

People department
Children's Social Care



Referral, Assessment, Planning and Decision Making for Children in Need Procedures

(including Step Up / Step Down between Children's Social Care and Early Help)

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Table of Contents

1	Introduction	1
2	Policy	1
3	Legal Framework	1
3.1	Children Act 1989.....	1
3.2	Children Act 2004.....	3
3.3	The Equality Act 2010.....	3
3.4	The United Nations Convention on the Rights of the Child	3
4	Procedures	4
4.1	Early Help Assessment.....	4
4.2	Management of Contacts to Children's Social Care.....	4
4.3	Management of Referrals and Re-referrals.....	5
4.4	Management of Assessments.....	7
4.5	Step Up / Step Down between Children's Social Care and Early Help	13
4.6	Case Responsibility and Transfer within Children's Social Care.....	15
4.7	Planning and Decision Making.....	17
4.8	Child in Need Planning Meeting	18
4.9	Family Group Conference and Mediation	21
4.10	Reviewing Child in Need Plans	22
4.11	Child Protection Strategy Discussion.....	22
4.12	Initiating Section 47 Enquiries	24
4.13	Outcomes of Section 47 Enquiries.....	24
4.14	Case Closure	25
5	Appendices.....	27
5.1	Appendix 1 - Bracknell Missing and Exploited Children's Referral Pathway	27
5.2	Appendix 2 - Bracknell Forest Missing Children Return Home Interview Pathway	28
5.3	Appendix 5 Flowcharts.....	30

1 Introduction

Most of the children involved with Children's Social Care are 'children in need' who are living with their families. A key principle for our work is to maintain family relationships and children at home with their family where it is safe to do so. Research indicates that offering services to families where children are 'in need' increases their capacity to care for and protect their children. Bracknell Forest Children's Social Care believe in providing the right service at the right time, to prevent needs from escalating and to ensure a safety-first approach for families coming into contact with our department.

These local procedures, to read in conjunction with Working Together 2018 and the pan-Berkshire Child Protection procedures, set out:

- How Children's Social Care will assess whether children are 'in need'
- How services will be provided if this is seen as the most appropriate form of support
- How services will be planned and reviewed
- How children and families will step up and step down between early help and children's social care

2 Policy

Bracknell Forest Children's Social Care seeks to promote children's well being within their families and communities, and to enhance the outcomes for children 'in need' (within the meaning of the Children Act 1989) and their families.

It will do so by:

- undertaking assessments of the needs of individual children in collaboration with families and with partner agencies, who share responsibility for these assessments
- determining what action should be taken and what services should be provided to respond to that need
- Planning and coordinating the provision of a range of services to enable children to remain within their own families, as long as this is consistent to promoting and safeguarding their welfare. Such services can either be provided directly and solely by Children's Social Care or in collaboration with other departments and agencies
- Ensuring that the impact of service provision, or other intervention is monitored and plans are reviewed

A child who has been assessed as being 'in need' is the threshold for Children's Social Care interventions with children and their families. However not all children assessed as being 'in need' will require or receive a service from Children's Social Care. Other agencies (e.g. Education, Early Help or Health) might be best placed to provide services directly without requiring Children's Social Care's involvement. In addition, services in the community (e.g. voluntary or statutory agencies) might be able to support children and their families without a continuing Children's Social Care involvement.

3 Legal Framework

3.1 Children Act 1989

The Children Act 1989 sets out the responsibilities of Councils with Social Services. Responsibilities as the lead agency for establishing whether a child is in need and for ensuring services are provided to that child as appropriate.

Referral, Assessment, Planning and Decision Making for Children in Need Policy and Procedures

The duties and powers of the local authority to assess the needs of a child and to provide services are outlined in Part III of the Children Act 1989, in particular Section 17, and Schedule 2 Part I. Part III is the main part of the Act (titled Local Authority Support for Children and Families) about the delivery of services by social services departments. Other Parts (I, II, IV and V) outline the way in which court orders may be obtained to authorise or enforce certain actions, in relation to family proceedings, care and supervision and the protection of children.

3.1.1 Children in Need

The Children Act 1989 states the general duty of every local authority.

It shall be the general duty of every local authority (in addition to the other duties imposed on them by this Part):

- (a) *to safeguard and promote the welfare of children within their area who are in need; and*
- (b) *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.*

Children Act 1989 Section 17 (1)

This duty rests with the local authority **as a whole**. The provision of the range and level of services appropriate to children's needs is done by local authorities, schools, health and voluntary agencies working together in partnership and in line with agreed multi-agency threshold guidance.

3.1.2 Definition of Children in Need

The Children Act 1989 provides a definition of a 'child in need'

For the purposes of this Part a child shall be taken to be in need if:

- (a) *he 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 for him of services by a local authority under this Part;*
- (b) *his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or*
- (c) *he 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 has been living.*

Children Act 1989 Section 17 (10)

"development" means physical, intellectual, emotional, social or behavioural development; and "health" means physical or mental health.

Children Act 1989 Section 17 (11)

3.1.3 Children with Disabilities

Local Authorities are required to provide services for disabled children which are designed to minimise the effects of their disabilities and to give them the opportunity to lead lives that are as normal as possible (Children Act 1989 Schedule 2 paragraph 6)

3.1.4 Definition of Children with Disabilities

Under the Children Act 1989, disability is defined as follows:

A child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed.

Children Act 1989 Section 17 (11)

Referral, Assessment, Planning and Decision Making for Children in Need Policy and Procedures

The definition of disability under the Children Act 1989 is different from Health and Education definitions¹. A disabled child under the Children Act 1989 is one whose disability is 'substantial' and 'permanent' and where their needs which arise from their disability requires more support than is available through the capacity of their parents/carers and mainstream services.

Substantial will mean considerable or significant factors which are life changing or limiting, and might include issues to do with risk and dependency. Permanent means existing indefinitely, not expected to improve. However, there must be sufficient flexibility to take account of intermittent or episodic conditions.

3.1.5 Child Protection

The Children Act 1989 sets out the local authority's duty to investigate child protection concerns.

Where a local authority:

- *are informed that a child who lives, or is found, in their area – is the subject of an emergency protection order; or is in police protection; or*
- *have reasonable cause to suspect that a child who lives, or is found, in their area is suffering, or is likely to suffer, significant harm,*

the authority shall make, or cause to be made, such enquiries as they consider necessary to enable them to decide whether they should take any action to safeguard or promote the child's welfare.

Children Act 1989 Section 47 (1)

3.2 Children Act 2004

The Children Act of 2004, section 53, amends the Children Act 1989 and requires local authorities to give due regard to a child's wishes when determining what services to provide under section 17 of the Children Act 1989, and before making decisions about action to be taken to protect individual children under section 47 of the Children Act 1989. These duties complement requirements relating to the wishes and feelings of children who are, or may be, looked after (section 22(4) Children Act 1989), including those who are provided with accommodation under section 20 of the Children Act 1989 and children taken into police protection (section 46(3)(d) of that Act).

Section 10 of the Children Act 2004 establishes a duty on local authorities to make arrangements to promote co-operation between agencies in order to improve children's well-being defined by reference to the five outcomes and a duty on key partners to take part in those arrangements.

3.3 The Equality Act 2010

This Act puts a responsibility on public authorities to have due regard to the need to eliminate discrimination and promote equality of opportunity. This applies to the process of identification of need and risk faced by the individual child and the process of assessment. No child or group of children must be treated any less favourably than others in being able to access effective services which meet their needs.

3.4 The United Nations Convention on the Rights of the Child

This is an international agreement that protects the rights of children and provides a child-centred framework for the development of services to children. The UK Government ratified the UNCRC in 1991 and, by doing so, recognises children's rights to expression and receiving information.

¹ The DfE definition is "someone who has a physical or mental impairment which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities".

4 Procedures

4.1 Early Help Assessment

The Early Help Assessment is intended to promote more effective, earlier identification of children's additional needs and improve multi-agency working. It provides a simple, non-bureaucratic process for a holistic assessment of a child's needs, taking account of the individual, family and community. In Bracknell Forest the Early Help Assessment will be undertaken by practitioners working with the children and young people at tier 1 and 2. As far as possible an Early Help Assessment will normally accompany any professional referral to Children's Social Care or can be used as the referral documentation.

Referrals that do not meet the threshold for Children's Social Care may be referred to the Early Help Family Hubs, Youth Service or other providers, including those commissioned to deliver both universal and targeted interventions, for additional support, with the consent of the family.

4.2 Management of Contacts to Children's Social Care

A contact will normally be either:

- Notifications from other agencies, or
- A request for general information, advice or assistance (e.g. childminding list; benefits query, or notification of intention to undertake a Statement of Educational Needs)
- Offering a service (e.g. prospective foster carer)
- Recording significant information on an already open case where assessments and/or intervention are ongoing
- Notifications from early help regarding families they wish to 'step up' or seek a consultation

4.2.1 Open or Recently Closed Families

For children and families that are **open to the long term teams** (i.e. Family Safeguarding teams, The Children Looked After Pod, and the Children's Specialist Support Team), any new contacts or referrals should be passed directly to the relevant team.

For children and young people who were **previously open to one of the long-term teams but closed within a 3 month period** of the referral, any new contacts or referrals on these children should be passed directly to the relevant team.

4.2.2 New Families

All contacts on not previously known or on closed families will be dealt with by our integrated front door (MASH).

All referrals on not previously known or on closed families will be dealt with by the Duty and Assessment Team.

On receipt of contact the MASH admin will record detail on Mosaic and pass to the Early Help Senior or MASH Senior to review, depending on the reason for referral (Early Help or Child in Need/in need of protection). The Early Help Assessment Officer or MASH Duty Social worker will decide on action to be taken in consultation with the Early Help Senior or MASH Senior as appropriate.

Possible Action:

- No Further action – Duty Senior to pass to admin to close on Mosaic
- Consultation Contacts from other agencies recorded by the MASH Social Worker, together with details of any advice given. If the name and personal details of the child are provided, this should be recorded on Mosaic

Referral, Assessment, Planning and Decision Making for Children in Need Policy and Procedures

- Progress to Information and Advice/Signposting to other services – Workers within our integrated front door will process the contact, recommend what action needs to be undertaken and request authorisation from the senior to agree the contact outcome
- If further triage is required, the MASH or Early Help senior (depending on support request) will pass to their respective staff with directions as to actions to take
- Any unallocated work on contacts will be allocated and tracked on the white board.
- Contacts on unborn children – procedure is detailed below
- Progress to Referral – Social worker or MASH Senior to mark the appropriate box on the contact and referral record and follow referral process below
- Progress to Referral to Early Help Family Hubs – once the Early Help Senior has agreed that a family meet the criteria to receive a targeted intervention, a referral will be sent to the Family Hubs

4.2.3 Contacts regarding unborn children

When the contact is made the unborn child is created on systems with an expected date of delivery and contact added on Mosaic.

- Long Term Teams – the case is opened to the relevant Key Worker and Key Team in order to review
- Duty – the case is allocated to Unborns to Review

The Pre-birth Assessment should be completed within 45 days and recorded on the social work assessment template. It will commence as early as possible when a viable pregnancy is identified, but no later than 16 weeks into the pregnancy and no later than 12 weeks if there are additional high risk vulnerabilities such as having had a previous child removed. At this point a decision is to be made whether an Initial Child Protection Conference is appropriate, or a Legal Planning Meeting needs to be convened to consider initiating Public Law Outline prior to birth and/or initiating proceedings at birth.

- *Contacts for high risk unborn who will need an assessment are progressed at approximately 12 weeks.*
- *Contacts for an unborn who have not been identified as high risk but require an assessment are progressed to an assessment at approximately 16 weeks.*
- *Contacts for unborns which are received before the 12 or 16 week gestational periods (depending on current threshold) are diarised to a date when they reach the estimated respective gestational periods for review by the MASH Senior.*

4.3 Management of Referrals and Re-referrals

A referral will normally follow from:

- Information received about a child, adult or family which points to the need for further (professional) enquiry or intervention (this will have been already recorded as a contact)
- A request for an assessment / or service where the thresholds for service may be met
- Any significant one-off pieces of work requiring professional knowledge /skills to resolve
- An Early Help Assessment having been undertaken with a recommendation for referral to Children's Social Care

4.3.1 Feedback to Referrer

In all cases feedback should be provided to the referrer with an explanation as to next steps.

4.3.2 Lead Professional Role

The lead professional role falls to a social worker once the referral has been accepted by Children's Social Care. A Family Worker may be allocated to support or become the allocated key worker. Children's Social Care Family Workers do not carry out single assessments.

Referral, Assessment, Planning and Decision Making for Children in Need Policy and Procedures

4.3.3 Decision Making

Working Together 2018 - The social worker should **make a decision** about the type of response that is required within **one working day** of contact with the department. This will include determining whether:

- the child requires immediate protection and urgent action is required;
- the child is in need, and should be assessed under section 17 of the Children Act 1989;
- there is reasonable cause to suspect that the child is suffering, or likely to suffer, significant harm, and whether enquiries must be made and the child assessed under section 47 of the Children Act 1989;
- further specialist assessments are required in order to help the local authority to decide what further action to take; and
- services are required by the child and family and what type of services

4.3.4 Possible Responses to Referrals and Re-referrals

- Provision of a one off service or resource (e.g. one off financial; grant).
An assessment must be completed prior to a one-off service being provided and the case closed. The child and family and the referrer must be informed of the action to be taken.

- Strategy Meeting
Where information gathered results in the social worker suspecting that the child is suffering or likely to suffer significant harm, the local authority should hold a strategy discussion to enable it to decide, with other agencies, whether to initiate enquiries under section 47 of the Children Act 1989. Working Together (2018) and The Berkshire Local Safeguarding Children's Board Child Protection Procedures must be followed.

- Private Fostering Notification
This will be passed to the Family Placement Team for an assessment of the private fostering arrangements. The Assessment Team is responsible for undertaking a Single Assessment in relation to the child who is being privately fostered for new cases.

For children and young people already allocated in the long-term teams who become privately fostered, the allocated worker will undertake the necessary assessments. *see Policy Procedures & Practice for Private Fostering.

- Fostering Referrals
Expressions of interest or enquiries received regarding people wishing to become foster carers will be passed to the Family Placement Team Duty Worker.
- In Family Adoption Enquiries
Enquiries received regarding in-Family adoptions will be passed to the Family Placement Team Duty worker.
- Adoption Enquiries
Enquiries received regarding Adoption will be passed to the Family Placement Duty worker.
- Special Guardianship
Expressions of interest or notifications received regarding people wishing to become special guardians will be passed to the Family Placement Duty Worker.
- Occupational Therapy Referrals Guidance
Screening is carried out at the first point a request is made for Occupational Therapy services – this is often made to our integrated front door. The purpose is to gather enough information to enable the Occupational Therapy Service to prioritise their work and to identify any other needs

Referral, Assessment, Planning and Decision Making for Children in Need Policy and Procedures

that may require additional services. The child or family will not need to be seen by a Duty Social Worker as the Occupational Therapist will subsequently be visiting to assess the child.

- **Re-referrals**
Cases referred, which have been closed for less than 3 months by a long-term team, will be passed directly back to the long-term team. If the case is to be allocated, an Assessment will be undertaken by the allocated worker. This may be a brief piece of work, updating the information and analysis already available to the team, or may require more in-depth assessment if the referral is about a new issue/need.
- **Assessment**
If the response to a referral is that further assessment is required to ascertain whether the child is a child in need, they will be allocated to the named duty worker responsible for completion of the assessment. Where appropriate, practitioners from the Children's Specialist Support Team and professionals from other agencies such as health and education will need to contribute to the assessment.

4.4 Management of Assessments

4.4.1 Purpose of assessment

The purpose of an assessment is to determine whether the child is in need, the nature of any services required and whether any specialist assessments should be undertaken to assist the local authority in its decision making.

4.4.2 Timeliness of assessment

The child should be seen as soon as possible. How soon is dependent on the child's needs. In some cases the needs of the child will mean that a timely assessment will be required.

For children who are need of immediate protection, action must be taken by the social worker or Police, if removal is required, this should be completed within 24 hours, unless there are exceptional circumstances.

All children must be seen as part of an assessment, within 5 working days of the referral.

The timeframe for the assessment must be agreed with the supervisor. The maximum timeframe for the assessment to conclude, such that it is possible reach a decision on next steps, should be no longer than 45 working days from the point of referral. (Working Together 2018)

Local practice is that most assessments should be completed within 20 working days of the referral and should not exceed 35 working days. If the needs of the child and family are such that the assessment cannot be completed in that timescale this must be discussed with the supervisor.

If during the assessment the child's safety becomes a concern it must be secured before proceeding further with the assessment.

At any stage of the assessment where particular needs are identified, social workers may request commissioning of services to support the child and their family/carers and should not wait until the assessment reaches a conclusion.

4.4.3 Communication with the family and consent

It is the responsibility of the social worker to make clear to children and families how the assessment will be carried out and when they can expect a decision on next steps. Families should be given the explanatory leaflet "A Guide to Assessment for Children and Families."

Referral, Assessment, Planning and Decision Making for Children in Need Policy and Procedures

The parent or carer's consent to the Assessment and to information being sought from and shared with other agencies should be obtained. This consent should be recorded on the appropriate forms. If the child/young person is of sufficient age and understanding, their consent should also be obtained.

Personal information about children and families held by professionals and agencies is subject to a legal duty of confidence and should not normally be disclosed without the consent of the subject. However should a parent or carer or a child withhold consent, the law permits the disclosure of confidential information if it is necessary to safeguard a child or children in the public interest; that is, the public interest in child protection may override the public interest in maintaining confidentiality. Disclosure should be justifiable in each case, according to the particular facts of the case, and legal advice should be sought in cases of doubt.

4.4.4 Characteristics of a high quality assessment

High Quality Assessments:

- Are child centred. Where there is a conflict of interest, decisions should be made in the child's best interests
- Are thorough and proportionate
- Are rooted in child development and informed by evidence
- Are focused on action and outcomes for children
- Are holistic in approach, addressing the child's needs within their family and wider community
- Ensure equality of opportunity
- Involve children and families
- Include threats to the welfare of children from within their families, and vulnerability to abuse or exploitation from outside their families i.e. contextual safeguarding
- Build on strengths as well as identifying difficulties
- Are integrated in approach
- Are a continuing process not an event
- Are ones in which evidence is built and revised and assumptions are tested and revisited throughout the process
- Lead to action, including the provision and review of services
- Are transparent and open to challenge

4.4.5 Bracknell Forest assessment Practice standards

All cases requiring an Assessment will be allocated to a named worker and this will be recorded on MOSAIC

Assessments should be completed within 35 working days of the decision to begin the Assessment. Consent to contact other agencies and to share information will always be obtained, unless consent is not sought under child protection procedures

The Assessment should include:

- Seeing the child face to face, and alone where appropriate
- Interviews with /observations of the child to gather their views and ascertain their wishes and feelings with regard to services to be delivered
- An assessment of the resilience of individual children within their families
- Interviews with the child's carers and family members as appropriate
- Respectful consideration of family structures, culture, religion, ethnic origins and other unique characteristics
- Involvement of at least one other agency in gathering information
- Analysis of the presenting issues
- A chronology
- Genogram
- Identification of the child's needs

Referral, Assessment, Planning and Decision Making for Children in Need Policy and Procedures

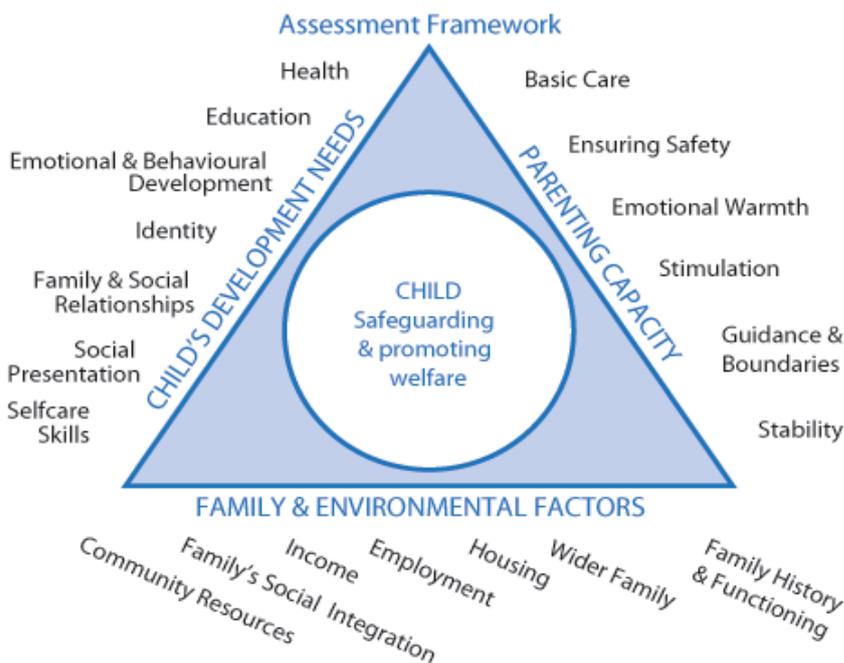
- Summary of strengths/risks/concerns
- Recommendations for future action and service required, and how these might be provided
- Assessments will be quality assured by the social worker line manager and then signed by both practitioners as a completed document
- The family will be sent a copy of the Assessment Record and given an opportunity to discuss and comment on it, and to sign it
- Assessments should use appropriate tools. Assessment should be informed by and make reference to current research evidence where applicable

4.4.6 Undertaking a systematic assessment

Enquiry

Research has shown that taking a systematic approach to enquiries using a conceptual model is the best way to deliver a comprehensive assessment for all children. A good assessment is one which investigates the following three domains

- The child's developmental needs, including whether they are suffering or likely to suffer significant harm
- Parents' or carers' capacity to respond to those needs; and
- The impact and influence of wider family, community and environmental circumstances



The interaction of these domains requires careful investigation during the assessment. The aim is to reach a judgement about the nature and level of needs and/or risks that the child may be facing within their family. It is important that:

- Information is gathered and recorded systematically
- Information is checked and discussed with the child and their parents/carers where appropriate
- Differences in views about information are recorded; and
- The impact of what is happening to the child is clearly identified

Obtaining an accurate base line on the child's development during the assessment process is essential so that progress can be monitored during the time of social care intervention to ensure that the outcomes are improving.

Referral, Assessment, Planning and Decision Making for Children in Need Policy and Procedures

Analysis and Critical Thinking

The social worker should analyse all the information gathered from the enquiry stage of the assessment to decide the nature and level of the child's needs and the level of risk, if any, they may be facing.

Critical reflection through supervision – and other support mechanisms in place – should strengthen the analysis in each assessment and the social work manager should challenge the social worker's assumptions as part of this process.

An informed decision should be taken on the nature of any action required and which services should be provided. Social workers, their managers and other professionals should be mindful of the requirement to understand the level of need and risk in a family from the child's perspective and ensure action or commission services which will have maximum impact on the child's life.

Decision points and review points involving the child and family and relevant professionals should be used to keep the assessment on track. This will ensure that help is given in a timely and appropriate way and that the impact of this help is analysed and evaluated in terms of the improved outcomes and welfare of the child

Tools to Support Assessment and Analysis and Critical Thinking

A range of tools to support the gathering of information, analysis for assessment are available in Assessment Tools on the intranet.

4.4.7 Chronologies

A chronology is the document that shows the child or young person's journey, both before and during Children's Social Care involvement with them and their family/carers. Different types of chronologies are created for different reasons through the journey of a child or young person, for example, multi-agency or court chronologies. However, this policy focuses on master chronologies on Mosaic. A chronology should not be a replication of the detailed recording and contact sheets in a child or young person's file.

Chronologies are means of organising information and enable practitioners to gain a more accurate picture of the child or young person's journey and highlight gaps and missing details that require further assessment and identification. They help to give early indications of emerging patterns of progress or concern. At the start of an assessment a chronology can help to organise the historical information gathered to assist in predicting future behaviours, areas of potential risk, risk heightening factors, protective factors and parental capacity for change. Research shows that there is a greater risk of serious harm within families where this has occurred in the past.

Chronologies are particularly helpful in the identification of neglect. Neglect, by definition, occurs over extended periods of time. The compilation of a timeline of events which may individually not give cause for concern may lead to an earlier identification of possible abuse or neglect.

A chronology is a working tool. Keeping a chronology up to date whilst working with a child, young person and their parents or carers will provide valuable information when the case is reviewed.

Chronologies can highlight possible triggers for truancy or missing episodes; patterns of contact with birth family members and the child's reactions; sustaining improvements in behaviour or triggers for lapses which may lead to an understanding of placement breakdown.

Children with disabilities may be especially vulnerable to abuse (due to social isolation; dependency on parents and carers for practical assistance in daily living, including intimate personal care; impaired capacity to resist or avoid abuse and speech, language and communication needs which may make it difficult to tell others what is happening) a chronology will be provide a platform for assessing and monitoring cases in both the short and long term.

Referral, Assessment, Planning and Decision Making for Children in Need Policy and Procedures

In Children's Social Care a chronology should be started when significant events happen during professional involvement. It should be started as part of the process of completing a single assessment and it should be updated during the period of Children's Social Care involvement with the child or young person. In some cases, the practitioner may wish to start a chronology earlier and will need to use professional judgement as to when this would be helpful.

A significant event is an incident that impacts (positively or negatively) on the child or young person's safety and welfare, circumstances or home environment. This will inevitably involve a professional decision or judgement based upon the child or young person's family's individual circumstances. It is important to take account of the child or young person's perspective of the significance of an event. Some events will be significant for any child or young person, such as the death of a parent, changes of school or the birth of a sibling. However, this will not be true for all events. The death of an aunt will be more significant to a child who received a great deal of support from her than for a child whose parents are estranged from their wider family.

Significant events fall under a number of broad headings:

- Changes in the circumstances of the child and family
- Health of child or young person
- Education
- Offending behaviour
- Children's Social Care Intervention

As stated earlier, a chronology should not be a duplication of the case recording on the child's file. The following information is required

- the date of the significant event
- a summary of the event
- the source of the information

A chronology provides a skeleton of key incidents and events that inform the assessment of children and young people, therefore if they are to be of value, they need to be succinct and simple in format. Recording only significant issues or contact with a child in sufficient, but not excessive, detail ensures that the chronology's value to show the child's journey remains.

Facts, rather than opinions, should be recorded in the chronology. It is important to ensure accurate information is included in the chronology as errors may become fact and be replicated by other professionals in the future. Incorrect chronologies can lead to the wrong decisions being made about a child's safety or the wrong information about a birth family being passed to a child.

4.4.8 Professional Consultants and Specialist assessments

Assessments should always be based on information sharing between the agencies involved with a family and a collaborative multi agency approach to analysis. They should also be informed by existing assessments such as the assessment for children with special educational needs (Education, Health and Care Plan) and young carers and disabled children assessments. In addition practitioners and their managers may benefit from the expertise and experience of professionals in other disciplines in order to arrive at well-balanced judgements about the needs of children. These professionals can act as consultants or advisers to assist and contribute to the assessment processes, which includes analysis of information gathered.

Areas where social workers may seek additional information, consultation or special services include those families where there is parental mental health, parental substance misuse, domestic violence, and parental learning disability. The effects of these on children are likely to be complex and require a careful and thorough assessment. In these circumstances Children's Social Care Social Workers should collaborate with Adult Services or adult workers within the department as part of the Family Safeguarding Model.

Referral, Assessment, Planning and Decision Making for Children in Need Policy and Procedures

In some circumstances it may be necessary to commission specialist assessments to provide specific understanding about an aspect of the child's development, parental strengths and difficulties or the family's functioning. These specialist assessments may include:

- Parenting assessments
- Occupational Health assessments
- Paediatric assessments
- Psychological or psychiatric assessments of the child or of the parents

Where appropriate Children's Social Care should co-ordinate all specialist assessments and consider a single planning process focused on outcomes.

Social workers are specialist workers who often see children in multiple contexts (home, school, community) and spend time with their families and liaise with other professionals in the child's life. They are often well placed to identify children who would benefit from assessments in their own right that are led by other agencies across Bracknell's multi-agency partnership – this might include:

- Speech and Language
- Special Educational Needs
- Mental Health and Emotional Wellbeing

As part of the Social Worker's Single Assessment work they will coordinate activities to ensure that appropriate referrals are made, and use relevant and proportionate parts of their Single Assessment to help inform the assessment of other professionals.

4.4.9 Completion of an assessment

The social worker will make a recommendation to the Duty Senior who will make the final decision on what action is to be taken following the completion of the Assessment and record this decision, with reasons.

On completion of assessment one or more of the following may be recommended.

- It is assessed that the child is not in need and no further action need be taken and the case is closed
- When a case is closed by the Assessment Team a copy of the Assessment, a closure letter with a privacy notice, and a service user questionnaire should be sent to the family to seek their views on the quality of the service provided
- When a case is closed by the long term teams they should gather evidence that the child feels safe before social work involvement ceases. The service user form should be completed directly with the parent/carer service user
- There is no continuing role for Children's Social Care, but additional supports from within the family network would enable the family to manage and prevent further referral to Children's Social Care
 - In these cases the Assessment Team should make a referral for a Family Group Conference. When the referral is made and passed to the Family Group Conference Development Worker there will be no further input from the Assessment Team worker. An independent Family Group Conference Co-ordinator will be commissioned to work with the family network and any identified professionals to facilitate the Family Group Conference. Once the Family Group Conference has been held, any plans and decisions made will be reviewed by the family network and any professionals directly
- Referral to appropriate agency to meet assessed need
- Provision of service from within Children's Social Care to meet assessed need
 - In these cases a plan of action with anticipated outcomes clearly identified is developed, either Child in Need or Child Protection plan

Referral, Assessment, Planning and Decision Making for Children in Need Policy and Procedures

- Emergency provision of specific services where needs are significant and urgent
- The family will benefit from stepping down to a targeted early help service

4.5 Step Up / Step Down between Children's Social Care and Early Help

The purpose of a step up / step down process is to ensure that children continue to receive the right service, at the right time and that services continue to provide a needs-based response, led by an appropriate part of children's services.

It is acknowledged that the needs of families can change over time, and this may occur after improvements are made by specialist services or where needs continue to escalate when in receipt of a targeted service. Once the role of specialist services is coming to a successful end, it is important that the support provided to a family remains seamless and focused on the family needs. In any situation, where stepping down or up is being considered, it is important that the family are kept at the centre of decision making and that their consent to share information is obtained, except in circumstances that may place a child at greater risk of harm.

Working Together 2018 provides the below examples of where an early help response could be beneficial for children and families:

- Is disabled and has specific additional needs
- Has special educational needs regardless of whether they have a statutory EHCP
- Is a young carer
- Is showing signs of being drawn into anti-social or criminal behaviour, including gang involvement and association with organised crime groups
- Is frequently missing/goes missing
- Is at risk of modern slavery, trafficking or exploitation
- Is at risk of being radicalised or exploited
- Is in a family circumstance presenting challenges for the child, such as drug and alcohol misuse, adult mental health issues and domestic abuse
- Is misusing drugs or alcohol themselves
- Has returned home to their family from care
- Is a privately fostered child
- Has a parent/carer in custody

This element of the policy focuses on those children and families who have been in receipt of statutory services or are in need following a period of early intervention. It is important for practitioners to be mindful that the provision of any service at targeted or specialist level should form part of a continuum of support that responds to the different levels of need that children and families may have.

4.5.1 Step up to Children's Social Care

The process for accessing a service from Children's Social Care is the same for all internal and external partners. A referral needs to be made to our MASH. It is at this stage that further enquiry may be undertaken to determine the appropriate next steps.

Whilst a single assessment is undertaken by Children's Social Care following stepping up from Early Help, the family will remain open to the Family Hubs to ensure continuity of support.

Targeted level services

For the purposes of this guidance, the targeted services are the Early Help Family Hubs, Targeted Youth Services and Youth Justice Prevention Service.

4.5.2 Stepping down to Early Help or Targeted Youth Services following assessment by the Duty and Assessment Team

Referral, Assessment, Planning and Decision Making for Children in Need Policy and Procedures

Some step downs take place following the recommendations at the conclusion of a single assessment.

If it is clear that the needs can be met in line with the multi-agency threshold guidance, by our Early Help Services, the Duty and Assessment Team should send a copy of their assessment to earlyhelp.referrals@bracknell-forest.gov.uk.

The duty system run by Early Help will then review and allocate accordingly and ensure that any clarifications are sought from the social worker.

If it is unclear to the social worker/family worker and/or manager that right service provision is available, they should consult with the Early Help Locality Manager prior to closing their involvement.

Where necessary, good practice would include a handover visit between the social worker/family worker and the Early Help professional.

Referrals exclusively for Targeted Youth Services, for children aged 13-19, should be made by email to youth.service@bracknell-forest.gov.uk.

In any case, consent from the family is required.

4.5.3 Stepping down to Early Help following a plan held by a long-term social work team

The decision to close a case following a period of intervention whereby the child/ren have been subject of a plan, then the step-down should occur at the Review Child in Need Planning Meeting with the relevant service in attendance (Family Hubs, Youth Justice Prevention and/or Targeted Youth Service). The decision must be authorised by the Team Manager or Assistant Team Manager. All other agencies involved with the family should be informed of the intention of a case being closed and the reasons for this.

An agreed plan of support with S.M.A.R.T actions for the receiving Early Help Service should be developed and in the case of the Early Help Family Hubs, this will then be reviewed at a minimum of 6 weekly intervals. This should be completed in partnership and with the consent of the family.

4.5.4 Multi-disciplinary support for complex situations managed by Early Help

For families presenting with complex needs or where Early Help practitioners are wanting support and guidance to progress their intervention, an Early Help Case Discussion Panel is in place and occurs every 3 weeks. This is in addition to supervision arrangements and management oversight that already exists for Early Help practitioners.

Children's Social Care are present partners at the case discussion panel. This enables expertise to be shared and a joined-up approach to problem solving. In addition to Children's Social Care, the below professional disciplines are also present:

- Early Help Parenting Lead
- Getting Help Manager
- Children's Social Care (MASH Manager)
- MASH Early Help Senior
- Educational Psychologist

If a decision is reached that a family should step-up, the panel will agree that a referral to the MASH should be made.

Step down to Youth Justice Prevention

Referral, Assessment, Planning and Decision Making for Children in Need Policy and Procedures

Any service is able to make a referral directly into the Youth Justice Prevention Service. The criteria for the service is for children/young people where professionals are concerned that the young person may be at risk of offending and becoming involved in the justice system.

All services are able to refer into the service using an existing assessment or the referral form that can be obtained from the service. The below are some of the behaviours that may indicate a need for a preventative Youth Justice Service;

- School exclusions because of defiance, disruptive behaviour, frequent truancy
- Violence or aggression towards others or a young person who is destructive towards property; reacts disproportionately to situations
- Inappropriate sexual behaviour, including frequent use of inappropriate sexualised language: persistently sending or coercing peers into sending indecent images
- Theft
- Fire setting
- Drug and alcohol related behaviour e.g. early use of substances: suspicions of dealing or drug running on behalf of others
- Young people who negatively target others because of their race, religious beliefs, sexuality, age, gender or a disability
- Anti-Social Behaviour (not committing crimes but causing a nuisance in the community that are likely to lead to an arrest by the police)

Completed referral forms should be sent to the below;

Jo Graves. Operational Manager, Bracknell Youth Offending Team
76 Binfield Road, Bracknell, Berkshire, RG42 2AR
Email jo.graves@bracknell-forest.gov.uk

Cindy Henn. YOT Prevention Case Manager, Bracknell Youth Offending Team
76 Binfield Road, Bracknell, Berkshire, RG42 2AR
[Email cindy.henn@bracknell-forest.gov.uk](mailto:cindy.henn@bracknell-forest.gov.uk)

Step down to Universal Services

Specialist and Targeted Services need to consider stepping down to Universal Services where the needs are appropriate. If it is felt that some monitoring support is needed (e.g. someone being available as and when the family need it) or a single service low level response, then a discussion with professionals involved with the family would suffice.

4.6 Case Responsibility and Transfer within Children's Social Care

Following completion of an Assessment, all cases that require services from Children's Social Care will transfer from the Assessment Team to the relevant longer-term team (i.e. the Family Safeguarding, or the Children Specialist support Service).

4.6.1 Cases remaining with Duty

Exceptionally, where it appears that case can be closed within 4 weeks of the completion of the assessment following a time limited piece of work, the Assessment Team may keep the case in short term services order to achieve this and avoid unnecessary case transfer. There will be no Child in Need or Child Protection plan completed, instead written recommendations from the assessment. The short term work may include support from family workers, a Family Group Conference or Mediation or step down to Early Help Services.

Referral, Assessment, Planning and Decision Making for Children in Need Policy and Procedures

Children in Need cases - will **not** remain in the Assessment Team for longer than 8 weeks from the point of referral except in exceptional circumstances. This timescale allows for the completion of a complex Single Assessment and 2 weeks for the transfer process to be completed.

The team holding the case will be responsible for arranging a Child in Need Planning Meeting.

Child protection cases - if the Assessment Team has begun Section 47 enquiries, the case will transfer to the relevant long-term team at either the Initial Child Protection Conference or, if there is no Child Protection Conference, at the completion of a Single Assessment. The Assessment Team Manager must inform the receiving Team Manager of the date and time of the Child Protection Conference as soon as this is known, to facilitate their attendance and prior identification of the future key worker.

Looked after children cases - if a child has become accommodated (Children Act 1989 Section 20) the case will be transferred at the initial planning meeting, which will be held prior to admission if it is a planned admission, otherwise within a maximum of 5 working days of the child becoming looked after.

Cases subject to emergency court action followed by no further legal action, will transfer in accordance with their subsequent status. For example, if the case is taken to an Initial Child Protection Conference, then transfer will take place at this point.

For cases that are the subject of proceedings, the allocated Assessment Team worker will complete the initial statement for court. The long-term team will assume case responsibility in line with the above process i.e. the case will transfer at ICPC. If the Assessment Team have issued proceedings, they will complete the relevant court work until the first hearing where this will be handed over.

4.6.2 Case Transfers

Transfers between teams must consider the needs of the individual child and minimise changes in social workers.

The children are allocated to the team most relevant to the children's greatest needs and in line with the level of input required. For most cases that require long term intervention, the cases will be transferred to the Family Safeguarding Service.

This should take place at an appropriate time in the child's life e.g. at a LAC review, ICPC, CIN Review Meeting or first court hearing.

4.6.3 Transfer procedure from the Assessment team

- The Duty worker identifies the need for transfer following completion of assessment and informs admin at the weekly team brief or before, and a transfer email is sent to the long-term teams.
- Every Tuesday morning a Transfer Agreement Meeting is held between the Long Term Teams' managers, where any questions or clarifications can be sought if necessary. If a transfer is accepted, the meeting is unlikely to be required.
- Long Term managers provide a worker name and team. These details are passed to the Duty worker who will set up the CIN meeting, within a fortnight of the transfer being agreed.
- There is an expectation that the case record will be up to date and a chronology completed by the time of the child in need/LAC planning meeting or ICPC.
- Genograms can be created on Mosaic but if the families are large and complicated, the genogram should be drawn with dates of birth and scanned into Smart Office. If the case is going to Initial Child Protection Conference, or care proceedings are to be issued, the genogram will need to be captured in Word programme.

Referral, Assessment, Planning and Decision Making for Children in Need Policy and Procedures

- The Assessment Team is responsible for identifying the needs of the children and the need for onward Child in Need or Child Protection plan services. The relevant planning meeting is used by the Long-Term Team to decide how resources can be allocated to best meet those needs. Decisions made at this meeting may deviate from the Duty Team recommendations regarding what sort of services a family should be allocated within the plan.
- The case is to transfer within two weeks of the agreed transfer. Cases still waiting for a planning meeting after this timescale will automatically transfer to the Long-Term Team and the Duty Team will communicate this in writing to the family and involved professionals

4.6.4 Process for transferring between long term teams

- The team manager of the long-term team (Children Specialist Support Service/Family Safeguarding and Children Looked After Pod) emails the manager of the receiving team outlining case details and the reason the child/ren need to transfer to that team.
- It is the responsibility of the team managers to discuss the transfer and agree a date.

4.6.5 Bracknell Forest practice standards: case transfer

- Accountability for cases will always be clear. The allocated worker or team will be recorded on Mosaic
- Parents, children and carers, and referrers where relevant, will be kept informed of case transfer arrangements
- Cases will transfer at a multi-agency child in need planning meeting. In exceptional circumstances a joint home visit by the case holding social worker and the social worker who the case will be transferred to, will best meet the needs of the family and these cases will transfer following the home visit without a full multi-agency meeting being held.
- Case records transferred from the Assessment Team will be up to date and will be authorised by a manager. Information on MOSAIC will be up to date.
- The single assessment or letter informing the family of the outcome of S47 enquiries will be sent to the family prior to the transfer planning meeting or initial child protection conference with a fair processing (or privacy) notification.

4.6.6 Transfer to other Local Authorities

Where a child in need has moved permanently to another local authority area, the original authority should ensure that all relevant information (including the child in need plan) is shared with the receiving local authority as soon as possible. The receiving local authority should consider whether support services are still required and discuss with the child and family what might be needed, based on a timely re-assessment of the child's needs, as set out in this chapter. Support should continue to be provided by the original local authority in the intervening period. The receiving authority should work with the original authority to ensure that any changes to the services and support provided are managed carefully.

4.7 Planning and Decision Making

The impact of any interventions and the achievement of better outcomes for children, and young people and their families is dependent on effective planning. Development of a child's Child in Need or Child Protection plan is informed by the Single Assessment process.

4.7.1 Bracknell Forest practice standards: planning

The Child's Plan will:

- be developed from an up to date assessment
- involve children and young people, and their families in its development
- involve service providers from all relevant agencies/organisations in its development
- describe the identified needs of the child, and what therapeutic services are required

Referral, Assessment, Planning and Decision Making for Children in Need Policy and Procedures

- be responsive to changes in a child and young person's needs or circumstances
- include specific, achievable, child-focused objectives and identify measurable outcomes;
- identify timescales for these outcomes to be achieved
- be specific about actions to be taken (in each of the three assessment domains) and identify who is responsible for each action
- clearly identify roles and responsibilities of professionals and family members, including the nature and frequency of contact by professionals with children and family members;
- be specific about services and resources required to achieve the desired outcomes, establish costs and how these will be met
- lay down points at which progress will be reviewed, and the means by which progress will be judged
- include means of evaluating the impact of actions taken and services provided
- identify consequences and contingencies should desired outcomes not be achieved or circumstances change

4.7.2 Bracknell Forest practice standards: decision making

Decisions will be:

- participative and collaborative, reflecting a desire to work in partnership with families and other agencies
- made on the basis of agreement and negotiation where possible, as opposed to imposition
- involve family members at all stages and respect family views
- be based on strengths within the family as well as addressing deficits and concerns
- be made be subject to review, and
- The process for making the decision will be recorded as well as the decision

4.8 Child in Need Planning Meeting

For children who are not looked after or subject to a protection plan, in every case where a decision has been made by Children's Social Care to provide services following a Single Assessment, a Child in Need Planning Meeting will be convened to make the necessary arrangements.

4.8.1 The purpose of the Child in Need planning meeting

The purpose is to provide a forum where professionals and families will:

- make decisions regarding the provision of services to children and their families. (As such it should focus on decision-making as opposed to concentrating on information sharing.)
- develop the working plan to safeguard and promote the welfare of the child
- identify the people who will implement the plan
- review effectiveness of the plan
- make arrangements for the single assessment to be updated as required

4.8.2 Issues to be addressed in the Child in Need planning meeting

- issues arising out of the assessment
- previous departmental and other agency involvement with the family and family background
- child's developmental needs (each child of the family/household should be considered individually)
- parents'/carers' capacity to respond appropriately to the child/young person's needs
- family and environmental factors
- child's views
- parent's views
- analysing needs and actions requested to safeguard and promote the child's welfare
- whether any additional protective action should be taken, including consideration of whether the situation fulfils the criteria for holding a Child Protection Conference
- whether a Family Group Conference is required to continue to develop the plans being developed for the child/young person

Referral, Assessment, Planning and Decision Making for Children in Need Policy and Procedures

- developing a Child's Plan
- any specialist assessments required and arrangements for commissioning these (i.e. who is to do what and when is this to happen)
- interim arrangements/plan, i.e. actions to be undertaken and services to be provided pending the completion of a Core Assessment
- date of the Planning Group, if needed, and the next Child in Need Planning Meeting

4.8.3 Practical arrangements for a Child in Need planning meeting

These should be made by the team holding the case.

Attendees:

- Parents/carers and young people of sufficient age and understanding should be encouraged to attend
- Representatives from Early Help, Health and Education who have contact with the child will be invited to the meetings, together with any other agency working directly with the family, have had recent involvement or who may be able to offer a service to the family
- If a meeting does take place without the family being present, this should be considered a professionals meeting with managers present and chaired by a senior Children's Social Care manager for a child whose behaviour places him or her at risk of significant harm. This meeting should follow the same format as a Child in Need Planning Meeting, the family must be kept informed of the process and outcome and a child in need planning and reviewing process
- Child/young person's involvement in the process
- The child or young person's involvement and participation in the Child in Need process are essential whether they attend the meeting or not
- Decisions regarding attendance should involve the young person and be based on his/her maturity and what is in his/her best interests
- Independent Advocacy should be explained and offered
- Informal advocacy should be explained and offered
- In all circumstances the views and wishes of all children old enough to express their views and wishes should be ascertained using whatever medium is most appropriate

How to prepare the family:

The agency convening the meeting are responsible for engaging the family in the child in need process. They should:

- Discuss the issues on the agenda with them in advance of the meeting
- Provide written information
- Prepare the family for the meeting by explaining its structure and format and how they can participate
- Offer parents and young people the chance to put their views in writing
- Explain to parents that they may need independent support, information and advice to be able to participate fully from an informed position, particularly where there is a divergence of views
- Explain that they may be accompanied to the meeting by a supporter if they wish
- Explain that they may have an interpreter if necessary

Time and Venue

- The Child in Need Planning Meeting should be held at a time and place that maximises the ability of the family to participate in a meaningful way
- Ideally the venue should be familiar to the family and able to provide comfortable, family friendly surroundings (possibly the family home)
- Consideration should be given to the accessibility of the venue for people with a disability or who are dependent on public transport

Identifying Chairperson and their role

Referral, Assessment, Planning and Decision Making for Children in Need Policy and Procedures

- The Chair of Child in Need Planning Meetings will be Children's Social Care representative who has an understanding of child in need issues and knowledge of the child protection procedures

The Chair must:

- Fully explain the role of the Social Worker at the initial Child in Need Planning Meeting
- Facilitate the exchange of information and the inclusion of all those attending the meeting
- Facilitate the participation of parents, carers, children and young people
- Ensure the meeting follows the agenda and that the meeting keeps to time
- Help members to interpret the information and focus on the relevant issues
- Manage any conflict and facilitate discussion of opposing views
- Encourage clear, jargon free communication and challenge the evidential base of any judgements given
- Summarise regularly to ensure all involved are aware of what is happening

Recording – decisions, actions, disagreements

- A summary of the issues discussed, decisions made, actions agreed and any disagreements must be recorded, together with the agreed Child's Plan
- Recording must make tasks and responsibilities (for both the family and agencies) clear
- If no agreement can be reached the record of the meeting should record disagreements and any action proposed

The Child in Need Plan should include the following components:

- the objective of the plan, for example to provide and evaluate the efficacy of therapeutic interventions
- what services will be provided by which professional group or designated agency
- the timing and nature of contact between professional workers and the family
- the purpose of services and professional contact
- specific commitments to be met by the family
- specific commitments to be met by the professional workers
- which components of the plan are negotiable in the light of experience and which are not
- what needs to change and the goals to be achieved (for example the child's weight to increase by a specific amount in a particular period, regular and appropriate stimulation for the child in keeping with her or his development and age)
- what is unacceptable care of the child

Communication and keeping participants informed

The CIN plan must be sent to everyone who was invited to the meeting within ten working days.

It is the responsibility of the key worker to make sure that parents and child(ren) are clear about the objectives of the plan, the causes of concern, what needs to change and about what is expected of them as part of the plan. They need to accept the plan and be willing to work to it and to understand the consequences if things do not change.

All parties should be clear about their respective roles and responsibilities in implementing the plan. If the family do not speak English, the plan should be constructed with the family in their first language and they should receive a written copy in their first language.

If family members' preferences are not accepted about how best to safeguard the child, the reasons for this should be explained. Families should be told about their right to complain and make representations, and how to do so.

Referral, Assessment, Planning and Decision Making for Children in Need Policy and Procedures

In some cases it will be useful or useful or necessary for those professionals most directly involved with the case and family members to meet together between Child in Need Planning Meetings to either further develop the plans made or to review changes in the child's/family's circumstances.

4.8.4 Roles and responsibilities of participants in a Child in Need planning meeting

The social worker is responsible for:

- completing the Single Assessment of the child and family (where necessary), securing contributions from other professionals and family members as necessary
- acting as lead worker for the inter-agency work with the child and family
- co-ordinating the contribution of family members and other agencies to the actions that need to be taken
- putting the plan into effect, including home visits, either announced or unannounced
- monitoring progress against the objectives set out in the plan
- alerting appropriate managers where the plans cannot be progressed and it is necessary to consider alternative action

Where no social worker is allocated, it is the responsibility of the Team Manager or Assistant Team Manager to oversee the management of the Child in Need Planning Plan and to notify family members and other agencies of this fact.

The responsibilities of other participants are:

- to contribute to the Single Assessment and to continuing assessments (where necessary)
- to carry out agreed tasks in accordance with their own agency functions: if this is not possible the lead worker should be consulted before any plans regarding the child or family are altered
- to provide specialist advice which will inform the plan
- to provide the lead worker with written reports as requested
- to communicate regularly with the lead worker about the progress of their own part of the agreed plan
- to inform the lead worker of any change in circumstances relevant to the plan
- to alert the lead worker to the need to convene a Review Child in Need Planning Meeting early
- to help identify unmet need

4.8.5 Frequency of Child in Need Visits

It is recommended that Child in Need Plan visits take place three weekly and at least six weekly. Within these parameters professional judgement should be used, based on assessment of need as agreed at the Child in Need planning meeting.

4.9 Family Group Conference and Mediation

If the criteria for a Child in Need Planning Meeting are met, then consideration should also be given to offering the family the option of a Family Group Conference or mediation. Family Group Conferences can be used at any stage as short term interventions or in long term teams. For example:

- Planning – Family Group Conferences should be considered where there are complex packages of support and mediation where there is family conflict
- Child Protection – A Family Group Conference should be considered at Child Protection Conferences as part of the protection plan and as part of a pre-proceedings meeting
- Looked After Children – Family Group Conferences should be considered before placement or as soon as possible afterward. A Family Group Conference should also be considered at first and subsequent LAC Reviews, as appropriate
- Leaving Care – A Family Group Conference should be considered when drawing up and reviewing the Pathway Plan
- Court Proceedings – A child/young person being considered for care proceedings or a court order should not prevent a Family Group Conference taking place.

4.10 Reviewing Child in Need Plans

The first Review Child in Need Planning Meeting should take place within three months of the initial meeting and thereafter at least every six months with timescales determined at the first meeting until:

- the child is no longer unlikely to achieve or maintain a reasonable standard of health or development
- the child's health or development is no longer likely to be significantly impaired
- the procedures are followed (e.g. the child becomes looked after or subject to Child Protection Procedures)

The purpose of the review meeting is to revise and update both the assessment and plan, to check it is being implemented and to monitor progress against the objectives and outcomes stated in the plan

The Review Child in Need Meeting should consider:

- changes in circumstances since the last meeting
- the overall aim of the intervention and whether this remains relevant in light of any progress or development
- the objectives and actions agreed in the Assessment and the extent to which these have been met, including, consideration of any alternative actions or provisions that have been used and any services planned but not yet provided and any work still to be completed
- any revised priority needs or risks to the child
- whether the current level and type of service provision is appropriate
- whether there is sufficient change to the situation to avert cumulative impairment of health or development or of harm becoming serious for the child
- whether the parent(s)/carer(s) are able to use the services offered and are able to provide adequate parenting
- the cumulative effect of any repeated minor incidents and persistent deficits in parental care upon the child's health and development.

A review Child in Need meeting could be chaired by the social worker but the plan must be sent to an Assistant Team Manager or Team Manager to authorise.

A record of the meeting together with the new plan will be made and circulated to everyone invited to attend the meeting.

4.11 Child Protection Strategy Discussion

Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm Children's Social Care should convene a strategy discussion to determine the child's welfare and plan rapid future action. A strategy discussion can take place following a referral or at any other time, including during the assessment or planning process. It might take the form of a multi-agency meeting,

Referral, Assessment, Planning and Decision Making for Children in Need Policy and Procedures

teleconference or in some instances, series of phone calls and more than one discussion may be necessary.

4.11.1 Purpose of Child Protection strategy discussion

The discussion should be used to:

- Share available information
- Agree the conduct and timing of any criminal investigation
- Decide whether enquiries under section 47 of the Children Act 1989 should be undertaken

Where there are grounds to initiate a section 47 of the Children Act 1989 enquiry, decisions should be made as to:

- What further information is needed if an assessment is already underway and how it will be obtained and recorded
- What immediate and short-term action is required to support the child, and who will do what by when
- Whether legal action is required

Referral, Assessment, Planning and Decision Making for Children in Need Policy and Procedures

4.11.2 Timescale for CP strategy discussion

A strategy discussion/meeting should take place within 24 hours of concerns first coming to our attention, however should take place as soon as possible in more urgent situations. For more complex matters, the Head of Service may agree an extension in line with the Pan-Berkshire Safeguarding Children Partnership procedures.

4.11.3 Professionals involved in Child Protection strategy discussion

It will involve the social worker and a member of staff more senior, a police representative, and health professionals as a minimum. Other relevant professionals will depend on the nature of the individual case but may include the professional or agency which made the referral, the child's school or nursery and representatives from any health services the child or family members are receiving. All attendees should be sufficiently senior to make decisions on behalf of their agencies.

4.11.4 Roles and responsibilities

Guidance around roles and responsibilities can be found in Working Together to Safeguard Children 2018.

4.12 Initiating Section 47 Enquiries

A section 47 enquiry is initiated to decide whether and what type of action is required to safeguard and promote the welfare of a child who is suspected of, or likely to be, suffering significant harm. A section 47 enquiry is carried out by undertaking or continuing with an assessment in accordance with the Bracknell Forest Practice standards for a good assessment.

Local authority social workers have a statutory duty to lead assessments under section 47 of the Children Act 1989. The police, health professionals, teachers and other relevant professionals should help the local authority in undertaking its enquiries.

4.12.1 Roles and responsibilities

Guidance around roles and responsibilities can be found in Working Together to Safeguard Children 2018.

4.13 Outcomes of Section 47 Enquiries

Local authority social workers are responsible for deciding what action to take and how to proceed following section 47 enquiries.

If Children's Social Care decides not to proceed with a Child Protection Conference then other professionals involved with the child and family have the right to request that a conference be convened, if they have serious concerns that a child's welfare may not be adequately safeguarded.

As a last resort, the Safeguarding Children's Partnership have a dispute resolution process to resolve differences of opinion.

4.13.1 Where concerns of significant harm are not substantiated

Social workers should:

- discuss the case with the child, parents and other practitioners
- determine whether support from any services may be helpful and help secure it
- consider whether the child's health and development should be re-assessed regularly against specific objectives and decide who has responsibility for doing this

Referral, Assessment, Planning and Decision Making for Children in Need Policy and Procedures

All involved professionals should;

- participate in further discussions as necessary
- contribute to the development of any plan as appropriate
- provide services as specified in the plan for the child
- review the impact of services delivered as agreed in the plan
- seek advice and guidance as required and in line with local practice guidance

4.13.2 Where concerns of significant harm are substantiated and the child is judged to be suffering, or likely to suffer, significant harm

Social workers:

- convene an initial child protection conference (see next section for details). The timing of this conference should depend on the urgency of the case and respond to the needs of the child and the nature and severity of the harm they may be facing. The initial child protection conference should take place within 15 working days of a strategy discussion, or the strategy discussion at which section 47 enquiries were initiated if more than one has been held
- consider whether any practitioners with specialist knowledge should be invited to participate
- ensure that the child and their parents understand the purpose of the conference and who will attend
- help prepare the child if they are attending or making representations through a third party to the conference. Give information about advocacy agencies and explain that the family may bring an advocate, friend or supporter

Children who are returning to Initial CP conference for a second or subsequent time:

if a child is returning to an Initial CP Conference for a second or subsequent episode of CP planning in their life then the team manager should consider legal advice and potential commencement of the PLO process. Decisions to do so, or not do so, should be recorded on the case file. The Team Manager should also review that the actions in the proposed CP Plan are carefully considered, targeted, build on what has been successful before and not simply be a repeat of previous actions.

All involved professionals should:

- convene an initial child protection conference (see next section for details). The timing of this conference should depend on the urgency of the case and respond to the needs of the child and the nature and severity of the harm they may be facing. The initial child protection conference should take place within 15 working days of a strategy discussion, or the strategy discussion at which section 47 enquiries were initiated if more than one has been held
- consider whether any practitioners with specialist knowledge should be invited to participate
- ensure that the child and their parents understand the purpose of the conference and who will attend
- help prepare the child if they are attending or making representations through a third party to the conference. Give information about advocacy agencies and explain that the family may bring an advocate, friend or supporter

4.14 Case Closure

4.14.1 Case closure pack

No case can be closed if a child says they feel unsafe. No case involving a vulnerable child will be closed before the child and the child's carer have been advised of a closure, and a plan for step down to non-statutory services to support the family and welfare of the child, has been agreed. Consideration may be given to "Step Down" to the Family Hub to provide some ongoing additional support at a lower threshold of need.

A closing pack containing a complaints form, a service user feedback form should be used with the family by the social worker when closing cases.

Referral, Assessment, Planning and Decision Making for Children in Need Policy and Procedures

The decision to close a case and the step-down plan will normally be made at a Review Child in Need Planning Meeting. The decision must be authorised by the Team Manager or Assistant Team Manager. All other agencies involved with the family should be informed of the case being closed and the reasons for this.

4.14.2 Case closure record

A Closure Record should be completed to close all cases that have progressed to Single Assessment. Those closing at the conclusion of a single assessment will not need the full closure record completing as the assessment will contain the details.

A Closure Record completed by a long-term team will include:

- a summary of the reason by Children's Social Care involvement since date of most recent referral
- overall summary of program achieved and impact of CSC involvement
- what services have their child and family received?
- what has happened/changed in the family?
- how have the child/family responded to the intervention?
- what impact has the intervention had on the child/family?
- the views of the child, their family (and when appropriate, service providers from relevant agencies), about the decision to close the case
- demonstratable evidence that the child is safe
- name of lead professional or detail of the referral to the Early Intervention Hub

4.14.3 Closing a case on Mosaic

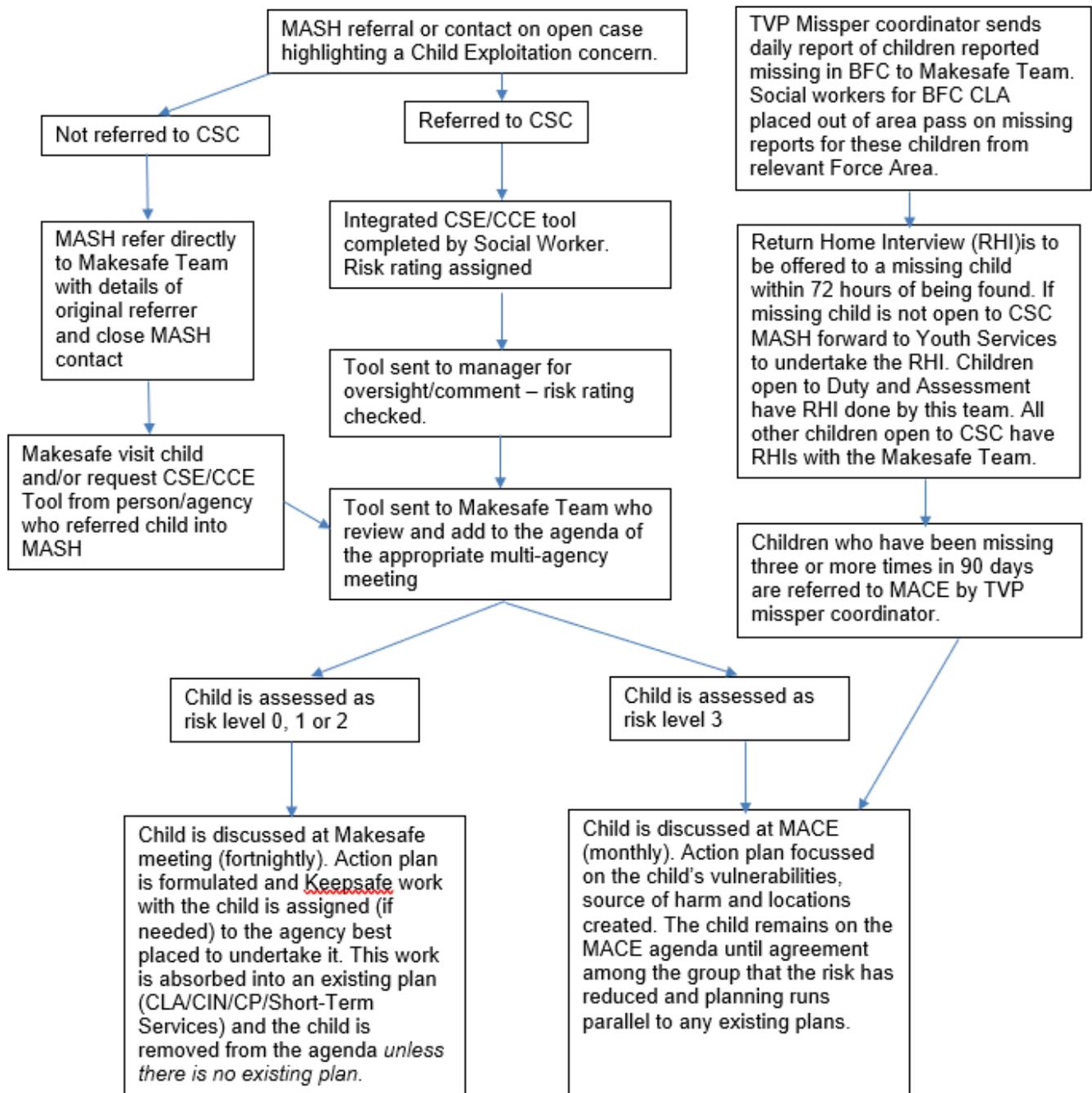
The necessary screens on Mosaic at case closure, including ending the key worker involvement and team involvement must be completed by the Team Manager or Assistant Team Manager.

4.14.4 Case closure due child moving to another authority

If the case is being closed because a child is moving to another local authority area, and the child has continuing needs, a referral *must* be made to the local authority to which the child is moving, and the date of this referral, and the date of acknowledgement of this referral included in the Closure Record.

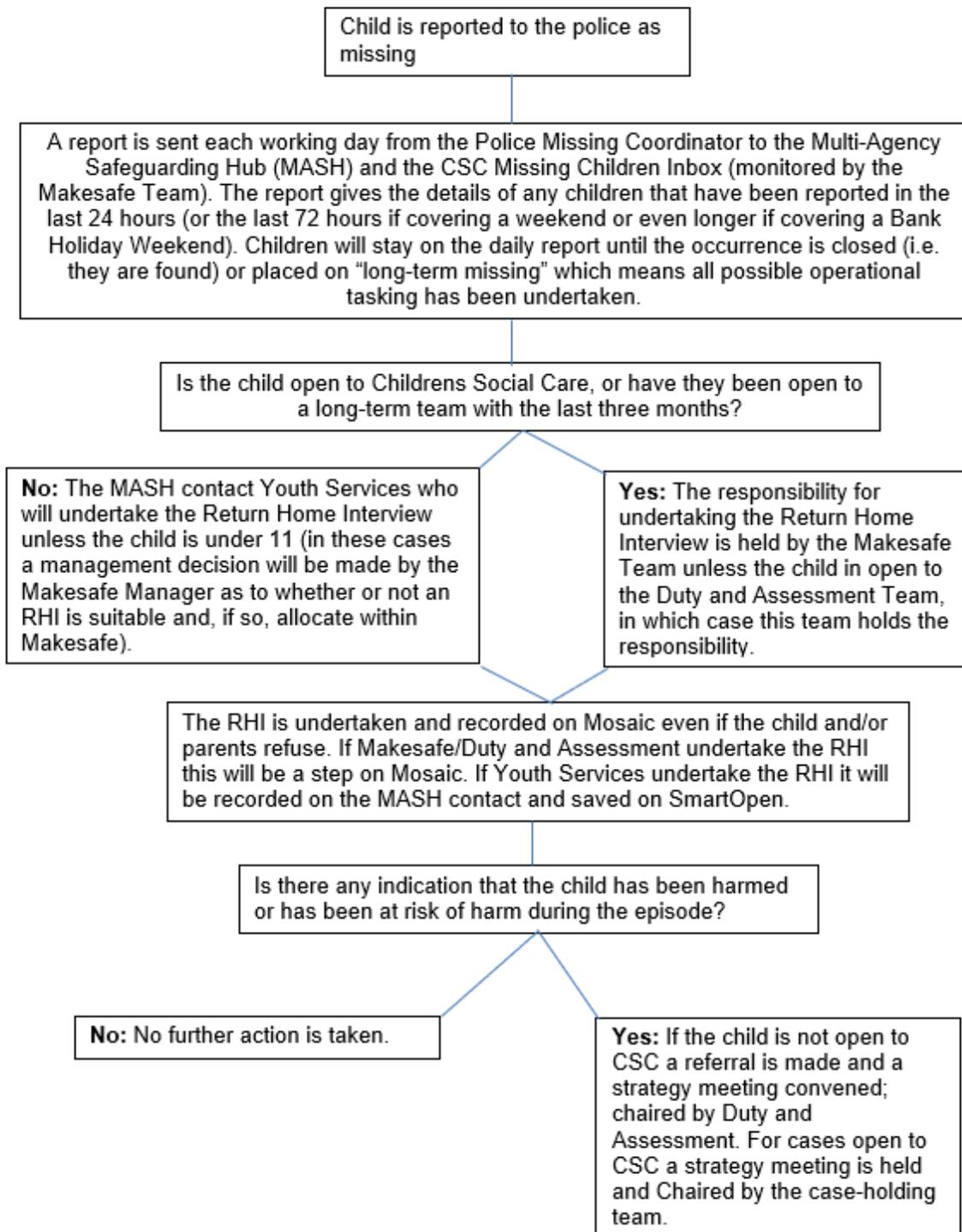
5 Appendices

5.1 Appendix 1 - Bracknell Missing and Exploited Children's Referral Pathway



5.2 Appendix 2 - Bracknell Forest Missing Children Return Home Interview Pathway

Government Guidelines state that all Return Home Interviews for children should be offered within 72 hours of them being found.



Referral, Assessment, Planning and Decision Making for Children in Need Policy and Procedures

Guide to Return Interview

This form is a guide for the return interview.

It has several purposes, but it is important to remember that the welfare of the child is paramount and the prime purpose of the interview is to safeguard the child.

Other purposes are:

- To ensure the child is safe in his/her placement (home, care etc):
- To investigate how the child's welfare can be safeguarded and promoted in the future:
- To prevent further episodes of the child going missing;
- To promote safe behaviour if the child does go missing again;
- To obtain intelligence to facilitate finding the child if he/she goes missing again.
- To assess whether child protection procedures should be initiated;
- To decide whether a criminal investigation should be initiated in respect of the child going missing, actions done to the child while missing

The list is not exhaustive

The interview should take place as soon as possible after the return home.

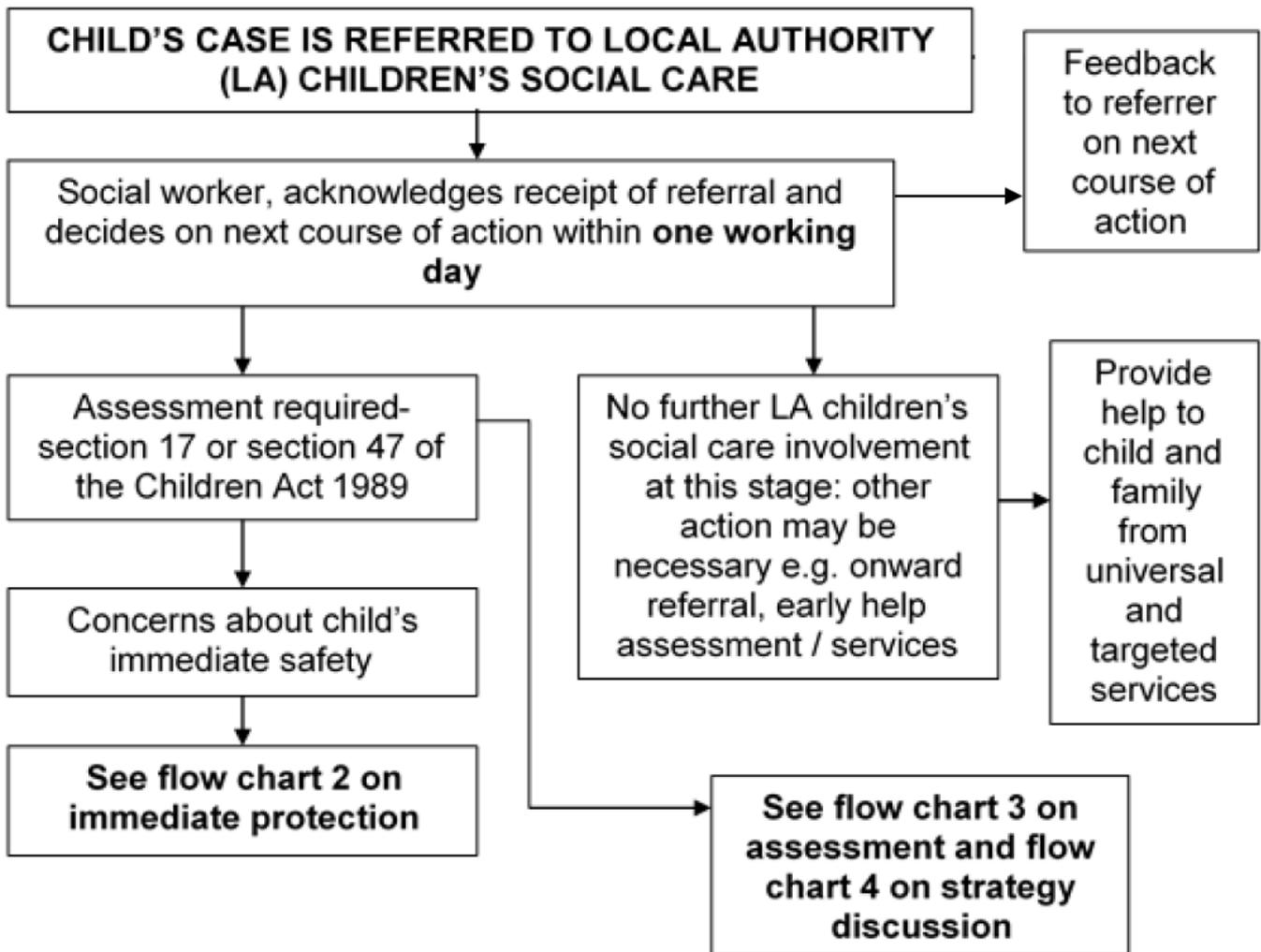
The interviewer should conduct the interview in a sensitive manner, and as far as is possible not with carers. The interviewer should be mindful that the child may be running away from an abusive situation and conduct the interview accordingly.

The form should not be rigorously adhered to. It is a guide to help the young person share information and therefore the interviewer should use his/her discretion to deviate from this guide.

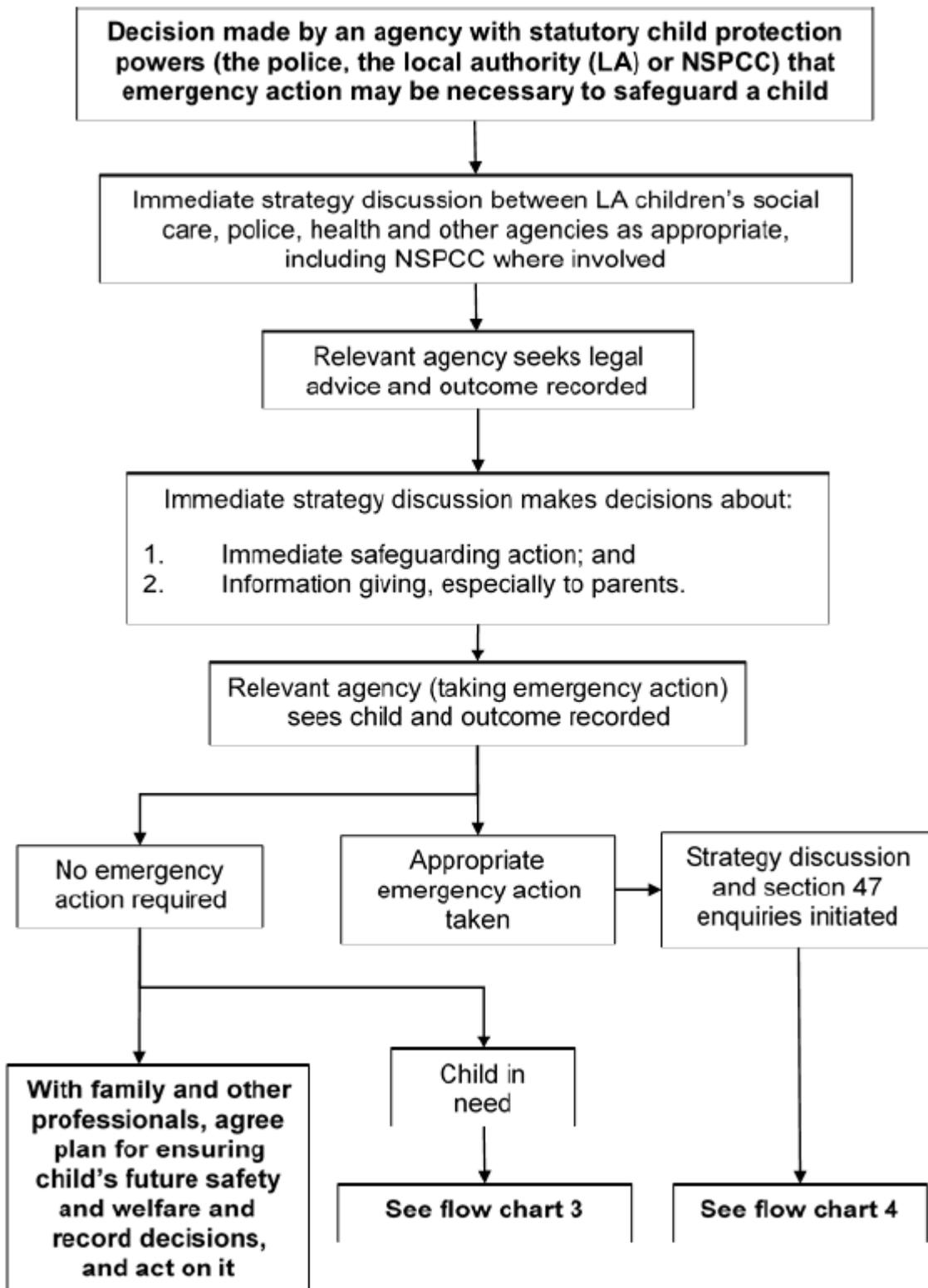
It is expected that the police will inform families of the potential for return interviews when they do the safe and well check.

5.3 Appendix 5 Flowcharts.

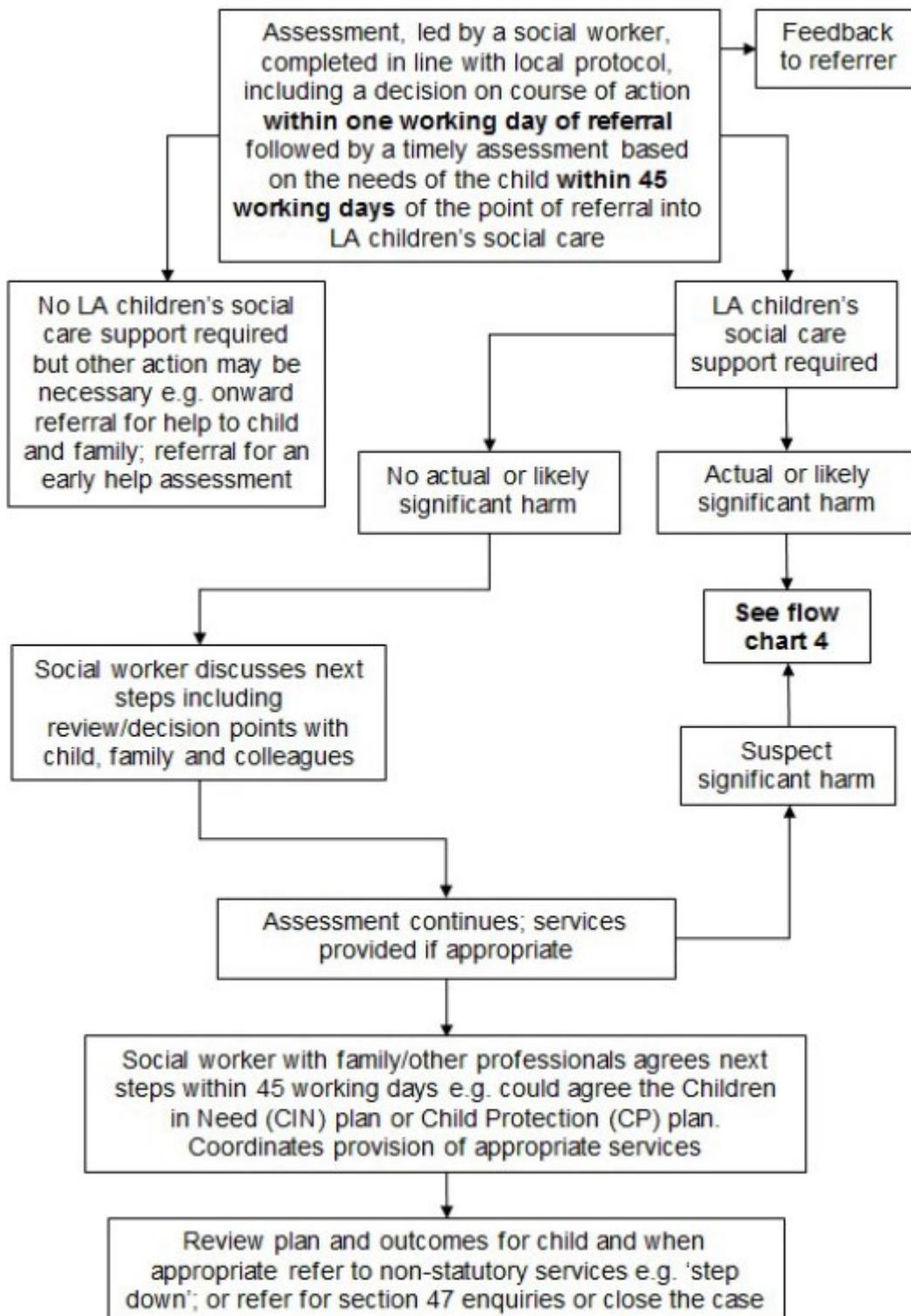
Flow Chart 1 : Action taken when a child is referred to local authority children’s social care



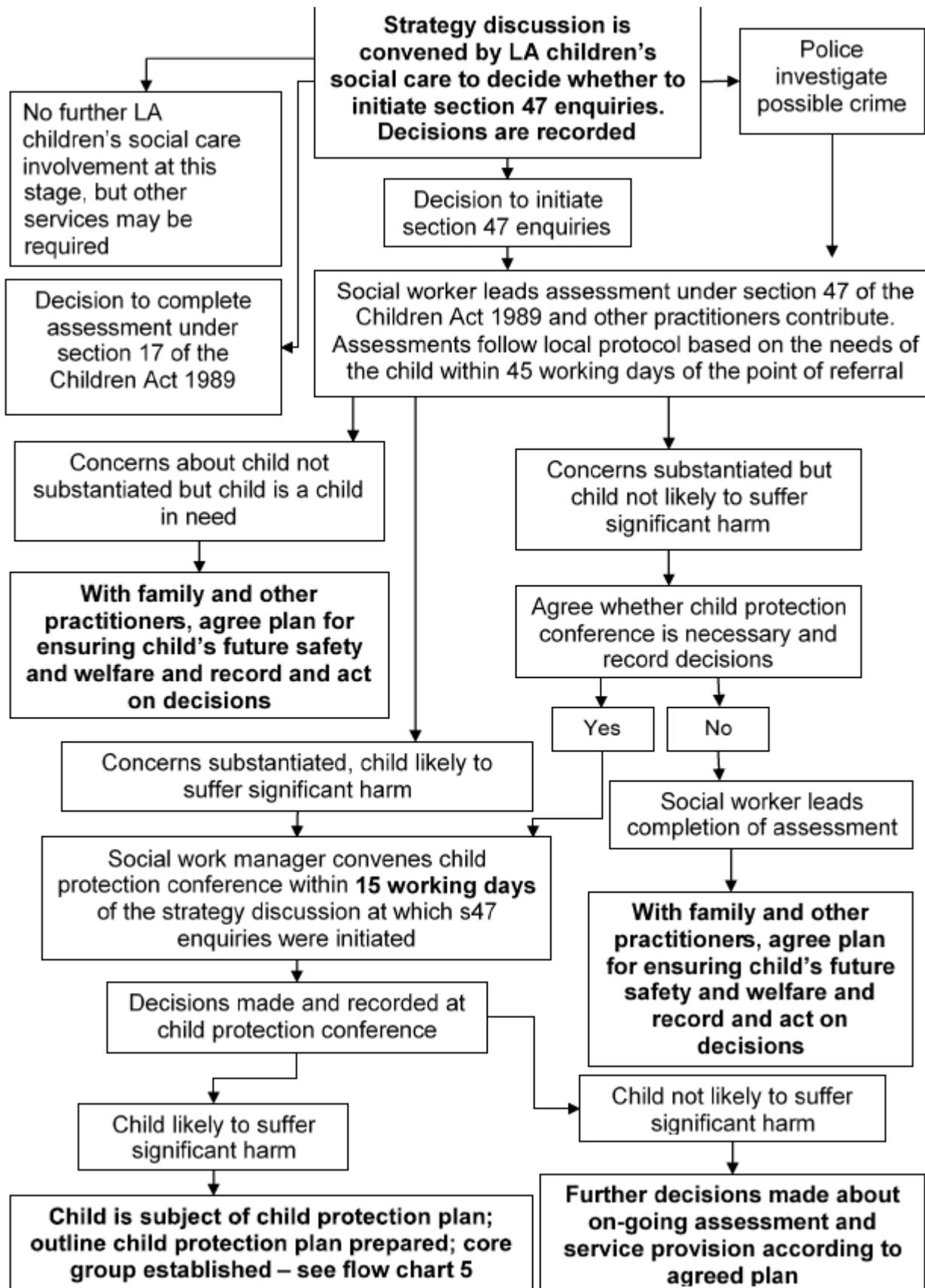
Flow Chart 2 : Immediate protection



Flow Chart 3 : Action taken for an assessment of a child under the Children Act 1989



Flow Chart 4 : Action following a strategy discussion



Flow Chart 5 : What happens after the child protection conference, including the review?

