

**PROTOCOL
FOR MULTI-AGENCY
CHILD IN NEED PLANNING**

Version 1	Ratified	2014
Version 2	Review completed	December 2016
Version 3	Review completed	April 2018

Policy and Legal context

Working Together to Safeguard Children 2015 sets out that:

- Local authorities, with their partners, should develop and publish local protocols for assessment. 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.
- A local protocol should set out and clarify how statutory social care assessments will be informed by, and inform, other specialist assessments (for example, an assessment for an Education Health and Care Plan, or an assessment by adult services).
- The local authority is publicly accountable for this protocol and all organisations and agencies have a responsibility to understand their local protocol.

Under the Children Act 1989, local authorities are required to provide services for children in need for the purposes of safeguarding and promoting their welfare. Local Authorities undertake assessments of the needs of individual children to determine what services to provide and action to take.

Process

A case will come into the Children's Reception Team (CRT), passes through the Multi-Agency Safeguarding Hub (MASH) and is then deemed to meet the threshold for a Child and Family Assessment by the relevant Children's Assessment and Safeguarding Team (CAST) or by the Disabled Childrens Team.

The Child and Family Assessment, once completed, will be shared with the family. Should the assessment identify unmet needs that require a multi-agency response, Children's Services will be responsible for identifying the professionals and agencies who might contribute towards developing a plan and/or providing a service to respond to those unmet needs.

Assessments

All assessments will be based on quality information gathering about the family history, previous services requested, provided or offered and current circumstances.

Children and young people are central to the assessment process. Their views, wishes and feelings should be sought and reflected in the assessment and any plans. The subject child will always be seen and observation made of their relationships with family and significant others. For babies and infants and children with a disability, appropriate forms of communication and observation will be used, including non-verbal.

Parents and carers should be fully involved and informed in the assessment of their children; and in identifying appropriate services or resources that will help support them in their parenting role.

Parents need to be informed of any risks identified during the course of the assessment. They should be clear on how they can contribute to improving their children's circumstances as well as the help they can expect from social care and other agencies.

Key family members will be asked their views including partners or parents who do not live in the household. Every attempt will be made to fully engage the whole family.

Basic contact details of wider networks (friends, family and professionals) will be recorded.

All professionals who are providing or offering a service to the child and their family will be asked for information. Agency agreements relating to information sharing and consent will be followed.

Culture, ethnicity and diversity issues must also be considered and actively sought in all assessments as they impact on the child and their experience.

Information will be collated and analysed.

Analysis will lead to clarity about the child/ren needs and the outcome(s) expected for the child to improve their welfare and development. This will be explained to the family and all professionals working with them.

Any risks identified to the child in the assessment will be shared with the relevant manager / agency.

In line with each agency expectations, assessments will have management oversight and be subject to quality assurance processes.

Information sharing

Once a child has been assessed and deemed to be a child in need, the sharing of information between all agencies will be covered by the usual information sharing protocols. This means that every parent and the child, where appropriate, will have signed a 'Consent to Share' form at the point when the assessment began.

The Multi-Agency Planning Meeting and the Child in Need plan

The purpose of the meeting is to develop a multi-agency plan, and subsequently to review the progress of that plan.

The plan should be clear about the outcomes that are expected and the timescales by which those outcomes will be achieved.

The multi-agency Child in Need plan will take precedence over any other 'lower level' plan, though other plans may exist and continue to be worked on (e.g. plans put in place via YOT, Supporting Families/Transform, CAMHs etc.)

Where another agency is already delivering a service at Tier 4 they will continue to deliver against that plan and the Child in Need plan will be complementary.

Children's Services will invite relevant agencies or individuals to the Multi-Agency Planning Meeting. In Children's Services the lead team is likely to be the Children's Assessment and Safeguarding Team (CAST) or the Disabled Children's Team.

Children's Services will also invite the child (where the child is of an age or understanding to participate in all or part of the meeting) and key family members to the meeting. It is acknowledged that a child or young person may require support to attend/participate in the meeting, or may require an advocate to help them express their views. Meetings should take place in a location that is accessible to all participants, and families should be offered practical or financial support to attend the meeting if required.

Where the child is not able or does not wish to attend the meeting, all relevant agencies who are already in contact with the child should attend the meeting with an ability to express the wishes and feelings of the child in order to assist the planning and delivery of services.

In addition, the expectation is that individual agency representatives will attend with knowledge of and information about the child and the family e.g. attendance at and attainment in pre-school, school or college, relevant health information including

information on mental health and emotional wellbeing, substance misuse, housing and accommodation arrangements etc.

Information should be supplied on the template provided: [CiN/CP Plan](#)

Agency representatives will also be required to be clear about the services and other resources that they or their agency can contribute in order for the outcomes to be achieved. Failure to attend will result in any concerns being escalated to that agency's line manager (see 4LSCB escalation procedure/resolution of professional disagreement at www.4lscb.proceduresonline.com)

The meeting will be chaired by a suitably experienced worker from Children's Services; this will usually be the Team Manager or someone designated by them to chair the meeting.

The allocated worker from the Children's Services Department (CSD) will be the lead professional i.e. will take responsibility for coordinating services and act as the recipient of key information between meetings. The CSD worker will not necessarily be the best person to work directly with the child-the planning meeting should agree and identify who that person is.

Reviewing the plan

Children's Services will be responsible for ensuring that a copy of the agreed plan is distributed to the child (where appropriate) family and to members of the multi-agency planning meeting within 10 working days of the meeting taking place.

The plan must be reviewed 6 weekly for the first 6 months. Should a child continue to be a child in need beyond that time, the reviewing frequency can be reduced to 3 monthly with the agreement of the Team Manager. Dates for the next meeting should, wherever possible, be set at the end of the last meeting. Where this is not possible, at least ten working days' notice of the next meeting should be given.

The visiting frequency of each individual professional should be agreed and specified within the plan. Where the plan is in place for less than 6 months, the social worker or children and families support worker will visit at a minimum of 3 weekly; visits can be more frequent as specified on the plan. Where the plan last for 6 months or longer, the visiting frequency can be reduced to a maximum of 6 weekly.

It is expected that agencies should continue to attend review planning meetings throughout the lifetime of the Child in Need plan unless it is agreed by the person chairing the meeting that the role of that agency has ended. Where an individual or agency decides that their involvement is no longer required they should notify the chair of the multi-agency planning meeting in writing.

It is recognised that core membership of the multi-agency planning meeting will potentially change as the plan progresses.

Additional information or specialist assessments may be required at some point along the way and these will be sought by way of a referral. The individual or agency responsible for making that referral will be identified at the Multi-Agency Planning meeting.

Where another agency is approached for services or further specialist assessments (e.g. CAMHs, Adult Services, Disabled Childrens Services) and do not feel the request is appropriate or relevant, or are unable to provide the service, they should **respond in writing**, giving reasons or explaining why their service is unable to make the contribution requested.

Ending the Child in Need plan.

The plan may end in one of the following ways:

Closure

The case is closed to Children's Services when all of the agreed outcomes are achieved. This will either be confirmed at a Child in Need meeting or agreed by the Team Manager in advance, where some specific tasks, once completed, will result in the outcomes being achieved.

Case closure to CSD will be advised in writing to all agencies who are still part of the Multi-Agency Planning process at the time of closure.

The family will also receive written confirmation from Children's Services of closure.

Step Down

The case is 'stepped down' to the Locality team by way of a joint visit between the Social Care team and the Early Help hub, or by using the CiN Planning Meeting as a Team Around the Child meeting to step down to Early Help or to a single agency.

Step Up

Where risks or needs become greater and the case requires consideration under S.47 (child protection procedures) or the child becomes looked after or subject to Public Law proceedings

HOW WILL WE KNOW IF WE HAVE BEEN SUCCESSFUL?

We will know if our strategy for children in need has been successful by triangulating evidence from a number of sources which will enable us to 'fix a position' which the evidence points to and thus charts our success. This is captured in the Hampshire

Safeguarding Children Board's (HSCB) Learning and Improvement Framework, as described below:

Feedback from children and young people

The HSCB engages with children and young people in a number of different ways. The Board is committed to incorporating children and young people's priorities into planning and development, and to demonstrate how they have impacted on service delivery.

The 'voice of the child' and their lived experience is also a key theme within the HSCB audit programme. For all audits, consideration is given to how the 'voice of the child' will be included, either through analysis of agency reports or via direct participation where this is deemed appropriate.

Feedback from professionals

The HSCB engages with and receives views and feedback from frontline staff in a number of ways to ensure that their concerns and priorities are embedded in the work of the LSCB. There is a general expectation that staff are involved at every stage in the development of board priorities and their implementation. This will include contributing to audits, feedback from training, meetings with frontline staff, attendance at workshops and the annual conference.

Multi-Agency Audits

HSCB undertakes an annual programme of multi-agency audits focussing on the quality of frontline practice in Hampshire. This work is commissioned by the Quality Assurance Subgroup and managed within the Partnership Support Team. This activity is also informed by feedback from national inspections. Learning is disseminated to frontline professionals via a range of mechanisms including practitioner forums and learning lessons workshops.

Audit reports are presented to the Quality Assurance Subgroup and Main Board to ensure strategic and operational oversight of frontline practice. Progress against recommendations from audits and quality assurance activities is overseen by the Quality Assurance Subgroup.

Multi-Agency Dataset

HSCB oversees an agreed dataset that monitors multi-agency child protection arrangements and enables the Board to support and challenge partners on their performance. The Quality Assurance Group reviews agency data on a quarterly

basis and refreshes the set of indicators annually, ensuring that the Board remains responsive to emerging safeguarding issues and can evidence the impact of its work.

The multi-agency dataset is aligned to our annual business plan and addresses the associated strategic priorities.

HSCB's dataset is reported on a quarterly basis to the Quality Assurance Subgroup and the Main Board. This will include an analysis undertaken by the Partnership Support Team of key themes linked to our safeguarding priorities. This enables HSCB members to understand how their services are performing and highlights any emerging safeguarding issues that require strategic oversight and decision-making.