

Children in Need

Practice Guidance

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About this document

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1. Children in Need Definition and Criteria

Section 17 of the Children Act 1989 imposes a general duty on Children's Social Care (CSC) to safeguard and promote the welfare of children in Essex who are *'in need'* and to promote the upbringing of children in need by their families by providing a range and level of services to meet those children's needs.

Section 17 of the Children Act defines a child in need as a child:

- who 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 of services;
- or a child whose health or development is likely to be significantly impaired, or further impaired, without the provision of services;
- or a child who is disabled.

Other agencies have a duty to co-operate with CSC in carrying out this duty to assess the needs of children and to provide services as necessary.

In order to determine the needs of a child and the support that they and their family may require, CSC will carry out a 'single child and family assessment' by a qualified social worker. The assessment will involve finding out and giving due regard to the child's wishes and feelings regarding the provision of those services (as age and understanding appropriate). The assessment will also involve talking to parents, other family members where relevant, and professionals involved in the child's life such as health visitor or school.

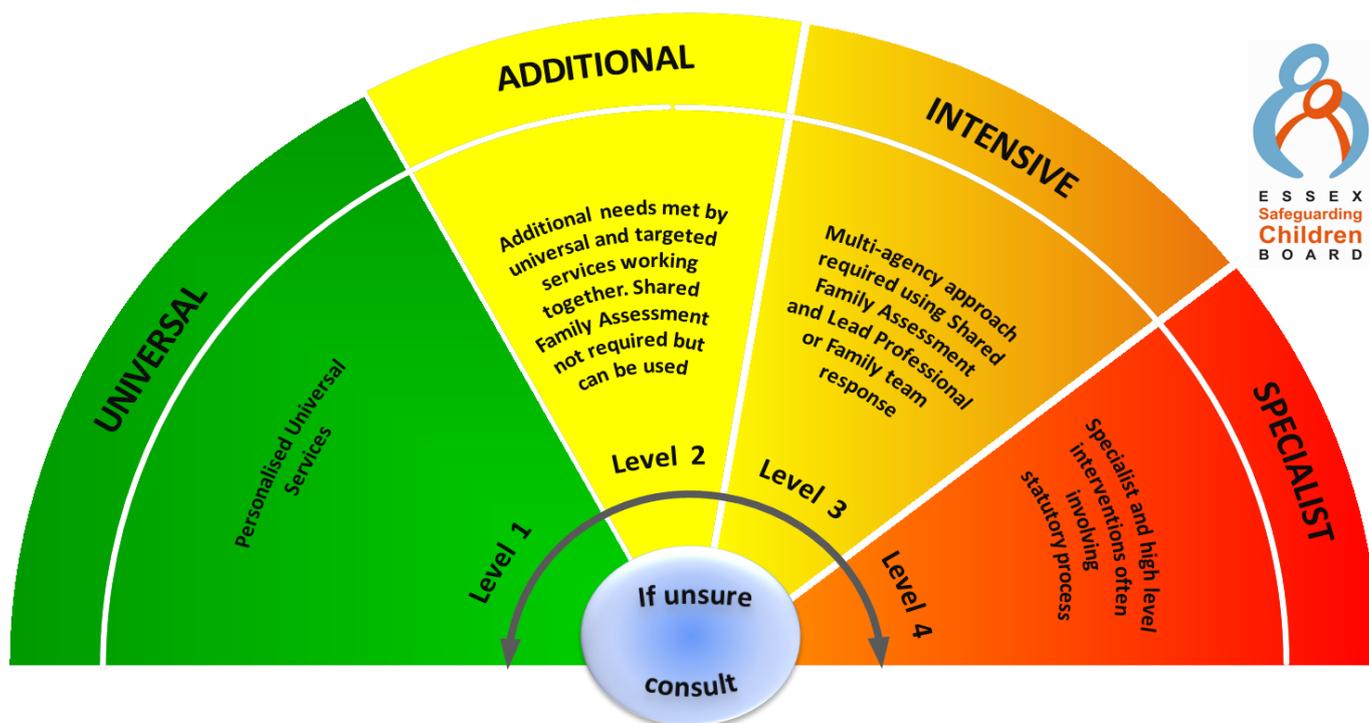
Consent

CSC works with children in need and their families on the basis of consent. From the first referral those with parental responsibility should be informed of the referral and asked for consent to undertaking a single assessment. Parents' agreement to any social work intervention or to services for their child is necessary. Young people of an age of understanding, particularly those aged 16 or over should be asked for their consent as well.

If parents refuse consent after the social worker has made sure that they have been given full information about the benefits of assessment and support, this refusal should be accepted and recorded. If it is considered that the child is likely to suffer significant harm without social work intervention, then assessment should be carried out under Section 47 in accord with the SET procedures. Consent is then not required, but parents should be informed of the change of approach and the reasons for the concerns.

Early Help and Child in Need

In determining whether children and young people are likely to be children in need, the contact and referral information and any historical information about the child and family should be considered and reference made to the *Effective Support for Children and Families in Essex* guidance. This contains a definition of children in need and how the needs of children should be responded to at all 4 levels of the Effective Support windscreen. Indicators of possible need are listed at each level as a guide.



Where a child and family require co-ordinated multi-agency help for a range of disadvantages, they are likely to benefit from a service from Family Solutions at level 3. Information about Family Solutions can be found at www.essex.gov.uk/familysolutions. Where children can be helped in this way, they are not children in need.

However, for children whose development would be **significantly impaired if social work intervention is not provided**, a child and family single assessment should be undertaken to identify the needs of the child and the support required by their family. Children in need require a social care assessment carried out by a qualified social worker. Their needs are therefore at level 4 – Specialist.

Similarly many children with a disability and their families can access the support and help they needs through local community short breaks, after-school and holiday schemes, 'Aiming High' and similar services. However, where they have a long-lasting substantial disability that requires co-ordinated social care intervention, a social care single assessment should be undertaken in line with the practice guidance - *Support for Disabled Children and Young People and their Families in Essex*. Personal budget and overnight short breaks can only be provided following a social work assessment that identifies that the child and family require this level and type of support to meet their needs. Please see the guidance Support for Disabled children and young people and their family for further information.

Children in Need work should always be informed by a determination to actively promote change. The meetings and plans should never be used simply as a way of monitoring without intervention. The work undertaken should be creative and innovative and informed by what is going to work best for this particular child in this particular family.

2. Single Assessment

All child in need work begins with an assessment. Essex has developed a single child and family assessment which should be completed with the child and family. In most circumstances the single assessment should be completed, written up and signed off by a manager within 20 working days. The assessment should involve seeing the child/children and observing and talking to them depending on their age and listening to the family's story. The single assessment also involves reviewing historical information and getting information from/ talking to other professionals involved (with parental consent) to get a rounded picture of the child's needs and the support needed for parents. The completed assessment should be shared with the family and, where support is required, lead to a child in need plan.

3. Child in Need Plan

When a single assessment is in progress or has been completed and a child and their family have identified needs that require support, either through continued social work intervention or through the provision of services, a child in need plan should be developed with the family and with any other relevant agency. This can sometimes be done by holding a child in need planning meeting with family members and agreeing with the family who else might be invited, such as school, health visitor etc. Where needed, the first CIN meeting should be chaired by a team manager and minutes taken by BSA. The first CIN meeting is often critical and extra attention needs to be paid to developing a realistic and achievable plan for the child and the family as a base for intervention. At the first meeting, the reasons and timeframe for intervention should be set and agreed by the family.

The child in need plan should state what the purpose of the plan is – what it is setting out to achieve; what intervention and/or services will be provided and by whom; what the child and/or family agree to do; what the time frame for the plan is and when it will be reviewed. It should be clear about the frequency of social work visits which should be at least **every 6 weeks** (different arrangements apply for disabled children with stable packages of care). In many cases held in A&I where child in need plans will be very focused or in FS&P where plans might be quite intensive visits every week or every fortnight will be the norm.

The purpose of child in need plans is to provide support and/or services in such a way that enhances the ability of parents to meet the developmental needs of their child. Social work interventions can begin and services can be provided as soon as a need is identified, without waiting for the assessment to be completed. In Assessment and Intervention teams, short term focused social work interventions that help parents make changes and link them up with community support are often the best way of responding to children in need, but these interventions and what they are seeking to achieve should always be set out in an agreed child in need plan.

Where a child has been subject to a child protection plan and improvements have been made so that the plan ends, and where a child in care returns home to their family, a child in need plan should be put in place to support the child's continued development. This plan should be in place for at least three months and should be reviewed before it is closed.

Child in need (CiN) plans should also be put in place where S.47 enquiries have not proceeded to child protection, but the child and family's need for support has been identified. CiN plans should be in place where children are at risk of entry into care, including when DBIT/MST are involved. CiN plans should also be used for children and young people with self-harming or other risky behaviour or with mental health difficulties.

Children and young people with a disability, aged under 18, should have an up-to-date child in need plan if they are receiving a service such as a direct payment or overnight short-break or a social work intervention.

Where children are in care or subject to a child protection plan, any child in need plan should be ended and the child in care/ CP plan becomes the key plan.

4. Child in Need Reviews

The frequency of Child in Need Reviews will depend on the level of support and services that have been identified to meet need. However, the first review should be held within 3 months of the start of the Child in Need plan and further reviews should take place at least every 6 months thereafter. Children who have been identified as at some level of risk and/or needing a high level of support and services may need to be reviewed more often than those who require a minimum level of intervention.

A CiN plan is best reviewed by meeting with the family and any key professionals (teacher, health visitor e.g.) to discuss and record what has been achieved, what has gone well and not so well, and what, if anything still needs to be done. The review should listen to and record child and family feedback about the impact the intervention or service has made. Every review should use a strengths-based approach by asking everyone to state what they think has gone well, what worries or concerns they still have and what, if anything, still needs to be achieved.

Where a child in need plan is in place and it becomes clear that the family would benefit from and are willing to work with Family Solutions, this is best achieved through a CiN review meeting to which Family Solutions are invited. Child in need cases should not be stepped down to Family Solutions until the CiN plan has been implemented for at least two months.

Each review should lead to an up-dating of the CiN plan, unless the review concludes that the plan can end. Where child protection/S.47 enquiries arise resulting in a CP plan, or if a child comes into care, the CiN plan must be ended.

CiN reviews should take place at a minimum of every 6 months. This includes reviews for children and young people with disabilities. In preparing for a review, it is best to update the single assessment and use that as the review report to be considered at the meeting.

5. Chairing of CIN meetings

The CIN planning meeting held following or as part of the assessment will generally be chaired by the allocated social worker. Where there are difficult or contentious issues, they can ask for support from a more senior team member to chair.

Review meeting should be fairly informal. The social worker may chair, but where there is likely to be disagreement or difficult issues, a senior or team manager will chair. The intention is to give space for all present to voice their views and be listened to. For children with disabilities the review social worker for stable packages will chair the reviews in the case management system.

Families should be asked where they want the review to be held. Many will take place in the family home, but others may be in local community settings such as school or children's centre.

The chair will make notes at or immediately after the review, especially of actions agreed and changes needed to the CIN plan, or will request that another professional present do so. The review notes will be entered into the CIN Review Meeting minutes on Protocol. Notes of what was decided at the review will be circulated to all who attended.

There is a small Child in Need review team who will chair CiN reviews that meet certain criteria, such as where a child is aged under 3 (and has had a CIN plan for over 1 year), where children have been on a child protection plan and have stepped down to a child in need plan in last few months and where a child is the subject of a Supervision Order

Where a parent or carer or young person has been identified as having specific learning difficulties or mental health needs they should be asked if they would like to be supported by an advocate. Where English is not the first language of one or more of the family members attending, they should be asked if they want an interpreter. Similarly where parents or children have communication difficulties, thought should be given to enable their participation in the review.

6. Ending Child in Need Plans

In most cases (leaving aside where children come into care or are made subject to a CP plan) child in need plans should end following a meeting with the family where it is agreed that the objectives of the plan have been met and the plan and social work intervention can be ended. This is best done at a CiN Review meeting, but it is recognised that for some short-term plans a formal review meeting might not be practicable. In ending a child in need plan the child and family and any professionals involved should be consulted. When the plan ends all those involved should be informed in writing that the plan has ended and the reasons why.

In some cases a child in need plan will end because the family have agreed to accept a service from Family Solutions. Where this happens there should be some handover whereby the social worker introduces the Family Solutions worker to the family. Ideally Family Solutions will have been invited to the last CiN review meeting.

When the plan ends and the case is closed to CSC, the case summary and chronology of significant events, as well as all case recording, must be completed and up to date. The record should evaluate the success and impact of the CiN plan, including the views of the child and parents on how helpful the social work intervention was to them. Child and parent views should be recorded as a casenote and referenced in the closure summary.