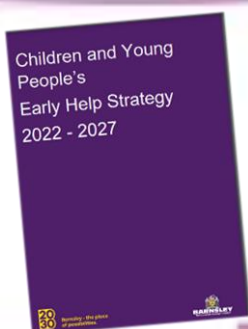
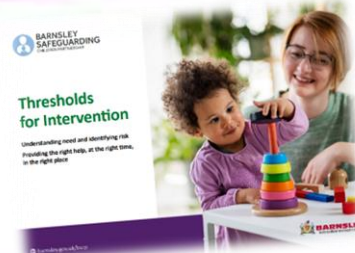


Barnsley Children's Services Stronger Together

Assessment and Support Protocol



**December
2024**



Table of Contents

Introduction	3
1. Who Can Undertake an Assessment?	3
1.1 What is a lead Practitioner	4
1.2 How is the Lead Practitioner identified?	5
2. Definitions	5
2.1 A child in need	5
2.2 Child Protection Enquiries	5
2.3 Revised Public Law Outline	6
2.4 PLO Requirements	6
2.5 Court Assessments	6
The Barnsley Integrated Front Door (IFD)	7
3. Statutory Assessments, Support and Planning	8
3.1 Purpose of the Assessment	8
3.2 Focus on the Child	9
3.3 Planning	10
3.4 Developing a Clear Analysis	11
3.5 Assessment Framework Triangle	13
	13
4. Contribution of the Child and Family	15
4.1 The Child	15
4.2 The Parents	16
5. Contribution of Agencies Involved with the Child and Family	16
6. Actions and Outcomes	17
7. Regular Review	18
8. Recording	18
9. Assessment of Risk Outside the Home	19
9.1 Further Information	20

Introduction

In December 2023, the Government published revised statutory guidance, 'Working Together to Safeguard Children: a guide to multi-agency working to help, protect and promote the welfare of children'. It sets out the legal requirements that health professionals, social workers, police, education professionals and others working with children must follow.

The statutory guidance emphasises that safeguarding is the responsibility of all professionals working with children, and it provides advice in support of Sections 10 and 11 of the Children Act 2004 where the primary duties for all agencies are set out. It is stated that all Local Authorities, with their partner agencies must develop and publish local frameworks for assessment which must be based on good analysis, timeliness and transparency and be proportionate to the needs of the child and their family.

This Local Protocol for Assessment and Support sets out clear arrangements for our response once a child is referred into Barnsley Children's Social Care. The protocol is an overarching document and is aligned to Barnsley Safeguarding Children Partnership (SCP) safeguarding policies, procedures and guidance including the Barnsley Early Help Strategy and early help pathway. It should be read in parallel with the Barnsley Threshold for Interventions guidance and Working Together 2023 and the Barnsley Practice Standards ([need link here](#)).

Every child who is referred into Barnsley Children's Social Care, should have an individual assessment to determine the threshold of needs and to identify their needs as well as any impact of parental behaviour on them as an individual.

Barnsley Children's Social Care and partner agencies are to give due regard to a child's age and understanding when determining what (if any) services to provide under section 17 of the Children Act 1989, and before making decisions about action to be taken to protect individual children under section 47 of the Children Act 1989. As Working Together is defined as statutory guidance all professionals working in Barnsley with children, young people and families should make time to read the document. Arrangements to implement the requirements should be prioritised by leaders and senior managers in every agency with responsibilities for children, young people, families, and carers to enable them to safeguard children and to act in their best interests.

In this document the 'child' refers to all children who are subject of the assessment. A child is defined as anyone who has not reached their 18th birthday, including unborn children. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection.

1. Who Can Undertake an Assessment?

Barnsley is committed to working in a multiagency way, recognising the role that all services play in providing support and intervention to children, young people and families. There is a wide range of support options available across the borough and families may engage with support through statutory, voluntary and community agencies. We are committed to ensuring all services are aware of how to identify needs, and how to access the right support, from across the system for our families. All agencies should ensure that all interaction with families will be respectful and sensitive, taking into account any specific needs and circumstances of the children, young people, parents and carers.

Early Help is Barnsley's approach to providing support to vulnerable children, young people and families as soon

as any worries start to emerge, or when there is a strong likelihood that concerns will emerge in the future. It's not a specific service or team. It's an approach to working that brings together people from a range of different services and teams who will work with the whole family and natural network around a child with emerging needs to help improve things for them.

Early Help may occur at any point in a child or young person's life, from childhood to adolescence, and includes both interventions early in life as well as interventions early in the development of issues affecting a child, young person or family.

Early help is about providing effective support to help young people, parents and wider family networks, solve problems and find solutions at an early stage, so we avoid need becoming so great that specialist statutory interventions are required. In Barnsley, our approach is that Early Help is everyone's responsibility, and we utilise the early help assessment (EHA) to support the understanding of needs, strengths and risks that exist for the child, young person and their family, focussing on what is going well as well as the things we are worried about.

Early Help is often a range of services delivered by different agencies although these may be coordinated by one specific agency. An Early Help Assessment can be undertaken by any practitioner working with the family, with the agreement of the family

Assessments for Early Help should consider how the needs of different family members impact on each other. This includes needs relating to education, mental and physical health, financial stability, housing, substance misuse and crime. Specific needs should be considered such as disabilities, those whose first language is not English, fathers or male carers, and parents who identify as LGBTQ+. Early Help services may focus on improving family functioning and developing the family's capacity to establish positive routines and solve problems. Family and informal networks are key to the support offer to the child and parents, and all services working with the family should take an approach that enables family group decision-making, such as a family network meeting or a family group conference.

The safeguarding partnership publishes a threshold document ([here](#)) which sets out the criteria for Early Help.

1.1 What is a lead Practitioner

The lead practitioner is the named practitioner who has been identified as the person who will be the family's main point of contact throughout the early help /child in need process. The lead practitioner role can be held by a range of people. These practitioners are often the first to identify a family's need for help or support and

- are able to assess the needs of all members of the family
- form the core of a team around the family
- connect families with support in their community
- well versed in processes to support families with multiple needs and help families to understand them
- may start the Early Help process and regularly retain this role if they are the most appropriate person

Lead practitioner role can be held by a range of people including.

- Specialist Public Health or Community Nurse
- Family nurses, School Nurse, Health Visitor Midwives, GPs, Paediatricians,
- Schools and colleges – e.g. school pastoral leads, designated safeguarding leads, SENCOs, school family support workers, learning mentors and teachers.
- Early years settings including nurseries – nursery SENCOs and designated safeguarding leads
- Children's Centre Workers

- Family Hub Workers
- Family Support Workers
- Targeted Youth Worker/Support Workers
- Child and adolescent / primary mental health workers, Substance Misuse Workers,
- Housing / tenancy officers and Homelessness advisors
- Personal Advisers
- Practitioners from voluntary, community and social enterprise organisations
- Social Workers, Youth Justice Workers
- Educational Welfare Officers

A lead practitioner should co-ordinate the activity around the family, ensure the assessment and the family plan responds to all needs identified, and lead on ensuring the family co-produce the plan. The plan might also include the family network. The time commitment to deliver this role will vary family by family depending on the complexity of their needs.

1.2 How is the Lead Practitioner identified?

Decisions about who should be the lead practitioner should be taken on a case-by-case basis and should be informed by the wishes of the child and their family. It will also be made in line with practitioner knowledge and skills, resources, and accountabilities

2. Definitions

2.1 A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a satisfactory level of health or development, or their health and development will be significantly impaired, without the provision of services; or a child who is disabled. Services to meet and assess this need are under section 17 of the Children Act 1989.

The Department for Education's revised Working Together to Safeguard Children policy allows Local Authorities to assign Section 17 cases to non-social work staff. The Section 17 assessment is a multi-agency assessment that evaluates a child's needs, any risks of harm, and the family's ability to respond to the child's needs. The assessment is usually conducted by a Social Worker, but a lead practitioner can also perform it. A lead practitioner will work under the supervision of a qualified Social Worker or practice supervisor. Currently in Barnsley, this task continues to be the responsibility of Children's Social Care, with work ongoing across the partnership to consider how we adopt this locally and in the best interests of children.

We are in the process of setting out the skills, knowledge, experience, and competences that are required for the lead practitioner role to ensure that they are able to work effectively with the child and their family at a CIN level. This includes also having the necessary time required to undertake the lead practitioner role, have access to ongoing social work support, supervision, and effective decision making, and developed systems to monitor and record at a local level.

2.2 Child Protection Enquiries: in these cases, the lead practitioner will always be a qualified Social Worker with the appropriate skills, knowledge and capacity to carry out the assessment.

Under section 47 of the Children Act 1989, where a Local Authority has reasonable cause to suspect that a child who lives or is found in their area is suffering or is likely to suffer significant harm, it must make such enquiries as it considers necessary to decide whether to take any action to safeguard or promote the child's welfare. Such enquiries, supported by other organisations and agencies, as appropriate, should be initiated where there are concerns about all forms of abuse, neglect, and exploitation whether this is taking place in person or online,

inside or outside of the child's home.

Assessments should consider the parenting capacity of both resident and non-resident parents and carers, as well as any other adult living in the household that can respond to the child's needs. Assessments should also consider the influence of the child's family network and any other adults living in the household, as well as the impact on the wider community and environment.

2.3 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

2.4 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-proceeding 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.

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 Legal Gateway Planning Meeting.

2.5 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). The SWET includes the social work statement, Chronology and Genogram.

The Barnsley Integrated Front Door (IFD)

The Integrated Front Door provides an integrated pathway for all concerns about child safety or welfare. We are a co-located service with partners from the Police, Health, Education, Domestic Abuse Services, Targeted Early Help and Probation. All contacts relating to the safety and welfare of children go through this team of experienced social workers.

If you have a concern about a child in Barnsley and want to speak to someone, you can call them on their direct line 01226 772423.

You may wish to refer to visit the [Barnsley Safeguarding Partnership website](#) . For any call raising concerns about a child, IFD will ask:

- all of the details known to you/your agency about the child;
- the family composition including siblings, and where possible extended family members and anyone important in the child's life;
- the nature of the concern and how immediate it is;
- Any and what kind of support has been provided to the child or family to date;
- where the child is now;
- whether you have informed the parents/carers of your concern

The IFD will undertake further information gathering about the child and their family from relevant agencies and their own multiagency records, and from this combination of information will make a decision as to whether the case needs to be referred to the Early Help Service or Child in need.

Some contacts will be screened through the MASH partnership process 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 discus

Where the concerns for a child are immediate and serious, the IFD information gathering process runs parallel to essential safeguarding action planning between Children's Services, the police and health.

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

Practitioners should always follow up their concerns if they are not satisfied with the decision made in IFD and should escalate their concerns if they remain dissatisfied.

3. Statutory Assessments, Support and Planning

3.1 Purpose of the Assessment

Whatever legislation the child is assessed under, the purpose of the assessment is to:

- Gather important information about the child and family from a variety of sources.
- To analyse needs and/or the nature and level of any risk and harm being suffered by the child, including where harm or risk of harm is from outside the home.
- Based on analysis, decide whether a child is a Child in Need (Section 17), or is suffering or likely to suffer Significant Harm (Section 47).
- Identify support from within the family and wider network.
- Identify support to address needs to improve the child's outcomes and welfare and where necessary to make them safe.
- Action to meet a child's or young person's needs should not be delayed until the completion of an assessment and can begin before assessment has concluded.

Assessment should:

- Be a dynamic process, which analyses and responds to the changing nature and level of need and/or likelihood of harm faced by the child or young person.
- Monitor and record the impact of services to the child and family and review the help and interventions being provided.
- Be focused on the needs of the child and clearly record the child's lived experiences.

The maximum timeframe for the assessment to conclude, such that it is possible to decide on the next steps, should be no longer than 45 working days from the point of referral. If, in discussion with a child and their family and other practitioners, an assessment exceeds 45 working days, the lead practitioner should record the reasons for exceeding the time limit. In some cases, the needs of the child or young person will mean that an assessment will be required within a shorter timescale. In all cases, as practitioners identify needs during the assessment, they do not need to wait until the assessment concludes before providing support or commissioning services to support the child and their family.

Where there are concerns that a child or young person may be at risk of, or experiencing harm outside the home, assessments should include work with the child, parents, carers, family networks and partner agencies to

determine, the nature and duration of the harm, where risk is located, and understand the context in which harm is or may be happening, including online, the level of risk associated with each concern and context identified.

Assessments should consider how a child's experience within their family and networks, including their friends and peer groups, and extra-familial contexts, such as the places and spaces where they spend their time, interplay with the risk of harm outside of the home.

Stronger Together; The Barnsley Practice Model promotes a restorative approach within the Signs of Safety framework to undertaking enquires and in achieving a comprehensive assessment for children.

Signs of Safety is Barnsley's over-arching practice framework that sits within all aspects of what we do to achieve the best outcomes for our children, young people and families. Using the Signs of Safety practice model practitioners ensure that assessments are child-focused, solution orientated, respectful and inclusive of families.

When there are worries about neglect, practitioners should consider using the Graded Care Profile 2 to take a strengths-based approach to measuring the quality of care a child is receiving and support parents to understand neglect.

3.2 Focus on the Child

Children should be seen, listened to and included throughout the assessment process. Their ways of communicating should be understood in the context of their family and community as well as their behaviour and developmental stage. It is important that the impact of what is happening to a child is clearly identified and that information is gathered, recorded and checked systematically, and discussed with the child and their parents/carers where appropriate. In Barnsley practitioners work in a restorative manner, which encourages the building and developing of strong, positive and respectful relationships with children, young people and their families.

Assessments, service provision and decision making should regularly review the impact on the child or young person of the assessment process and the services provided, in order that the best outcomes for the child can be achieved. Any services provided should be based on a clear analysis of the child's needs, and the changes that are required to improve the outcomes for the child.

Children should be actively involved in all parts of the process based on their age, developmental stage and identity. Direct work with the child and family should include observations of the interactions between the child and the parents/caregivers. We should be creative in engaging children, using direct work tools that are interesting and appealing to children, their age, need, interests and level of understanding.

Practitioners should always consider a child's communication needs also.

Practitioners should consider whether any specialist communication support is required and consider how advocacy services can support the child to communicate their views.

Wherever possible children should be seen alone. Where a child requests to be seen with a trusted adult, this should be supported.

It is also of great importance to capture the lived experience of children who are preverbal or non-verbal through observation and analysing family and professional information.

A practitioner should ensure that the area where the child or young person sleeps is viewed and details of this are recorded.

Consideration needs to be given to:

- What life is like for the child.
- What the child thinks about their situation and the views about what has to or could be different.
- The nature of the relationships within the family as experienced by the child.
- What the child means to the parent / carer and what the parent/ carer means to the child.

All agencies involved with the child, the parents and the wider family must collaborate and share information to safeguard and promote the welfare of the child.

3.3 Planning

All assessments should be planned and coordinated by a Social Worker or lead professional, and the purpose of the assessment should be transparent, understood and agreed by all participants. There should be discussion with the family to explore their perceptions of the assessment and there should be an agreed statement setting out the aims of the assessment process.

Referrals may include siblings or a single child within a sibling group. Where the initial focus for a referral is on one child however, other children in the household or family should be equally considered, and the individual circumstances of each assessed and evaluated separately.

Planning should identify the different elements of the assessment including who should be involved. It is good practice to hold a planning meeting to clarify roles and timescales as well as services to be provided during the assessment where there are several family members and agencies likely to play a part in the process. what did we agree for meetings within the assessment period??

Questions to be considered in planning assessments include:

- Who will undertake the assessment and what resources will be needed?
- How will a family genogram of a least three generations be completed?
- Who in the family will be included and how will they be involved (including absent or wider family and others significant to the child)?
- In what grouping will the child and family members be seen and in what order and where?
- How will we engage the wider network, Is a family network meeting or family group conference appropriate?
- What services are to be provided during the assessment?
- Are there communication needs? If so, what are the specific needs and how they will be met?
- How will the assessment take into account the particular issues faced by black and minority ethnic children and their families, and disabled children and their families?
- What method of collecting information will be used? Are there any tools/questionnaires available?
- What information is already available?
- What other sources of knowledge about the child and family are available and how will other agencies and professionals who know the family be informed and involved?

- How will the consent of family members be obtained?
- What will be the timescales?
- How will the information be recorded?
- How will it be analysed and who will be involved?
- When will the outcomes be discussed and service planning take place.

The assessment process can be summarised as follows:

- Gathering relevant information.
- Analysing the information and reaching professional judgments.
- Making decisions and planning interventions.
- Intervening, service delivery and/or further assessment.
- Evaluating and reviewing progress.

Assessment should be a dynamic process, which analyses and responds to the changing nature and level of need and/or risk faced by the child from within and outside their family. A good assessment will monitor and record the impact of any services delivered to the child and family and review the support being delivered. Whilst services may be delivered to a parent or carer, the assessment should be focused on the needs of the child and on the impact any services are having on the child.

3.4 Developing a Clear Analysis

Research has demonstrated that taking a systematic approach to assessments using a conceptual model is the best way to deliver a comprehensive analysis. The aim is to reach a judgement about the nature and level of needs and/or risks that the child may be facing within their family.

An assessment should establish:

- The nature of the concern and the impact this has had on the child.
- An analysis of their needs and/or the nature and level of any risk and harm being suffered by the child.
- How and why the concerns have arisen.
- What the child's and the family's needs appear to be [including parental difficulties/needs and impact on the child/ family];
- Whether the concern involves abuse or neglect.
- Whether there is any need for any urgent action to protect the child, or any other children in the household or community.

The assessment will involve drawing together and analysing available information from a range of sources, including existing records, and involving and obtaining relevant information from professionals in relevant agencies and others in contact with the child and family.

Practitioners should ensure a clear chronology and genogram have been completed at the beginning of the

assessment, as these will also be used to inform the assessment's analysis and what recommendations are made.

Where an Early Help Assessment has already been completed this information should be used to inform the assessment. The child and family's history should always be understood and analysed in context with the current assessment.

Where the child/ren and the family have links with another country the good practice guidance 'Working with Foreign Authorities: Child Protection Cases and Care Orders Departmental advice for local authorities, social workers, service managers and children's services lawyers' (July 2014) may be used to assist in the assessment process.

Where a child or young person has links to another authority, it may be pertinent to contact that local authority to gather information.

Where a child or young person is involved in other assessment processes, it is important that these are coordinated so that the child does not become lost between the different agencies involved and the agencies different procedures. It is imperative that plans for the child developed by the various agencies and individual professionals should be joined up so that the child and family experience a single assessment and multi-agency planning process, which shares a focus on the best outcomes for the child and family.

The Social Worker / lead practitioner should analyse all the information gathered from the enquiry stage of the assessment to decide the nature and level of the child's needs and the level of risk that the child or young person may be experiencing or is likely to experience.

The Social Worker's or lead practitioner's manager should provide regular supervision and challenge the assessment to ensure it is robust as part of this process. At any point should consent be withdrawn, a manager should record what actions, or next steps will be taken with a clear rationale.

An informed decision should be taken on the nature of any action required and which services should be provided, as well as which agency and/or family members should be involved in offering those services and support.

A worry statement should be written for each concern identified during the assessment process. The worry statements are to be clear so that the family understand what has been identified during their assessment. At the completion of the assessment every worry statement should have a clearly linked wellbeing goal stating what practitioners would like to see happen to not be worried anymore. A plan should then be created and agreed as to how the wellbeing goals will be achieved, with clear actions set, timescales agreed and recording of will be expected to achieve or facilitate these actions.

Practitioners should ensure all assessments, recommendations and plans are shared and understood by the young person, parents, including absent carers and appropriate wider support networks and professionals.

Consideration should be given to using the 'Words and Pictures' explanation process to assist parents in creating the explanation that will be shared with the children.

Social Workers, practitioners, their managers and other professionals should be mindful of the requirement to understand the level of need and risk in a family from the child or young person's perspective and ensure action or commission services which will have maximum positive impact on the child or young person's life.

When new information comes to light or circumstances change the child or young person's needs, along with any previous conclusions or recommendations should be updated and critically reviewed to ensure that the child is not overlooked as noted in many lessons from Child Safeguarding Practice Review

3.5 Assessment Framework Triangle



The interaction of the three domains as set out in the assessment framework triangle, a child's developmental needs, parenting capacity and the family and environmental factors requires careful investigation during the assessment.

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.

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

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.

The aim is to reach a judgement about the nature and level of needs and/or risks that the child or young person may be facing within their family and/or community. Importantly the assessment, in looking at the domains, should also consider where the strengths are in a child's circumstances and in what way they may assist in reducing any risk.

Children and young people may be vulnerable to neglect, abuse or exploitation from within their family, and also from individuals they come across in their day-to-day lives.

These threats can take a variety of different forms, including sexual, physical and emotional abuse, neglect, exploitation by criminal gangs and organised crime groups, trafficking, online abuse, sexual exploitation and the influences of extremism leading to potential radicalisation. Social Workers should complete a referral to MACE when they are worried a child or young person is being exploited or is vulnerable to being exploited.

An assessment should establish:

- The nature of the concern and the impact this has had on the child or young person.
- An analysis of their needs and/or the nature and level of any risk and harm being suffered by the child.
- How and why the concerns have arisen.
- What the child's and the family's needs appear to be and whether the child or young person is a Child in Need.
- Whether the concern involves abuse or neglect and to what extent.
- The impact and influence of wider family and any other adults living in the household has on this, as well as community and environmental circumstances.
- Whether there is any need for any urgent action to protect the child or young person, or any other children in the household or wider community.
- Whether there are any factors that may indicate that the child or young person is being or has been criminally or sexually exploited or trafficked.
- Any factors that may indicate that the child or young person is a victim of compulsory labour, servitude and slavery.
- Any factors that may indicate that the child or young person has been exposed to some form of radicalisation or extremism.

Note: if there is a concern with regard to exploitation or trafficking, a referral into the National Referral Mechanism should be made.[1]

The assessment will involve drawing together and analysing available information and evidence from a range of sources, including existing records, chronologies, possible previous court proceedings, as well as any information from previous Local Authorities the family may have lived. Relevant information from professionals in partner agencies and others in contact with the child and family will also be required.

Where an Early Help Assessment has already been completed this information should be used to inform the assessment.

At any time during the assessment process, it may be appropriate to arrange a **Medical Assessment** to assist in gathering evidence and ensuring a child's or young person's safety.

See Management of Child Protection Medical Assessment for all Children.

Where a child is involved in other assessment processes, it is important that these are coordinated so that the child does not become lost between the different agencies involved and their different procedures. All plans for

the child developed by the various agencies and individual professionals should be joined up so that the child and family experience a single assessment and planning process, which shares a focus on the best outcomes for the child.

Critical reflection should be undertaken throughout supervision to explore assumptions and any hypothesis made, to triangulate the information gathered, strengthen analysis and support decision making in the best interests of the child or young person.

Social Workers, their managers and other lead professionals should be mindful of the requirement to understand the level of need and risk in a family from the child's perspective and ensure action or commission services which will have the maximum positive impact on the child's life. Where there is a conflict of interest, decisions should be made in the child's best interests, be rooted in child development, be age-appropriate, and be informed by evidence.

[1] Digital Referral System: Report Modern Slavery

4. Contribution of the Child and Family

4.1 The Child

In Barnsley children are at the heart of everything we do, and practitioners should make sure that their voice and lived experience drives our practice.

A safe and together approach is to be used, focusing on keeping children safe and together with their non-abusing parent. This model supports healing from trauma, stability and nurturance, and has a focus on child-centred practice. It also supports work with perpetrators to reduce the risk of harm to a child or young person.

Practitioners should clearly explain to the child or young person at an age-appropriate level the purpose of professional involvement and use a short version of the words and picture tool to explain the worries.

The child should participate and contribute directly to the assessment process based upon their age, understanding and identity. They will be seen alone and if this is not possible or in their best interest, the reason will be recorded. The social worker will work directly with the child to understand their views and wishes, including the way in which they behave both with their care givers and in other settings.

As highlighted above, practitioners in Barnsley should be creative in engaging children, using direct work tools that are interesting and appealing to children, their age, need, interests and level of understanding. Practitioners should always consider a child's communication needs also.

The pace of the assessment needs to acknowledge the pace at which the child or young person can contribute. However, this should not be a reason for drift or delay in taking protective action.

It is important to understand the resilience of the individual child in their family and community context when planning appropriate services.

Every assessment should be child centred and it should be remembered that when there is a conflict between the needs of the child and their parents/carers, decisions should always be made in the child's best interests.

4.2 The Parents

The parents' involvement in the assessment is central to its success. At the outset they need to understand how they can contribute to the process and what needs to change in order to improve the outcomes for the child. The assessment process should be open and transparent with parents. However, the process will also challenge parents' statements and behaviours where it is evidenced that there are inconsistencies, questions or obstacles to progress.

All parents or care givers will be involved equally in the assessment and will be supported to participate whilst acknowledging that the welfare of the child must not be overshadowed by parental needs.

The Working Together to Safeguard Children legislation 2023, is clear that practitioners must explore 'parents' views and 'parents' capacity' and therefore it is imperative that non resident carers are considered during assessments and professionals must adopt due diligence in locating absent parents when completing assessments.

There may be exceptions to the involvement of parents or care givers however, in cases of sexual abuse or domestic abuse for example, where the plan for the assessment must consider the safety of an adult as well as that of the child.

5. Contribution of Agencies Involved with the Child and Family

Achieving good outcomes for children and families requires strong multi-agency working, partnerships based on mutual respect and recognition of one another's expertise.

The updated Working Together legislation highlights that no single practitioner can have a full picture of a child's needs and circumstances, so effective sharing of information between practitioners, local organisations and agencies is essential for early identification of need, assessment, and service provision to keep children safe.

Therefore, all agencies and professionals involved with the child, young person or family have a responsibility to contribute to the assessment process and should share relevant information as early as possible. This may be when problems are first emerging (for example, persistent school absences) or where a child is already known to children's social care. Sharing information about any adults with whom that child has contact, which may impact the child's safety or welfare, is also critical.

Barnsley's children's social care practice standards state that within the first ten days of the assessment a social worker will contact all relevant agencies who hold information about a child, parent, carer or relevant person and use this to inform the assessment.

As it is possible that professionals have different experiences of the child/ young person and family, understanding these differences will actively contribute to the understanding of the child or young person's lived experiences.

Agencies providing services to adults, who are parents, carers or who have regular contact with children must consider the impact on the child of the particular needs of the adult in question.

The Data Protection Act 2018, and UK General Data Protection Regulation (UK GDPR) supports the sharing of relevant information for the purposes of keeping children safe. Fears about sharing information must not be allowed to stand in the way of safeguarding and promoting the welfare of children.

Differences of opinion between professionals should be resolved speedily but where this is not possible, the local arrangements for resolving professional disagreements should be implemented.

See also: [Escalation Policy -Process of Resolution](#).

Social Work managers should ensure that relevant partner agencies have been contacted and relevant information shared and considered before final decision making takes place.

6. Actions and Outcomes

Every assessment will be focused on outcomes, deciding which services and support can be provided to deliver improved welfare and safety for the child or young person and reflect the child's best interests. In the course of the assessment, the Social Worker, lead practitioner and their line manager will determine:

- Is this a Child in Need? (Section 17 Children Act 1989);
- Is there reasonable cause to suspect that this child is suffering, or is likely to suffer, Significant Harm? (Section 47 Children Act 1989);
- Is this a child in need of accommodation? (Section 20 or Section 31A Children Act 1989).

The possible outcomes of the assessment should be decided on by the Social Worker or lead practitioner and their line manager, who will agree a plan of action setting out the services to be delivered, how and by whom, in discussion with the child and family and the professionals involved.

The outcomes may be as follows:

- No further action.
- Additional support which can be provided through universal services and single service provision or the early help process.
- The development of a multi-Agency Child in Need plan for the provision of child in need services to promote the child's health and development.
- Specialist assessment for a more in-depth understanding of the child's needs and circumstances.
- Undertaking a Strategy Discussion/Meeting, a Section 47 child protection enquiry.
- Emergency action to protect a child.

The outcome of the assessment will be:

- Discussed with the child and family and provided to them in written form. Exceptions to this are where this might place a child at risk of harm or jeopardise an enquiry or Police investigation.
- Taking account of confidentiality, provided to professional referrers.
- Given in writing to agencies involved in providing services to the child with the actions agreed, review dates and intended outcomes for the child clearly written and free from jargon.

The maximum time frame for the assessment to conclude, such that it is possible to decide on the next steps, should be no longer than 45 working days from the point of referral.

If, in discussion with a child and their family and other professionals, an assessment exceeds 45 working days the Social Worker and professionals involved should record the reasons for exceeding the time limit.

Under Section 17 of the Children Act 1989, Children's Social Care may provide financial support to family networks to support the plan. Any financial support provided will be subject to review in terms of supporting

agreed improved outcomes for the child.

In cases where there are concerns of harm outside of the home, the plan should ensure the parents and carers are supported to understand what is happening to the child. This should take a strengths-based approach to support parents to meet the child's needs. Practitioners should be aware that parents may feel blamed or criticised in these circumstances and will need to work thoughtfully with parents to build effective partnerships.

Where a child in need has moved permanently to another local authority area, practitioners should ensure that all relevant information (including the child in need plan) is shared with the receiving local authority as soon as possible. The receiving local authority should consider whether support services are still required and discuss with the child and family what might be needed, based on a timely re- assessment of the child's needs. Support should continue to be provided by Barnsley practitioners in the intervening period.

7. Regular Review

The assessment plan should set out timescales for the actions to be met and stages of the assessment to progress, which should include regular points to review the assessment and to analyse whether any sufficient progress has been made to meet the child's needs. This will be important for neglect cases where parents and carers can make small improvements.

The review points should be agreed with practitioners supporting the child, young person and family.

Should delays or obstacles occur these must be acted on and the assessment plan must be reviewed if any circumstances change for the child, young person or family.

The Social Worker's or lead practitioner's (in respect of S17 assessments) manager must review the assessment plan regularly with the worker and ensure that actions such as those below have been met:

- There has been direct communication with the child alone and their views and wishes have been recorded and taken into account when providing services and interventions.
- All the children in the household have been seen and their needs considered.
- The child's home address has been visited and the child's sleeping area has been seen.
- The parents, other main carers and absent carer have been seen and their views and wishes have been recorded and taken into account.
- Family network meeting has been considered.
- There is an up to date three generational genogram recorded on file.
- There is an up to date and purposeful chronology recorded on file.
- The analysis and evaluation have been completed and are evidence based.
- The assessment provides clear evidence for decisions on what types of services are needed to provide good outcomes for the child, young person and family.

8. Recording

Recording by all professionals should include information on the child's development so that progress can be

monitored to ensure their outcomes are improving. This is particularly significant in circumstances where neglect is an issue.

Records should be kept of the progress of the assessment on the individual child's record and any significant issues or events should be included in a chronology so that a summary of the child's or young person's history is available, and any patterns of recurring concerns can be identified.

Assessment plans, child in need plans and child in need review meeting minutes should be circulated to participants including the child or young person, if appropriate, and the parents. The recording should be such that a child, requesting to access their records, could understand the reasons for decisions and actions taken.

Supervision records should reflect the reasoning for decisions and actions taken.

9. Assessment of Risk Outside the Home

As well as threats to the welfare of children and young people from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online.

These threats can take a variety of different forms and children can be vulnerable to multiple threats, including exploitation by criminal gangs and organised crime groups such as county lines; trafficking, modern day slavery, online abuse; teenage relationship abuse (including controlling or coercive behaviour); sexual exploitation and the influences of extremism leading to potential radicalisation.

Children of all ages can experience extra-familial harm.

Assessments of children in such cases should consider whether wider environmental factors are undermining effective intervention being undertaken to reduce risk with the child and family. Parents and carers have little influence over the contexts in which the abuse takes place and the young person's experiences of this extra-familial abuse can undermine parent-child relationships.

All children, including those who may be causing harm to others, should receive a safeguarding response first and practitioners should work with them to understand their experiences and what will reduce the likelihood of harm to themselves and others.

A good assessment should:

- build an understanding of the child or young person's strengths, interests, identity, and culture
- respond to each of the vulnerabilities and/or challenges that the child or young person may be facing, including any within the home
- gather information on past experiences of trauma and how this may impact on the child or young person's current experience of harm and on how they interact with practitioners
- explore how the child or young person's experiences within their families and networks, including their friends and peer groups, interplay with the risk of harm outside of the home and identify what needs to change
- support parents, carers, and family networks to understand what is happening to the child, working with

them to ensure they can best meet the child's needs and play an active part in the solutions and processes to help create safety for the child or young person

- understand the risk of extra-familial harm for siblings, for example, where older children are exploited, younger siblings may also be at risk of being targeted Where there are concerns that more than one child may be experiencing harm in an extra-familial context, practitioners should consider the individual needs of each child as well as work with the group. The children in the group may or may not already be known to children's social care. Working with the whole group enables practitioners to build an understanding of the dynamics between those within the group and the extra-familial context. Practitioners will need to build an understanding of the context in which the harm is occurring and draw on relevant knowledge and information from the children and wider partners in order to decide on the most appropriate interventions.

Practitioners should consider the influence of groups or individuals perpetrating harm, including where this takes place online, and identify patterns of harm, risk and protective factors in these contexts. This may include working across the Safeguarding Children Partnership and Community Safety Partnership to agree a plan for keeping children safe. Key decisions should be recorded and communicated to both the child and their parents or carers, so that everyone understands the action that has, or will be, taken to safeguard and promote their welfare. It is important that all partners are clear how actions contribute to safeguarding and promoting the welfare of the child

9.1 Further Information

The International Child Abduction and Contact Unit includes the form for local authority staff to ask the authorities in another country for information or assistance in a child protection case.

Modern Slavery – GOV.UK details about the government's work to end modern slavery, including details about how to refer victims into the national referral mechanism (NRM).

Cross-border child protection cases: the 1996 Hague Convention – GOV.UK - Guidance for local authorities dealing with international child protection cases

