

## Children in Need living in 'stable' situations

### Practice Guide

#### Scope

The majority of Children in Need require a minimum of visits and reviews every 20 days to ensure plans move forward in a timely way because it is our aim that they will step down to universal services within 12 months when their needs have been met.

However, there are a small number of Children in Need whose situation is longer term and it is anticipated they may receive services for many years, or the remainder of their childhood.

Continued involvement is required to ensure those services remain appropriate, that the children's wellbeing is maintained and they are supported to access additional specialist services when required.

#### Criteria

Children in Need who are considered to be stable:

- have been **open for at least 12 months** to children's social care on their current referral
- have a **completed assessment** that has been updated at least once without significant additional need being identified
- have a **plan that has been reviewed** to demonstrate that it is meeting the child's needs
- have **no safeguarding concerns**
- are required to have a Child in Need plan in order to access specific services/meet government regulations and **cannot be stepped down to Early Help**
- have **parents/carers who are providing care of a good standard** and are able to manage all day to day arrangements for the child's wellbeing, including liaising with universal and specialist services, ensuring children attend school and health appointments. Parenting capacity is not compromised e.g. by their own mental or physical ill health or disability, domestic abuse, or substance misuse
- have **home conditions that are 'good enough'** or better; and, where appropriate, have the necessary adaptations in place to enable the child's needs to be met.
- have **no other children in the household on Children's Social Care plans** unless they are also 'stable' Child in Need plans

The children who meet these criteria are most likely to be:

- Children with complex health needs or disabilities (allocated to CCHDT or Transitions Team)
- Children who are privately fostered

It is unlikely that children receiving services within the locality teams will meet the stable CiN criteria. They will either require an active CiN plan with 20 day reviews or should be stepped down to Early Help/universal services.

Children who are in need because their parents have 'no recourse to public funds' should not be considered 'stable'. Their situation is stressful and costly and needs to be resolved as soon as possible.

## Process

1. The decision to designate Child in Need as stable is made by the Team Manager and recorded as a management involvement/discussion case note.
2. The decision must then be ratified at a Child in Need review held within **20 working days** and attended by partner agencies and family. The decision should be recorded in part 1 of the CIN plan and on the Case Summary.
3. Subsequent Child in Need reviews should be held at least **once every 6 months**. For children with complex health needs and disabilities the Support Plan should also be reviewed at the Child in Need Review.
4. Assessments should be updated **every 12 months** and plans updated after each Child in Need Review. Assessments must consider whether the Child in Need plan is still required, and rationale should be included in the analysis.

Assessments for children with complex health needs and disabilities should include a review of their RAS and Social Support Plan in order that this can be presented to EHCP Panel to confirm their respite package for the following year.

5. Visits to a child in need must take place **at least 3 monthly** but the team manager should confirm visit frequency within this timescale in a management involvement/discussion case note and the Social Worker should ensure this is recorded in the Case Summary.

Children should be visited at home. Additional visits should take place at the child's school and respite facility if required (particularly for children with complex health needs and disabilities).

3 monthly 'Visits to a Child in Need' should not coincide with child in need reviews; children should be consulted prior to the review so their voice can be properly presented in the meeting. For children who have communication difficulties observation and consultation with parents and key professionals can be used to supplement direct work with the child and the SW should include in the review report how they have communicated with the child to seek their views. Children should be supported to attend their child in need reviews wherever possible.

It may also be appropriate to visit the child on the day of the child in need review, perhaps to see them in their school setting, but this cannot be recorded as the only Visit to a Child in Need within the 3 month period.

6. Stable children in need should be discussed in supervision **every month**. Team Managers should regularly review whether stable children in need can be stepped down to early help.
7. Children should become 'active' children in need if at any point the stable criteria cease to be met. The Social Worker should discuss concerns with the Team Manager who should add a management involvement/discussion case note recording the rationale for the decision to revoke stable status.
8. The social worker should:
  - update the assessment if new needs have been identified
  - hold a Child in Need meeting **within 20 days** in order that the necessary support for the family can be identified and the change in status be recorded in part 1 of the Child in Need Plan (unless concerns are sufficient to consider a step up to Child Protection, when a Strategy Meeting should be convened immediately).