

Section 3

Children in Need

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Key points

This section sets out:

- ❑ Agencies responsibilities to provide services to vulnerable children. Needs and strengths should be identified holistically, using the domains of the assessment framework. Services are provided differentially by agencies to meet these identified needs. Interventions and actions should be evaluated
- ❑ For some children a multi-agency approach is needed. Guidance is given on identifying these children. They include children who need safeguarding as well as other children where there are serious concerns or a number of other concerns which when viewed holistically add up to serious concerns
- ❑ Help in deciding if a child is 'in need'
- ❑ Advice on making referrals to social services
- ❑ Inter-agency roles and responsibilities in assessing children in need. Agencies have important information to contribute to multi-agency assessments; services need to be provided by a number of agencies. It is important that this work is 'joined up'.
- ❑ Guidance on developing inter-agency service plans in partnership with children and families and the process of reviewing these plans.

Chapter 1 Introduction

1.1 This section will:

- provide guidance on working with vulnerable children
- help staff in statutory and voluntary organisations to decide if and when it is appropriate to refer a child to social services, as a (potential) child in need of assessment and service provision, including a child in need of safeguarding
- give guidance on interagency assessment of children's needs, planning intervention and reviewing progress.

1.2 This guidance is not definitive, as it cannot replace professional judgement, but it will:

- help agencies weigh up, and be specific about, the level and nature of their concerns
- set out actions to be taken by the professionals prior to referral to social services
- identify what questions to consider before making a decision to refer to social services.

1.3 Teachers, Health Visitors, Doctors and other professionals and volunteers in the statutory and voluntary sector have a great deal of expertise in identifying and meeting the needs of children. Some children have a higher level of needs and would benefit from social services. However, the involvement of social services is potentially stigmatising. It can be wasteful of resources if assessments do not lead to provision of services. Therefore, we need to work together to make sure that the right children are referred at the right time.

Layers of needs and services

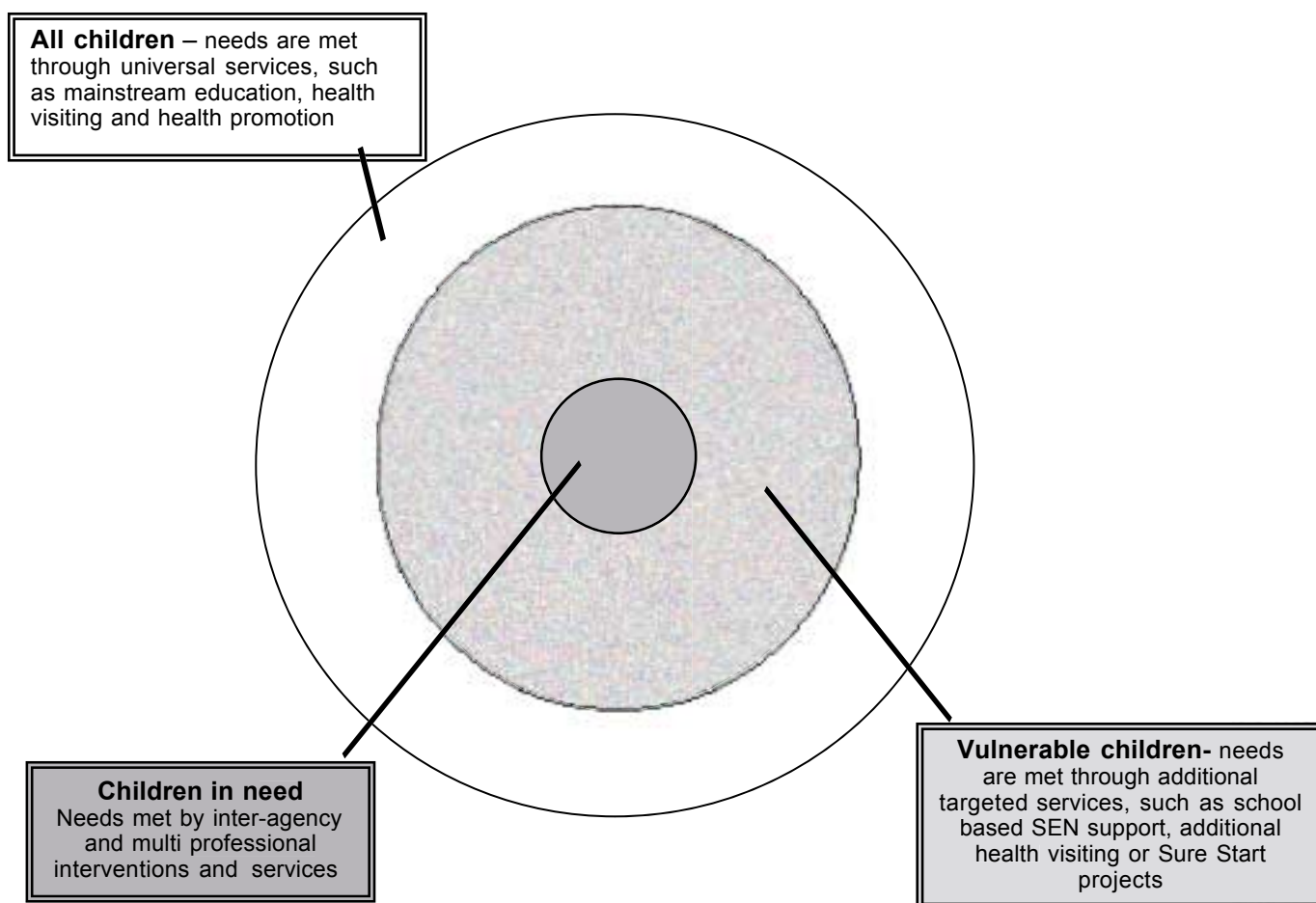
1.4 Children's needs will be met in a variety of ways. All children will have needs met within the family and community and by the provision of **universal** services, such as education and routine health visiting. These services should be equally available to all. Promoting and enabling access to universal services is a key task for all agencies.

1.5 Some children are **vulnerable**, either because they live in a socially disadvantaged community, or because of their particular family circumstances. These children will benefit from additional targeted services to maximise their life

chances. Some socially disadvantaged groups are receiving these additional services through Sure Start and other community regeneration programmes. Services provided to vulnerable children will be delivered by the voluntary sector as well as targeted statutory services.

1.6 A small group of vulnerable children have higher levels of needs, they are **Children in need**. They require a co-ordinated response from a number of agencies.

1.7 The inter-relationship of these groups of children can be illustrated below:



1.8 The aim of any service provision must be to move families and children to a position where as many of their needs as possible are met by universal non-stigmatising provision.

Chapter 2 Services to Vulnerable Children and Children in Need

2.1 Professionals in Health, Education, other statutory services and the Voluntary sector will be identifying and responding to the needs of children every day. These needs will be met in a variety of ways. The following paragraphs set out a framework for:

- identifying the concern(s) taking into account the assessment framework domains
- evaluating the concern(s) taking into account the child's vulnerability
- deciding on action to be taken to meet the concern(s)
- reviewing actions and identify whether the concern(s) continue.

Identifying needs

2.2 Concerns should be identified using the dimensions in the Assessment Framework. This is set out in more detail in Section 1, Chapter 2.

In looking at the needs of children it is important to:

- be child centred, identifying the impact on the child of particular circumstances – for example a parent misusing/abusing drugs may or may not impair their capacity to provide for their child's needs
- recognise and build on the strengths of the individual and the community, so that the assessment identifies both positive and negative influences.

Evaluating concerns

2.3 Once information has been gathered it is important to identify:

- the needs of the particular child based on knowledge of what would be expected of this child's development
- the parenting capacity, based on knowledge of what would be reasonable to expect of parental care given to a similar child
- family and environmental factors, based on knowledge about their impact on parenting capacity and the child's health and development. These environmental factors include unemployment, financial difficulties, housing difficulties, social isolation, and limited support in the community.

2.4 These factors need to be considered in the light of:

- **the risk to the child** - the actual or likely impact of the situation, event or pattern on the health and development of the child. The level of concern will also be affected by:
 - the seriousness of one particular event
 - a pattern, or constellation, of less serious concerns which taken together point to a higher overall level of concern
- **the vulnerability of the child** – a number of factors may make a child particularly vulnerable. These include the child’s stage of development, disability and age – a child may not be getting what s/he requires at a crucial stage in their development. This vulnerability is likely to be increased by:
 - parental chronic ill health, terminal illness or disability
 - parental mental ill health
 - parental learning disability
 - serious alcohol misuse
 - drug misuse
 - domestic violence
 - severe financial difficulties
 - homelessness
 - harassment
 - social exclusion

Each of these situations can have a serious impact on the child’s development and emotional well-being. The impact on the particular child of the unique set of circumstances should be considered

- **preventive or protective factors** that may counterbalance or reduce the risks, including family’s strengths and wider family and community support.

Levels of concern

2.5 The levels of concerns can be divided as follows:

- **Concerns** may indicate that families are under stress and/or are not receiving sufficient or appropriate support from universal health or education services. These children would benefit from signposting to an appropriate voluntary agency, or advice service. Normally they would not be referred for a multi-agency assessment of needs, exceptions may be where there are a number of mild concerns, particularly for a very young child
- **Moderate Concerns** – where a reasoned judgement that the child is unlikely to achieve or maintain a reasonable standard of health or development without the provision of services, (which includes assessment). Services may be required by a range of services including social services
- **Serious Concerns** indicate that a child's health and development is likely to be significantly impaired or further impaired without the provision of services. Concerns about maltreatment will **always** fall within this category. Immediate action is required to provide services from a range of agencies. Depending on the particular needs and circumstances of the child these services may need to be led and co-ordinated by social services.

2.6 Concerns may be identified in one or more areas. **It is important to consider all the concerns holistically – when considered together, a number of concerns may add up to a much more serious concern.** Even if the concern is only in one specific area, it may be that the level of this concern is such that the child needs services from a range of agencies.

2.7 The table on the next pages is given as guidance to the level of concern raised by particular issues. It is presented as a tool that may be helpful in considering the seriousness of concerns. **The indicators included are not exhaustive and are for guidance only.** Decisions about the level of concern are matters of professional judgement, depending on the particular circumstances of the child. If in doubt options include discussion with a senior colleague or with social services.

Examples only.		<i>Concerns should be viewed holistically. They may add up to a more serious concern. Deciding on the level of concern is a professional judgement, depending on the unique circumstances of the child</i>						
Concerns	Family and Environmental factors	Parental Capacity	Child's Developmental Needs				Family and Social Relationships	
			Health	Education	Emotional and Behavioural Development	Identity, Social Presentation & Self Care Skills		
All children	Heating is inadequate, insufficient space for all members to sit / sleep Occasional domestic violence	Little or no support from family and/or community Inconsistent boundary setting by parents Inappropriate boundary setting Lack of parental support for preventative health measures	Child has sensory or physical problems	Parents show no interest in the child's achievements. Parents not appreciating the need to encourage their children to learn, and explore their environment.	Blame child for behaviour (e.g. wetting) Child has emotional and behavioural difficulties Child seriously lacking in self esteem	Child appears scruffy/unkept Limited show of affection/warmth to child Inconsistent contact with absent parents Child suffers occasional racial harassment	Parents do little to facilitate child's friendships and social integration	
Younger children	Parent with post natal depression Young/immature parent or carer with poor support networks	Lack of safety equipment Child lacks age appropriate toys/play equipment	Frequent attendance at Accident and Emergency	Lack of attendance at pre-school play or learning Child has difficulty in developing literacy or numeracy skills Child spends long periods strapped in buggy	Parent/carer frequently smacks child	Child left in dirty nappies or frequently dressed inappropriately		
Older children / young people		Child does not know where parent is	Occasional misuse of alcohol or soft drugs	Young person not achieving to potential in all area Occasional truancy			History of serious verbal arguments between young person and parent	

		Child's Developmental Needs					
		Parental Capacity	Health	Education	Emotional and Behavioural Development	Identity, Social Presentation & Self Care Skills	Family and Social Relationships
Moderate concerns	All children	Home used as a brothel, or meeting place for alcoholics/drug addicts Serious or persistent domestic violence Inappropriate sexual boundaries within the home	Diet inadequate /inappropriate Child has a profound physical or learning disability Child has chronic ill health Child has frequent avoidable accidents Child's health needs not being met	For school age children, frequent unexplained absences Child working at a level substantially below that of children of similar age	Child is constantly blamed, or their behaviour is causing the parent on-going concern Child has ongoing interaction difficulties, impeding development of social relationships	Child is exposed to more responsibility than is appropriate for their age and stage of development Child suffers frequent racial harassment	Child not usually liked by adults or peers Child acting as a carer for a parent with mental ill health or disability Repeated and sustained bullying by siblings
	Young children	Health risks from vermin, dangerous materials or substances, animal/human waste	Frequent unexplained periods of illness or not achieving milestones. Poor growth or weight gain	A child whose speech cannot be understood outside the family. Behaviour is very problematic in pre-school setting		Child shows no awareness of gender, ethnicity and racial differences	
	Older children		Young person misusing substances occasionally Sexually active young person at risk of sexually transmitted disease	No contact between school and family Permanently exclusion or regular temporary exclusions Frequent unexplained absences	Child taking age - inappropriate risks. Involved in committing offences against property	Child is performing parenting or intimate care tasks for siblings or adults	Inability to sustain friendships History of physical arguments between young person and parent

Examples only. Concerns should be viewed holistically. They may add up to a more serious concern. Deciding on the level of concern is a professional judgement, depending on the unique circumstances of the child

Examples only.		<i>Concerns should be viewed holistically. They may add up to a more serious concern. Deciding on the level of concern is a professional judgement, depending on the unique circumstances of the child</i>						
		Family and Environmental factors	Parental Capacity	Health	Education	Emotional and Behavioural Development	Identity, Social Presentation & Self Care Skills	Family and Social Relationships
Serious concerns	All children	Schedule 1 offender, or anyone else who has been assessed as presenting a serious risk to children, moves into household or starts to have regular contact with child Children who go missing	Parental physical or mental ill health or substance dependence which seriously affects parenting Parent is rejecting or scapegoating child within the family	Another child in the family has been removed Disabled child with challenging behaviour or complex needs	Child or young person is not in education	Bruising to child /young person that needs medical attention Extreme age inappropriate behaviour or sexualised behaviour	Parenting which actively destroys or undermines a child's sense of self-esteem and identity	Child moves back and forth amongst family members Violence between young person and parent Child is acting as the main carer for a parent/sibling
	Pre-school children	Dangerous objects left available in the house; e.g. needles, broken glass etc.	Missing specialised appointments Parent presenting with factitious illness in the child	Unexplained injuries to this or another child in the family Failing to thrive (falling below the 3rd centile).	Parents rarely communicate and play with the child. Child shows no or a negative response to the attention of a known adult Child shows no inclination to explore or play	Baby smacked causes bruising. Involvement in activities which would make the child liable to imprisonment if they were at an age of criminal responsibility		Little or no sign of attachments, anxious attachment. Frequent changes of primary carers Hospitalisation or imprisonment of carers, so no carer available
	Young people	Homelessness		Deliberate self-harm, attempted suicide Frequent misuse of alcohol/class A drugs. Victim /perpetrator of sexual exploitation	No stable friendships Refusal to work or attend school	Offences against the person.	Appearance and personal hygiene leads to rejection by peers.	Homeless young person does not have a stable relationship with at least one adult Threat of child being rejected due to family breakdown

Responding to concerns in vulnerable children

2.8 In responding to concerns professionals and volunteers will need to take account of issues of consent and confidentiality set out in section 1, chapter 4.

Individual Action

2.9 Where a concern is identified parents will normally be consulted and involved in identifying the concern. The result will be action by the professional from the statutory or voluntary sectors in co-operation with the child / young person and their parents as appropriate. This could include, for instance:

- provision of differentiated learning opportunities in school
- a health visitor offering additional advice.

Agency Action

2.10 Concerns may be more serious, or individual action may not have been successful. This would always involve discussion with the parents and child/young person as well as liaison with other specialists within the agency, for example school's SENCO, designated teacher for child protection, or named professional / clinical lead for vulnerable children. This may result in:

- signposting the parents or young person to other universal services or advocating on their behalf to get an appropriate service
- the development of an individual education plan
- referral or signposting to services provided for vulnerable children.

Agency Action Plus

2.11 If the concerns remain or are moderate concerns the professional will obtain informed consent from parents to consult with colleagues from other agencies to identify what needs have been identified and what services are being provided to the child or to other members of the family. As a result specific concerns will be referred directly to the relevant agency – for example, concerns about poor school attendance are dealt with by the education welfare service. At this stage the concerns could be referred to social services as a child potentially in need or for a specific service.

Co-ordinated Inter-agency Action led by Social Services

2.12 The child should be referred to social services as a child in need if:

- the concerns are more serious, falling into the category of serious concerns. Concerns about neglect or maltreatment always fall into this category
- other interventions have failed to address the issues
- there are a number of concerns, or moderate concerns which when viewed together present a need for action.

2.13 For these children social services will co-ordinate multi-agency assessment and multi-agency action. Further details are given in chapters 5 and 6 of this section.

Response to individual children

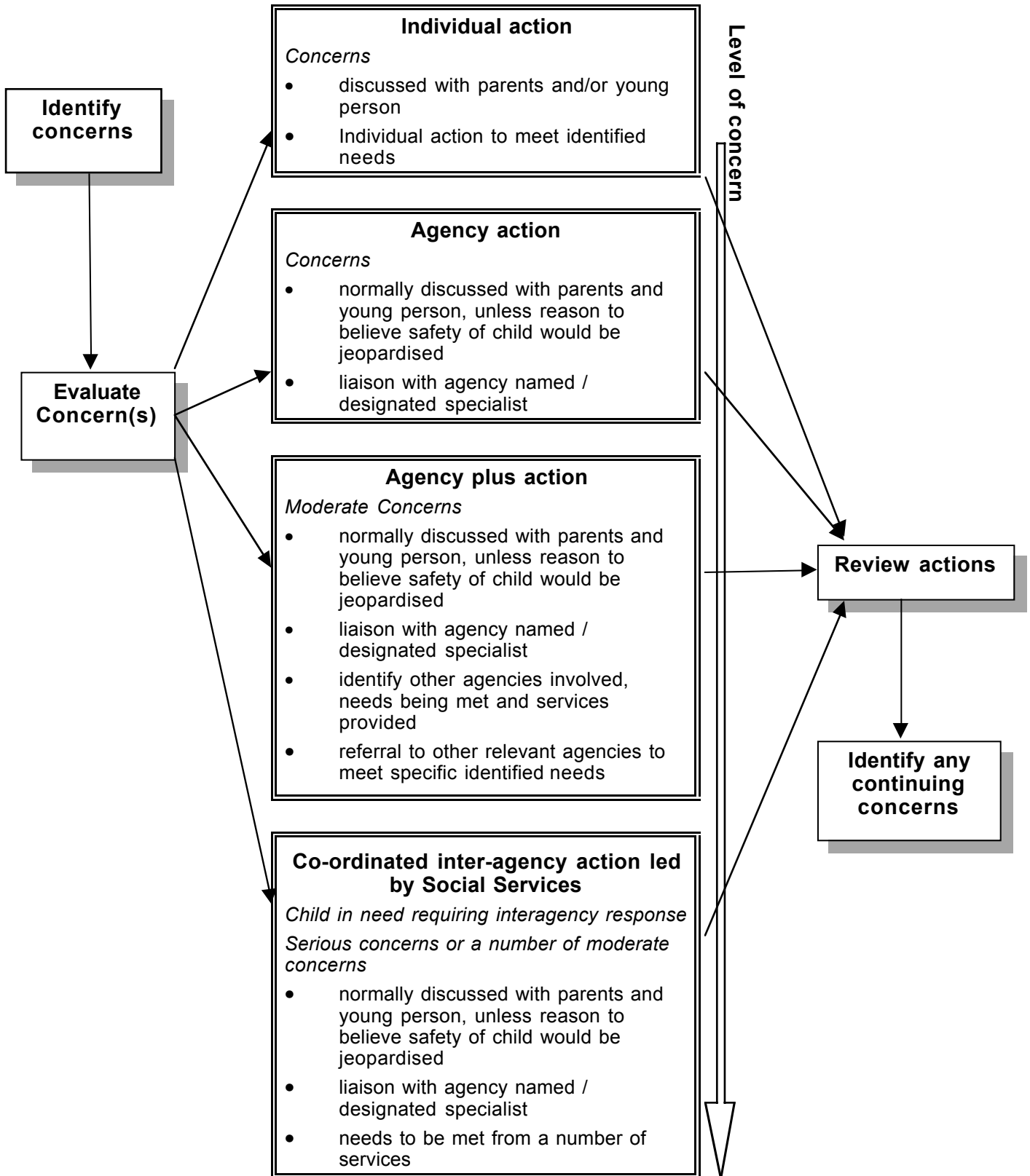
2.14 Depending on the level of need identified the response can start at any stage of the scale, or move rapidly from one level to another. For example, a child with a suspicious injury may involve liaison with the agency's designated/named professional for child protection and discussion with the child and parents [Agency Action]. Depending on the results of this enquiry a referral then may be made immediately to social services as a child potentially in need of protection (see chapter 4 of this section).

2.15 Further guidance on work prior to assessment will be given in agencies' own children in need/ child protection practice guidance.

Reviewing actions

2.16 Following action at any level it is important to look at the outcomes of action taken. This process of review should be conducted in a way that is appropriate to the circumstances of the child. If the concerns have been addressed no further action will be taken. If the concerns persist consideration should be given to what further action is required and whether action at a different level is needed.

This graduated response is illustrated below:



Chapter 3 Children in Need Eligibility Criteria

3.1 The legal definition of a child in need is given in section 1, chapter 1. This definition helps us distinguish between children in need and vulnerable children. Children are potentially 'in need', where there is an identified concern for the child's health, welfare or development. The definition makes it clear that:

- there is a high level of concern, the option of doing nothing is not viable as the child's health or development will suffer
- a professional has made a judgement that particular services are likely to improve the welfare of the child.

The level of concern will be affected by the parental capacity to meet these needs or other family and environmental factors.

Categories of Need

3.2 The Department of Health has issued guidance on the categories of children 'in need' and other services provided by social services. This is summarised below:

Abuse

3.3 *'Children in need as result of, or at risk of, abuse or neglect'*
Including:

- children whose names are on the Child Protection Register
- children who are subject of enquires under section 47 Children Act 1989, including children who abuse others
- children whose needs arise as a result of a link with a Schedule One Offender or another person who may pose a risk to the child.

Further details are given in section 5, chapter 2.

Disability

3.4. *'Children with impairment to the health and development as result of their own intrinsic condition, including chronic illness'*

The agreed local definition of a child with a disability is:

‘a child or young person who has long term and substantial disabilities such that they need to receive significantly more personal care and/or equipment and/or supervision than those without a disability of similar age and circumstances’.

These children could have:

- physical disabilities
- learning disabilities
- sensory disabilities
- a specific condition, which leads to emotional and behavioural difficulties.

The majority of children will have a medically diagnosed condition, such as Cerebral Palsy, Autism or Downs Syndrome. However, some conditions are less easily categorised, particularly in relation to some emotional and behavioural presentations.

Parental illness or disability

3.5 *‘Children whose needs arise because their carers parenting capacity is impaired by disability, physical illness, mental illness or addiction’*

This includes young carers – children who have substantial caring responsibilities for a parent or sibling with a disability - as well as children with parents who are unable to undertake the full range of parenting roles and responsibilities, because of:

- drug or alcohol abuse/misuse
- learning disabilities
- disability or chronic ill health
- mental ill health.

Abuse of drug and alcohol or mental ill health of a carer can have a significant impact on children who may have their emotional or physical needs unmet or be given inappropriate caring responsibilities. Research shows that children living with mental ill health are at increased risk of developing emotional or behavioural difficulties or mental illness.

Children living with parental ill health or disability will have varying needs. Some will have all their needs met by their family and universal services. At the other

end of the continuum these children will have considerable unmet needs, requiring enquiries and action under section 47 to protect the child

Acute Family Stress

3.6 *'Children whose needs arise from living in a family going through a crisis such that parenting capacity is diminished and some of the children's needs are not being adequately met'*

Impaired ability to provide parenting which may be due to:

- homelessness
- a family dealing with aggressive and / or disruptive behaviour by a child/young person
- lack of a supportive network
- racism, or other form of discrimination

For most families, most of the time, parenting and family capacity is good enough to enable them to manage and cope with circumstances of trauma and significant life events. However, some events, or acute circumstances can temporarily undermine their capacity and resources.

Specific sources of family stress may include social exclusion, (including unemployment, poverty, poor housing, poor diet, or lack of access to education), domestic violence, mental illness and drug and alcohol abuse.

Chronic Family Problems

3.7 *'Children whose needs arise mainly out of their living in families where the parenting capacity is chronically inadequate'*

This includes those families where low parenting capacity is impairing the child's health and development. This category includes those children where there are concerns for their safety, because of family dysfunction, but there is not sufficient evidence of neglect or abuse to warrant a child protection plan. It will include for children who:

- lack basic care
- do not enjoy consistent personal warmth
- are under-stimulated

- are not given adequate guidance and boundaries
- who do not enjoy stable relationships with carers.

Anti-social Behaviour

3.8 *'Children whose need for service arises primarily from their behaviour impacting detrimentally on the community'*

Including:

- young people committing offences
- children at risk of offending
- children offending who are below the age of criminal responsibility
- children whose behaviour is identified by the police or local authorities as anti-social.

Very low income

3.9 *'Children living in families or independently whose needs arise primarily from being dependent on an income below the standard state entitlements'*

This only includes refugees and asylum seekers, it does not include those who for whatever reason are not receiving their full entitlement of state benefits.

Parental Absence

3.10 *'Children whose need arises mainly from having no parents able to care for them'*

Including:

- children who are orphaned
- children living away from home
- unaccompanied refugee or asylum seeking children
- children whose parents are imprisoned.

Other Services Provided by Social Services

3.11 In addition to working with children in need social services have a range of other duties and responsibilities, including:

- investigations into historical allegations or complaints by adults who were looked after or received services as children
- assessment of the needs of a carer of a child with a disability or ill health.
- inquiries for step parents adoptions (where the child is not in need)
- home study reports for inter-country adoptions
- requests for Court reports in private law proceedings (where the child is not in need)
- access to files by adults who were looked after or received services as children
- vetting private foster carers and monitoring the welfare of children placed with private foster carers.

Chapter 4 Referral to Social Services

4.1 Anyone can make the judgement that a child should be referred to social services for assessment and service provision. Professionals have individual responsibility for making this judgement. Having decided that the needs of the child warrant a referral to social services this should be discussed with the parents and/or young person, unless to do so would risk further significant harm to the child (see section 1, chapter 4 on consent and confidentiality).

4.2 When referring to social services, agency staff should be prepared to give as much as possible of this information:

- child's full name (and any aliases)
- date of birth (or expected date of delivery if an unborn child)
- gender
- current home address and telephone number
- names and addresses of those with parental responsibility and any other significant carer(s)
- ethnic origin
- child's and parent's first language (if not English), or means of communication if the child has a communication difficulty
- nature of any disability (if any)
- details of any siblings and any other family members or significant other people
- names and contact details of other professionals/agencies known to be involved
- information on any support or intervention that has already been provide by your agency or other agencies
- whether consent from parents/carers or young person has been given to referral and to further enquiries – if not why not?
- parents and young person's expectation of social services(if known)
- reasons for concern, identifying the child's needs with reference to the assessment framework domains. You should be as specific as possible about the nature of your concerns for a child and whether the area of concern is one that falls within the responsibility of one particular agency or the concern falls across a number of areas that may involve more than one agency
- clarity about what actions are expected from social services.

4.3 Social services will agree with the person referring:

- the best way of working together to engage parents
- respective roles and actions to be taken and in what timescale
- when and how social services will feed back to you about the outcome of the referral.

Relevant contact points are:

City Social Services	0115 915 5555
Out of hours	0115 915 9299
County Social Services	
Ashfield	01623 405300
Bassetlaw	01777 716161
Broxtowe	0115 917 5800
Gedling	0115 854 6000
Mansfield	01623 452233
As from 27.7.01	01623 433433
Newark	01636 682700
Rushcliffe	0115 914 1500
	0115 854 6000 (for all new referrals)
Out of hours	0115 956 0437

Chapter 5 Inter-agency Assessments

General principles

- 5.1 All assessments should be completed taking account of the assessment framework domains (section 1, chapter 2).
- 5.2 Where a child is referred to social services the assessment process should be multi-agency and multidisciplinary, building on work already undertaken by other professionals. Whilst social services will lead this process it is vital that other agencies fully contribute to this process. Depending on the age of the child, health and education will have undertaken routine assessments as part of monitoring the child's progress. Other agencies, voluntary groups, private organisations and community groups may also have had contact with the child or family and have important information to contribute to the assessment.
- 5.3 Statutory agencies and professionals can only work together to achieve effective outcomes for children if there is an exchange of information between them. Communication between staff and volunteers should be based on the principles of consent and confidentiality given in section 1, chapter 4.

Initial Assessments

- 5.4 A decision for social services to gather more information constitutes an initial assessment; this is a brief assessment of the child. It will address:
- the dimensions of the assessment framework to determine if the child is in need
 - the nature of any services required
 - how these services will be provided and in what timescale
 - whether a further, more detailed core assessment should be undertaken.
- 5.5 An initial assessment starts at the point of referral. For some children this initial assessment process may be very brief, for example where the referral information indicates that a child is at risk of significant harm, or where the child's needs can be assessed in a straightforward manner. An initial

assessment should be undertaken within a maximum of 7 working days (see Figure 2).

5.6 An Initial Assessment will usually include:

- interviews with the child and family members. This may include observation of, or talking with, the child in an age appropriate manner. If, given the particular circumstances of the child, a decision is taken not to see the child the reasons for this decision must be fully recorded
- involvement of other agencies, the sharing of information is important to each agency in assisting their own provision of services to the child and family
- a record of the initial analysis
- decisions on any further action or if no action is determined
- recording of the reasons for the decision
- informing other agencies, particularly the referring agency of the decisions
- a statement to the family/members of the decisions made, and the plan for providing support services if they are to be provided.

5.7 At the conclusion of the initial assessment the parent/s, and child if appropriate, should be provided with a copy of the assessment record and be informed (in writing, and/or in a more appropriate medium) of the decisions made and any services to be provided. Parents should also be offered the opportunity to record their views, disagreements and to ask for corrections to recorded information.

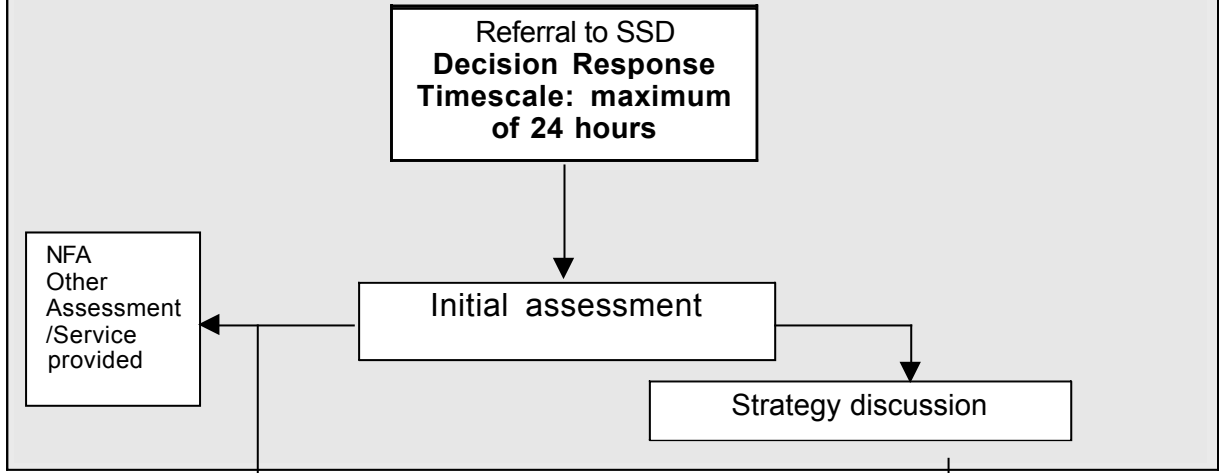
5.8 An initial assessment will lead to a judgement that either:

- no further action is necessary, or
- the child's needs can be met by the provision of a time-limited service directly to the child by social services, other identified agencies, or individuals, or
- that a further in-depth core assessment is required to address the central needs of the child and/or the capacity of his/her caregivers to respond to these needs within their family or community context.

Figure 2

Initial assessment/planning/intervention

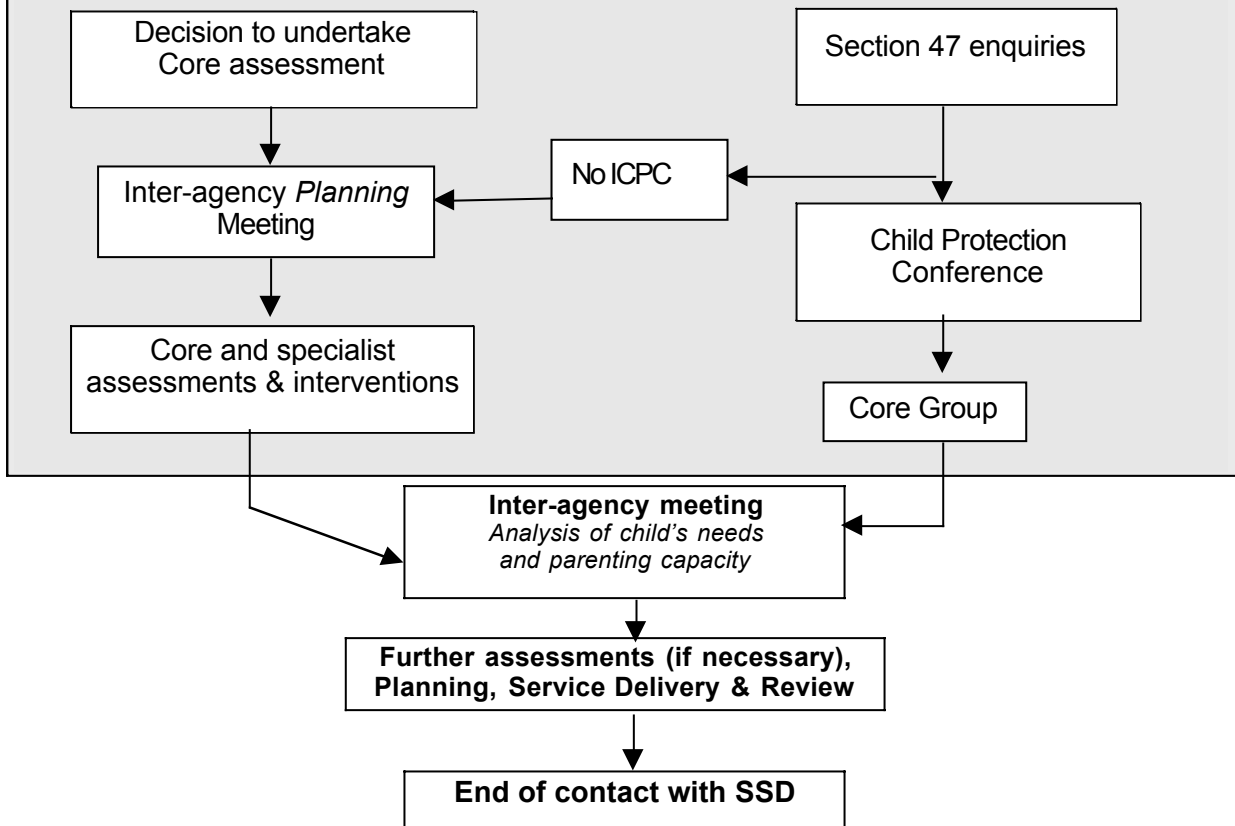
Timescale: maximum of seven working days



Child in need

Child in need where there are concerns about significant harm

Core assessment/planning/intervention
Timescale: maximum of 35 working days



Core Assessments

5.9 A core assessment is an in-depth assessment, addressing the most important aspects of the needs of the child, and the capacity of their caregivers to respond appropriately to these needs within their wider family and community context. The results provide a detailed analysis of the child's needs and inform subsequent service planning. A core assessment will be undertaken for all children:

- where the result of an initial assessment indicates the need for more in depth assessment
- who have complex needs where a multi-disciplinary, multi-agency assessment and service response is indicated. This would include children with profound and multiple disabilities
- subject to section 47 enquires.

5.10 The core assessment is led by social services. However, the involvement of other agencies, professionals and voluntary organisations is essential. They will provide information they hold about the child or their parents, contribute specialist knowledge or advice to social services or undertake specialist assessments. Specific assessments of the child or family members may have already been undertaken before the family was referred to social services. The findings of these and the initial assessment should inform the core assessment.

5.11 A core assessment will include:

- planning the assessment - consideration should be given to holding an inter-agency planning meeting (see Figure 2), involving significant family members and key staff who are likely to contribute to the assessment
- interviews with the child and family members. The child must be seen and the child's views sought in an age appropriate manner
- involvement of other agencies and professionals who will provide information, contribute specialist knowledge, or advice, or undertake specialist assessments
- a record of the analysis
- decisions on any further action, or if no action is determined
- recording of the reasons for the decision
- informing other agencies, particularly the referring agency of the decisions
- a statement to the family/members of the decisions made, and the plan for providing support.

- 5.12 At any stage of an assessment should there be indications about child maltreatment or neglect there must be a strategy discussion in line with the Child Protection Procedures (section 5). Assessment of what is happening to a child whilst carrying out child protection enquiries does not constitute a separate or different activity, although the pace and scope of the assessment may change.
- 5.13 Planning a core assessment should be based initially on a meeting involving all the relevant agencies, making use of the information gathered and the analysis resulting from the initial assessment and any other information and other assessments, which have previously been undertaken by other agencies.
- 5.14 The first Core Group meeting should be held within 10 days of an Initial Child Protection Conference where the child has been placed on the Child Protection Register This meeting is responsible for making sure that the core assessment will be completed. It may be completed prior to, or after the first core group dependent on information gained.
- 5.15 Particular attention should be made to planning and implementing assessments with disabled children and their carers as well as children from black and ethnic minority families. Information and advice can be found in the Practice Guidance published by the DH to accompany the assessment framework.
- 5.16 The timescale for completion of a core assessment is a maximum of 35 working days (see Figure 2). A core assessment starts at the point an initial assessment ends, or from when a strategy discussion decides to initiate enquiries under section 47 of the Children Act 1989.
- 5.17 At the conclusion of the core assessment the parent/s, and child if appropriate, should be provided with a copy of the record of the assessment and be informed (in writing, and/or in a more appropriate medium) of the decisions made and the services to be provided. At this point they should be offered the opportunity to record their views, disagreements and to ask for corrections to recorded information.

Chapter 6 Service Plans

- 6.1 Service Plans make sure that all parties involved in supporting a family are clear about their roles and responsibilities. They outline the required actions, services and outcomes as well as giving the basis from which to measure the progress of families and the impact of services provided by agencies. The status, amount of detail and scope of any plan will reflect the particular circumstances of the child. Service plans include:
- Child in Need service plan
 - Child Protection Plan for a child registered on the Child Protection Register (see section 5, chapter 3)
 - Care plan for a child looked after
 - Pathway plan for a young person who is in care or is leaving care (see section 4).
- 6.2 Service planning should promote a co-ordinated and corporate approach across agencies in providing services to a child in need. It is crucial that the plan has the commitment of all parties involved. All those who have lead responsibility for the provision of services should sign the plan.
- 6.3 The plan should identify and prioritise those needs that are most significant to safeguard and promote the welfare of the child. Not all needs can, or necessarily should, be met.
- 6.4 As part of a service plan for a child, services can be provided to any member of the family, in order to assist a child in need (section 17(3), Children Act 1989).
- 6.5 Wherever possible, the plan should be drawn up in agreement with the child's parents, relevant carers and if appropriate young people themselves and their views and any disagreements recorded.
- 6.6 The plan must be written clearly, using plain English, without professional jargon. If necessary it should be put into a language or format that is readily understood by the parents and/or the young person. Objectives should be reasonable, timescales achievable, and not dependent on resources known to be scarce.

6.7 Written plans should clearly set out:

- the needs identified by the inter-agency initial or core assessment that are to be met by services
- the aims and objectives to be met through the provision of services
- what services are to be provided by which agencies, voluntary groups or professionals
- timescales
- intended outcome(s) for the child expressed in terms of their health and development, so this can be measured
- what needs to change and the goals to be achieved
- a contingency plan
- when and how the plan will be reviewed
- in what circumstances an earlier review will be convened, and who will do this.

Chapter 7 Reviewing Services

7.1 Reviewing is an ongoing process. For children in need (including children looked after and on the child protection register) this process should be brought together at a formal review meeting to:

- look at the intended outcomes for the child as stated in the plan and see if they are still relevant
- formally acknowledge progress made by the child and their family
- evidence improvements in the child's welfare and development
- identify early any likely risks to the child
- review whether the actions that had been planned have taken place
- review whether services are meeting the needs of the child and leading to the desired outcomes
- make decisions about future activity.

Review child protection conferences and children looked after reviews will have further specific requirements.

Timescales and reviewing arrangements

7.2 All services should be reviewed regularly; at least every six months. If the particular circumstances of a child change or services are not achieving the desired objectives an earlier review should be convened. The timescales for reviews and chairing arrangements are set out below:

	Minimum requirements	Chair
Family support	At least every 6 months	Social Services Team Manager, or other agreed chair (see below)
Children Looked After	Within one month of starting to be looked after Second review is within 3 months of the first review Third review within 6 months of the second review	Reviewing Officer, or other social services manager independent to the case management
Child on the Child Protection register	Initial review within 3 Months At least every 6 months thereafter	Child Protection Co-ordinator, or senior officer designated by the relevant social services

For some children in need receiving family support services the lead agency may not be social services. It is good practice to agree on an inter-agency basis how best to monitor and review these children's plans.

7.3 All reviews can be held earlier than the set date if circumstances significantly change the plan. Any agency, parent, carer or young person can request any type of review to be brought forward. Review child protection conferences should be brought forward if:

- the child on the child protection register suffers a further incident of harm, or concern increases to the point where the protection plan/registration category needs to change
- any other significant change of circumstances that require the plan to be changed, e.g. a change of address, which would mean that a new core group had to be established.
- In addition, it is a requirement to convene a review child protection conference when a child on the child protection register has been missing for over seven days.

7.4 If there is any disagreement about the decision to bring a review date forward then every effort should be made to resolve them through discussion and explanation, if necessary involving senior managers of the agencies involved. As a last resort for review child protection conferences any party can refer the matter to the relevant ACPC policy officer for resolution.

Reviews

7.5 Reviews should:

- be held at a time and a place taking account of the wishes and needs of the parents and young person
- make sure that the views of young people are appropriately heard and acknowledged – appropriate preparation is crucial.

7.6 Children in need, particularly children with a disability, are often subject to a number of different assessment and reviewing processes by various agencies. To avoid duplication for families (and professionals) negotiation should take place to explore the possibilities combining review processes. This should:

- enhance inter-agency working
- improve outcomes for children
- minimise the number of meetings children and families have to attend

- make sure that that systems are integrated and child centred
- reviews are holistic.

7.7 All relevant agency staff identified in the service plan should provide reports in relation to their activities with the child and significant others, and details any progress made in relation to the objectives of the plan. Further details of report formats and specific requirements will be found in practice guidance.

7.8 The analysis and decisions taken at the review should be recorded. Copies of the review record should be circulated to:

- parents
- young people
- all those agencies, voluntary organisations and professionals who are party to the service plan.