parents, as they usually know what is best for their children and it is their responsibility to raise their children. All children's needs are unique, some children have more needs than others, such as those arising from a disability and all family systems and circumstances are different, when an assessment is completed it aims to help professionals understand the support needs to be made available at the right level of need.

## 3. Barnet's Continuum of Help & Support Pathway

Most children and young people living in Barnet have basic needs that are met well by their parents, wider family, support networks and universal services such as health, children's centres and schools. All families can face difficulties from time to time, and some children need more help to achieve their potential.

The [Continuum of Help and Support Threshold Document](#) provides a framework for practitioners who are working with children and families in Barnet and aims to help identify when a child may need additional levels of support to achieve their full potential. It provides information on the levels of need and gives examples of some of the indicators that a child may need additional support.

Barnet Child & Family Early Help Services<sup>6</sup> is not a single service but a network of multi-agency services and professionals who work separately and together to provide support when children and their families need it. Children with special educational needs and disabilities may need additional support to help them thrive and achieve. The service aims to ensure that help is provided early, in the right places at the right time.<sup>7</sup> "Early intervention means identifying and providing effective early support to children and young people who are at risk of poor outcomes. Effective early intervention works to prevent problems from occurring, or to tackle them head-on when they do, before problems get worse. It also helps to foster a whole set of personal strengths and skills that prepare a child for adult life" (Early Intervention Foundation, 2020).<sup>8</sup>

Keeping children at the centre of what we do, is a key priority for the safeguarding partnership, so that their lived experience is understood, their voices are heard, and their outcomes improved through

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<sup>6</sup> [Early help for children, young people and families | Barnet Council](#)

<sup>7</sup> [Barnet Local Offer: Home](#)

<sup>8</sup> [Home | Early Intervention Foundation \(eif.org.uk\)](#)



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services based on a clear understanding of their needs and views of the individual child in their family and community context.

### Levels of need

#### 3.1 Level 1 - Universal

These are children with no additional needs; all their health and developmental needs will be met by universal services (GP's, Midwives, Health Visitors, School Nurses, childminders, schools, Housing and Community, Faith, Voluntary, Social Enterprise Sector services). *These are children who consistently receive child-focused caregiving from their parents or carers.* The majority of children living in Barnet require support from universal services alone.

*Agencies delivering services at Level 1 aim to reduce the risk of later difficulties arising and needs escalating*

#### 3.2 Level 2 – Universal Plus and Early help

These are children with additional support needs, who may need more support (Universal Plus or Targeted Support) which is provided alongside Universal Services without the need for an Early Help Assessment i.e., speech & language, occupational therapy, parenting programmes, child & adolescent mental health services.

These are also children 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 caregiving* and require, alongside Universal Services, two or more agencies to meet their needs. This is the threshold for a multi-agency Early Help Assessment. These children require a lead professional to coordinate services alongside universal, universal plus or targeted services provision and do not include services from children's social care.

*Agencies delivering universal plus or targeted services at Level 2 aim to resolve emerging difficulties and develop strategies in partnership with children, young people and families to prevent difficulties resurfacing/ progressing or becoming entrenched*

*Agencies delivering services Early Help Assessments at Level 2 work in partnership with the aim of assessing and intervening with children, young people and families to address existing difficulties and prevent crises*



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### 3.3 Level 3 – Complex or 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.

*Agencies delivering services at Level 3 work in partnership with children, young people, families and their professional networks with the aim of assessing and intervening to reduce risk and provide services that promote their welfare and improve their outcomes.*

### 3.4 Level 4 – 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 very 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 includes children remanded into custody and in statutory youth offending services.

*Agencies delivering services at Level 4 work in partnership with children, young people, families and their professional networks, although may use statutory powers to assess or intervene. Children may be subject to child protection, family proceedings and/or need to live away from home in hospital, custody or foster care/residential care settings to ensure their safety and protection or reduce risk of harm. Services are provided in partnership with a range of agencies, and, where possible in partnership with parents and children to assess and reduce risk and improve their outcomes*



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### **4. Referrals**

Children, young people and their parents/carers can access Level 1 (Universal) and most Level 2 (Universal Plus & Early Help) by referring directly to the services they want to access.

Professionals can refer children and families to Level 1 and Level 2 services with their consent.

If a professional has a concern about a child or is not sure which service a child should be referred to, they can contact the Multi-Agency Safeguarding Hub (MASH) for a consultation.

### **5. Multi-Agency Safeguarding Hub (MASH)**

Barnet MASH provides a single 'front door' for children in need of additional support and/or protection. Co-located within the MASH is a partnership ('the partnership') of professionals from a range of agencies including Metropolitan Police, Solutions4Health, Barnet Education & Learning Services, Barnet Children's Social Care, Child & Family Early Help, Change, Grow, Live (alcohol and substance misuse service), Barnet Homes, London Probation Service and Solace Advocacy & Advice (Domestic Abuse) services.

The partnership work together to screen contacts received into the MASH, share and analyse information held across multiple client data systems and build a picture of the child's history, current circumstances and agency involvement so that proportionate and timely decisions can be made about the type and level of services children need to safeguard their welfare, meet their needs and improve their outcomes.

Children referred to the MASH can be signposted to services, referred to Early Help for an Early Help Assessment or screened by the MASH partnership to understand the 'whole picture' before making a decision about which services are needed. Consent must be obtained to undertake multi-agency checks unless there is an identified risk to the child, or it is in the public interest not to do so. In all instances, the rationale for not obtaining consent must be recorded. In situations where the outcome is not initially clear, the MASH can convene a multi-agency threshold discussion.

All safeguarding concerns about a child must be referred to the MASH, the concern will be considered by the MASH for a decision to refer to Children's Social Care.

The MASH aims to ensure that all referrals are timely, and children are connected to the right services to meet their needs, first time.

Professionals within the MASH will ensure that where appropriate and necessary, consent will be obtained to share information and that information will only be shared with the people who need to have it. MASH will ensure that information is accurate and up to date, shared securely and in a timely



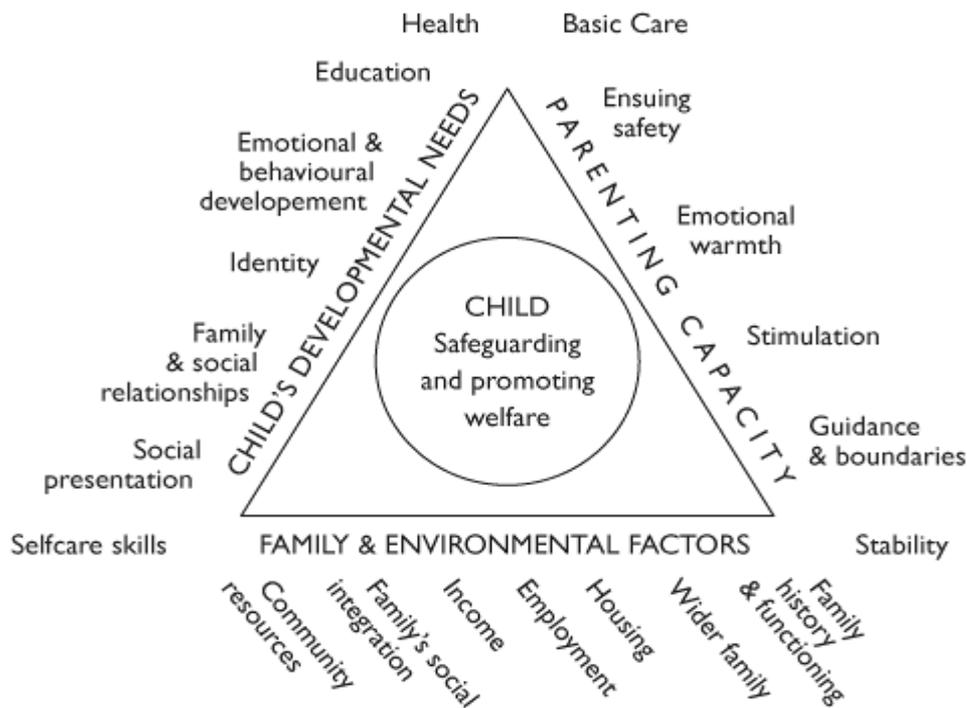
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fashion and is proportionate and relevant to ensure a balanced response to risk and need. All decisions to share information without consent will be clearly recorded.

## 6. Assessment principles

The Framework for the Assessment of Children in Need and their Families (Department of Health et al., 2000) provides conceptual scaffolding for social work assessments of children in need and their families. The Assessment Triangle sets out three domains for assessment:

- the developmental needs of children
- the capacities of parents or caregivers to respond appropriately to those needs
- the impact of wider family and environmental factors on parenting capacity on children.



**Child development:** an understanding of child development at different ages and stages, attachment theory, children’s identity and of self-esteem and the factors that can impact on a child’s development and outcomes.

**Parenting capacity:** an understanding of parenting capacity, styles and approaches as they relate to individual children in family systems, basic care, discipline, parenting difficulties including learning disabilities, mental health alcohol and substance misuse, domestic abuse, offending and the impact this has on children’s safety, socialization and development, and whether a parent has capacity to change in the child’s timescales.



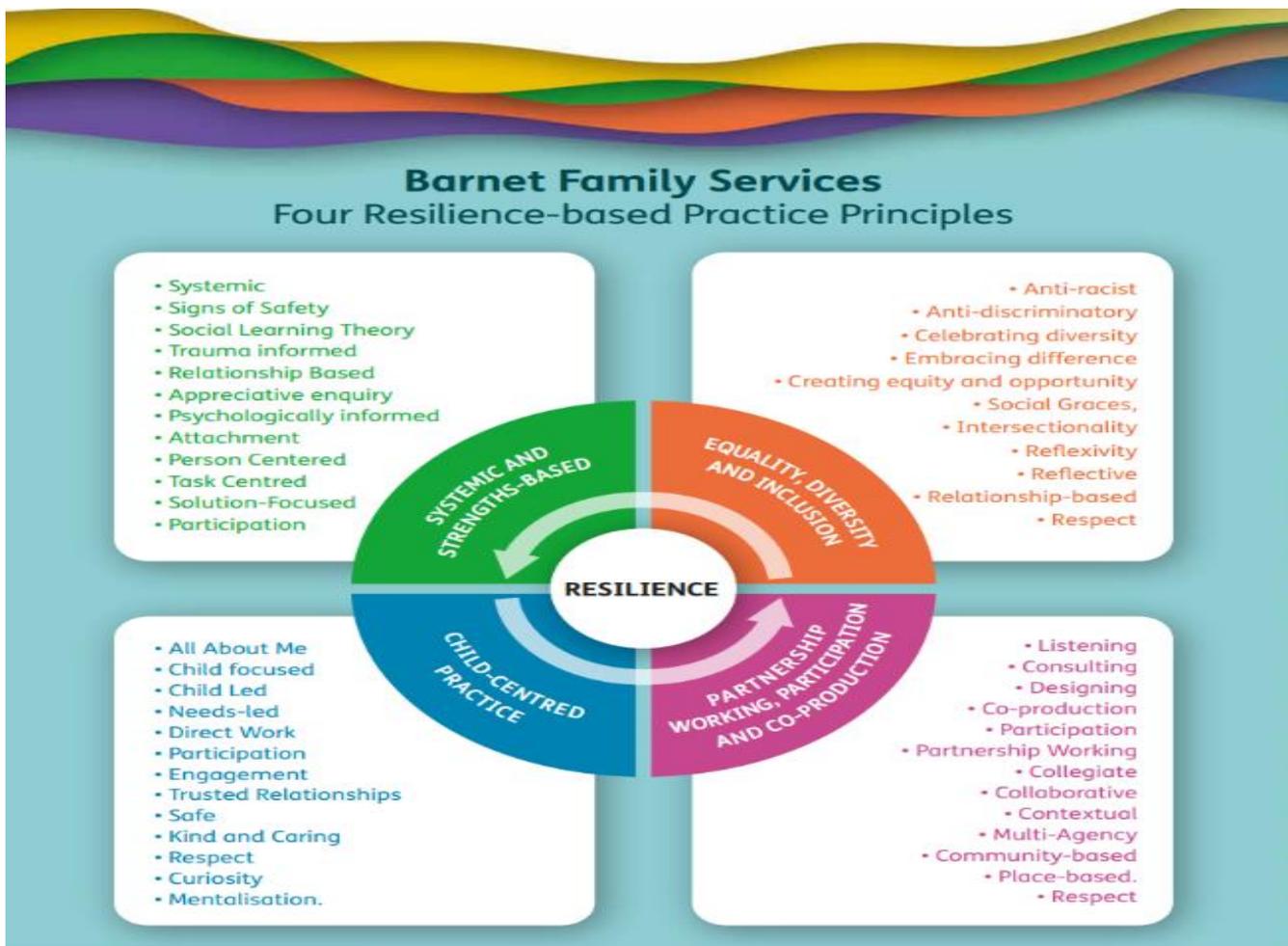
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Family and environmental factors: an understanding of socio-economic, housing, immigration and cultural/religious influences and access to community-based support and wider family systems.

In using the ‘assessment triangle’ practitioners must draw on a wide range of knowledge and skills to understand a child’s unique circumstances and consider the interconnected risk and protective factors in order to make professional judgements based on careful analysis as to the level of support and protection children need.

In Barnet, assessment activity is underpinned by a resilience perspective which recognises that whilst people may face adversities, they also find ways to thrive.

We agree that most children and families have existing strengths, resources, and support systems that they are draw on to buffer the effects of adversity and have developed our practice approach on building resilience in children, our communities and workforce. Below we have four resilient-based practice principles, they are intersectional and complimentary and shaped by the feedback of children and our workforce





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Practitioners will aim to identify family strengths and protective factors in an assessment as well as identify areas of difficulty or concern. It is our common expectation that all assessments should:

- be timely, transparent and proportionate to the needs of individual children and their families;
- be concise and written in plain English
- identify areas that build upon family resilience by recognising what they do well, engaging their support systems and identifying their successful coping strategies
- put the child at the centre and examine the child's lived experience within the family
- clearly set out any worries or concerns as directly expressed by the children and young people in the household
- explore and understand a family's Social GRACES and consider these in relation to parenting capacity and a child's needs
- include the whole family, including non-resident fathers
- be undertaken in partnership with families
- be informed by the views of other professionals involved with child and adults in the family
- gather and analyse information from a wide range of sources including previous local authorities, schools, health providers, youth offending teams, adult services, early help and community faith and voluntary sector providers
- include the assessing social workers analysis of risk and need
- set out what needs to change to improve outcomes for the child(ren) and when this needs to happen
- be shared with parents, and children where appropriate.



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# 7. Early Help Assessments (EHA)

Universal services are available to all children, they usually do not need to be referred to them but may need to be registered to receive them i.e., Child care support packages such as Free Education for two and three-year-olds FEE2 and FEE3 and entitlement and Early Years Vulnerable Families.<sup>9</sup>, early years, health visiting, midwifery, GP's and schools. A broad range of Early Help Services are delivered across the borough and through the Child & Family Hubs. Early Help has a menu of interventions, some of which are delivered in partnership with partner in health, education and the voluntary, community, faith and social enterprise sectors.

Universal Plus interventions are low-level, brief focused interventions usually between 6-12 sessions; this includes evidenced-based parenting programmes and family support interventions, positive activities and Children's Centre provision, requests for this type of support can be made directly into the Hubs, via the Universal Plus e-form, and should not be referred into the MASH.

If a child's needs require a coordinated multi-agency approach to bring together help and support for a child and family, an Early Help Assessment (EHA) should be initiated by referring to the MASH.

All referrals for an EHA are made with parental consent and are discussed at a weekly 'Multi-Agency Early Help Panel' (MAEHP) to agree who needs to be involved in the EHA and/or may need to be part of the Team Around the Family (TAF). The Team Around the Family meeting identifies and involves other agencies who may be able to support the child and/or provide targeted interventions. This way of working reduces duplication and seeks to ensure coordinated provision of services with an identified 'Lead Professional', so the child and family are held close and tell their story only once.

EHA's provide a consistent approach to assessment across Barnet's Children and Families Early Help system and ensure a whole family approach in identifying services to meet a child and families' needs.

The EHA will be used to assess a child and family's needs when:

- there are concerns about how well a child is progressing in terms of their health, welfare, behaviour, progress in learning or any other aspect of their well-being
- an EHA should be completed when a professional in any agency has concerns that a child will not progress towards meeting good outcomes without additional services
- a child with an Education Health Care Plan (EHCP) may still also benefit from an EHA if there are wider needs for the family that are not already being addressed within the EHCP.

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<sup>9</sup> ['Free Entitlement to Early Education for two, three and four year old's'](#)  
['Early years vulnerable family scheme'](#)



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# 8. Child & Family Single Assessment

When a child is referred to Children's Social Care Services for a statutory assessment of need they will have a Single Assessment in accordance with Working Together to Safeguard Children 2018.

All single assessments are undertaken by qualified social workers under the supervision of an experienced social work Team Manager.

Assessments will involve a visit(s) to the child's home and where appropriate, the child's nursery or school. During each assessment, the social worker will gather information from the child, his/her parents/carers, siblings, wider family and support systems and professionals involved in the child or family's life. Children may be seen alone and together with their parent(s) and siblings.

At initial allocation the Duty and Assessment Team social worker, in consultation with the team manager, will consider the following as part of the planning process for a Single Assessment:

- reason for the referral and any alleged or suspected concerns
- information that will be shared with the child's parents/carers and key agencies
- obtaining consent, where appropriate for agency checks to be undertaken
- the child and family's linguistic, cultural and communication needs
- access to the child and how the child's views will be obtained
- engaging non-resident parents
- which professional agencies will be required to contribute to the assessment
- effective communication with parents with learning disabilities Adult/Child Mental Health and/or Alcohol or Substance Misuse
- the Barnet Family Services four resilience-based practice principles and practice tools.
- violence in the home
- specific needs of unborn children
- contingency arrangements for emerging information, changing or new circumstances that increase risk to the child
- social and environmental factors affecting risk i.e., Group Offending/ Criminal & Sexual Exploitation
- non-resident children of adults in the household
- obtaining the family history and involvement with services
- services that are required to immediately alleviate need, this may include interventions provided by the Children and Family Early Help Service.

The assessment should take **no longer than 45 working days to complete**, unless there are justified reasons for the assessment to take longer. Team managers will make a record of the reasons for



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extending the assessment timescale and maintain oversight to the completion of the assessment in supervision with the social worker.

Completed assessments will determine:

- if the child is in need of services provided under s17 Children Act 1989
- if the child is need of accommodation under s20 Children Act 1989
- what actions, if any, are required to safeguard the child in the immediate or longer term
- the type and level of services that are required to improve the child's outcomes.

The Single Assessment will be used to formulate the child's Plan and will be used as the social work report for Initial Child Protection Conferences, including updated assessments for subsequent Review Child Protection Conferences.

## 9. Section 47 enquiries Children Act 1989

Enquiries under s47 Children Act 1989 will be triggered if a child is taken into Police Protection, is the subject of an Emergency Protection Order or there are reasonable grounds to suspect that the child is suffering or likely to suffer significant harm i.e., the child has made a serious allegation of abuse, has incurred an unexplained or non-accidental injury or is suffering neglect.

In accordance with Working Together to Safeguard Children and the London Child Protection Procedures, all child protection investigations in Barnet will:

- be planned through an initial (or review) Strategy Discussion or Meeting with the Police and Health, and other agencies as relevant
- be undertaken either jointly with the Child Abuse Investigation Team (CAIT) or solely by Children's Social Care Services (single agency)
- be informed by MASH checks/information
- identify what needs to happen to ensure the child is safe for the duration of the investigation i.e., safety planning or temporary living arrangements away from the source of risk or harm with a relative, family friend or foster carer
- initiate a Single Assessment, in which the child will be met with alone
- Where a crime has been committed against the child, obtain the child's evidence by undertaking a video recorded interview carried out by a CAIT police officer and where delays will not occur due to availability or scheduling, it is best practice to take place with a specially trained social worker in attendance.
- where necessary, include a physical examination of the child by a paediatrician.
- determine whether an Initial Child Protection Conference is required to develop a multi-agency safeguarding plan (Child Protection Plan) for the child(ren) and where an ICPC is needed, for it to be convened within 15 working days of the initial strategy discussion



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# 10. Revised Public Law Outline

The revised Public Law Outline (PLO) January 2023, provides a framework for the local authority to work with parents to avoid the need to enter into proceedings by undertaking pre-proceedings assessments, providing support and setting clear goals for families aimed at helping them to demonstrate the change needed for children to remain in their care. If change cannot be achieved within agreed timescales, the local authority may issue Care Proceedings to consider alternative care arrangements for children. Pre-proceedings assessments can help to reduce the time spent in Family Court Proceedings so children can achieve timely outcomes; the usual length of Care Proceedings to conclude is 26 weeks.

The Assessment & Change Forum (ACF) is a weekly senior management-led forum that supports 'best practice' in assessment, Child in Need and Child Protection interventions. The Forum will support timely and purposeful assessments for unborn children and children in pre-proceedings Public Law Outline (PLO)

## 10.1. PLO Requirements

With exceptions to emergency situations, the court expectation is for the local authority to complete the requirements of the Pre-proceedings The Letter Before Proceedings is the formal written notification that proceedings are likely. It should set out:

- A summary in simple language of the local authority's concerns;
- A summary of what support has already been provided to the parents;
- What the parents need to do and what support will be provided for them, to avoid proceedings, including timescales;
- Information on how to obtain legal advice and advocacy, making clear how important it is for the parent to seek legal representation.

The letter should invite the parents/others with Parental Responsibility to a pre-proceedings meeting and an up-to-date list of relevant solicitors in the local area who are specialists in child care cases should be sent with the pre-proceedings letter.

The aim of this meeting is to:

- Ensure the parents have understood the PLO letter and the reason for the meeting;
- Ascertain the parents' understanding of the concerns the local authority holds about their children;
- Review the current child protection plan to see if there are points on the plan that the parents agree will provide the most immediate change/safety for their children;
- Describe what support the local authority will provide to the parents while they focus on the immediate change work;
- Discuss and agree any additional assessment work and the timetable for this work.



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Setting clear expectations and timescales for improvement will reduce the potential for delay. The stipulated length of usual care proceedings limits time during court proceedings to undertake specialist assessments, so the expectation is for social workers to undertake or arrange for assessments to be conducted within the PLO and/or set out the services the family must engage with to enable them to achieve positive change. A meeting will be held with the parents/family and their legal representative(s) to ensure that they are clear of the expectations. The pre-proceedings plan will be periodically reviewed at agreed intervals and overseen at the Assessment & Change Forum.

### 10.2. Court Assessments

A Legal Planning Meeting held between the social worker and local authority legal department will determine if the threshold is met to issue Court Proceedings. Once determined, the local authority will send the parents a 'letter before proceedings' which triggers the availability of public funding for the parents to obtain legal advice. The letter before proceedings will set out the local authority's concerns and the outline plan for completing specific assessments within timescales.

The social worker and local authority solicitor will then prepare the documents that are required to be produced for Court. The local authority solicitor will advise the court of the name of the Independent Reviewing Officer and their contact details.

The court application will include any assessment completed in respect of the family including

- The social work Chronology;
- The social work statement and Genogram – including any early identification of Connected Carers;
- Any current Assessment relating to the child and/or the family and friends of the child to which the social work statement refers and on which the local authority. The local authority should also lodge an Assessment Plan, setting out assessments which have already been completed and a timetable for any other assessments, which fits into the overall timetable; this should include rigorous kinship assessments that are carried out during pre-proceedings work in order they do not have to be undertaken once the application is issued.
- The Care Plan

All local authorities should use the Social Work Evidence Template (SWET), to which local authorities can add their logos. The SWET includes the social work statement, Chronology and Genogram. [Social Work Evidence Template, abridged Statement](#) for use in short-notice hearings, and Guidance (updated 2021, in line with the recommendation made by the PLWG).

For further information [Barnet Care and Supervision Proceedings and the Public Law Outline](#)



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# **11. Assessing and planning for permanence**

Children who require alternative care arrangements under either s20 Children Act 1989 or as a result of Court Proceedings to determine their permanence arrangements will be presented to the Permanency Planning Panel and tracked via the Permanency Tracker Meeting.

Assessments of a child's needs in relation to his or her Permanence Plan must:

- a) focus on outcomes
- b) consider stability issues, including the child's and family's needs for long-term support and the child's needs for links, including contact, with his or her parents, siblings, and wider family network.

Social workers must ensure the child's Permanence Plan is clearly linked to previous assessments of the child's needs in full consultation with family and community networks to establish the child's attachments, support networks and the child's wishes and feelings. The assessment process must ask how stability for this child will be achieved;

By the time of the second Looked After Review, the child must have a Permanence Plan that supports:

- reunification with birth or extended family
- adoption
- Special Guardianship Order/ Child Arrangements Order
- long term fostering.

# **12. Children with Disability Service**

Barnet's Children with Disabilities Service aims to provide a service where the assessment of need produces the necessary support and intervention into early adulthood that will strengthen transition planning and consistency is assessment.

## **12.1. Children with disabilities**

Children with disabilities are 'children in need' and therefore require assessment of their needs to establish what kind of help and support they require, if any.

An Early Help Assessment may be sufficient on its own to establish the kind of help and support needed for children with disabilities but in some cases, a specialist assessment may be required (for example an occupational therapy assessment or a health assessment). Some children with disabilities may also need a statutory social work Single Assessment because of concerns about their safety and welfare. The majority of such Single Assessments will be undertaken by the Children with Disabilities Service.



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# 13. Other assessments

## 13.1. Pre-Birth

The National Maternity Review: Better Births 2016 recognises the need for an individual approach to every woman, pregnancy, baby and family. Young babies are particularly vulnerable to abuse, and work carried out in the antenatal period can help minimise the potential for harm through early assessment, intervention and support (Brandon et al 2016).

The success of pre-birth work lies in the quality of multi-agency involvement and partnership working and meaningful engagement and involvement with families. The family GP, midwife, health visitor are all critical roles in relation to vulnerable expectant mothers, alongside other statutory agencies and organisations working with family members.

In the vast majority of situations during a pregnancy, there will be no safeguarding concerns. However, in some cases it will be clear that a coordinated response is required by agencies to ensure that the appropriate support is in place during the pregnancy to best support and protect the baby before and following birth. It may also be necessary to consider the need for particular arrangements to be in place during and immediately following the baby's birth.

### 13.1.1 The Prebirth Assessment

A pre-birth assessment should always be undertaken where prospective parents may need support services to care for their baby in addition to those available through early help services or where the unborn baby may have suffered, or be likely to suffer, significant harm. The pre-birth assessment should usually commence as soon as possible after a viable pregnancy has been confirmed and the mother has registered for midwifery care, but no later than 16 weeks into the pregnancy. If the initial identification of the pregnancy is delayed or concealed, it should commence as soon as the pregnancy has been identified. The assessment should identify:

- Parental and family history, lifestyle and support networks and their likely impact on the child's welfare.
- Risk factors.
- Parental needs.
- Strengths in the family environment.
- Factors that will not change and why, including timescales.



## Resilient Families, Resilient Children

It is important that social workers do not conduct assessments in isolation. Working closely with relevant professionals such as midwives and health visitors is essential. Liaising with relevant substance misuse, mental health and learning disability professionals is also crucial. The liaison mental health worker will also offer advice on cases with a mental health component and become involved in liaison with mental health professionals.

All unborn children will be presented to Barnet Family Services weekly Assessment & Change Forum; the forum is for practitioners, line managers and senior managers to share risk, think and plan together to ensure all unborn children have a robust plan that facilitates safe newborn care arrangements. Where completing a pre-birth assessment, the assessment should consider the risk of sudden unexpected death in infancy (SUDI) and how professionals are addressing these risks with the parent(s).

It is crucial to seek information about fathers / partners whilst conducting assessments and involve them in the process. It should not be assumed that a male partner is necessarily the father of the unborn child. Background police and other checks should be made at an early stage in relevant cases to ascertain any potential risk factors and necessary risk assessments undertaken. This can include mental health or substance misuse, for example.

The assessment should be completed within 45 days and must make recommendations regarding the need for a child in need planning meeting, a Pre-Birth Child Protection Conferences, or a legal planning meeting to consider initiating Public Law Outline prior to birth and / or initiating proceedings at birth.

For further details please see [Barnet Family Services Unborn Joint Protocol](#)

### 13.2. Children with Special Educational Needs: Education, Health and Care Needs Assessments (EHNCA)

Schools, as well as Parents/carers or young people who have left statutory schooling and are aged 16-25, can ask for an Education, Health and Care (EHC) Needs Assessment. . Information on the Education and Health Care Plan (EHCP) process can be located using the link [EHCP](#). Information on the Barnet Local Offer and SEN support<sup>10</sup>

An EHCNA can be requested by contacting the Barnet Special Educational Needs Team on [senadmin@barnet.gov.uk](mailto:senadmin@barnet.gov.uk) or 020 8359 7007

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<sup>10</sup> [www.barnetlocaloffer.org.uk](http://www.barnetlocaloffer.org.uk)



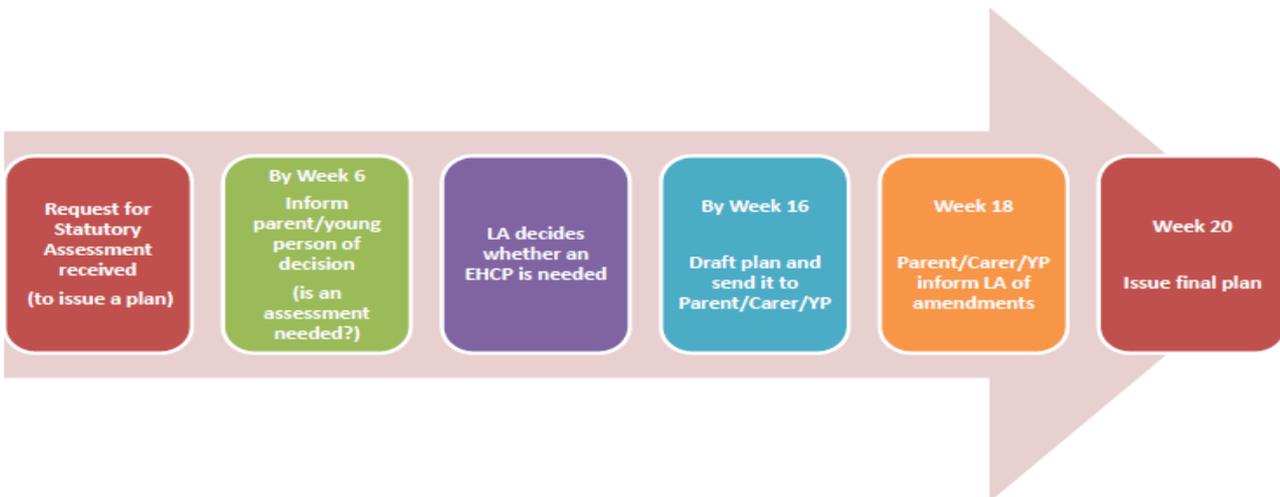
## Resilient Families, Resilient Children

The SEN Team will want to see evidence that the pupil needs more support than what is ordinarily available in a mainstream education setting. Once a request has been made, they must make a decision as to whether to conduct an EHCNA or not by week 6 of the initial request. If an EHCNA is agreed, the SEN team will gather information from the parent/carer and the child/young person and a range of other professionals.

### 13.3. Education, Health and Care (EHC) Plan

Following an EHCNA a decision will be made as to whether or not the child or young person’s need are such that they need to be supported by an Education, Health and Care (EHC) plan. If an EHC plan is issued it must be finalised 20 weeks from the initial request. AN EHC plan is a legal document that describes a child's or young person's special educational, health and social care needs, the special

#### Timeline:



educational provision they needs as well as any health and social care needs and the name of the education placement they will attend.

### Outcomes

The Special Educational Needs and Disability (SEND) Code of Practice is designed to help children and young people to work towards their aspirations by focusing on outcomes. Outcomes underpin the detail of EHC plans and describe what parents hope their child can achieve, or what children want to achieve for themselves, especially as they move towards adulthood.

The outcomes in an EHC Plan will usually come from discussion with the child/young person, their family, the setting and any outside professionals involved with the child/young person – they are co-produced. The [SEND Local Offer](#) provides more detail.



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### 13.4. Personal Budgets

Parents, carers and young people have the right to request a Personal Budget when agreement has been reached to issue an EHC Plan. Children with disabilities are 'children in need' and therefore require assessment of their needs to establish what kind of help and support they require, if any.

### 13.5. Young Carers

A young carer is defined as a child or young person (under 18 years old), who gives regular care and emotional support to a parent, brother, or sister, or someone else in the family who is ill, has a disability or mental illness or is affected by substance abuse (including alcohol) or other debilitating illness.

The Care Act 2014 and the Children and Families Act 2014 together provide a framework to ensure inappropriate caring for young people is prevented or reduced and whole family needs are met. The Acts give young carers similar rights to assessment as other carers have under the Care Act. For the first time carers are being recognised by law in the same way as those they care for and are eligible for assessment and support.

When the need for a young carer's assessment has been identified, a decision will be made about the most appropriate person to lead the assessment. If the family is not currently receiving support from Barnet Family Services a referral should be made to the MASH who will consider with other professionals involved with the family who will lead the assessment. Most Young Carer's needs assessments are carried out via an EHA and Families Services commissions BYCAS to carry these out on their behalf. Requests for these EHAs are processed via the MASH in the same way as any other EHA. (see section 6 for details).

The assessment will consider whether it is appropriate for the child/young person to provide on-going care by considering their age and the impact of the caring responsibilities on their social and educational development, the assessment will also take into account the child/young person's wishes. The assessment will include the young person, their parent/carer and any other person the young person identifies as significant.

Many young people are proud to be carers for their family members and support is available to them Barnet Young Carers and Siblings (BYCAS) project which has friendly, helpful workers who are there to offer support and advice to any young carers in Barnet, aged from 5 to 18 years old.

#### **BYCAS**

Telephone 0208 343 9698

Barnet Carers Centre

3rd Floor, Global House

303 Ballards Lane, North Finchley N12 8NP

For further information on Barnet's Young Carers Service click on this [link](#) or contact the BYCAS team on 0208 343 9698 or e-mail [Rebecca.Prangley@barnetcarers.org](mailto:Rebecca.Prangley@barnetcarers.org)



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### 13.6. Children and Young People involved in the Criminal Justice System

Young people who have committed an offence will receive support to help make positive changes in their lives, so they do not re-offend or cause further harm to the community.

In order to understand the type and level of support required to address offending behaviour an assessment will be undertaken by a member of the Youth Offending Service (YOS), which is a multi-agency Team comprising of Youth Offending Team workers, some of whom may be, social workers, probation officers, police, psychologists and restorative justice/victim workers. The team is also supported by professionals with expertise in education, speech, language and communication, child and adolescent mental health and substance misuse. The team works closely with community volunteers, Housing, Community Safety, Family Services including Children's Social Care, and the local community and voluntary sector.

The team work together and support holistic assessment, and interventions using the AssetPlus tool. The assessment will determine current and previous offending or anti-social behaviour and the current or future risk of harm, serious risk of harm and risk to the young person. The assessment is informed by personal, family and social factors such as living arrangements, parenting, family and relationship, learning, education, training and employment, patterns and attitude, resilience, goals and attitudes, opportunities, engagement and participation and factors affecting desistance.

The assessment will consider potential future behaviour, its likelihood and impact, determine the likelihood of reoffending rating and Risk of Serious Harm, making a professional judgement about the likelihood and impact of adverse outcomes in relation to the young person's safety and well-being.

The assessment can be used to inform court at the sentencing stage and to develop a plan to reduce further offending by taking into account the nature of the offending, the young person's personal circumstances and their attitudes and beliefs.

Youth Offending Service also:

- help young people at the police station if they're arrested
- help young people and their families at court
- supervise young people serving a community sentence
- stay in touch with a young person if they're sentenced to custody and help them to prepare for when they are released
- arrange for young people to make amends for their behaviour
- provide support for parents of young people who are in trouble
- encourage young people to lead a positive and healthy lifestyle which involves going to school, college or finding work
- support young people to deal with substance misuse, their emotional well-being or mental health.



## Resilient Families, Resilient Children

### 13.7. Unaccompanied Asylum-Seeking Children & Age Assessments

Barnet Family Services may need to undertake an age assessment if there is uncertainty about the age of a person seeking asylum as an unaccompanied or trafficked child. Often, the Home Office will request the local authority to undertake this, when there is significant doubt regarding their presenting age, however a social worker can also recommend an age assessment is undertaken if there is significant reason to doubt that the claimant is a child. Age assessments are not a routine part of Barnet's assessment of unaccompanied or trafficked children but are used to ensure age-appropriate services are offered. ([\*Guidance to assist social workers and their managers in undertaking age assessments in England, October 2015\*](#))

In undertaking assessments of children from abroad, our social workers will consider if the child has been trafficked, their emotional, physical, educational and mental health needs, their life and family in their country of origin and their journey to the UK, their immigration status and accommodation needs.

Children who may have been trafficked to the UK will be referred to the National Referral Mechanism (NRM), some may require a s47 enquiry and the development of a robust safety plan.

All unaccompanied children will be accommodated under s20 Children Act 1989 for the duration of the age assessment, in parallel a child in need assessment will be undertaken to assess their full range of needs.

Two qualified and Health and Care Professions Council (HCPC) registered children's social workers will undertake the assessment with an interpreter and independent appropriate adult age assessments should be completed within 28 days and in accordance with guidance. The young persons allocated social worker is not involved in undertaking the assessment, although will contribute to the assessment, whilst continuing to support the young person through their child in care entitlements.

Children and young people will be given a full copy of the age assessment. The Home Office will be advised of the outcome through the agreed 'Model Information Sharing Pro Forma – Outcome of Age Assessment'.

### 13.8 Private Fostering

The law states that if a child under the age of 16 (18 if they have a disability) goes to live with someone who is not a close relative, and where this lasts or is planned to last for 28 days or more this is known as 'private fostering'. This is a private agreement between a parent and the private foster carer who may be from the extended family such as a cousin or great aunt, a friend of the family, the parent of a friend of the child or someone previously unknown to the child's family. It is not private fostering when a child is living with a close relative such as a parent, grandparent, brother, sister, uncle or aunt (whether blood related or through marriage) or step-parent. Some children may be living with adults who are not classified as close relatives but will not be privately fostered children. These include children who are subject to court orders such as Special Guardianship, Child Arrangement, or Care Orders.



## Resilient Families, Resilient Children

[The Children \(Private Arrangements for Fostering\) Regulation 2005](#) sets out the role of the local authority, the parent and private foster carer and related professionals as well as [the National Minimum Standards for Private Fostering 2017](#)

Examples of Private Fostering include:

- Children whose parents are unable to care for them due to illness, abuse, separation or imprisonment but who are not living with a 'close relative'.
- Children/young people living with their boyfriend or girlfriend's family.
- Single parents who are hospitalised for four weeks or more and who arrange care for their child with people who are not classified as close relatives.
- Children and young people at boarding schools who do not return home during the holidays and stay with a host family in the UK.
- Children who are not living with close relatives due to parental – adolescent conflict.
- Children who arrive in the UK seeking asylum with adults who are not close relatives. • Children or young people who come to the UK from abroad without their parents for medical or educational purposes.

### 13.8.1 The Private Fostering Assessment

The assessment will ascertain whether prospective carers and parents have made appropriate arrangements to meet the needs of the child. All checks will need to be completed.

The assessment should consider:

- The suitability of the private foster carer and all family members: this should include evidence of their ability to parent competently ensuring that the health and well-being needs of the child are being met. The child should feel part of the family and should be fully integrated in the community. The child's identity is promoted, and they are supported within education. The child can maintain links with people who are important to them.
  - The property should be able to accommodate the child. There should be no health and safety concerns, the property should feel like a home and the child is able to have their own space and the availability to complete homework.
  - The child's wishes and feelings should be explored. This should include discussions around what life is like with their Private Foster carer, exploration of where they see their future and what is positive as well as challenging. Explore what changes could be made to make their life better.
- Date completed: February 2021



## Resilient Families, Resilient Children

- If there are other children living in the household, it is important to explore what the impact is for both the child that is Privately Fostered as well as for the children who live in the household. Do the dynamics work and is everyone happy with the arrangements
- It will also be necessary to speak to the parents to ensure they have consented to this arrangement and obtain this consent in writing, or the previous carer about what family time they have with the child and how they are involved in the arrangements and decisions that are being made, including any financial support.
- The assessment needs to ascertain whether there is any additional support required for the child. If there are concerns around financial support, then discussions can take place with managers around completing a financial assessment. This would be undertaken through Child in Need Procedures.
- To make sure that the placement is supported by everyone involved, contact should be made with health, education and any other identified services.

For further information please see [Private Fostering \(proceduresonline.com\)](https://proceduresonline.com)

### 13.8.2 Post-assessment

Once a Private Fostering Arrangement is agreed the social worker will continue to visit at least every 6 weeks in the first year of the arrangement and then at least 12 weekly thereafter.

These visits should be recorded and should detail the child's views and the impact on them of living in a Private Fostering household. The visits should also capture an overview of how the Private Foster carer is meeting the needs of the child. This should include education, health, family time, identity, finances, and that any relevant services are being accessed to meet the needs of the child.

Discussions should also take place regarding the length of the placement to ensure that this is the right arrangement for the child and that a transition plan is in place if returning to parents or previous carers; it maybe that further discussions are needed with the team manager if the placement continues long term. Changes in the household should be assessed for their impact on the child. New assessments/checks are required if new members join.

All agreements in place between the Private Foster Carer and the parent should be being adhered to. The views of the parent should be sought. All home visits, observations and communication with the child, private foster carer/s and those with parental responsibility will assist in determining the ongoing suitability of the private fostering arrangement.

A review of Private Foster Carers will need to be undertaken once every year. The meeting needs to be chaired by the team manager and will review the arrangements as well as any plan in place to support the placement. This will require updating relevant checks, information and assessment. Given Private Fostering Agreements are made by the person with parental responsibility, they should also be integral to the review process.



**Barnet  
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Children Partnership**



## Resilient Families, Resilient Children

### 13.9 Special Guardianship

Special Guardianship offers an option for children needing permanent care outside their birth family. It can offer greater security without absolute severance from the birth family as in adoption. It can meet the needs of a significant group of children, who need a sense of stability and security but who do not wish to make the absolute legal break with their birth family that is associated with adoption. It also provides an alternative for achieving permanence in families where adoption, for cultural or religious reasons, is not an option.

A Special Guardianship Order offers greater stability and legal security to a placement than a Child Arrangements Order. Special Guardians have Parental Responsibility for the child and, whilst this is shared with the child's parents, the Special Guardian has the ability to exercise this responsibility without seeking permission from the parents.

The Court may make a Special Guardianship Order in any family proceedings concerning the welfare of the child and following an assessment by the local authority. This applies even where no application has been made and includes adoption proceedings.

Any person making an application for a Special Guardianship Order must give 3 months' written notice to their local authority of their intention to apply. In relation to a Looked After Child, the notice will go to the local authority looking after the child. In all other cases, the notice will be sent to the local authority for the area where the applicant resides. The local authority receiving the notice will then have a duty to provide a report to the Court.

For further details about Special Guardianship as a permanence option for Looked After Children, please see [Barnet Family Services Special Guardianship Order Policy](#)

#### 13.9.1 Special Guardianship Assessment

In assessing the appropriateness of any potential applicants, the local authority must assess whether any option would not be consistent with the child's welfare or would not be reasonably practicable.

Assessments should be robust, evidence-based and child-focused. Before the assessment, the prospective carers should be provided with full information about:

- What the assessment will involve;
- The time and commitment needed from them;
- A letter should be sent explaining the expectations of the carers and what they should think about during the process.



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The assessment should carefully balance the strengths families may have: consider any existing relationships they have with the child; explore their parenting experience; the significance for the child of remaining within their family and network, against the carers' capacity to meet the assessed needs and the challenges that a particular child may bring on a long-term basis (including any additional needs as a result of significant harm or neglect they may have experienced), and until their 18th birthday.

In recognising that each situation will be looked at on a case-by-case basis, an interim placement with the proposed special guardians may be appropriately considered to both establish relationships between the child and special guardians and confirm the applicants' ability to carry out their parenting responsibilities, meet the needs of the child and promote their welfare and best interests.

Final recommendations should not be made until the essential tasks and activities for a full Special Guardianship Order assessment are completed.

### 13.10 Channel/Prevent

Prevent is a statutory requirement for Barnet Council to safeguard and support those vulnerable to radicalisation and influences towards extreme ideologies, this is referred to as the Prevent Duty.

The Prevent Duty, under the Counterterrorism and Security Act 2015, requires all specified authorities to have “due regard to the need to prevent people from being drawn into terrorism”. Barnet Local Authority, and our partners, have a core role to play in countering terrorism at a local level and helping to protect vulnerable individuals from those that may want them to harm others or themselves.

Barnet Council Corporate Plan, 2021- 2025 strategic objective is to provide the best possible services so that residents feel safe. When asked, Barnet residents told us that “making neighbourhoods safer” was one of their top 3 priorities.

#### 12.9.1 What does Prevent Do?

At the heart of Prevent is safeguarding adults and children by providing early intervention to protect and divert people away from being drawn into terrorist activity.

Prevent addresses all forms of terrorism but continues to ensure resources and effort are allocated based on threats to our national security.

Barnet's' Prevent Strategy is our response to the government's national counter-terrorism strategic aims which are to stop people being drawn into or supporting terrorism. The strategy focuses on three key objectives which are:

- responding to the ideological challenge of terrorism and the threat from those who promote it.
- preventing people from being drawn into terrorism and ensure that they are given appropriate advice and support.
- working with sectors and institutions where there are risks of radicalisation that we need to address.



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Prevent **operates in a pre-criminal space**, providing support and re-direction to vulnerable individuals at risk of being radicalised and drawn into terrorist activities before any crimes are committed.

Radicalisation is comparable to other forms of manipulation, harm and abuse and is considered a safeguarding and protection process.

To be successful in eliminating the threat from violent extremism we will build trust with our communities and work in partnership with them. Our communities already do much to challenge and reduce the influence of extremists. Our role will be to continue to support and complement this role empowering those at risk to make positive life choices.

The following definitions, for the purposes of this strategy, have been adopted.

**Radicalisation** is defined as the process by which an individual or a group comes to adopt increasingly radical views in opposition to a political, social, or religious status quo.

**Extremism** is vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and respect and tolerance of different faith systems.

**Terrorism** is the use or threat of action, both in and outside of the United Kingdom, designed to influence or to intimidate for the purpose of advancing a political, religious, racial or ideological cause.

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

#### Definition

*“The World Health Organisation (WHO, 1996) defines female genital mutilation as: all procedures (not operations) which involve partial or total removal of the external female genitalia or injury to the female genital organs whether for cultural or other non-therapeutic reasons”.*

Under the Female Genital Mutilation Act 2003 it is an offence in England, Wales and Northern Ireland for anyone (regardless of their nationality and residence status) to:

- perform FGM in the UK
- assist the carrying out of FGM in or outside of the UK
- assist a girl to carry out FGM on herself in or outside of the UK
- assist FGM on a UK national or permanent resident by either a UK or non-UK person – this would cover taking a girl abroad to be subjected to FGM. Even in countries where the practice is not a criminal offence.

The Serious Crime Act 2015 introduced a legal duty for specific professional groups to report to the police any girl who has had FGM. This duty applies when a girl informs the professional that FGM has been carried out on her and/or the professional observes physical signs on the girl appearing to show



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that FGM has been carried out. The duty applies to all teachers and all regulated health and social care professionals in England and Wales.

If FGM is suspected or identified by any professional or member of the public a referral to MASH must be made, this includes health professionals who identify an expectant mother who has experienced FGM. A decision will be made as to whether a referral for a statutory social work assessment is required to assess risk, prevent a crime from taking place or investigate a crime that has already taken place (FGM Act 2003).

If a child is at risk or has been exposed to harm, Children's Social Care will hold a Strategy Meeting within 2 days to agree a joint investigation with the Police under s47 Children Act 1989. This may occur on the same day depending on risk levels. Consideration will be given to all female children in the household including unborn female children.

If immediate protection is required the local authority will consider alternative care arrangements, in agreement with parents or under police protection powers or by an application for an emergency protection order.

A child protection conference or long-term alternative care arrangements will only be considered necessary if there are unresolved child protection issues once the initial investigation and assessment have been completed.

In accordance with Department of Health guidance for health professionals on FGM, there is a requirement for health professionals to refer directly to both the police and the MASH if they identify a child under the age of 18 years who has had FGM performed or who is perceived to be at significant risk of having the procedure.

Women over the age of 18 years identified as having had FGM, in particular pregnant women, are risk assessed by health professionals. Only if a pregnant woman or a woman with female children requires assessment or support from Children's Social Care will a referral be made. All women will be informed of the illegality of the procedure and their GP notified of their FGM status.

### 13.12 Tackling Violence and Exploitation. (CSE, CCE)

Compared to early childhood, young people are increasingly exposed to extra familial harm which can occur in various contexts including high streets, public spaces, transport hubs and outside of the home. As a young person develops their autonomy and extra familial links outside of the home strengthen. This also means that there is increasingly risk that they can experience extra familial harm within friendship groups, relationships both online and within the community this can be both in the context of peers and or adults who can exercise coercion and control over them.



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Often these peers and adults can remain somewhat hidden to the family/professionals and can often result in the young person becoming increasingly isolated from previous trusted relationships they may have had.

According to Firmin and Knowles 2020, when developing a Contextual Safeguarding response to extra-familial harm, the following domains should be considered as part of a Contextual Safeguarding Framework (Firmin, et al. 2016; Firmin, 2020) to create systems which:

- **Target** the contexts (and social conditions) associated with abuse (Domain 1)
- **Uses a child protection/welfare legislative framework** (of which community safety approaches may be a part) to develop responses to extra-familial harm (Domain 2)
- **Feature partnerships** between children's services and young people, parents, wider communities along with the range of agencies who have a reach into the places and spaces where extra-familial harm occurs (Domain 3)
- **Measures the contextual outcomes** of its work – and the change it creates in public, education and peer settings, as well as for individual children and families (Domain 4)

Young People need age specific interventions to encourage their engagement, without their engagement it is hard to effect behavioral changes and risk management, and this can leave professionals feeling powerless and unclear as how to best manage this risk. The following principles should underpin approaches to engagement, assessment and intervention.

- **Collaborative:** achieved through collaboration between professionals, children and young people, families and communities
- **Ecological:** considers the links between the spaces where young people experience harm and how these spaces are shaped by inequalities
- **Rights-based:** rooted in, and seek to protect, children's rights and human rights
- **Strengths-based:** builds on the strengths of individuals and communities to achieve change
- **Evidence-informed:** grounded in the reality of how life happens. Proposes solutions that are informed by the lived experiences of young people, families, communities and practitioners

Since 2018, The Child Exploitation and Missing Tool (CEAM) has been well established and embedded in both Early Help and Statutory Children's services. Taking place as an initial strategy/professionals meeting the CEAM are undertaken on any young person where there are concerns around child exploitation or repeated missing episodes. Following the established process of sending the 87a form to the Police, partners have a framed ecological discussion around the SAFEGUARD mnemonic, which



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enables the professional network to consider the young person's relationships with; spaces, friends and networks.

After sharing information in each area scoring is applied to each area of the SAFEGUARD mnemonic. Scoring provides the following key objectives:

- To enable the professional network to consider priority areas in terms of planning for the young person and their family.
- To be able to identify higher risk young people whose cases need to be presented to Tackling Violence and Exploitation Panel (TVEP)
- To provide needs and vulnerability profiles across Barnet that can support multi agency, strategic assessments.
- To analyse key areas of needs for specific cohorts of young people,

Planning from CEAMs is to then form the central plan for the young person and to be reviewed in accordance with either the CIN plan, CP Plan or LAC review.

To support contextual information, Project Coordinators will attend the majority of CEAM meetings which provides professionals around a young person an overview of contextual networks the young person may have, and it means that they can support; the development of planning, information sharing, linking activities between professionals and case escalation to VARP, network mapping meetings and complex strategy discussions.

### 13.13 Tackling Violence and Exploitation Panel (TVEP)

The Tackling Violence and Exploitation Panel, replaces the meeting previously known as Vulnerable Adolescents at Risk Panel (VARP) and seeks to provide an overview of the most at risk young people subject to extra familial harm through criminal and sexual exploitation. TVEP will support the lead professional (Social Worker, YJS, Early Help Practitioner) with blockages, disruption planning and provide oversight of planning that is being implemented by the professional network working with the young person. Actions from TVEP must be incorporated into the central plan for the young person.

Young people who are presented to TVEP would have had a CEAM or be a victim or suspect of serious youth violence and be deemed at high risk or experiencing significant harm through exploitation, coercion control and violence.

### 13.14 Multi-Agency Child Exploitation Meeting (MACE)

Strategic MACE has the primary purpose of ensuring effective governance arrangements of services provided for children and adolescents at risk of exploitation and extra-familial harm. Strategic MACE will act as the vehicle through which Barnet's multi-agency safeguarding partners will:



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- Provide leadership and oversight of multi-agency services to children and adolescents at risk of extra-familial harm
- Set out a clear local vision and collaborate effectively to develop a local strategy for adolescents at risk of extra-familial harm
- Oversee the implementation of Barnet's Violence, Vulnerability & Exploitation Action Plan
- Develop strategic and collaborative links with a wider range of statutory and non-statutory agencies
- Provide effective and collaborative planning, actions, and review in response to identified and emerging risks.
- Monitor, challenge and support the performance of multi-agency services through scrutiny of data and practice, tackling practice challenges and encouraging practice excellence and innovation
- Ensure the voices of those affected by extra-familial harm are enabled to have a say in how services are developed and provided
- Tackle racism and structural inequalities that further disadvantage children and adolescents from racially minoritised and/or socially, economically disadvantaged communities who may be at an increased risk of extra-familial harm and exploitation
- Ensure the multi-agency workforce is equipped with the skills and knowledge to practice effectively supported by clear and agreed policies and operating protocols
- Facilitate effective transitional safeguarding arrangements for adolescents at risk of extra-familial harm and exploitation
- Share learning across the council and sector

### 13.15 Children who Return Home from Care

When a child is voluntarily in care (Section 20) and the decision is made for him / her to return home, a Care Plan must be drawn up to support the child once they return home with the primary aim of reducing the likelihood of the child returning to the care system in the future. The Care Plan should be agreed between the child, the child's family, and any involved professionals at a planning meeting.

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

#### 13.15.1 Planned Return

The social worker will complete an assessment when the question of possible rehabilitation is identified, and this will need to address the level of support that would be required should the child return home. Such an assessment must be authorised by the social workers team manager and assistant Head of Service/Head of Service.

If the outcome of the assessment is positive – it identifies that the child can return home - the change in the plan for the child will need be agreed at the next Looked After Children Review which may need to be re-arranged so as to take place sooner than planned.



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If the child is the subject of a Section 31 Care Order, a 'placement at home agreement' will need to be signed by the Assistant Director, CSC. This will take the form of a child and family assessment with a covering confirmation sheet. A rehabilitation plan will be agreed at the next Looked After Child Review, including increased overnight stays at home as a precursor to a full return. However, if the child is the subject of a Care Order, any overnight stays must not take place until the Assistant Director has signed the 'placement at home agreement'.

If the child is the subject of a Care Order, the Looked After Child Review following the return home, and all subsequent Looked After Child Review, must consider the revocation of the Order.

### 13.16 Homeless 16- & 17-Year Olds

When a 16- or 17-year-old is seeking support because they are homeless or threatened with homelessness housing services and children social care will pro-actively work with young people and their families to identify and resolve the issues which have led to the homelessness crisis.

For some young people, this type of stability and security may not be available to them within their own families, and when this is the case, we will assess their needs thoroughly in order to decide the type and level of accommodation and support that will need to be provided to them.

All young people placed in emergency accommodation under s20 Children Act 1989, and those at risk of imminent homelessness who remain living at home or with a safe family member/friend, will have a full assessment of their needs undertaken by their allocated social worker.

It is in the best interests of young people and their families for a full assessment to be undertaken in order to make timely decisions about what happens next; as such, single assessments will be completed within 45 days, from the point of referral, unless there are very good reasons to extend the length of the assessment. Manager agreement must be sought by the social worker and the reasons for extending the time period recorded by their manager to extend an assessment beyond 45 days.

The assessment will explore the young person's life at home, in school and in the community; it will explore relationships with family and friends to understand what life is like for the young person. It will focus on individual and family strengths as well as any risks that the young person poses to others or may be facing.

A Family Group Conference will be convened to explore alternatives to care arrangements and to mobilise the support family members, family friends and other trusted adults including neighbours, community groups and churches may be able to offer support to a young person who is living away from home.

All assessments must be undertaken jointly with the Housing Options team who will assess what duties are owed to the young person under Part VII, Housing Act 1996. The joint assessment will identify the needs of the young person and how best to respond to these needs.

For further information please see [Barnet Joint Housing and Children's Social Care Protocol for Homeless 16 & 17 Year Old's](#)



## Resilient Families, Resilient Children

# 14 Compliments and complaints

Barnet Council takes feedback about our services seriously. If you have a complaint about children's social care then we will follow the process below in accordance with [The Children Act 1989 Representations Procedure Regulations \(2006\)](#).

## 14.11 Comments and Compliments

Compliments regarding individual staff members will be sent to their line manager and details will be recorded on file. It is helpful to let professionals know when they have done a good job.

We will use your feedback to help improve the services that we provide.

## 14.12 What is a complaint?

A complaint is any expression of dissatisfaction of our services. You may consider that:

- you have not been treated with courtesy and fairness
- you are unhappy about the standard of service you have received
- we have failed to provide a service to which you are entitled
- you are unhappy about the action taken by us.

If you wish to make a complaint to Barnet Council, please let us know:

- what has gone wrong giving us as much detail as possible because it helps us to understand the situation better
- what you would like us to do to put things right.

There are three stages within the council's Corporate Complaints Policy. Each stage has a different response time, as follows:

- Stage 1, complaints will be responded to within 10 working days.
- Stage 2, complaints will be responded to within 20 working days.
- Stage 3, complaints will be responded to within 30 working days.

If you are not satisfied with the investigation and response to your complaint you can contact the Local Government Ombudsman who looks at complaints about councils as well as some other authorities and organisations. It is a free service: their job is to investigate complaints in a fair and independent way, and they do not take sides.

## 14.13 Contacts

Customer Services [London Borough of Barnet, 2 Bristol Avenue, Colindale, NW9 4EW](#) Tel: 020 8359 2000 | Fax: 0871 911 6188



## Resilient Families, Resilient Children

# Appendix A – The Legal Framework

## Legal Framework

The Children Act (1989, 2004) set out specific duties under section 17 and section 47.

**section 17(1)**, Children Act 1989 places a general duty on every local authority:

- (a) to safeguard and promote the welfare of children within their area who are in need; and
- (b) so far as is consistent with that duty, to promote the upbringing of such children by their families.

By providing a range and level of services appropriate to those children's needs

**Section 17(10)** a child shall be taken to be in need if:

- (a) s/he is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a local authority under this Part;
- (b) her/his health or development is likely to be significantly impaired, or, further impaired, without the provision of such services;
- (c) s/he is disabled - The Equalities Act 2010 defines this as 'a physical or mental impairment and the impact has a substantial and long-term adverse effect on their ability to perform normal day to day activities.'

**section 47**, Children Act 1989 where a local authority:

- (a) are informed that a child who lives, or is found, in their area
  - (i) is the subject of an emergency protection order, or
  - (ii) is in police protection; or
- (b) have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm

The authority must make, or cause to be made, such enquires as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

**Section 31(9)** of the Children Act 1989, as amended by the Adoption and Children Act 2002:

- **'Harm'** means ill-treatment or the impairment of health or development, including for example impairment suffered from seeing or hearing the ill-treatment of another.
- **'Development'** means physical, intellectual, emotional, social or behavioural development;
- **'Health'** means physical or mental health; and
- **'Ill-treatment'** includes Sexual Abuse and forms of ill-treatment that are not physical.



**Barnet  
Safeguarding  
Children Partnership**



## **Resilient Families, Resilient Children**

### **Section 31(10), Children Act 1989**

Where the question of whether harm suffered by a child is significant turns on the child's health and development, his or her health and development shall be compared with that which could reasonably be expected of a similar child.

**section 10**, Children Act 2004 requires each local authority to make arrangements to promote co-operation between the authority, each of the authority's relevant partners, and such other persons or bodies who exercise functions or are engaged in activities in relation to children in the local authority's area, as the authority considers appropriate. The arrangements are to be made with a view to improving the wellbeing of children in the authority's area – which includes protection from harm and neglect alongside other outcomes

**section 11**, Children Act 2004, places duties on a range of organisations and individuals to make arrangements for ensuring that their functions, and any services that they contract out to others, are discharged with regard to the need to safeguard and promote the welfare of children.

Everyone who comes into contact with children and families has a role to play. Safeguarding and promoting the welfare of children is defined for the purposes of this guidance as:

- Protecting children from maltreatment
- Preventing impairment of children's mental and physical health or development
- Ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- Taking action to enable all children to have the best outcomes (LSCP, 2022)

Barnet Safeguarding Children Partnership

<https://www.barnet.gov.uk/bscb>