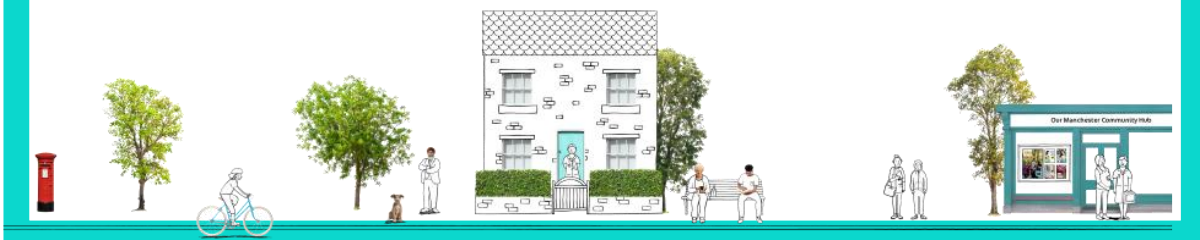


Manchester Child in Need Guidance and Procedure



1. Introduction

Our Manchester, Our Children

Our vision is to build a Safe, Happy, and Healthy and Successful future for children and young people in Manchester.

Universal and Targeted Services will meet the needs of the majority of children and families in Manchester, and there is an expectation that when families need support, their needs will be identified through the local partnership and addressed through an Early Help Assessment with support being provided through universal or targeted services.

Where identified, following a screening from the Advice Guidance Service, that a package of support is required to meet the child's needs under Section 17 of the Children Act 1989, a Child in Need plan will be developed and confirmed at a multi-agency Child in Need Meeting.

Under Section 17 Children Act 1989, a child will be considered in need if:

- they are unlikely to achieve or maintain or to have the opportunity to achieve or maintain a reasonable standard of health or development without provision of services from the Local Authority;
- their health or development is likely to be significantly impaired, or further impaired, without the provision of services from the Local Authority;
- they have a disability.

Our Ways of Working

In Manchester, the Golden Threads of practice underpin all of our work with children and families.



Child In Need work relies on good quality assessments and collaborative working with children, their families, and partner agencies to ensure needs are understood and best outcomes are achieved.

The Child In Need framework provides a systemic approach to engagement with children and families based on effective joint planning, intervention and review.

Child in Need Plans will be actively implemented and reviewed at all times ensuring that the right response for the child and family is provided at the right time by the right individual.

The process of Child in Need planning relies on achieving a good understanding of family functioning and of appreciating the unique characteristics that form part of the family's values and beliefs. This requires social workers to understand the context of the family life and to document this through using a genogram and chronology. This is an expected standard for all assessments.

Time and energy will be invested in working with children and their families. Social workers will need to identify and overcome any barriers to working in partnership with children, families and the team around the child. At all times, a respectful approach will be adopted, being mindful that parents have priorities outside of our work together.

The child's voice will be central to all child in need planning. To develop relationships and to gain insight into children's daily lived experiences children will be seen alone by the social worker.

At all times, social workers must ensure they are;

- working within the agreed time scales of visits to children
- that visits to children and families is purposeful
- ensuring the support identified for children and their families (including that of others agencies) is delivered by the partnership
- that work with families is focussed on meeting assessed needs
- reviews of intervention are held regularly to ensure transparency, to track developments in the support plan and to flex the plan if required to do so

In order to maintain strong management oversight, all plans Child in Need Plans will be endorsed by a Team Manager.

Child in Need Visit Proforma

[Visits Proforma](#)

Child in Need Guidance

[Visits Guidance](#)

2. Early Help and Advice Guidance Service

The City's "Our Manchester" strategy and approach promotes a strengths-based approach in responding to the needs of children, young people and families.

The multi-agency partnership work together through the Advice and Guidance service when responding to referrals. The Advice and Guidance service adopts a conversational model of practice, drawing out the family's strengths and access to community provisions so ensuring that timely and safe interventions that provide the right service, at the right time and in the right way. The Service works to a set of practice standards [Advice and Guidance Service Practice Standards](#)

The AGS service is delivered through three locality multi-agency hubs: - North, Central and South. The hubs are staffed by social workers, early help and police as well as a city-wide health representative and virtual links with named professionals and education. Each hub has a daily Domestic Abuse and Child Concern triage meeting which is attended by Women's Aid. Local Housing, Probation, Youth Justice and Complex safeguarding Team are engaged in screening where appropriate to do so.

The Hubs require consent that is clear, voluntary and continuing before any intervention, unless overridden due to risk of significant harm. [Consent, Confidentiality and Sharing Information Policy](#)

Outcomes from a AGS Screening

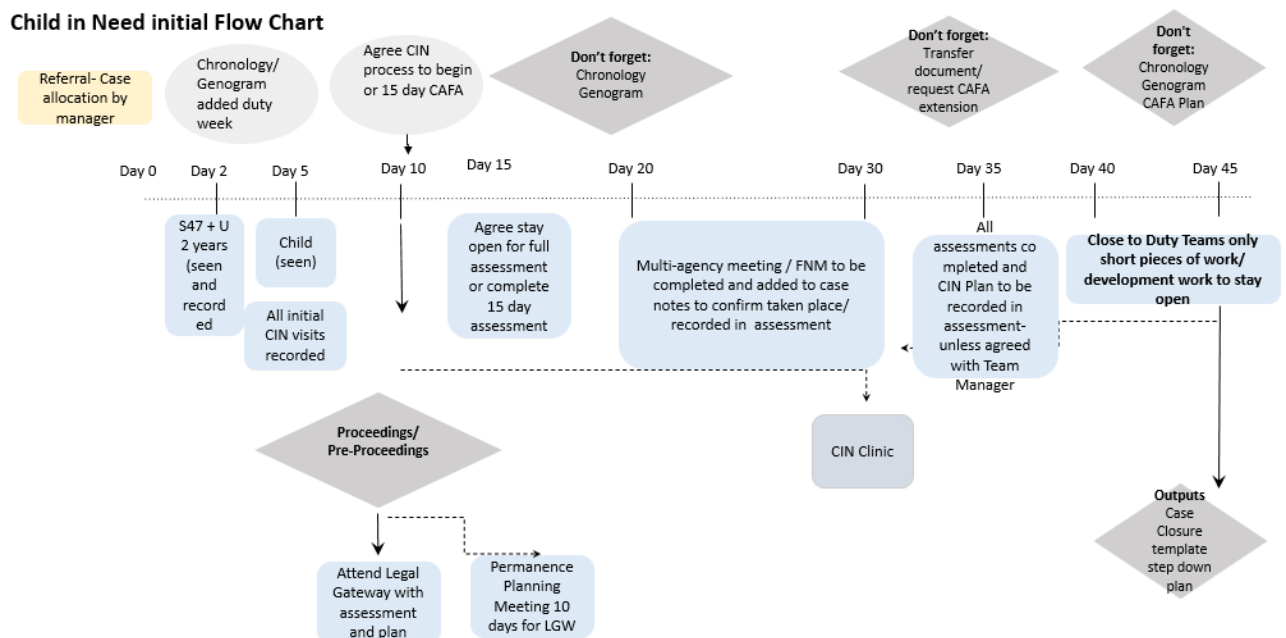
There are 3 possible outcomes from AGS Screening. This includes continued social work involvement, early help support, or no further action at this time, other than advice given.

Updated January 23

1. Social work assessment. Agreement for a child/family to be stepped up for assessment and/or strategy discussion will be done jointly between the AGS manager and Duty Team Manager. If it is a social work assessment that is needed, the decision for a social work assessment lies with the AGS manager. Once this has been agreed only a Service Manager can change the decision and this should be subject to new or additional information found by the Duty Assessment Team Manager. The AGS Team Manager should make immediate contact with the Duty Assessment Team Manager if immediate action is required to avoid any delay. The AGS Team Manager and Duty Assessment Team Manager should be sat together in the AGS Hub to prevent this.
2. Early help support. If it is agreed that the need can be met through an offer of early help, the social worker will discuss with an early help worker and record this outcome in the AGS screening. The Team Manager will add oversight and assign the AGS screening to the Early Help hub.
3. No requirement for social work assessment and or Early Helps support. This agreed outcome will be recorded in AGS screening along with a record of what information, advice and signposting for support has been provided to the referrer. The contact will be sent to the Advice and Guidance manager for signing off.

For all three outcomes, a written overview of the shared information and discussion will be shared with the referrer and the family along with the agreed outcome and any subsequent plan of action. This will form the rationale and outcome for the decision.

Flow chart for new Child in Need Referrals



3. Child in Need Planning

To determine whether a child is 'in need' according to the above definition a Children and Family Assessment will be carried out by a social worker. It is this assessment that will determine whether a child is in need under Section 17 of the Children Act 1989.

By day working day 10 of the assessment, the Team Manager and social worker will agree if the family remain in need of further assessment past Day 15. Where this is not required, the assessment will be completed by the social worker and signed off by the manager. All other assessments will be completed within 35 days of commencement (unless agreed by a Team Manager to move to day 40) and will be signed off by a Team Manager by Day 45.

A child shall be considered to be in need if:

- (a) the child 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) the child's health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
- (c) the child is disabled

See [Section 17 Guidance](#)

When a decision is made that an assessment is required, an initial multi-agency meeting will be convened between day 15 and 30 alongside a family network meeting to support the assessment and form an initial plan of support. This is an essential part of the assessment process, bringing together the key stakeholders including all family and professionals that are involved with the child alongside statutory and non-statutory agencies. The multi-agency meeting is to inform next steps for the family and the formulation of the overall multi-agency plan.

The conclusion of the assessment will determine whether continued social work input is required with the consent of the family. On completion of the assessment, If the child is identified as a continued Child in Need, then a stand-alone Child in Need Plan (as agreed during the initial meeting and assessment) will be added to the Liquid Logic system. This plan will be shared with all attendees including parents with PR and those parents give consent to and attended the Child in Need meeting that will take place **within 10 days of the assessment being completed.**

The family will be supported and encouraged to both attend and meaningfully contribute to the initial and all subsequent Child in Need meetings and the formulation and review of the plan for their child. Consideration will always be given as to how best to involve the child and/or their wishes and feelings and to their support their attendance where this is appropriate. Consideration must be given to the location, timing, and any potential barriers to attendance.

Where a child or parent has specific communication needs this will be addressed and may lead to the use of interpreters, and the use of visual and any other technical aids. A record of the meeting will be shared by the social worker with all parties within 10 days of the meeting.

Key areas of discussion can be recorded using bullet points but must capture

- significant events
- any changes to the plan
- the parent and child /young persons viewpoints
- the rationale for any judgement and any areas of disagreement.

The Child in Need Meeting is responsible for formulating, implementing and reviewing the Child in Need Plan. The meeting would normally be chaired by the Social Worker, however, may be chaired by and Advanced Practitioners, Team Manager or other professional by agreement. The Social Worker is the lead professional; therefore, the social worker will ensure there is representation from all key partners to support good information sharing, a holistic understanding of the children's needs and an effective multi-agency plan to address the assessed needs. Partner agencies have a responsibility to attend Child in Need meetings and have an active ownership of the Child in Need Plan.

The Child in Need Plan should set out the approach to maximising strengths and reducing areas of vulnerability and risk. A clear focus on the intended outcome will be stated so that the actions can be smartly aligned with how the impact will be measured. Using SMART principles (specific, measurable, achievable, relevant and timely), all actions will have timescales and identified people responsible for implementation.

The child will be the centre of a Child in Need Plan, their lived experience being central to the formulation of the plan. Children will be visited by their social worker no less than every 20 working days. The frequency of visits will be based on the needs of the child and what is needed to support direct work to ascertain children's wishes and feelings throughout. Children will have relationships with other professionals who may be better placed to carry out some tasks that are contained within the plan.

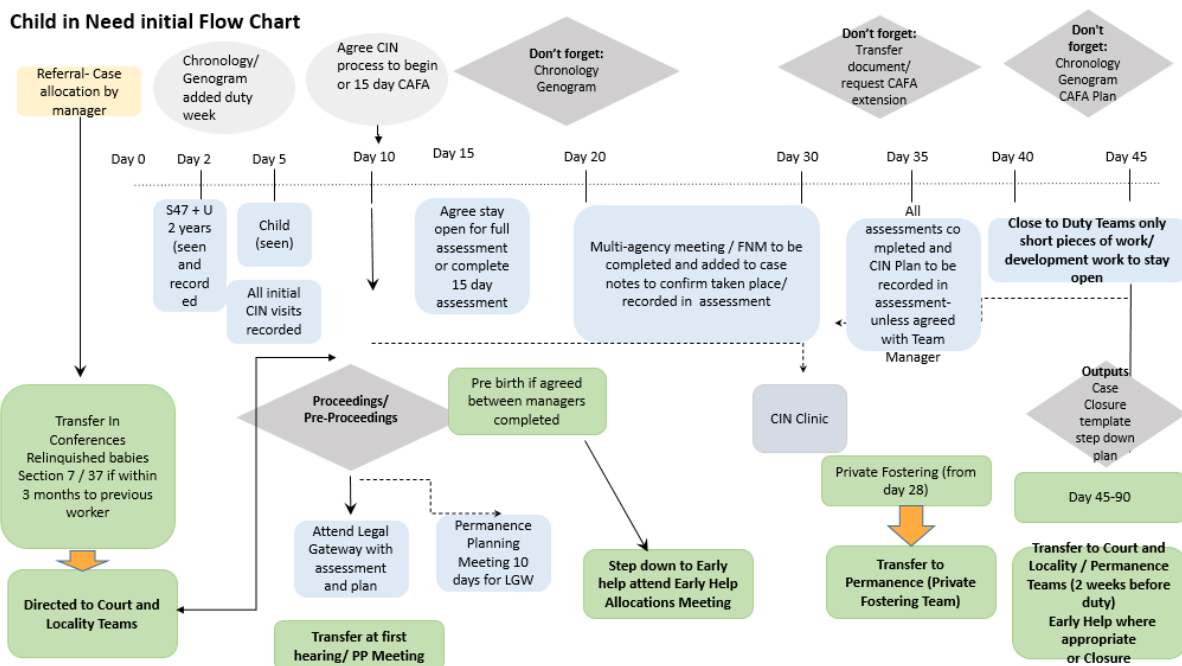
The Child in Need Plan will, where applicable, will include actions to promote the educational outcomes of the child. If attendance is a concern, the multi-agency partnership will work together to put additional targeted support in place to remove any barriers to attendance and re-engage children. The Manchester Inclusion Strategy Toolkit is available as a resource that encourages a planned approach to supporting inclusion in all aspects of school life. This is available at [OneEducation](#).

The Child In Need Plan will establish points at which progress will be reviewed and evaluated and have a contingency in place should circumstances change significantly leading to increased risk. The Child in Need Plan will be updated by the social worker and circulated to all attendees within 10 working days of taking place. The Plan will always be shared with the family who will be asked to sign the plan to evidence an understanding.

The frequency of subsequent Child in Need meetings will be determined in the Child in Need Plan, this should be no less than 3 month intervals. Where the child has a disability and the intervention is one of long term support, the Child in Need meeting should be a minimum frequency of six monthly. In all circumstances, the frequency as outlined in the plan will be agreed through the Team Manager oversight. Where the child has a disability, and the intervention is one of long term support an About ME will be completed or updated during the initial period of child and family assessment. Where there is confidence in the Child in Need Meeting that the child's needs are being met, the visiting frequency may be set at no less than 12 weekly in the context of identifying other professionals that will be in contact with the child in the intervening periods.

Child in Need Meetings provide the scaffolding for implementing the Child in Need Plan whilst also setting out an approach to working with a family in a transparent, empathetic and strengths based manner. All conversations should involve the family and where relevant their social support network and all information available to the meeting must be available to all attendees. When there is a dynamic between family that means key people in the child's life cannot be in a meeting together, consideration will need to be given as to how all relevant family members can be included in the process as well make contribution and be part of outcomes from meetings.

All recording of Child in Need meetings and plans will follow the Liquid Logic workflow.



4. Child In Need Clinic

When a child is transferred from Duty and Assessment to a Locality social work team, or in circumstances where joint working with Early Help is determined, the Child in Need Plan will be presented to a Child in Need Clinic.

The Child in Need Clinic is co-chaired by a Service Lead from Locality and Early Help. The clinic will provide both support and challenge to help the social worker refine the Child in Need Plan and the Safety Plan and to identify any additional areas of support that could assist the family.

The purpose of the Child in Need Clinic is to enhance the quality of practice and to ensure that children and families receive the right intervention at the right time by ensuring:

- close working alignment between social work and early help
- social workers are supported to achieve an excellent plan using SMART actions to evidence the impact of working with the family
- that appropriate interventions are in place for a child in need before considering escalation to Child Protection
- appropriate escalation of risk is in place
- plans for children with disability align between the child and family assessment, EHCP and connect with assessment for additional resources
- support to early permanence planning for all children from day one
- Review CIN plans over 9 months through CIN Clinic or Performance Report

5. Engaging Extended Families

In many families, children enjoy a valuable and close relationship with extended family members. These relationships can be invaluable in supporting and building resilience in children and in building on natural strengths.

Family Network Meetings

Family Network Meetings should be used routinely during the period of assessment and inform the Child in Need meeting and plan. This is core to our approach of working collaboratively with children and families in line with our Golden Thread 'Doing With and Not To'. Family Network Meetings should be used to explore and where possible, plan family-based actions to reduce vulnerability and maximise natural strengths.

Family Group Conference

Family Group Conference work is at the heart of our approach to support families. It aims to help families to develop their own solutions to seemingly intractable problems.

A Family Group Conference is a decision-making meeting in which a child's wider family network come together to discuss concerns and plan the future arrangements for the child. Parents, children, members of the wider family and family friends are given clear information about areas requiring support and are asked to produce a plan that addresses these areas.

A Family Group Conference will be co-ordinated by a specially trained co-ordinator who is neutral and independent from the social work service which brings a level of objectivity and independence to solutions. The planning for each Family Group Conference involves the co-

ordinator spending time with each family member, identifying their support network, understanding relevant issues and preparing them for the meeting.

The Family Group Conference Service can be accessed by referral to Alonzi House.

6. Children with Special Circumstances

Private Fostering

A privately fostered child is a child under 16 (18 if disabled) who is cared for by an adult who is not a parent, grandparent, aunt, uncle, step-parent (including civil partnerships), sister or brother where the child is to be cared for by that person for 28 days or more.

Upon notification of a private fostering arrangement a Social Worker will be allocated and a visit to the child and foster carers must be undertaken within 7 days. The Social Worker must commence a Child & Family Assessment as well as an assessment of the Private Fostering Arrangement. Things to be considered in this assessment are:

- Ascertain the wishes and feelings of the child about the private fostering arrangement.
- Suitability of the accommodation including sleeping arrangements. No more than three children must reside in the household.
- The capacity of the foster carer to care for the child and the suitability of other family members residing in the home. Ensure that the purpose and likely duration is understood and agreed between the parents and the private foster carers. Encourage the parents to draw up a written agreement.
- Consider a referral to an advocacy service for the child.

Two references must be obtained for the private foster carers and uploaded to Liquid Logic. A DBS check must also be undertaken on each adult residing in the property and the DBS record needs to be added as an episode on the child's file.

Every child who is the subject of a private fostering arrangement must have a Child in Need plan and this must be regularly reviewed in line with general child in need guidance as above.

Child in Need visits will take place in accordance with the guidance as above for children in need but may be 12 weekly after a 12 month period of stability.

Children with a Disability

The following values underpin the approach to working with children with disability their and families:

- Whilst vulnerable children will always be safeguarded, unnecessary intrusion into family life will be minimised where parents are able to promote their child's well-being
- The right of a disabled child to have access to community services will be integral to all service delivery and decision making
- Children and their families will receive support to enable them to enjoy family life together and within their local community

- Families are best equipped to meet the needs of their children, the approach to short breaks will provide support with minimum intervention in family life and maximum opportunity to benefit from natural support systems
- Where additional and specialist services are required, the assessments of need will be undertaken in partnership with parents and carer with the needs of the children as the central focus
- The local partnership will work together to provide the best outcomes for children and families

All children with a disability will be entitled to support and universal services, but not all will need additional support or specialist services. There are currently circa 6300 children with an EHCP (Education Health Care Plan) who live in Manchester, with approximately 17% in receipt of a targeted short break and 4.5% a specialist short break. Children in receipt of specialist short breaks will be Children in Need and have a Child in Need Plan.

For additional guidance on short breaks for children with disability see following guidance [Short Breaks Guidance](#)

Complex Safeguarding

Where there is risk identified related to extra familial harm, there is a need to have a well-coordinated plan in place to disrupt exploitation and to ensure the child and their family members' needs are understood in context and well supported. The learning from Child Practice Reviews has shown that for children being exploited, communication and a coordinated approach with the complex safeguarding service is essential to making positive progress. In such circumstances therefore, a consultation will take place with the Complex Safeguarding Hub to provide advice and support and identify any need for specific intervention when formulating a Child in Need plan.

7. Transfer between other Local Authorities

The North West Child In Need Moving across Boundaries procedure and should be followed in the following circumstances:

- the child is known to the Children's Social Care service of one local authority area, and the child has moved to stay in another local authority area, whether on a permanent or temporary basis
- where any agency is notified of a Child in Need that moves in or out of their area then they must make arrangements for information to be shared with/received from the equivalent agency in the other area consistent with their agency's procedures.

This procedure is also intended to apply to a child and their brothers and sisters, including unborn children. Specific reference should be made to North West Pre-Care and Care Proceedings Notification and Transfer across Local Authority Boundaries Procedure where care proceedings are being considered.

[See attached North West Child In Need Moving across Boundaries Procedure](#)