

Effective Planning and Intervention for Children in Need



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This guidance aims to support Child and Family Practitioners working with children who have been assessed as children in need under Section 17 of the Children Act 1989.



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The Legal Definition

Under Section 17 of the Children Act 1989, every Local Authority has a duty to provide services for 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.



A child shall be taken to be in need if –

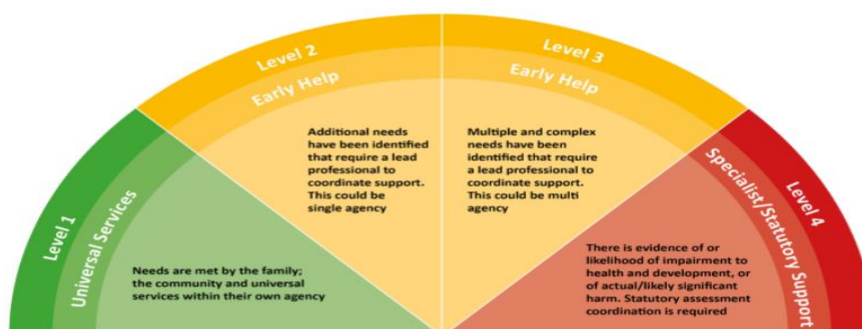
- (a) he / she is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services by a Local Authority;
- (b) his / her health or development is likely to be significantly impaired, or further impaired, without the provision of such services;
- (c) he / she 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 / she has been living.

Children in need may be assessed in relation to their special educational needs, disabilities, as a young carer, or because they have committed a crime.

The Dudley Safeguarding People Partnership has a defined Threshold Guidance and Framework for Support (2018). This Threshold Guidance should assist professionals deciding if / when a child's level of need is best supported by involving Children's Social Care.

Dudley Threshold of Need and Support Framework



Access to Dudley Threshold Guidance and Framework for Support 2018

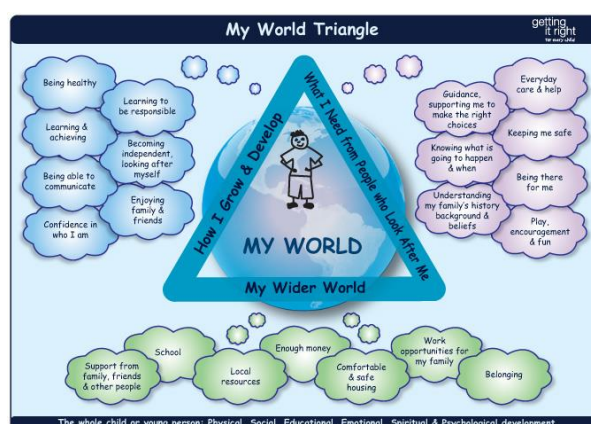
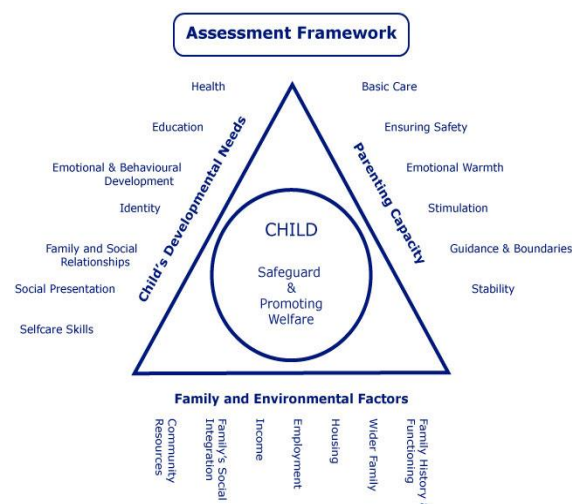
<https://safeguarding.dudley.gov.uk/media/11327/dudley-thresholds-framework-doc-june-2018-4-1.pdf>

Assessments

Local Authorities undertake Assessments of the needs of individual children, giving due regard to a child's age and understanding when determining what, if any, services to provide.

The purpose of the Assessment is;

- ▶ To gather important information about the child and family, addressing the child's needs and any risks faced from within and outside of their family, including where they are suffering or likely to suffer significant harm;
- ▶ To be child centred and rooted in child development, capturing the impact of what is happening to the child, and ensuring their voice is heard;
- ▶ To provide an analysis of all of the information gathered to decide the nature and level of the child's needs and the level of risk, if any, they may be facing; and to decide whether the child is a child in need or is suffering or likely to suffer significant harm;
- ▶ To decide what services and support to provide to deliver improved welfare for the child, and where necessary, to make them safe.



Where the outcome of the Assessment is for continued children's social care involvement, the Social Worker should agree a plan of action with other practitioners and discuss this with the child and their family. The plan should set out what services are to be delivered; what actions are to be undertaken and by whom; and for what purpose. There should be clear measurable outcomes for the child and expectations for the parents, with measurable, reviewable actions.

Links to further learning and resources:

Working Together to Safeguard Children 2018:

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Dudley's Knowledge and Skills Handbook for Child and Family Practitioners:

<https://www.dudleycpp.org.uk/naas-and-knowledge-and-skills-state>

Dudley's Centre for Professional Practice – Assessment and Planning:

https://dudleychildcare.proceduresonline.com/local_resources.html#assess

Consent

Children's Services works with children in need and their families on the basis of consent. From the first referral, those with parental responsibility, including non-resident parents, should be informed of the referral and asked for consent to undertake the assessment. Young people of an age of understanding, particularly those aged 16 or over, should be asked for their consent as well.



Due to the nature of the initial safeguarding concerns, information sharing at the point of referral and assessment may not have been with the explicit consent or knowledge of the family or carers. It is therefore important to gain that explicit consent at the point the decision is made for Child in Need intervention. Those with parental responsibility must be made aware that by agreeing to additional services through the Child in Need process, the Child in Need Plan will be shared with other relevant agencies, such as Health and Education, and these agencies will therefore automatically receive a copy of the Child in Need Plan.

If parents refuse consent after the Social Worker has made sure they have given the full information about the benefits of assessment and support, and the details of the Child in Need process, this refusal should be accepted and recorded. If it is however considered that the child is likely to suffer significant harm without intervention, then assessment should be carried out under Section 47 of the Children Act 1989. Then, consent is not required, but parents should be informed of the change of approach and the reasons for the concerns. Such decisions should be clearly recorded on the child's file by the Team Manager, following discussion with the Social Worker.

Links to further learning and resources:

Working Together to Safeguard Children 2018 – Information Sharing:

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Guidance to the General Data Protection Regulation 2018:

<https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation>

Developing Effective Child in Need Plans

Following completion of the Assessment, where the outcome is that a Child in Need Plan is required, or immediately following step down from a Child Protection Conference, a Child in Need Plan should be prepared, and a Child in Need Planning Meeting convened within 10 working days. The plan should be developed in consultation with the child and their parent/carer, and agreed at the Child in Need Planning Meeting, with their views recorded on the plan.



The plan should;

- ▶ Clearly set out what outcomes are to be achieved for the child, the actions required and the services to be delivered, by whom and for what purpose, and the timescales. The Plan should be focussed to the assessed risks to the child, their needs, and what needs to be done to reduce risk and improve quality and sustainability of care. Expectations for the parents should be clear, measureable, and reviewable.



- ▶ State the minimum visiting frequency the Social Worker will visit the child and their family. The visiting frequency should be determined by the individual needs of the child, but should not be less than 20 working days.
- ▶ Set clear review points to analyse whether sufficient progress has been made to meet the child's needs; and to evaluate the impact of the plan.
- ▶ Plan for transition points for the child, such as transition between child and adult services.
- ▶ Set a contingency plan for the child, clearly stating what needs to happen, by whom and when, if the plan does not seem to be making a difference and the child's needs are not being met; or if there is an escalation of risk and the situation becomes unsafe.



Practice Tips



To develop an effective and outcome-focussed Child in Need Plan, think about the following;

- ▶ What are the assessed risks to the child?
- ▶ What is the level of care being offered to the child like currently? What needs are being met, what needs are not being met, and what is the impact of this upon the child in the context of their wellbeing and development?
- ▶ What are we worried about, what's working well, what needs to change?



| When we think about the situation facing this family: | | |
|-------------------------------------------------------|----------------------|-----------------------|
| What are we Worried About? | What's Working Well? | What Needs to Happen? |
| | | |

On a scale of 0 to 10 where 0 means everyone knows the children are safe enough for the child protection authority to drop the case and care arrangements are such that the children they want to live at home, where do you rate this situation? (0 different judgments plus different people's number on the continuum)

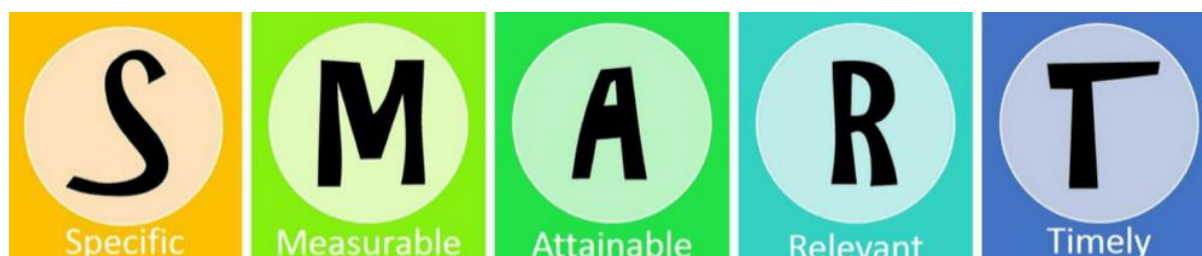
0 ← → 10

- ▶ What are the outcomes we hope to achieve?
- ▶ What services are needed / actions required to reduce risk, support parenting capacity, and improve quality of care? What *specifically* will the family and services do to achieve this, and within what timescales?
- ▶ What will progress look like? How will we know the plan is making a difference, that the child is safer, and that their situation is improving?
- ▶ What needs to happen if the pace of change is not appropriate for the child, resulting in their needs not being met, or if any improvements in adult behaviour are not sufficient and sustained? What needs to happen if risk escalates? What needs to happen if the situation becomes unsafe?

A Practitioner's Guide to SMART Planning

We all have goals in life and to achieve them we must have a plan to get us there. This is no different in the work we do with children and families.

When working with children and families we need our plans to be:



SPECIFIC

Objectives need to be as specific and child focused as possible. Avoid universal terms, e.g. *“Stuart needs to fulfil his educational potential”* as this is something all children should be doing. A more specific goal would be, *“Stuart needs his parents to take him to school every day, arriving at 8:55am, wearing a clean school uniform (with ‘clean’ meaning washed, dried and ironed at least twice a week). If Stuart is unable to attend school, then parents are to contact school by 8:55am on the day of the absence and inform staff of the reason for absence.”*

Likewise, avoid objectives such as *“Stuart’s house needs to be clean and tidy”*, as your expectation of clean and tidy may be different to that of Stuart’s parents’. If we are being more specific, you could say, *“The washing up needs to be completed after every meal”*, or, *“The living room and hallway carpet needs to be hoovered once a week”* – this makes the expectations clear for all involved with the plan.

Finally, avoid using service terms in your objectives, e.g. *“Stuart needs to be referred to CAMHS”* as this is an ACTION rather than a NEED. Whilst professionals likely know why Stuart would benefit from a CAMHS referral, his parents may know little about the service. A better goal would be, *“We need to understand why Stuart is hurting himself by cutting his arm when upset”*, and, *“Stuart to be supported to manage upsetting situations without hurting himself.”*



MEASURABLE

If an outcome is not measureable then we will be unable to evidence progress. If a plan states, *“Lindsey needs to have age-appropriate self-care skills”*, how can this be measured? Would Lindsey’s family understand what this means? By saying *“Lindsey needs to brush her teeth for 2 minutes every*

morning before school and every evening before bed and have a bath three times a week..." we are able to measure the progress. Likewise, in relation to the example above around school attendance, we can accurately measure how many times Stuart arrives at school on time, or late, how many days he was absent from school, and whether parents called to inform this.



ACHIEVABLE

Objectives need to be ATTAINABLE – if the plan contains unreachable objectives, we are setting the children and families up to fail. For example, if a child is rarely attending school, with a current school attendance of around 25%, it would be unhelpful and ineffective to set the initial target at 100% attendance. There needs to be specific interim goals included throughout the Review Plans to assist reaching the goal of 100%. If however, the child's attendance is currently at 80%, then setting the goal of 100% attendance may be more achievable.



REALISTIC

Objectives identified within a plan must be ones that parents/carers are able and willing to achieve. For example, if Tony's mother is alcohol dependant, how realistic would it be to put, *"Mother will stop drinking alcohol"*, in the plan? Instead, we could propose, *"If mother has been drinking alcohol, then father will leave Tony in the care of paternal grandmother for the hours he is at work"*, or, *"Mother will refrain from drinking alcohol during the times she has sole care of Tony"*.



TIMELY

Plans need to have definitive timescales for completing proposed actions and these must be incorporated into the child's timescale, not ours – for example, in cases of neglect, how do we know when enough is enough? Having clear time constraints for the completion of objectives allows children, parents and professionals to all know what they are required to do and by when. This helps to prevent a drift of the plan and possible confusion – should the proposed objective be completed within 10 days, 10 weeks, or 10 months?

What Does SMART Look Like?



Below is an example of an un-SMART plan:

| Child's Care Plan | | | |
|-------------------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Assessed need | Outcome | Actions to be undertaken, by whom and by when | Achieved? |
| Mother needs help to maximize her income. | Mother will be in receipt of all appropriate benefits. | Social Worker to refer mother to Citizen's Advice Bureau. | <input type="checkbox"/> |
| Paul needs to be healthy. | Paul will be seen regularly by his health visitor. | Health Visitor will see the family regularly - this will be on-going. | <input type="checkbox"/> |
| Paul needs to be stimulated when in parents care. | Paul will be stimulated, helping him to develop. | Paul to attend groups at the local Children's Centre. | <input type="checkbox"/> |
| Paul needs to feel safe. | There will be no more domestic abuse within the home. | Mother to report any further incidents of domestic abuse to the police. Mother to attend Black Country Women's Aid - on-going. Social Worker will arrange a Strategy Meeting if further domestic abuse police reports are received. | <input type="checkbox"/> |
| Mother needs help to care for Paul. | Mother will be more confident in managing Paul's behaviour. | Mother to attend parenting classes. Paul to be referred to CAMHS. | <input type="checkbox"/> |
| Paul is very unhappy when his parents fight at home. Paul needs to speak to a counsellor. | Paul will feel happier. | Paul to see a counsellor - this will be on-going. | <input type="checkbox"/> |
| Paul needs to be healthy. | Paul will have all his immunisations. | Paul to attend all of his immunisation appointments. | <input type="checkbox"/> |

How can we make it SMART?

Child's Care Plan

| Assessed need | Outcome | Actions to be undertaken, by whom and by when | Achieved? |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Mother needs help to maximize her income. | Mother will be in receipt of all appropriate benefits. | Social Worker to refer mother to Citizen's Advice Bureau. | <input type="checkbox"/> |
| Paul needs to be healthy. | Paul will be seen regularly by his health visitor. | Health Visitor will see the family regularly - this will be on-going. | <input type="checkbox"/> |
| Paul needs to be stimulated when in parents care. | Paul will be stimulated, helping him to develop. | Paul to attend groups at the local Children's Centre. | <input type="checkbox"/> |
| Paul needs to feel safe. | There will be no more domestic abuse within the home. | Mother to report any further incidents of domestic abuse to the police. Mother to attend Black Country Women's Aid - on-going. Social Worker will arrange a Strategy Meeting if further domestic abuse police reports are received. | <input type="checkbox"/> |
| Mother needs help to care for Paul. | Mother will be more confident in managing Paul's behaviour. | Mother to attend parenting classes. Paul to be referred to CAMHS. | <input type="checkbox"/> |
| Paul is very unhappy when his parents fight at home. Paul needs to speak to a counsellor. | Paul will feel happier. | Paul to see a counsellor - this will be on-going. | <input type="checkbox"/> |
| Paul needs to be healthy. | Paul will have all his immunisations. | Paul to attend all of his immunisation appointments. | <input type="checkbox"/> |
| distressed when his mother and step-father have arguments and mother is hit. Paul needs to be able to talk about the violence he has seen and express his wishes and feelings about life at home. | Paul will have learnt how to talk about things that make him unhappy. He will be able to say that he feels safe at home and isn't worried about mother being hurt. | Intensive Family Support Worker. Five sessions will be undertaken with Paul - these will start on 01/04/20 and be held fortnightly. Progress will be assessed at the Review Child in Need Meeting - where further sessions may be agreed. | <input type="checkbox"/> |
| Parents have advised they are finding it difficult to manage Paul's behaviour. He will sometimes become verbally and physically abusive when mother tries to implement guidance and boundaries. Paul does not act in this way towards father. | Both parents will be able to implement consistent age appropriate guidance and boundaries with Paul. Parenting will be a joint approach, with both taking on an equal role in caring for Paul and meeting his needs. Parents will be able to recognise and explain how their own behaviours may be impacting upon Paul and adjust this appropriately. | Mother and father to attend a Parenting Course at the Local Children's Centre. The course will start on May 04/05/20 and run for 10 weeks. Paul's parents to attend all 10 classes, 1 per week. Paul to be referred to CAMHS within 4 weeks of today's date (30/03/20) by his Health Visitor. | <input type="checkbox"/> |

Child's Care Plan

| Assessed need | Outcome | Actions to be undertaken, by whom and by when | Achieved? |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| Parents are struggling to manage their finances, their current incoming benefit payments total less than the bills they have to pay. This is causing both parents to worry and frequently argue over financial issues. | Parents will be in receipt of all appropriate benefits, they will have a manageable payment plan set up to cover all their current and outstanding bills - meaning they will no longer be utilising their overdraft facility. | Paul's Social Worker will check what Benefit's the family currently receive. This will be completed by 13/04/20. If it appears that applicable benefits are not being claimed then Paul's Social Worker will refer the family to the Citizen's Advice Bureau 20/04/20. | <input type="checkbox"/> |
| It is important that Paul remains healthy while in the care of mother and is appropriately seen by health professionals. | Paul will be seen on a regular basis by his health visitor to help maintain his health, development and well-being. | Health Visitor will visit Paul at the family home every 3 weeks (starting 03/04/20) for the next 3 months. Any concerns that are raised from these visits must be reported to Paul's Social Worker within 24 hours. | <input type="checkbox"/> |
| Paul rarely goes out of the family home, unless it's to go shopping with his parents. There is also a lack of stimulation at home, i.e. few toys suitable for his age for him to play with, resulting in him watching TV for up to 5 hours a day. | Paul will be spending time away from the family home while attending his local Children's Centre stay and play groups. He will be socialising with other children, which will have a positive impact upon his development and well-being. | Paul to attend the stay and play group held every Thursday at the local Children's Centre with his mother, father or both together. Paul to attend the whole course of 8 sessions, over the next 8 weeks, starting on 02/04/20. | <input type="checkbox"/> |
| Paul becomes withdrawn and distressed when his mother and step-father have arguments and mother is hit. Paul needs to be able to talk about the violence he has seen and express his wishes and feelings about life at home. | Paul will have learnt how to talk about things that make him unhappy. He will be able to say that he feels safe at home and isn't worried about mother being hurt. | Individual direct work to be undertaken by Sheila Smith, Intensive Family Support Worker. Five sessions will be undertaken with Paul - these will start on 01/04/20 and be held fortnightly. Progress will be assessed at the Review Child in Need Meeting - where further sessions may be agreed. | <input type="checkbox"/> |
| Parents have advised they are finding it difficult to manage Paul's behaviour. He will sometimes become verbally and physically abusive when mother tries to implement guidance and boundaries. Paul does not act in this way towards father. | Both parents will be able to implement consistent age appropriate guidance and boundaries with Paul. Parenting will be a joint approach, with both taking on an equal role in caring for Paul and meeting his needs. Parents will be able to recognise and explain how their own behaviours may be impacting upon Paul and adjust this appropriately. | Mother and father to attend a Parenting Course at the Local Children's Centre. The course will start on May 04/05/20 and run for 10 weeks. Paul's parents to attend all 10 classes, 1 per week. Paul to be referred to CAMHS within 4 weeks of today's date (30/03/20) by his Health Visitor. | <input type="checkbox"/> |

Top Tips for Completing Plans

Parent feedback from the Government's 'Troubled Families' Agenda found they wanted actions which were easier to achieve at the top of plans; they felt that if these could be achieved it provided motivation for them to address more challenging objectives.



Plans are always evolving and need to constantly be updated. The initial plan should be seen as the first step on a ladder to reach the overall goal. For example, if the initial plan had an action requiring mother to take Mohammed to the GP regarding his eczema, mother undertakes this and is told to apply prescribed cream 4 times a day – this new action can be added to the plan and the initial action removed.

Many of the families we work with have multiple complex issues which need addressing, it is important to look at what the child's most pressing needs are at the time a plan is started. This must be re-assessed regularly, taking into account any completed actions.

Outcomes should focus upon the positives, not on behaviours or actions we don't want to see. Parents will respond better if they are being asked to achieve something positive in the future, as opposed to asking them to stop a negative behaviour. For example, instead of stating a parent should, *"stop hitting Patricia as a punishment for bad behaviour"* we could say the parents should *"manage Patricia's behaviour without hitting her"*.

If you are working with cases of domestic abuse, it is likely that the perpetrator will be asked to attend a domestic abuse perpetrator programme. The perpetrator may well attend the course but we should be mindful that this may only be a 'tick the box' exercise. In these circumstances, your outcome could be, *"Father will be able to explain to Jocelyn's Social Worker the impact domestic abuse may have on his daughter's physical and emotional wellbeing"*. This allows for father's engagement at the perpetrator programme to be measured – not only by sessions attended but what he has actively learnt.

Keep plans simple! Make sure you ask the children and parents if they understand the plan and the actions within it – if they don't, how can we expect them to make any progress? Some words should also be avoided within plans, e.g. "ongoing" (this is not a definitive timescale), "appropriate" (appropriate in whose view?), and, "clean and tidy" (these are subjective words, without the detail and context required to define them specifically).



Child in Need Planning Meetings

Following completion of the Assessment, where the outcome is that a Child in Need Plan is required, or following step-down from a Child Protection Conference, a Child in Need Planning Meeting should be convened within 10 days.



What is the purpose of the Child in Need Planning Meeting?



The purpose of the Child in Need Planning Meeting is to develop and agree the Child in Need Plan, in consultation with the child and their parent/carer, and together with the team around the child (the key agencies whose contribution is recommended as an outcome of the Assessment). The Child in Need Plan will be the bases for intervention. It is important the child and their family feel respected, informed, and listened to. They should be fully prepared for the Meeting, understanding who will be there, and how they will participate in the process.

What happens at the Child in Need Planning Meeting?

The Social Worker should summarise the Assessment findings and the presenting concerns for the child. This should be followed by the purpose of the Child in Need Plan - to progress the services required to support parenting capacity, reduce risk, and improve the child's situation. It is essential that everybody working with the child is aware of who is doing what, why, and when. How those involved would know the plan is working should be made clear; and specific actions should be set for the family and the team around the child which are measurable, achievable, realistic, and reviewable.

Review points should be agreed to analyse whether sufficient progress has been made to meet the child's needs and the level of risk faced, and to evaluate the impact of any change upon the child's welfare. The impact of services will inform decisions about actions to be taken in future Child in Need Review Meetings.

The child and their parent/carer should be given feedback about how their contribution has been taken into account and acted upon. The views of the child and their parent/carer should be recorded on the Plan.

What happens after the Child in Need Planning Meeting?

The child and their parent/carer, and the team around the child, will be provided with a copy of the Child in Need Plan within five working days of the meeting.

Visiting Children and Families

Children in Need should be visited, as a minimum, every 20 days (four weekly).



Visits to children are key to measuring the impact and effectiveness of the Child in Need Plan. By regularly seeing and speaking to the child, practitioners have an improved understanding of the child's lived experiences, and are better able to assess whether their situation is improving, and whether there has been any change.

Visits to children should be purposeful. Focus conversations and direct work upon the assessed risks and assessed needs. Compare what is being said to what was said last time, and think about the timing of support, and whether this has affected any change for the child within the household. See, speak, record, and analyse what the child is saying through direct work to understand what difference the plan is making for them. Assess the ongoing impact upon the quality of care, and measure the change to the child's lived experiences.

Access to direct work resources on the CPP website:

<https://www.dudleycpp.org.uk/directwork-resources-practicetools>

Visits to parents / carers are also key to measuring the impact and effectiveness of the Child in Need Plan. By regularly seeing and speaking to parents / carers, practitioners have an improved understanding of the impact of support upon parenting capacity, and whether this is affecting change in terms of risk and care offered to the child.



Visits to parents / carers should be purposeful. Focus conversations with the assessed risks and assessed needs. Regularly review with the parent / carer their understanding of the Child in Need Plan, and their level and quality of engagement with services. Explore with them their learning, recognition, and understanding of the concerns as the plan progresses to assess the impact of the plan and capacity to change. Ask yourself, what are they doing differently and why? What does this look like for the child?

Child in Need Review Meetings

Child in Need Review Meetings should take place at six weekly intervals. The team around the child may decide that less frequent reviews, at up to three monthly intervals are required. Children who are managed at Child in Need Level 3 will be reviewed at a minimum of six monthly.



What is the purpose of the Child in Need Review Meeting?

The purpose of the Child in Need Review Meeting is to review the effectiveness of the actions being taken / support being provided to the child and their family. This is to analyse whether sufficient progress has been made to meet the child's needs and the level of risk faced, and to evaluate the impact of any change upon the child's welfare. The focus should be upon whether the plan is making a difference, and, if not, why, and what can be done differently. Also, whether the plan is progressing at a pace appropriate to the child's needs and risk involved.

What happens at the Child in Need Review Meeting?

The Social Worker, the child, the parent/carer, and the team around the family, will share information about what has happened since the last Meeting. This includes any new information, key information relevant to the child, such as their health and attendance at school, and how support for the family is progressing. Those involved should then analyse and evaluate the impact of support upon the child's welfare to decide whether the plan is making a difference for the family; and whether any changes need to be made to the plan to achieve the outcomes. The views of all involved, any changes to the plan, and any key recommendations made, should be recorded. Key recommendations may include escalating the child's case; or ending the Child in Need Plan. These recommendations need to be approved by the Team Manager, and clearly recorded on the child's file.

What happens after the Child in Need Review Meeting?

The minutes of the Child in Need Review Meeting and the updated Child in Plan should be shared with the child and their family, and the team around the child, within 5 working days of the meeting.

Key recommendations to escalate the child's case or end the Child in Need Plan need to be shared with the Team Manager within one working day; and the approved decision fed back to the child and their family, and the team around the child.



Timescales

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Convening the Child in Need (CIN) Planning Meeting and completing the Child in Need Plan. | Within 10 working days of the completion of the Assessment and the decision for CIN intervention, or immediately following step down from Child Protection Conference. |
| Providing a copy of the CIN Plan to the child, their family, and the team around the child. | Within 5 working days of the CIN Planning Meeting. |
| Visiting frequency | The minimum visiting frequency should be individually determined based on the needs of the child, but should not be less than four weekly. |
| Convening the CIN Review Meeting. | CIN Review Meetings should take place at six weekly intervals. However the team around the child may decide that less frequent reviews, at up to three monthly intervals, are required. Children who are managed at CIN level 3 will be reviewed at a minimum of 6 monthly intervals. The 3 rd CIN Review Meeting will be chaired by an Advanced Social Work Practitioner / Team Manager to minimise delay. |
| Providing a copy of the minutes of the CIN Review Meeting, and the updated CIN Plan, to the child, their family, and the team around the child. | Within 5 working days of the CIN Review Meeting taking place. |
| Updating the Child and Young Person's Assessment. | Child and Young Person's Assessments should be updated annually, unless there is a significant change of event which impacts upon the child. Eg. change of carer / escalation of risk etc. |



Practice Tips - Delivering good quality intervention, assessing and managing risk, and measuring impact upon quality of care

Child in Need Planning Meeting

Develop the Plan in consultation with the child, the parent/carer, and professionals. **Don't forget non-resident parents.** Focus upon the assessed risks, the assessed needs, and the support required to reduce risk and support parenting capacity. Contingency plan. The Plan should be outcome-focussed and SMART.

Visits to the child

Visits are key to measuring the impact of the plan. See, speak, record and analyse what the child is saying through direct work to understand what difference the plan is making for them. Assess the impact upon the quality of care; measure the change to the child's lived experiences.

Contact with Professionals

How in their view is the child presenting and progressing? What are their views about risk, and the impact of the plan?

What is the level and quality of engagement of the family? Is there learning? Is there change? Is this sustainable?

Visits to parents / carers, including non-resident parents

Review the level and quality of engagement with services. Explore with them their learning and understanding of the concerns to assess the impact of the plan and capacity to change. What are they doing differently and why?

Child in Need Review Meeting

Review the effectiveness of the plan with the child, the family, and professionals. Is the plan making a difference?

If not, what can be done differently? Is risk reducing; is quality of care improving?

Balance the pace of any progress made against the child's needs and risk to inform threshold decisions.

