Camden Safeguarding Children Partnership

Multi-agency guidance for children in need cases

2023

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1 Introduction

Children in need and their families may need support from a number of agencies in order to meet the child's needs and support the family. Although the social work service is the main agency for providing services to children in need, good outcomes can only be achieved through multi-agency co-operation and partnership working between all agencies working with the child and their family.

This guidance has been developed by the Camden Safeguarding Children Partnership (CSCP) to help professionals working with children in need and their families. It sets out the framework for multi-agency joint working and service delivery and clarifies the role of the professional network when working with children in need.

2 Principles

- The safety and welfare of children will be the paramount concern at all times.
- Agencies will work in partnership within the framework of this guidance in order to achieve the best outcomes for children.
- Work with families will focus on meeting the child's identified needs, managing risk and supporting parents in their role in order to prevent further escalation of risk or concerns and to enable the child to remain living at home.
- Services will share information lawfully and appropriately and in accordance with Data Protection Act 2018 principles in order to implement the child's CIN plan and manage risk.
- Services will be delivered in accordance with agency duties under the Equality Act 2010.

3 Definitions

Section 17 of the Children Act 1989 defines a child in need as a child:

- who is unlikely to achieve or maintain or have the opportunity of achieving or maintaining a reasonable standard of health or development without the provision of services by a local authority;
- whose health or development is likely to be significantly impaired or further impaired without the provision of such services **or**

- who is a disabled child.

Under Camden's threshold and eligibility criteria (see Appendix 1) a child in need is a child who has complex and enduring needs (level 3) and who requires statutory social work intervention to improve outcomes.

Children will meet the threshold for a child in need service from the Children and Young People's Disability Service (CYPDS) if they have at least 2 moderate or 1 profound or severe need as recognised in the MOSAIC Functional Needs Assessment matrix (see Appendix 2).

4 Role of social workers

As the allocated social worker and lead professional, social workers should coordinate the work of the professional network in implementing the CIN plan and act as a central point of contact for parents, children and professionals.

To carry out this role effectively, social workers should:

- carry out their duties under section 17 of the Children Act 1989 by providing a statutory social work service for the child and the family;
- identify the child and family's professional network and ensure they are engaged in the development and implementation of the CIN plan;
- maintain a high level of contact with the professional network to ensure good communications and effective and appropriate information sharing;
- ensure the child's CIN plan is regularly reviewed by convening a CIN review meeting at intervals as set out in this policy or as required or requested (see section 7.3);
- update the child and family assessment in order to inform the review meeting and any changes to the CIN plan;
- repeat the child and family assessment in line with social work service policy or where this is a recommendation of the CIN review;
- take any action necessary to ensure timely intervention and services to make a difference to children's lives, including escalating cases where concerns increase or stepping down cases down to Early Help Services where CSSW no longer has a role.

5 Role of social work managers and seniors

In order to ensure a high standard of social work practice and multi-agency working, the manager or senior who supervises the allocated social worker should:

- provide an appropriate level of high standard professional oversight to the case, including supervision;
- keep informed of all developments in the case, including difficulties in implementing the CIN plan;
- chair the CIN reviews;
- authorise decisions on case closure and step down to Early Help Services or escalation of cases to child protection or looked after children (see sections 10.1 and 10.2) or any referral to the Complexity Forum (see section 10.3);
- carry out any dispute resolution in line with the CSCP escalation policy.

6 Role of the CIN Independent Reviewing Officer (IRO)

CSSW has a designated IRO responsible for oversight of CIN cases in order to ensure strong case planning and avoid drift and delay. The CIN IRO will:

- monitor CIN cases that have been open for more than 12 months and take action to support decision making on the next steps;

- chair CIN meetings and review in complex cases such as those involving large professional networks, sibling groups with varying needs, and cases involving care proceedings and private proceedings.

7 Role of the professional network

To ensure a high standard of co-operation, partnership working and integrated service delivery, professionals in the child's network should:

- contribute to the child and family assessment and updates of the assessment as required by the social worker;
- work with the child and family to implement the CIN plan;
- attend CIN reviews and take part in decision making for the child;
- share information in a lawful and appropriate way and keep the social worker informed of developments (see section 9).

8 Becoming a child in need

Children will become a child in need in one of the following ways:

- A social worker carries out an assessment on a child who has been referred and the assessment establishes that they meet the threshold for a child in need service.

- Where a child protection review case conference decides that the child no longer needs a child protection plan because risk has decreased, the child will become a child in need.

- Where a looked after child returns home to live with their family, the child will become a child in need.

Children who receive a child in need service from CSSW are not at risk of harm, but a high proportion of them may live in precarious family environments where the situation could deteriorate without professional intervention leading to increased risk of harm. Consequently, it is vital that these cases are robustly monitored and reviewed by the professional network in order to ensure that interventions are leading to better outcomes and plan for a time when CSSW can cease involvement with the family.

9 The child in need plan

A child in need plan is a multi-agency plan developed by those professionals who know the child and family best and can contribute their professional expertise and personal knowledge of the child to making plans to improve their life.

The plan sets out what actions, services and resources will be made available to children and families in order to meet children's developmental needs and support parents.

All child in need plans will be SMART: specific, measurable, achievable, realistic and timely. Plans will set out which agency is responsible for each action or intervention, the timescale for taking action and what outcomes should be achieved.

The full child in need plan is developed at the *initial CIN review meeting* held 2 weeks after the child and family assessment has been completed by the allocated social worker and is based on recommendations made by them in the assessment.

As long as a child receives a service from CSSW they will always have an allocated social worker who will be their lead professional.

- Where the child becomes a child in need following the end of a child protection plan, the conference chair will draw up a CIN plan and this plan will be reviewed within 3 months.

- Where the child becomes a child in need having returned home after being looked after the IRO will convene and chair a CIN review within 4 weeks of the child being discharged from care.

10 Reviewing the child in need plan

10.1 Purpose and frequency

All child in need plans are reviewed at a CIN review meeting which are the key mechanism for monitoring children in need and keeping them safe by ensuring that:

- the CIN plan is being implemented and continues to meet the child's needs and contribute to good outcomes;

- the professional network can share relevant information, including the impact of any changes to the family's circumstances or any significant events on the child's safety and welfare;

- informed decisions can be made on changing service provision, case closure or step-down to Early Help Services, or on taking any other action to safeguarding the child's welfare, for example through child protection procedures.

Child in need reviews are held every 3 months.

10.2 Attendance

To make sure reviews are effective all the services working with the child and their family need to contribute. This means it is important that professionals attend child in need reviews and share relevant information with the professional network.

Parents will always be invited to attend reviews. Children will also be invited to attend if their social worker believes they are competent to do so but will otherwise find other ways of enabling the child to participate in decision making and getting their views known.

If professionals have any issues with disclosing information or discussing issues with parents or children present, they should raise this in advance with the manager or senior practitioner chairing the meeting. However, there is an expectation that there is an open discussion of issues with the family present.

10.3 Arranging reviews

The date of CIN reviews will be set in advance at the end of the previous review meeting and social workers will send out invitation letters at least 10 working days before the date of the scheduled review.

Social workers will ensure that a copy of the updated assessment report prepared for the review meeting is made available to families and professionals at least 2 working days before the review meeting.

Where a professional cannot attend a review meeting, they should either provide a written report with recommendations on further action or make arrangements for a colleague to attend. Where a professional attends in place of a colleague, they should ensure that they have enough information to make a meaningful contribution to decision making.

CIN reviews are scheduled well in advance and generally should not be cancelled unless there are exceptional circumstances.

- If it is known that the allocated social worker is likely to be absent for a CIN review, the manager or senior practitioner should assign the work to another member of the team and ensure they have enough knowledge of the case to be able to present new information and contribute to decision making.

- If it is known that the manager or senior who would normally chair the CIN review will be absent, arrangements should be made via the Children's Quality Assurance Unit for an independent reviewing officer to chair the meeting.

Where the review is cancelled, it should be re-scheduled to be held within **14 days;** social workers are responsible for notifying the professional network of any changes to arrangement for reviews.

10.4 Conduct of CIN reviews

At each review meeting, the social worker will provide a written update of the assessment that includes:

- any new information available since the last review
- a summary of work carried out with the family since the last review
- any progress made on implementing the plan and achieving good outcomes for the child.

All agencies will have an opportunity to share information and make decisions on planning for the child. The chair of the meeting will provide a written report of the review meeting setting out what was discussed and agreed and containing the updated child in need plan; this report is distributed to professionals who attended the meeting within **14 days** of the review.

10.5 Bringing forward the review

In some cases, professionals may have serious concerns about the child and the situation with the family that they feel need to be discussed within a multi-agency forum so that action can be taken immediately to safeguard the child.

Any member of the professional network can request that either that the CIN review is brought forward or that the social worker convenes a professional network meeting to discuss escalating concerns. CSSW will always consider any reasonable request for an early review or meeting. The request should be made in writing to the social worker and their supervisor.

If a professional makes such as request and this is refused by CSSW, the professional and their agency can pursue the matter via the CSCP escalation policy available at: https://cscp.org.uk/professionals/escalation-policy/

11 Information sharing

Good information sharing is essential for effective multi-agency working. This is particularly important where agencies have new information about a child or their family, including siblings, that is leading to increasing concerns about the child's safety or welfare.

In general, professionals should obtain parental consent to share information with the network but information can be lawfully shared without consent under the Children Act 2004 if there are safeguarding concerns and sharing information is a proportionate response. Parents should be informed that the information will be shared.

Although the CIN review meeting will be the main forum for sharing information, professionals should keep the social worker informed of any relevant information on an on-going basis. In particular, the social worker must be informed immediately of:

- any serious incidents of a child protection nature involving the child;
- any disclosure by the child of harm or abuse;
- any changes in the family's composition, for example the mother becoming pregnant or anyone joining the household;
- any changes to the family's circumstances, for example eviction, changes in immigration status, problems with benefits;
- any difficulties in engaging families or seeing the child (including seeing the child alone where appropriate);
- any difficulties in or carrying out agreed actions in the plan;
- any involvement with the police of either parents or children/young people;
- any concerns around nursery or school attendance or any exclusions;
- any diagnosis of serious health issues for parents or children/young people;
- any incidents of domestic abuse.

12 Stepping up, closing and stepping down cases

CIN reviews will make decisions about the overall direction of cases based on what progress has been made and what outcomes achieved by the CIN plan. Cases may move on from the CIN process because of one of the following:

12.1 Step up/escalation

Where there are increasing concerns about the child's safety and welfare due to a deteriorating home situation or a specific child protection incident, and there is a risk of significant harm, CSSW may have to take more robust action to safeguard the child. This may mean using child protection procedures or removing the child from their parents care.

This decision may be made by the CIN review or may be made in an emergency by the social worker and their manager following a significant incident. Where this is the case, the social worker will inform the professional network as soon as possible and outline how CSSW will proceed with the case.

12.2 Case closure/step down

CIN cases can only be closed following agreement at a CIN review because the child is no longer considered a child in need following effective intervention and support. Social workers will always notify the professional network of the intention to close a case and this will be timetabled at the CIN review.

If it is thought that the family require on-going support once CSSW end involvement, the case will be stepped down to Early Help Services. The final CIN review meeting will plan the step down and identify the most appropriate early help service and the new lead professional from the child's network.

12.3 Referral to the Complexity Forum

When the professional network is stuck and the case appears to be drifting, a referral may be made to the Complexity Forum: this is a Panel of experienced professionals representing the multi-agency network. The panel provides an opportunity for reflection but it does not make decisions about the way forward on cases. This is the responsibility of the team around the child led by the social worker.

Possible referral to the Forum should be discussed and agreed by the professional network at the CIN review. As far as possible, the professional network should attend the forum with the social worker to take part in reflection on the case to help inform decisions on possible strategies to take the case forward.

13 Families moving in and out of Camden

It is essential that the professional network informs allocated social workers whenever they become aware that a family they work with will be moving out of Camden. The social worker will then contact the children's social care department in the new borough to arrange for the transfer of the case.

Professionals should also notify the MASH team if they become aware of any child moving into Camden who was receiving a social care service in the previous borough immediately before moving.

Social workers will make arrangements with the relevant local authorities for the transfer of cases into and out of Camden and will inform the professional network.

- **Where families are moving into Camden** the allocated social worker will invite the professional network in Camden to a *transfer-in CIN meeting* to agree an updated CIN plan. It is recommended that members of the family's professional network contact their counterpart in the previous authority to:

    - obtain relevant information about the child and family and
    - to ensure case records are transferred in a timely way.

    Any concerns that important information about the child or family is unknown should be raised with the allocated social worker.

- **Where families are moving out of Camden** the allocated social will notify the professional network in Camden and ask them to contact their counterpart in the receiving authority to share relevant information and ensure the smooth transfer of records.

14 Resolution of professional differences

In the event that professionals and agencies disagree with CSSW regarding the direction or conduct of a CIN case, this will be resolved under the CSCP escalation policy. http://www.CSCP-new.co.uk/wp content/uploads/2015/12/CSCP-escalation-policy-final.pdf

Appendix 1 – Thresholds and eligibility criteria for children's services

	Level of need	Indicators	Responses
Universal	**Level 1: Universal:** children whose needs are being met through universal services. This includes children with additional needs which can be met through a single universal service.	• Children in good physical health whose general development is age appropriate and who are making good progress academically. • Children living in stable families where parents are able to meet all the child's needs. • Children who need some support and who would benefit from additional universal services to improve outcomes.	All children should receive universal services such as health care and education, as well as early years and Integrated Youth Support Services. Professionals working with families should check if children are in receipt of universal services and take appropriate action where this is not the case or consider whether to step up to early help intervention.
Early help	**Level 2: Low level needs or vulnerable to poor outcomes**: Children whose needs cannot be met from one service and where there are a number of factors preventing the child from achieving their potential. Two or more of the indicators listed here need to be present.	• Children with mild disabilities or health issues. • Children with special educational needs. • Children who are out of school or have regular unauthorised absences. • Young carers. • Children showing signs of engaging in antisocial or criminal behaviour. • Children growing up in difficult family circumstances where there are low levels of substance misuse, adult mental health difficulties or domestic violence. • Families affected by parental ill health, custody, homelessness, poverty, immigration or other problems. • Children showing early signs of developmental delay. • Families affected by social isolation, discrimination or harassment. • Children who show early signs of being radicalised by people outside of their immediate family.	Professionals should talk to the family about carrying out a CAF assessment in order to identify appropriate services that could improve outcomes for the child. Where more than one agency is involved, a lead professional should be identified and the Team Around the Child should meet to devise an action plan that meets the child's additional needs. Where there are concerns that a child may be being radicalised, professionals should discuss the matter with Camden's Prevent Co-ordinator or the Police Prevent Engagement Officer for advice on a possible referral to the Channel Panel.

Child in need	**Level 3**: ***Complex needs***: Children who have more complex and enduring needs requiring a statutory social work service. Parents may lack insight and may not engage with services to address problems. For youth offending cases, children who are involved in low level criminal activity and who have entered the criminal justice system.	Children with lifelong disabilities. Children whose growth and development is being impaired by the quality of care received. Children exhibiting high levels of behavioural difficulties and risk-taking behaviour or who are out of parental control. Pregnant women whose lifestyle may be affecting the development of the unborn child. Parents experiencing difficulties in parenting capacity due to substance misuse, physical disability, learning difficulties, domestic or family violence or mental health problems. Children with high levels of emotional difficulties who may need a service from CAMHS. Children who show more advanced signs of being radicalised and where parents or siblings may be involved in radicalisation.	Professionals should talk to the family about making a CAF referral to CSSW for a child in need service. CSSW will carry out a child and family assessment and convene a child in need meeting to devise the child's CIN plan. The allocated social worker will be the child's lead professional. Where there are concerns that a child may be being radicalised, professionals should discuss the matter with Camden's Prevent Co-ordinator or the Police Prevent Engagement Officer for advice on a possible referral to the Channel Panel.
Child protection	**Level 4: *Acute needs***; Children may be suffering significant harm, in need of a safe home and/or a legal order to safeguard and promote their welfare. Parents face difficulties that affect parenting capacity and may not engage with services. For youth offending cases, children who are involved in serious criminal activity, eg gangs, and who may be remanded into care or receive a custodial sentence.	Children requiring accommodation because there is no-one who is able to care for them. Children whom it is suspected are being physically, emotionally or sexually abused or neglected or living with high levels of domestic violence. Children who may be at risk due to trafficking, sexual exploitation, forced marriage or FGM. Unborn babies where a pre-birth assessment has shown them to be at serious risk of significant harm. Children who are deeply enmeshed in the extremist narrative and/or at imminent risk of carrying out violent acts or leaving the UK following radicalisation.	Professionals must make a referral to CSSW. If the matter is urgent, professionals can make a child protection referral to the MASH by telephone and follow up with a written referral within 48 hours. CSSW will carry out a child and family assessment and take appropriate action needed to safeguard the child under statutory child protection procedures. The allocated social worker will be the lead professional for the child. Where there are high levels of concern around radicalisation, the Police **must** be informed.

Appendix 2: Children with special needs - functional needs assessment scoring system

FUNCTION	0 – NO PROBLEMS	1 - MILD	2 - MODERATE	3 - SEVERE	4 - PROFOUND	N – NOT TESTED
INTELLECTUAL LEARNING (1)	No Problems	• Usually functionally independent (allowing for age) • Identified Specific Leaning Disability (likely to have continuing educational implications).	Psychometric / Developmental assessment reveals Moderate Learning Difficulty	Psychometric / Developmental assessment reveals Severe Learning Difficulty	Psychometric / Developmental assessment reveals Profound Learning Difficulty	Not Tested
GROSS MOTOR (E.G. MOBILITY) (2)	No Problems	• Generally walks and functional independently, but some limitations e.g. Slow walking, poor balance, asymmetry. • Motor organisational difficulties • Mild motor impairment.	• Difficulty in changing positions. • Moderately delayed level of mobility • Walks with aids or assistance, may use wheelchair • May require postural management for function	• Requires assistance to move in and out of position. • Markedly abnormal patterns of movement. • High level of postural management required. • Unlikely to be independently mobile.	Unable to walk / uses wheelchair exclusively.	Not Tested
FINE MOTOR (E.G. MANIPULATION) (3)	No Problems	• Possible tremor, unsteadiness, awkward release. • Delay in acquisition of skills • Some difficulties in play, writing, drawing or dressing.	• Restricted movements of one or both hands when reading / stretching / feeding / writing / dressing i.e. affects daily life. • Poor manipulative skills.	Requires aids / assistance for fine motor function.	• No bilateral grasp and release. • Unable to feed self or write, might use a switch system.	Not Tested
VISION (4)	No Problems	• VQ < 6/18 in better eye. • Problem e.g. amblyopia in one eye. • Minor visual field loss.	• VA 6/24 – 6/36 in better eye (visual difficulty affecting mobility). • Reads print with aids. • Defect in at least half visual field.	Partially sighted i.e. VA 6/36 – 6/60 in better eye.	(Registered) blind, i.e. Visual Activity (VA) less than 6/60 in better eye (unable to see hand movements).	Not Tested
HEARING (5)	No Problems	• One ear normal (<30 dB), profound loss in other (>70 dB). • Bilateral hearing loss of 30 – 40 dB.	Bilateral hearing loss with 4170 dB loss in better ear and / or failed free-field testing on 2+ occasions over a six month period.	Hearing loss of 71 – 90 dB in better ear	Profound bilateral hearing loss (>90 dB in better ear) whether aided or implanted.	Not Tested

SPEECH & LANGUAGE / COMMUNICATION (6)	No Problems	□ Child may show isolated pockets of specific speech and / or language difficulty or a mild delay in acquisition of language skills that may occur in association with a more general developmental delay.	□ Child may show an uneven profile of development across verbal / non-verbal skills, demonstrating areas of strength as well as areas of difficulty. Alternatively the child may present with the moderate delay in acquisition of language skills in association with globally delayed learning skills and	□ Communication difficulties present as the primary factor in preventing the development of appropriate social interaction and access to learning. Child shows absence of spontaneous development of skills in the key area of form, content and/or use.	□ Child presents with complex communication needs, typically in association with autism or a range of disabilities (hearing, visual, learning, physical), chronic of degenerative medical conditions. Alternative / argumentative systems used as primary means of communication.	Not Tested
			other areas of development.			
FUNCTION	**0 – NO PROBLEMS**	**1 - MILD**	**2 - MODERATE**	**3 - SEVERE**	**4 - PROFOUND**	**N – NOT TESTED**
BEHAVIOURAL PROBLEMS (7)	No Problems	• Sometimes aggressive or difficult to manage / control (2+ times a week). • Sometimes tearful / depressed / anxious (unrelated to immediate circumstances). • Restless / distractible – often does not settle to ageappropriate activity. • Problems probably outside norms for age and social group.	• Frequent aggressive or difficult to manage / control (once a day). • Frequent tearful / depressed / anxious (once a day). • Rarely settles to ageappropriate activity. • Problems causing considerable difficulties to family or group.	• Persistently aggressive or difficult to manage / control (several times a day). • Depressed / anxious sufficient to be considered at risk of self harm or to be disrupting daily routines i.e. attendance at school. • Never settles to ageappropriate activity. • Unable to function in a group	• Aggressive behaviour causing significant injury to others requiring constant adult supervision. • Severe persistent self-harm behaviours (overdose, head banging, cutting) or assessed as suicide risk by appropriate child mental health professional.	Not Tested
SOCIAL / ENVIRONMENTAL (8)	**N/A**	**N/A**	**THE community trust has no plans to use this category at this time**	**N/A**	**N/A**	**N/A**
SELF HELP (9)	No Problems	• Some delay in independent function in relation to age norm. • Organisational difficulties requiring supervision.	□ Requires facilitation or assistance with ADL (Activities of Daily living), e.g. self-feeding regimes.	□ Requires constant assistance with ADL.	□ Totally dependant on others for ADL.	Not Tested
PHYSICAL HEALTH (10)	No Problems	□ Well controlled symptoms.	□ Partially controlled symptoms.	• Has a serious deteriorating illness. • Poor control of symptoms. • Oxygen dependant.	• Palliative care required. • Requires mechanical ventilation.	Not Tested

EATING DRINKING and SWALLOWING (11)	No Problems	• Copes well with wide variety of textures but occasional problems in chewing or controlling food and drink, particularly liquid, in the mouth. • Infrequent episodes of choking: minimal risk of aspiration. • Rejection or intolerance of some textures e.g. spits out or gags on lumps. • Manages without NG or gastrostomy.	• Some ability to cope with limited textures e.g. soft foods and thickened drink, but some loss of control of food and drink in the mouth. • Periodic episodes of choking: some risk of aspiration. • Wary and intolerant of the introduction of new textures e.g. averts head, pushes spoon away. • Needs intermittent NG or gastrostomy feeding.	• Inability to cope with any texture; extremely limited oral movement with poor control of food and drink in the mouth. • Adverse reaction often observed when food or drink presented e.g. cries, extends. • Needs long term NG or gastrostomy feeding.	• Inability to cope with any texture; extremely limited oral movement with no control of food and drink in the mouth. • Frequent choking on all intake; significant risk of aspiration. • No oral feeding ability.	Not Tested