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Child in Need Procedures

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**Child in Need Policy and Procedures**

1. **Introduction**

 1.1 Medway’s vision is that children should receive the right support at the right time in order to develop and thrive as resilient individuals. This is best achieved by promoting co-operation between Children’s Social Care, Early Help and our partner agencies across both statutory and voluntary sectors, and by working in partnership with families in need of services.

1.2 Universal settings are often the places where emerging difficulties experienced by children and young people can be first spotted, or where families will themselves first ask for help. They are often the most appropriate setting within which the extra help can be resourced and delivered to families. Early Help Assessment is a standardised tool and process which is offered to families with children presenting as having additional needs to those being met by universal services. The whole family Early Help Assessment will identify with families areas of difficulty and need, so that appropriate services can be delivered. These services may be universal, targeted or complex.

1.3 Some families may require more specialist interventions and services in order that their children are kept safe from harm. These children may require further assessment by an allocated social worker based within Children’s Social Care Services and will be defined as Children in Need.

**2. Children in Need: Context**

2.1 All work with children, young people and their families should be based upon:

* Robust assessments that have clear analysis of need and risk, recommendations and that represent the experiences of the family system, and those of each child and young person in their own right.
* Planned, appropriate (evidence based) interventions to meet the child and family’s identified needs
* Setting up of services that respond appropriately to need, and to implement plans
* Monitoring, reviewing and measuring plans and their outcomes

2.3 The guidance set within this policy aims to:

* Ensure that every Child in Need has a Child in Need Plan that is SMART and meets the child’s individual needs.
* Ensure clarity as to the planning and reviewing systems for children subject to Child in Need services which are robust.
* Support practitioners in planning evidence based interventions and developing creative services that help prevent problems becoming more difficult and resulting in statutory interventions.
* Encourage partnership working
* Maximise the use of community based services that are appropriate to identified need.
* Support the principle that best practice is about empowering families to carry out their own responsibilities for safeguarding their children from abuse and neglect
* Improve outcomes for children and young people in Medway.

**3. Definition of a ‘Child in Need’**

3.1 A child is considered to be a Child in Need if:

 *He/she is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority.*

 *His/her health or development is likely to be significantly impaired, or further impaired without the provision for him/her of such services.*

 *The child’s parent is a Looked After child or young person under S.20 1989 Children Act, and there are no safeguarding issues as to the welfare of the child.*

 *He/she is a child with a disability.*

 Section17 (10), Children Act 1989

 The Children Act 1989 provides the definition of a child with a disability as:

 *…a child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed; and in this Part –*

 *“Development” means physical, intellectual, emotional, social or behavioural development; and*

 *“Health’ means physical or mental health*

 Section 17 (11), Children Act 1989

 In addition, the Disability Discrimination Act 1995 defines disability as:

 *(1)Subject to the provisions of schedule 1, a person has a disability for the purposes of this Act if he has a physical or mental impairment which has a substantial and long-term adverse effect on his ability to carry out normal day-to-day activities.*

 And:

 *(1) An impairment is to be taken to affect the ability of the person concerned to carry out formal day-to-day activities only if it affects one of the following –*

 *(a) Mobility*

 *(b) Manual dexterity*

 *(c) Physical co-ordination*

 *(d) Continence*

 *(e) Ability to lift, carry or otherwise move everyday objects*

 *(f) Speech, hearing or eyesight*

 *(g) Memory or ability to concentrate, learn or understand, or*

 *(h) Perception of the risk of physical danger*

 Reference: Disability Discrimination Act 1995

**4.Early Help**

4.1 Universal and Targeted Services will meet the needs of the majority of children and families. It is an expectation that where families need support, their needs should be identified and addressed through an [**Early Help**](http://trixresources.proceduresonline.com/nat_key/keywords/early_help.html) Assessment and support provided through universal or targeted services.

4.2 Practitioners working with families can seek advice and information via a conversation within their Early Help Hubs or with the First Response service. No referral to Children’s Social Care should take place without a discussion with a manager in the Early Help Service unless it is an urgent child protection concern.

4.3 An outcome of a conversation with First Response might result in a referral to Children’s Social Care. When a referral has been accepted, a [**Child and Family Assessment**](http://leedschildcare.proceduresonline.com/local_keywords/child_fam_ass.html) is carried out.

4.4 When a case is referred (or stepped up) to Children’s Social Care, Early Help Practitioners should remain involved and be part of the Children in need meetings and work with the family. If the case is assessed as not being a child in need and requiring an area social worker, or when the role of the area social worker finishes, this will make the step down process easier for the child and family and for the Early Help Worker to continue working with the family.

**Please also see: *Transfer Panel: Terms of Reference.***

**5. The Child in Need Process**

**Please also see: *Practice Standards: Child and Family Assessments and Section 47 Enquires.***

5.1 Children in Medway may become subjected to CIN plans by:

* Being directly referred to Children’s Social Care Services, and, following assessment be deemed as requiring a package of support as a Child in Need. (Step Up/Straight to CIN)

OR

* Following an Initial Child Protection Conference that decides a Child Protection Plan is not required because the concerns do not meet the threshold for establishing a Child Protection Plan

OR

* Following a Review Child Protection Conference that agrees to discontinue the Child Protection Plan because positive changes in a family’s situation means that Child Protection Plans are no longer necessary, but support for the family is still required. (Step Down)

OR

* Following a period of being Looked After (S.20 1989 Children Act) and a decision is made that the child will return home but the family require ongoing support work

OR

* If a child is made subject to a Supervision Order (S.31 1989 Children Act) or Interim Child Care arrangement order

5.2 Children’s Social Care Teams in Medway are responsible for implementing, monitoring and reviewing all Children in Need as defined by the Children Act 1989. This oversight should ensure that:

* All Children in Need have an up to date assessment and Child in Need plan.
* A formal structure is embedded within the process to ensure that plans are robust, meaningful, measurable and effective, resulting in improved outcomes for Children In Need. Each plan is SMART with identified outcomes to be achieved and aims to encourage and support families in keeping their children safe from harm. Each plan will be made available to children, young people and their carers, and will be recorded on the Child in Need Plan format.
* Parents are involved, with children and young people supported in participating in the assessment process and in developing their Plans.
* Appropriate, preventative services are considered within an empowering and solution focused approach with families, and ensuring that the need for a Family Group Conference[[1]](#footnote-1) is fully considered as part of the Plan.
* Planning draws on a range of creative interventions and community resources that best respond to the child’s identified need.

**6. Step up/Straight to Child in Need**

**Please also see: *Child and Family Assessment Workflow***

6.1 When a child is referred to Children’s Social Care and accepted as needing a Child and Family Assessment, this will be undertaken by the First Response service. The assessment will include the views of the child, family members and agencies already involved with the family. If the child is diagnosed with a severe or profound disability, the first response service will consult with the 0-25’s Disability Service and a decision will be made as to which team is best placed to complete the assessment, dependent upon the extent of the child’s disability, and other factors impacting on the child and/or their family. If the child’s disability is seen to be the primary area of need, the 0-25’s service will complete this assessment.

6.2 Following this assessment the First Response Team Manager (or the manager of the 0-25’s disability service) will make a decision about whether the child concerned is a Child in Need, and the case will be transferred to the Area Team prior to the first CIN meeting. The Child’s case may transfer to, or remain allocated to the 0-25’s disability service (dependent upon the needs identified within the assessment). Where a Child is identified as a Child in Need, a Child in Need (CIN) meeting will be convened within **ten working days** of the completion of the Assessment. This meeting will include contributions from the family and relevant professionals to establish what support is needed to improve outcomes for the child. A Child in Need Plan is developed and the detail of the plan is agreed at the meeting. The roles and responsibilities of family members and professionals is made clear to all. The updated CIN Plan will be circulated to all members of the meeting within **3 working days** following the initial CIN Meeting. This will include a contingency plan if the desired outcome is not achieved. All present at the meeting would take their own notes and would agree to their specific action that they need to complete.

6.3 Support will be provided by the allocated social worker and other professionals involved, who will be responsible for ensuring that children and young people’s wishes, views and experiences are appropriately represented in the meeting and subsequent reviews, and that these meetings are planned and managed within a child focused context.

6.4 For cases where there is an existing multi agency team involved, for example following an Early Help Assessment, the existing team membership will be reviewed by the group to ensure that plans are developed and actioned appropriately by the relevant agency/professionals.

**7. Step Down from a Child Protection Plan**

7.1 A child is made subject of a Child Protection Plan if he/she is deemed to be suffering, or is likely to suffer significant harm and therefore requires safeguarding via a formal Child Protection Plan.

7.2 A Child Protection Plan can be discontinued should safeguarding concerns decrease to an appropriate level, and the Child Protection Conference identifies that a CIN plan is appropriate.

7.3 An Initial Child Protection Conference may also decide that concerns for the child do not meet the threshold for a Child Protection Plan, and that a CIN Plan is required.

7.4 The Review or Initial Child Protection Conference will develop the Outline CIN Plan, with the plan developed in line with the child and family’s changing situation and need.

7.5 The Conference Chair will identify key professionals and identify the plan for the next two months. The case will then be reviewed as set out in section 9.

**8. Step Down from a Looked After Child Review**

8.1 If a child is accommodated s20 CA 1989 the decision may be made at a LAC review that the child will return home and the family supported via s17 CA 1989 CIN Plan.

8.2 The Looked After Child Review will develop the Outline CIN Plan, with the plan developed in line with the child and family’s changing situation and need.

8.3 The Looked After Child Review will identify key professionals and identify the plan for the next two months. The case will then be reviewed as set out below.

**9. Child in Need Reviews**

9.1 The allocated Social Worker and Practice Manager are responsible for convening and organising CIN reviews. All professionals involved with the family, parent/s (and where appropriate, the child) are invited. All efforts to ensure parental/carer involvement will be made by the social worker – this includes consulting with families as to preferred meeting venues and times, and consideration of any additional support needs (such as Interpreting Services or advocacy).

9.2 The CIN Plan should be reviewed at a minimum of twelve weeks of the initial Child in Need Meeting, and thereafter every twelve weeks. In between CIN review dates, the social worker should maintain contact with other professionals to ensure that interventions and progress are monitored and developed further. The Social Worker is responsible for chairing CIN reviews, but on occasion and with prior agreement, the review may be chaired by a nominated member of the CIN professional network.

9.3 Children and young people will be consulted so that their wishes and views are obtained and reflected in the CIN planning process. The allocated social worker will take responsibility for ensuring that direct work is undertaken with children and young people in order to support their participation in CIN reviews, and that the CIN process and plan is fully explained.

9.4 If a parent/child does not attend a CIN review, a team member will be identified (usually the allocated social worker) to share the outcomes with them.

9.5 Members of the CIN professional network will advise the Social Worker as to any concerns or tasks not being completed, or of any significant developments in the child’s situation that may require the early reconvening of a CIN Review meeting.

9.6. It is an expectation that the child should not be subject to a child in need plan that would exceed a 12 month period, however this decision would be based on the child’s needs. Some Children with disabilities may remain subject to CIN plans for an extended period due to the extent of their disability, and the impact of this upon the child and/or their family. It is the role of the Practice Manager to effectively review the progress of children subject to CIN plans. Where there is a concern re drift/delay then the Practice Manager should chair the CIN meeting in order to understand and consider:

* What outcomes have been achieved
* Which current services are needed to meet the need of the child or what alternative should be considered. If the welfare of the child has deteriorated or stayed the same should a Child protection plan be considered, or if the Review find the child’s needs have been met, then the case should be considered to step down. What are the next steps identified.

 The Practice Manager will sign off the records of all CIN Review meetings on the child’s Frameworki case record. Where a case has stepped down from CP and the plan is to end the Child in need plan within 3 months, then a case discussion should be held with the CP chair to ensure that the decision is needs led.

**10. Child in Need Visits**

10.1 The CIN Plan will set out the frequency of social work visits to children and their families. Visits should take place no less than every **15 working days**, and more frequently if the situation requires this, in which case this should be specified in the CIN plan.

10.2 Children will be seen and spoken to on their own by the social worker on visits. Where this is not the case, an additional visit will be arranged by the social worker to ensure that this happens.

10.3 The CIN professional network will also contribute to work with the family, including visits to the family home, as agreed in the CIN plan or more frequently if deemed necessary.

**11. Outcomes of Child in Need Reviews.**

11.1 CIN Review outcomes will be recorded on **FWi** and copies distributed to all those involved in the CIN review process. This record will be circulated to all participants within **three working days**.

11.2 All CIN Reviews will include decisions as to:

* The extent to which outcomes have been achieved (met, partially met, not met)
* Whether a child is still in need, and requires a CIN plan
* Whether concerns require further safeguarding actions, and if this is the case, consideration by the Chair as to a Strategy meeting being convened
* Whether the child’s needs can be met by the Early Help process, and if this is the case a CAF meeting will be arranged and a lead professional identified
* Whether the threshold for CIN planning and interventions are no longer met, and no further action is agreed, under s.17 CA 1989.

11.3 The CIN Review and Plan format is consistent with Child Protection Plans and use the Strengthening Families Model. This identifies areas of potential and actual strength to build on, as well as identifying areas of difficulty and concern that require intervention and monitoring by the CIN Core Group/Network Team. The CIN Review Chair will ensure that CIN plans are balanced, proportionate to the family’s situation, and meet the needs of the child.

11.4 The CIN Chair is responsible for setting dates for subsequent reviews.

11.5 Any decision to end a CIN plan should involve all multi-agency network and be made at a CIN meeting and discussed with the child and family. Where this is not possible (for example if immediate safeguarding measures need to be taken or family move out of area) members should be made aware and any dissent recorded. If there is a disagreement in the professional network, then the Area Manager in the Safeguarding Service will review the case and make the final decision. This will be communicated to all parties.

11.6 It will be the social workers role to ensure that appropriate Early Help Practitioners are invited to the last CIN Review in order to take on the lead role and step-down to Early Help.

11.7 A closing Summary will be completed by the allocated Social Worker, along ensuring the Chronology is up to date.

**12. Children with Disabilities:**

12.1 The 0-25’s Disability Service provides support and intervention to children with disabilities and their families at three different levels dependent upon the extent of the child’s needs, the impact this has on their development, the capacity of parents/carers to meet those needs and environmental factors. These levels of intervention are as follows:

* Review Cases: These are children who are diagnosed with a disability but there are no concerns about their welfare, and no need for any ongoing Social Work input. The child and family may receive a small package of support such as direct payments or respite care to assist in ensuring the child’s needs are met. These children will receive a yearly visit and CIN review to look at any changes since the last review, so that packages of support can be reviewed and amended accordingly. Parental consent for Social Care Support, and to contact relevant agencies, should be revisited prior to the yearly CIN reviews, and multi-agency partners invited to attend, or contribute in writing, to the review.
* CIN (Disability) cases: These are children who have a disability but there are no concerns about their welfare. The parents/carers are able to meet the child’s needs to a good enough standard, but the complexity of the child’s needs is such that there is a need for a low level intervention from a social worker and potentially family worker/Occupational Therapist. These children/family’s needs are such that they require more intervention than just a yearly visit/review. These children will be visited at least 12 weekly (more often if required) and reviewed at least 6 monthly. Parental consent should be revisited, as per Review cases above.
* CIN (Welfare) cases: These are children with a disability, but where there are also concerns as to the child’s welfare, for example linked to concerns over parenting capacity, family history or environmental factors. These children will be visited in line with the timescales outlined above for those children who are subject to CIN plans who do not have a disability. They will be visited at least three weekly, with reviews at least every twelve weeks.

12.2 Due to the complex and changing nature of some children’s disabilities and the impact this can have on the parent’s ability to meet the child’s needs consistently, some children’s cases are likely to move between the levels outlined above. For example a deterioration in the child’s health could impact on parental mental health, therefore meaning the family require additional support - triggering the need to change from CIN (Disability) to CIN (Welfare). Alternatively, improvements in a family’s situation could also reduce the need for support, making it appropriate to step down from CIN (Disability) to Review. If a child or family’s circumstances change in such a way, either the child, parent/carer, or involved professional should contact the 0-25’s Disability service. The changes will be discussed, and if it is felt that a child’s case needs to be stepped up or down a CIN meeting will be convened to ensure the child (as appropriate), family, and multi-agency network are involved in this decision. Alternatively, such decisions may be made at a planned CIN review. Plans to change the level of intervention should be discussed between the Social Worker, their supervisor, or Area Manager prior to the review.

12.3 Any disagreements about plans to change the level of intervention should be raised with the Area Manager, and a decision made, as with Children subject to CIN plans who do not have disabilities.

**13. Monitoring and Quality Assurance**

13. 1 All members of the CIN professional network are responsible for ensuring that agreed services are delivered, and in communicating areas of progress to the CIN meetings and each other.

13.2 CIN Plans will be subject to a CIN review a minimum of 8 **weeks** although this could be earlier if any member of the CIN network requests this.

13.3 Area Managers within the service will review CIN cases in respect of the duration and impact. They will review all cases open for 6 months to ensure the plan is progressing satisfactorily. At 9 months the Head of Service will review all open CIN cases.

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| **Guidance for Child In Need Review Meetings** | Initial Child In Need (CIN) meetings are arranged where a child/family has been assessed to require support under Section 17 of the CA 1989 in order to agree a CIN planIt is an opportunity for the child, parents/carers and other key agencies to identify and agree the most effective inter-agency services to meet assessed need and to agree a CIN plan, which identifies outcomes to be achieved and actions to do this.The family must be supported to encourage their engagement and attendance. Consideration should be given to involving the child and supporting their attendance CIN meetings can take place in a variety of locations to support full attendance Parents/carers must give consent as it is a voluntary service. If consent is not obtained, consideration must be given to how the child’s needs will be best met – escalate to CP Conference or for the needs to be met via an Early Help assessment or single agency response  |
| **Timescales / Frequency** **and Key Responsibilities** | **Timescales / Frequency** A CIN Initial meeting must be convened within **10 working days** of a decision that the CIN plan is required. This decision may be made during or on the completion of the Child and Family Assessment. The frequency of subsequent CIN review meetings will be determined at the Initial CIN meeting but should be held **at a minimum of twelve weeks** Disability Review cases will be reviewed on a yearly basis. CIN Disability Cases will be reviewed at least six monthly. CIN Welfare cases will be reviewed at least twelve weekly. Once each CIN review meeting has taken place, the plan must be: o updated within two working days o circulated within 3 working days **Key responsibilities** Meetings will be chaired by the Social Worker, or a Senior Social Worker/Practice Manager if required, for example where the case is held by an ASYE.The Practice Manager maintains oversight of progress through supervision The Social Worker is the lead professional and responsible for arranging the CIN Review Meetings and recording agreed updates to the plan and circulates the plan Key practitioners are responsible for the formulation and implementation of the plan and for their own attendance  |
| **Purpose of the** **Child In Need Review Meeting**  | Agree and clarify the actions of the CIN plan and then review progress against outcomesChallenge the plan to ensure that it is robust enough to reduce any identified risks and develop strengths Challenge the actions to ensure that they are SMART: Specific, Measurable, Achievable, Realistic, Timely.Ensure that all actions have identified people responsible for them Record decisions taken and actions agreed Planning and intervention should be underpinned by a thorough assessment, which should be ongoing.The plan will follow the Strengthening Families format.Take appropriate action if risks escalate/de-escalate  |
| **What needs to happen before the** **Child In Need Review Meeting takes place** | Follow the Child in Need workflow on Frameworki and ensure visits have taken place within required timescales (at least every 15 working days)Make arrangements for the CIN review meeting, and invite key participants. Visit the child and family to prepare for the meeting and seek their views Explore ways of engaging the child in the meeting and consider advocacy services if required If invited practitioners are unable to attend the meeting they should update the social worker and provide a written update regarding their involvement with the family  |
| **What should the Child In Need Review Meeting include** | Introductions Maintenance of attendance list – attendees, apologies and absentees Review progress of agreed outcomes and actions to achieve themShare any progress update information from professionals Challenge the identified actions Note changes or updates to the plan Identify issues that cannot be resolved Consider the need for step up to child protection, or step down to Early Help or universal provisionReview invitees - should membership be extended to others (professionals, family members, and friends?) Set a date for the next CIN Meeting If there is agreement for the case to de-escalate to Early Help or single agency response, ensure a lead professional is identified and agreed and parental consent obtained |
| **Actions following a** **Child In Need Review Meeting** | Update the plan (3 days) Circulate to the family, child and key professionals (within 3 days) Record on Frameworki and set up next meeting Raise any identified issues that cannot be resolved with the Practice Manager.Contact any proposed new invitees The Initial CIN plan should be shared with the family and signed by them (the social worker could carry this out at a Visit) and signed again if there are significant changes Share the Initial CIN Plan with the practice Manager for approval and signature and again for each subsequent plan review.  |
| **Recording the** **Child In Need Meeting** | **Frameworki Recording** Record the Child in Need Review Meeting on the Plan/review template within the timescales identified **Quality of recording** Check all actions have allocated responsibilities and action by dates Be mindful of the purpose of the recording Be mindful of the potential audience for the recording (young people, families, inspectors etc.) Key discussions at the meeting can be recorded using bullet points, ensuring that significant events, areas of disagreement are recorded with a level of detail to appropriately reflect the discussions held  |

1. See Section 12 [↑](#footnote-ref-1)