

Children in Need

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1. Introduction

This chapter outlines what must happen if professionals have concerns about the welfare or safety of a child.

It sets out clear expectations about the way in which agencies and professionals must work together to safeguard and promote the welfare of children.

2. The Assessment of Children in Need

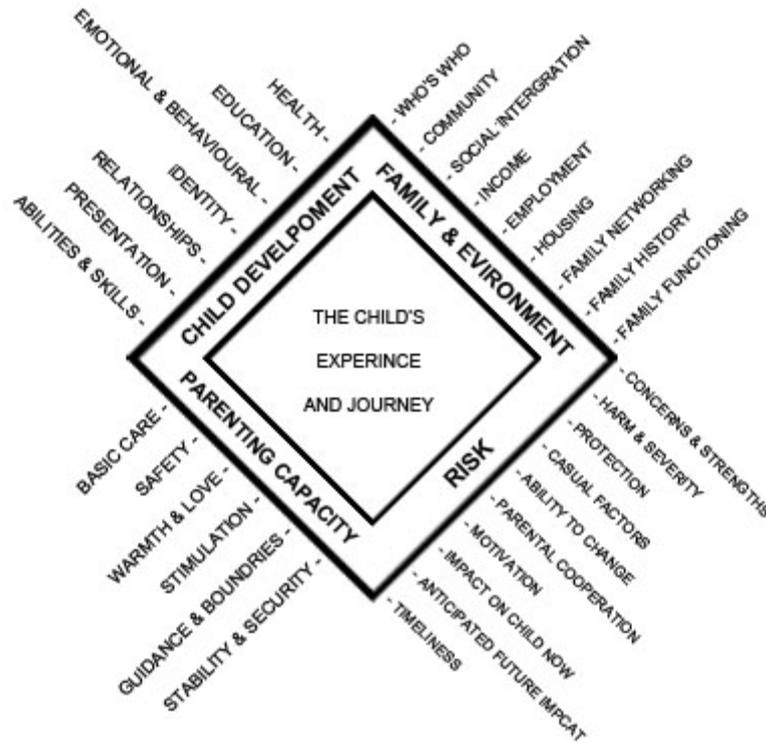
The assessment process determines whether a referral should be responded to only as a Child in Need of support (Section 17, Children Act 1989) or additionally as a Child in Need of Protection (Section 47, Children Act 1989).

Throughout the assessment process, the safety of the child remains paramount at all times and in all circumstances.

Information is required from all agencies that have knowledge of the child and his/her family to complete the assessment in a systematic way and in order to reflect the child and family's strengths as well as their needs.

The **Assessment Diamond** involves gathering and analysing information in three domains:

- Children's developmental needs;
- Parents' or carers' capacity to respond appropriately;
- Impact of the wider family and environmental factors on parenting capacity and children;
- Risk factors.



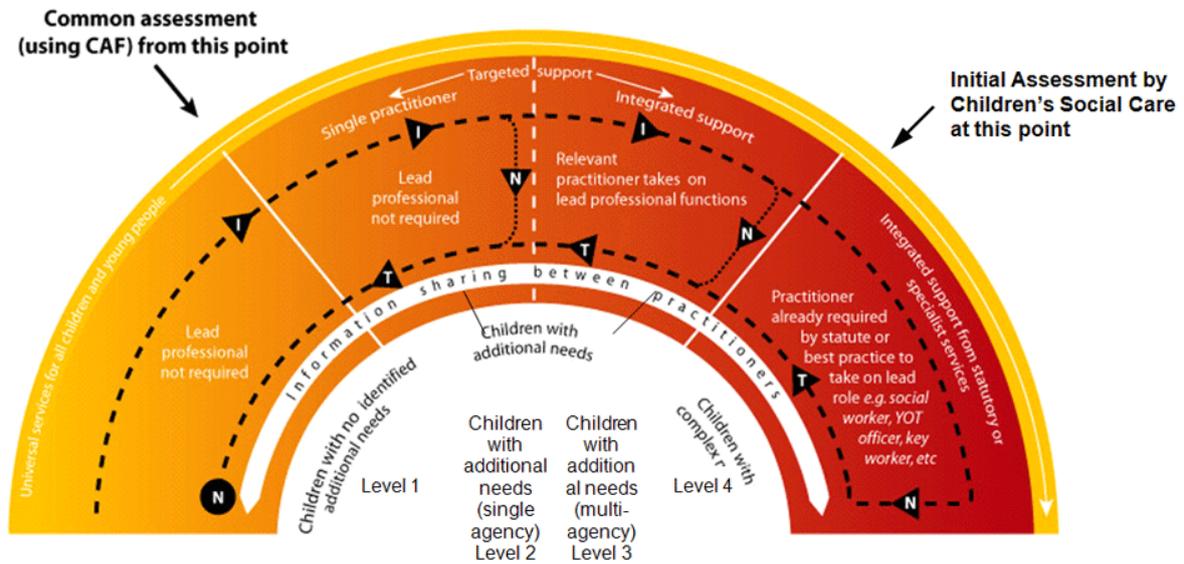
If an adult is subject to a referral the professionals should check whether the adult has **Parental Responsibility** for a child under 18 years and whether or not there are any issues with respect to meeting the child's needs. If so, a referral should be made to the **Initial Response Service** as well as the Adult Safeguarding Team, see **Reported Suspected Adult Abuse (Newcastle City Council website)**.

At all stages of referral and assessment, consideration must be given to issues of diversity, so that the impact of cultural expectations and obligations are understood.

It is vital that where there are any communication difficulties an interpreter is used. This includes families who may speak English adequately for day to day interactions, but whose linguistic abilities may not be sufficient to understand the delicate and complicated discussions about parenting and the needs of their children.

3. Responding to Children in Need (Level 4)

Windscreen Model:

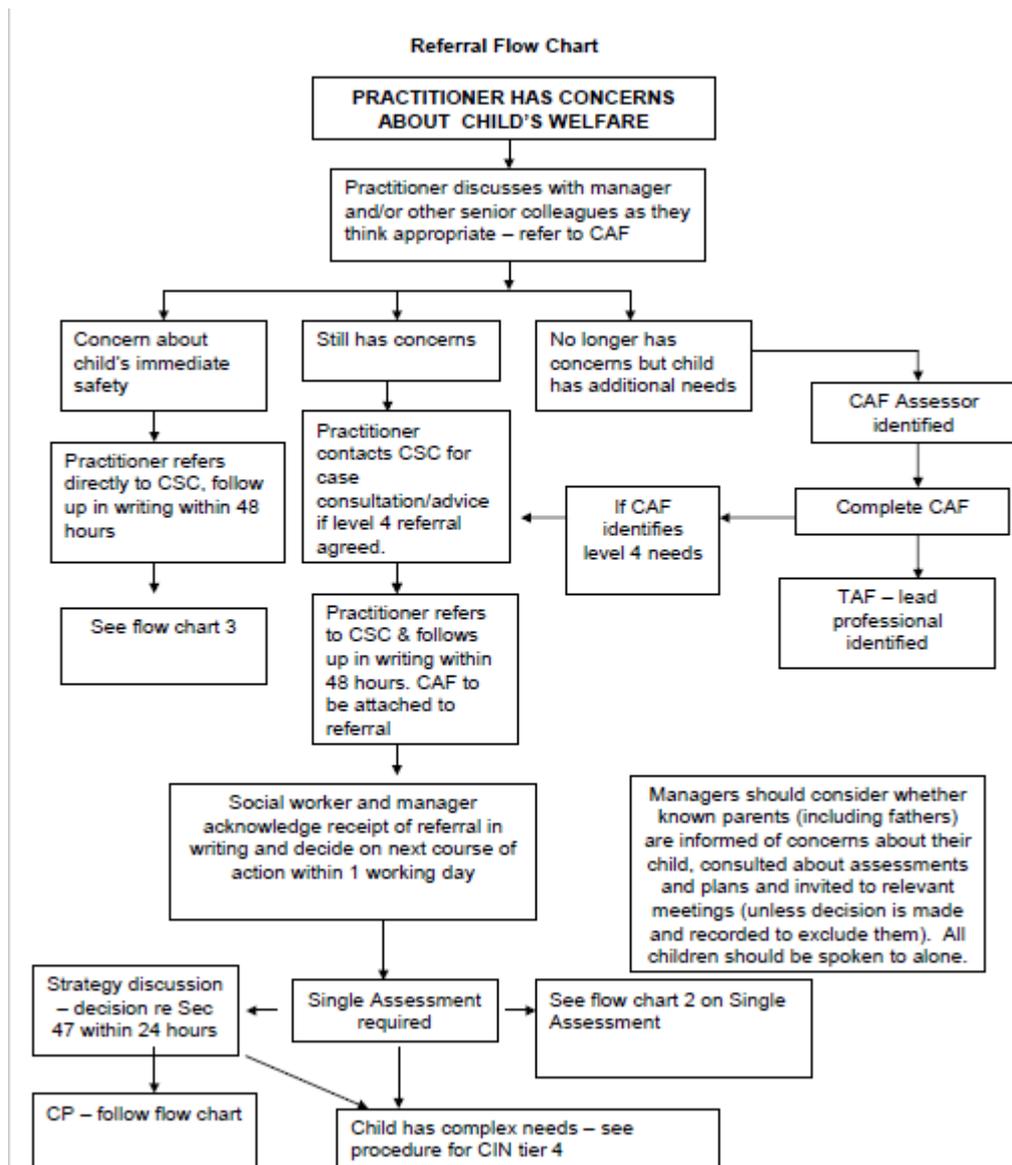


Children in Need (Level 4 – see Windscreen Model) are those children who are not maintaining a satisfactory level of health or development, or their health and development is being significantly impaired. These circumstances require multi-agency support led by Children's Social Care.

Some children are suffering or are likely to suffer **Significant Harm** and are in need of protection. These circumstances require statutory intervention by Children's Social Care.

4. What to do if you have Concerns about a Child's Welfare

Referral Flowchart:



Child welfare concerns may arise in many different contexts, including where a child or family is already known to Children's Social Care. There may be a number of explanations for the perceived impairment to a child's health or development and each requires careful consideration.

Discuss your concerns with your manager, named or designated practitioner for child protection.

If after this discussion you still have concerns and consider the child to have level 4 needs you must make a referral to the **Initial Response Service (IRS)** of Children's Social Care.

The Initial Response Service (Children's Social Care), will listen to your concerns and provide guidance as to whether the threshold has been met for Level 4 referral or whether you should complete an Early Help Assessment.

If you are advised that your concern warrant a referral you will need to confirm it in writing within 48 hours. Children's Social Care must acknowledge your written referral within one working day of receiving it. If you have not heard back within three working days, contact them again to confirm receipt of referral. Your written referral

must contain all relevant details of family composition known to you, reason for your concerns and where an Early Help Assessment has been completed a copy of this attached.

On receipt of the referral a team manager from the Initial Response Service will decide on the next course of action within one working day and record this decision.

You will be informed of the outcome of the referral in writing even if Children's Social Care decide to take no further action.

You will discuss your concerns with the child, as appropriate to their age and understanding, and with their parents and seek their agreement to making a referral to Children's Social Care unless you consider such a discussion would place the child at risk of further harm.

If a **Lead Professional** is involved, but is not making the referral, they must be informed immediately. An attempt to contact the Lead Professional must not delay the process of referral.

Contacts or referrals that need to be made outside of office hours must be made to the **Emergency Duty Team (EDT)**. The EDT will act on behalf of Children's Social Care, providing an out of office hour's service, including weekends and Bank Holidays.

The EDT worker will advise on whether:

- The discussion will be logged with no further action;
- A referral will be taken and passed to the Initial Response Service for consideration the next working day;
- Immediate action will be taken to protect a child.

If there is a difference of opinion between the referrer and the EDT worker regarding the status of a referral the EDT worker will consult with police colleagues and a home visit will be made if it is felt necessary.

5. Assessment

Click here to view [Action Taken for an Assessment of a Child Under the Children Act 1989 Flowchart \(Working Together to Safeguard Children\)](#):

All initial contact to Children's Social Care will be taken by the screening team based within the Initial Response Service. The screening team will gather information and decide if the contact can be appropriately responded to by providing information or signposting. If not a referral is agreed as necessary and the details passed on for a **Statutory Assessment**.

5.1 Statutory Assessment

The Statutory Assessment is an assessment of each child which determines the needs of a child, including whether there are level 4 needs and the nature of services required. It must be completed within 45 working days of the date of referral to Children's Social Care (dependent on the level of need determined). Whenever possible

the child who is the subject of the assessment must be spoken to alone. If it is not possible to speak to the child the reasons why will be recorded.

Where an Early Help Assessment has been completed this information must be used to inform the Statutory Assessment.

Assessments have three reviews points at day 7, 20 and 40 and any extension to the time-scales must be authorised by the relevant team manager and the reasons for this recorded. Any delay must be consistent with the welfare of the child.

The social worker must make it clear to parents that information will be gathered and shared with other professionals as part of the assessment process. Written consent must be obtained from them and a copy given to the parent and a copy kept on the child's file.

Assessments must be carefully planned, with clarity about who is doing what, and what information will be shared with the parents.

All practitioners must contribute to the Statutory Assessment and the analysis of the findings as required.

The social worker must see the child separately and together with family members within a timescale that is appropriate to the nature of the concerns expressed at referral. This includes observing and communicating with them to ascertain their wishes and feelings.

Managers should ensure that all known parents (including absent fathers) are informed of concerns about their child, consulted about plans, invited to **Child Protection Conferences** and included in **Core Groups** (and if a decision is made to exclude them from any part of this process, the rationale should be recorded).

If the child or carers have moved into the authority all practitioners must seek information from their respective agencies covering previous addresses. This is equally important for children and carers who have spent time abroad.

Where a Lead practitioner and a Team around the Family have been involved with the family they must be involved in the Statutory Assessment.

If during the course of the assessment it is discovered that a school age child is not attending an educational establishment or is not registered with a GP, the Principal Education Welfare Officer and the Named Nurse for the Clinical Commissioning Group must be contacted.

Possible outcomes of the Statutory Assessment are:

- No further action by Children's Social Care, however, if assessment highlights that the child has additional needs, a lead professional will be identified and a Team Around Family Plan progressed;
- Initiation of child protection process;
- Children's Services to continue to intervene on a Child in Need basis where a multi-agency plan will be produced.

Team Around the Family is the most appropriate approach to provide support to family through universal and targeted services.

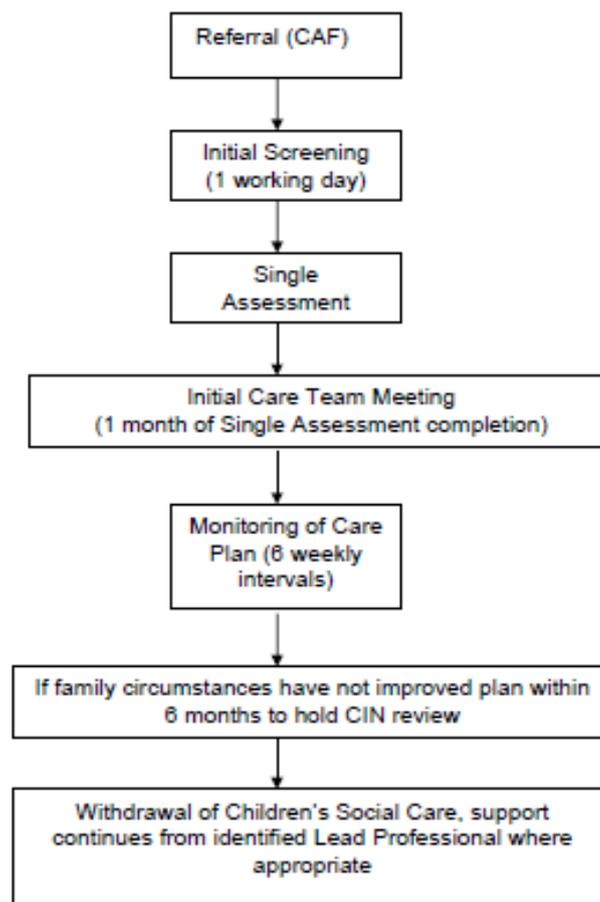
If at any stage during the process of assessment, there should be suspicions or allegations about child maltreatment and concern that the child may be or is likely to suffer **Significant Harm**, there must be a **Strategy Discussion** held within 24 hours and inter-agency action.

A Team Manager must sign and approve the outcomes of a Statutory Assessment.

At the conclusion of a Statutory Assessment, parents and practitioners involved in the assessment must be informed of the outcome and decisions made, and the reasons for these made clear.

6. Children with Complex Needs Requiring Support from Children's Social Care – Level 4

Children with Complex Needs Requiring Support from Children's Social Care Flowchart:



Completion of a Child and Family Assessment will take place when a child has level 4 needs requiring ongoing support from Children's Social Care. This will include:

- A child at risk of becoming **Looked After**;
- A child at risk of becoming subject to a **Child Protection Plan**;
- A child in need of support from Children's Social Care due to the complexity of their needs;
- A child with a disability, depending on the level of need.

On completion of the Child and Family Assessment a Child In Need (CIN) Plan must be formulated by the social worker, which is informed by the child, family members and contributions from other agencies.

Those practitioners, including the child and parents, involved in the assessment will become the Care Team.

An Initial Care Team Meeting should be convened by the social worker within 3 weeks of the 1st Assessment Review and following a Family Meeting. This will be within 4 weeks of the referral to CSC.

A Family Meeting will be convened if CSC involvement is progressed past the 1st Assessment Review. If the concerns are Child Protection in nature the Family Meeting will be held within 24 hours of receipt of the referral.

The family meeting will consider what support is available within the family or friend system and will identify what support can be offered and by whom. The family meeting will also formulate a contingency plan should the child's circumstances deteriorate and the child can no longer remain with their parent/carer

Care Team Meetings will be chaired by the social worker or team manager depending on the complexity of the case.

The CIN Plan must be monitored and progressed by the Care Team who will meet 4 weekly and update the plan. The case will be formally reviewed by all agencies at and a Review Meeting, chaired by a Team Manager/Senior Practitioner or an **Independent Reviewing Officer** depending on the complexity of the case. See **Section 7, Child in Need Review Procedures**.

The 1st CIN Review will be convened 3 months after referral and every 6 months thereafter. The completed Child and Family assessment will be circulated to the care team on completion and to the IRO if appropriate in preparation for the 1st CIN Review.

Before the 1st CIN Review the Social Worker will complete a Worries Statement with the family, this statement will inform the Support Goals in the Child Plan.

The plan must have identified goals, clearly defined tasks and sources of family support with agreed timescales to achieve improvements in the circumstances for the child.

A Child In Need plan can be agreed in the following circumstances:

- **Initial Child Protection Conference** if the thresholds for a child protection plan are not met;
- On completion of a Statutory Assessment which have Identified the child as having a level 4 need;

- Children's Social Care need to remain involved with a child who no longer needs to be the subject of a **Child Protection Plan**;
- A child previously Looked After is returned home as part of a plan for reunification.

Once the child's circumstances have improved and no longer meet the thresholds for Social Care, a Lead Practitioner will be identified from the Care Team. Children's Social Care will then withdraw from their involvement with the family, however, support may continue to be provided by a Team around the Family.

Occasionally a Team Around the Family is not necessary for example, if a child goes to live with a non-abusing parent. In such circumstances the Care Team will formally agree that a Team Around the Family is not necessary and this will be recorded in the Care team Minutes and closure record.

7. Child in Need Review Process

7.1 Aims of process

- To ensure CIN receive a high quality, outcome focussed service;
- To ensure children receive the right support at the right time;
- To ensure CIN cases are subject to robust review;
- To clarify the process when IROs are involved in the review process;
- To reduce the frequency with which cases re-enter the social care system;
- To safely reduce the number of CP / LAC.

7.2 Review Schedule

The initial review must take place within 3 months of the date of referral and subsequently at intervals no greater than 6 months from the date of the previous review. Reviews should be scheduled in relation to presenting need and as such may need to take place more frequently.

Best practice directs that where a CIN plan has been implemented the case should be reviewed before any decision is made to close the case to Children's Social Care.

7.3 When should an IRO chair CIN Reviews?

Ordinarily Team Managers have responsibility for chairing CIN Reviews. However, an IRO will, **subject to capacity**, take on responsibility for chairing CIN reviews where the criteria in 3.2 apply.

The criteria are as follows:

- All cases where the expected trajectory is that the case will close to CSC, either as a step down to TAF or universal services **within the next 3 months**;

- All cases where a child's plan steps down to CIN from a second or subsequent Child Protection Plan;
- All cases where the child is receiving support under a CIN plan for the second or subsequent time;
- Children stepping down to CIN from a LAC plan where a Supervision Order is in place;
- All cases where a CSW is the principle case holder for a CIN.

Whilst the above criteria specify when an IRO should, subject to capacity, take on the reviewing role there can be discretion and flexibility to enable IROs to chair reviews in other situations where this is considered to be advantageous. IROs may add value to the CIN review process where there is particular complexity, where a cases appear likely to either step down or escalate or where there has been disagreement about the plan between agencies or with family members. In such cases the relevant Team Manager / Group Manager should consult with the Service Manager for the Children's Safeguarding Standards Unit.

Where it is agreed that an IRO should take on responsibility for reviewing a case s/he will maintain this responsibility up to the point of case closure / step down. Any decision to cease the IRO's role will also need to be agreed between the IRO and the relevant Team Manager / CSW / Group Manager.

Where there is disagreement about a decision to initiate or cease IRO involvement the issue should be escalated to the relevant Service Managers.

7.4 Organising the review

Once the chairing role is agreed the social worker will:

- Liaise with the chair, family members and others to agree a date for the CIN Review;
- Book a suitable venue;
- Invite Care Team Members.

Dates for subsequent reviews should be agreed at the review meeting and should not be changed unless absolutely necessary.

7.5 Attendance at Reviews

It is expected that all Care Team Members will attend CIN reviews. Where a professional cannot attend they should try to send a deputy. If professionals cannot attend in person they must provide a written report.

Meetings must not take place without the allocated Social Worker, or a Social Worker / Team Manager who knows the case well.

Family members must be supported in attending reviews. Meetings should only take place without family members where it can be demonstrated that reasonable efforts have been made to support family members to attend and they have chosen not to.

Children should be invited to the review, however consideration needs to be given as to whether this is in their best interests. This should be agreed with the chairperson.

7.6 Documentation required for CIN Reviews

The social worker must provide the following documentation, in full, for all CIN Reviews:

- Minutes of all Care Team meetings;
- Single Assessment - updated as required;
- Child's plan;
- Any direct work completed with the child.

The social worker is also responsible for requesting reports from other agencies involved in the Care Team.

The Chairperson will be responsible for sourcing the minutes of the previous review.

All information / reports for the review must be provided to the Chair no later than **5 working days** before the meeting.

If the necessary information is not available the review meeting may be stood down. This will be a decision for the chairperson in consultation with the social worker / team manager / CSW.

7.7 Case stepping down to TAF / Closure – Further information:

Because of the particular challenge of an IRO becoming involved with a view to a case closing it is expected that the IRO will be invited to attend the proposed final Care Team Meeting. This will present the opportunity for the IRO to become familiar with the case and progress made. It will also allow time to meet the family and ensure their views are gathered and inform the review process

Team managers / CSWs or social workers, with team manager/CSW approval, must:

- Contact the relevant IRO to agree a when the IRO can attend the final scheduled Care Team meeting (**held every 4 weeks**);
- Discuss the case with the IRO to clarify the reason for plan, progress, and discussion around step down.

The IRO may carry out visits to the child and family for the purpose of seeking their views as part of the review process.

The IRO will take on responsibility for all cases stepping down to TAF/Universal Service subject to his/her capacity. Should the IRO not have capacity to take on the case responsibility for reviews will remain with the CSW/team manager.

The IRO will be responsible for carrying out case research in order that s/he can have a full understanding of the case and actions taken.

At the Care Team meeting, the Care Team and IRO should agree a date for the review and if it is likely the plan will close to social care there should be consideration of the TAF and the plan required after step down.

Where possible and appropriate the IRO may arrange to see the children prior to review.

7.8 Cases stepping down from a second or subsequent Child Protection Plan to Child In Need – Further information:

Where there is a second or subsequent Child Protection Plan and it is expected that a child's case will step down to CIN at the next review the social worker should invite the IRO to the next Child Protection Review meeting. This will enable the CIN IRO to take part in planning for future reviews and care team meetings when all parties are present.

When it has not been possible for the CIN IRO to attend the final child protection review the allocated social worker must contact the CSSU administration and arrange for an IRO to take on the reviewing function for the case.

Where, following step down from Child Protection, an IRO takes on the chairing role the allocated social worker and IRO must liaise **within 3 days of the step down decision** and agree a date when the IRO can attend a Care Team meeting (**held every 4 weeks**) prior to chairing a review. IROs should not attend all care team meetings, but may attend them as they see fit to fulfil their role.

7.9 CIN Review for Children with Disabilities – Further information

The overall process for CIN reviews is consistent with all other CIN cases. However, it is important to note that CWD use a different CIN plan – this is the Child's Personal Budget Support & Care Plan.

Cases that are open to Children's Social Care, solely due to the child / young person's disability, require a minimum of 1 Care Team meeting between CIN Reviews. Cases where the child meets the general threshold for social care involvement require a minimum of 4 weekly Care Team Meetings.

7.10 The Role of IROs in CIN Transfer Reviews

The case transfer process does not routinely involve IROs. However, in keeping with the aims of this procedure, IROs should chair CIN Transfer Reviews where it is believed they can add value to the process. IRO involvement in these meetings will be arranged as for other CIN cases as set out above.

When chairing CIN Transfer reviews it is the IRO's role to ensure that the assessment of need is robust and that the proposed plan is an appropriate response to identified need.

The social worker is responsible for arranging the transfer meeting and for sending invites. A representative from the receiving long term team must attend.

Five days before the transfer review the social worker must provide the IRO with last Care Team Meeting minutes, the completed assessment and plan. This timescale is necessary to enable any further discussion to take place as required prior to the transfer meeting between the IRO and SW/TM/CSW.

7.11 Outcomes from Reviews

The recommendations made at a CIN Review will become decisions within 5 days of the meeting. Decisions made at reviews should be implemented. Any decision to close a case without completing decisions agreed at review must be discussed with the relevant review chair.

Where an IRO has chaired the review the social worker must share the decisions made at reviews with their team manager / CSW within 24 hours of the review.

Where the recommendations agreed by an IRO at the review are significantly different to those proposed by social care the IRO will make reasonable efforts to ensure that the team manager/CSW is aware of the recommendations and has chance to challenge them.

The social worker must upload the updated CIN plan to child's case record within 5 working days of the review.

The Chair will be responsible for completing the review record on Carefirst and detailing any changes made via appropriate challenge following the review. The record will be completed within 10 working days.

Parents and all agencies involved in the review will have 10 working days in which to identify inaccuracies in the minutes. Where these are agreed by the chair the minutes will be amended.

If the review agrees a plan should step down to TAF, the chair must ensure that the Lead Professional is identified and a TAF plan is developed, with clear actions for the TAF members. The date for the first review of the TAF plan must also be agreed.

Lead Professionals should be provided with the details of the Early Help lead for their area who can provide additional support if the plan is drifting or becomes 'stuck'.

The CIN Review Chair must inform the Early Help Team and send them a copy of the TAF plan with details of next meeting and lead professional.

SWs must send an alert to Early Help via Care First when they close off the case following step down to TAF.

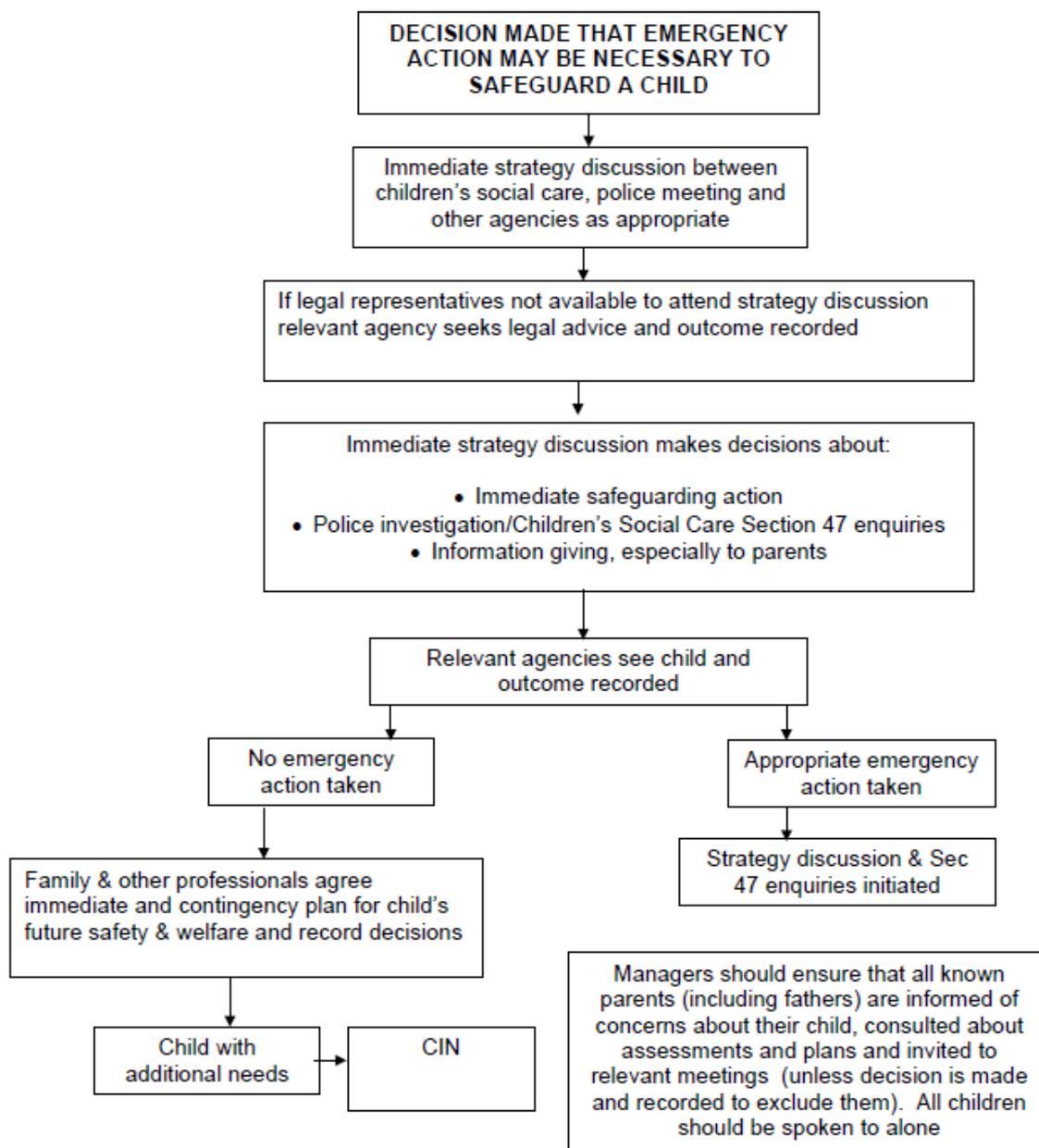
It is important that the person chairing the review identifies the date of the first TAF review, where applicable, within the review chairs report. This will then enable triggers to be sent to relevant parties to remind them that the next review is due.

7.12 IRO recording

IROs involved in CIN cases will record their oversight using the IRO Oversight function on Carefirst. Should a dispute arise which cannot be resolved informally the IRO will initiate the Dispute Resolution Procedure.

8. Children in Need of Protection

Urgent Action to Safeguard Children Flowchart:



If there is reasonable cause to suspect a child is suffering, or is likely to suffer **Significant Harm**, Children's Social Care will initiate a **Strategy Discussion**.

Depending on the nature of the child's needs and the urgency of the situation, this might take the form of an actual meeting, or a series of telephone conversations.

In complex types of maltreatment or neglect a meeting is likely to be the most effective way of discussing the child's welfare and planning future action.

The purpose of the strategy discussion is to consider whether there is evidence to support commencing a **Section 47 Enquiry** or to apply for an **Emergency Protection Order** and to identify the relevant tasks and timescales for professionals involved and agree what further help or support may be necessary.

If you think that a criminal offence has been committed against a child, you must discuss the child with the police immediately. You and the police will then consider with other agencies how to proceed to safeguard the child.

The strategy meeting will consider what parents are told, when and by whom. The police, GP, health visitor, school nurse, teacher and any other relevant professional must be involved in the decision making.

The decision to commence a Child Protection enquiry can be made at any stage of Children's Social Care's involvement with a child, even in circumstances in which a child is already the subject of a **Child Protection Plan**.

The decision to take emergency action to provide immediate protection for the child may also be taken at any time there is evidence that the risk to the child is sufficiently acute.

When child protection procedures are applied, an inter-agency Child Protection **Strategy Meeting / Strategy Discussion** will take place. If there is reason to believe that Children's Social Care Services need to make enquiries into the child's situation, the enquiries will be undertaken under Section 47 of the Children Act.

Once child protection enquiries have commenced and relevant checks have been made and information has been gathered, a decision can be made to cease enquiries where it is felt that the criteria for Section 47 are not satisfied. A decision to cease child protection enquiries must be taken in a flexible manner, and in consultation with those agencies involved in the Strategy Discussion. This decision must be authorised by a team manager. All other agencies involved with the family must be informed of this decision.

Child in need of protection procedures apply where the criteria given above is met, irrespective of where the child is living, for example, at home, or in foster care or prospective adoptive placement or any institutional setting.

Child protection procedures apply where, for example, the suspected or alleged abuser is a member of the immediate or extended family, a foster carer or adoptive parent, a friend or acquaintance or carer, a person known to the child or family or a professional working with the child or family.

Where a suspected or alleged abuser is a stranger, who is unknown to the child or family, it may not be necessary to apply child protection procedures. The decision should be based on whether a lack of adequate care was a factor.

If a child is admitted to hospital and the staff have either child care or **Child Protection** concerns, Children's Social Care should be immediately notified as per these procedures. Liaison must take place between Paediatric Staff and Children's Social Care within one day to agree what action, if any, is required. The child should not be discharged from hospital without a written plan being agreed which highlights how these concerns will be address.

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