

Title: Child in Need Arrangements	 Brent		
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Purpose	The purpose of this policy is to set out the London Borough of Brent's Child in Need Arrangements		
Who is Responsible	Nigel Chapman, Operational Director		
Legislation	Children Act 1989 Working Together 2018 London Child Protection Procedures		
Forms / links			

Child in Need Arrangements

SCOPE OF THIS CHAPTER

This chapter, which outlines the process for working with Children who are in Need and including Child in Need Meetings and developing the Child in Need Plan, was updated in February 2017. This replaces the previous Child in Need procedure in Brent.

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1. Early Help

1.1 Brent's Early Help

Early Help means providing help for children and families as soon as problems start to emerge or when there is a strong likelihood that problems will emerge in the future. The Brent offer of Early Help reflects the widespread recognition that it is better to identify and deal with problems early rather than to respond when difficulties have become acute and demand action by statutory or more intensive services. The Offer sets out a 'continuum of support' for families; offering support through separate but integrated teams which provide more intensive support to those with more complex and high levels of need and less intensive support to families whose needs are just emerging. One of the aims of this 'continuum of support' is to prevent children and young people from reaching the threshold for child protection whilst also ensuring that any escalating risks of harm are addressed through robust 'step up' arrangements.

1.2 There are a range of multi-agency services that form the Brent Early Help offer.

These include:

- **The Family Solutions Team** incorporating the Troubled Families (TF) initiative, has responsibility for meeting the needs of identified 'troubled families' by providing key workers to work with those families. The Service also provides a 'step-down' support to families referred from the Children's Social Care Locality Teams who no longer require an allocated social worker. These families are supported to sustain good child safety outcomes and are provided with time limited support.
- **Children's Centres form a core part of the Early Help offer in Brent.** The centres aim to promote the inclusion of all children, their families and carers in a safe and nurturing environment. The network of 14 Children's Centres provide children and families access to universal health, early education and employment services and targeted support for families with additional needs. The Children's Centre teams include Community Outreach Workers, Family Support Workers and Family Support Assistants who all work to the Brent Early Help model. Children's Centres also enable pre-school children with additional needs and disabilities to receive extra support.

- **Early Support coordinates care for disabled children** from birth to age five and their families who receive four or more services from multi-disciplinary professionals in health, social care, education and the voluntary sector. As part of Early Support we operate the Portage service which is a home visiting service for families with children aged 0-4 years with a disability, additional needs or developmental delay. Portage is available for families prior to their child/ren starting nursery or school and supports parents in improving their child/ren's confidence, communication, physical and social skills and learning and development.
- On the site of the **Willow Children's Centre** we have a high quality special needs nursery that has specific expertise in meeting the needs of young children with additional needs related to disabilities and/or where a child is subject to a Child Protection Plan or is a Looked After Child.
- **Parenting Support** delivers a menu of evidence based programmes and interventions that parents can access relevant to the different developmental stages of their children. The support starts for parents in the ante-natal period through to adolescence. Parenting support (both on a one to one basis and groups) is offered via the Children's Centres, schools and other community venues using a range of evidence based parenting programmes.
- The Early Help Service also works with **young carers** and their families who meet service threshold. A young carer is a person under 18 who provides essential and on-going care and emotional support to a family member who is physically or mentally ill, disabled, or misuses substances. The young carer will receive an assessment to determine the impact of their caring responsibilities and an action plan will be agreed to reduce the impact of their caring responsibilities.
- The Early Help service allocates resources via the **Early Help Panel** which is a multidisciplinary panel consisting of representatives from Brent Family Solutions, Brent Aligned Services, Brent YOS and colleagues from the Health and Education services. The aim of the Panel is to hold robust multi agency discussions about complex families who meet the Troubled Families criteria and ensure that services / resources are targeted at the right level at the right time for Troubled Families.

1.3 Practitioners working with families can seek advice and information via a conversation with the Brent Family Front Door (BFFD/MASH) Early Help Representative on 020 8937 4300.

1.4 More information about Early Help and our approach to responding to the needs of children and families in Brent, is available from the **Brent Safeguarding Children Board website**.

Process of making a referral

1.5 An outcome of a conversation with the BFFD/MASH Early Help Representative might result in a referral to one of the above teams. When a referral has been accepted, an Early Help Assessment is carried out. The Early Help Assessment replaces the CAF. To ensure families get the right help, at the right time, and as quickly as possible a good quality EHA using the Signs of Safety (SoS) framework is required. The integrated 'whole family' assessment is part of the Council's strategy to provide help to families at the earliest point of identification prior to a referral to Children's Social Care for a Child in Need (CIN) assessment.#

2. Family Network Meetings

2.1 Signs of Safety (<http://www.signsofsafety.net/signs-of-safety-2/>) is at the centre of Brent's approach to providing better outcomes to children and, in doing so, an important role is played by Family Network Meetings (FNM).

2.2 From the very first visit made by social workers to families they are fully committed to get naturally connected and committed networks (wider family and support people) involved around vulnerable children and families.

2.3 The FNM are participatory family conferences that focus on family and network and on building a safety plan with them. This is a successive process subject to regular reviews where families demonstrate over time that they can make children safe and improve their outcomes.

2.4 Each FNM looks at the critical issues: dynamics, triggers and stressful times that make neglect or abuse more likely and the families must either come up with or fully own all rules and plan. As a result, families feel more empowered and are more able to understand and address the concerns and requirements of the local authority.

- 2.5 In organising FNM, the professionals start from the premise that extensive family and community connections always exist even for most isolated families and that relatives should be located and consulted regardless of where they live. Relatives are likely to step in and provide support if they are consulted and engaged in the FNM process.
- 2.6 The provision of services, without family and community/network participation isolates parents and children furthering their vulnerability and compromising their health, safety and wellbeing.
- 2.7 With this in mind it is an expectation in Brent that all cases have a FNM if appropriate to do so at the earliest opportunity.
- 2.8 Before establishing a FNM, as a key bottom line requirement, parents would be asked to think about and find support people every way possible because everyone can do something to help. The social worker will always search and involve the absent father's side, will have a discussion with the parents around involving people and explore the fears that they may have. The social worker will explore the children's perspective and explore in detail who to involve with the children, who they see and are involved with, who comes to the family, who they don't want, what they want people to do to help them and their family. Almost every challenge a parent/family articulates regarding involving support people (such as they don't know anyone, all the people they know are dysfunctional, they have burned out all the good people in their family, I don't want anyone to know that Social Care have my kids) is an opportunity and is very likely a key issue that needs to be explored with the family to build a meaningful safety plan.
- 2.9 The Social worker must ascertain from the family who should be the participating family/friends members and invite them to the meeting. Where possible this meeting should be held during the assessment process, before a CIN meeting takes place as potentially the support available from their network may alleviate the need for a CIN plan or reduce the input required from agencies.
- 2.10 In order to avoid any delays, family members and support people can participate in a FNM via phone conference, skype, whatsapp, viber, facetime, etc especially if they live abroad. The social worker will facilitate the discussions but the safety plan will

belong to the family, will be owned by the family and will have clear timescales and actions, with individuals named for each action.

2.11 If it is not possible to convene the meeting before the CIN meeting then the FNM must take place within 10 working days following the CIN meeting.

3. Children with Disabilities – Timescales and Frequency of the Child in Need Plan

3.1 The Child in Need (CIN) meetings will be arranged as appropriate but the initial meeting must take place within 10 working days of the Child and Family Assessment being completed.

3.2 At this Initial CIN meeting the Initial CIN plan will be formulated. Review CIN meetings should be held to assess, analyse and further develop the CIN plan.

3.3 These timescales are a minimum requirement and should be flexible to ensure the child's needs are planned and met in a timely way.

3.4 Timing of CIN Visits: every 4 weeks on case by case basis in agreement with the line manager.

3.5 Timing of CIN Meetings. The first review should be held within 3 months of the initial meeting and subsequent reviews at 3 monthly intervals. These meetings must be robustly chaired to reduce the risk of drift.

4. No Recourse to Public Funds and Intentionally Homeless

4.1 Following the Child and Family Assessment completed by the NRPF/IH Team, if the child/ren is/are found to be in need and there are additional child welfare or borderline safeguarding concerns, such as domestic violence or neglect issues in addition to destitution, the child/ren will be made subject to a Child In Need (CIN) plan and allocated to one of the locality teams where they will be monitored according to London Child Protection Procedures – Assessment Framework for Children in Need and their Families.

4.2 Visits and reviews will be carried out by the allocated locality social worker, however, the case will be co-allocated to a worker in the NRPF/IH team who will

retain responsibility for implementing the NRPF/IH aspects of the case such as monitoring the family's immigration status via 2 monthly NRPF Connect checks, monthly monitoring of subsistence payments and also monitoring accommodation provision via the 6 monthly NRPF/IH reviews.

4.3 Children who are found to be in need purely due to the risk of destitution, will not be subject to a CIN plan. They will be monitored via 3 monthly NRPF/IH home visits (if not CIN) and 6 monthly NRPF/IH reviews. The subsistence provision will be reviewed every 3 months via the recurring payments and the accommodation provision will be reviewed every 6 months in line with the NRPF/IH review.

4.4 Please see link to NRPF procedures: http://www.proceduresonline.com/brent/chservices/chapters/p_no_recourse_public.html

5. Child in Need Meetings and the Child in Need Plan

Practice

5.1 Any child protection or safeguarding issues which arise during the course of working with a Child in Need must be responded to in line with the **London Child Protection Procedures**.

5.2 It is an expectation and a requirement that Child in Need plans are reviewed actively and the required response for the child is provided at the right time. This relies on reviews taking place within timescales and the child/ren is/are visited, seen alone and their views heard and recorded throughout the lifetime of the plan.

5.3 The frequency of visits should be:

- Agreed with the team manager on a case-by-case basis;
- at least once every 4 weeks (save for the exceptions noted for Children with disabilities and NRPF)
- Or more frequently if indicated in the CIN plan.

Timescales and Frequency of CIN Meetings

5.4A Child in Need initial meeting must be convened within 10 working days of a decision that the CIN plan is required. This decision may be made during or on the completion of the **Child and Family Assessment**.

5.5 The frequency of subsequent CIN meetings will be determined at the initial CIN meeting. However, subsequent CIN meetings should be held at least every 8 weeks.

5.6 In the case of disabled children, the CIN meeting will take place every 3 months unless it is decided by the Team Manager in consultation with the team around the child that a more frequent timescale is indicated.

Key Responsibilities

5.7 The allocated social worker's line manager should chair the initial CIN meeting. If a decision is made to delegate this to an alternative social work professional the rationale for this should be clearly recorded. An agreement must be reached at the initial meeting regarding who will chair the subsequent CIN review meetings. This would normally be the allocated social worker, however there may be occasions where it is agreed that the line manager assumes this role.

5.8 A social work practitioner is the **Lead Professional** and they are responsible for the following:

- Convening CIN meetings
- Arranging meeting invitations
- Recording agreed updates to the plan
- Circulation of the plan

5.9 The line manager must maintain oversight of progress against the CIN plan through supervision and is responsible for discussing next steps with the relevant personnel.

5.10 The Principal Officer is responsible for reviewing the case at 9 months for any CIN plan that has not concluded.

5.11 Key professionals are responsible for the formulation and implementation of the plan and for ensuring their services are delivered as part of the plan and for their own attendance.

Prior to the CIN Meeting

5.12 Recording on MOSAIC should follow the CIN workflow. Arrangements should be made to organise the meeting, book a room etc.

5.13 The social work practitioner must visit the child and family to prepare for the meeting and to seek their views. This must include exploring ways in which to engage the child in the meeting and consider advocacy services if required. Templates for invitation letters to professionals and families will be held by each team.

5.14 If professionals are unable to attend the meeting they must update the social worker and provide a written update regarding their involvement with the family.

The Initial CIN Meeting and Reviews

5.15 The purpose of the initial CIN meeting is to agree and clarify the actions of the CIN plan and to challenge the plan to ensure that it is robust enough to reduce any identified risks and develop strengths. Actions must be challenged to ensure that they are SMART:

- Specific
- Measurable
- Achievable
- Realistic
- Timely

5.16 All actions must have identified people responsible for them. In addition, decisions and actions agreed must be recorded. Planning and intervention through the CIN meeting must be underpinned by a thorough assessment and continuing evaluation and re-assessment.

In particular, the CIN plan must:

- Describe the identified developmental needs of the child, and any services required
- Include specific, achievable, child-focused outcomes intended to promote and safeguard the welfare of the child

- Include realistic strategies and specific actions to achieve the planned outcomes
- Include a contingency plan to be followed if circumstances change significantly and require prompt action
- Include timescales that are not too short or unachievable
- Not be dependent on resources which are known to be scarce or unavailable
- Clearly identify the roles and responsibilities of professionals and family members, including the nature and frequency of contact by professionals with children and family members
- Establish points at which progress will be reviewed and the means by which it will be judged

Following the CIN Meeting

5.17 The social worker must record the CIN meeting on MOSAIC within 2 working days using the CIN meeting step within MOSAIC.

If there are any identified issues that were not able to be resolved at the meeting, these should be raised with the social work team manager. The social worker should also set up the next CIN meeting.

5.18 The social worker must update the plan within 2 working days and circulate the updated plan to the family, child/ren and key professionals within five working days. The updated plan must be recorded on MOSAIC.

5.19 Where it becomes necessary to make minor adjustments to the plan and services provided, any changes to the plan must be made in consultation with the parents and the child (where appropriate) and key professionals from other agencies.

5.20 Any newly proposed invitees should be contacted and invited to the next meeting.

5.21 The initial CIN plan and the subsequent reviews must be signed off by the line manager/team manager.

5.22 There should be a discussion, review and challenge on the progress of agreed actions. Any written information provided by professionals not at the meeting must be shared. In addition, updates to the plan must be noted and issues identified that

cannot be resolved. Key discussions at the meeting can be recorded using bullet points, ensuring that significant events and areas of disagreement are recorded with a level of detail to appropriately reflect the discussion held. See **Child in Need Meetings Guidance Table**.

5.23 If there is agreement that the child/ren's needs can be met by the universal or Early Help services a lead professional must be identified and agreed. If the Child in Need plan is to continue following the review, a date should be set for the next CIN meeting.

Next Steps

5.24 When it is decided that social work involvement is no longer required to meet the child's needs, the work undertaken and areas addressed should be recorded in a closing summary. This should give the reasons for the end of the plan and include the views of the professionals involved, and the views, wishes and feelings of the child / young person and their parent / carers.

5.25 Most CIN plans will envisage that Children's Services intervention will end within 12 months. However, some children and families may require longer term support, for example disabled children and those with complex needs.

5.26 Decision for the Child in Need plan to conclude should always be made in consultation with participants who were part of the Child in Need plan. This should always include the Social Work Team Manager and the relevant Early Help Manager to clarify the next steps and identify the lead professional if required.

5.27 The next steps may include support being provided through Early Help via the step-down process or it may be that the child is no longer in need of services.

5.28 Exceptions to this will be those cases where the plan acknowledges the need for longer term support, for example in relation to children who meet the criteria for the children health and disability teams

5.29 The outcome of a CIN review meeting will be:

- That the child is no longer a **Child in Need** requiring Children's Social Work Service intervention, with a recommendation for the next steps. Next steps may include support provided by Early Help via the step-down process or where a lead professional is identified and named;
- That the child continues to be a CIN requiring the same level of services, resulting in the continuing provision of services and minor amendment, as necessary, of the CIN plan;

- That the child's needs are sufficiently complex and/or s/he requires additional services to safeguard and promote his or her welfare such as to justify an update of the Child and Family Assessment;
- That the child appears to be at risk of **significant harm**, resulting in the need for a **Strategy Discussion/Meeting** and possible **Section 47 Enquiry** or escalation to a legal planning meeting.

6 Recording on MOSAIC

6.1 Recording on MOSAIC should follow the Child in Need workflow.

6.2 To ensure the quality of recording, the social work practitioner must check that all actions have allocated responsibilities and actions by dates. They should be mindful of the purpose of the recording and mindful of the potential audience for the recording (young people, families, other professionals).

7 Child in Need Panel

7.1 Where it is proposed that the package of support being provided under a CIN plan should continue beyond / or has continued to 8 months the case should be identified by the line manager at 8 months and brought to the next CIN panel.

7.2 The CIN panel will be chaired by a designated Principal Officer and will take place once per month. The panel membership will include health, Early Help, and Children's Social Care. The purpose of the CIN panel is to review the plan from a multi-agency perspective, provide independent management oversight, in particular to prevent any drift in planning.

7.3 A summary report of the presenting issues should be brought to the panel by the allocated social worker (if the social worker is absent then the responsible manager should attend to present the case. It is important that the presenter has a comprehensive understanding of the case so that the panel can make informed decisions).

7.4 The panel may determine a number of outcomes as stated above under Review of CIN meeting.

Recording of panel decisions

7.5 The form used for the summary report will have a section included to record the decisions made at the panel. These will be uploaded within 5 days of the panel date by the allocated social worker.

Review of CIN panel

7.6 The panel's effectiveness will be reviewed after 3 months of its implementation. Consideration will be given to holding the panel after 9 months of a CIN plan or ceasing the panel if it is deemed no longer necessary.