

Barnet Children's Service CAF and Social Care Thresholds: A Guide for Practitioners in the Children's Workforce



PILOT

September 2009 – February 2010



Barnet
Primary Care Trust



Barnet, Enfield and Haringey
Mental Health NHS Trust



Barnet and Chase Farm Hospitals
NHS Trust



Contents

| | |
|--|-----------|
| 1. Introduction | 3 |
| 2. Referral Pathways and Services | 3 |
| 3. Early Intervention and Prevention / CAF | 4 |
| 4. Child in Need | 4 |
| 5. Child Protection | 4 |
| 6. How to Decide Whether to Make a Referral | 5 |
| Categories of Significant Harm: | |
| Neglect | 5 |
| Physical Abuse | 5 |
| Sexual Abuse | 5 |
| Emotional Abuse | 6 |
| Domestic Violence | 6 |
| 7. Contact List | 7 |
| 8. Levels of Need / Thresholds Guidance | 9 |
| Low Priority Need - Likely to require a CAF | 9 |
| Medium Priority Need - Likely to be a Child in Need (Section 17) Referral | 10 |
| High Priority Need - Likely to be a Child Protection (Section 47) Referral | 12 |
| 9. Useful References | 13 |

1. Introduction

- 1.1 This document is produced by the Barnet Safeguarding Children Board under guidance from the London Safeguarding Children Board and the Government Office for London (GOL). It is primarily targeted at professionals who come into regular / daily contact with children or families and may have a concern about a child, young person or unborn child. It also aims to support Barnet Children's Service Social Care teams, particularly first contact (or equivalent) teams; in describing how thresholds are applied to referrals they receive.

2. Referral Pathways and Services

- 2.1 Referrals to services regarding concerns about a child typically fall into three categories:
- Early intervention and prevention
 - Child in need
 - Child protection
- 2.2 Early intervention and prevention referrals will almost always be made to other services and not picked up by Barnet Children's Service Social Care teams.
- 2.3 Safeguarding and child protection work should always be underpinned by principles of working in partnership with families. In all cases where a referral to Children's Social Care is being considered, consent must be sought from parents / carers to share information as appropriate, although there are certain circumstances in which this consent is not required (e.g. where there is specific risk of harm to a child).
- 2.4 When considering whether to refer to Children's Social Care it is important to remember that the local authority has no mandate to compel parents to undertake assessments or accept services, however there may be consequences for the family if recommended services or interventions are not taken up by parents / carers.
- 2.5 Barnet Children's Service Social Care uses thresholds to consider whether a referral will be accepted, whether an assessment will be undertaken, and what services will be offered or provided. This way, they can ensure that help is targeted at those children who are most vulnerable, and that any decisions made about services are consistent.
- 2.6 When a referral is below their threshold, Barnet Children's Service Social Care will provide referrers with information on more suitable resources and make a referral to other services where appropriate. It may be appropriate in these instances for a CAF to be completed.
- 2.7 Please refer to the guidance at the end of this document, which provides a list of levels of need and their characteristics. It is important to note that this list is not exhaustive, but included for illustrative purposes only.
- 2.8 Effective partnership, based on mutual respect between agencies, provides the key to safeguarding children. Disagreement in respect to any matters relating to the safeguarding of children should always be resolved by following the process defined within the London Child Protection Procedures.

3. Early Intervention and Prevention / CAF

- 3.1 The Common Assessment Framework (CAF) is a holistic assessment of a child's needs for services. It is a process for recognising signs that a child may have unmet needs that universal services cannot meet. It is also a process for identifying and involving other agencies who may be able to support the child and / or undertake specialist assessment. Central to its development is the principle that it is child / young person centred, holistic and can be shared across professionals as appropriate.
- 3.2 The CAF provides a common method of assessment across children's services and local areas. It facilitates early identification of needs, leading to co-ordinated provision of services, involving a lead professional where appropriate, and sharing information to avoid the duplication of assessments.
- 3.3 The common assessment is designed for 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;
 - The child's needs are unclear or broader than a single universal service can address.
- 3.4 A common assessment should be completed when a professional in any agency has concerns that a child will not progress towards the five [Every Child Matters priority outcomes](#) without additional services.
- 3.5 For information about cross-boundary working between London boroughs in relation to the CAF process, please refer to the [Integrated Working Without Boundaries - The London Common Assessment Framework \(CAF\) Protocol \(April 2009\)](#).
- 3.6 ***Where there is an immediate need to protect a child, professionals must contact Barnet Children's Service Social Care and / or the Police directly and make a referral, rather than completing a common assessment.***

4. Child in Need

- 4.1 Section 17 of the Children Act 1989 places a general duty on every local authority to safeguard and promote the welfare of children who are in need within their area. Barnet Children's Service Social Care must, so far as is consistent with this duty, promote the upbringing of children in need by their families, through provision of a range and level of services appropriate to the child's needs. In order to receive services under Section 17 a child will have additional needs requiring integrated targeted support.

5. Child Protection

- 5.1 Section 47 of the Children Act 1989 requires the local authority to make enquiries to enable it to decide whether the child is suffering, or likely to suffer, significant harm and to assess whether action is required to safeguard and promote the child's welfare. Health, education and other services have a statutory duty to help Barnet Children's Service Social Care to carry out the Section 47 enquiry.

6. How to Decide Whether to Make a Referral

- 6.1 It is important to be clear about the purpose and intended outcome of the referral. Using the information at the back of this document it is helpful to consider the three main categories of referrals, and related levels of need, to consider where your concerns about a child or young person fit.
- 6.2 It can be very useful to consult with other professionals in the child's network (such as health visitor, youth worker, teacher) if you have concerns. When the concern is around risk of harm to a child, you may want to speak to your own agency lead for child protection and safeguarding. Alternatively, you can speak with one of Barnet Children's Service Social Care child protection advisers about a referral.
- 6.3 Professionals in all agencies have a responsibility to refer a child to Barnet Children's Service Social Care when it is believed or suspected that the child:
 - Has suffered significant harm; or
 - Is likely to suffer significant harm
- 6.4 It is important to appreciate that whilst a referral to Barnet Children's Service Social Care may not reach the threshold requiring assessment and intervention, information received will be put onto the database and will be taken into consideration in the event of further information being received.
- 6.5 *Significant harm can typically fall into the following categorisation:*

Neglect

Neglect is the persistent failure to meet a child's basic physical and / or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, failing to protect a child from physical harm or danger, or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes ill health to a child whom they are looking after. This situation is commonly described using terms such as factitious illness or Munchausen syndrome by proxy (fabricated illness).

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape or buggery) or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Emotional Abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. It may involve causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

Domestic Violence

The harm to children caused by domestic violence can be significant through emotional and physical abuse, and / or neglect. The main characteristic of domestic violence is that the behaviour is intentional and is calculated to exercise power and control within a relationship. The impact of domestic violence is usually on every aspect of a child's life although it will vary according to the child's resilience and the strengths and weaknesses of his / her particular circumstances. Detailed threshold guidance in relation to domestic violence is in the Barnardo's Threshold Scales found at www.barnet.gov.uk/caf

7. Contact List

If you have any concerns about a child:

Referral and Assessment Team

020 8359 4066 / 4097

Fax

020 8445 8032

Opening Hours:

9am – 5.15pm Monday to Thursday

9am – 5pm Friday

9am to 12.30pm Referrals / Discussions / Advice with Duty Workers

1.30pm to 5pm Emergency Calls Only

Out of Office Hours Emergency Social Work Service

020 8359 2000

(Including out of hours Child Protection Referrals)

The Barnet Council Emergency Service Controller will take initial details and contact the appropriate out of hours officer.

Consultation Line (9.30am - 11.30am Tuesday and Wednesday)

020 8359 4336

This number is available for consultation, advice or when you just want to talk over a situation and case names are not required.

This number is not for referrals.

Disabled Children's Team Duty (9.00am – 4.30pm Monday to Friday)

020 8359 4246

Hospital Social Work Team Duty

020 8275 2601

For unborn and children admitted to hospital

Children's Social Care Service Manager, Assessment

020 8359 4075

(Responsible for the Referral and Assessment service)

Allegations against professionals working in a position of trust with children in Barnet should be made to:

Investigation Officer

020 8359 6056

Divisional Managers, Safeguarding Division

020 8359 4532

(The Safeguarding Division monitors and promotes best practice in relation to children who are receiving a social care service, promotes Safeguarding work within the wider community and handles all allegations by children against people in a position of trust)

Police Child Abuse Investigation Team (8am-6pm)

020 8733 5070

At all other times-contact this number where the controller will take initial details and contact the appropriate out of hour's officer.

020 8200 1212

CAF Team
CAF Coordinator

020 8359 4405/ 4406
e-caf@Barnet.gov.uk
www.barnet.gov.uk/caf

Barnet Safeguarding Children Board Development Officer

For advice and information about [training](#), policies and procedures

020 8359 4540

Barnet Safeguarding Children Board Administrator

020 8359 4233

www.barnet.gov.uk/safeguarding-children-board

Private Fostering

For general enquiries about Private Fostering Contact

020 8359 5315

Barnet Kinship and Permanence Team

Dutykinship&permanency@Barnet.gov.uk

To make a Private Fostering Referral contact the Referral and Assessment Team (contact details above)

8. Levels of Need / Thresholds Guidance

- 8.1 When deciding which level of priority need a child or young person falls within, Barnet Children's Service Social Care will take into account the age of the child and the impact of the concern on the child's welfare and development.
- 8.2 It is important to note that these **examples** are to illustrate levels of need only, it is not an exhaustive list and **will not replace professional judgment.**
- 8.3 Similarly, **no single example will automatically trigger a specific response.**
- 8.4 Some factors may need to be considered within the family or environmental context, or in relation to other concerns.

| LOW PRIORITY NEED – LIKELY TO REQUIRE A CAF | |
|--|--|
| Areas of Need | Low Priority Need <i>These are examples, other situations may fit this criteria</i> |
| Health | <ul style="list-style-type: none"> • Slow in reaching developmental milestones • Limited take-up of universal health services • Children with some special needs / health needs (including mental health) requiring co-ordinated support from a range of services • Obesity / poor diet |
| Education | <ul style="list-style-type: none"> • Children regularly absent from school or not reaching their potential educational targets • Children Not in Education, Employment or Training (NEET) • Children at risk of school exclusion or have been excluded • Children on School Action or School Action Plus or with a Pastoral Support Plan who require a co-ordinated multi-agency response • Children with an Educational Statement who have broader needs than educational / developmental issues, requiring a more holistic assessment and a multi-agency response • Children with limited access to educational materials, books or toys |
| Social, Emotional and Behavioural, including identity | <ul style="list-style-type: none"> • Low self-esteem • Victim of crime or bullying • Children engaging in anti-social behaviour, at risk of offending or beginning to offend • Early onset of sexual activity / teenage pregnancy / teen parents • Onset of self-harming behaviour / low level of substance misuse • Lack of age appropriate behaviour and independent living skills that increase vulnerability to social exclusion • Children who are occasionally reported as missing from home • Children suffering from the impact of past domestic violence |

| LOW PRIORITY NEED – LIKELY TO REQUIRE A CAF | |
|--|--|
| Areas of Need | Low Priority Need <i>These are examples, other situations may fit this criteria</i> |
| | <ul style="list-style-type: none"> • Children with challenging behaviour whose parents are unable to cope without the provision of services • Children who occasionally harm other children and attempts at resolution have not been successful |
| Family and Social Relationships | <ul style="list-style-type: none"> • Parents / carers have relationship difficulties which may affect the child • Children who fall within the definition of a young carer |
| Child's Environment | <ul style="list-style-type: none"> • Presence of domestic violence, however, evidence confirms that the child is not witnessing incidents and parents are receiving help to resolve • Homelessness, risk of homelessness, overcrowding • Family require support as a result of social exclusion / harassment (including racial harassment) • Family socially isolated within the community / wider networks or lack access to local facilities • Family affected by low income, debt or unemployment |
| Parental Factors | <ul style="list-style-type: none"> • Inconsistent standards of parenting but child's development not significantly impaired • Parents requesting advice to manage their child's behaviour / support around parenting issues • Parental substance misuse / offending behaviour impacting on child, below the level of significant harm • Parent's physical or mental health condition impacting on child, below the level of significant harm • Parent / Carer has no effective family or community supports, which adversely impacts on the child |

| MEDIUM PRIORITY NEED – LIKELY TO BE A CHILD IN NEED (SECTION 17) REFERRAL | |
|--|---|
| Areas of Need | Medium Priority Need <i>These are examples, other situations may fit this criteria</i> |
| Health | <ul style="list-style-type: none"> • Children living in an environment that poses a risk to their safety or well being • Children with a significant level of special needs, whose parents are unable to meet their needs without the provision of support • The physical care or supervision of the child is inadequate • Children with a high level of special needs or a disability requiring constant supervision, which results in a high risk of family breakdown |

| MEDIUM PRIORITY NEED – LIKELY TO BE A CHILD IN NEED (SECTION 17) REFERRAL | |
|--|--|
| Areas of Need | Medium Priority Need <i>These are examples, other situations may fit this criteria</i> |
| Education | <ul style="list-style-type: none"> • Child underachieving severely at school and is not supported or encouraged by parents • The child has been permanently excluded resulting in a risk of family breakdown |
| Social, Emotional and Behavioural, including identity | <ul style="list-style-type: none"> • Children whose behaviour alienates or provokes rejection • Children with challenging behaviour, which results in serious risk to the child or others, which parents are unable to manage resulting in a high risk of family breakdown • Children who are often reported as missing from home • Children involved in regular substance misuse • Children who self harm where parents are not responding appropriately • Children who often harm other children and the involvement of services have not resolved the behaviour • Children who are firesetting and are placing themselves / others at risk of harm |
| Family and Social Relationships | <ul style="list-style-type: none"> • Children under 16 who are looked after in a private fostering arrangement beyond 28 days • Children where there is a risk of breakdown of relationship with parent / carer • Children experiencing several carers within their family network creating inconsistency and insecurity for the child • Children exhibiting attachment disorders i.e. severe separation anxiety • Children where there has been a breakdown of relationship with parent / carer • Children where the parent / carer is unable to cope and where there are no alternative carers |
| Child's Environment | <ul style="list-style-type: none"> • The child is living in an environment where there are ongoing concerns of domestic violence • Home environment or hygiene places the child at risk of significant harm |
| Parental Factors | <ul style="list-style-type: none"> • Parent / Carer has physical disability or history of mental health problems or learning disability which significantly affects their ability to care for the child or the parent is currently in crisis • Parents whose criminal and / or anti-social behaviour threatens the welfare of the child |

| HIGH PRIORITY NEED – LIKELY TO BE A CHILD PROTECTION (SECTION 47) REFERRAL | |
|---|--|
| Areas of Need | High Priority Need <i>These are examples, other situations may fit this criteria</i> |
| Health | <ul style="list-style-type: none"> • Situations where the physical care or supervision of a child is severely neglected • Children who seriously self harm including eating disorders where parents are not working with professionals or accepting support • Children where there is a sufficient body of evidence to indicate they are at risk of Female Genital Mutilation |
| Education | <ul style="list-style-type: none"> • Chronic non-attendance at school or other educational provision attributable to lack of parental support, or in the context of environment or other risk factors |
| Social, Emotional and Behavioural, including identity | <ul style="list-style-type: none"> • Children who are experiencing acute emotional rejection by parents / carers including unrealistic expectations, “scapegoating” and inconsistent parenting • Children at risk of suffering significant harm, including physical, sexual abuse and exploitation, emotional and neglect • Children who disappear or who frequently go missing from home for long periods • Children who cause or are at risk of causing significant physical or sexual harm to another child • Children where there is a sufficient body of evidence to suggest they are the subject of trafficking and exploitation |
| Family and Social Relationships | <ul style="list-style-type: none"> • Children needing to be looked after outside their own family as a result of an immediate risk to the children |
| Child’s Environment | <ul style="list-style-type: none"> • Children living in an environment where there is a high level of domestic violence that put the child at risk • Home environment or hygiene places a child at immediate risk of harm |
| Parental Factors | <ul style="list-style-type: none"> • Both or only parent / carer is suffering from several physical or mental health problems or learning disability and are failing to adequately care for a child • Both or only parent / carer is involved in severe alcohol or substance misuse which is significantly affecting the child’s wellbeing • Parent / carer has a predisposition to violence and / or extreme anti-social behaviour which is placing the child in immediate danger • Parent / carer who has a conviction against children or is known by police intelligence to pose a risk to children • Children who are living with a parent / carer who is known to have had a previous child removed under a court order |

8.5 In seeking definition for specific levels of need, please refer to the [London Child Protection Procedures](#).

9. Useful References

[Barnet Multi-Agency Domestic Violence Risk Identification Flow Chart](#)
[Barnet Safeguarding Children Board](#)
[Barnet Safeguarding Children Board Training](#)
[Common Assessment Framework: Managers' guide \(July 2009\)](#)
[Common Assessment Framework: Practitioners' guide \(July 2009\)](#)
[Every Child Matters priority outcomes](#)
[Guidance for Safer Working Practice for Adults who Work with Children and Young People](#)
[Information Sharing: Guidance for practitioners and managers \(2008\)](#)
[Information Sharing: Pocket guide \(2008\)](#)
[Information Sharing: Further guidance on legal issues \(2008\)](#)
[Integrated Working without Boundaries - The London Common Assessment Framework \(CAF\) Protocol](#)
[Annex 1: Common Assessment Framework \(CAF\) Process](#)
[Annex 2\(a\) – The London Continuum of Need \(CAF Thresholds\)](#)
[Annex 2\(b\): London Continuum Descriptors](#)
[Annex 3: Common Assessment Framework \(CAF\) interface with other assessments](#)
[Annex 4: Sharing Information Securely](#)
[Annex 5: Information Sharing Protocols](#)
[Annex 6: CAF Quality Assurance Framework](#)
[Lead Professional: Managers' guide \(July 2009\)](#)
[Lead Professional: Practitioners' guide \(July 2009\)](#)
[London Child Protection Procedures \(3rd Edition\)](#)
[London Child Protection Supplementary Procedures](#)
[London Safeguarding Trafficked Children Toolkit \(July 2009 update\)](#)
[NHS Guidelines: When to suspect child maltreatment](#)
[Recruiting safely: Safer recruitment guidance helping to keep children and young people safe](#)
[Summary: Recruiting safely: Safer recruitment guidance helping to keep children and young people safe](#)
[Safeguarding Children and Safer Recruitment in Education \(2007\)](#)
[Safeguarding Children and Young People from Sexual Exploitation \(June 2009\)](#)
[Safeguarding Children at Risk of Abuse through Female Genital Mutilation](#)
[Safeguarding Children from Abuse Linked to a Belief in Spirit Possession \(2007\)](#)
[Safeguarding Children in whom illness is fabricated or induced \(2008\)](#)
[Safeguarding Children who may have been Trafficked \(2008\)](#)
[Safeguarding disabled children: Practice guidance](#)
[Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004 \(2007\)](#)
[The Right to Choose: multi-agency statutory guidance for dealing with forced marriage](#)
[What to do if you're Worried a Child is Being Abused - Summary \(2006\)](#)
[What to do if you're Worried a Child is Being Abused - Full Document \(2006\)](#)
[Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children \(2006\)](#)