

# Child in Need Guidance

## Practitioner and Multi-Agency Summary Handbook

Wirral Children and Young People's Department  
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## Contents

### PART ONE

#### **Access and Eligibility to Child in Need Services** 3

Introduction	3
Definition of Child in Need	3
Underlying Principles	4
Thresholds of Need	4

### PART TWO

#### **Intervention before Referral to Children’s Social Care** 5

Common Assessment Framework (CAF)	5
Team Around the Child and Area Teams	5

### PART THREE

#### **Referral’s into Children’s Social Care** 6

Contact and Referral	6
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### PART FOUR

#### **Assessments within Children’s Social Care** 7

Initial Assessment	7
Core Assessment	7
Agency Responsibilities to Assessments	8
Consideration of Whether Harm is Significant	8
Framework for the Assessment of Children in Need	9

### PART FIVE

#### **Working with a Child in Need** 10

Managing a Child in Need – Flowchart	10
Consent and Information Sharing	11
Child in Need Planning Meeting	11
Common Principles and Agency Responsibilities to Meetings	12
Chairing a Child in Need Meeting	12
Process for a Child in Need Meeting	13
Signs of Safety Framework	13
Meeting Agenda Plan	14
The Child in Need Plan	16
Participation in Meetings and Non Engagement	17
Advocacy	17
Non Engagement by Family	17
Professional Disagreements and Escalation Procedure	17

### PART SIX

#### **Reviewing Child in Need Status** 18

Planning and Reviewing Services for a Child in Need	19
Transferring a case from Child in Need to TAC	19
Transferring a case from Child in Need to TAC – Flowchart	21

Appendix One -	Descriptors of the Level 3/ Level 4 Threshold	22
Appendix Two -	Signs of Safety Assessment and Planning Form	25



## PART ONE

### Access and Eligibility to Child in Need Services

#### Introduction

Wirral Children's Trust and Local Safeguarding Children Board are committed to the right of children to have their basic needs met, to achieve their full potential and to live in an environment where they are protected from emotional, physical and sexual abuse and neglect. It is recognised that most children thrive when their parents or carers are helped to provide a good standard of care for them.

The lives and life chances of Children in Need may be affected by living in families under extreme stress and unless support services are provided it is likely that outcomes will be poor for them in both the short and long term. This document is designed to provide guidance to practitioners working in the statutory, voluntary and independent sectors, who work with Children in Need and their families.

This guidance should be read in conjunction with Wirral's Safeguarding Children Procedures – particularly the Child in Need (CiN) procedure, Working Together to Safeguard Children (2010) and also the Guide to Integrated Working which contains guidance for the Common Assessment Framework (CAF) and Team Around the Child (TAC) processes.

The aim of the guidance is to provide an overview of the Child in Need (CiN) process and how this fits in with contacts, referrals and assessments within Children's Social Care and also the place of CiN within the continuum of need. The guidance describes the responsibilities of children's social care as the lead agency but also the responsibilities of partner agencies to work together to improve outcomes for children and their families.

#### Definition of Child in Need

A child should be taken to be in need if:

- ***He/she is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority.***
- ***His/her health or development is likely to be significantly impaired, or further impaired without the provision for him/her of such services.***
- ***He/she is disabled.***

(Section 17(10), Children Act 1989)

In essence, Children in Need have the universal needs of all children and more complex additional needs than those requiring a Common Assessment Framework (CAF) but they **do not** require child protection measures at this time.

Outcomes are likely to be poor for those children/young people who have complex additional needs which have a significant negative impact on their health, development or wellbeing.

Stresses which may lead to a child/ young person being 'in need' can include parental domestic abuse, mental ill-health, substance misuse, learning disability, childhood trauma, homelessness, anti-social behaviour - often in combination. The child/ young person may be neglected, on the fringes of offending, have attachment, relationship or behaviour difficulties, have experienced multiple losses and/or be carrying inappropriate caring responsibilities.

The 1989 Children Act further states that 'development' means physical, intellectual, emotional, social or behavioural development and 'health' means physical and mental health.



## Underlying Principles of the Child in Need Procedure

An estimated 20-30% of children has additional needs at some point and requires extra help from services such as education, health, social care and others. The intervention may only be required for a short period of time but may also be needed long term. Underpinning the delivery of services to vulnerable children/ young people and their families are principles designed to ensure that the family receive a fair, effective and appropriate response:

- The child's/ young persons needs must come first
- Any planning or intervention is underpinned by an assessment (CAF, IA, CA)
- The family should always be present at a Child in Need (CiN) meeting
- Practice must be excellent and consistent
- Policies and procedures are correctly followed
- Family's are offered an equitable service
- The welfare of the child/ young person is everyone's responsibility
- All organisations must work together in partnership

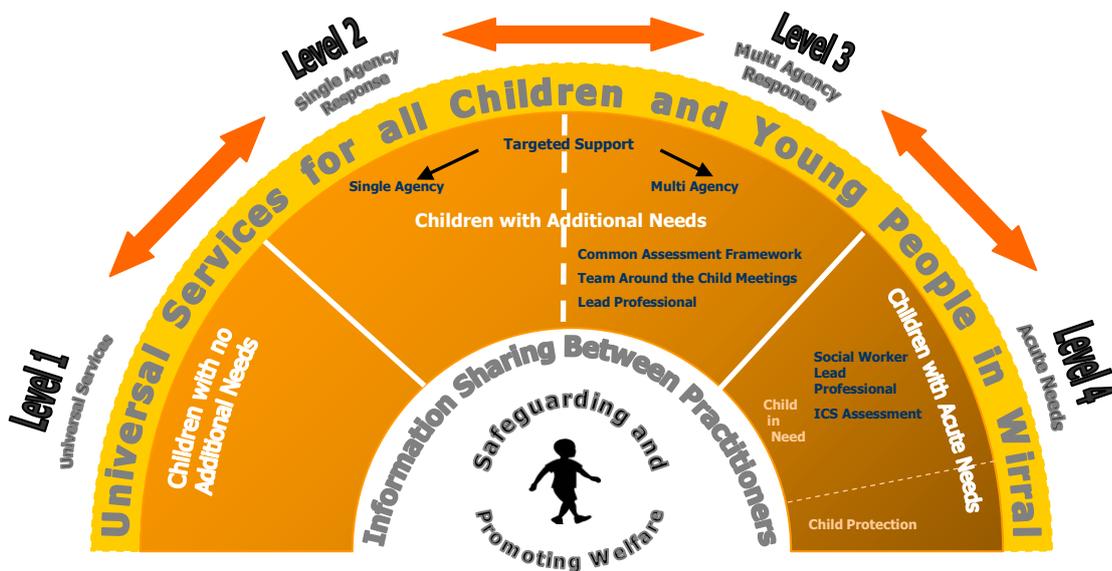
Children in Need of support and protection are the responsibility of all agencies in Wirral who work with children under the Children Act 1989 and Children Act 2004 with each agency delivering different elements of service to meet the needs of children and families. All services must be provided with a view to safeguarding and promoting the child's welfare.

## Thresholds of Need

The 'Windscreen' below illustrates the Wirral continuum of need. **Children who are defined to be in need are managed at Level 4 of the continuum of need.** A detailed description of the four levels and guidance on interpretation is provided in the Integrated Working Guide which can be accessed and downloaded from this link: [Integrated Working Guide](#) or from:

<http://www.wirral.gov.uk/my-services/childrens-services/about-childrens-services/common-assessment-framework>

Descriptors of the Level 3 (TAC)/ Level 4 (CiN) threshold are illustrated in Appendix One on page 22.



If in doubt, consult CADT 0151 6062008



## PART TWO

### Intervention before Referral to Children's Social Care

#### Common Assessment Framework (CAF)

The Common Assessment provides a framework for assessment of need by all agencies **prior** to the involvement of Children's Social Care. The Common Assessment Framework is one of the many national changes introduced in the Children Act 2004, and plays a major part in improving services to children, young people and families in order to improve the following five Every Child Matters (ECM) outcomes:

- being healthy
- enjoying and achieving
- achieving economic well-being.
- staying safe
- making a positive contribution

The Common Assessment Framework (CAF) is a standardised approach to assessing children and young people's needs for services. It is part of the early intervention agenda which seeks to employ a multi-agency approach to the co-ordination of services. The CAF process aims to help all those whose work brings them into contact with children and families to identify children with additional needs and intervene much earlier to help them.

The CAF is a generic, holistic assessment which focuses on three assessment areas of **development of the child or young person, parents and carers and family and environment**. The assessment aims to:

- Enable at an earlier stage, a wider picture of a child or young person's needs and strengths to be built up and, with appropriate consent, shared among practitioners
- Improve communication and integrated working between practitioners supporting a child or young person (including communication between a young person and adult services)
- Improve decisions about whether further specialist assessment is required and, if necessary, provide information to contribute to it
- Improve co-ordination between holistic and specialist assessments
- Provide better, more evidence based information to targeted and specialist services

Research shows that 'low level' needs that do not meet the criteria for statutory intervention often remain unaddressed, as no-one takes responsibility for identifying and coordinating services. The needs of children and young people in this situation can often escalate becoming more problematic and requiring a greater level of intervention which can be more intrusive and expensive to maintain.

#### Team Around the Child and Area Teams

In Wirral the model of multi-agency working identified through the CAF is known as Team Around the Child (TAC) and is supported by the 11 multi-agency Area Teams. The area teams support agencies and families in the CAF and TAC process and their role includes:

- Offering a professional consultation service with an area social worker
- Improving services for children and families by delivering training to practitioners on CAF and TAC
- Ensuring children and families receive the appropriate services at the appropriate time and signposting to local services
- Supporting agencies and the lead professional by organising the first TAC meeting
- Improving provision for children and families by identifying local needs, based on CAF and TAC data, in consultation with community members.

Full guidance for the CAF and TAC process including the role and function of the area teams is contained in the Integrated Working Guide:

<http://www.wirral.gov.uk/my-services/childrens-services/about-childrens-services/common-assessment-framework>



## **PART THREE**

### **Referral into Children's Social Care**

#### **Contact and Referral**

A contact is an initial approach to children's social care for advice, information or to request the provision of a service by Children's Social Care. Some, but not all, contacts will progress to referral.

**All contacts (by telephone, fax, email or letter) to children's social care are taken through the Central Advice and Duty Team (CADT) between 9 am and 5 pm Monday to Friday (0151 606 2008), and to the Emergency Duty Team (EDT) 5pm to 9am and weekends and bank holidays (0151 677 6557).**

Within CADT initial calls are taken by access workers. Where the information is about an open case the access worker will pass the information to the relevant social work team. For new cases the call/information is passed to a social worker at CADT.

Following the initial consideration made by social workers and the practice manager at CADT, where appropriate the contacts will be passed to one of four assessment teams based on the geographical location of the family, or to the children with disabilities team.

A contact can only be progressed to a referral when an assessment practice manager/ team manager or CADT practice manager decides that further information needs to be gathered to consider whether a child is in need and therefore requires a service. (This decision must be made within 24 hours of receiving a contact about the welfare and well-being of a child).

All referrals to Children's Social Care should be for children who have complex needs, or additional needs that cannot be met by a multi-agency plan within Team Around the Child. The referrer should advise the family of their intention to make the referral to Children's Social Care and seek the parents' consent to this. If consent is refused, the referral can still be made if, in the judgement of the referring agency, the best interests of the child justify this. However, the full reasons for dispensing with consent must be recorded by the referrer.

The Duty Social Worker will check the CAF database to identify other practitioners who are already working with the child. If the relevant Team Manager believes the matter does not meet the criteria under Section 17 of the Children Act 1989 for services from Children's Social Care, the referrer may be signposted to other providers. If it is believed that the child might benefit from multi-agency services delivered through the TAC process the referrer may be advised to complete a CAF. Where this is advised support will be offered through one of the area teams.

**If the child is potentially a child in need under Section 17 the case will be allocated to a Social Worker and an Initial Assessment completed within 10 working days.**

**PART FOUR****Assessments within Children's Social Care****Initial Assessment**

The Initial Assessment is defined as a brief assessment to determine whether the child is a child in need including whether the child is suffering or likely to suffer, significant harm. The Initial Assessment is completed by the social worker and should be completed within 10 working days from the date of the referral.

Initial Assessments are completed in line with the framework for assessment (page 21) and include:

- Interviews with child and family members as appropriate
- Involvement of other agencies in gathering and providing information, as appropriate;
- Consultation with manager;
- Record of initial analysis;
- Decisions on further action / no action;
- Record of decisions / rationale with family / agencies
- Informing other agencies of the decisions;
- Providing a statement to the family of decisions made and, if a child is in need, the plan for providing support.
- Recording the family's agreement to the plan

It is important to avoid delay in the provision of services, which can help to improve the outcomes for a child, and services can be offered to the child/family during the Initial Assessment process where necessary. These may then change once the Initial Assessment or Core Assessment is completed, but the provision should not be delayed just because assessments are outstanding. In all cases, copies of the Initial Assessment will be given to parents and professionals who are involved with the family.

**Core Assessment**

The Initial Assessment (IA) may identify the need for a more in-depth assessment and in these situations a Core Assessment should be completed. Whilst it is the Social Worker who has overall responsibility for collating these assessments, much information will need to be elicited from other agencies and from the family themselves and all agencies are expected to actively contribute and participate in the assessment process. Formal requests must be made of health, schools, GPs, youth workers, YOS etc to contribute to the information in the assessment and the analysis. The Core Assessment must be completed within 35 working days. An outcome of a Core Assessment might also be a Child in Need Plan.

Following an IA a core assessment may be necessary to provide a more in-depth assessment of the child's needs. The Assessment Framework defines a core assessment as:

*“an in-depth assessment which addresses the central or most important aspects of the needs of the child and the capacity of his or her parents or caregivers to respond appropriately to these needs within the wider family and community context”.*

A decision to initiate a core assessment may be taken at any time, including whilst an initial assessment is still in progress. An assessment team manager will approve this decision. Core assessments must be completed within 35 working days.

Completing a core assessment will involve a number of activities including seeing the child, and interviewing the child and family members as appropriate. Aspects of the assessment may be undertaken by a number of professionals from different agencies. This will be particularly so for disabled children where assessments required for different purposes by different agencies will share common aspects. For all children in need children's social care has statutory responsibility for ensuring the core assessment is completed.

A core assessment should be undertaken:

- at the end of an initial assessment which has identified a number of issues that need to be assessed in greater depth
- a strategy discussion/meeting has agreed a Section 47 enquiry is to be undertaken
- on an open case, new information is received which may impact on the current plan
- on an open case, professional judgement in supervision is that a more in-depth assessment is required
- on an open case, there is in instruction or recommendation to undertake a core assessment via a Child Protection (CP) conference or a Looked after Child (LAC) review
- when a child is at risk of becoming Looked After
- when a child becomes Looked After via an emergency or as part of preparing an application to court
- where there have been 3 initial assessments in the previous 12 months
- there is a pattern of referrals and contacts over the history of the case that indicate a fuller assessment is required

### **Agency Responsibilities to Assessments**

All organisations that work with children and families share a commitment to safeguard and promote their welfare, and for many agencies that is underpinned by a statutory duty or duties. *Working Together to Safeguard Children (2010) P.336*

Children's Social Care has lead responsibility for carrying out Initial and Core assessments and they are responsible for ensuring assessments are completed accurately and comprehensively within timescales. A crucial part of the assessment process is the gathering of information from agencies who are working with the child or young person. Statutory agencies have clear legal duties under Section 11 of the Children Act 2004 and Section 175 of the Education Act 2002 to provide information and assistance where required and other non-statutory agencies should co-operate with requests for information from social care in line with arrangements for safeguarding children agreed through the LSCB.

Without co-operation from agencies it is unlikely a full and comprehensive assessment can be completed.

### **Consideration of Whether Harm is Significant**

At any stage in the assessment process, should there be suspicions or allegations that the child may be suffering or is likely to suffer significant there must be discussion between the social worker and their manager so that a Strategy Meeting / Discussion can be held to decide whether a Section 47 enquiry is required and to plan multi-agency action.

In Section 47 enquiries the child MUST be seen within 24 hours unless there is Team Manager agreement based on sound evidential reasons. Assessment of a child in these circumstances is not a separate activity but continues the same process - although the pace and scope of the assessment may have changed. A key part will be to establish whether the child is suffering or likely to suffer significant harm and whether any emergency action is required to secure the safety of the child.

Once it is decided that the matter comes under Section 47 then the case should automatically progress to Core Assessment. Although there will be 35 working days to complete the Core Assessment, Section 47 enquiries will need to progress within a timescale which is commensurate with the identified safeguarding needs of the child.

If the Strategy Meeting / Discussion decides that the case should continue under Section 17 (CiN) the assessment should automatically progress to a Core Assessment.

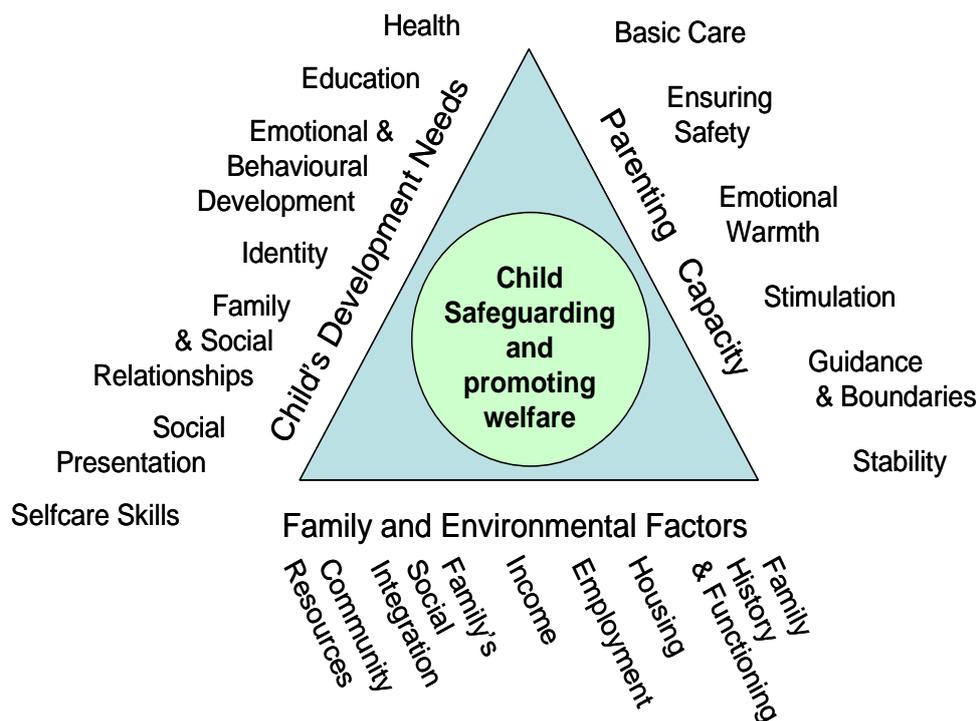
### Framework for the Assessment of Children in Need

The Framework for the Assessment of Children in Need and their Families (the Assessment Framework) provides a systematic basis for collecting and analysing information to support professional judgements about how to help children and families in the best interests of the child. The Assessment Framework is to be used for the holistic assessment of all children in need, including those where there are concerns that a child may be suffering significant harm.

The domains of the *Assessment Framework* are:

- The child's developmental needs;
- The parents capacity to meet those needs; and
- The family and environmental.

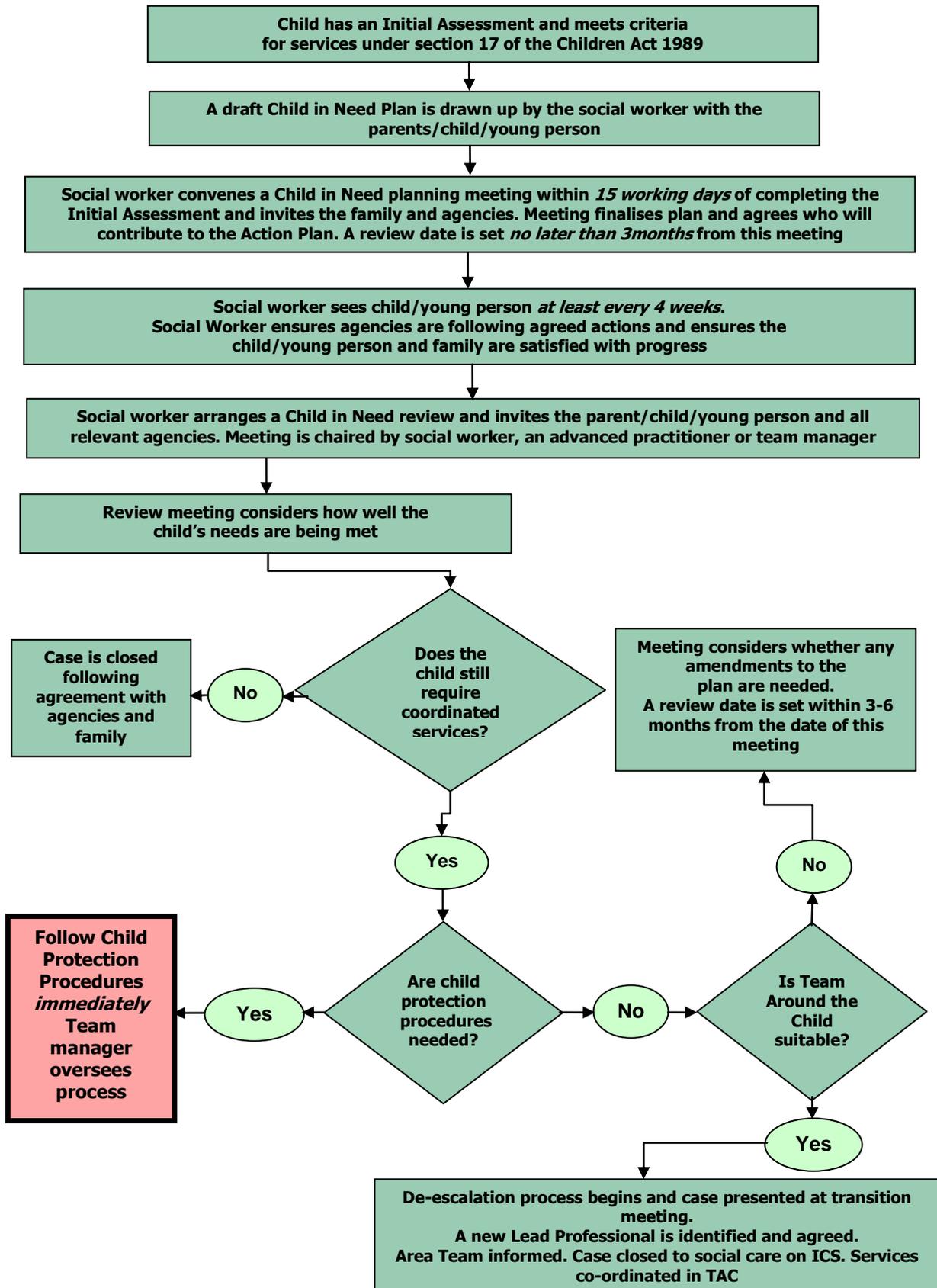
These various elements of these domains are referred to as the dimensions and are illustrated by the *Assessment Triangle* below:



## PART FIVE

### Working with a Child in Need

#### Managing a Child in Need - Flowchart



## Consent and Information Sharing

The consent of parents and young people of sufficient age and understanding is required for agencies to share information or to hold a Child in Need meeting. However, the absence of consent must not be a barrier for the undertaking of an Initial Assessment, nor to intervention for children "in need". If consent is withheld, it may be helpful to consider whether another professional involved with the family may be better placed to approach the family for consent.

The first option must be to work with the parents by voluntary arrangement unless to do so would clearly be placing the child at risk of significant harm. It is assumed that work with children "in need" and their families should be undertaken in a spirit of partnership with the objective of enabling parents to take responsibility in addressing concerns for their child.

It is accepted that in some police interventions it will not always be possible to obtain written consent before making referral to Social Care.

Article 8 of the Human Rights Act 1998 states that everyone has the right to respect for their private and family life, their home and their correspondence. Workers who have access to information about children and families must therefore treat any information confidentially. This article applies to children who are classified as in need of support under Section 17 Children Act 1989.

Consent will be obtained by agencies at the earliest opportunity and professionals in Wirral will make families aware that in order to provide appropriate services, agencies need to share information about the needs of the families. In obtaining consent parents, carers and young people should be given an explanation about the issues/concerns the agency has and information about the duties and responsibilities of agencies towards children in need of support or protection.

## Child in Need Planning Meeting

Once an Initial Assessment has been completed, regardless of whether a Core Assessment is also to be completed, or the case has been referred from an active TAC case, the Social Worker should draw up a Child In Need Plan using the Child/Young Person In Need Plan template on ICS. This should be done in conjunction with the child and their parents/carers.

The Plan can be finalised during a multi-agency Child in Need planning meeting, which should be convened by the Social Worker with 15 working days of completion of the Assessment. The Social Worker or a Senior Practitioner or Team Manager (if case is complex) should chair the meeting. The social worker should discuss potential attendees for the planning meeting with the child/ young person and family **prior** to invitations being sent out.

The following parties should attend the planning meeting:

- The child/young person (subject to age and understanding)
- Parents/carers
- Other appropriate family members
- Advocates (where appropriate)
- Representatives from the child's nursery or school/ college
- The midwife (if unborn) or health visitor (if under 5) or school nurse
- Other agencies identified as important during the Initial Assessment process e.g. youth offending service, substance misuse workers, housing, adult mental health staff, etc.

The Child in Need planning meeting provides an opportunity for the family and agencies to identify and agree a package of services required and to develop the Child in Need plan. All professionals invited to the planning meeting are required to complete a report for submission and sharing at the meeting. If unable to attend a representative should be identified to attend



the meeting with the completed report. If this is not possible, the report should be forwarded with apologies to the Chair of the Meeting to share with those present at the Meeting.

For all Child in Need meetings the social worker will act as lead professional and will arrange the invitations and the venue and will be responsible for chairing the meeting and ensuring that copies of relevant assessments are circulated beforehand and copies of the Child in Need Plan agreed at the meeting are circulated afterwards within 14 days of the meeting.

**If requested by the social worker agencies should agree to record minutes for the meeting and agencies are responsible for accurately recording their agreed actions.**

### **Common Principles and Agency Responsibilities to Meetings**

When constructing plans and actions prior to or within meetings agencies should ensure that the following principles are adhered to:

- **All agencies should respond to any information-sharing request**, satisfying themselves that consent has been obtained from the family for information to be shared.
- **All agencies with information about a child must respond to a request to attend Child in Need meetings**, attend with a written report or send a written report in their absence with apologies.
- Parents and children will be fully informed and supported to participate in Children in Need meetings and in the receipt of services.
- Unless there are very exceptional circumstances, meetings should not take place without the consent of parents and children of sufficient age and understanding
- The Common Assessment format will be used by all agencies to inform the meeting.
- Children and families should not be subject to multiple assessments and planning activity by agencies.
- Plans will ensure that consideration is given to factors which protect children from emotional, physical and sexual abuse and neglect.
- A contingency plan will be agreed in case a plan is not actioned or does not result in improvement. This will be recorded on the Child in Need Plan.
- Copies of the Plan should be provided to the child/ren/young person, family and participants in the planning and review group within 14 days of the meeting.
- **Agencies will work together** to share information, knowledge, skills, resources and responsibility.

### **Chairing a Child in Need Meeting**

To ensure a successful meeting the chair should:

- Facilitate the exchange of information and the inclusion of all those attending the meeting.
- Facilitate the participation of parents, carers, children and young people, whether or not they attend.
- Ensure the meeting follows the agenda and that the meeting keeps to time.
- Help members to interpret the information and focus on the relevant issues.
- Manage any conflict and facilitate discussion of opposing views.
- Encourage clear, jargon free communication and challenge the evidential base of any judgements given.
- Summarise regularly to ensure all involved are aware of what is happening. The chair should have an understanding of child in need issues and knowledge of the child protection procedures.

### Process for a Child in Need Meeting

The process for a successful meeting is:

- The child and family should be invited and given clear guidance about the purpose of the meeting and the importance of their attendance.
- The meeting should be chaired by the Social Worker or Team Manager.
- The Initial Assessment of the child will be available to the meeting and copies distributed to appropriate members of the family and all involved professionals.
- A clear analysis of the needs, difficulties and concerns that have led to the need for a 'Child in Need Meeting should be discussed at the meeting, including an examination of risk and protective factors and the use of tools such as the Signs of Safety framework.
- Agencies should be prepared to discuss the work they are undertaking with the child/ young person and family and base reports and comments on evidence.
- The meeting will agree the Child in Need Plan that addresses the needs difficulties and concerns in relation to the child.
- The co-ordination and review of the plan and the membership of any future review meeting will be decided at the initial meeting.
- The plan will be recorded on ICS.
- If the plan is not actioned or has failed to meet the child's needs the chair of the meeting must be informed and a decision taken whether to reconvene the Child in Need Review Meeting before the planned review date.

An example of a meeting agenda is shown overleaf.

### Signs of Safety Framework

The Signs of Safety (SoS) Framework is a strengths based approach used alongside an exploration of danger and risk and is widely used in child protection to explore factors of danger and harm as well as those offering strengths and safety. The framework is used as a process to create a map of the circumstances surrounding a vulnerable child and identifying desired changes and plotting a route to achieving them.

The framework contains four domains for inquiry:

- What are we worried about? (*past harm, future danger and complicating factors*)
- What's working well? (*Existing strengths and safety*)
- What needs to happen? (*Future safety*)
- Where are we on a scale of 0 to 10

The SoS framework contains a range of techniques and tools for practitioners to use and although it is designed as an approach for child protection cases it does have applications in child in need cases, particularly more complex cases around issues of compromised parenting and neglect.

An example of a tool which can be used by practitioners is the Signs of Safety Assessment and Planning Form which is included in Appendix 2 on page 27.

Further information on Signs of Safety can be accessed on the Signs of Safety website:

<http://www.signsofsafety.net>



## Meeting Agenda

### Introductions

- (i) Ask people to state their name, agency, **and their role in relation to the family and how they have been contributing to plans.** Remember that family members may not be used to introducing themselves and you may have to help with this.
- (ii) Clarify the purpose and intent of the meeting and clearly state the reason(s) for the involvement of Children's Social Care.
- (iii) Check family details – involve family members in this (dates of birth or names might be recorded incorrectly on files).
- (iv) Remind professionals from agencies that whilst you will take notes about the discussion they are responsible for accurately recording actions relevant to them.

### Meeting Ground Rules

#### (i) Confidentiality :

*'Parents and young people have given their permission for information about them to be shared at this meeting, for the purpose of ensuring that their child/ren's needs are met. Participants should remember that this information should not be shared outside of this meeting unless there are concerns about the safety of a child.'*

#### (ii) Organisation:

*'Everyone will have the opportunity to speak at the meeting and it is my role as chair to ensure this happens. To do this I will ask everyone in turn for their comments including parents and young people. To make sure everyone is heard, I ask that everyone listens to others and that all remarks are addressed to me. Agencies will be asked to detail the work they have been doing with the family and progress being made. Agencies will be asked to specify any particular concerns they have especially if the situation is worsening and we will decide appropriate actions to improve the situation. This might include as assessment of risk. '*

Do not allow personal criticism. This is less likely if all information is communicated through the chair. Clarify the role of any advocate or supporter who is attending the meeting.

### Discussion

#### (i) Reports

Professionals should be asked to summarise their reports or information. If the child has a CAF the lead professional from TAC should start first. Ask professionals to explain technical terms or jargon so that everyone fully understands.

#### (ii) Risk and Protective Factors

Professionals will be asked to evidence concerns they may have about the child/ young person especially when they feel issues and concerns are worsening. Equally, professionals should also give regard to protective factors which may mitigate concerns. The use of risk assessment tools such as the Signs of Safety approach can be used in meetings to gauge the extent of risks.

#### (iii) Views of Child/ Young Person and Parents/ Carers

Check children's and parent's view of information given by professionals after each contribution. Family members find it easier to contribute to meetings if the chair keeps eye contact with them, establishes some rapport by meeting them before the meeting and keeps them involved in the process.

It helps to ask open-ended questions such as 'What is your view on.....?' "How do you feel about that?"

#### (iv) Consideration of whether case can be safely managed in TAC

Based upon the evidence presented at the meeting the chair should give due consideration to whether the case can be safely de-escalated into TAC; i.e a multi-agency response is still required but there is no risk of harm. Consent from the family must be gained before the case can be de-escalated and a Lead Professional chosen.



**Summary**

(i) Summarise information pointing out **strengths and areas of concern** and identify what it is essential to address and what would be desirable. Clearly state the decisions made at the meeting and who is responsible for stated actions.

(ii) Clarify that the **agreed level of concern is appropriate** given the information shared. If it would be appropriate to escalate/ de-escalate the case explain how that might happen

(iii) Summarise the discussion by formulating recommendations which will need to be implemented within identified timescales and transferred following the meeting to a Child in Need Plan.

**Recommendations**

- Facilitate the construction of a realistic plan bringing together the needs and the available resources.
- Check with parents what help is acceptable – there is no point identifying services parents will not accept, but be clear if a refusal to accept services means additional risk to the child.
- Include services that are available in the plan and who is to provide them
- Identify and report the need for unavailable services where they affect the plan.
- A review date should be set one month after the initial meeting and thereafter a maximum of three monthly dependent on the family's circumstances. Time and venue must be confirmed.
- Identify who will be involved in the Review Meeting

### **The Child in Need Plan**

Section 17 of the Children Act 1989 provides for children who are assessed to be 'in need' of services to improve their life chances. Without the provision of services these children are unlikely to reach their full potential. These plans may be overseen by a social worker or other professional to ensure that there is ongoing improvement to the situation over a sustained period of time.

The Child in Need Meeting will agree a multi agency Child in Need Plan to meet the child and family's assessed needs that clearly states:

- The overall objectives of the plan
- The services to be provided and what their purpose is
- Responsibilities for each aspect of the Plan
- The lead professional (social worker) with overall responsibility for the Plan who will coordinate the plans, arrange meetings, monitor progress and arrange reviews.
- The timescales for provision
- Review arrangements

The Child in Need Plan ensures:

- that all children and young people have clearly stated objectives for them to gain maximum life chance benefits from education opportunities, health care and social care
- that there is a strategy for achieving these objectives.

The child in need plan is recorded by the social worker in ICS, any updates and changes to the plan are also recorded in ICS and guidance and templates are being made available to help the social worker use the information provided by agencies, assessments and the family to create effective plans.

A Child in Need Plan should be drawn up for children who are not Looked After but are identified as having complex needs. It should be completed following an initial or a Core Assessment. If a Child is subject to a Child Protection Plan, it is deemed to be the same as the Child in Need Plan. The Child in Need Plan may be used with children receiving short break care in conjunction with Part One of the Care Plan.

Children in Need Plans normally summarise the support services, including ongoing assessments, of a non-complex nature, provided for a Child In Need.

### **Timings and frequency**

The Child in Need Plan should be circulated to all parties within 14 days of the Child in Need Meeting. The Child in Need Plan should be reviewed within three months of the initial Child in Need Meeting and thereafter a maximum of six months.

Any modified Child in Need Plan generated from a Child in Need Review Meeting should be circulated within 14 days of the Meeting.

The frequency of contact with a child/young person by the lead professional should be a minimum of 28 days (4 weeks).

Social Care: a child should be seen within these timescales at home and spoken to. Other agencies/organisations contact may take place within these timescales in school, clinic, Children's Centre, etc.



**Participation in Meetings**

The family and the child / young person (where appropriate) should attend all CiN meetings and their views should be considered and recorded. If parents or carers do not attend the meeting a record of the meeting should be given to them.

The wishes and feelings of the child/ young person should always be sought and included. Attendance at CiN meetings by the child should always be encouraged and timings should avoid the school day for children of school age.

Consideration should also be given to the date/ time and location of the meeting, particularly if the family are likely to have transport difficulties or may have work or other commitments.

**Advocacy**

A positive partnership between parents and agencies is a fundamental principle underpinning the successful promotion of children's welfare and the protection of children. However parents may need independent support, information and advice to be able to participate fully in the system processes from an informed position particularly where there is a divergence of views.

**Non Engagement by Family**

When working with a family who is known, or discovered, to be uncooperative, social workers and practitioners should make every effort to understand why a family may be uncooperative or hostile. This entails considering all available information, including whether previous assessments such as CAF have been completed and if so whether the family co-operated with the TAC lead professional.

When working with uncooperative parents, professionals can improve the chances of a favourable outcome for the child/ young person by:

- keeping the relationship formal throughout , giving clear indications to the family that the aim of the work is to achieve the best for their child or children
- considering whether the non-engagement is indicative of concerns which may place the child/ young person at risk of serious harm
- clearly stating their professional and/or legal authority
- continuously assessing the motivations and capacities of the parents to respond co-operatively in the interests of their child or children
- confronting uncooperativeness when it arises, in the context of improving the chances of a favourable outcome for the child or children
- engaging with regular supervision to ensure that progress with the family is being made and is appropriate
- seeking advice from experts (e.g. police, mental health specialists) to ensure progress with the family is appropriate
- helping the parent to work through their underlying feelings at the same time as supporting them to engage in the tasks of responsible child care
- being alert to underlying complete resistance (possibly masked by superficial compliance) despite every effort being made to understand and engage the parents
- being willing, in such cases, to take appropriate action to protect the child or children (despite this action giving rise to a feeling of personal failure by the professional in their task of engaging the parents).

**Professional Disagreements and Escalation Procedure**

When deciding on the best course of action for a child/ young person occasionally practitioners from agencies will disagree about what is the best course of action. It is hoped that through dialogue and logically setting out the pros and cons of courses of actions practitioners will be able to reach agreement. Where this is not possible professionals across the authority working with children, young people and families need to know what to do about a referral or case where there are concerns or disagreement on the referral pathway for a child/ young person.

Every agency has safeguarding procedures in place within their own agency that details lines of responsibility and accountability for case management. On those occasions where concerns need to be raised with another agency, workers should ensure this happens as soon as possible and that discussions are clearly recorded.

In most cases the Lead Professional should be the first contact and if that does not resolve the concerns their manager should be contacted **within one working day**. For cases involving Social Care concerns should be discussed initially with the social worker, and followed up in writing. If this does not resolve the problem the Team Manager should be alerted – by phone or in writing.

If the issue remains unresolved the District Manager should be contacted. If the issue remains a concern the Strategic Service Manager should be contacted. For cases that require an immediate resolve, for example, in circumstances of immediate safety of a child the District Manager and Team Manager should be notified **within the same day of concern**.

## **PART SIX**

### **Reviewing Child in Need Status**

The social worker will be responsible for facilitating the review of the child in need status at regular review meetings. The social worker will also be responsible for chairing the review meeting.

The parents / carers should be engaged throughout the process and be in agreement with the review. At the review meeting consideration should be given as to whether the tasks outlined in the Initial Plan have achieved the outcomes. It needs to review what services need to remain engaged with the family to ensure that they are meeting the child's needs. This will be included in the review child in need plan. If further reviews are required these should be held at not more than six month intervals.

The first Review Meeting will be within 3 months of the initial Child in Need Meeting. The Child in Need Plan will be reviewed thereafter by the agency representatives involved in the Plan at agreed intervals of a maximum of 6 months. The Child in Need Review Meeting will be convened by the social worker.

At each Review, progress against the action points of the Child in Need Plan will be monitored in terms of the outcomes achieved. The meeting will agree any modifications needed to the Plan and will set the date for the next review meeting. A short summary of the discussion from the meeting will be documented on the Child in Need Plan and Review Plan documents and copies of the document should be provided to the child/ren/young person, family and participants in the planning and review group within 10 working days of the meeting (15 working days if a review meeting)

When the Review concludes that:

- the outcomes specified in the Plan have been achieved,
- the Child in Need Plan is no longer required
- satisfactory arrangements for the continuing promotion and safeguarding of the child's welfare are in place the Plan will no longer be applicable and no further review meetings will be arranged.

Once all the concerns have been addressed and the desired outcomes achieved then the review meetings will end.



## Planning and Reviewing Services for a Child in Need

When services for children/ young people and their family's are being planned and reviewed, certain principles should be considered:

- **Empowering**

Children and families should be involved in the planning and review of services and information should be available to support this participation in an accessible and appropriate format.

- **Co-ordinated**

The assessed needs of each individual child should be the focus for service delivery with services to children and families being co-ordinated so the child and family do not experience multiple assessments and planning.

- **Equitable and non-discriminatory**

Children and families should have access to, and be enabled to participate in, services which they need in a way which respects diversity and their individual needs.

- **Inclusive**

Services should be sensitive to the individual needs and aspirations of every child and young person taking full account of their race/ethnicity, culture, language, gender, sexual orientation, and ability.

- **Evidence Based**

Access to services should be determined by a common assessment of need and delivery of services planned and subject to regular review.

- **Fair and Transparent**

High quality records of service provision should be kept by all agencies which may be accessed by the service user. Copies of all assessments (to include Common Assessments) and plans should be provided to service users so the rationale for decision-making can be clearly seen.

- **Respectful**

Services should be delivered in a manner that is supportive and respectful of children and young people and ambitious for their futures.

- **Protective** The welfare of the child is paramount and services should ensure children's protection from emotional, physical and sexual abuse and neglect.

## Transferring a Case from CiN to TAC

The process described below is also summarised and shown in the flow diagram on page 21

The transfer of a case from CiN to TAC should happen when the social worker, after consultation with agencies working with the child, and with the family, is certain that the case no longer meets the threshold for social care intervention (level 4), but does meet the threshold for TAC (level 3) (see pages 7-9 and the Guide to Integrated Working for thresholds).

After discussion and agreement with the team manager the case should be placed for discussion in the **fortnightly transitions meetings**. These regular meetings include the Team Managers, Practice Manager, Area Team Leader and Family Support Manager. Part of the function of these meetings is to discuss the transfer of the case from CiN to TAC. The social worker retains the lead role in the case until the transfer is complete and the case is closed on ICS.

The Social Worker must meet with the child/ young person and family to explain the TAC process and seek their consent before the transfer can take place.



If the case is assessed as reaching the threshold for TAC, and informed consent has been obtained the social worker will arrange a final CiN meeting, within 14 days, which will also effectively become the first TAC meeting. The family, agencies, social worker, and upon request area team leader/ area social worker will attend the meeting. The area team leader/ area social worker will be able to advise on all aspects of the TAC process.

Prior to the meeting the social worker must ensure that a copy of the closing summary detailing the ongoing needs and the action plan from the most recent Initial or Core Assessment is circulated to all attendees and a copy of the transfer document is sent and logged with the Area Team.

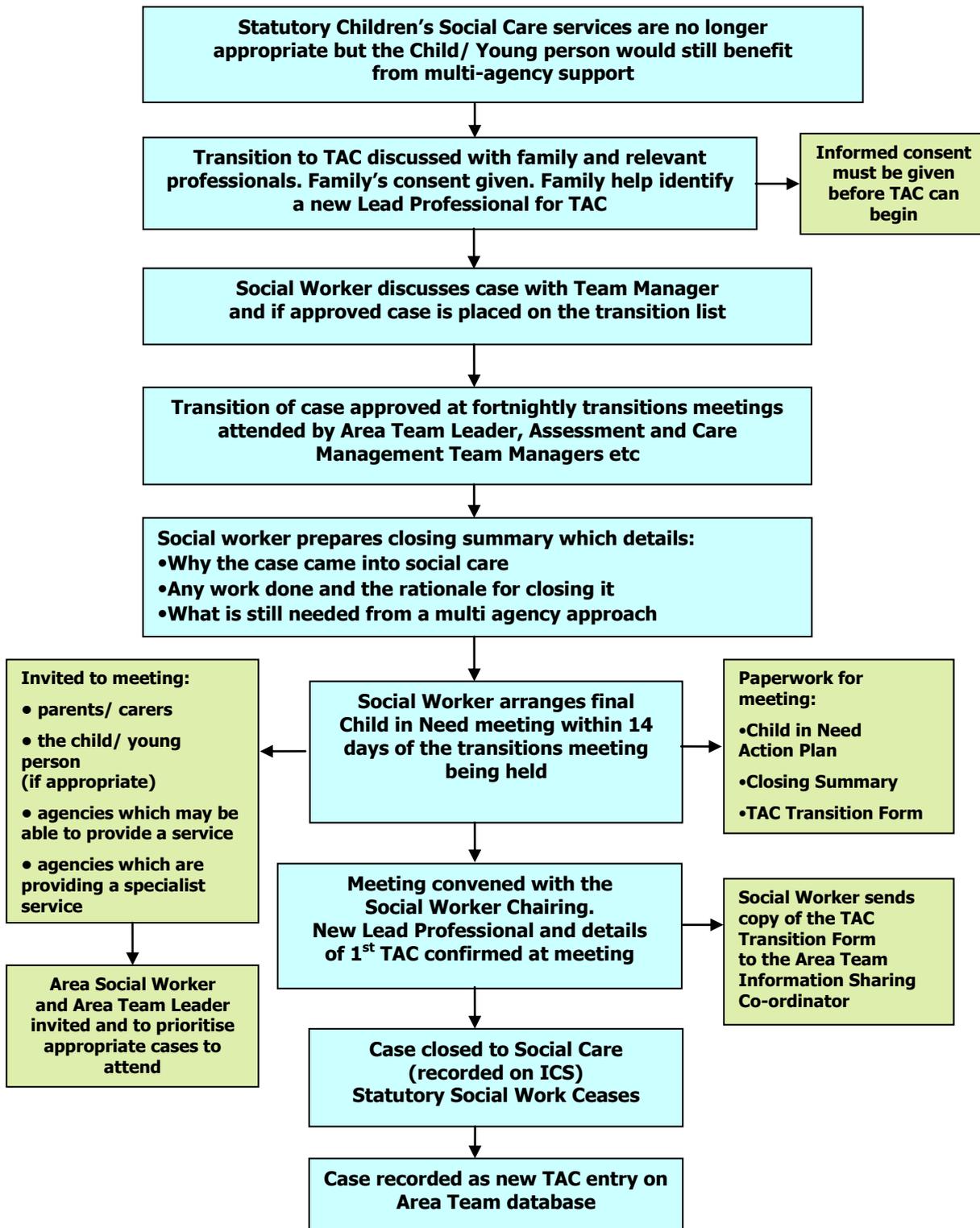
At the meeting a new Lead Professional should be appointed – The Lead Professional can be chosen prior to the meeting but must be chosen with the input and approval of the family. As in the CAF/TAC process the Lead Professional should be the most appropriate person and will usually represent the agency where the child's needs are greatest. At this meeting a TAC action plan should be formulated and a date for the next meeting agreed.

The case can now be closed on ICS, and a new TAC episode will be started on the Area Team database.

TAC meetings will continue to address the needs of the child/ young person until the case is closed. The reasons for closing a TAC case are:

- Needs have been met
- Needs can be met by a single agency
- Needs become more serious and meet threshold for Level 4 intervention
- Child/ Young person moves out of area
- Consent is withdrawn

## Transferring a Case from CiN to TAC – Flowchart



**Appendix One – Descriptors of the Level 3/ Level 4 Threshold**
**Level 3**
**Multi-Agency  
Response**
**The Level 3/  
Level 4  
Threshold**
**Level 4**
**Acute Needs**
**Development of Child/ Young Person**
**Health, e.g.**

- Concerns re diet, hygiene, clothing
- Has some chronic health problems
- Missing routine and non-routine health appointments
- Substance misuse
- Developmental milestones are unlikely to be met
- Concerns around mental health
- Teenage pregnancy (multi agency response)

**Education and Learning, e.g.**

- Significant learning needs and may have a Statement of Special Educational Needs
- Poor school attendance and punctuality
- Some fixed term exclusions
- Not engaged in Education or reaching Educational potential

**Emotional and Behavioural Development, e.g.**

- Finds it difficult to cope with anger, frustration and upset
- Disruptive/challenging behaviour at school or in neighbourhood and at home
- Cannot manage change
- Unable to demonstrate empathy
- Repeated episodes of self harm

**Identity, e.g.**

- Is subject to discrimination, e.g. racial, sexual or due to disabilities
- Demonstrates significantly low self-esteem in a range of situations

**Family and Social Relationships, e.g.**

- Has lack of positive role models
- Misses school or leisure activities
- Peers also involved in challenging behaviour
- Involved in conflicts with peers/siblings
- Regularly needed to care for another family member

**Social Presentation, e.g.**

- Is provocative in behaviour/appearance
- Clothing is regularly unwashed
- Hygiene problems

**Self-care Skills, e.g.**

- Poor self-care for age, including hygiene
- Precociously able to care for self

**Health, e.g.**

- Has severe/chronic health problems
- Persistent substance misuse
- Developmental milestones unlikely to be met
- Teenage pregnancy (acute level of need)
- Serious mental health issues

**Education and Learning, e.g.**

- Is out of school
- Permanently excluded from school or at risk of permanent exclusion
- Has no access to leisure activities

**Emotional and Behavioural Development, e.g.**

- Regularly involved in anti-social/criminal activities
- Puts self or others in danger, e.g. missing from home or care
- Suffers from periods of depression
- Suicide attempts
- Children at risk of sexual exploitation

**Identity, e.g.**

- Experiences persistent discrimination, e.g. on the basis of ethnicity, sexual orientation or disability
- Is socially isolated and lacks appropriate role models

**Family and Social Relationships, e.g.**

- Periods of being accommodated by the LA
- Family breakdown related in some way to child's behavioural difficulties
- Subject to physical, emotional or sexual abuse or Neglect, incl children subject to child protection plans
- Is main carer for family member
- Unaccompanied asylum seekers
- Where parents have made private fostering arrangements

**Social Presentation, e.g.**

- Poor and inappropriate self-presentation

**Self-care Skills, e.g.**

- Neglects to use self-care skills due to alternative priorities, e.g. substance misuse



**Level 3**  
Multi-Agency  
Response

**The Level 3/  
Level 4  
Threshold**

**Level 4**  
Acute Needs

**Parenting Capacity**

**Basic Care**

- Difficult to engage parents with services
- Parent is struggling to provide adequate care
- Previously looked after by Local Authority
- Professionals have serious concerns regarding e.g. parental drug and alcohol misuse, learning difficulties, mental health etc

**Ensuring Safety**

- Perceived to be a problem by parents
- May be subject to neglect
- Experiencing unsafe situations

**Emotional Warmth**

- Receives erratic or inconsistent care
- Has episodes of poor quality of care
- Parental instability affects capacity to nurture
- Has no other positive relationships

**Stimulation**

- Not receiving positive stimulation, with lack of new experiences or activities

**Guidance and Boundaries**

- Erratic or inadequate guidance provided
- Parent does not offer a good role model, e.g. by behaving in an anti-social way

**Stability**

- Has multiple carers
- Has been "looked after" by the Local Authority

**Basic Care**

- Parents unable to provide "good enough" parenting that is adequate and safe, including unborn children
- Parents' mental health problems or substance misuse significantly affect care of child
- Parents unable to care for previous children

**Ensuring Safety**

- There is instability and violence in the home continually
- Parents involved in crime
- Parents unable to keep child safe
- Victim of crime

**Emotional Warmth**

- Parents inconsistent, highly critical or apathetic towards child

**Stimulation**

- No constructive leisure time or guided play

**Guidance and Boundaries**

- No effective boundaries set by parents
- Regularly behaves in an anti-social way in the neighbourhood

**Stability**

- Beyond parental control
- Has no-one to care for him/her



**Level 3**Multi-Agency  
Response**The Level 3/  
Level 4  
Threshold****Level 4**

Acute Needs

**Family and Environmental Factors****Family History and Functioning**

- Incidents of domestic violence between parents
- Acrimonious divorce/separation
- Family have serious physical and mental health difficulties

**Wider Family**

- Family has poor relationship with extended family or little communication
- Family is socially isolated

**Housing**

- Poor state of repair, temporary or overcrowded

**Employment**

- Parents experience stress due to unemployment or "overworking"
- Parents find it difficult to obtain employment due to poor basic skills

**Income**

- Serious debts/poverty impact on ability to have basic needs met

**Family's Social Integration**

- Parents socially excluded
- Lack of a support network

**Community Resources**

- Poor quality universal resources and access problems to these and targeted services

**Family History and Functioning**

- Significant parental discord and persistent domestic violence
- Poor relationships between siblings

**Wider Family**

- No effective support from extended family
- Destructive/unhelpful involvement from extended family

**Housing**

- Physical accommodation places child in danger

**Employment**

- Chronic unemployment that has severely affected parents' own identities
- Family unable to gain employment due to significant lack of basic skills or long-term difficulties, e.g. substance misuse

**Income**

- Extreme poverty/debt impacting on ability to care for child

**Family's Social Integration**

- Family chronically socially excluded
- No supportive network

**Community Resources**

- Poor quality services with long-term difficulties with accessing target populations



## Appendix Two - Signs of Safety Assessment and Planning Form

**DANGER** – LIST ALL THE THINGS THAT MIGHT CAUSE HARM TO THE CHILD.  
(PAST,PRESENT & FUTURE)



**SAFETY** – LIST ALL THE THINGS THAT SHOW SAFETY FOR THE CHILD.  
(PAST PRESENT & FUTURE)



SAFETY SCALE: Looking at the safety and danger list how serious do you think the risks to the child are (where 0 = low and 10 means the child maybe at risk)  
Score of person filling this in: \_\_\_\_\_ Score of parent: \_\_\_\_\_  
What do the differences mean?

What does the worker think needs to happen to reduce danger and increase safety for the child and family?



What do the family/parents want to happen to reduce danger and increase safety for the child and family?



What would it look like for the child if things were going well?

What are the things that would show this?

- 1.
- 2.
- 3.
- 4.
- 5.

Over what time?



<p><u>SIGNS OF SAFETY FORM</u></p>	 <p>Parent/ Carer</p>	 <p>Child/ Young Person</p>	 <p>Worker</p>
<p>What are you worried about?</p> 			
<p>What is working well?</p> 			
<p>What needs to be done?</p> 			
<p>Summary and Thinking </p>			