

# MULTI-AGENCY STANDARDS FOR CHILDREN IN NEED



Version:	Final
Date:	20/10/2021
Review Date:	20/10/2023
Document Author:	Child in Need Standard Review Group.
Document Owner:	Swindon Safeguarding Partnership

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# INTRODUCTION

1. Swindon Safeguarding Partnership (SSP) recognises that no one agency or professional can effectively keep a child safe and that children are best protected when professionals are clear about what is required of them individually and how they need to work together. It can be a challenging and complex area of work which requires a shared commitment, effective communication and, above all, a focus on achieving the best outcomes for the child.

These standards should be read in conjunction with the SSP thresholds document, [The Right Help at the Right Time](#). They outline the expectations of agencies and professionals who work with children who are in need. The standards reflect the requirements of Working Together 2018 and the Children Act 1989. They will continue to develop and change over time to ensure that they reflect statutory guidance and best practice.

The standards are an important part of the framework to deliver continuous improvement in safeguarding practice. They are intended for professionals working with children and families, but can also be used to help families understand how organisations work together to safeguard children in Swindon.

SSP will regularly review the standards and will audit practice to assure multi-agency compliance and the effectiveness of the standards and services to safeguard children.

2. Swindon Safeguarding Partnership (SSP) is committed to working together with a set of agreed behaviours.

## SWINDON SAFEGUARDING PARTNERSHIP

**PURPOSE** - The Swindon Safeguarding Partnership will support, enable and challenge each other to work together to:

- Provide effective and informed leadership to the local safeguarding system;
- Deliver our shared responsibility for the safeguarding of children, young people and adults at risk in the borough;
- Promote positive working relationships with each other and children, adults and families;
- Identify and act on learning
- Provide assurance to the Swindon community

**BEHAVIOURS** – through our behaviours we will demonstrate

- Accountability
- Openness
- Trust
- Innovation
- Commitment
- Respectfulness
- Curiosity
- Collaboration

**AMBITIONS** - The partnership will act with intent and purpose to deliver measurable and meaningful improvements in outcomes for children and adults at risk. This means that the partnership will:

Create a stronger culture of collective responsibility for safeguarding children and adults	Act on learning so that the partnership can continuously improve its support for children and adults at risk	Activate and empower the local community to be safeguarding partners	Increase the involvement of children and adults in the work of the partnership	Develop a confident and knowledgeable workforce and use their expertise to shape out work	Use our data to develop a shared narrative about the safeguarding needs of children and adults in Swindon
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3. SSP are also keen that all partners are aware of and confident in their use of the Escalation Policy and are expected to use it, with the agreed behaviours in the interests of the child.

To access the Escalation Policy [click here](#) or go to the Swindon Safeguarding Partnership website <https://safeguardingpartnership.swindon.gov.uk> and click on the procedures tab.

#### 4. Child-Centred Approach

The needs of children are at the centre of everything we do as organisations, and as a partnership, and children's needs should remain the focus for all practitioners, irrespective of their professional background.

	Expected Standard
1.	The needs of the child are at the centre of all safeguarding processes
2.	Children should be seen alone to hear their story from their perspective and where possible sufficient time taken to develop their trust
3.	A 'Think Family' approach is necessary, but analysis should focus on the impact of the behaviour of the adults on the lived experiences of the child
4.	Consideration should be given to who are the best placed professionals to work with the child in each situation
5.	The focus of all activity should be securing the best outcomes for the child, not the completion of processes

## Child in Need Standards

A child in need is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. A child in need assessment is a multi – agency assessment lead by a social worker and identifies the needs of the child. Whilst this definition states children, it is important to note it is also applicable to unborn babies.

Child In Need (CiN) processes commence when a child is assessed to meet the level 3 threshold as defined in ‘The Right Help at the Right Time’ document. These standards should therefore be read in conjunction with Swindon’s [Multi Agency Thresholds Document](#). These standards reflect the [Working Together to Safeguard Children](#) Guidance 2018 and [Swindon’s Procedures for working Children in Need](#).

These standards will continue to develop and be updated over time to ensure that they reflect best practice. The standards are an important part of the framework to deliver continuous improvement. They are intended for all professionals, parents, carers, children and young people working together to improve children’s outcomes.

## CONSENT

For some children who are able to give consent (please see below) a Child in Need process can proceed even if the parents do not agree, if the child has given consent.

### Legal Perspective on Consent within Section 17 Investigations

The RF1 has a tick box for partners to evidence if they have sought consent from the family to share their information in the referral to MASH.

The Department for Education's information sharing advice for practitioners providing safeguarding services to child, young people, parents and carers states that "Wherever possible, you should seek consent and be open and honest with the individual from the outset as to why, what, how and with whom, their information will be shared. You should seek consent where an individual may not expect their information to be passed on. When you gain consent to share information, it must be explicit, and freely given.

There may be some circumstances where it is not appropriate to seek consent, either because the individual cannot give consent, it is not reasonable to obtain consent, or because to gain consent would put a child or young person's safety or well-being at risk.

Where a decision to share information without consent is made, a record of what has been shared should be kept by the referring agency. Parents do not have to agree to their children being assessed but that does not end the assessment process.

The need to assess is enshrined within the duties imposed by section 17.

If a parent refuses to engage with an assessment the assessment should conclude as much as possible pulling information from partner agencies, in particular the referring agency and a decision about outcome be drawn just as if the parent and / or child had engaged. Parents should be encouraged and enabled to participate throughout the process. We should not be seeking "consent" to assessment as this form of terminology is misleading to families and wrongly suggests that they have a choice over whether the assessment should be undertaken. The assessment is a requirement once the Local Authority determine that the threshold for Section 17 or Section 47 are crossed. The Local Authority must only escalate from a Section 17 assessment, following a lack of consent, when there is reason to believe the threshold is crossed.

Consent is needed to enable to hold a child as Child in Need. The Local Authority should not intervene in family life without consent unless there is a safeguarding need (which is most likely going to result in an Initial Child Protection Conference rather than a Child in Need Plan). This consent is about working with the family, offering interventions and support, not the assessment.

Relevant personal information can be shared lawfully if it is to keep a child or individual at risk safe from neglect or physical, emotional or mental harm, or if it is protecting their physical, mental, or emotional well-being. All of these are factors the Local Authority is considering when determining assessments under Section 17 and Section 47.

Parental consent is not needed from all persons who hold parental responsibility.

Parental consent is not needed to assess under Section 17 and Section 47. This has become a duty which must be discharged.

It is important to remember a child who has legal capacity, can give consent themselves for services, meetings and referrals and parental consent is not needed. A child over 16 is presumed to have legal capacity unless there is evidence that they are not. Consideration of a child who has legal capacity, who is not prepared to give consent when it is in their interests to do so will be considered within the threshold of significant harm, and the impact of this decision.

It is important to remember a child that is Gillick Competent to make the decision can give consent themselves for services, meetings and referrals and parental consent is then not needed. A child over 16 is presumed to have Gillick Competence unless there is evidence that they have not.

Once the assessment has been completed, the Local Authority may want to make referrals to other departments or partner agencies. Consent for referrals is required, for example in the case of homelessness or drug services.

### [Consent Practice Briefing](#)

#### Gillick Competence and Fraser Guidelines

Gillick competency and Fraser guidelines help people who work with children to balance the need to listen to children's wishes with the responsibility to keep them safe.

Although the two terms are frequently used together and originate from the same legal case, there are distinct differences between them.

#### Gillick Competence

Gillick competency applies mainly to medical advice but it is also used by practitioners in other settings. For example, if a child or young person:

- would like to have therapeutic support but doesn't want their parents or carers to know about it
- is seeking confidential support for substance misuse.
- has strong wishes about their future living arrangements which may conflict with their parents' or carers' views.

If the young person has informed their parents of the treatment they wish to receive but their parents do not agree with their decision, treatment can still proceed if the child has been assessed as Gillick competent

Further guidance on Gillick Competence can be found on the [NSPCC website](#)

#### Fraser Guidelines

The Fraser guidelines apply specifically to advice and treatment about contraception and sexual health. They may be used by a range of healthcare professionals working with under 16-year-olds, including doctors and nurse practitioners.

- Practitioners using the Fraser guidelines should be satisfied of the following:
- The young person cannot be persuaded to inform their parents or carers that they are seeking this advice or treatment (or to allow the practitioner to inform their parents or carers).
- The young person understands the advice being given.
- The young person's physical or mental health or both are likely to suffer unless they receive the advice or treatment.
- It is in the young person's best interests to receive the advice, treatment or both without their parents' or carers' consent.
- The young person is very likely to continue having sex with or without contraceptive treatment.

Further guidance on The Fraser Guidelines can be found on the [NSPCC website](#)



## Pathways to interventions and support for a Child in Need

There are a number of ways a child can be assessed as a child in need and eligible for section 17 intervention/service provision.

- A referral is received into MASH, reviewed by a manager and agreed that threshold has been met for a referral into ACP for statutory assessment as per section 17 at the end of which it may be confirmed that the child is a Child in Need.  
Or
- On the completion of a section 47 enquiry the outcome could be to offer services under section 17. In exceptional circumstances section 17, Child in Need can be offered following a strategy discussion. For example, when a child is already open as a Child in Need.  
Or
- When a Child Protection plan has been completed and the decision has been made that Child in Need services should continue under section 17, the plan at the end of the conference will become the child in need plan. The date for a Child in Need review meeting will be set.  
Or
- When a decision is made in court that a supervision order will be granted, the supervision support plan agreed in court will become the Child in Need plan and will be reviewed following the Child in Need procedures for the duration of the order. In some circumstances at that point a review might decide to offer continued services under section 17 Child in Need.  
Or
- Where a child who has been looked after by the local authority and is NOT subject to a Care Order or a Child Protection Plan, Child in Need procedures are likely to be appropriate.  
Or
- If a child transfers into Swindon having been assessed at Child in Need level in the host Local Authority they will be provided with services at Child in Need level until the assessment informs otherwise.  
Or
- A child who is referred through MASH and assessed by the Disabled Children's Team will receive services under section 17 Child in Need where they meet the criteria for that intervention.  
Or
- If the court requests the local authority to complete a section 7 or 37 report under private law, these children will be recognised as Children in Need until the outcome of court is known.  
Or
- When a child is leaving the 'Looked after System' and it is considered that a high or co-ordinated level of services will be necessary to maintain them within the family and they reach the threshold for section 17.  
Or
- When a young person is receiving accommodation via section 17. (Southwark Judgement)

# Assessment of Child in Need (section 17)

The assessment of a Child in Need is completed in line with [Swindon's Children, Families and Community Health's procedure manual](#)

	Expected Standard	Criteria
1	Assessments that are completed under section 17 must be based on good analysis, timeliness and transparency and should be proportionate to the needs of the child	<ul style="list-style-type: none"> <li>Once it has been identified that a child meets the criteria to be assessed under a section 17 assessment, the assessment must be completed within 45 working days at the very latest.</li> <li>For child to receive the right help at the right time, all professionals who have contact with the child should contribute to the assessment.</li> <li>If a child has had a social worker within the past 13 weeks, the social worker involved with the family will undertake the assessment under the 13 week rule. (when a child is closed to a safeguarding team and a referral is made into MASH which reaches threshold within 13 weeks of closure, it is referred back into the safeguarding team, where possible, in order for the family to have some kind of consistency.)</li> </ul>
2	Identification of needs	<ul style="list-style-type: none"> <li>A Child in Need assessment will identify both the strengths and the needs for the child.</li> <li>To identify these strengths and needs the child's health and development needs will be assessed by the appropriate professionals.</li> <li>Parenting capacity, wider family and the child's community will also contribute to the assessment of the child's needs.</li> <li>All agencies will consider the needs of the child not only from their individual agencies perspective but also in the context of the child's lived experience.</li> <li>Where possible, every effort should be made to see the child alone to ensure the voice of the child is captured.</li> <li>A range of tools may be used to assess the identification of needs such as the Graded Care Profile or the <a href="#">Neglect Framework</a>.</li> </ul>
3	Contribution to the Child in Need assessment	<ul style="list-style-type: none"> <li>The child's social worker completing the statutory assessment will seek information from other key partners such as health and education to inform the assessment.</li> <li>As part of the assessment, all agencies will be asked to submit an analytical chronology of their involvement with the child.</li> <li>All agencies must ensure the information provided as part of the assessment is accurate and up to date.</li> <li>The child, their parents/carers and wider family members must be invited to contribute to the Child in Need assessment.</li> </ul>

4	Outcome of assessment	<ul style="list-style-type: none"><li>• Once the outcome of the Child in Need assessment has been complete, the outcome conclusion of the assessment should be given in both a verbal and written format to the child and their parent/carer.</li><li>• The outcome of the assessment should be given to the referrer.</li><li>• The time and date of the first Child in Need meeting should be made when the outcome of the assessment has been concluded.</li><li>• Partner agencies consulted in the assessment must be informed of the outcome of the Section 17 assessment.</li></ul>
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# Initial Child in Need Meetings and subsequent meetings

A child in need meeting is a multiagency meeting to consider all the child's needs and receive information from all agencies currently involved with the child or family and to formulate the plan of support for the family.

	Expected Standard	Criteria
1	An Initial Child In Need Meeting will be held when it has been assessed that a child needs additional help from professionals to achieve or maintain a reasonable standard of health and/or development. (As defined in section 17 of the 1989 Children Act)	<ul style="list-style-type: none"> <li>• The Initial Child In Need meeting will occur within at least 10 working days following the completion of a statutory assessment.</li> <li>• When a child steps down from a Child Protection Plan a Child in Need meeting will convene within 10 working days of the review Child Protection Conference.</li> <li>• This will occur when a child has been subject to a Child Protection Plan, the level of risk has reduced but there continues to be an need for intervention and support at a Child in Need level after the Child Protection Plan has ended.</li> <li>• When a Child in need plan has been recommended from a statutory assessment, consent is required to implement the plan.</li> <li>• When a child has complex needs identified that require a co-ordinated approach.</li> <li>• For a child who has not met the threshold for child protection but for whom there are concerns just below the threshold of child protection.</li> <li>• Consideration will be given to a Child In Need Plan when a child moves into the area from another Local Authority where a Child In Need Plan was in place in line with the Swindon Borough Council's <a href="#">Children in Need Procedures. It will be informed by a new updated assessment with 45 days of being referred through MASH and if they are permanent residents in Swindon Borough</a></li> </ul>
2	The Child In Need Meeting will be convened upon completion of a statutory assessment recommending a Child in Need plan or when a child on an existing Child in Need plan from another Local Authority transfers into the area until the assessment informs otherwise or when a child steps down from a Child Protection Plan. This is applicable to initial and subsequent Child in Need meetings.	<ul style="list-style-type: none"> <li>• At this initial Child in Need meeting the plan will be developed and agreed.</li> <li>• The initial meeting will be chaired by the allocated social worker and will be informed by the manager's analysis from the statutory assessment or most recent plan if stepped down from a child protection plan.</li> <li>• The first review Child In Need Meeting will take place within 12 weeks on the initial Child in Need meeting occurring.</li> <li>• The first review of the Child In Need Plan should be chaired by the social workers line manager to review progress and barriers to the plan progressing.</li> <li>• A child will remain on a Child in Need plan for as long as they have a need and the child or parent consent.</li> </ul>

3	<p>The agencies working closely with the child and family will be invited to attend the Child in Need Meeting</p>	<ul style="list-style-type: none"> <li>• The Child In Need meeting will be arranged by the social worker and agreed with the parents and/or carers.</li> <li>• Invitations for the initial meeting will go out 7 working days in advance of the meeting.</li> <li>• For all subsequent Child in Need Meetings the date will be agreed in advance at the previous review and included in the notes of that meeting.</li> <li>• The meeting notes will be sent out within 5 working days of the date of the meeting however, there may be a longer time period when parents require these within their preferred language or format that clearly identifies actions agreed and timescales.</li> <li>• The social worker will minute the initial Child in Need meeting and the responsibility for the documentation of subsequent notes, decisions and actions will be decided with partner agencies at the end of each meeting in preparation for the next meeting and the professional will be provided with the template.</li> <li>• That professional will then send the completed template to the social worker within 1 working day.</li> <li>• Invitees will be those professionals directly and closely involved with the child and his/her parents and will have a sufficient knowledge of the child and family in order to effectively contribute. A list of potential invitees will be discussed with the child and family by the social worker.</li> <li>• The timing of the meeting should maximise attendance from the family and professionals.</li> <li>• In the event of a range of complexities, then the meeting may be chaired by a Team Manager.</li> <li>• Multi agency professionals are to share any new information since the last update was given with the social worker. The GP will always be invited to the Initial Child in Need meeting</li> <li>• A Child in Need meeting should have no surprises to ensure an open and honest relationship with families.</li> <li>• The notes should reflect the parents willingness to continue to with the plan – it is good practice to revisit the issue of consent in all subsequent CIN meetings and have this recorded.</li> </ul>
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4	<p>The parents and/or carers will be invited and involved in the meeting.</p>	<ul style="list-style-type: none"> <li>• The social worker will ensure that the parents have sufficient information and notice to make a meaningful contribution to the meeting.</li> <li>• The parents will be clear beforehand, who has been invited to a meeting and what the purpose of the meeting is for.</li> <li>• Where parents are separated, there will be consideration given to how to manage difficult relationships or staggered attendance if possible. All parties with parental responsibility will be invited to contribute to the meeting.</li> <li>• The parents/carers/those with parental responsibility will be clear on the outcome of the meeting as they will be in attendance at the meeting and/or will receive the notes of the meeting within 5 days.</li> <li>• Children’s Services will provide any additional support services required by the family such as interpreters at the meeting, receiving information in a way determined by their level of understanding and means of communication.</li> <li>• The meeting will be held in a venue agreed by parents, for example if they would prefer a meeting to take place in their home then this will be accommodated where possible and safe to do so. (Post COVID the option for parents who do not wish to be in a room together will have the opportunity to participate virtually.)</li> <li>• In the event that a parent or carer withdraws consent for ongoing Child in Need involvement from Children’s Services, then the child’s needs and any associated risks will be reviewed. It is good practice that this review will take the form of a professionals meeting. If there is no increase in the risk and the child is not deemed to be at risk of ‘significant harm’ then the case <b>MUST</b> be closed to Children’s Services and all professionals involved made aware of this.</li> <li>• If the child continues to have needs and the parents’ consent, the plan can be stepped down to Early Help.</li> <li>• Where professionals do not agree with this decision the escalation policy is available for professionals to use.</li> <li>• Cases should not be stepped down from Child in Need or Child protection just prior to birth as recommended in the Multi Agency unborn baby audit (July 2020).</li> </ul>
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5	<p>The voice, wishes and feelings of the child will be integral to the formulation of the plan.</p>	<ul style="list-style-type: none"> <li>• The child must be given the opportunity to contribute to the meeting, subject to their age and understanding; this must include them attending the meeting.</li> <li>• Children over the age of 12 or younger if considered appropriate will be invited to attend the Child in Need meeting and options will be given to them on how they can participate. This will including meeting with the Social worker; having an independent advocate; attending the meeting or writing a letter.</li> <li>• Alternatively, the child will be offered the opportunity to contribute through their social worker, an independent advocate, writing a letter or drawing to the child in need meeting.</li> <li>• The social worker will ensure that the child knows why the meeting is being held where age appropriate, and they will be informed about the agreed plan after the meeting if they choose not to attend.</li> </ul>
6	<p>All Professional attendees will have sufficient information for the Child In Need Meeting.</p>	<ul style="list-style-type: none"> <li>• Professional attendees should have good, sufficient knowledge about the child to contribute effectively.</li> <li>• Professionals who cannot attend will send an agency representative where possible. .</li> <li>• In the event of a professional being unable to attend, relevant and proportionate information will be emailed to the social worker beforehand with updates about agreed actions and further causes for concern.</li> <li>• The date and venue for the next Child In Need Meeting will be agreed with all professionals, parents and carers at the end of the meeting.</li> <li>• Professionals will have a working knowledge of the statutory threshold and be able to actively consider whether the case can be safely stepped down to Early Help Services, or whether a strategy discussion should be considered in the event that risks are increasing.</li> <li>• There is an expectation that Child in Need meeting dates should only be changed in exceptional circumstances. It is the responsibility of the social worker to ensure the parents and all professionals involved in the meetings are notified 3 working days in advance of this change.</li> </ul>

# CHILD IN NEED PLAN

A child who is deemed to be in need will have a Child in Need plan. A Child in Need plan will address the needs that have been identified in the section 17 assessment.

	Expected Standard	Criteria
1	The Child in Need plan is the families plan to address the Child's needs	<ul style="list-style-type: none"> <li>• The aims of the plan will be clearly written at the beginning of the plan</li> <li>• The plan will ensure that the areas of concern/need within a family are clearly identified and actions agreed will directly support a decrease of needs.</li> <li>• The plan will promote all areas of a child's welfare, including their health, education, emotional wellbeing and development</li> <li>• The parent and child's wishes will be included in the plan.</li> <li>• A whole family approach will be taken to reducing the needs within the family.</li> <li>• The family will be supported to participate in the development of their plan.</li> <li>• The family will be supported to also participate in the development of their contingency plan.</li> <li>• The plan will be in a format and using language that the child and parents understand.</li> <li>• All families with a Child in Need plan will be offered a Family Group Conference</li> <li>• The Child in Need plan should consider the use of the Graded Care Profile and Neglect Framework.</li> </ul>
2	The outcomes will clearly defined and be child focussed.	<ul style="list-style-type: none"> <li>• The desired outcomes will be clearly written and actions noted for how this outcomes could be achieved.</li> <li>• These desired outcomes should evidence how the needs of the child are to be met.</li> </ul>
3	For each outcome, actions will be identified that will achieve this outcome.	<ul style="list-style-type: none"> <li>• These Actions will be Specific, Measurable, Attainable, Realistic and Timely.</li> <li>• Actions will be identified in conjunction with family and child and professionals.</li> <li>• For each action, further detail will be set out as to what needs to happen, why and when this will be completed, and by whom, and this will include reference to any other plans that may be in place for the child.</li> <li>• The plan will consider what resources are available to support the family to achieve change.</li> <li>• Consider whether other professional assessments are required.</li> <li>• Include the family contingency plan.</li> </ul>



4	The Child In Need Plan will be agreed with the Parents, Carer and Child where appropriate.	<ul style="list-style-type: none"> <li>• The parents, carers and child should be clear about the reason for the Child In Need plan being in place and what the desired outcomes will be. They should be in full agreement with the contents of the plan and be clear what needs to change and what is expected of them. They should be clear what support they will be offered to make the required changes and within what timescale.</li> <li>• They should receive a written copy of the plan and notes in 5 working days however, there may be a longer time period when parents require these within their preferred language or format that clearly identifies actions agreed and timescales.</li> <li>• They should be aware that they are consenting to their child receiving services in line with Swindon Borough Council's 'Child In Need' Policy.</li> </ul>
5	All professionals and involved parties will implement the agreed actions within the agreed timescale	<ul style="list-style-type: none"> <li>• It is expected that if any agreed action cannot be met, the social worker should be informed at the earliest opportunity.</li> <li>• It is the responsibility of the named professional for each action to ensure that it is delivered within agreed timescales and the social worker updated if not.</li> <li>• If agreed actions of the Child In Need Plan are not being met, then the Child In Need team around the child will consider alternative support options to overcome presenting barriers.</li> <li>• If work is not being completed within the agreed timescales by professionals when it is an action from the plan it is expected that the escalation policy will be implemented.</li> <li>• If the Child In Need meeting professionals are unable to progress the plan for the family then the contingency plan should be considered, as well as a review of the needs of the child and whether there is an increase in the risk to the child or not. The barriers for this should be considered.</li> <li>• Professionals will receive a copy of the notes within 5 working days.</li> </ul>

# CHILD IN NEED MEETING NOTES

	Expected Standard	Criteria
1	The Child in Need meeting notes and Plan will be sent out to all professionals, parents and carers.	<ul style="list-style-type: none"> <li>The meetings will decide the date and venue of the next meeting.</li> <li>The Child in Need plan will have been seen and signed off by a Team Manager.</li> <li>The notes will be presented in a format that is understood by the parents and child where appropriate.</li> <li>All invitees will receive a copy of the Child in Need plan and meeting notes within 5 working days.</li> <li>The social worker will ensure the plan and any meeting notes are sent within agreed timescales.</li> <li>If invitees do not receive the notes, it is expected that they contact the social worker in the first instance followed by their manager to ensure these are received within timescale.</li> <li>Once the notes and the plan are received all agencies should document on both the child's and their parent or carers records that the child is on a Child in Need plan and the date which the decision was made on the child's records.</li> </ul>
2	Amendments may be made to the notes.	<ul style="list-style-type: none"> <li>Parents and professionals should contact the social worker within 10 working days of receipt of the notes where there are inaccuracies.</li> <li>If no inaccuracies are raised within 10 working days of being received, the notes will be deemed accurate.</li> <li>The social worker will make the necessary amendments and may contact the parents and other professionals to advise them of such changes. This will be completed within 5 working days.</li> </ul>
3	Family disagreements	<ul style="list-style-type: none"> <li>Where there is disagreement about the plan for the family, or the level of support is not agreed and accepted, then there will be a separate discussion or meeting held with the social worker and their team manager in the first instance to review the levels of harm and impact upon the child.</li> <li>If no resolution is agreed, this will then be escalated to the social workers service manager.</li> </ul>
4	Professional disagreements	<ul style="list-style-type: none"> <li>When there is disagreement amongst professionals or the level of support is not agreed or accepted and there is no resolution, then the <a href="#">escalation policy</a> must be utilised with the first pre escalation step being to contact the social worker.</li> <li>When there is no resolution to the disagreement, the <a href="#">Escalation Policy</a> will be utilised and professionals are expected to use this, with agreed behaviours being in the best interest of the child.</li> </ul>

# REVIEW CHILD IN NEED MEETINGS

The purpose of the Review is to ensure that the services provided are contributing to the achievement of the objectives within the time-scales set.

	Expected Standard	Criteria
1	The partners responsibility to the Child In Need Plan will be understood and a commitment to attending and actively engaging with the Child In Need Review Meetings.	<ul style="list-style-type: none"> <li>• The Child in Need review should take place every 12 weeks</li> <li>• Consider whether the support from services is still required at Child in Need level, including what will happen if the child is considered at risk of significant harm or if the needs have increased.</li> <li>• Develop the Child In Need Plan in line with changing needs based on updated assessments and professional reports.</li> <li>• If the young person is in receipt of an Education Health Care Plan, then the contents of this will be considered when completing the Child In Need plan to ensure that there is one plan with a focus on the Child or Young Person.</li> <li>• Implement the Child In Need Plan and take joint responsibility for carrying out agreed tasks, monitoring progress and outcomes and changing the plan as needed.</li> <li>• The updated plan and notes will be dissemination following Child in Need meetings to all invitees within 5 working days, including to the GP even if they were not part of the invitee list.</li> <li>• The review meeting date will be included in the meeting notes, however, an email will be sent from the social worker 7 days in advance of the meeting as a reminder.</li> <li>• The social worker will also remind the parents 7 working days before the meeting and address any barriers to attendance.</li> <li>• The Child in Need meeting will follow a set agenda. (Please see <a href="#">appendix 1</a>).</li> <li>• Professionals should provide the social worker 5 working days before the meeting with an update on their actions and any relevant contacts that they have had with the child and the family in the intervening period and what the impact of that information is for the assessment.</li> <li>• Professionals should also offer to share their updated information with the Child and their family 5 working days before the meeting.</li> <li>• Professionals will bring the plan to each Child in Need review.</li> <li>• A Child in Need review will only be cancelled in exceptional circumstances and if the team manager has agreed. The social worker or the team manager will be responsible for alerting all professionals and the family who have been invited 3 days in advance of the meeting and providing the new date.</li> <li>• If a Child in Need meeting is cancelled at short notice without reasonable explanation and a new date for the meeting given, the <a href="#">Escalation Policy</a> should be considered.</li> <li>• At the 6 month review there will be clear consideration given to whether the case should be stepped up or stepped down depending on the current needs of the child which will be informed by an up to date assessment.</li> </ul>

		<ul style="list-style-type: none"><li>• In order to ensure this is robustly monitored the second Child in Need review, held 12 weeks after the initial plan was agreed will need to consider the progress of the plan and the impact on the child.</li><li>• A decision must be made at the final review to either follow the step down or step up process. Risk assessment will inform this decision making process.</li></ul>
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## CLOSURE OF CHILD IN NEED

Where consideration is made to the closure of a Child in Need plan it must be a multi-agency decision made in conjunction with the child and their family.

	Expected Standard	Criteria
1	The closure of a Child in Need plan will be a multi – agency decision.	<ul style="list-style-type: none"> <li>• The team manager or an advanced social worker will chair the final Child in Need meeting where professionals and family are considering to close the Child in Need plan.</li> <li>• The notes should clearly record the decision making to either close, step up or step down.</li> <li>• When a Child in Need plan closes, it should be a multi-agency decision. If there is professional disagreement then professionals should utilise the <a href="#">escalation policy</a>.</li> <li>• Where a referral returns into MASH within 13 weeks of the Child in Need plan closing, the case will return to the social work team within the locality who held the plan prior to closing.</li> <li>• The GP, even if they have not been part of the Child in Need meetings should be notified that a Child in Need plan is being closed.</li> <li>• On receipt of the notes that informs a child is no longer on a Child in Need plan, agencies should update their electronic records to reflect this.</li> <li>• Where the decision has been taken that support within Early Help is still appropriate, a transfer meeting and allocation should take place within 10 working days to allow the case to close at Child in Need.</li> <li>• The child should remain open to the social worker until the formal transfer has been accepted.</li> <li>• Where a child moves across boundaries please refer to <a href="#">The Cross Border</a> SSP Protocol.</li> <li>• Within five working days, Children’s service will write to confirm this decision to all members of the team around the child and the family.</li> <li>• All invitees to the Child in Need meeting should receive a copy of the notes from the child’s social worker within 5 working days of the meeting.</li> </ul>

# Appendix 1

## Child in Need Meeting Agenda

All Child in Need meetings should follow the agenda as set out below.

Item number	Agenda Item
1.	Welcome/Introductions/Apologies.
2.	Purpose of the meeting.
3.	Reason for the meeting/concerns/risks.
4.	Updates on plan from professionals/parents and the child including their view of current needs of the child/children.
5.	Actions request to achieve the outcomes/ review of previously agreed actions. All actions must be SMART.
6.	Child's wishes and feelings.
7.	Parent's wishes and feelings and willingness to continue the plan.
8.	Parents contingency plan
9.	Outcomes for the child/children.
10.	Discussion regarding threshold of need. Is the threshold for Child in Need ongoing?
11.	Date, time and location for review meeting.