

**Children and Families Assessment and Children in Need Planning Policy**

**Children and Families**

**August 2021**

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| **Policy Information Sheet** | |
| **Service Area** | Children and Families |
| **Date effective from** | August 2021 |
| **Responsible Officer** | Head of Service Child in Need / Child Protection |
| **Date for Review** | August 2023 |
| **Status**   * **Mandatory (all staff name must adhere to guidance)** * **Optional (Procedures and practice can vary between teams)** | Mandatory |
| **Target Audience** | Children and Families |
| **Related Document(s)** | Private Fostering Policy, Step Up/Step Down Policy, Supervision Orders, Children with Disabilities Procedures,  Children and Young People’s Recording Policy & Practice, Signs of Safety Practice Guidance, Section 47 Protocol, Social Work Practice Standards |
| **Superseded Documents** | Children in Need Policy 2020 (Children and Families Assessment and Children in Need Planning Policy June 2020) |
| **Equality Impact Assessment** | Checklist completed – see next page |
| **Date of Approval** |  |

| **Type of Document** | Policy | X | Standard Operating Procedure |  | Guideline |  |
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**Document control**

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If you have any comments or views on this document, please contact us at [childrensdevelopmentandpartnerships@cheshireeast.gov.uk](mailto:childrensdevelopmentandpartnerships@cheshireeast.gov.uk)

# Equality Impact Assessment

Equality Impact Assessments (EIAs) must be completed whenever you plan, change, or remove a service, policy or function. They should be an **integral** part of continuous service planning and policy development. For further details and guidance on completing EIAs please see [here](https://centranet.cheshireeast.gov.uk/how-do-i/project-working/complete-an-equality-impact-assessment.aspx).

# EIA Checklist

| **Equality Impact Assessment** | | | |
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| **1** | **Does the policy/guidance affect one group less or more favourably than another on the basis of:** | **Yes/No** | **Comments** |
|  | Race | No |  |
|  | Ethnic origins (including gypsies and travellers) | No |  |
|  | Nationality | No |  |
|  | Gender | No |  |
|  | Culture | No |  |
|  | Religion or belief | No |  |
|  | Sexual orientation including lesbian,  gay and bisexual people | No |  |
|  | Age | No |  |
|  | Disability-learning disabilities, physical disability, sensory impairment and mental health problems | No |  |
| **2** | **Is there any evidence that some groups are affected differently?** | No |  |
|  | If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable? | No |  |
| **3** | **Is the impact of the policy/guidance likely to be negative?** | No |  |
| a | If yes can the impact be avoided? |  |  |
| b | What alternatives are there to achieving the policy / guidance without the impact? |  |  |
| c | Can we reduce the impact by taking different action |  |  |
| **4** | **Evidence considered – What data or other information have you used to evaluate if this policy is likely to have a positive or an adverse impact upon protected groups when implemented?** |  |  |
| **5** | **Initial consultation – Have you consulted staff representatives and/or external representatives including those from protected groups? What were their views?** |  | Yes – policy has been shared with the CSC Policies & Procedures Group and Team Managers/Service Managers (all are in agreement) |
| **6** | **Promoting equality - Does this policy have a positive impact on equality? What evidence is there to support this? Could it do more?** |  | Child’s voice is central to the policy |

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# Signs of Safety

In Cheshire East, we use Signs of Safety as our way of working with families. This model of practice is based on therapeutic thinking that encourages working with children, young people and families to build on their strengths, empowering them to better manage the risks and challenges they may face now and in the future. The Signs of Safety approach underpins this policy and how we work in Cheshire East.

# Executive Summary

These Procedures should be read in conjunction to the [Signs of Safety Practice Guidance](https://www.cescp.org.uk/professionals/guidance-on-using-signs-of-safety.aspx), Children with Disabilities procedures, the [Section 47 Protocol](https://www.cescp.org.uk/professionals/procedures-and-guidance.aspx) and the Social Work Practice Standards. This document considers the role and responsibility of the Local Authority when undertaking assessments of need and require Child in Need intervention.

# Purpose, Scope, Aims and Vision

* 1. This policy aims to assist practitioners with the expectations around assessments, Child in Need visits and Child in Need planning. This policy does not consider children who are subject to Child Protection planning.
  2. Working Together 2018 cites the principles and parameters of a good assessment:  
     *‘Assessment should be a dynamic process, which analyses and responds to the changing nature and level of need and/or risk faced by the child from within and outside their family. It is important that the impact of what is happening to a child is clearly identified and that information is gathered, recorded and checked systematically, and discussed with the child and their parents/carers where appropriate.’*
  3. Decisions and review points involving the child and family and relevant professionals should be used to keep the assessment on track. This is to 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.
  4. The Social Work Assessment reaches a decision about whether the child requires a service under Section 17 of the Children Act 1989. During the Assessment, members of the family’s network will be identified and involved where possible in a Child in Need meeting. The overarching aim is to work in partnership with the family to identify safe people who can support any planning long term.
  5. A ‘Child in Need’ is defined under the Children Act 1989 as a child who is unlikely to achieve or maintain a reasonable level of health or development, or whose health and development is likely to be significantly or further impaired, without the provision of services; or a child who is disabled. Children in need may be assessed under Section 17 of the Children Act 1989 by a Social Worker.

# Policy Context

* 1. Working Together 2018 details the statutory requirements and expectations for Local Authorities, other agencies and organisations, in respect of safeguarding and promoting the welfare of children, referring to two key principles underpinning effective safeguarding arrangements.
* Safeguarding is everyone’s responsibility: for services to be effective each professional and organisation should play their full part; and
* A child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children
  1. As set out within this policy, a Child in Need is defined under the Children Act 1989, as a child who is unlikely to achieve or maintain a reasonable level of health and development, or whose health and development is likely to be significantly impaired without the provision of services; or a child who is disabled. ‘Children in Need’ (CiN) may be assessed under Section 17 of the Children Act 1989, in relation to their Special Educational Needs (SEN) and disabilities.
* For disabled children with complex needs, personalised support is available via an assessment of their needs in addition to the Cheshire East Local Offer.
* The policy in relation to children with disabilities sets out how the needs of disabled children are assessed.

# The Purpose of the Children and Families Assessment

* 1. The purpose of an Assessment is to gather information and evidence about a child and their family and to identify whether a child has unmet needs. An Assessment must be carried out by a qualified Social Worker, and in the event that there is a student on the team this will be completed with/alongside a qualified Social Worker and will still be authorised by the Team Manager. The Assessment must be based on a sound knowledge of child development and be seen in the context of the child’s family and their environment. The Social Worker leads the Assessment, which must be informed by the child and their family members and by other professionals who know them, including teachers, health visitors and the police. Understanding risk involves judgement and balance. To manage risks, Social Workers and other professionals must make decisions with the best interests of the child in mind and within a timescale which has the child’s safety as its paramount concern.
  2. Assessments of a child’s needs should be a continuous process in accordance with the child’s needs and their plan. An updated Children and Families Assessment should also be undertaken when there is a critical incident or significant change to the child and family’s circumstances. Updating assessments will be proportionate to incidents/changes and should, at the very least, be updated every 12 months, taking into account the evaluation of needs and risks.
  3. The Children and Families Assessment reaches a decision about whether the child requires a service under Section 17 of the Children Act 1989. During the Assessment, members of the family’s network will be identified and involved, if required, in a Family’s Network Meeting to find out who can support the family. This could take place ahead of the initial Child in Need Meeting or be held as part of this meeting. The overarching aim is to work in partnership with the family to identify safe people who can support any planning long term.
  4. **Practice Guidance:** It is good practice for Social Workers and Team Managers to review all assessments at ‘Day 10’ to ensure that the child/ren has been seen and spoken to alone, both parents spoken to, and all agencies contacted.

# Assessment - Timely, Transparent and Proportionate to Need

* 1. How quickly an Assessment is carried out after a child’s case has been referred into Children’s Social Care will be determined by the needs of the child and the level of any harm being suffered. This will require judgments to be made by the social worker in discussion with their manager on every case and should be clarified by the Manager on allocation of the case, supported by the ‘reviews’ cited above. Initial tasks and expectations will be set by the Team Manager on allocation of the case. All assessments should be purposeful and completed in a timely manner following the referral process – please read the [Multi Agency Thresholds of Need Guidance](https://www.cescp.org.uk/professionals/procedures-and-guidance.aspx) document for further information.
  2. Assessments should be timely, transparent (*see also Section 9 below regarding evidence-based practice, analysis and impact as this underpins how we can be transparent*) and proportionate to need. The Children and Families Assessment should be completed by Day 15 unless it has been agreed with the Manager that there are exceptional circumstances, e.g., the complexity of the case, which means it can’t be completed within this timescale.
  3. Good practice would ensure that the child is visited within five working days of referral, however all children must be seen within ten working days of the referral, (and within 24 hours of a Section 47 investigation). The date the child was seen must be detailed in the Children and Families Assessment.
  4. The possible outcomes of the assessment should be decided on by the Social Worker and their Line Manager, who should agree a plan of action setting out the services to be delivered how and by whom in discussion with the child and family and the practitioners involved.
  5. The outcomes may be as follows:
* No further action;
* Additional support which can be provided through stepping down to universal services and single service provision or the early help process;
* The development of a multi-agency Child in Need plan for the provision of Child in Need services to promote the child's health and development;
* Specialist assessment for a more in-depth understanding of the child's needs and circumstances;
* Undertaking a Strategy Discussion/Meeting, a Section 47 child protection enquiry;
* Emergency action to protect a child.

# The Role of Planning

* 1. Active planning at the earliest opportunity should identify and put in place services or interventions which will deliver the right help to children and families at the right time. Assessment and planning should develop a robust understanding of the child’s journey to date and evidence the impact of existing plans in place at the point of referral and during subsequent assessments.
  2. Chronologies should be used in every case to inform planning, interventions and the approach to assessment. Early planning will complement and inform a process of robust assessment, but changes in circumstances should prompt a proportionate review of current interventions and not lead to ‘open-ended’ assessment. Professional judgement and management oversight should identify when re-assessment or a change in plan should be triggered. Examples where a re-assessment may be considered include:
* When entering the pre-proceedings process.
* When required by Public Law Outline in respect of children in proceedings.
* If the child has come into care or is at risk of coming into care.
* If it is the view of the Team Manager or Service Manager that further assessment is required.
* If a Section 47 investigation is instigated.
* Prior to convening a Child Protection Case Conference.
* If there has been a significant change in the child’s circumstances or living arrangements including a change of placement for a Cared For Child.
* If there has been no assessment in the past twelve months for open cases including Cared For Children.
  1. Planning and assessment should deliver an agreed plan, with clear outcomes, which can be measured as part of formal review and performance management arrangements.

# Child in Need Planning Process

* 1. Every assessment where Child in Need planning is the outcome, should have an opened and completed Child in Need plan at Day 45 following the referral. Child in Need plans should be developed with the child (where possible), the family and all professionals who know the child are present. If Child in Need planning is not required, the assessment should conclude with the most appropriate action.
  2. Every Child in Need receiving an intervention should have an individual Child in Need Plan which is SMART (specific, measurable, achievable, realistic and time-bound). The Child in Need Plan ensures that:
* All children and young people have clearly stated objectives for them to gain maximum life chance benefits from education, health care and social opportunities.
* There is a strategy for achieving these objectives within a timeframe that meets the needs of the child.
* Consideration is given to factors which protect children from emotional, physical and sexual abuse and neglect.

# Child in Need Plans

* 1. The Child in Need Plan should be developed and reviewed at a meeting that includes the child, parents, family and other professionals. If any significant family member is unable to attend the meeting they should be assisted to contribute to the Child in Need/Safety Plan and a Family Network Meeting should be held separately if it is not possible to facilitate within the Child in Need Meeting.
  2. It is essential that the child is able to contribute to, and is fully involved in, the planning process. Professionals involved with the child should ensure they understand the child’s wishes, feelings and experiences, and have an understanding of their daily lived experiences. There is an expectation that the child’s wishes and feelings are included in the plan. Dependent on the age of the child, this may include visual representation. The representation of the child’s wishes and feelings should be specific to the Child in Need plan. This shall be attached to the initial Child in Need Plan and updated every four to six weeks.
  3. It is important that the child/ren and family attend the meeting and arrangements should be made which facilitate their attendance. Consideration should therefore be given to accessibility, location and timing.
  4. **Practice Guidance:** Working Together identifies that any of the key professionals involved in the planning process can chair the review meeting. The Chair or another key professional will take a note of the meeting, recording the general areas of discussion, and the decisions and recommendations made. Identified actions should be SMART, outcomes in relation to the child should be clear and when the plan is reviewed, progress towards the outcomes identified can be measured. See below for Child in Need initial planning and review Signs of Safety templates. The plans must be distributed to all participants as soon as possible. The meeting should be chaired by the Social Worker or another key professional; this could be on a rotational basis as agreed by the group involved.
  5. Equality and diversity issues and how the child’s needs will be met in these areas should be explicitly addressed as part of the meeting’s agenda. The child’s views and experiences will be gathered prior to the meeting and if the child is not attending, will be shared on their behalf by the Social Worker at the meeting.
  6. The Chair will ensure that:

* The meeting is as open and inclusive as possible while consistent with the tasks.
* Particular attention is given to the use of language and any special terms explained.
* The child and parent(s) are given appropriate encouragement, assistance and opportunity to say what they wish.
* Differences and disagreements are respected and recorded.
* Any needs with regard to age, disability, culture, religion or race are given special consideration.
* The appropriate practitioner contributes either in person or if unable to attend, via a written report.

# Reviewing the Child in Need Plan

* 1. A Child in Need Plan should be reviewed at a frequency of every four to six weeks unless agreed otherwise by the multi-agency group and the Team Manager. The date for the next review must be set at the end of the meeting.
  2. No Child in Need case should be closed unless a review of the Plan has been completed and a decision made that the Plan has achieved its objectives/is no longer required, and that satisfactory arrangements for the continuing promotion and safeguarding of the child’s welfare are in place. This may include continuing provision of services within an Early Help Assessment. See the [Step-Up Step-Down Policy on the Cheshire East Safeguarding Children’s Partnership website](https://www.cescp.org.uk/professionals/step-down.aspx).
  3. If information available to the Child in Need review increases concerns for the child’s welfare to the point where there are concerns of significant harm, a multi-agency Strategy Meeting should be convened, and consideration given to initiating actions through child protection procedures.
  4. The multi-agency group needs to be mindful around Child in Need planning in line with changes to family circumstances. Consideration must always be given to updating and reviewing plans if they are not working or if positive change is not being achieved. The multi-agency group would need to consider what else needs to happen to ensure progress is achieved for the child and family.

# Risk Assessment and Analysis

* 1. It is incumbent on practitioners to analyse the information collected during assessment to identify the factors that may place a child at risk of significant harm. Undertaking this analysis to determine risk is complex. Not all decisions taken in the context of risk can be guaranteed to prevent a hazard from occurring. However, planned and informed risk assessment and risk management based on research will better predict outcomes than unevaluated information collection. If there are specialist assessments being undertaken alongside the Children and Families assessment, e.g., to inform an Education, Health & Care Plan or a Child and Adolescent Mental Health Service (CAMHS) assessment, these must be considered and inform the outcome of the assessment. Where parental factors indicate a reliance on drugs or alcohol, mental health or learning difficulties, Adult Services must be involved to inform the outcome of the assessment and ensure they contribute to the plan for the child.
  2. The views of children and an understanding of their daily lived experience must be evidenced in the Assessment and inform the risk assessment, analysis and any subsequent plan to support the child and family.
  3. **Practice Guidance:** Where relevant, Social Workers must utilise screening tools to inform assessments and planning. For example, where there are concerns about neglect, a Graded Care Profile must be completed. Where there are concerns around Child Sexual Exploitation (CSE), a CSE screening tool should be completed. All screening tools can be found on the Cheshire East Safeguarding Children’s Partnership website: [CESCP Multi-Agency Toolkit](https://www.cescp.org.uk/ce-scp-multi-agency-toolkit/ce-scp-multi-agency-toolkit.aspx). It is good practice to repeat screening tools to evidence reduction in risk and therefore support the closure of the plan.

# Contextual Safeguarding

* 1. As well as threats to the welfare of children from within their families, children may be vulnerable to abuse or exploitation from outside their families. These extra-familial threats might arise at school and other educational establishments, from within peer groups, or more widely from within the wider community and/or online.
  2. These threats can take a variety of different forms and children can be vulnerable to multiple threats, including exploitation by criminal gangs and organised crime groups such as county lines; trafficking; online abuse; sexual exploitation; and the influences of extremism leading to radicalisation. Extremist groups make use of the internet to radicalise and recruit, and to promote extremist materials. Any potential harmful effects to individuals identified as vulnerable to extremist ideologies or being drawn into terrorism should also be considered.
  3. Assessments of children in such cases should consider whether wider environmental factors are present in a child’s life and are a threat to their safety and/or welfare.
  4. Children who may be alleged perpetrators should also be assessed to understand the impact of contextual issues on their safety and welfare.
  5. Interventions should focus on addressing these wider environmental factors, which are likely to be a threat to the safety and welfare of a number of different children who may or may not be known to the Local Authority Children’s Social Care. Assessments of children in such cases should consider the individual needs and vulnerabilities of each child. They should look at the parental capacity to support the child, including helping the parents and carers to understand any risks and support them to keep children safe and assess the potential risk to the child.
  6. Please see the further information and guidance around [Contextual Safeguarding on the CESCP website](https://www.cescp.org.uk/professionals/contextual-safeguarding.aspx) including the Contextual Safeguarding Pathway and accompanying screening and assessment tools.

# Links to Signs of Safety Practice Guidance

* [Guidance on using Signs of Safety](https://www.cescp.org.uk/professionals/guidance-on-using-signs-of-safety.aspx)
* [A Guide to Mapping](https://www.cescp.org.uk/pdf/signs-of-safety/assessment-mapping-guide-signs-of-safety-april-2019.pdf)
* [Danger Statements and Safety Goals](https://www.cescp.org.uk/pdf/professional/danger-statements-and-safety-goals.pdf)
* Two guides on questions to elicit information for assessment:
  + <https://www.cescp.org.uk/pdf/guides/questioning-examples.pdf>
  + <https://www.cescp.org.uk/pdf/guides/ears-questions-assessment-mapping.pdf>