



Lambeth Child in Need Procedures and Practice Guidance



Version Control

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About this document

Title	Children's Services Child in Need Procedures and practice guidance
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Intended Audience

This document has been issued to the following people for Review (R) Information (I) and Review and Sign off (S). The Practice Standards are mandatory and must be shared with all managers, and practitioners in Children's Social Care

Name	Position	S/R/I
CSC	All staff supervisors, managers and senior managers, IROs, CP Chairs, ADs, Directors in CSC Practice Development Leads Principal Social Worker Practice Evaluation/Audit officers	I
Performance Business Intelligence		I
MOSAIC Team		I

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1. Introduction

Section 17 of the Children Act 1989 imposes a general duty on Children's Social Care to safeguard and promote the welfare of children in Lambeth 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.

Other agencies (Health, Police, Education and others) have a duty to co-operate with Children's Social Care (CSC) in carrying out this duty to assess the needs of children and to provide services as necessary.

When referrals are received in the Integrated Referral Hub (IRH) they are triaged to ascertain what type of service is required. Those children for whom it is decided when the referral meets the eligibility for social care assessment as determined by Lambeth's Level of Need document, a child and family assessment will be undertaken by the Child Assessment Team.

The assessment will involve finding out about and giving due regard to the child's wishes and feelings and understanding what their day to day life is like (age and understanding appropriate). It will also involve talking to their family network and professionals involved in the child's life such as a health visitor or teacher.

The aim of 'Child in Need' intervention is to work in partnership with families and partners in the community to build family resilience and abilities to address life challenges and ensure children's needs are met, preventing the needs of the child from escalating wherever possible.

This procedure outlines the definition of a Child in Need, eligibility for services, the assessment, planning and review process and the step-up to child protection or step-down to early help processes.

2. Principles

Child in Need services are a crucial element of Lambeth's services to children and families. Child in Need services:

- Must be consent based,
- must be child centred and child focused,
- will be offered based on the levels of need,
- are multi-professional. Children's Services involving partners and those who know the child(ren) best.

For many 'children in need, our measure of success will be whether the child's outcomes are improved on a sustained basis and an increased number of children's needs are met by their families leading to reduced numbers of children in care and subject to child protection plans. It is acknowledged that for some children who have life limiting conditions or disabilities that they will continue to impact on their outcomes, and the purpose of 'child in need' is to ensure that the right services are offered at the right time to support the parents/ persons with parental responsibility/ carers in their role.

Child in Need work should always be informed by a determination to actively promote change. The meetings and plans should never be used simply as a way of monitoring without intervention.

The work undertaken should be creative and innovative and informed by what is going to work best for this particular child in this particular family.

3. Child in Need Definition

The Children Act 1989 defines a child as 'in need' if:

- a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part;
- b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
- c) he is disabled,

and "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.

[...] 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.

The Equality Act 2010 states:

A person (P) has a disability if—

- a) P has a physical or mental impairment, and
- b) the impairment has a substantial¹ and long-term² adverse effect on P's ability to carry out normal day-to-day activities.

*"A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. Child in Need may be assessed under **section 17** of the Children Act 1989, in relation to their special educational needs, disabilities, as a carer, or because they have committed a crime. Where an assessment takes place, it will be carried out by a Social Worker. The process for assessment should also be used for children whose parents are in prison and for asylum seeking children. When assessing Child in Need and providing services, specialist assessments may be required and, where possible, should be coordinated so that the child and family experience a coherent process and a single plan of action.*

When undertaking an assessment of a disabled child, the local authority must also consider whether it is necessary to provide support under section 2 of the Chronically Sick and Disabled Persons Act (CSDPA) 1970. Where a local authority is

¹ 'substantial' is more than minor or trivial, e.g. it takes much longer than it usually would to complete a daily task like getting dressed

² 'long-term' means 12 months or more, e.g. a breathing condition that develops as a result of a lung infection

satisfied that the identified services and assistance can be provided under section 2 of the CSDPA, and it is necessary in order to meet a disabled child's needs, it must arrange to provide that support."

Working Together to Safeguard Children 2018

If a young carer or their parent requests an assessment or the local authority considers that the young carer may have support needs, they must carry out an assessment under **section 17ZA**. Such an assessment must consider whether it is appropriate or excessive for the young carer to provide care for the person in question, in light of the young carer's needs and wishes. The Young Carers' (Needs Assessment) Regulations 2015 require local authorities to look at the needs of the whole family when carrying out a young carers' needs assessment. Young Carers' assessments can be combined with assessments of adults in the household, with the agreement of the young carer and adults concerned.

If a local authority considers that a parent carer of a disabled child (see glossary) may have support needs, they must carry out an assessment under **section 17ZD**. The local authority must also carry out such an assessment if a parent carer requests one.

The Care Act 2014 gives local authorities a responsibility to assess a carer's needs for support, where the carer appears to have such needs. The local authority will assess whether the carer has needs and what those needs may be. This assessment will consider the impact of caring on the carer.

4. Eligibility for Child in Need Services

In determining whether children and young people are likely to be Child in Need, the contact and referral information and any historical information about the child and the family should be considered and reference made to the **Lambeth Levels of Need framework**.

This contains a definition of Early Help and Child in Need and how the needs of children should be responded to at all 4 tiers. Indicators of possible need are listed at each level as a guide.

All children are eligible for '**universal services**' (**Tier1**). However, some children require additional support which is offered through community-based services following an Early Help Assessment where their health, development and achievement may be affected if they do not receive **Early Help** from a single agency (**Tier 2**) or co-ordinated **Specialist Early Help** from a number of agencies (**Tier 3**) .

Children who are determined to be 'Child in Need' following a Child and Family Assessment require a more formal statutory intervention and support under s17 of the Children Act 1989 and will be managed by a social worker.

For children whose development would be **significantly impaired if Social Work intervention is not provided**, a child and family assessment should be undertaken to identify the needs of the child and the support required by their family. The provision of Child in Need services requires a **social care assessment carried out by a Social Worker**.

Similarly many children with a disability and their families can access the support and help they need through local community short breaks, after-school and holiday schemes and similar services. Where they have a long-lasting substantial disability that may require co-ordinated Social Work intervention, an assessment should be

undertaken in line with the practice guidance. Where a child with disabilities has co-existing risk factors, the social worker will follow these Child in Need procedures and the Pan London Safeguarding procedures. - **Children with Disabilities - eligibility criteria and Short Breaks policy (to follow)**

Personal budget and overnight short breaks can only be provided to children and their families following an assessment that identifies that the child and family require this level and type of support to meet their needs.

5. Referrals

All referrals to Children's Services are received by the Integrated Referral Hub (IRH). Those received from professionals will usually be accompanied with a Multi-Agency Referral Form (MARF) and consent from the family to share information, although this may follow later where there are immediate and significant safeguarding concerns. Those received from members of the public may not always contain as much information, although they will be triaged in the same way.

In the MASH, Social Workers work alongside colleagues in Early Help, Health, Police and Adult Services to screen the referrals and triage them by determining the level of need and risk in the initial referral. Every referral to MASH will result in the creation of a risk assessment that describes the worry that led to referral, an outline of existing safety that describes the behaviours and people around the child that is keeping them safe currently and clear recommendations to inform next steps. A genogram that describes the child in the context of their family network will also be created for each child.

The outcome of the referral is likely to be one of the following:

- No further action necessary (contact recorded)
- Signposting to Universal Services
- Referring on to Early Help (Tier 2 or Tier 3)
- Referring to allocated (or previously allocated) worker
- Referral to assessment

A manager must make a Safeguarding decision about the referral and the response to it within 24 hours of the referral and within 48 hours for Early Help.

The referrer must be notified of the outcome of the referral in writing, and in some instances will be invited to take part in the on-going assessment (this is not likely to include members of the public).

6. Assessment

6.1 Consent

Prior to commencing an assessment, consent must have been obtained from the child (where appropriate) or the person with parental responsibility. Consent to share information should have been obtained at the point of referral, however it is important to confirm the consent at each stage of the work undertaken with a family. Parents and Carers who have Parental Responsibility must consent to supportive interventions within a CIN framework.

We have no authority to progress interventions or share information without their express agreement and consent.

Due to the fact that most of the work undertaken with families requires information sharing between agencies in order to best support them, it is important to have consent and explain how information will be used and who it will be shared with and for what purpose. (See **Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers, July 2018**)

Where a family refuses consent and/or refuses to work with the local authority in addressing concerns, consideration must be given as to whether concerns are likely to escalate without further intervention. Any decision to proceed without consent must be accompanied by a Management Oversight.

If it is considered that the child is likely to suffer significant harm without Social Work intervention, then there should be a multi-agency Strategy Discussion (involving at least Children's Services, Police, Education and Health) to decide whether or not to progress as part of (s47) Child Protection enquiries with an assessment. Consent is then not required, but parents should be informed of the change of approach and the reasons for any child protection concerns.

Before the assessment is signed off by a Manager a case note should be put on the child's record stating how and when consent was obtained. Consent must also be re-established for working with the family under Child in Need. Further information on information sharing and consent can be found in '**Information Sharing Advice for practitioners providing safeguarding services to children, young people, parents and carers**' (DfE 2018)

6.2 Case responsibility – including Step Up and Step Down

For new referrals or re-referrals, a Child and Family assessment will be completed in partnership with the child and family and relevant agencies working with the family, be written up and signed off by a manager **within a maximum of 45 working days**, however many assessments will be completed much sooner (i.e. within 20 days) and the manager will agree these timescales with the Social Worker.

Where a child is assessed as being a 'child in need' a qualified Social Worker will take on 'Lead Professional' role and will be responsible for the co-ordination of services to support the family to deliver the actions on the Child in Need Plan. The Team Manager will supervise the case **every 4 weeks** and ensure that it progresses according to the plan to achieve outcomes for the child. Where the actions from the plan have been delivered and the outcomes achieved for the child and their family they will be stepped down to Early Help if they meet the threshold criteria for ongoing services at Early Help, or closed. (**See Step down procedures**)

Where outcomes are not achieved and there is no progress on the plan or meaningful changes made within 6 months and where it is clear that children **are suffering or likely to suffer significant harm**, a strategy meeting will be convened to consider if the child is at risk or likely risk of experiencing significant harm. If so, a Section 47 enquiry will be initiated and determine if an Initial Child Protection Conference is required. If risk factors are escalating a change in stance is required and the TM will need to consider escalating to Child Protection.

For children already the subject of an Early Help Plan and the concerns have escalated, the Lead Professional will escalate these concerns to the IRH. Where the concerns meet the eligibility for Social Work intervention as outlined in the level of needs it is expected that the allocated Social Worker will communicate with the Lead Professional as part of the Child and Family Assessment to understand what work

has already been undertaken with the family, what the current concerns are and what interventions have worked / not worked with the family previously. This must be clearly outlined in the step-up referral with consent obtained from parents.

Where it is proposed to 'step down' a child from a Child Protection Plan to Child in Need, the final review conference should establish what ongoing work is required under Child in Need to support and sustain the safety and wellbeing of the child. The Social Worker's report must be signed off by a Team Manager to ensure that the recommendation to step down is agreed, the report must be discussed with the family **5 days prior to the conference** and their consent sought to ongoing work. The Social Worker must also prepare a draft plan that will be considered at conference which will be confirmed at the Child in Need Meeting.

Where the RCPC determines that the child will be stepped down to CIN from a CP plan it is likely that all of the same agencies will retain their involvement with the family under Child in Need. A Child in need meeting date will be agreed at the conference and will take place **within 10 days of the Conference** where it was agreed to step down.

A new Child and Family Assessment is not always required at the point of stepping down as there would have been an assessment for the Child Protection Conference, however a refreshed assessment will be required **within 3 months** of the step down if they are to be stepped down further to Early Help or to Universal Services. The purpose of this is to demonstrate and evidence that the family are able to sustain the necessary changes.

Where children with disabilities are likely to be in receipt of services for a number of years the Child in Need Assessment **must be refreshed every 6 months**.

All assessments must be refreshed at least annually.

6.3 The assessment framework and contextual safeguarding

At the point of allocation, the Social Worker must prepare themselves for the assessment and consider how they will engage the family network in the process. The assessment is undertaken as part of the Framework for the Assessment of Children in Need and their Families under the Children Act 1989 and is known locally as the Child and Family Assessment.

Assessments should cover the domains set out in the diagram, including the Child's Developmental needs, Parenting Capacity and Family and Environmental Factors.

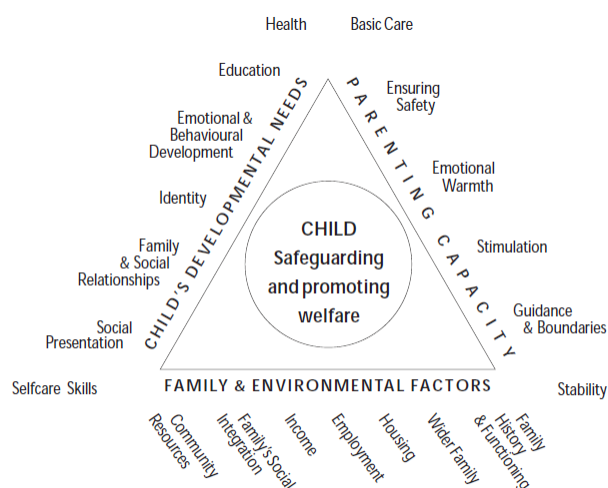
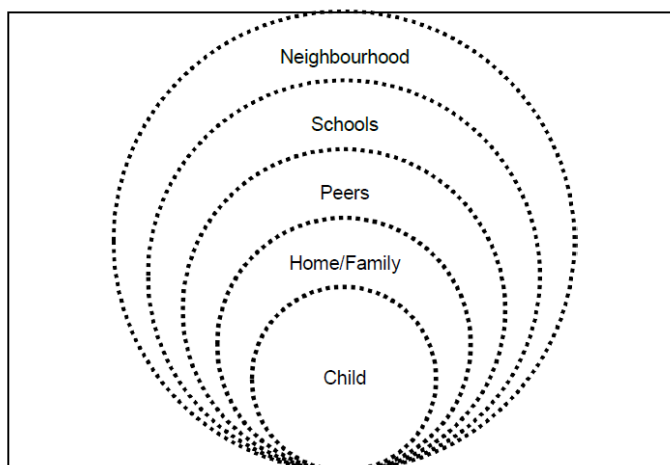


Figure 1 (Framework for the Assessment of Children in Need and their Families (DoH 2000))

In addition to the Framework for Assessment, Social Workers must be aware of the context for the child and family particularly when assessing teenagers as they can encounter abuse in the wider environment in which they are living.

“As individuals move from early childhood and into adolescence they spend increasing amounts of time socialising independently of their families. During this time the nature of young people’s schools and neighbourhoods, and the relationships that they form in these settings, inform the extent to which they encounter protection or abuse. Evidence shows that, for example: from robbery on public transport, sexual violence in parks and gang- related violence on streets, through to online bullying and harassment from school-based peers and abuse within their intimate relationships, young people encounter significant harm in a range of settings beyond their families.

Peer relationships are increasingly influential during adolescence, setting social norms which inform young people’s experiences, behaviours and choices and determine peer status. These relationships are, in turn, shaped by, and shape, the school, neighbourhood and online contexts in which they develop (Figure 1). So if young people socialise in safe and protective schools and community settings they will be supported to form safe and protective peer relationships.



*Contexts of Adolescent Safety and Vulnerability
(Firmin 2013:47)*

However, if they form friendships in contexts characterised by violence and/or harmful attitudes these relationships too may be anti-social, unsafe or promote problematic social norms as a means of navigating, or surviving in, those spaces.

Young people’s engagement in extra- familial contexts can also inform, and be informed by, what is happening in their homes. Therefore, when young people are exposed to violence or exploitation in their school, community or peer group this may fracture their family relationships and undermine the capacity of their parents/carers to keep them safe. “Likewise, if young people are exposed to harm within their families such as domestic or physical abuse this can impact their behaviour in extra-familial settings. They may learn/adopt harmful social norms which inform their peer relationships. Or young people in these situations may avoid their home altogether and spend time in street or community settings where they may experience criminality, violence and exploitation. Given this contextual nature of safety and vulnerability during adolescence, systems and services designed to keep young people safe need to engage with the dynamics at play in extra-familial, as well as familial, settings” **Contextual Safeguarding: An overview of the operational, strategic and conceptual framework, Firmin, 2017**

If the child or young person goes missing, the **Missing Procedures** must be followed and a **Risk Matrix** must be completed. A Young Person’s Safety Plan must be included in the Child in Need Plan. Support is available from the Contextual Safeguarding Hub in the form of Return Home Interviewers and support from experts in Criminal and Sexual Exploitation. Any new missing episodes should trigger an update of the **Risk Matrix**.

6.4 Previous history leading to the referral

Any assessment includes reviewing historical information and getting information from talking to other professionals involved (with parental consent) to get a rounded picture of the child's needs and the support needed for parents.

The referral information and any previous information recorded on the child or their family on Mosaic must be reviewed to understand the history and to inform the mapping. This is particularly important in instances of neglect or domestic abuse, in understanding the intervention that has or has not worked previously and what the approach will need to be going forward. This will assist the Social Worker in formulating their risk assessment (what are the risks we are worried about and what mitigating action needs to be undertaken by whom and by when), understanding complicating factors, identifying existing strengths, existing safety and the outcomes that will be considered with family and partners at the first CIN meeting.

If Early Help has previously been supporting the family, this should be clearly noted in the referral to assist the allocated Social Worker in understanding what support has previously been given to the family and who was involved. The Social Worker should read this history and references to previous intervention that are recorded on the child's chronology alongside the outcome of that intervention in order to understand what interventions have been offered previously and how successful those have been.

Once the Social Worker has reviewed the referral and read any history of involvement with the family, they should make contact with the family and **undertake a visit within 5 working days of the referral**, or if the concerns are assessed to be more urgent as directed by the Team Manager.

6.5 Meeting with the family

The Social Worker should introduce the service and their role at their first visit and clarify consent.

They will build on the details in the referral and the risk assessment provided by IRH / MASH. The assessing Social Worker will discuss what we are worried about and ascertain the strengths in the family which mitigate those worries and will review and further develop their understanding of the family and their context which will help in undertaking an analytical assessment and formulating a plan with the family.

If there is not a genogram already, this should be completed with the family and the Social Worker should explore what help is offered by people on the genogram and the nature of the relationship within that. The Social Worker should also establish who else frequents the home or who else the family visits regularly. Creating the genogram can be a good mechanism to engage well with the family and all family members can participate in the activity. It also helps to identify positive support structures within the family network and who can assist the family in delivering the desired outcomes for the child(ren).

6.6 Seeing the child

The child must be seen alone (in the home environment and additionally alone away from the home to undertake direct work) with the consent of the parent/carer and depending on the age and ability of the child, spoken to. Social workers should think about how they might understand a non-verbal child through their body language or behaviour around parents, carers and other people in the home. There may be

instances where children with disabilities cannot be seen alone but these should be the exception and agreed with the Team Manager.

The social worker should ensure that the areas identified in the referral are discussed using motivational interviewing questions and techniques during the visit, for example where neglect concerns are identified ensuring the child's bedroom is seen alongside the living areas, bathroom and kitchen.

The social worker should be inquisitive and ensure that they see and talk to any children on their own, noting their interactions with any other children or adults in the household. This is particularly important where there are safeguarding concerns.

Non-verbal children's reactions to their primary care givers can clearly demonstrate if they are anxious or frightened or whether they feel safe and comforted and it is important for the social worker to be aware of these cues.

There are various ways of communicating with children under the age of 5 or with disabilities which impact on their verbal communication. By observing the child playing with age appropriate toys, it is possible for the social worker to see the levels of stimulation that the child has been used to and the stage of development they are at. Where a child's disability impacts on their ability to communicate verbally, a range of other communication techniques can be used, as well as observing body language and facial expressions as cues. Social workers must use their skills with these children to identify whether or not they are thriving and whether or not they are safe.

6.7 Consultation and working with other agencies

It is necessary to recognise that other agencies working with families may be more familiar with the family's circumstances than the family have disclosed when meeting with the Social Worker. The relationships built with these agencies therefore is critical to getting a full picture of what life is like for the child living in that family, particularly where there is chronic neglect. Teachers, nursery assistants, GPs, health visitors, midwives etc. must, where relevant, be invited to discuss their understanding of the family situation including any patterns they may have observed with the children and any work they may have undertaken as lead professional previously (where applicable – depending on the age of the child, not all families will have had health visitor / midwife or nursery involvement in the previous few years). The medical record held by the GP is the only Health record to follow an individual throughout their lifetime. As such, particular consideration should be given to requesting Health information from the GP (with appropriate consent).

Working closely with partners in adult services such as mental health, drug and substance misuse agencies, domestic abuse, VAWG and others can also contribute to an holistic family plan which includes intervention for the parents which can break cycles of previously harmful behaviours.

6.8 Analysis of the Assessment

The analysis of the assessment is critical to determining what needs to happen next for the child, whether that is to step down to early help, to continue as a child in need or to step up to child protection.

A good assessment is focused on giving a good picture of the child and of what it is like to be a child in this family / this set of circumstances, it describes the context well in jargon free language and is underpinned by evidence.

The analysis therefore needs to give clarity about the seriousness of the situation. It will focus on the child's needs and whether those needs are being met and the likelihood of the situation improving or deteriorating without intervention (based on past behaviours and evidence from research). A hypothesis needs to be formed and explored.

Research in Practice gives practical advice to social work practitioners on writing **analytical assessments** and this should form part of their toolkit.

6.9 Recommendations and Decision Making

Social work intervention can begin and services can be provided as soon as a need is identified, without waiting for an assessment to be completed. In Assessment 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 Child in Need and this can be included in the plan. The **Family Information Directory** is a good resource for connecting families with community resources and the **Community Solutions Hub** is a resource for families affected by the cost-of-living crisis.

A summary of these interventions (plan and delivery) must be included in a management oversight with timescales, and in the Child and Family assessment. An assessment that includes this kind of short term and focused intervention should not last longer than 45 days.

Before the assessment can be completed, the Social Worker must make recommendations for action based on the analysis. Recommendations should be child focused, highlighting the changes in behaviours that will build family resilience and meet the child's needs and any services that can help to achieve this. The completed assessment must be shared with the family and, where support is required or still required, lead to a Child in Need plan.

Where the outcome of the assessment is to progress as Child in Need, a consultation discussion should take place with the receiving team prior to the Transfer Meeting.

The recommendations are shared with the manager who reviews the assessment, analysis and the recommendations and will either modify the recommendations or will approve them.

7. Child in Need Plans

All Child in Need Plans must be child centred, outcome focused, and clear about who is doing what and by when.

Actions arising from the assessment will be included in the CIN Plan with clear, realistic and achievable timescales and shared with the family, usually through a Child in Need meeting in which relevant professionals working alongside the family will contribute to the actions and agree the plan and timescales.

A Child in Need Plan may be initiated in one of the following circumstances:

- The child and family have received early help support but now require more formal support via a Child in Need plan ("Step-Up");

- Following referral and assessment, on the decision of the Team Manager that the child is in need and will require ongoing services from one or more LBL partner agencies, coordinated by the local authority (Children Act S.17(10)(a) or (b));
- A Child Protection Plan has ceased and the child protection conference has agreed a Child in Need plan (“Step-Down”);
- Where (s47) Child Protection enquiries have not resulted in a conference and/or a child protection plan, but the child and family’s need for support has been identified by professionals, and agreed by the family.
- The child was previously looked after and the final statutory review of the child’s case set out an agreed Child in Need plan, or, a Child in Need plan is agreed after the child ceases to be looked after (“Step-Down”);
- The child has become the subject of a Supervision Order or Family Assistance Order; or responsibility for an existing Supervision Order or Family Assistance Order has been newly transferred to Lambeth by the decision of a Court or formal agreement between the authorities. These children may not be allocated to an Early Help Practitioner. Multi-agency meetings may not always be required;
- The child has moved into Lambeth and was subject to a formal Child in Need plan in the previous local authority and those needs are ongoing;
- The child and their family are destitute as a result of having no recourse to public funds and/or are street homeless and therefore ‘in need’ (see Section 11 No Recourse To Public Funds) Multi-agency meetings may not always be required;
- The child is disabled (Children Act S.17(10)(c)), aged under 18;
- For children who are young carers where additional support needs are identified that are not covered by the young carer’s assessment
- A court has requested a “Welfare Report” from the local authority (Children Act S.7 private law proceedings) or a report on an investigation of the child’s circumstances and the need for a care order or supervision order (S.37). Multi-agency meetings may not always be required;

The purpose of the Child in Need Plan is to provide support and or services in such a way that enhances the ability of parents to meet and sustain the developmental needs of their child.

All Child in Need Plans will include:

- Identification and engagement with the wider family network to support change and build family resilience to meet the children’s needs;
- Appropriate involvement / attendance of community support services to support the plan;
- Direct work with each child to ensure their voice is heard and they can participate appropriately in the planning.

All plans should be developed collaboratively with the child, family and partners building on existing safety and strengths and describing what the family and their

support network need to do every day to make and sustain changes in order to safely care for the children.

The plan itself must be **SMART**. That is, **S**pecific, **M**easurable, **A**chievable, **R**ealistic and **T**imely. This means that the actions in the plan must not be used arbitrarily, and must be linked to the specific worries and concerns. The actions must be achievable within the timescales agreed and realistic behavioural goals for the family aimed at ensuring the child is safe and their needs are met. Equally, there should not be too many actions for the family to achieve.

Where resources are to be provided by Children's Social Care or by a community-based agency, this must be secured promptly to enable the family to achieve the desired outcomes as quickly as possible.

If Child Protection (s47) enquiries arise resulting in a CP plan the CIN plan must be used to inform the Child Protection Plan and attendees from the Child in Need meeting must be invited to participate in the Child Protection Conference. Other professionals involved with the family under child in need must also be invited to the Child Protection Conference.

Where there are concerns relating to contextual harm, a young person's Risk Matrix must be completed and a young person's safety plan included in the CIN plan.

8. Services available under s17

Where a Social Worker is working with a family under s17 of the Children Act 1989, there are a number of resources available that can be accessed to support the family.

The first type of support that should be explored is the wider family and friends as there may be someone within the network who can support the family to improve outcomes for the children.

Universal Support in the community should always be considered where families are not already using it and includes universal health provision, early years support and children's centres. This can be accessed by the family themselves and details should be given to all families about how to find the right service for them through the Lambeth **Family Information Directory** or the **Community Solutions Hub**.

Additional and intensive support is available through partner agencies and usually requires a referral from the lead professional (in the case of children in need, this would be a Social Worker). Partner agencies who are invited to the Child in Need review meetings should be able to advise on the support they can offer to families to support with specific issues.

Support which is for specialist needs usually requires a referral from a Social Worker including referrals to CAMHS, bespoke parenting assessments etc.

The social work should include in the plan the interventions that they intend to undertake alongside the family. Plans can tend to be focused on referrals to other agencies but if CIN visits are planned, intentional and rooted in our practice model – interventions can support sustained change in the family resulting in less drift. The expectation of a good CIN plan is not only to link in other services, but also to outline and review the focus on interventions by the social worker. This will create a more purposeful and more robust plan.

9. Child in Need Meetings

Once a child has been assessed as “in need” a Multi-Agency Child in Need Planning Meeting will be arranged to agree the contents of the Child in Need Plan and set out the support required from the various professionals to meet the child's needs.

The child's Social Worker/practitioner is responsible for convening the meeting and arranging invitations.

The Planning Meeting provides an opportunity for a child and their parents/carers, together with key agencies, to identify and agree the package of services required and to develop the Child in Need Plan. Professionals at the meeting need to clearly explain the parents' individual responsibilities in terms of meeting the Plan's targets, and the expectations in relation to their co-operation and behaviour.

9.1 Attendees

Child in Need Planning Meetings should be attended by the child (depending on age and understanding), parents/carers, other family members / support network as appropriate, and those agencies whose potential/actual contribution is recommended as an outcome of an assessment. If the child does not wish to attend or it is not considered appropriate, the reasons for this should be recorded.

The Social Worker must ensure that the child's views are given to the meeting (Children Act Section 17(4) (a) and (b)) and in a format acceptable to the child e.g. drawing, written, verbal. If the child is the subject of Private Law Proceedings, the Children's Guardian must be invited, and copies of minutes and plans distributed to him/her.

The child's Social Worker should discuss potential attendees for the Planning Meeting with the child and the parents/carers prior to arrangements being made for the meeting. It will be important that an appropriate venue suitable for the child and his or her family are used for the meeting. Consideration must be given to transport, timing and any child care issues. Where a child is attending a meeting and is of school age the meeting should wherever possible be held outside of school time.

Attendance by partner agencies at CIN meetings is highly important to ensure all agencies involved are clear about why, where, when and how their contributions impact on the ability of partner agencies to provide support and manage risks for the child. All professionals, family and parents need to be clear what the CIN plan states and then any further CIN meetings will review the actions set to ensure progress against the plan, and to update the CIN plan to ensure the identified needs are addressed. Attendance will reduce the risk of misinformation and miscommunication when making decisions. Where possible the professional involved, or a colleague who knows the child should attend. The agency should otherwise submit a report for the meeting and check the minutes for accuracy. As noted in 6.7, the GP record is likely to be the most comprehensive Health record, so information from the GP should be routinely requested in advance of CIN meetings.

9.2 Chairing

The CIN meeting will be arranged by the Social Worker and chaired by the Team Manager from the Team which has carried out the most recent assessment (most often the Assessment Team) or a CIN Reviewer from the receiving team. The Team Manager will review and authorize the minutes and the CIN Plan including

timescales for visiting and reviews. This meeting can be used to handover the family to a Social Worker from Family Safeguarding and Child Protection Service (FSCP) where longer term work is indicated, and/or to engage other professionals.

Subsequent reviews will be chaired by the Social Worker, however if there are particular difficult or contentious issues, the Social Worker must seek advice from the Team Manager.

Team Managers (or their equivalent) must chair CIN review meetings that meet certain criteria:

- where a child is aged under 3 and has had a CIN plan for over 6 months;
- where children have been on a Child Protection plan and have stepped down to a Child in Need plan, and have been on this plan for more than 6 months.

Reports for the meeting should be sent out and shared with the family at least **5 working days prior to the meeting**.

A summary note of the discussion and decisions of the Child in Need Planning meeting will be taken by the Chair, using the relevant **Mosaic** Child in Need planning forms (there is no need for separate minutes). The chair can arrange for a note taker to accompany them. The Mosaic forms must be signed off by the Chair and the family as soon as possible, and distributed to all participants within 5 working days. The chair should consider whether the parents or child need help to understand the completed form (e.g. translation of information or other communication needs – see also **Non-Placement Brokerage process**).

The Chair of the Child in Need Planning Meeting is responsible for the initial Child in Need Plan and its distribution. A copy of the Child in Need Plan should be provided to the parents, child (depending on age and understanding) and the agencies or other professionals involved in the provision of services under the Plan, and the Children's Guardian if the child is subject of Private Law Proceedings.

The first Child in Need meeting is often critical and extra attention needs to be paid to developing a realistic and achievable plan for the child and the family as a base for intervention. A date for further review meetings must be agreed. The family should be encouraged to invite members of their family and support network who can contribute to the plan.

The frequency of the meetings needs to be led by the specific needs of the child, however in the early stages of intervention more frequent meetings are likely to be needed to develop a plan and to subsequently review and revise the plan in accordance with the worries/strengths.

When new incidents occur or new information comes to light, it is important to consider getting the family network to meet to ensure that all involved are made aware of the information and can co-create, monitor and refine a plan that addresses the worries held.

One of the most important aspects of involving an informed naturally connected network around the family is that this breaks the secrecy and shame that typically surrounds situation of where statutory services are involved with families. With the network in one room, the professional role is to ask the parents and network to come up with their best thinking about how to show everybody that the children will be safe and well cared for.

This is an evolving conversation as the professionals constantly deepen the parents thinking, using questions that bring forward all the issues the professionals might see in play, at the same time exploring the challenges the parents and network foresee. Throughout this process the parents and their network should be asked for every idea they have about how these issues can be addressed and what rules need to be in place to achieve this. It is important that professionals break the habit of trying to solve issues themselves and instead explain their concerns openly and see what the parents can suggest.

At the first meeting, the reasons and timeframe for intervention should be set and agreed by the family.

It should be clear about the frequency of social work visits will be **at least every 4 weeks**. Some child in need plans might be quite intensive, with visits every week or every fortnight. For example, Edge of Care packages intended to keep a child at home, or return a child home after a short (respite) period being accommodated.

The review notes will be entered into the CIN Review Meeting minutes on Mosaic. Notes of the decisions made at the review will be circulated to all who attended.

Where a parent or carer or young person has been identified as having specific learning difficulties or mental health needs they should be asked if they would like to be supported by an advocate.

Where English is not the first language of one or more of the family members attending, they should be asked if they want an **interpreter**.

Similarly where parents or children have communication or sensory difficulties, thought should be given to enable their participation in the review (particularly ensuring rooms that are noise free (no noisy clocks or air conditioning or noises outside the room that would be distracting or frightening) and where there is good lighting (e.g. no flickering bulbs)).

9.3 Frequency of Review Meetings

The frequency of Child in Need Review meetings will depend on the level of support and services that have been identified to meet need. However, the first review meeting should be held within **10 working days** of the assessment being completed and then usually every **3 months (12 weeks)** unless it's a long term intervention such as reviewing a care package for children with disabilities in which case reviews should take place at intervals no longer than 3 monthly.

Children who have been identified as at some level of risk and/or needing a higher level of support and services may need to be reviewed more often than those who require a minimum level of intervention.

Dates for review meetings will be set at the beginning of the intervention with the family so that everyone knows when the meetings will be. These will be included in the CIN Plan.

9.4 Format of the Meeting

A CIN plan is reviewed by meeting with the family and any key professionals (e.g. Teacher, Health Visitor) to discuss and record what has been achieved, what has gone well and not so well, and what, if anything still needs to be done. The review should listen to and record child and family feedback about the impact the intervention or service has made. In preparing for a review, the Social Worker should revisit the most recent Child and Family assessment and the work since the last

review meeting to review the existing CIN plan and update it where necessary for consideration at the meeting.

Every review should use a strengths-based approach by asking everyone to state what they think has gone well, what worries or concerns they still have and what, if anything, still needs to be achieved. All the participants at the review meeting should be asked to make a judgement about the progress of the plan. Families should be asked where they want the review to be held. Reviews can take place in the family home, but most will be in local community settings such as Schools or Children's Centres.

If the case has come to FSCP from an Assessment team, the CAT team Social Worker must attend and present their findings to the family and professional participants at the initial meeting. Subsequent meetings will be chaired and minuted by the allocated FSCP Social Worker.

Wherever possible, when there has been a step down from Child Protection, the same Social Worker will continue working with the family.

If the Child and Family assessment is more than 6 months old or there have been significant changes, then the Social Worker (and their manager) should consider a new Child and Family Assessment report as preparation for the CIN Review meeting. The Team Manager must review all CIN cases that have been open for 6 months or more (this is particularly the case for any transfers in from another local authority). Each review should lead to an up-dating of the CIN plan, unless the review concludes that the plan can end.

Review meetings should be fairly informal. The intention is to give space for all present to voice their views and be listened to.

Children in need should not usually be stepped down to Early Help until the CIN plan has been implemented for at least three months.

10. Ceasing Child in Need Plans

A Child in Need Plan can cease in one of the following circumstances:

- On the decision by a CiN Review Meeting to cease the plan because the child is no longer a child who is in need of services (as defined in Section 17(10)) ("Step Down");
- On the decision of an Initial Child Protection Conference that the child is subject to a child protection plan ("Step Up");
- The child has become looked after;
- On the expiry or revocation (or transfer on the decision of the Court to another local authority) of the Supervision Order or Family Assistance by virtue of which the child was subject to a plan (but where there are unmet needs a CiN Review Meeting can decide to maintain the CiN plan beyond the expiry of the statutory order);
- The child has ceased to live in Lambeth and the local authority in which they are living has been informed in writing of the Child in Need Plan and provided with a copy and a copy of the notes of any CiN review meetings (see **Pan-London Procedures – Children moving across local authority boundaries**);
- The child has moved permanently outside England and Wales;

- The child's has had their 18th birthday;
- The child has died.

In most instances Child in Need plans should end following a meeting with the family where it is agreed that the objectives of the plan have been met and the plan and social work intervention can be ended. However, there may be occasions where concerns have escalated resulting in a decision to escalate to a CP Conference.

When the plan ends, all those involved should be informed in writing that the plan has ended and the reasons why and where a new practitioner is to be allocated, their name and contact details (if the new practitioner has not been identified, the Team Manager's name and contact details must be given so that the family know who to contact if necessary).

When the outcomes are achieved and Children's Services involvement with the family ends, the case summary and chronology of significant events, as well as all case recording, must be completed, up to date and quality assured by the Team Manager. The record should evaluate the success and impact of the CIN plan, including the views of the child and parents on how helpful the social work intervention was to them. Child and parent views should be recorded as a case note and referenced in the closure summary.

It is important to adhere to the **Transfer Protocol** to support step down arrangements and on-going support at the appropriate level.

11. Families with No Recourse to Public Funds (NRPF)

Note: This section only applies when the sole identified need for support is for the provision of subsistence and/or accommodation. See also NRPF Policy – to follow

A Child & Family Assessment alongside a Human Rights Assessment may identify that the only necessary support is the provision of subsistence and/or accommodation by Children's Services by means of a Child in Need Plan. These families may be held by a Children's Practitioner, who will:

- Contact the Home Office every four weeks to confirm the family's immigration status and enquire about any decisions regarding their application(s);
- Complete checks every four weeks with the family and their accommodation provider to ensure the family are still using the support provided and for quality control purposes;
- A CIN plan will identify the support being offered to the family.

12. Recording

Mosaic is the recording system for Child in Need and will be updated reflecting the plan, intervention and review, including robust management oversight and supervision. Social workers and family support workers must record evidence of their direct work with families by uploading to Mosaic. All children receiving a child in need service will remain open on Mosaic until the intervention has come to an end (and agreed by a Team Manager).

If the outcome of the assessment is to offer a Child in Need Plan, the record of assessment should say clearly that the child meets the eligibility criteria for Child in Need Services.

Services may be provided to the child and/or their family by other agencies under s17. The Social Worker retains lead responsibility and must ensure that the services are meeting the needs of the child and securing the desired outcomes. The Social Worker does not end their involvement until the plan has been completed or a new Social Worker allocated (where it is stepped up, where the previous worker has left the organisation or where the Team Manager has re-allocated the lead Social Worker).

13. Timescales

The child **must** be seen within **5 working days** of the referral depending on assessed risks and needs and a record of the initial visit, together with a brief analysis of the immediate needs of the child (and whether they meet the criteria for Child in Need services) and a plan for next steps with a management oversight **must** be recorded on Mosaic within **48 hours** of the visit.

The assessing Social Worker's Team Manager (or equivalent) will provide the management oversight to decide the direction of the case, usually on or before **day 10**. This will be included on Mosaic as a Management Oversight Case Note or a Supervision Case Note and will propose that the assessment and intervention continues as child in need, that it escalates to include s47 child protection enquiries, or that it is closed (where it is to close, consideration must be given as to whether the family would benefit from Early Help. If this is the case, a 'step-down conversation' will take place with Early Help and a plan will be agreed (see also **Transfer Protocol**). The management oversight will also determine whether the assessment must be completed sooner than the 45 day deadline. Many assessments where families are engaged and co-operative will be completed within 20 working days.

Where the needs of the family require intervention as a child in need, the Child in Need Meeting must be set up within 45 days from the referral date and will often be sooner than this but should not be any later than this without a clear management oversight recording the reasons why. The Child in Need Plan must be developed and agreed within **10 working days** of the completion of the Child and Family Assessment.

The expectation is that the Social Worker will meet with the child **at least once every 4 weeks** (or more frequently if there is a greater perceived risk) and observe his/her interaction with their family. Sometimes, it is appropriate to have less frequent visiting for disabled children with stable packages of care although this will be clarified with a recorded management oversight.

Reviews will take place at least **3 monthly** (every 12 weeks).

14. Stepping up and down

Stepping down from a Child Protection plan to a Child in Need plan will usually be made at an Initial or Review Child Protection conference. The lead professional who will assume case responsibility will normally be identified from the practitioners at the Core Group meetings. Where it is stepping down to Child in Need a Social Worker from the Child in Need team must attend the review conference and handover will take place.

Stepping down will also take place when the desired outcomes of services provided under the Child in Need Plan have been achieved. With input from partner agencies it is determined that the needs of the child are no longer at the level that requires Child in Need services.

If appropriate, a new lead professional will be appointed and other professionals may continue to offer services to the family under an Early Help plan (see **Transfer Protocol** for more details). The case will then be closed to Children's Social Care. This decision will usually be made at a Child in Need Review meeting and ratified by the Team Manager.

Stepping up to an Initial Child Protection Conference (ICPC) to consider making the child(ren) subject to a Child Protection Plan may sometimes be necessary following a period of family support using a Child in Need Plan.

If it is apparent that the identified outcomes have not been achieved, and the Social Worker and his/her manager consider the children are at risk of significant harm then they must convene a Strategy Discussion Meeting to share their concerns with Police and Health colleagues (at least) and consider the next steps, which may lead to an ICPC.

If there is a difference of opinion between agencies as to whether the case should be stepped up or down then the reasons for the dissension should be recorded and the reason for the decision arrived at by the Social Worker and his/her manager fully recorded with specific reference to the updated assessment of the needs of the child.

Stepping up and stepping down decisions are made by the Children's Social Work team.

Not having capacity within the team must not be used as a reason for not accepting the transfer of a case from the Assessment Service or from CP and Court Proceedings teams. Cases being transferred must have an up-to-date Case Summary and Chronology.

More information on transferring children can be found in the **Transfer Protocol**.

15. Quality Assurance

Child in Need performance reports are available on Power BI and Team Managers and Service Managers (or their equivalent) are expected to review the performance on a weekly basis to ensure that visits and plans are up to date in their areas.

Management oversight and case work supervision will be evidenced through monthly performance reporting.

16. Appendix 2: Resources

Research in Practice: Analysis and Critical Thinking in Assessment

Research in Practice: Communicating effectively with children under five

Lambeth Family Information Service

Lambeth Safeguarding Children Partnership

Voice of the Child

A Child's World