

Getting it Right *Practice Standards* Child in Need (CIN) Visit

1. Service area:	Children's Social Care
2. Date effective from:	May 2018
3. Responsible officers:	Senior Management Team Safeguarding and Children's Services
4. Date of Review:	May 2020
5. Status:	Mandatory
<ul style="list-style-type: none"> • Mandatory (all named staff must adhere to guidance) • Optional (procedures and practice can vary between teams) 	
6. Target Audience:	All Children's Social Care Staff
7. Related Document(s):	All Policies and Procedures

What is a Child in Need (CIN) visit?

Any visits to children and young people who have a Child in Need Plan should always be with the **consent** of the parent/carer and be **proportionate** to the assessed needs of the child and family. A CIN Visit is a visit made to a child who is a subject of a child in need plan at their home, or the household where s/he is living. Therefore, a visit made to the same child at their school or elsewhere is **not** a CIN visit.

A CIN visit will only be deemed to have taken place if the child has been **seen** at their home or the household where they are living. If the child or young person was not seen as agreed by their parents it should be attempted again within the same working week. If there is reason to be worried that you have not seen the child or young person you must bring to the attention of the Practice/Team Manager. Repeat or continued failed visits, or parents refuse consent must be discussed with the Practice/Team Manager and a proportionate action agreed. To ensure the child is seen and that s/he is safe and well.

All visits should be with the consent of the parent or carers and be proportionate to the assessed needs of the child and family.

The Frequency of CIN visits to a Child who is the subject of a CIN Plan

CIN visits should be carried out by agreement with parents/carers and proportionate to the need. Any change to this frequency should be agreed by parents/carers and at the child in need meeting/review. The rationale for the frequency of visits must be recorded in the CIN plan. As a general rule, children/young people ought to be seen on a minimum of every four weeks, unless there is a lower level of support package and then the visits can be agreed to be less frequent. For example, within the Disabled Children's Service there are two further categories of visiting:

Family Support. – 6 weekly visiting frequency and 6 monthly review. In respect to resilient and capable parents who have a package of support that may include domiciliary care, lower level support package.

Family Support – Direct Payments: 12 weekly visiting frequency and 6 monthly review. This would be for parents having minimal need for intervention and involvement from Social Care. Parents able to help themselves and meet the needs of their Child/Young Person

In addition to the above, the Child in Need Planning Meeting and subsequent CIN plan reviews will consider the need for joint visits by the Lead Social Worker and a Health Visitor to each child that becomes or remains a subject of a child in need plan where that child is less than 2 years of age.

Additional Visits to a Child who is a subject of a CIN Plan

Where a child is aged 2 years or over s/he may need to be seen at a location other than his/her home or the household where s/he is living so that actions or focused pieces of work specified in the child in need plan can be fulfilled. All such visits will be additional to the identified frequency of CIN visits and should be recorded under Observations on CareFirst.

The Purpose of a CIN visit

Every CIN visit should have a defined, agreed and understood purpose as it forms part of the ongoing assessment or package of care to help the parents improve the health, safety and well-being of the child/ren measured against the assessed needs. The purpose of any CIN visit should **not** be a simple 'tick-box' process to indicate whether the child has been seen.

Each visit is also to ensure that the child or young person is safe, well and in an environment that is of a standard that allows the child or young person to feel safeguarded and reassured that their needs will be appropriately met.

At every CIN visit it should be the intention to capture the voice of the child, to see the child on their own (where age appropriate) and to see if the child or young person has a clean and appropriate bedroom and where necessary has privacy.

At every CIN visit the Lead Social Worker should:

- Ascertain if the assessment or package of care is helping the parents/carer provide a better environment for their child/young person.

- Provide the child with the opportunity to express how they are feeling and the space to raise any issues or worries they may have.
- Ensure the child/young person is getting the best support they can to help them meet their anticipated abilities and milestones.
- Share any worries or things going well and agree what needs to happen next.

Irrespective of whether the child or young person may or may not be able to verbalise their feelings, the record of the visit should include observations of their development and if the CIN plan is helping them.

Any direct work with the children/young people will be appropriate for their age and development. With permission, the work can be photographed and uploaded to CareStore and recorded on CareFirst.

Recording of a CIN visit

Parents / Carers should know what you are intending to record on each child's CareFirst record, and should be recorded **within 5** working days of the date and time that the child was visited.

The record of each CIN visit to each child subject to a CIN Plan **must** accurately show:

- the status of the child/young person (Relevant options under 1.1.1 'Status of the child/young person' are 'CIN Plan');
- whether the child was seen (Options under 1.1.4 'Has the child/young person been seen' are 'Yes', 'No', 'Unborn');
- whether the child was seen alone (Options under 1.1.5 'Has the child/young person been seen' are 'Yes', 'No');
- if the child was not seen alone the reason why **must** be provided (under 1.1.6 'If no, give reasons as to why not.');
- whether the child's bedroom was seen (under 1.1.3 Observation/Statutory visit details);
- a clear statement as to the Purpose for the visit, the Findings/Outcome and any Analysis plus Conclusion and Recommendations (under 1.1.3 Observation/Statutory visit details);
- whether the record of the CIN visit has been completed (Options under 2.1.1 'Has the assessment been completed' are 'Yes', 'No'). Only 'Yes' should be selected when the record has been completed to ensure an authorisation task is sent to your Practice/Team Manager.