Child In Need Process

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1. Introduction

**This Guidance applies to children and young people who have been assessed as Children in Need under Section 17 of the Children Act 1989 and should be used alongside Trafford Threshold Guidance and ‘Trafford Safeguarding Children Procedures’ to form a continuum of support for children and families at all levels of need. For further guidance please refer to Trafford’s Practice Standards Document.**

It is the duty of every Local Authority to assist families who need help in bringing up their children as laid down in legislation. Part III of the Children Act 1989 is the basis in law for the provision of local services to children in need. Children in this respect are defined as young people under the age of 18 years (s105).

It shall be the general duty of every Local Authority:

• To safeguard and promote the welfare of children within their area who are in need;

**And**

• So far as is consistent with that duty, to promote the upbringing of such children by their families, by providing a range and level of services appropriate to those children’s needs.

The Children Act 1989 places a specific duty on agencies to co-operate in the interests of children in need under Section 17. The Children Act 2004 builds on and strengthens the framework set out in the Children Act 1989. Section 11 requires a range of organisations to make arrangements ensuring that their functions, and services provided on their behalf, are carried out in a way that safeguards and promotes the welfare of children.

Several key principles underpinning the Children Act 1989 are found in Part III of the Act:

* it is the duty of the State thorough Local Authorities to both safeguard and promote the welfare of vulnerable children,
* it is in the children’s interests to be brought up in their own families wherever possible;
* whilst it is parents’ responsibility to bring up their children, they may need assistance from time to time to do so; they should be able to call upon services, including accommodation (under s20 of the Children Act 1989), from or with the help of the Local Authority when they are required.
1. Definition of Child in Need

A child should be taken to be ‘in need’ if:

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

**(Section 17(10), Children Act 1989)**

The “family” in relation to such a child, includes any person who has parental responsibility for the child and any other person with whom he has been living.

The critical factors to be taken into account in deciding whether a child is in need under the Children Act 1989 are:

* What will happen to a child’s health and development without services
* The likely effect services will have on the child’s standard of health and development.

Determining who is in need, what those needs are and how services will effect outcomes for children requires professional judgement by children’s social care together with partner agencies working with children and their families.

The duties and powers of the Local Authority to assess the needs of a child and to provide services are outlined in the Children

Act 1989.

1. Threshold Guidance

Trafford Safeguarding Children Board (TSCB) has a published Threshold Guidance. This is a means of providing needs-led, equitable access to services whilst ensuring compliance with statutory duties to children and their families.

The Children Act 2004 places a responsibility on professionals working outside of Children’s Social Care to support children and intervene early in order to prevent a child’s needs from increasing in severity or complexity wherever possible. The Threshold Guidance should assist professionals in deciding if / when a child’s level of need is best supported by involving Children Social Care.

|  |  |  |  |
| --- | --- | --- | --- |
| **Level** | **Description:** At this level the child or family… | **What Needs to happen next?** | **Assessment Required Referral Process** |
| **Universal** | **Level 1** | ...is thriving without requirement for additional support and all needs are being met by universal services, for example Health Visitor, School Nurse, Dentist or School. | Ensure that all families are aware of the Family Information Service and are registered with Education and Training providers, Health Services and Community Groups. | Use of Trafford Directory |
| **Early Help / Prevention** | **Level 2** | …may require or would benefit from additional input or support from single agency. | When a child begins to display emerging needs requiring additional support, services already working with the child should support the family by undertaking an assessment and develop an Outcome Plan. This will identify support from within the local community or a specific intervention. | Assessment required for example: Early Help Assessment.Referral Form for specific agency |
| **Intensive Family Support** | **Level 3** | …are experiencing multiple and/or complex needs. The family is struggling to affect change without the support and intervention of services.There is a need greater level of support including regular home visits.  | If a child or family’s issues are more complex and cannot be managed within the community and the family consent, additional support can be sourced through Intensive Family Support. This would include support in the home, pulling in **multi-agency partners** all of whom are or need to be involved with the child and family in order to achieve a positive outcome |  Early Help Assessment; which will be required when referring for Intensive Family Support. |
| **Child In Need** | **Level 4** | ...is unlikely to achieve or maintain a reasonable standard of health or development without the provision of services. The child’s health or development is likely to be significantly impaired, or further impaired without the provision of additional services; **or the child is disabled**.  | As the child and family’s issues continue to escalate or if interventions are not working and it is felt that the needs cannot be met without the intervention of social care. There should be a sound record of interventions and support offered previously by services to highlight why social intervention is required. | Child and Family AssessmentReferring agency to complete referral |
| **Child Protection** | **Level 5** | ...is at risk of or suffering **significant harm** and is in need of help and protection. Has a high level of unmet and complex needs requiring statutory interventions. | These children require immediate social care intervention to ensure continued safety and positive development and to prevent significant harm. This may lead to them becoming subject to a Multi-Agency Child Protection Plan or becoming Looked After. Any child subject to a CP Plan or Looked After will have social care intervention already in place.  | Child and Family AssessmentReferring agency to complete referral |

1. Framework for the assessment of Children In Need and their families

The Assessment Framework is an established systematic approach to the process of gathering information about children who may be in need and their families.

**4.1** All children/young people who receive level 4 Multi Agency support from Trafford Children and Young People’s Services should have their own individual plan tailored to meeting their own specific needs. All plans should be SMART (specific, measurable, achievable, relevant to the assessed needs of the child/young person and time related). Assessment and plans should be regularly updated to reflect the child’s current situation i.e. a parent moves out or new partner moves in.

**4.2** A range of recognised additional assessment tools may also be used by professionals working with families to inform their decision making. These include models such as the Early Help Assessment ‘Graded Care Profile’ and a range of assessment tools devised by Bruce Thornton which are located on Trafford’s Integrated Children’s System.

**4.3** Child in Need Assessments should detail:-

* If the child is in need and what the specific needs are
* Their level of risk and vulnerability
* How their needs can be met (which resources or professional services can best meet the identified needs)
* Which of their needs should be met as a priority
* Clear outcomes / objectives identified for the child / young person
* Appropriate timescales to achieve objectives/ outcomes
* Voice of the child
* Parents views
* Dates to review the CIN plan

**4.4** The Assessment Framework sets out some guidance for practice in developing CIN plans with children/young people and their families:

* Wherever possible they should be drawn up in agreement with the child/young person and key family members and their commitment to the plan be secured.
* Objectives should be realistic and timescales not too short or unachievable.
* Plans should not be dependent on resources which are known to be scarce or unavailable.
* The **plan must maintain a focus on the child**, even though help may be provided to a number of family members as part of the plan.
* There should be a clear statement on the plan about when and how it will be reviewed.

**4.5** The analysis, judgement and decisions of the Child and Family Assessment will form the basis of the plan. The complexity of the child/young person's needs will determine its scope and detail. The different circumstances under which the assessment has been carried out will also determine the form in which it is recorded and the status of the plan.

1. Supporting a Child In Need

**5.1** There maybe children who require a referral to children’s social care via multi agency referral and assessment team. (MARAT).

**5.2** Making a decision about whether to involve social care is complex and requires a degree of professional judgement. Wherever possible, the decision should be taken at the family support meeting and the case co coordinator should also discuss with their line manager.

**5.3** If a child is unlikely to achieve or maintain a reasonable standard of health or development without the provision of services,

at risk of significant harm or is suffering significant harm (safeguarding concerns) a referral to MARAT should not be delayed.

**5.4** In cases where there are safeguarding concerns and a Section 47 Investigation is needed, the case will remain with MARAT until the investigation is completed (unless the child has complex needs when it would be a joint investigation between both teams).

**5.5** In cases where there are safeguarding concerns and the case is already open as CIN, a multi-agency decision may be taken to hold a strategy meeting to decide if any immediate action is needed.

**5.6** If there are no immediate safeguarding issues identified following a Child and Family Assessment by the Multi Agency Referral and Assessment Team (MARAT) but there are identified support needs, the case may be transferred to the Area Family Support Team to support the family with the Child In Need plan.

**5.7** The allocated worker is responsible for ensuring that the child is seen regularly and that there are regular Child in Need meetings which include the child/young person where appropriate, parents/carers and multi-agency professionals involved with the family. The allocated worker is responsible for updating the Child In Need Plan within LCS.

* 1. The minimum visiting requirements for a Child in Need is recommended as follows:-
	+ MARAT to give 5 working days’ notice when transferring a case to the Area Team.
	+ Within the 5 days’ notice period MARAT and the allocated Area Team worker will complete a joint visit to the home to introduce the new worker to the Child and their Family. (*If a case remains unallocated the duty worker on the Area team will undertake a home visit within the 5 days’ notice period)*.
	+ On day 5 MARAT will transfer case to the relevant area team.
	+ The allocated worker will facilitate and chair the first Child In Need meeting within 10 working days of the joint visit.
	+ In line with best practice the Child will be visited at least every 6 weeks thereafter.
	+ Exceptions to the above schedule will be by management agreement only (e.g. Court requesting a Section 7 Report, Special Guardianship Order Report, a child with complex needs) or there is an agreed step down plan which allows for fewer visits. Also once a private fostering arrangement has become known to the local authority, visits should not be more than six weeks in the first year and in any second or subsequent year, at intervals of not more than 12 weeks.
1. The Child In Need Meeting Process

**6.1** The CIN meetings are arranged where a child has been assessed to require support under Section 17 of the Children Act 1989.

**6.2** It is an opportunity for the child, parents/carers and other key agencies to identify and agree the most effective support network or services to meet assessed need and to update a CIN plan.

**6.3** The CIN meetings will be arranged as appropriate but the initial meeting must take place within 10 working days of the transfer of the case from MARAT to the relevant Area Team.

**6.4** The Area Team will chair the CIN meeting and agree the plan with the child and parents/carers.

**6.5** CIN meetings should be held every six weeks to assess, analyse and further develop the CIN plan. This is with the exception of a child with complex needs where 6 weekly meetings may not be warranted.

**6.6** Once each CIN meeting has taken place, the plan must be updated within 5 days of the meeting and each professional must have a record detailing actions and timescales. A copy of the child and family plan need to be distributed as soon as possible after the plan is updated but no longer than the following CIN meeting.

**6.7** 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 would be best met.

For example:

• Step up to Child Protection plan

• Step down to Early Help

**6.8** Child in need plans are multi-agency and therefore require all relevant agencies to share the responsibility for their implementation to ensure the best outcomes for children and their families.

1. Step down from Social Work Assessment to Early Help Assessment (EHA)

**7.1** When Children’s Social Care conclude an assessment with the decision to Step Out of a case where a multi-agency Early Help plan is still required, the allocated worker should discuss the Step Down of the case with key agencies and negotiate a Lead Professional to take over coordination of the case at the final CIN meeting convened by the allocated worker.

Note: If a Child has complex needs the associated team may also make a referral to short breaks.

**7.2** If the social Work Assessment identifies that an Early Help plan is not required and a step down to universal services is appropriate, this will be discussed and agreed directly with the universal service professionals and recorded on a social care closure record.

**The Step Down CIN meeting and Closure**

**7.3** When Step Down has been agreed and a lead professional identified, the allocated worker will chair a step down CIN meeting to confirm the plan and agree any relevant information to be recorded in the EHA.

**7.4** The allocated worker will record the agreement and current plan on LCS.

**7.5** The allocated worker is responsible for recording the following:

- Reason for step down.

- Confirmation of verbal consent from the family to begin the step down EHA (this will be confirmed in the step down CIN meeting).

* The Allocated worker will then advise the lead professional to generate an EHA.
* When all issues and needs have been addressed satisfactorily and the child/family no longer requires additional support, the EHA should always be closed.

**7.6** Prior to closure by Social Care, the allocated worker must ensure that all recording have been completed, that a Closure Summary is prepared and that the LCS record is accurate.

**7.7** The case file should be checked by the supervising Manager signed and approval given for the case to be closed.

**7.8** Letters should be sent to parents/ carers, child/young person (where appropriate) and all professionals involved informing them that the case has been closed to social care.

**7.9** The Closure Summary and closure letters should be attached to the child/young person's LCS record and placed on the child/young person's case file. Social Care support should be ended on the LCS record.

**7.10** The Social Care Manager has the responsibility for ensuring that the case is closed on the LCS record by ending the key allocated worker involvement.

1. Child In Need Independent Reviewing Officer Role

**8.1** The Independent Reviewing Officer’s role is as follows:

**8.2** To monitor the quality and timeliness of Child in Need Plans through reports from Liquid Logic and by accessing Liquid Logic records. These will include:

* Monthly audit on cases de-escalated from Child Protection.
* Monthly audit of cases where a Child and Family Assessment has been open for longer than 45 days.
* Monthly audit on cases open at Child in Need for 12 months or longer.

**8.3** To chair Child in Need (CIN) Review Meetings where safeguarding concerns are increasing but the threshold for Child Protection isn’t met. The Independent Reviewing Officer (IRO) will focus on reviewing CIN cases where the following is evident:

* A Family Group Conference has been undertaken.
* More than two complicating/safeguarding factors are evident.
* Where a strategy meeting has been held and the decision is to continue to support the family at CIN.
* Where a Safeguarding Consultation has resulted in a difference of opinion on threshold between the IRO and Allocated worker.
* Cases where a Supervision Order is in place.

*(Trafford’s Supervision Order Pathway will ensure that there are six weekly multi-agency meetings to review the order and focussing on the children’s needs. There will also be a minimum of six weekly visits undertaken by the allocated social worker*

*The IRO will also visit the children at home during the time the Supervision Order is in place, and has the authority to use the Dispute Resolution process should she/he be concerned in regards to the outcomes for the children)*

* Cases where a Special Guardianship Order is in place and the family continue to receive support from the Local Authority under Child In Need.
* In relation to all of the above the CIN IRO will facilitate reviews once every twelve weeks.
* The CIN IRO will complete an audit form which will be held within the child’s case notes under, ‘CIN IRO Case Review.’
* The CIN IRO will not update the CIN Plan.

**For further guidance regarding services that could offer the relevant help and support to families please refer to the Trafford Directory.**