

**SERIOUS
ABOUT
SOCIAL WORK**

Essex Children in Need Guidance

Practice Principles and Policy Framework

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1. Introduction

- 1.1 This document introduces Essex County Council's approach to Children in Need (CIN) and their families through Practice Principles ('*How to*' guide) and the Policy Framework ('*What to*' guide) which has been created and developed by and for practitioners and agreed by the Leadership Team.
- 1.2 It sets the context in which we practise social work, setting out the policies and principles of assessment, planning and review processes, and the Child in Need Reviewing Service (CINRS).
- 1.3 This document also clarifies the process for step-up and step-down of cases to Early Intervention services in Essex and case transfers to other teams.

2. Overview

2.1 Essex County Council's Model of Social Work

- Essex Children & Families has a unified, theoretical approach to Social Work practice using strengths-based, solution focused, systemic and relationship-based interventions, and tools.
- Social work practice and approaches are shaped from the position that families are their own best experts and should have the opportunity to take responsibility for change wherever possible and be supported to identify their own solutions. All families have strengths upon which they can draw and build resilience in order to step down statutory involvement at the earliest possible opportunity.
- Children In Need (CIN) or Section 17 social work intervention should always be informed by a determination to actively promote and create the conditions for families to change. Social Workers should position themselves as 'agents of change' and demonstrate a reflective approach to their intervention with families. In this context Social Workers should be seeking to draw on the families' own resources.

Practice Principles

3. Children in Need (CIN) intervention in Essex

3.1 Principles

- The family are the expert of their own family and life
- Small changes can lead to much bigger changes, therefore celebrating small changes are essential to greater change happening
- Co-constructing plans through conversations with families is the most useful way to support change
- A focus on what is wanted and what works is important in moving forward alongside a family
- A clear family led picture of 'good enough' is essential in all CIN intervention
- The views, wishes and lived experience of the child or young person are central to the creation, impact and evaluation of the CIN Plan.

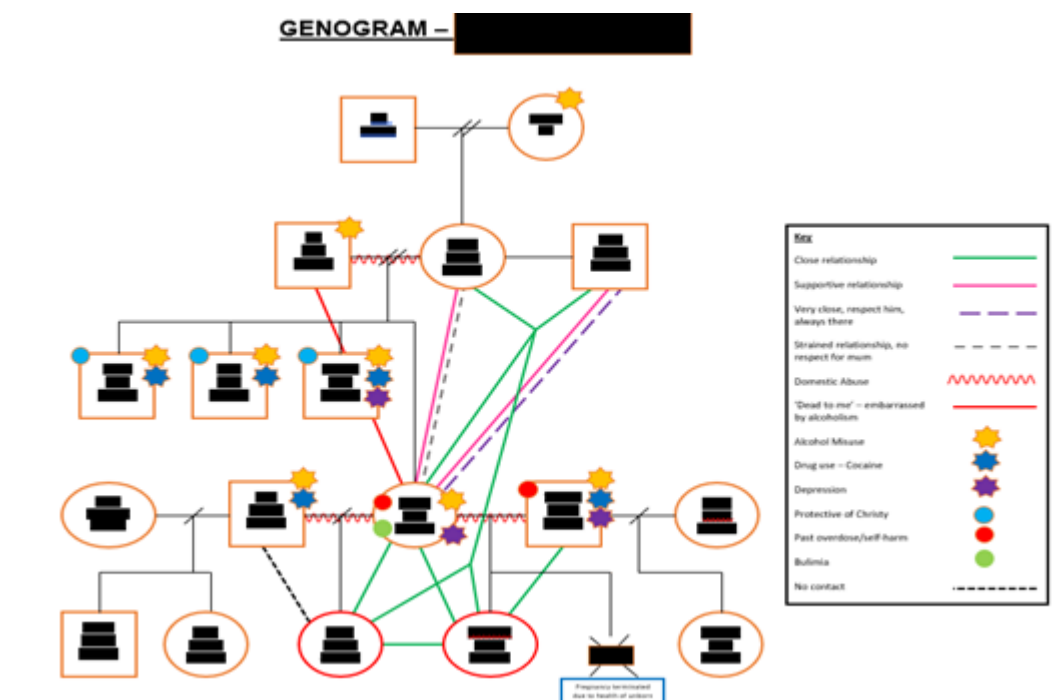
3.2 Language

- Language is the greatest tool of intervention and every conversation or visit is an opportunity for intervention and an opportunity to affect change via that interaction.
- Our conversations and written documentation should use language that is understood by the child and family.
- Through the use of questions, conversations, reflections and tools, change can be enacted in every interaction with a family/parent/child/professional.

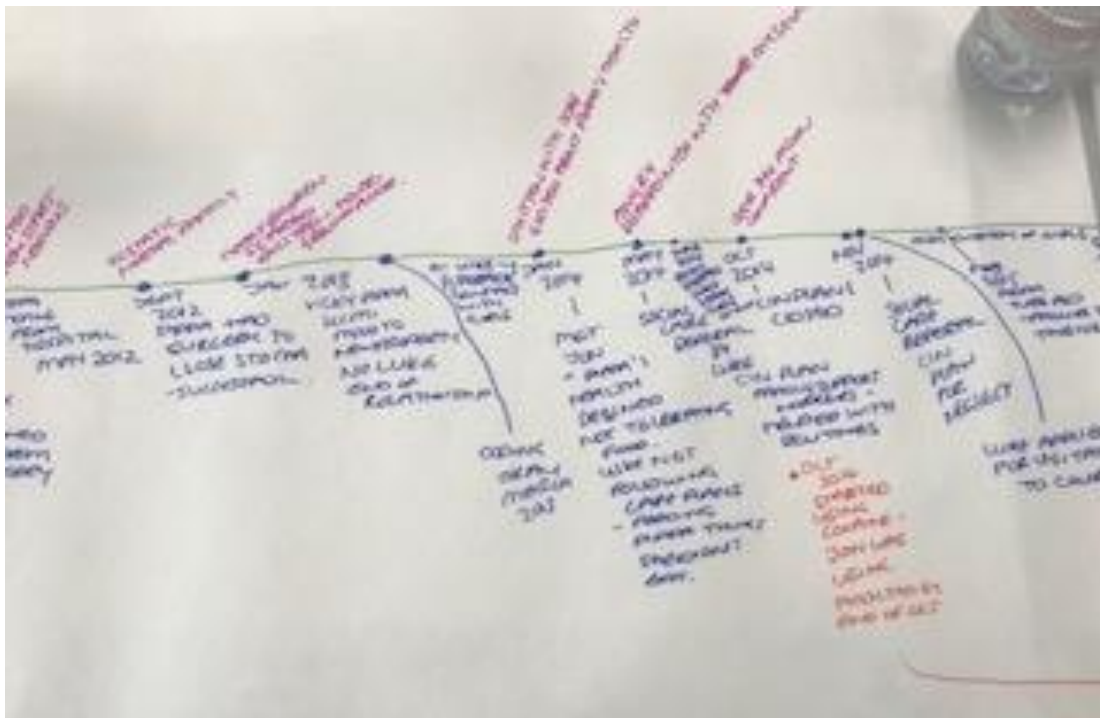
3.3 Cultural Genograms, Ecomaps, Timelines

- Working together with families to co-produce cultural genograms, ecomaps and timelines as part of the child and family assessment and CIN intervention can provide a deeper understanding of the family.
- Exploring wider networks in this way helps Social Workers develop an understanding of family relationships (including professional relationships), strengths, risks and patterns in the family history and how these could be used or changed to resolve difficulties.

- These tools can identify supportive family networks and facilitate organising a family meeting or making arrangements to convene a Family Group Conference.
- It is most helpful if genograms can show three generations of the family giving a clear understanding of immediate and extended family members and identify entrenched patterns regarding domestic abuse, mental health, drugs, alcohol, etc.



- A family timeline is a tool which can be used with children and families to explore key events and their impact on the child and the family's functioning. They can help the Social Worker and the family to understand points of change, patterns and cycles in family functioning, parenting and the child's needs.



3.4 Child In Need meetings

- Initial and review meetings are interventions and opportunities for change to happen.
- Meetings must involve the immediate family and where possible, all relevant members of the family, including members not in the home or separated from the immediate family. If required, separate meetings can be held.
- CIN meetings are co-constructed with the family alongside the support of the professional network; a CIN plan will be framed within that meeting.
- 'Chairing meetings should allow, through use of questions, the family to maintain 'the most heard' voice in the room whilst also allowing all present to contribute. Questions that invite a focus on what is already working, hopes from the intervention and the plan will offer a useful structure to the meeting.

- **What's going well?**
Making use of follow on questions to highlight and amplify strengths, resilience factors, skills and abilities within each instance of success.
- **What do we continue to want to be better & what we are worried about?**
Inviting descriptions of what that improvement would look like, presence of something instead of the absence of something/a behaviour, what would tell the family this concern had lessened
- **Complicating factors**
Discussion relating to how we would know these factors were not having as great an impact or how the family are managing this factor in a way that works best for them
- **The Plan**
See Child in need plan section

3.4.1 Meetings should be an opportunity to;

- Amplify and celebrate what is already working and working well
- Amplify and strengthen family resilience factors
- Ascertain the family's hopes from the CIN process
- Create & adapt a fluid plan based on description of preferred outcomes
- Bring together the professional network around the family to contribute towards outcomes on the plan
- Hold conversations about areas of concern and how those concerns would be lessened and what would life look like if they did
- Gather recent and relevant details related to hopes from the CIN process in order to adapt or end the CIN plan.
- Apply SMART principles to ensure all CIN plan actions being agreed are smart, measurable, attainable, realistic and timely.

3.4.2 Voice of the child to be present throughout CIN meetings

- Where possible the child or young person is to be made part of the initial or review meeting; whether that be in part of the meeting or in a separate child friendly meeting
- Where this is not possible the child's views are to be gained by the social worker in conversation with the child/young person, with the option to use a variety of Direct Work tools and/or CIN Child's views form.
- Alongside this the child's perspective is to be present in all meetings through the use of questions of family and professionals who are present, e.g.

“What difference would you hope that makes to the young person?”

“What might they say that has worked for them?”

“What would they notice that would tell them this change had occurred?”

3.4.3 Initial Meetings

- Good practice suggests that initial meetings begin with conversations of;

“What are your best hopes from the support offered to you?”

“How would the family know the CIN process was useful to them?”

“What would the signs of that outcome being achieved look like?”

“How would everyone else around you including professional network know?”

“What might reduce any concerns of those around the child/family?”

‘Good enough’- How will we know things are good enough

- Initial CIN meetings should include conversation led by the family of what good enough would look like as a means to clearly demonstrate when a CIN process will come to an end, i.e., when this has been achieved.
- Descriptions of ‘good enough’ will be led by family and contributed to by the social worker and other professionals, using the family’s language, and made a clear part of the ongoing plan.
- Good enough descriptions and statements will contribute and relate to endings and case closures. They can be recorded in ‘How we will know things are good enough’ section on Mosaic.
- As well as questions to families of what good might look like, these questions can be useful to reflect on by the social worker/manager and asked of professionals at the outset of a CIN plan.

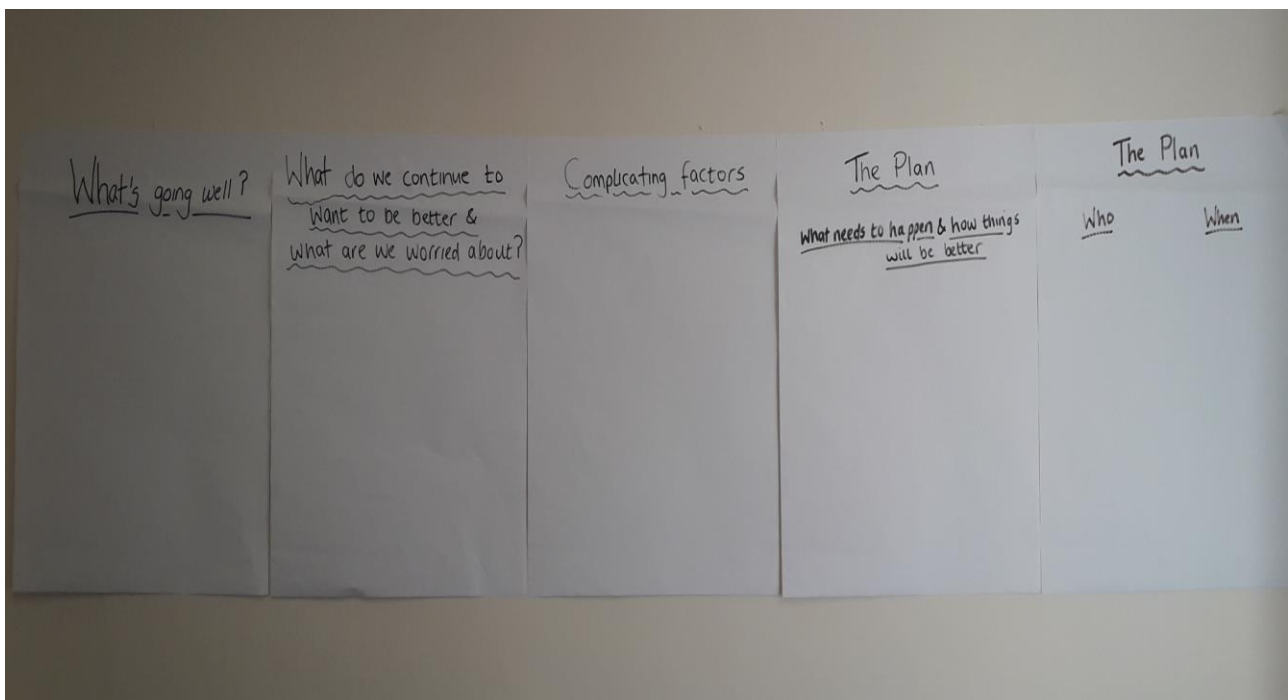
“What are our best hopes from this CIN plan?”

What would good enough look like for us as a Social Care team?”

“How would we know we had reached a point that was right for us (Social Care) and for the family, to end our involvement/step down/close?”

“What would be the small signs that told us that the change we hope for this family had been achieved?”

- Notes are to be made in the meeting to capture discussions; social workers are able to make their own creative decisions regarding notes being taken, e.g. delegating notes across the attendees, laminate boards with different attendees (‘What’s going well’ with the parent), use of boards/flipchart paper on the wall, seeking support from colleagues in certain cases, taking screenshots on secure phones or another method to capture useful information and details relating to the plan.



Meeting Details

CIN meeting due date

Date of meeting

Venue

Attendance

Name	Relationship / Role	Source	Attended	Report Distributed	Reason for Non-attendance

Record of meeting discussions

Plan Details

Type of Plan

Name	Plan Type	Short Break Type	Community-based, Stable CWD Package

The Plan

Subjects	What are we worried about	What needs to happen	Who is going to do it	Date that it will be done by	How things will be better

How will we know things are good enough

If there are no clear changes what needs to happen

3.4.4. Review meetings

- Questions outlined above can be made use of.
- Review meetings are an opportunity to invite the family to share in what has been better and invite thought/reflection as a group on the resources and strengths that have enabled that 'better' to be achieved.
- Instances of success (better) can relate directly to points on the plan and also be separately celebrated; both of which are hoped to be amplified and heard within a review meeting.

“What’s been better since our last CIN meeting?”

- Each individual point is allowed for conversation to invite detail
- “How did you contribute to that being better?”
- “What worked to allow for that?”
- “How did you manage that?”
- “What difference has that made to you/your child?”

“How did you manage that (not better or worse) scenario?”

“What were you pleased about how you dealt with it in that way?”

“What does it tell you about yourself in how you dealt with it?”

- In instances where things have not been better or there are continued concerns or things are getting worse, alongside co-constructing plan points to meet this need, the following questions can be useful.

“How did you manage this situation/incident/time in a way that pleased you?”

- “What did it take to do that?”
- “What does it say about you as a parent/carer/person that you did?”

“We can understand that things have been difficult/things haven’t changed/you’ve found change difficult AND “how would you know things were starting to move forward in a way that works for you and progresses the CIN plan?”

“What works or has worked in the past?”

“What support would help?”

“If something happened/an incident occurred, and you dealt with it differently, what was different about the situation that made you do it that way?”

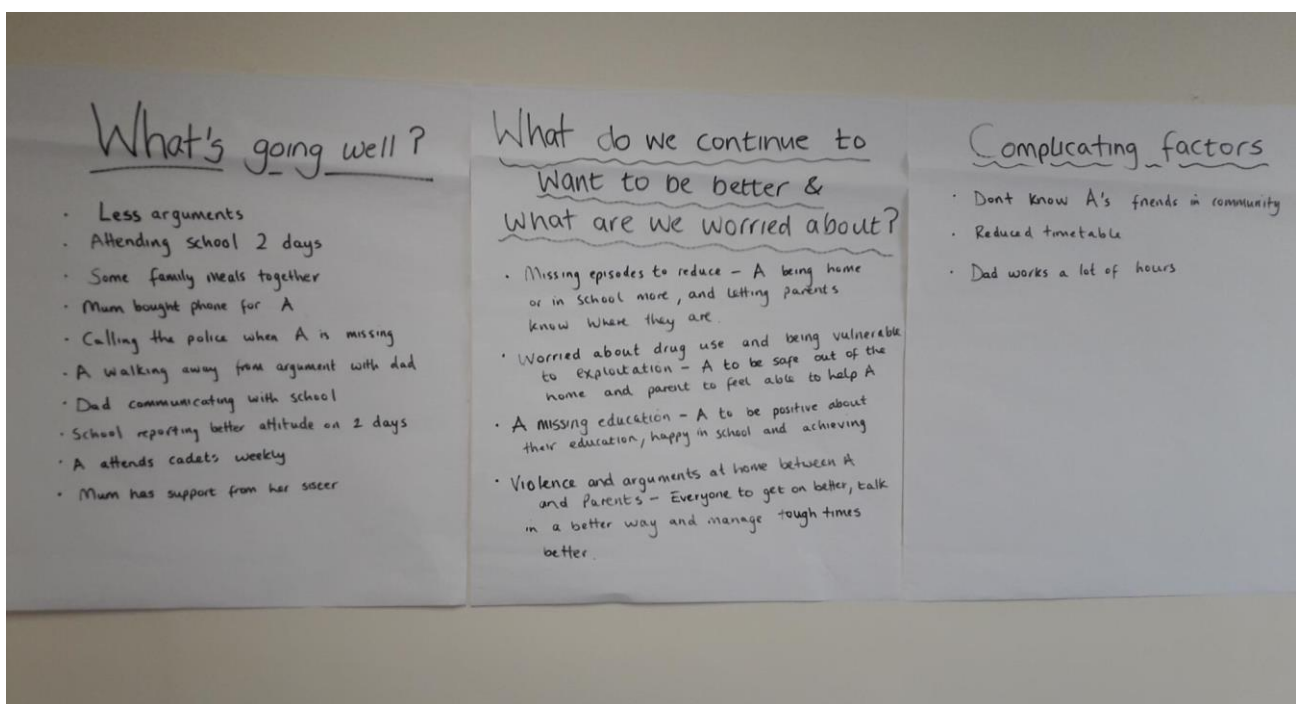
“If you felt this was beginning to change for the better what would you/others notice happening more?”

“What would we notice about you that told us you were managing this in a way that fitted with the best version of you?”

“What are your hopes from this meeting/this support in terms of this situation?”

- Review meetings will maintain an awareness of initial 'Good Enough' descriptions and reviewing involvements; with clear statement of what ending CIN involvement would look like and having that conversation at the point it is reached. Furthermore, this will prompt conversations within review meetings relating to 'Continuing change and contingency' (see section)
- As per Mosaic workflow updates all plans can be updated entirely at every review meeting. This can involve adding and deleting plan points, such as those that are no longer relevant, i.e, *Mother to take Johnny to the GP*. Previous plan versions will remain recorded whilst the family will have the most up to date and relevant plan following every review. The plan will allow for succinct progress updates to be recorded in the final column.

What have you been particularly proud of? – This section promotes conversation where any instance of success, exceptions to the problem and proud moments are recorded in line with the conversations held in review meetings. This will allow for more detailed recording of these successes away from the '*progress*' column of the family's plan.



The Plan

What needs to happen & how things will be better

- Parents continue using what works for them to have less arguments, and strategies/plans they have when A is missing
- Work with A to increase timetable and enjoy School more, go more, manage lessons and use help if needed.
- ^{CSE} Risk assessment to be completed to understand situation for A and what would help
- Conversations with A (and parents) about drugs and keeping safe to understand dangers and help available
- Relationships to strengthen at home so everyone is happy to be there and spend time together, talk more, have fun, support each other.

The Plan

Who

Parents, Social worker

A, Parents, School

Social worker; with A, Parents & Professionals

School nurse/social worker

Family, DBIT

When

To continue & reviewed at next CIN review

By next review

2 weeks

By next review

Up to 12 sessions, reviewed in each session

Type of Plan

Name	Plan Type	Short Break Type	Community-based, Stable CWD Package

How will we know things are good enough

The Plan

Subjects	What are we worried about	What needs to happen	Who is going to do it	Date that it will be done by	How things will be better	Update on Progress

Is this a Final Review

Yes

No

Maintaining Positive Change

Subjects

What would we do if something changes

Page 3 of 6

What have you been proud of since we last met

3.5 Child in Need plans

- All Child in need plans are to be constructed with the family in the initial Child in need meeting.
- Plans are to use the family's words and language throughout.
- Plan outcomes to be specific and realistic; this to be agreed in conversation between family and social worker, wherever possible.
- Plans are to focus on the presence of something instead of the absence of something, e.g. 'Child to feel comfortable and happy at home' instead of 'Child to not feel scared at home'

“What would be happening instead?”

“What would replace the?”

- Plans to contain clear description of observable details that would be happening;

“How would we know the child felt comfortable and happy at home, what would they be doing?” “what would this look like?”

“What would parents/others notice?”

“How would that comfort and happiness show?”

“What would be happening that told us we were moving towards comfortable and happy at home?”

“When has the problem been less of a problem?”

“What was happening when the problem was less?”

“What were you doing when the problem was less?”

“What do you think others would have noticed about you that told them the problem was less?”

“How did you do this?”

- Plan points relating to other services will include description of how that service will have been useful to the family, what the child/young person/family would notice different that told them it was useful, what difference the service would hope it makes.
- Plans to relate closely to initial description of good enough, which has been discussed in the meeting.

- Professional and familial network to be explored as to how they might contribute the changes described taking place, and how their support would look in affecting that change.
- **Plan headings**
 - What are we worried about
 - What needs to happen
 - Who is going to do it
 - Date that it will be done by
 - How things will be better

3.6 Good Enough Endings & Continuing positive change

Good enough endings

- 3.6..1** In cases where it has been agreed by the family and professional network that 'good enough' (as discussed in the initial CIN meeting) outcomes/objectives from the CIN plan have been reached the role of Children and Families under a CIN plan can be ended.
- 3.6..2** Good practice for partnership working suggests that through interaction and involvement in the CIN process Social Workers demonstrate their confidence with the support of partner agencies that can lead to Good Enough ending occurring at the earliest time for the family.
- 3.6..3** Contingency planning can be an essential aspect of good endings of CIN intervention. Contingency planning is to be co-constructed by the Social Worker and the family. It is good practice for contingencies to be bespoke to the family and specific situations that are clearly described and evidence based. It is very important to incorporate familial and wider networks of support as part of contingency to promote family resilience and as a last resort for the family to be re-referred to Children and Families social care. Contingencies may also include self-referral to Level 3 and/or Level 2 services.
- 3.6..4** Maintaining the family at the centre of this process is essential; with conversations stemming from;

“What do we hope from continued Level2/3 support?”

“How will the family know this support is useful?”

“What service might be able to meet these hopes and what would that intervention look like?”

3.6..5 The hope is for conversations to lead to successful engagement in Level 2/3 services through clear observable outcomes from those services.

Maintaining positive change & Contingency

3.6..6 Throughout ending visits and review meetings conversations are to be facilitated by the Social Worker in reference to successful continuing of the change process and bespoke contingencies for the family.

3.6..7 Good practice recognises that continuing positive change stems from resilience and resources within the family, therefore these are to be drawn and amplified as part of good endings as a family network.

3.6..8 Use of questioning within these meetings to invite thought/reflection around sustainability and can be reflected in ‘Continuing Positive Change’ on mosaic Review form;

“How will you know these changes are continuing?”

“What makes you confident you can sustain/maintain these changes?”

“If there were to be a crisis/challenge/difficulty/relapse how do you hope you will manage that?” – “How will you know you have overcome that in a way that works for your family/is safe/prevents you needing more support?”

“What do you hope will work for you in managing any issues/overcoming blips/continuing the instances of success/sustaining the positive changes?”

Escalation of concerns

- 3.6..9** Continuing change unfortunately is not always positive. Where circumstances indicate an escalation of concerns or enduring harm that is likely to impact significantly on child/young person's safety and wellbeing, it may be necessary to consider child protection procedures. In such cases, a strategy meeting will be convened (Refer to policy framework).
- 3.6..10** It is important, wherever possible to keep the family involved and aware of the Local Authority concerns and the reasons for escalation. Language used during these conversations should not deviate from the family's language and must remain jargon free, respectful and empathic.

***For additional help/tips/information please see Podcast/Audio/Video released via the intranet (TBC)**

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Policy and Procedures Framework

4. Definition of Child in Need (CIN): Section 17, Children Act 1989

4.1 Section 17 of the Children Act 1989 imposes a general duty on Children & Families 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.

4.2 Section 17 of the Children Act defines a Child In Need (CIN) 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 of services for him;
- 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.

4.3 Other agencies have a responsibility to co-operate with Children and Families in carrying out the task to assess the needs of children and to provide services as necessary.

4.4 In order to determine the needs of a child and the support that they and their family may require, Social Care teams will carry out a Child and Family assessment by a qualified Social Worker.

4.5 The assessment is undertaken in partnership with the family and any involved professionals, with a focus on building relationships. The assessment involves building an understanding of the family's circumstances and the child's lived experience, whilst giving due regard to the child's wishes and feelings regarding the provision of those services using a range of direct work tools appropriate to their age and level of understanding.

5. Working in Partnership with Families

5.1 Working with agreement underpins our CIN work with children and families under Sec 17. From the point of every referral, those with Parental Responsibility (PR) should be informed of the nature of the referral and asked for agreement to undertake a child and family assessment, including permission to share and impart information with agencies that know and work with the family. Young

people of an age of understanding, particularly those aged 16 or over, must be asked for their agreement as well.

- 5.2** Everyone with PR must be involved in decision making and other significant adults, living with the child or in their lives, should also be consulted. Furthermore, children under the age of 16 should always be consulted about decisions affecting their lives, if they are competent, applying the Gillick competency/Fraser guidelines test.
- 5.3** There may be occasions when obtaining agreement will take considerable negotiation to enable the family to have a shared understanding of the intervention that is required. Informed agreement depends on the specific circumstances and it may be possible to obtain sufficient agreement even when parents with PR lack the capacity to make more complex decisions. When parents with PR are absent there is a framework available under s17 and s20 and in both situations it may be possible to continue our involvement without needing to trigger s47. When parents are unwilling or unable to give agreement, the Social Worker will need to consider the risk factors and if threshold is met for further involvement to become necessary under s47 of the Children Act 1989. If threshold is met for s47, in accordance with the Southend Essex and Thurrock (SET) safeguarding procedures, agreement is then not required if this is impracticable, but parents should be informed of the change of approach and the reasons for the concerns.
- 5.4** The Southend Essex and Thurrock (SET) safeguarding procedures are explained further here - <http://www.escb.co.uk/media/1670/set-procedures-oct-2018-updated.pdf> which must be referred to and the written agreement of the Team Manager must be obtained if enquiries are to be made and information is to be shared without the agreement of the parents with PR.
- 5.5** There may be occasions when information about a third party needs to be shared with those with parental responsibility in order to prevent risks to children from escalating and to enable CIN intervention to continue. The process of sharing this information also needs agreement unless the risk needs to be considered under the framework of s47 Children Act 1989 to enable the sharing of information without agreement.
- 5.6** Whenever a s47 enquiry is initiated without agreement, the Social Worker must consult with their manager about how and when to inform the family of the reasons for the concerns and the change of approach and it is the Team Manager's decision about whether to do so would place the child at risk of significant harm. This decision is also sometimes informed, in such circumstances, through a Strategy meeting including other key professionals.

5.7 It is expected that the Social Worker, with the support of their Team Manager, will have considered innovative and alternative approaches to securing incremental agreement and engagement of families as each stage of the assessment and intervention progresses, ensuring the CIN intervention has clear benefits for the children and prevents risks from escalating.

6. Effective Support for Children and Families in Essex

6.1 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. Reference should also be made to the *Effective Support for Children and Families in Essex* guidance which provides the context and understanding of how the needs of children should be responded to at all 4 levels of the Effective Support Windscreen (see Figure 1). Indicators of possible need are listed at each level as a guide.

6.2 Where a family require intensive multi-agency help for a range of difficulties, 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. Family Solutions is a consensual support service requiring active engagement from families to be successful.

6.3 Where the family have additional needs at Level 2, they can access such support through the Essex Child and Family Wellbeing Service via www.essexfamilywellbeing.co.uk. In addition to these services, the Directory of Services which is hosted on the www.essexeffectivesupport.org.uk website offers the range of support available for families in Essex. Where families can be helped in this way, the children are not considered to be children in need.

6.4 However, for children whose health or development may be **significantly impaired if social work intervention is not provided**, a child and family assessment carried out by a qualified Social Worker should be undertaken to identify the unmet needs of the child and family and any support required to address the identified needs. This will therefore be at level 4 – Specialist (see Figure 1, overleaf).

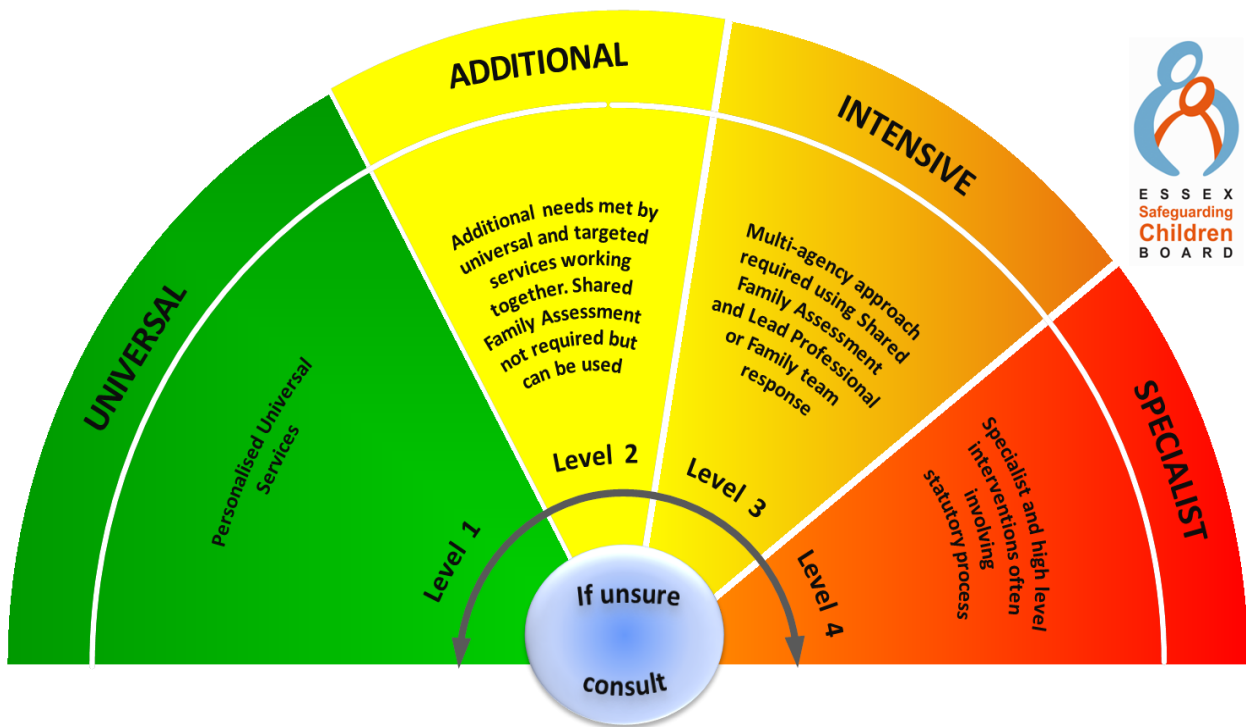


Figure 1: Effective Support for Children and Families Windscreen

7. The Child and Family Assessment

- 7.1 The purpose of the Child and Family Assessment is to establish whether or not a child meets the criteria for intervention and support under Section 17. If this is the outcome of the assessment, then the child is considered to be a child in need. The assessment will help identify the family and Social Worker's understanding of their circumstances and what intervention or services are required to support the family to resolve any difficulties.
- 7.2 In order to ensure whether there are urgent unmet needs of a child after the referral is received, the first social work visit should take place as soon as possible and within a maximum of five working days of receiving the referral. The assessment should be approached holistically and should seek information from relevant professionals involved with the child and family as well as consider any prior history the Local Authority (LA) may have. It is important for children and their families that assessments are completed in a timely way to ensure interventions are proportionate and not delayed.

7.3 In most circumstances, the child and family assessment should be completed, written up and signed off by a Manager within 20 working days. In recognising more complex family circumstances and in exceptional cases, with the authorisation of the line Manager further time may be taken to complete the assessment with a clear plan of ongoing work, up to a maximum of 45 working days.

7.4 On occasions, after the first visit, it will be agreed by the Social Worker, Team Manager and family that no further assessment is required, and on these occasions, a brief child and family assessment will be completed with agency checks included.

7.5 Social Work Visits

- When children are referred to Children & Families Service, the first visit to the family should be undertaken as soon as possible, but within a maximum timeframe of five working days.
- When a case is deemed to require support under Child in Need provision, the Team Manager should be clear about the agreed frequency of social work visits which should be at intervals of no more than **4 weeks** (different arrangements apply for disabled children with stable packages of care). In many cases held in an Assessment & Intervention (A&I) Team, where Child in Need (CIN) Plans will be very focused or in a Family Support & Protection (FS&P) Team, where plans might be quite intensive, visit frequency may vary depending on the complexity of the case and this is agreed within supervision between line manager and Social Worker. It is to be noted that statutory CIN visits can be no later than a minimum of 4-6 weeks.

7.6 Children with Disabilities

- Children and young people with a disability, aged under 18, should have an assessment to determine their level of need and should have an up-to-date Child in Need (CIN) Plan if they are receiving a service such as a direct payment or overnight short-break or a social work intervention. All cases are reviewed regularly. Where possible, Child in Need reviews should align with Education and Health Care Plan (EHCP) Reviews. The Team Manager would determine the frequency of the reviews depending on the level of complexity, with a minimum frequency of 6 monthly reviews.

7.7 Cultural Genograms and Ecomaps

- Cultural Genograms and ecomaps are essential tools for use with children and their families. They help explore and develop an understanding of their relationships including professional relationships, their history, strengths, risks and patterns in the family history and how these could be used or changed to resolve difficulties. In this way family networks can be identified and then mobilised to support families. In this context consideration may be given to organising a family meeting or making arrangements to convene a Family Group Conference at the early stages of intervention. It is most helpful if genograms can show three generations of the family giving a clear understanding of immediate and extended family members and identify patterns regarding domestic abuse, mental health, drugs, alcohol, etc.

7.8 Family Timelines

- A family timeline is a tool which can be used with children and families to explore key events and their impact on the child and the family's functioning. They can help the Social Worker and the family to understand points of change, patterns and cycles in family functioning, parenting and the child's needs.
- Working together with families to co-produce cultural genograms and timelines as part of the child and family assessment is fundamental to good relationship based social work.

8. The Initial Child in Need Meeting

- 8.1** It is essential to mobilise the professional network around the family/carer in order to affect change and in some cases, this may be most appropriate during the assessment process to co-ordinate and progress the work with the family. However, this may not be possible in all cases where an assessment is taking place, and this will be determined by the Team Manager and reasons for this recorded clearly. In all cases however, it is deemed that an initial CIN Meeting is arranged within 10 days after the assessment has concluded involving family members, social worker and all relevant professionals. This meeting will be aimed at creating a SMART (Specific, Measurable, Achievable, Realistic and Timely) CIN plan in partnership with families, that draws upon the recommendations from the Child and Family Assessment.
- 8.2** The meeting should enable the family, wider network and assessing Social Worker to explore strengths, worries and perceptions in a collaborative manner.

- 8.3** It provides the opportunity for family and professionals to openly discuss concerns and develop and understand their responsibilities to affect positive change and outcomes for the child or young person. The professional network should also, within this forum, recognise the strengths within the family system that can be built upon.
- 8.4** It may also serve as closure/step-down meeting where unmet needs are determined to require ongoing support at level 2 or 3. Family Solutions or Essex Child and Family Wellbeing Service could attend this meeting where agreed with the relevant teams and the family.
- 8.5** Where it is established that a short statutory intervention is required which can be concluded in a timely way in the A&I teams, then these families would remain supported in the A&I service until involvement is ceased or stepped down. It is determined where families are assessed as needing longer term intervention, these should not remain within the A&I service beyond a period of 16 weeks, unless agreed for specific reasons.

9. Child in Need Meeting and Plan

- 9.1** Following the completion of the child and family assessment and the child/young person being deemed as a child in need, regular CIN meetings will be convened, following the first one taking place within 10 days, to provide an opportunity for the family and the professional network to come together.
- 9.2** The purpose of the Child in Need meeting is to co-construct a Child in Need (CIN) Plan in partnership with parents, children/young persons and involved professionals using a range of systemic and solution focussed questions.
(Refer to the examples shared within Practice Principles)
- 9.3** The CIN Plan should identify the provision of support and/or services in such a way that they enhance the ability of parents to meet the needs of their child. Where possible, young people should be involved in identifying and addressing their needs and supporting change in their circumstances and decisions about their care.
- 9.4** Social work intervention can be provided once needs are identified during assessment period and need not be delayed waiting for the assessment to be completed.

- 9.5** This should include direct work undertaken with the children/young persons and parents.
- 9.6** 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 CIN Plan. The CIN Plan should include timescales for pieces of work and the overall plan should be clear with a date for review of the plan arranged.
- 9.7** In all CIN cases, the Plan should set out what the contingency arrangements will be if the family circumstances change, risks escalate, the family decline continued voluntary engagement or if there is evidence of disguised compliance. Contingency plans should also be used as continuing change plans where they may be handed over to the family to continue and sustain positive change.

10. Child in Need Reviews

- 10.1** It is important the Child in Need (CIN) Plan is reviewed at a maximum of three-monthly intervals. If a family is open for nine months then a Reflective Case Supervision should be held between the Service Manager, Social Worker and Team Manager to review how the case should be managed and approached.
- 10.2** The focus of each review should be an exploration of the progress being made against the CIN Plan actions and how the family and wider professionals can be empowered to overcome barriers to achieving change required of them. CIN meetings and plans should not be used simply as a way of monitoring without intervention.
- 10.3** Each review should lead to an updating of the CIN Plan, unless the review decides that the plan can be concluded and closed or stepped down to level 2 or 3 services. Feedback and impact of social work intervention should be sought of all parents/carers and children/young persons within every CIN review and recorded accordingly.

11. Chairing of Child in Need Meetings

- 11.1** The Initial meeting, held as part of the assessment, will generally be chaired by the allocated Social Worker. Where there are difficult or complex issues, they can ask for support from a Team Manager or more senior team member to chair the meeting.
- 11.2** It is good practice for all Child In Need Reviews to be chaired by a Team Manager/Senior Practitioner or Child in Need Reviewing Officer to ensure good management oversight and enable the Social Worker to actively participate, listen and provide their professional contribution to the discussion. More experienced social workers may chair their own CIN cases however it is advised that Newly Qualified Social Workers (NQSW) are supported by senior practitioners or managers in their first year of practice, in the chairing of meetings.
- 11.3** The intention of the Review is to give space for all present to voice their views and be listened to. Families should be asked where they would like the review meeting to take place. Many will take place in the family home, but others may be in local community settings, such as school, family centre or a family hub.
- 11.4** 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, the use of an interpreter should be routinely considered. Similarly, where parents or children have communication difficulties, thought should be given to enable their participation in the review.

12. The Child in Need Reviewing Service

- 12.1** The Child in Need Reviewing Service (CINRS) work with children, young people and their families who currently have an allocated Social Worker and fulfil the following criteria:
- Children on a Supervision Order.
 - Children who have been subject to a CIN Plan for 12 months or more.
 - Children being de-escalated from a Child Protection Plan (Nominated by CP Chair).
 - Children who have been reunified with their family after a period of time in care.
 - Children who are at risk of Exploitation and / or are regularly Missing Children.
 - Nominated Complex Cases.

- 12.2** It may be possible for the CINRS to become involved with other specific cases where it has been identified by the social work team that there will be a benefit to those children and families.
- 12.3** The CINRS offers independent scrutiny and challenge to social work undertaken with Children in Need and uses feedback to evaluate, learn and improve approaches to Child in Need work.
- 12.4** The service will also provide an independent chairperson for Child in Need Review meetings for a time limited period, to give additional challenge and support to everyone at the review so that the best service possible is provided to children, young people and their families. The CINRS will work closely with the Independent Review Officers around the planning for children returning home to their birth family and with the Child Protection Chairs to support and facilitate smooth step up/step down processes.
- 12.5** Further information about the CINRS can be found here - http://dnnintranet.essexcc.gov.uk/ChildrenManual/Children_In_Need/home.htm

13. Case Transfers

13.1 Family Support and Protection (FS&P) and Children in Care (CIC)

- 13.2** For families where it is determined that CIN intervention may be required for a period longer than 16 weeks, case transfer conversations are to be initiated with Family Support and Protection (FS&P), between managers.
- 13.3** In cases where children become looked after, and there is less likelihood of return home, cases will transfer to Children in Care (CIC) service.
- 13.4** At the case transfer meeting, agreement is reached around timescales for transfer, any joint pieces of intervention that may be necessary during transition and any other relevant matters including a handover visit arranged for both workers with the child and family.
- 13.5** No delay beyond two weeks should occur once transfer is agreed and every effort should be made for change of worker being a seamless transition experience for children and families. Any disputes within this context should be resolved between Team Managers and if absolutely necessary, escalated to Service Managers.

14. Good Endings and Sustainability

- 14.1** Social Workers should be mindful of not over - intervening in families' lives. As early as possible during the intervention, the assessment will determine with agreement from families and professionals of what needs to change, and what good looks like in order to help families achieve this and ensure that closures are timely and appropriate.
- 14.2** Within this, consideration will need to be given to how any outcomes achieved for the family can be sustained through support from friends and family network and universal services beyond social care intervention.
- 14.3** Where it is determined that there may be some complex needs that do not include safeguarding concerns and may require some ongoing multi agency support, it may be deemed that this can be met by stepping down to Level 3 service (Family Solutions). Other families who have made good progress and where ongoing needs are less complex may benefit from stepping down to a Level 2 service. There will also be families who can be closed without an ongoing plan or signposted to universal services within the community.
- 14.4** If it is agreed that Children and Families involvement can cease, this will have been achieved within a CIN meeting/review with the family and partners present. Understanding what an ongoing partner agency plan may look like will enable the Social Worker to invite the relevant practitioners to the CIN meeting where agreement from the family and agency can be sought for the identified work to continue. The new plan should include a contingency plan outlining how those involved should respond to specific issues as they arise. Where it is agreed that another agency will continue supporting the family, support can be sought through the Team around the Family Reviewing Officers.
- 14.5** When the plan ends, and the family is closed to Children and Families, the case summary and chronology of significant events, as well as all case recording, must be updated and the rationale for why the case has been closed should be recorded clearly within the case closure document. The case summary should also set out the contingency plan for the child, which could include details of an agreed family plan or signposted agencies.
- 14.6** The Team Manager's oversight of the closure 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 case note and referenced in the closure summary.

- 14.7** Cases can either be stepped up from CIN to a Child Protection Plan or stepped down from CIN to Family Solutions or other agencies such as Child and Family Wellbeing Service.
- 14.8** Where a child has been subject to a Child Protection Plan and positive change has occurred resulting in the plan coming to an end, or where a child in care returns home to live with their family, a CIN Plan should be established 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 or further stepped down. In exceptional circumstances, the CIN Plan may be in place for a shorter period or stepped straight down to Family Solutions or other relevant agencies. In such situations, a management decision needs to be recorded providing a clear rationale for this outcome.
- 14.9** Cases that conclude within care proceedings with a Supervision Order directed to the local authority or where Essex becomes the designated authority to receive a Supervision Order at the conclusion of proceedings in another local authority, a CIN plan is likely to be the most appropriate plan to ensure identified needs are met within the required timeframe of the Order. These plans will also be reviewed similarly to those assessed within teams.
- 14.10** New information or an updated assessment may determine an escalated level of risk that may result in either a Child protection plan or a child coming into care. In these circumstances, a CIN plan will cease. Closure or transfer protocol as clarified above will need to be initiated.

About This Document

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