

# Essex Children in Need Guidance

## Practice Principles And Policy Framework

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## About this Document

Title:	Essex Child in Need Guidance
Purpose:	This document introduces Essex County Councils Approach to Children in Need and their families
Overseen & updated by:	Assessment & intervention Workstream
Approved by:	Children and Families Leadership Team
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September 2019	1.2	Addition of Practice Principles & Policy Framework	Ahana Kalluri and Luke Goldie-McSorley
January 2023	1.3	Review/Refresh	Ahana Kalluri and Luke Goldie-McSorley

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## 1. Introduction

1.1	This document introduces Essex County Council's approach to Children in Need and their families through Practice Principles (' <i>How to</i> ' guide) and the Policy Framework (' <i>What to</i> ' 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 practice 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	<b>Essex County Council's Model of Social Work</b>  Essex Children & Families has a unified, theoretical approach to Social Work practice using strengths-based, Solution Focused, systemic and relationship-based interventions, and tools.
2.2	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.
2.2	Children in Need or Section 17 social work intervention should always be informed by a determination to actively promote and create 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 underpinned by the belief that they are their 'own experts'

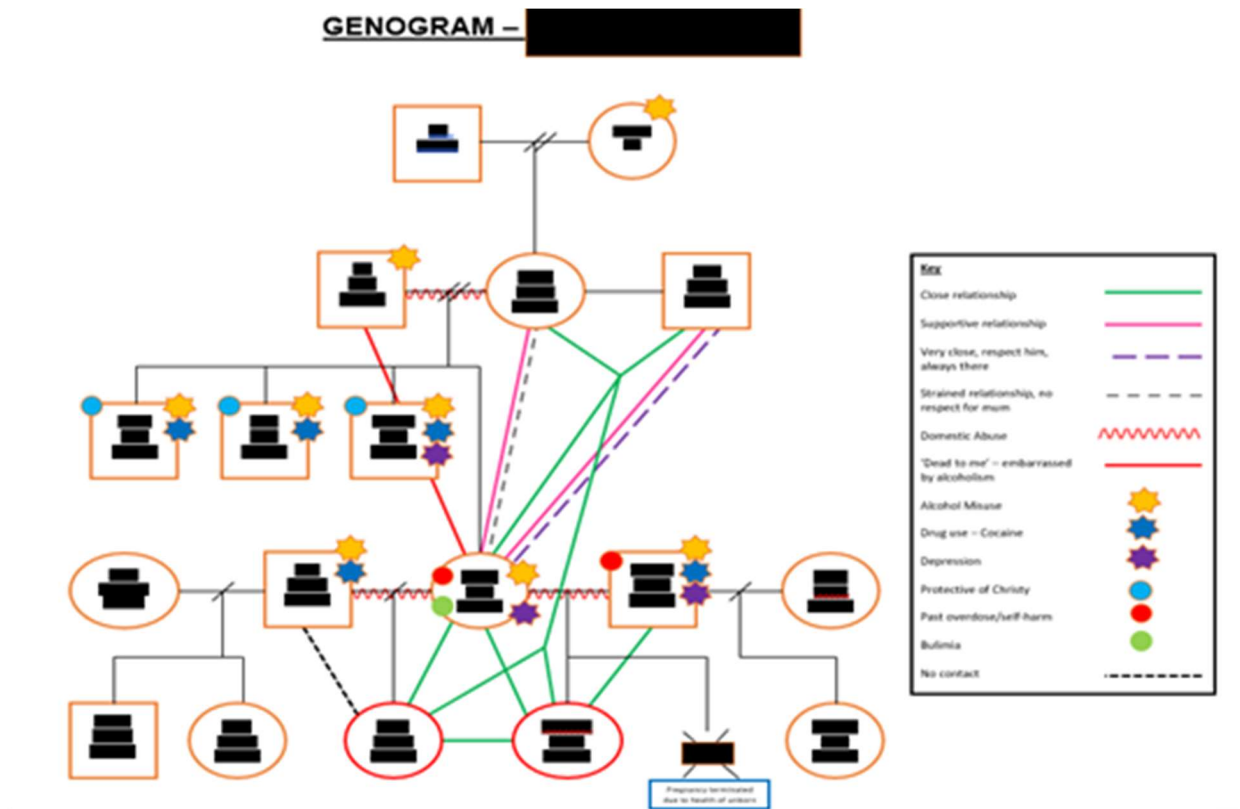
### 3. Practice Principles for Child in Need Intervention in Essex

3.1	<b>Principles</b> <ul style="list-style-type: none"><li>▪ The family are the expert of their own family and life</li><li>▪ Small changes can lead to much bigger changes, therefore celebrating small changes are essential to greater change happening</li><li>▪ Co-constructing plans through participation with families is the most useful way to support meaningful and lasting change – The family should be “the most heard” voice in meetings</li><li>▪ A clear family led picture of ‘what needs to change for statutory intervention to end’ is essential in all Child in Need intervention and planning.</li><li>▪ The views, wishes and lived experience of the child or young person are central to the co-creation, impact and evaluation of the Child in Need Plan.</li></ul>
3.2	<b>Language</b> <ul style="list-style-type: none"><li>▪ Language is the greatest tool of intervention, and every conversation, visit and meeting is an opportunity for intervention and an opportunity to affect change via that interaction.</li><li>▪ Our conversations and written documentation should use language that is understood by the child and family.</li><li>▪ Through the use of questions, conversations, reflections and tools, change can be achieved in every interaction with a family/parent/child/professional.</li></ul>
3.3	<b>Systemic Genograms, Ecomaps, Timelines</b> <ul style="list-style-type: none"><li>▪ Working together with families to co-produce culturally systemic genograms, ecomaps and timelines as part of the child and family assessment and Child in Need intervention can provide a deeper understanding of the family.</li><li>▪ 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.</li><li>▪ These tools can identify supportive family networks and facilitate organising a family meeting</li></ul>

or making arrangements to convene a Family Group Conference.

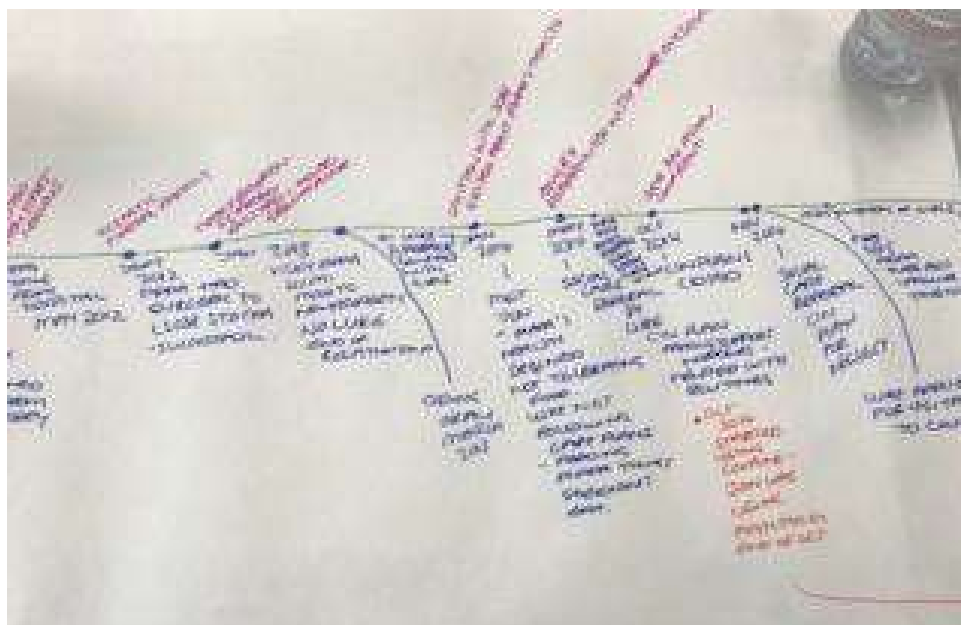
- It is most helpful if genograms can show three generations of the family giving a clear understanding of immediate and extended family members (and significant others) and identify entrenched patterns regarding domestic abuse, mental health, drugs, alcohol, etc.

### Example of a Systemic Genogram



3.4	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.
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### Example of a Family Timeline



3.5	<p><b>Child in Need Meetings</b></p> <ul style="list-style-type: none"> <li>▪ Initial and review meetings are interventions and opportunities for change to happen.</li> <li>▪ 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.</li> <li>▪ Child in Need meetings are co-constructed with the family alongside the support of the professional network; a Child in Need plan will be framed within that meeting.</li> </ul>
3.6	<p>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.</p> <p><b>What’s going well?</b></p> <ul style="list-style-type: none"> <li>▪ Making use of follow-on questions to highlight and amplify strengths, resilience factors, skills and abilities within each instance of success.</li> <li>▪ What do we continue to want to be better &amp; 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.</li> </ul>
3.7	<p>Meeting should be the opportunity to:</p> <ul style="list-style-type: none"> <li>▪ Amplify and celebrate what is already working and working well</li> <li>▪ Amplify and strengthen family resilience factors, for example, networks of support</li> <li>▪ Ascertain the family’s hopes from the Child in Need process</li> <li>▪ Hold conversations about areas of concern and how those concerns would be lessened and what would life look like if they did.</li> <li>▪ Create &amp; adapt a fluid plan based on description of preferred outcomes</li> <li>▪ Bring together the professional network around the family to contribute towards outcomes on the plan</li> <li>▪ Gather recent and relevant details related to hopes (best outcomes) from the Child in Need</li> </ul>

	<p>process in order to adapt or end the plan.</p> <ul style="list-style-type: none"> <li>▪ Apply SMART principles to ensure all Child in Need plan actions being agreed are specific, measurable, attainable, realistic and timely.</li> </ul>
3.8	<p><b>Voice of the child to be present throughout Child in Need meetings</b></p> <p>Where possible the child or young person's voice should be clear within 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 Child in need 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, for e.g.</p> <div> <p>"What difference would you hope that makes to the child/young person?"</p> <p>"What might they say has worked for them?"</p> <p>"What would they notice that would tell them this change had occurred?"</p> </div>
3.9	<p><b>Initial Meetings</b></p> <p>Good practice suggests that initial meetings begin with conversations of;</p> <div> <p>"What are your best hopes from the support offered to you?"</p> <p>"How would the family know the Child in Need offer was useful to them?"</p> <p>"What would the signs of that outcome being achieved look like?"</p> <p>"How would everyone else around you including the professional network know?"</p> </div>
3.10	<p>Initial Child in Need meetings should include conversations led by the family of what <i>good enough</i> (what needs to change for a Child in Need plan to end) would look like as a means to clearly set achievable targets to when statutory intervention will cease and when professionals are less/no longer worried about child/young person's welfare i.e., when this has been achieved.</p>



Descriptions of 'What will tell us your Child in Need plan can end' (previously 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. Clear, specific descriptions of what this might look like, and statements will contribute and relate to endings and case closures. They can be recorded in 'What will tell us your Child in Need plan can end' section on the Mosaic form. 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 in supervision and asked of professionals at the outset of a Child in Need plan.

"What are our best hopes from this Child in Need plan?"

What would it need to look like for social care intervention (Child in Need Plan) to end?"

"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?"

### 3.11 **Child in Need Plans**

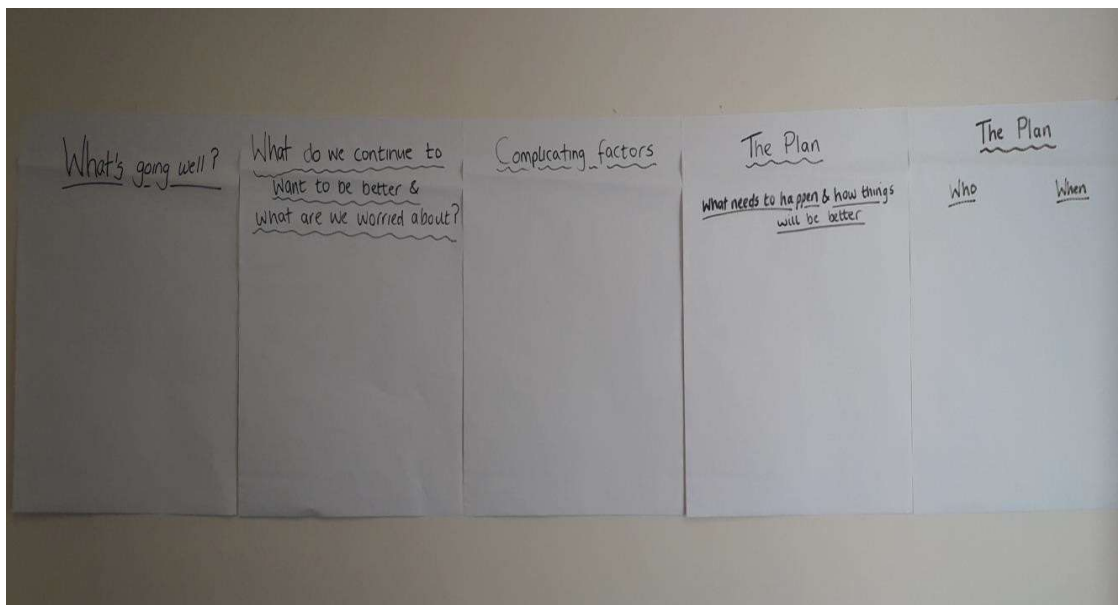
- All Child in Need plans are to be constructed with the family in the initial Child in Need meeting.
- Plans are to use the family's words and language throughout.
- Plan outcomes to be specific and realistic; this to be agreed in conversation between family and social worker, wherever possible.
- Plans 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 (remembering these are options, not scripts, and allow for flexible use that fits with the family, their responses and time available) and to be used as and when relevant.

	<div data-bbox="229 109 1490 1010" style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <p>“How would we know the child felt comfortable and happy at home, what would they be doing?” “what would this look like?”</p> <p>“What would parents/others notice?”</p> <p>“How would that comfort and happiness show?”</p> <p>“What would be happening that told us we were moving towards comfortable and happy at home?”</p> <p>“When has the problem been less of a problem?”</p> <p>“What was happening when the problem was less of a problem?”</p> <p>“What do you think others would have noticed about you that told them the problem was less?”</p> <p>“How did you do this?”</p> </div> <ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ Plans to relate closely to initial description of ‘What will tell us the Child in Need plan can end’, which has been discussed in the initial meeting.</li> <li>▪ Professional and familial network to be explored as to how they might contribute to the changes described taking place, and how their support would look in affecting that change.</li> </ul>
3.12	<p>Notes are to be made in the meeting to capture relevant discussions; it is not an expectation that they are a verbatim recording of the entirety of the meeting, rather a gist of the significant issues discussed. Social Workers are encouraged to make their own creative decisions regarding notes being taken for e.g., delegating notes across the attendees, laminate boards with different attendees (‘What’s going well’ with the parent/partners), 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.</p>



### 3.13 Child in Need Plan headings (Impact and Outcomes)

- What are we worried about
- What needs to happen
- Who is going to do it
- Date that it will be done by (clear timescales)
- How things will be better

### 3.14 Mosaic form (Initial Meeting)

Date of meeting

**CIN Reviewing Officer Name**

Name

Venue

Date of Next Meeting

#### Attendance

Name	Relationship / Role	Source	Attended	Report Distributed	Reason for Non-attendance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Why are we here? (including what is positive, what needs amplifying, and our worries- refer to Thinking Tool if needed)

#### Plan Details

Date CIN Plan Started (This must match the date of Meeting field in section 2)

Is this a Short Breaks Plan for any of the children

☐ Yes

☐ No

The Plan. "Please keep the child in mind when writing out the areas of concern and where possible, write for the child".

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

What will tell us that your CIN plan can end?

If there are no positive changes or there are additional worries, what needs to happen?

### 3.15 Review Meetings

Review meeting are an opportunity to invite families to share what has been better since the last meeting and invite thought and reflection as a group on resources and strengths that have enabled that 'better' to be achieved.

"What's been better since our last Child in Need 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?"

Instances of success (better) can relate directly to points on the plan and also be separately celebrated; both of which are to be amplified and heard within the review meeting. **Questions outlined in section 3.9 can also be made use of.**

- 3.16 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 (remembering these are options, not scripts, and allow for flexible use that fits with the family, their responses and time available).

	<p>“How did you manage this situation/incident/time in a way that pleased you?”</p> <ul style="list-style-type: none"> <li>- “What did it take to do that?”</li> <li>- “What does it say about you as a parent/carer/person that you were able to do that?”</li> </ul> <p>“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?”</p> <p>“What works or has worked in the past?”</p> <p>“What support would help?”</p> <p>“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?”</p> <p>“If you felt this was beginning to change for the better what would you/others notice happening more?”</p> <p>“What would we notice about you that told us you were managing this in a way that fitted with the best version of you?”</p> <p>“What are your hopes from this meeting/this support in terms of this situation?”</p>
3.17	<p>Review meetings will maintain an awareness of the initial “What will tell us your Child in Need plan can end’ descriptions and reviewing the goals set; with clear statement of what ending social work involvement would look like and having that conversation at the point it is reached, thus creating clear goalposts to social care intervention. Furthermore, this will prompt conversations within review meetings relating to ‘Maintaining positive change’ and contingency planning (<b>see section 3.20 &amp; 3.22</b>)</p>
3.18	<p><b>What have you been proud of since we last met? What is going well?</b></p> <p>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 updates of the family’s plan. For eg, a parent being able to abstain from drinking one night or choosing to walk away from an escalating argument (actively ask for examples to celebrate and amplify the motivation it took to act differently).</p>
3.19	<p><b>Mosaic Form (Review Meetings)</b></p> <p>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 can be reviewed and recorded (Review</p>

of previous plan actions) whilst the family will have the most up to date and relevant plan following every review.

Review Child In Need Meeting and Plan

Venue

Date of next meeting

#### Attendance

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

What have you been proud of since we last met? What is going well?

Any relevant discussions (children's views, grey areas, complicating factors, or any new information- refer to Thinking Tool if needed)

#### Plan Details

Date CIN Plan Started (rcpc)

Date CIN Plan Started (C&F) 01/02/2021

Date CIN Plan Started (cic review)

Date CIN Plan Started 01/02/2021

Is this a Short Breaks Plan for any of the children

☐ Yes

☒ No

What will tell us that your CIN plan can end?

Review of previous plan actions

The Plan. "Please keep the child in mind when writing out the areas of concern and where possible, write for the child".

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

Is this a Final Review

☐ Yes

☐ No

If there are no positive changes or there are additional worries, what needs to happen?

### 3.20 Good Endings – 'What will tell us your Child in Need plan can end & 'maintaining positive change' i.e. contingency Planning

In cases where it has been agreed by the family and professional network that outcomes/objectives from the Child in need plan have been reached (as discussed in the initial Child in Need meeting) the role of social care under a Child in Need plan can be ended.

	<p>Contingency planning ('Maintaining positive change') should be an essential aspect of good endings of Child in Need intervention. Contingency planning is to be co-constructed by the Social Worker, the family and the professional network. It is good practice for contingencies to be bespoke to the family and specific details 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's Social Care. Contingencies may also include self-referral to Level 3 and/or Level 2 services.</p> <p>Maintaining the family at the center of this process is essential; with conversations stemming from;</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>"What do we hope from continued Level2/3 support?"</p> <p>"How will the family know this support is useful?"</p> <p>"What service might be able to meet these hopes and what would that intervention look like?"</p> </div> <p>The hope is for conversations to lead to successful engagement in Level 2/3 services through clear observable outcomes from those services.</p>
3.21	<p><b>Family Group Conferences supporting/informing Child in Need Planning</b></p> <p>A Family Group Conference is a family-led meeting in which the family and friends network come together to make a plan for a child. The process is supported by an independent Co-Ordinator who helps the family prepare for the family group conference and chairs the meeting. Children should be involved in their own family group conference where appropriate, and this is a useful social work tool that can be used either following the end of a CHILD IN NEED plan (as a contingency plan) or form part of the CHILD IN NEED plan. A Family Group Conference can be a useful intervention to support a family maintaining positive change leading to no further involvement with statutory services.</p>
3.22	<p><b>Maintaining positive change &amp; contingency planning</b></p> <p>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. 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</p>

	<p>endings as a family network. Use of questioning within these meetings to invite thought/reflection around sustainability should be reflected in 'Maintaining Positive Change' on mosaic Review form; this will trigger a drop down box when the answer to the question 'Is this a Final Review' is Yes.</p> <div data-bbox="316 297 1426 770" style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>"How will you know these changes are continuing?"</p> <p>"What makes you confident you can sustain/maintain these changes?"</p> <p>"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?"</p> <p>"What do you hope will work for you in managing any issues/overcoming blips/continuing the instances of success/sustaining the positive changes?"</p> </div>
3.23	<p><b>Escalation of concerns</b></p> <p>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). 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.</p>



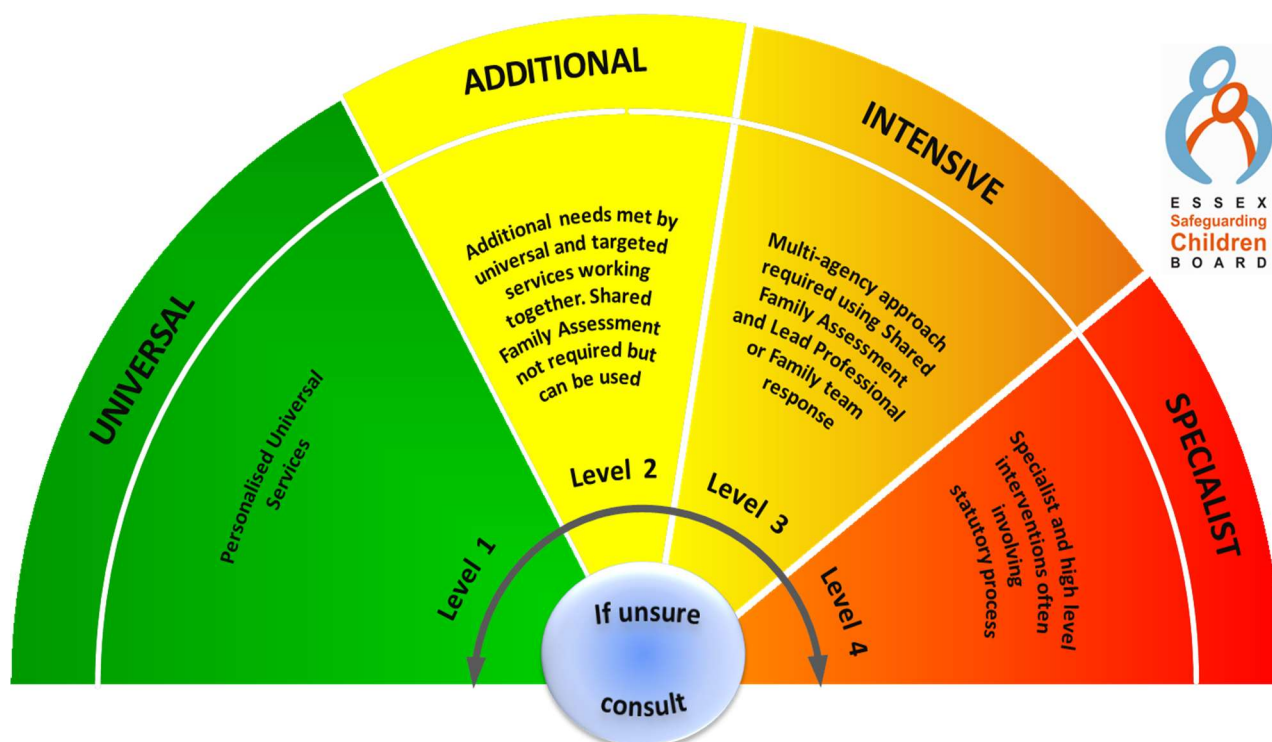
## 4. Policies & Procedures Framework

4.1	<p><b>Definition of Child in Need: Section 17, Children Act 1989</b></p> <p>Section 17 of the Children Act 1989 imposes a general duty on Children &amp; 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.</p> <p><b>Section 17 of the Children Act defines a Child in Need as a child:</b></p> <p>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;</p> <p>or a child whose health or development is likely to be significantly impaired, or further impaired, without the provision of services;</p> <p>or a child who is disabled.</p>
4.2	<p>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.</p>
4.3	<p>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. The assessment is undertaken in partnership with the family and any involved professionals, with a focus on gathering information and 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.</p>
4.4	<p><b>Working in Partnership with Families</b></p> <p>Working with agreement underpins our Child in Need 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 consulted for their agreement as well. 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, unless there are safeguarding concerns in doing so. Furthermore, children under the age of 16 should always</p>

	be consulted about decisions affecting their lives, if they are competent, applying the Gillick competence/Fraser guidelines test.
4.5	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.
4.6	The Southend Essex and Thurrock (SET) safeguarding procedures are explained further here <a href="#">SET Procedures</a> 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.
4.7	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 Child In Need 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.
4.8	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. 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 Child in Need intervention has clear benefits for the children and prevents risks from escalating.
4.9	<p><b>Effective Support for Children and Families in Essex</b></p> <p>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</p>

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.

#### 4.10 Effective Support for Children and Families Windscreen



4.11 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 via the following hyperlink: [Info on Family Solutions](#). Family Solutions is a consensual support service requiring active engagement from families to be successful.

4.12 Where the family have additional needs at Level 2, they can access such support through the Essex Child and Family Wellbeing Service via the following hyperlink [Info on Essex Family Wellbeing Service](#). In addition to these services, the Directory of Services which is hosted on the <https://www.essex.gov.uk/directory-of-services> 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.

4.13 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, windscreen).

#### 4.14 The Child and Family Assessment

	<p>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, child's unmet needs and what intervention or services are required to support the family to resolve difficulties where possible.</p>
4.15	<p>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 intervention is proportionate and not delayed.</p>
4.16	<p>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. 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.</p>
4.17	<p><b>Social Work Visits under Child in Need</b></p> <p>When children are referred to Children &amp; 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 4/6 weeks (different arrangements apply for disabled children with stable packages of care; please refer to the CMS policy for guidance on those). In many cases held in an Assessment &amp; Intervention (A&amp;I) Team, where Child in Need Plans will be very focused or in a Family Support &amp; Protection (FS&amp;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 and recorded under Casenotes. It is to be noted that statutory Child in Need visits should be (held &amp; recorded) no later than a minimum of 6 weeks.</p>
4.18	<p><b>Children and Young People with Disabilities</b></p> <p>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 Plan if they are receiving a service such as a direct payment or overnight short-break or a social work intervention.</p>

	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 maximum of no longer than 6 monthly reviews as this is the statutory requirement for all Child in Need reviews.
4.19	<p><b>The Initial Child in Need Meeting &amp; Plan</b></p> <p>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 Child in Need 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) Child in Need plan in partnership with families, that draws upon the recommendations from the Child and Family Assessment. Please refer to the Practice Principles section of the document for best practice guidance/tools on how such meetings should be held.</p>
4.20	The meeting should enable the family, wider network and assessing Social Worker to explore strengths, worries and perceptions in a collaborative manner. 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. 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.
4.21	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.
4.22	The Child in Need 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. Social work intervention can be provided once needs are identified <i>during</i> the assessment period and need not be delayed waiting for the assessment to be completed. This should include direct work undertaken with the children/young persons and parents.

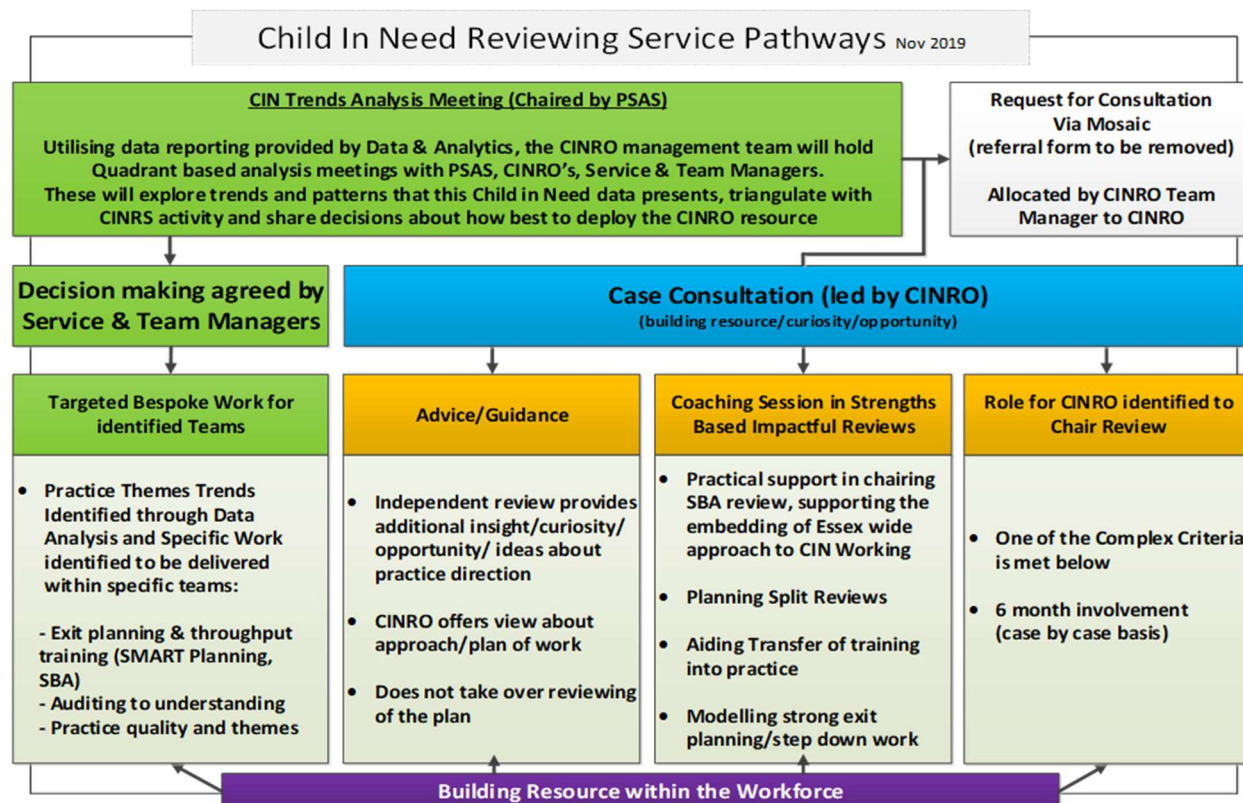
4.23	In Assessment and Intervention teams, short term, focused social work interventions that help parents make changes and link them up with community support are often the best way of responding to children in need, but these interventions and what they are seeking to achieve should always be set out in an agreed Child in Need Plan. The plan should include timescales for pieces of work and the overall plan should be clear with a date for review of the plan arranged.
4.24	In all Child in Need 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.
4.25	<p><b>Child in Need Reviews</b></p> <p>It is important the Child in Need Plan is reviewed at an agreed frequency between the Team Manager and Social Worker within supervision on a child's file. Three months is recommended for continued change to be maintained at pace, however reviews should not exceed the statutory guidelines of six months. If a family is open for over 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 going forward.</p>
4.26	The focus of each review should be an exploration of the progress being made against the Child in Need Plan actions and how the family and wider professionals can be empowered to overcome barriers to achieving change required of them. Child in Need meetings and plans should not be used simply as a way of monitoring without intervention. Each review should lead to an updating of the Child in Need 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 Child in Need review and recorded accordingly.
4.27	<p><b>Chairing of Child in Need Meetings</b></p> <p>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, a Senior practitioner or an experienced member of the team to chair the meeting. More experienced social workers may chair their own Child in Need 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.</p>
4.28	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. Some will take

	place in the family home, but others may be in local community settings, such as school, family centre or a family hub. Virtual participation at reviews should only be considered as a last resort or under exceptional circumstances and have agreement from the Service Manager. 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.
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## 5. The Child in Need Reviewing Service (CINRS)

5.1	<p>The CINRS offers independent oversight, support, guidance and challenge to multi-agency practice undertaken with Children in Need with the aim of influencing best practice and outcomes. The CINRS work with children, young people and their families who have an allocated Social Worker and where there are complexities present within the circumstances, which benefit from independent oversight for example:</p> <ul style="list-style-type: none"> <li>▪ Where Supervision Orders are made (All supervision Order practice is overseen a Child in Need Reviewing Officer or Child Protection Coordinator for the duration of the order)</li> <li>▪ Where a child(ren) are being stepped down from an RCPC, ICPC or discussed at a CP consultation and in need of CINRS oversight.</li> <li>▪ Repeated patterns of Social Care involvement (including repeat episodes of Child Protection).</li> <li>▪ Stuck' cases ` (this may include areas with emerging practice trends such as CSE, Gangs etc).</li> <li>▪ Where 'drift' is noted.</li> <li>▪ Conflict in the professional network or family that is impacting upon the plan of work progressing.</li> <li>▪ Large sibling groups 4+</li> <li>▪ Parents/Carers who are currently open to Children's Social Care (CIC who have become parents)</li> <li>▪ Pre-Birth Work</li> <li>▪ Where exit plans require additional robustness (e.g. Neglect –change needs to be supported effectively to be sustained).</li> </ul>
5.2	<p>When a request for a Child in Need Reviewing Officer (CINRO) is made they may offer the following response:</p> <p>1) A detailed review of the child and family background via the case record, considering past and present factors impacting upon the family and capture these visually using tools such systemic genograms and timelines.</p>

- 2) Facilitate a Case Consultation with the allocated Social Work team, to explore and examine the impact of past and current practices, to inform the future direction of travel.
- 3) At this consultation the CINRS will agree what any further service involvement might look like (see diagram below)



- 5.3 CINRO can also arrange and chair Child Only Reviews where you may have a sibling group or a young person who either does not wish to be part of a larger review or where it would not be appropriate for them to attend. This is agreed as part of the consultation process.

- 5.4 It is the responsibility of Case Holding Teams to request or agree the involvement of a Child in Need Reviewing Officer. In exceptional circumstances, a request for CINRS consultation can be made by the allocated social work team via MOSAIC by the Team Manager starting a CINRS Consultation Form and assigning it to the CINRS Incoming Tray. A request should usually be made as an action from C&F assessment and Initial/Review Child in Need Meeting.
- Child Protection Chairs and Independent Review Officers can also recommend a request for CINRS involvement if the recommendation is a Child in Need Plan.

## 6. Case Transfer

- 6.1 **Case Transfers - Family Support and Protection (FS&P) and Children in Care (CIC)**



	For families where it is determined that Child in Need 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. In cases where children become looked after, and there is less likelihood of return home, cases will transfer to Children in Care (CIC) service.
6.2	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. 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.

## 7. Good Endings & Sustainability

7.1	<b>Good Endings and Sustainability</b>  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. 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.
7.2	If it is agreed that Children and Families involvement can cease, this will have been achieved within a Child in Need 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 Child in Need meeting where agreement from the family and agency can be sought for the identified work to continue. Attendance of TAFSO or Family Solutions worker to be considered with agreement of the parent to ensure smooth transition of any plan constructed. The new plan should include a contingency plan (maintaining positive change) outlining how those involved should respond to specific issues as they arise.
7.3	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, support can be sought through the Team around the Family Support Officer (TAFSO).

7.4	When the plan ends, and the family is closed to Social Care, 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.
7.5	The Team Manager's oversight of the closure record should evaluate the success and impact of the Child in Need 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.
7.6	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 short term Child in Need Plan should be established to support the child's continued development and the family's progress. 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 Child in Need 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.
7.7	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 Child in Need plan will cease. Closure or transfer protocol as clarified above will need to be initiated.