



Multi-Agency Children in Need Protocol and Procedures

Section 11 Children Act 2004

Section 17 and 27 Children Act 1989

Working Together to Safeguard Children Statutory Guidance (2023)

PUBLISHED DATE: June 2025

REVIEW DATE: June 2026

CONTENTS

PROTOCOL

1. Swindon Safeguarding Children Partnership Multi-Agency Protocol for the Assessment and Management of Cases of Children in Need

- 1.1 Legal Framework and Statutory Guidance
- 1.2 Agency Roles and Responsibilities

PROCEDURES

2. The Multi-Agency Case Planning Process

- 2.1 When to initiate a Child in Need Plan
- 2.2 The Multi-Agency Child in Need Planning Meeting
- 2.3 The Multi-Agency Child in Need Plan
- 2.4 Multi-Agency Visits to Children and Young People
- 2.5 Multi-Agency Child in Need Reviews
- 2.6 Professional Supervision
- 2.7 Limited or No Progress Implementing the CiN Plan
- 2.8 Ceasing a Multi-Agency Child in Need Plan

3. Chairing of Review Meetings at a CIN panel

- 3.1 Criteria for Chairing Meetings

4. Families with No Recourse to Public Funds

- 4.1 Assessment
- 4.2 Review of NRPF Child in Need Plan
- 4.3 Ending the NRPF Child in Need Plan

5. Children and Young People with Disabilities 0-25 Together Service

6. Multiagency Case Escalation Process

PROTOCOL

1. Swindon Safeguarding Children Partnership Multi-Agency Protocol for the Assessment and Management of Children Subject to Children in Need

1.1 Legal Framework and Statutory Guidance

The local authority's duty to provide support services to children in need and their families is set out in the Children Act 1989, Section 17 and Part I of Schedule 2 to the Act.

Many children in our community can face periods where they are deemed to be 'children in need' this could be temporary or permanent. The Children Act (1989) provides a clear definition to help all partners determine who those children might be:

A child is "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;
- (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 (Section 17(10)).

"Health" means physical or mental health and "development" means physical, intellectual, emotional, social or behavioural development. 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 (S.17(11)); "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 (Section 17(10)).

It is the general duty of the local authority to safeguard and promote the welfare of children within their area who are in need; and 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 (S.1).

Those services should prevent children within their area suffering ill-treatment or neglect (Schedule 2 part I para 4). The following services must be available as appropriate for children in need living with their families:

- (a) advice, guidance and counselling;
- (b) occupational, social, cultural or recreational activities;
- (c) home help (which may include laundry facilities);
- (d) facilities for, or assistance with, travelling to and from home for the purpose of taking advantage of any other service provided under this Act or of any similar service;
- (e) assistance to enable the child concerned and his family to have a holiday (Schedule 2 part I para 8); services for disabled children and family centres (paras 6 and 9).

Section 27 Children Act 1989 requires professionals in any local authority, local housing authority, NHS Commissioning Board, any Clinical Commissioning Group, National Health Service Trust or NHS Foundation Trust, whose help is requested by the local authority in exercising its duty to assess and provide support services for children in need, to comply with that request (S.27 as amended). Those professionals “have a duty to cooperate under Section 27. . . by assisting the local authority to carry out its social care functions (Working Together, 2023, p.34).

Section 11 of the Children Act 2004 places duties on a range of organisations and individuals including local authorities and district councils, NHS Organisations, police, penal institutions and the National Probation Service (replaced from April 2017 by the National Prison and Probation Service) and Community Rehabilitation Companies, and Youth Offending Teams to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

The statutory guidance in Working Together to Safeguard Children (2023) requires that “Local authorities, with their partners, should develop and publish local protocols for assessment and support. This protocol should reflect the local practice framework for work with children and their families. The local authority is publicly accountable for the protocol and all organisations and agencies have a responsibility to understand it. (WT 2023 p53 para 141)

A local protocol should set out clear arrangements for how cases will be managed once a child is referred into local authority children’s social care and be consistent with the requirements of this statutory guidance. The detail of each protocol will be led by the local authority in discussion with the safeguarding partners and relevant agencies, where appropriate. (para 46).”

The local authority is publicly accountable for this protocol and each organisation and agency has a responsibility to understand their local protocol (para 47). The guidance sets out “the steps that professionals should take when working together to assess and provide services for children who may be in need, including those suffering harm” and cover “the referral process into local authority children’s social care; [and] the process for determining next steps for a child who has been assessed as being ‘in need’” (para 78).

Under the Children Act 1989, local authorities are under a general duty to provide services for children in need for the purposes of safeguarding and promoting their welfare. A child in need is defined under section 17 of 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.

To fulfil this duty, practitioners undertake assessments of the needs of individual children, giving due regard to a child’s age and understanding when determining what, if any, services to provide.

Every assessment must be informed by the views of the child as well as the family, and a child’s wishes and feelings must be sought regarding the provision of services to be delivered. Where possible, children should be seen alone. Where a child requests to be seen with a trusted adult, this should be supported. A child’s communication needs should be considered. When assessing children in need and providing services, specialist assessments may be required and, where possible, should be co-ordinated so that the child and family experience a coherent process and a single plan of action.

Some children in need may require accommodation because there is no one who has parental responsibility for them, they are lost or abandoned, or the person who has been caring for them is prevented from providing them with suitable accommodation or care.

Under section 20 of the Children Act 1989, the local authority has a duty to accommodate such children in need in their area.

Under section 47 of the Children Act 1989, where a local authority has reasonable cause to suspect that a child who lives or is found in their area is suffering or is likely to suffer significant harm, it has a duty to make such enquiries as it considers necessary to decide whether to take any action to safeguard or promote the child's welfare. Such enquiries, supported by other organisations and agencies, as appropriate, should be initiated where there are concerns about all forms of abuse, neglect, and exploitation whether this is taking place in person or online, inside or outside of the child's home.

There may be a need for immediate protection whilst an assessment or enquiries are carried out. Further information about immediate protection can be found in Working Together to Safeguard Children 2023 (page 85)

"Following acceptance of a referral by the local authority children's social care, a social worker should lead **a multi-agency assessment under section 17 of the Children Act 1989**. Local authorities have a duty to ascertain the child's wishes and feelings and take account of them when planning the provision of services" (Children Act Section 17(4A) and Working Together to Safeguard Children 2023).

"All relevant practitioners should be involved in the assessment and provide further information about the child and family; agree further action including (in partnership with children, parents, carers and other key supports) what services would help the child and family and inform local authority children's social care if any immediate action is required; seek advice and guidance as required and in line with local practice guidance" (Working Together 2023 page 39). The police should "assist other organisations and agencies to carry out their responsibilities where there are concerns about the child's welfare, whether or not a crime has been committed, the police should be informed by the local authority Children's Social Care" (Working Together, 2023, page 39).

1.2. Agency Roles and Responsibilities

As with enquiries where there are concerns about significant harm, it is important that the expected roles and responsibilities of the professionals who will contribute to the assessment and management of each child in need's case are clear and have been agreed by the SSP.

Local Authority

A local authority social worker will lead each assessment and a suitably qualified and experienced worker will be allocated to manage each child's case with a Child in Need Plan. The police, health professionals, teachers and other professionals will assist with and contribute to an assessment by providing relevant information and where appropriate a professional opinion. Their contribution will, where appropriate, include facilitating access to services including specialist assessments. Their contribution may be requested in writing and/or by attendance at a meeting, which may whenever possible include family members. Assessments should 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.

Assessments should be child-centred and responsive to the voice of the child. This means decisions should be made in the child's best interests, rooted in child development, age-appropriate, sensitive to the impact of adversity and trauma and informed by evidence.

The social worker should:

- lead the assessment in accordance with this guidance;
- carry out enquiries in a way that minimises distress for the child and family;
- see the child who is the subject of concern to ascertain their wishes and feelings; the views of other children in the family should also be ascertained in terms of impact on them
- assess the child's understanding of their situation; assess their relationships and circumstances more broadly;
- interview parents and/or caregivers and determine the wider social and environmental factors that might impact on them and their child;
- systematically gather information about the child's and family's history;
- analyse the findings of the assessment and evidence about what interventions are likely to be most effective with other relevant professionals to determine the child's needs and the level of risk of harm faced by the child to inform what help should be provided and act to provide that help; and
- be alert to and act on any concerns about the child's emotional well-being by referring the child to services that can promote the child's emotional health.
- following assessment ensure that a multi-agency Child in Need Plan is agreed by discussions with children, parents and other key supports (see Section 2). This plan will set out how and by when the various family and professional contributions to the Multi-agency Child in Need Plan will be achieved with aim of improving outcomes for the child and the family. Some elements may require contingency plans.

The police should, where applicable:

- assist other organisations and agencies to carry out their responsibilities where there are concerns about the child's welfare; whether or not a crime has been committed. If a crime has been committed, the police should be informed by the local authority children's social care;
- decide whether or not police investigations reveal grounds for instigating criminal proceedings;
- make available to other professionals any relevant evidence gathered to inform discussions about the child's welfare; and
- exercise their emergency powers (Section 46) where necessary/appropriate.

All Health professionals working with the child and family, including CAMHS and other mental health professionals should:

- Where there is an identified or unmet complex health need for a child, health (and other medical professionals, where appropriate) should make every effort

to attend any multi-agency meeting that they are invited to and provide details of any known health and safeguarding risks/needs for the family.

- Provide information about relevant care and advice on routine and required assessments relating to the child's health and development (including mental health);
- Undertake developmental assessments and reviews within clinical competence
- Where relevant to role give medical advice and undertake medical tests, examinations or observations, where appropriate, to determine how the child's health or development may be impaired;
- Interpret health and medical information to support understanding for the lead professional, other non-health professionals and parents/carers (and children, where attending);
- Physiotherapists, occupational therapists, speech and language therapists and/or child psychologists may be involved in specific assessments relating to the child's developmental progress.
- Consider that any concerns regarding a child's mental health may need a referral and assessment within the Child and Adolescent Mental Health Services;
- Ensure appropriate treatment and follow up health concerns relevant to their organisation's services
- Follow organisational policy/procedures with regards to children not brought in for health appointments;
- Any difficulties in progressing any health actions should be discussed with the organisations safeguarding children team or line manager. If the health action is not possible (e.g. an unrealistic action/no service available) then this must be fed back to the allocated Social Worker/Lead Practitioner with the reasons and the alternatives that can be offered.
- Inform the lead practitioner if there are concerns regarding the capacity of parents or carers (resident and non-resident) and any other adults living in the household to respond to identified needs

The Education setting should:

- where adverse events and circumstances have caused the child's progress in education to be delayed or impaired, develop and implement any necessary arrangements by which the child will be assisted and supported to catch up
- support and encourage the parents to engage with the school
- be alert to and act on any concerns about the child's emotional well-being by referring the child to services that can promote the child's emotional health

The Early Intervention Service should:

- engage with parents to promote and develop their parenting skills and abilities using one of the available parenting interventions.
- provide the parent with consistent advice, guidance and support that takes account of the particular characteristics of their child and their abilities as parents

The Probation Service should:

- Identify offenders who pose a risk of harm to children as well as children who may be at heightened risk of involvement in (or exposure to) criminal or anti-social behaviour and of other poor outcomes due the behaviour and/or home circumstances of their parent/carer(s).
- ask an offender at the earliest opportunity whether they live with, have caring responsibilities for, are in regular contact with, or are seeking contact with children. Where this applies, a check should be made with the local authority children's services at the earliest opportunity on whether the child/children is/are known to them and, if they are, the nature of their involvement.
- where an adult offender is assessed as presenting a risk of serious harm to children, the offender manager should develop a risk management plan and supervision plan that contains a specific objective to manage and reduce the risk of harm to children. The risk management plan should be shared with other organisations and agencies involved in the risk management.
- in preparing a sentence plan, offender managers should consider how planned interventions might bear on parental responsibilities and whether the planned interventions could contribute to improved outcomes for children known to be in an existing relationship with the offender (Working Together pp 66-67).

Alcohol and Drug Services should:

- establish whether the parents/carer or child/young person are service users;
- contribute to assessments of risk to children
- contribute to case management;
- employ an assertive outreach approach to the provision of assessment and recovery services

All involved professionals should:

- be involved in the assessment and provide further information about the child and family;
- contribute to planning the required support in partnership with children and families.
- state frequency and purpose of visits that will be undertaken to families and inform Childrens Services workers of any difficulties with access to the children, not brought in to appointments or lack of availability of services/assessments that have been assessed as required.
- promote activity to safeguard and promote the child's welfare.
- contribute to the management of the child's case and implementation and review of the Child in Need Plan as required, providing information about the child and family.
- Identify and assess risks arising from parent/carer alcohol and substance misuse that may be impacting upon the child;

- Identify and assess risks arising from parent/carer mental ill-health that may be impacting upon the child;
- be alert to concerns about parental substance misuse, mental ill-health, learning disabilities, parental offending and domestic abuse and ensure that these are considered and addressed in the work provided through the multi-agency child in need plan.

PROCEDURES

2. The Multi-Agency Child in Need Planning Process

Each child identified as a “child in need” following a Child and Family Assessment, and who are provided with/require ongoing services coordinated by Children’s Services will have a Child in Need Plan. **See Appendix 1 Practice Standards**

2.1 When to initiate a Child in Need Plan

A Child in Need Plan may be initiated in one of the following circumstances:

- The child and family have received early help support but now require more formal support via a Child in Need plan
- Following referral and assessment, on the decision of the Team Manager that the child is in need and will require ongoing services from one or more SSP partner agencies, coordinated by the local authority (Children Act S.17(10)(a) or (b));
- A Child Protection Plan has ceased, and the child protection conference has agreed a Child in Need plan
- The child was previously cared for and the final statutory review of the child’s circumstances set out an agreed Child in Need plan, or, a Child in Need plan is agreed after the child ceases to be cared for
- The child has become the subject of a Supervision Order or Family Assistance Order; or responsibility for an existing Supervision Order or Family Assistance Order has been newly transferred to Swindon by the decision of a Court or formal agreement between the authorities;
- The child has moved into Swindon and was subject to a formal Child in Need plan in the previous local authority and those needs are ongoing;
- The child and their family are destitute as a result of having no recourse to public funds and/or are street homeless and therefore ‘in need’ (see Section 4 No Recourse to Public Funds) Multi-agency meetings may not always be required;
- The child is disabled (Children Act S.17 (10)(c)) and their needs cannot be met through Short Breaks Local Offer (see Section 4 Children and Young People with Disabilities).
- A court has requested a “Welfare Report” from the local authority (Children Act S.7 private law proceedings) or a report on an investigation of the child’s circumstances and the need for a care order or supervision order (S.37). Multi-agency meetings may not always be required;

2.2 Multi-Agency Child in Need Planning Meeting

Once a child has been assessed as “in need” a Multi-Agency Child in Need Planning Meeting (Initial Child in Need Planning Meeting) will be arranged to agree the contents of the Child in Need Plan and set out the support required from the various professionals to meet the child's needs.

The child's social worker/practitioner is responsible for convening the meeting and arranging invitations.

The Planning Meeting provides an opportunity for a child and their parents/carers, together with key agencies, to identify and agree the support required and to develop the Child in Need Plan. Professionals at the meeting need to clearly explain to the parents' individual responsibilities in terms of meeting the Plan's targets, the support they may require to do so and the expectations in relation to their co-operation and engagement.

Attendees

Child in Need Planning Meetings should be attended by the child (depending on age and understanding), parents/carers, other family members / support network as appropriate, and those agencies whose potential/actual contribution is recommended as an outcome of an assessment. If the child does not wish to attend or it is not considered appropriate, the reasons for this should be recorded.

The Social Worker/practitioner must ensure that the child's views are given to the meeting (Children Act Section 17(4) (a) and (b)) and in a format acceptable to the child e.g. drawing, written, verbal. If the child is the subject of Care Proceedings, the Children's Guardian must be invited, and copies of minutes and plans distributed to him/her.

The child's social worker should discuss potential attendees for the Planning Meeting with the child and the parents/carers prior to arrangements being made for the meeting. It will be important that an appropriate venue suitable for the child and his or her family are used for the meeting. Consideration must be given to transport, timing and any childcare issues. Where a child is attending a meeting and is of school age the meeting should wherever possible be held outside of school time. Virtual meetings could be arranged if needed. Some thought would be needed in cases where Domestic Abuse is reported to ensure virtual meetings are safe for parents and support is offered when needed.

Attendance by partner agencies at planning and review meetings is highly important to ensure all agencies involved are clear about why, where, when and how their contributions impact on the ability of partner agencies to provide support and manage risks for the child. Attendance will reduce the risk of misinformation and miscommunication when making decisions. Where possible the professional involved, or a colleague who knows the child should attend. The agency should otherwise submit a report for the meeting and check the minutes for accuracy.

Chairing

The planning meeting will be arranged by the social worker and chaired by the Team Manager (or a suitably skilled deputy) from the team, which has carried out the most recent assessment (most often the Assessment and Child Protection Team) or the Team Manager from the team receiving the case. This meeting can be used to handover the child's case to a Social Worker from the Family Safeguarding Team where longer-term work is indicated, and/or to engage other professionals. (If a joint visit hasn't already taken place prior to the meeting) subsequent

review meetings should be chaired by the allocated Social Worker (SW). Reallocation may be required, or the application of a different process (e.g. Child Protection or transfer to another service).

A summary note of the discussion and decisions of the Initial Child in Need Planning meeting will be taken by the allocated Social Worker (or exceptionally the duty social worker), using the relevant form on the Children's record Child in Need planning forms (there is no need for separate minutes). Where possible, the chair can arrange for a note taker to accompany them. The CD forms must be signed off by the Chair and the family as soon as possible and distributed to all participants **within 10 working days of the meeting**. The chair should consider whether the parents or child need help to understand the completed form (e.g. translation of information or other communication needs). The chair should summarise actions at the end of each meeting verbally. Professional's present should note actions pertaining to them to prevent delay whilst awaiting the full meeting notes.

The Chair of the Child in Need Planning Meeting is responsible for the initial Child in Need Plan and its distribution. A copy of the Child in Need Plan should be provided to the parents, child (depending on age and understanding) and the agencies or other professionals involved in the provision of services under the Plan, and the Children's Guardian if the child is subject of Care Proceedings, by the allocated social worker.

2.3 The Multi-Agency Child in Need Plan

The plan will be developed in a Child in Need Planning Meeting which will consider all the completed assessments. The plan will describe why the child is unlikely to achieve or maintain a reasonable standard of health or development without the provision of services and why their health or development is likely to be significantly impaired, or further impaired, without the provision of such services or how they are disabled. The plan will identify and assess risks arising from domestic abuse, substance misuse and parental mental ill-health.

Most Child in Need Plans will envisage that Children's Services intervention will be time limited. However, some children and families may require longer term support, for example disabled children (see Section 5).

The Child in Need Plan must identify, in partnership with the family, any resources or services that will be needed to achieve the planned outcomes within the agreed timescales, who is responsible for which action and the timescale involved. If resources have to be outsourced/financed by the local authority it may be necessary to seek funding approval from the Swindon Resources Panel (CRP) (*see Swindon Resources Panel (CRP) and Delegated Authority for Resource Agreement Procedure*).

In particular, any Multi-Agency Child in Need Plan should:

- Include the views and plans of the child and family and record their expectations
- Describe the identified developmental needs of the child, and any services required;
- Be "SMART" i.e. include specific, achievable, child-focused outcomes intended to promote and safeguard the welfare of the child
- Include realistic strategies and specific actions and interventions from across the multi-agency partnership to achieve the planned outcomes;

- Identify clearly the roles and responsibilities of the various professionals and family members, including the nature and frequency of contact by professionals with children and family members;
- Include specific, realistic timescales and deadlines, avoiding/limiting “ongoing” and “continuing” actions
- Identify points at which progress will be reviewed and how it will be judged e.g. performance measures of the impact and effectiveness of the various professional interventions
- Include a contingency plan to be followed if circumstances change significantly requiring a prompt response or in the event of a lack of progress or objectives not being met, or resources not being available;
- If concerns escalate to a child(ren) about risk of significant harm then Swindon Safeguarding Partnership Child protection Procedures must be followed.
- Specify arrangements for the management of the child's case as described in the following sections.

2.4 Multi-Agency Visits

Implementing the Plan

The social worker will be responsible for leading and coordinating the implementation of the plan including making requests and referrals to appropriate agencies for services. Their duty to assist is set out in the Children Act (Section 27) and Working Together to Safeguard Children 2023.

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.

Frequency

Each child subject to a Child In Need Plan will be visited by the social worker/practitioner and other professionals as frequently as specified in the Child in Need Plan. Visits will be to the child's home unless the CiN plan permits otherwise. The most typical frequencies for social work visits will be 4 weeklies, with visits taking place more often in the early stages of the CiN Plan (especially when moved on from a child protection plan) or when there is a clear need for more frequent visiting, and less often in the later stages. Children with a disability may need alternative visiting patterns in proportion to their needs. Visiting patterns to children with a disability may reduce as the Child in Need progresses to 12 weekly in agreement with the team manager and authorised in supervision. Over-frequent visiting may lack focus or purpose and should be avoided. (For Children's Services, see Practice Standards Guidance for CIN visit arrangements)

Purpose

A visit is a professional intervention in the life of the child and family and its purpose and method should be planned with a defined purpose.

Visits may be undertaken either announced or unannounced, or some announced and some not.

The child must be seen. Additional visits may be planned to achieve an intervention involving only one or more adults. With the exception of young children who are unable to communicate their views, the visit must involve spending time alone with the child (i.e. without the main parent or carer).

The impact and outcome of each visit should be recorded on the child's case record and should focus on the child. The record should include a descriptive narrative account and an analysis of strengths and risks. Any professional opinion or reasonable view must be commensurate with the scope and expertise of the practitioner completing the record.

2.5 Multi-Agency Child in Need Review Meetings

For children and young people in families with No Recourse to Public Funds (NRPF), see Section 4 for the review process

Frequency of Reviews of Child in Need Plans

Child in Need plans must be reviewed by a multi-agency meeting at intervals clearly agreed with the Social Worker's manager and at a minimum of every 3 months. If there are significant changes in the family's circumstances consideration should be given to an early review taking place.

For families with No Recourse to Public Funds and who are Intentionally Homeless, where there are no other needs or safeguarding concerns these meetings should be held at a minimum of every 3 months. Similarly for a disabled child if there are no other needs, these meetings can be held every 3 months. If there are significant changes in the family circumstances, an earlier review should take place.

A Child in Need plan should normally cease within 6 to 9 months. Exceptions to this will be those cases where the CiN plan acknowledges the need for longer term support, for example in relation to children who meet the criteria for the Disabled Children team or where a Supervision Order has been extended beyond 12 months.

At 6 months the review, chaired by the relevant Team Manager, should identify whether the Plan is expected to be ceased by 9 months. If not, the relevant Team Manager will refer the child to the CiN panel, which will be chaired by the Service Manager for Family Safeguarding. Team Managers will also refer children to the CiN panel when there are complex presentations that require senior management oversight and direction or in circumstances where there are challenges with the progression of the plan.

Process and Possible Outcomes of CiN Review Meetings

Each CiN Review will:

- Review progress against the various elements of the CiN Plan. The purpose is to assess whether actions and outcomes have been achieved sufficiently to reduce the level of input or end involvement, to identify any changes in need that require addressing in a new or revised plan. Where there is a lack of progress in implementing the CiN Plan, the need for a Strategy Discussion and possible Section 47 Enquiry must be considered (see Section 2.7 below).
- The child's social worker/children's practitioner, who should invite or seek the views of the child, parents and any service providers;

- Consider 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 key outcome of a Review will be:

- The child is no longer a *Child in Need* requiring Children's Services intervention, which will result in a recommendation to the Team Manager that the case be closed. This may include a *Stepping Down* for further services (see Section 2.7); or
- The child continues to be a Child in Need requiring the same level of services, resulting in the continuing provision of services and minor amendment, as necessary, of the Child in Need Plan; and/or
- The child's needs are sufficiently complex and/or s/he requires additional services to safeguard and promote his or her welfare this may require a referral to the Children Resource Panel if there is a financial element required to support the Plan and/or
- The child appears to be at risk of *Significant Harm*, resulting in the need for a *Strategy Discussion/Meeting* and possible *Section 47 Enquiry*. Follow the Swindon Safeguarding Children's Partnership Procedures if there are concerns about significant harm to the child.

Where the outcome of the Review is a revision to the Child in Need Plan, the social worker/Children's practitioner should circulate a copy of the amended Plan to the child (depending on age and understanding), parents, and other agencies/professionals involved in providing the services set out in the amended Plan, including any new services to be provided. Also, to the Children's Guardian if the child is subject of Care Proceedings.

Any child protection or safeguarding issues which arise during the course of a Child in Need Plan must be responded to in line with *Swindon Safeguarding Partnership Procedures*.

Recording Child in Need Reviews

A summary note of the discussion and decisions of the Child in Need Review Planning meetings will be taken by the allocated Social Worker, or exceptionally a duty social worker, or another professional, as part of the group of professionals supporting the family under the Child in Need plan, as agreed in the Child in Need Review meetings, using the relevant **CD** Child in Need planning forms (there is no need for separate minutes).

The chair can arrange for a note taker to accompany them (i.e. a Child Practitioner or another professional in the network supporting the family). The CD forms must be signed off by the Chair and the family as soon as possible and distributed to all participants within 10 working days of the meeting. **A copy of the meeting notes and updated plan must be recorded on CD, by the meeting chair or identified Children Service's worker.** The chair should consider whether the parents or child need help to understand the completed form (e.g. translation of information or other communication needs).

When other professionals take a summary note of the discussion and decisions of the Child In Need Review meeting, using the template circulated to partner agencies for such purposes, they must send these to the allocated social worker for review and to be added to the child's CD Children Services record as well as to ensure circulation to the parents and all professionals.

A copy of the record should be sent to the child (depending on age and understanding), parent and all other participants in the Review process (Also to the Children's Guardian if the child is subject of Care Proceedings) within ten working days for the meeting. The Plan must be updated as required.

2.6 Professional Supervision

Professional supervision and line management accountability for all staff involved in child in need cases will be consistent with the normal arrangements for supervision and line management within each SSP partner organisation.

Where they are members of the same Family Safeguarding Team, those contributing to the implementation of the multi-agency child in need plan should be supervised as a group.

2.7 Limited or No Progress in Implementing the CiN Plan

In cases where there is limited or no progress in implementing the child in need plan, a review will be undertaken by Children's Services to determine the best course of action to meet the needs of the child.

2.8 Ceasing a Child in Need Plan

A Child in Need Plan can cease in one of the following circumstances:

- On the decision by a CiN Review Meeting to cease the plan because the child is no longer a child who is in need of services (as defined in Section 17(10))
- On the decision of a child protection conference that the child is subject to a child protection plan
- The child has become cared for.
- On the expiry or revocation (or transfer on the decision of the Court to another local authority) of the Supervision Order or Family Assistance by virtue of which the child was subject to a plan (but where there are unmet needs a CiN Review Meeting can decide to maintain the CiN plan beyond the expiry of the statutory order)
- The child has ceased to live in Swindon and the local authority in which they are living has been informed in writing of the Child in Need Plan and provided with a copy and a copy of the notes of any CiN review meetings
- The child has moved permanently outside England and Wales
- The child's 18th birthday
- The child has died
- The parent or carer decides that they no longer consent to S17 under a CIN plan and there is no evidence of significant harm (s47)

3. Child in Need Panel chaired by Service Manager

3.1 Criteria for Service Manager review

A Service manager will chair a CIN panel meetings in the following circumstances:

- Children subject to CIN plans where the plan is deemed to be stuck;
- Children subject to CIN plans where the plan has been in place for 9 months to 1 year;
- Children subject to CIN plans where there are barriers with multi-agency involvement or service provision;
- To provide a forum for partner agencies to escalate open children's cases to where they have concerns regarding the lack of progress, and the balance between help and protect, which has not been resolved through all other processes;
- Multi-agency partners have differing views on the outcome of a S47 enquiry, and it is thought that an independent chair may be helpful;
- The Service Manager may also chair the first CiN meeting where a child or young person who has been in the care of the local authority returns home in an unplanned way

4. Families with No Recourse to Public Funds (NRPF)

Note: This section only applies when the sole identified need for support is for the provision of subsistence and/or accommodation.

4.1. Assessment

A Child & Family Assessment may identify that the only necessary support is the provision of subsistence and/or accommodation by Children's Services by means of a Child in Need Plan. The Plan will confirm the actions required to support the family financially and with their accommodation whilst Home Office actions continue. Financial support will be agreed within the Plan and the assessing social work team will present the request for financial support and accommodation to the Care and Resource Panel.

The progression of the CIN Plan will move to Early Intervention and be managed through the Early Intervention Services. Tasks for the Early Intervention worker include:

- Contacting the Home Office regularly to confirm the family's immigration status and enquire about any decisions regarding their application(s) via NRPF Connect
- Completing checks every four weeks with the family and their accommodation provider to ensure the family are still using the support provided and for quality control purposes

4.2 Review of NRPF Child in Need Plan

- The CiN plan should be reviewed after 12 weeks and then every 6 months by the responsible Team Manager.
- Should any concerns about the welfare of the child be referred or emerge while the child remains subject to the CIN plan, the relevant Safeguarding Team should conduct a new C&F assessment, overseen by a QSW and the relevant team manager. If the case is being held in Early Help, it will step up in the usual way.

If it is identified that additional needs have become apparent requiring a general CiN response, the child will step up to ACP to be reassessed and the responsibility for the family and all actions will move to the allocated social worker. The social worker will convene a multi-agency meeting to produce a Child in Need plan (See Section 2.2.1.) and the social worker will convene the Child in Need Review meetings with the frequency and attendance specified in the plan (see Section 2.2.3. (b) with the multi-disciplinary team, including brokerage representation

- If child protection issues emerge, a S.47 strategy discussion will be convened within the normal Child Protection Procedures.

4.3. Ending the NRPF CiN Plan

- If the family are granted Leave to Remain with recourse to benefits, the team holding the child's case will refer the family to the relevant Housing department and support them with applications for benefits
- *If the family are granted Leave to Remain without recourse to benefits.* The allocated worker will discuss with the family options to appeal and how to gain employment. The Local Authority may need to continue to support the family until such time that they gain employment, they may need to move away from Swindon in order to meet their family's needs. The allocated worker will ensure the completion or update of the human rights assessment and give the family written notice to stop support within 14 days if appropriate.
- *If the Home Office makes a negative decision regarding the family's right to remain; or a review of the Home Office information identifies that the application to the Home Office is hopeless such as when a family have made repeated applications arguing the same facts.* In these situations, the allocated social work team will seek legal advice and consider options available to the family and whether they are prepared to leave the country voluntarily. If they decide not to leave, Children's Services must review whether their obligations under the Children Act 1989 (Section 17) and Human Rights Act 1998 have been discharged. The allocated social care team will ensure the completion or update of the human rights assessment and, dependent on the conclusion of the assessment, may give the family written notice to stop support within 14 days.

5. Multi-Agency Approach to Supporting Children and Young People with a Disability (The Disabled Childrens Team (DCT))

5.1. Introduction

- 5.1.1. The Disabled Children's Team (DCT) intervenes and supports children with complex disabilities, life limiting or lifelong support needs and young people and young adults who have a range of complex needs.
- 5.1.2. A disabled child is a child in need by virtue of the legal definition of such children (see paragraph 2 of Section 1.1 of this Protocol). The local authority has a duty to safeguard and promote the welfare of disabled children and so far as is consistent with that duty, to promote their upbringing by their families, by providing a range and level of services appropriate to those children's needs, as described in Children Act 1989, Section 17 and Part I of Schedule 2 to the Act. In particular, the local authority must by virtue of Paragraph 6 (1) of Part I of Schedule 2 to the Act provide services designed—
- (a) to minimise the effect on disabled children within their area of their disabilities;
 - (b) to give such children the opportunity to lead lives which are as normal as possible; and
 - (c) to assist individuals who provide care for such children to continue to do so, or to do so more effectively, by giving them breaks from caring.
- (2) The duty imposed by sub-paragraph (1)(c) shall be performed in accordance with regulations made by the Secretary of State.
- 5.1.3. A one-worker, one-family approach is taken in Swindon and where the Disabled Childrens Team (DCT) is actively involved, they are expected to address the needs of the whole family. This means that in cases in which the family has no recourse to public funds, the Disabled Childrens Team would hold any plan in which there are wider issues that require intervention.
- 5.1.4. This does not mean that all disabled children need the frequency of intervention or review that a child at risk of harm, abuse or exploitation might be afforded.
- 5.1.5. Disabled children and their families will at times require personalised resourcing to remain safe and take part. There are systems in place to allocate funding, whether it comes from a single agency or jointly across health and/or education and/or social care. Further details on access to personalised resources can be found in Chapter 4.1 of the Swindon County Council Social Work Procedures Manual, which starts at the following link: [Disabled Children Team](#)
- 5.1.6. Following an assessment of a disabled child and their family's needs can lead to a number of different personalised plans, which are described in the following sections:

5.2. No Plan

- 5.2.1 The family maybe accessing the short break local offer but should not be considered 'open' to social care. Any emerging needs should be formally referred to Social Care through usual pathways.

5.3. Short Breaks Review Plan / Chronically Sick and Disabled Persons Act 1970 (CSDPA)

- 5.3.1 The family maybe accessing the short break local offer but should not be considered 'open' to social care. Any emerging needs should be formally referred to Social Care through usual pathways.

5.4. Child in Need Plan s17 (10) c (Disability Only)

- 5.4.1 The family will have a named keyworker from the Disabled Childrens Team.
- 5.4.2 Further information and detail about the plans supporting disabled children are available in Chapter 5.1. of the County Council's Social Work Procedures.

5.5. Child in Need Plan s17 (10) b (Disability and Family Support)

- 5.5.1. These cases are responded to within Section 2 of this Protocol and Procedures.

5.6. Child Protection Plan

- 5.6.1. The Swindon Safeguarding Child Protection Procedures will apply

5.7. Child Looked After Plan

- 5.7.1. The procedures in Chapter 6 of the Swindon Children's Services Procedures will apply. <https://swindonchildcare.proceduresonline.com/>

6. Multi-Agency Case Escalation Process

Occasionally situations arise when workers within one agency feel that the decision made by a worker from another agency, about a child or young person, is not a safe decision. Problem resolution is an integral part of working together to safeguard children. Disagreements should be resolved at the lowest possible stage, and resolution should be sought within the shortest timescale possible to ensure the child is protected.

Please see the Swindon Safeguarding Partnership Resolution Procedures [here](#).

APPENDIX 1 Children's Social Care Practice Standards



270 Practice
Standards Booklet_v2