**Children in Need Procedure**

1. **Introduction**
	1. **What is Child in Need**

Section 17 of the Children Act 1989 imposes a general duty on Local Authorities to Safeguard and Promote the Welfare of Children who are ‘in need’ and to promote the upbringing of such children by their families by providing a range and level of services appropriate to those children’s needs. Other agencies have a duty to co-operate with Social Care in carrying out their duty to assess the needs of children and to provide services as necessary.

This child-centred approach is fundamental to safeguarding and promoting the welfare of every child. A child centred approach means keeping the child in focus when making decisions about their lives and working in partnership with them and their families.

The Children Act 1989 defines a Child in Need as 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.*
* *He/she is disabled.*

(Section 17(10), Children Act 1989)

To determine whether a child is 'in need' according to the above definition a Single Assessment will need to be carried out by a qualified social worker. This assessment should be very clear in the analysis as to what the potential implications for the child are, both the short term and the long term, if their identified needs are not met. This analysis will support further decision making should services offered be refused.

Parents agreement to any social work intervention or to services for their child is necessary. Young people of an age of understanding, particularly those aged 16 or over should be asked for their consent as well.

**If consent is refused - please see Section 2.2 for additional guidance.**

* 1. **Principles of the Child in Need Procedure**

This procedure should be used in conjunction with the current Practice Standards, and with Supporting Families Enhancing Futures, Wirral’s Practice Framework (SFEF evidence base includes the Assessment Framework (2000). Underpinning the delivery of services to vulnerable children / young people and their families these are principles designed to ensure that the family receive a fair, effective, and appropriate response:

* The child/young person's needs must come first;
* Understanding the lived experience of the child and parent or carer will help inform assessment, planning and reviews in relation to what needs are or are not being met for the child;
* Any planning or intervention is underpinned by an assessment following SFEF (Early Help Assessment Tool EHAT Level 3, Single Assessment Level 4);
* The family should always be present at a Child in Need meeting;
* Practice must be excellent and consistent;
* Policies and procedures are correctly followed;
* Families are offered an equitable service;
* The welfare of the child/ young person is everyone's responsibility;
* All organisations must work together in partnership using the SFEF Practice Framework.

Children in Need of support and protection are the responsibility of all agencies in Wirral who work with children under the Children Act 1989 and Children Act 2004 with each agency delivering different elements of service to meet the needs of children and families. All services must be provided with a view to safeguarding or promoting the child's welfare.

See [*North West Children in Need Moving Across Local Authority Boundaries*](https://wirralchildcare.proceduresonline.com/files/nw_cpp_la_boundaries.pdf)*.*

* 1. **Thresholds of Need**

Wirral has agreed levels and thresholds of need that define the criteria for accessing preventative and protective services. The levels are illustrated in the Wirral Continuum of Need and level descriptors can be accessed by following the links below:

[*Level One - Universal Services*](https://wirralchildcare.proceduresonline.com/t_threshold_cin_level_1.html)

[*Level Two - Preventative Services - Single Service Response*](https://wirralchildcare.proceduresonline.com/t_threshold_cin_level_2.html)

[*Level Three - Preventative Services - Multi Agency Response*](https://wirralchildcare.proceduresonline.com/t_threshold_cin_level_3.html)

[*Level Four - Children at Risk of Significant Harm or Being Removed from Home*](https://wirralchildcare.proceduresonline.com/t_threshold_cin_level_4.html)

1. **Working with a Child in Need**
	1. **Consent and Information Sharing**

Article 8 of the Human Rights Act 1998 states that everyone has the right to respect for their private and family life, their home and their correspondence. Workers who have access to information about children and families must therefore treat any information confidentially. This article applies to children who are classified as in need of support under Section 17 Children Act 1989. The consent of parents and young people of sufficient age and understanding is therefore required for agencies to share information or to hold a Child in Need meeting. It is accepted that in some police interventions it will not always be possible to obtain written consent before making a referral.

Consent will be obtained by agencies at the earliest opportunity and professionals in Wirral will make families aware that in order to provide appropriate services, agencies need to share information about the needs of the families. In obtaining consent parents, carers and young people should be given an explanation about the issues/concerns the agency has and information about the duties and responsibilities of agencies towards children in need of support or protection.

Consent is also required from the young person of age of understanding, particularly those aged 16 or 17.

* 1. **Withheld Consent**

A child ‘in need’ is one where the Local Authority have completed an assessment which concludes that they would benefit from support and they meet the definition of a Child in Need as set out by the Children Act 1989. If parents or a young person of age of understanding, (particularly those aged 16 or 17) refuse the support offered under the proposed plan there will need to be further consideration as to the potential impact upon the child. In the first instance discussions should take place with the parents and young person regarding their concerns and reasons for refusal, in order to try and provide reassurance/further clarification. If a suitable alternative source of support is proposed by the parent or young person that will adequately meet the identified need, this should be given due consideration. The Social Worker, in conjunction with other agencies involved, will need to identify how this will be monitored and further discussed with Children’s Social Care if this intervention is either not subsequently sourced, or ceases prior to the desired outcome being achieved.

If there is no suitable alternative support identified and consent to provide services under S.17 is refused, the Social Worker and Team Manager will need to hold a reflective case discussion and consider the impact for the child - both in the short term and the long term. The analysis within the assessment should have set out the implications of not receiving the support identified and the focus should be on will this benefit the child or is it a need. If the child would benefit from the support but the impact of not receiving this support will not be significant, then the refusal has to be accepted and recorded properly by the Social Worker/Team Manager. If it is a need and “*their health or development is likely to be significantly impaired, or further impaired without the provision for him/her of such services”* then consideration should be given to undertaking an assessment under S.47. Decisions should be clearly recorded on the child’s file including the analysis behind the decision.

* 1. **Child in Need Meetings**

Once a Single Assessment has been completed, or the case has been referred from an active TAF case, the Social Worker should draw up a Child in Need Plan on Liquidlogic. This should be done in conjunction with the child and their parents/carers. (N.B. If there is a recent TAF plan, best practice would be for the TAF Plan to be built upon to reduce the need for the child and family repeating information as well as ensuring continuity between the levels of need and risk enabling a seamless transition and reducing delay in care planning for intervention and support. TAF plans are written according to the same SFEF headings as CIN, CP and CLA).

The Plan can be finalised during a multi-agency Child in Need Planning meeting, which should be convened by the Social Worker within 15 working days of the agreement that a CIN plan is needed. The Social Worker should chair the meeting. The Social Worker should discuss potential attendees for the planning meeting with the child/ young person and family prior to invitations being sent out.

The following parties should attend the planning meeting:

* The child/young person (subject to age and understanding);
* Parents/carers;
* Other appropriate family members;
* Advocates (where appropriate);
* Representatives from the child's nursery or school/ college;
* The midwife (if unborn) or health visitor (if under 5) or school nurse;
* Other agencies identified as important during the Single Assessment process e.g. youth offending service, substance misuse workers, housing, adult mental health staff, etc.

Parents and children will be fully informed and supported to participate in Children in Need meetings and services and their views and wishes will help inform the plan. Unless there are very exceptional circumstances, meetings should not take place without the consent of parents and children of sufficient age and understanding.

For all Child in Need meetings the Social Worker will act as Lead Professional and will arrange the invitations and the venue and will be responsible for chairing the meeting and ensuring that relevant information is circulated beforehand. The Social Worker will ensure that copies of the Child in Need Plan agreed at the meeting and minutes of the meeting are circulated afterwards (usually within 14 days of the meeting). If requested by the Social Worker agencies should agree to record minutes for the meeting. Agencies are responsible for accurately recording their agreed actions. If the Social Worker is not available to chair the meeting for unforeseen circumstances another professional from the group may be asked to chair in order to prevent cancellation. If a professional cannot attend a Child in Need meeting they should provide an update to the Social Worker in a report to be shared at the meeting.

The chair of the meeting should ensure that every identified need or risk for the child in Amber within the plan, has a clear identified outcome of what needs to improve as well as what will be done to support the child and family to make the changes and by which professional. A date must be identified for the action to be completed by. Tasks need to have clear child focused outcomes identified that are appropriately delegated and time limited. The daily lived experience of the child and parent/carer is to be presented and the meeting should clearly identify the child’s/young person’s and the parent’s /carer’s needs and strengths as well as their views and feelings which should be recorded in the minutes and form part of agreed plans and actions.

At each review meeting, progress against the action points of the Child in Need Plan will be monitored in terms of the outcomes achieved and if an Amber can be moved to a Green when change has been maintained for a period of time. Meetings will include an assessment of risk. The meeting will agree any modifications needed to the Plan and will set the date for the next review meeting. When the Review concludes that the outcomes specified in the Plan have been achieved or that threshold for level 4 is no longer met consideration will be given to step down to level 3 TAF. (See Section 3 for step down to TAF)

If a Child in Need Plan fails to bring about significant positive change in a child's circumstances or a risk is identified as being Red the professionals involved should discuss convening a Child Protection Case Conference.

* 1. **Assessment of Risk Factors in the Child in Need Process**

All interventions, assessments and plans constructed to improve outcomes for children and young people are all ultimately designed to prevent the child from suffering significant harm. Within these safeguarding processes there is an unavoidable element of risk and interventions are put in place to minimise these as far as possible.

For complex Child in Need cases professionals from agencies attending the Child in Need meetings should be prepared to discuss their concerns and provide an evidence base for each one, especially if they believe a situation is deteriorating. For example, concerns about missed appointments should specify how many have been missed in a particular timeframe, and concerns about school absence should quantify the absence rate and compare it to previous rates. The impact of each concern for the child must be considered. In these complex cases, the appropriate interventions put in place to prevent the risk escalating will be reflected in the Child in Need Plan.

Within the Child in Need meetings the model of Supporting Families Enhancing Futures (SFEF) should be used to ensure strengths are recognised.

Following the Supporting Families Enhancing Futures Practice Framework, Child in Need meetings will consider: What is going well for the child? What are we worried about? What needs to change/ what does good look like for the child? And who will do what to support change and by when?

The daily lived experience of the child and their parent(s) will also be shared and considered.

The meetings also provide a good opportunity for professionals to record what may be low level emerging risks which can be monitored in subsequent meetings and lead to appropriate interventions. In this context risks may not be concerns seen as particularly harmful in isolation, such as a missed dental appointment, but could escalate over time or when combined with other concerns. It will be agreed if emerging risks should be added to the Ambers to enable monitoring of the situation and impact for the child if things do not improve.

* 1. **Chairing a Child in Need Meeting**

To ensure a successful meeting the Chair should:

* Facilitate the exchange of information and the inclusion of all those attending the meeting following SFEF: What is going well for the child? What are we worried about? What needs to change and who will do what to support the family to make changes with clear time scales identified;
* Facilitate the participation of parents, carers, children and young people, whether or not they attend including presenting the lived experience of the child and parent/ carer;
* Ensure the meeting follows the agenda and that the meeting keeps to time;
* Help members to interpret the information and focus on the relevant issues;
* Manage any conflict and facilitate discussion of opposing views;
* Encourage clear, jargon free communication and challenge the evidential base of any judgements given;
* Summarise regularly to ensure all involved are aware of what is happening. The chair should have an understanding of Child in Need issues and knowledge of the child protection procedures.

It is the primary role of the Chair to ensure the meeting is managed safely and effectively and that the focus remains on the child's safety and welfare. The impact of concern and risk for the child must be considered at all times.

* 1. **Meeting Agenda**

The agenda to follow SFEF i.e. Update on progress of actions for each concern identified as Amber in the plan, recording what has or has not been completed and the impact for the child accordingly. When change has been maintained the core group will agree when an Amber can moved to a Green.

NB: The plans and CIN minutes are currently being reviewed and updated; this work is being led by the Practice Improvement Team with a group of mangers, IRO’s and frontline Social Workers. Following approval, the updates will include an additional column on the Child in Need plan (and CP and CLA plans) where the updates will be recorded against each Amber; this update will be the minutes for the meeting. Three additional boxes have been created under the plan where the following will be recorded:

1. Significant events

2. Any new concerns/ risks identified (will be copy and pasted into the first column to add to the Ambers in the updated Child in Need plan)

3. Agreed action going forward to update the Child in Need plan (will be copy and pasted into the third column of the updated plan)

* Agenda for CIN meeting:
* Introductions
* Meeting ground rules
* Update from family and professionals for the tasks identified for each of the Ambers and the impact for the child if a task has or has not been completed to be considered.
	1. **The Child in Need Plan**

The Child in Need Meeting will agree a multi-agency Child in Need Plan to meet the child and family's assessed needs that clearly states:

* What the concerns are (Amber)
* The overall objectives of the plan i.e. what needs to change for the child;
* The services to be provided and what their purpose is;
* Responsibilities for each aspect of the plan;
* The Lead Professional (Social Worker) with overall responsibility for the plan who will coordinate the plan, arrange meetings, monitor progress and arrange reviews;
* The timescales for provision to be specific;
* Review arrangements.
* The plan will be updated on Liquidlogic and circulated within 10 working days of the meeting.
	1. **Family Participation in Meetings**

The family and, if appropriate, the child/young person should attend all Child in Need eetings and their views should be considered and recorded. If parents or carers do not attend the meeting a record of the meeting should be given to them. Attendance at Child in Need meetings by the child should always be encouraged and timings should avoid the school day for children of school age. Crèche facilities need to be considered where necessary.

Consideration should also be given to the date/time and location of the meeting, particularly if the family are likely to have transport difficulties, work or other commitments.

If English is not the first language spoken by the family, then arrangements for an interpreter should be made and issues of access for people with disabilities should be addressed. Where meetings fall around the time of religious festivals and times of particular religious observances which are undertaken by the family, particular consideration may need to be made to hold meetings at a time and venue suitable for the family to ensure their involvement.

* 1. **Cancelling Child in Need Meetings**

It may be necessary, under exceptional circumstances, for meetings to be cancelled. If it is unavoidable the Social Worker must let the family and all agencies know with as much notice as possible. An up-to-date contact list for their meetings including phone and email addresses need to be included in the child’s case summary. Following the cancellation of a meeting the Social Worker must arrange a new meeting as soon as possible.

**2.10 Non-Engagement by Family**

When working with a family who is known, or discovered to be uncooperative, Social Workers and Practitioners should make every effort to understand why a family may be uncooperative or hostile. Consider the parent’s previous experiences of trauma and of involvement with services to inform the way in which they are supported to engage. This entails considering all available information, including whether previous assessments such as an EHAT has been completed and if so whether the family co-operated with the TAF Lead Professional.

***See the Frontline Briefing from Research in Practice for further information:***

<https://www.researchinpractice.org.uk/children/publications/2020/february/reconceptualising-parental-non-engagement-in-child-protection-frontline-briefing-2020/>

Professionals should seek expert help and advice in gaining a better understanding, when there is a possibility that cultural factors are making a family resistant to having professionals involved. Professionals should be:

* Aware of dates of the key religious events and customs;
* Aware of the cultural implications of gender;
* Acknowledge cultural sensitivities and taboos e.g. dress codes.

Professionals need to ensure that parents understand what is required of them and the consequences of not fulfilling these requirements. Professionals must consider whether:

* A parent has a low level of literacy, and needs verbal rather than written communication;
* A parent needs translation and interpretation of all or some communications into their own language;
* It would be helpful to a parent to end each contact with a summary of what the purpose has been, what has been done, what is required by whom and by when;
* The parent is aware that relevant information/verbal exchange is recorded and that they can access written records about them.

**2.11 Visits**

Visits to children subject to a Child in Need plan must be visited at least every 20 working days. The child must be seen and spoken to alone and observations recorded. Visits should include the following:

* Purpose of Visit (e.g. visit in line with current plan to monitor child’s progress and well-being)
* Child's Comments (e.g. any complaints/requests/comments made)
* Childs Welfare (e.g. Childs happiness/appearance/mood/behaviour)
* Parent's Comments (e.g. any requests/comments made)
* Report of Visit Progress of CIN Plan including Headings below:
	+ Health: (e.g. any health/development concerns/injuries/hospital or GP contacts)
	+ Education: (e.g. any school issues/care arrangements if not in school)
* Standard of Care & Support Networks (e.g. physical standards/emotional care/quality of interactions/help received, has the child's bedroom been seen?)
* Analysis of visit & Actions
1. **De-escalating a Case from Child in Need to Team Around the Family**

The decision to step down a case from Children's Social Care to level 3, Team Around the Family (TAF) should be a multi-agency decision, where relevant agencies agree that this is the most appropriate course of action. The Social Worker, having discussed the case with their line manager, should arrange a final Child in Need meeting. At the meeting, the Social Worker should seek agreement of partners to close the case to Children's Social Care, identify a Lead Professional for the TAF intervention and secure consent of the family for the level 3 service. If a service from Family Matters is required, the Social Worker should first agree this with a Manager from the Family Matters service prior to stepping down.

The step down will be completed within the Liquidlogic system within 5 working days (see link to guidance below).

In these cases the Lead Professional will not be required to complete an Early Help Assessment Tool (EHAT) but should use the plan agreed in the final Child in Need meeting to inform their TAF plan and intervention.

When a family is closing to CSC and only single agency support is required this does not require any step-down procedure. Agreement must be made with the family that they will continue to work with (named agency) and if they do not, outline what needs to happen.

<https://wirralchildcare.proceduresonline.com/files/early_help_transfer.pdf>

* 1. **Step Down Process on Liquidlogic**

Once Step Down has been agreed and the final Child in Need meeting held, the Social Worker fills out the “Step Down” on Liquidlogic (LCS).  Within this the Social Worker then details which service the case is to step down to, and the Social Worker is asked within the form whether they have had a conversation with the team that the case is going to. The Social Worker selects which documents are to transfer from the LCS system to the Early Help Module system. (EHM).

The form is completed and sent to EHM. A contact is then generated within EHM and the Early Help Team will then record the Named Key Worker for the family and will write out to the Key Worker to share the stepdown information provided by the Social Worker and ensure that the Key Worker knows what services are available to meet the family’s needs.

**Liquidlogic guidance:**

<https://wbcnet.wirral.gov.uk/sites/default/files/media/docs/IT%20Systems/IT%20Systems%20Documentation/Liquidlogic%20Childrens%20System/CYPD%20%20Liquidlogic%20user%20guide%2011.4%20Step%20Down%20to%20Targeted%20Services.pdf>

**Appendix**

