

Children's Services

Children in Need



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Legal & Statutory References:

- Children Act, 2004
- Children Act, 1989
- Adoption and Children Act, 2002
- Data Protection Act 1998
- Human Rights Act 1998
- Education Act, 2002
- SEN Code of Practice
- National Service Framework for Children, Young People & maternity Services 2004
- Disability Discrimination Act 1995 & 2005
- Carers Act 1995 & 2004
- Family Support, Day Care & Educational Provision for Young Children (Volume 2, The Children Act, 1989 – Guidance & Regulations)
- Working Together to Safeguard Children: A Guide to Interagency Working to Safeguard & Promote the Welfare of Children, 2006
- Information-sharing: Guidance for practitioners & managers, HM Government, 2008

Other References:

- Framework for the Assessment of Children in Need & their Families, 2000
- The Family Assessment Pack of Questionnaires and Scales, A. Cox & A. Bentovim, The Stationery Office, 2000
- Safeguarding Children & Young People: Thresholds Guidance for Practitioners, Worcestershire Safeguarding Children Board & Integrated Working Programme, 2008
- WSCB Pocket Guide to Safeguarding & Promoting the Welfare of Children & Young People, 2006
- Every Child Matters: Next Steps, DCSF 2004
- The Child's World: Assessing Children in Need - The Reader, Jan Horwath(ed.), NSPCC 2000
- Signs Of Safety: A Solution and Safety Oriented Approach to Child Protection Casework, Andrew Turnell & Steve Edwards, WW Norton & Co. 1999

Introduction

This Guidance has been developed primarily for Social Care practitioners to identify, assess, plan and work together with families and partners to support children 'in need'.

The guidance should also help all practitioners who have contact with children to work together effectively to meet the needs of vulnerable children, and especially to prevent the welfare of the child from being significantly impaired.

From time to time, particularly at points of transition or family difficulty, any child may present with additional needs. Most of the time such difficulties can be addressed by any practitioner, identifying the child's additional needs and what actions are needed to meet them.

Practitioners, with the child and family, will identify who will undertake

actions needed and monitor the progress of the planned actions.

There is a range of support available within the family and community and within the practitioner's own agency.

Most children and families, with a little support, can and do overcome difficulties.

At times, a child or family face a more challenging set of difficulties that they cannot easily address. These difficulties may be acute and in need of urgent action from one or more agency. They may be more enduring and not responding to the actions already in place.

In these circumstances, the child and their family or practitioners on their behalf, may want to engage help from other professionals in universal, targeted or statutory services to provide advice or support for the child.

Children with complex and specialised needs often require a range of services at a universal, targeted and specialist level.

Every Child Matters – delivering the outcomes

Every Child Matters sets out the five outcomes that should be achieved by all children. This framework informs the assessment of a child's needs by all agencies and will be used to judge the impact of the work with the child:

- Being Healthy
- Staying Safe
- Enjoying & Achieving
- Making a Positive Contribution
- Achieving Economic Wellbeing

To be effective, practitioners must focus on the outcomes to be achieved for the child rather than the output and activities offered.

Children and families need to participate in identifying the activities and support that will make a difference. Professionals and other helping agencies need to co-ordinate their activity and support in a way that provides access for the family to a lead professional who can co-ordinate assessment and services around the child.

The Common Assessment Framework (CAF)

The Common Assessment Framework (CAF) for children and young people is a shared assessment tool used across agencies in England. It can help practitioners develop a shared understanding of a child or young person's needs so they can be met more effectively. It will avoid children, young people and families having to tell and re-tell their story.

The Common Assessment Framework is an important tool for early intervention. It has been designed specifically to help practitioners assess needs at an earlier stage and then work with families alongside other practitioners and agencies to meet those needs.

[Every Child Matters](#)

[IWP Website](#)

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For further information and guidance about the Common Assessment Framework, go to the IWP Website or contact your local CAF Co-Coordinator directly:

NW Worcs – 01562 757867

NE Worcs – 01527 556168

Sth Worcs – 01905 765787

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Children with complex needs and children who may be suffering from significant harm

There are children who have complex needs who may need to be referred directly to statutory services if they are not already known to them.

These will include children about whom there is concern that they may have complex needs arising from special educational and special health needs, a disability or a child who may be at risk of significant harm or abuse.

A multi-agency plan is usually required to support children with such complex needs and the lead professional responsible for co-ordinating support is more likely to be from one of the statutory agencies (Children's Social Care, Youth Justice (YOS), Child & Adolescent Mental Health Service (CAMHS), Special Educational Needs Services (SEN), Educational Welfare Service).

It is critical that relevant practitioners from universal or other targeted services remain involved and engaged once statutory services are involved. The child and family will need the continuity of support from the person with whom they have a long-term relationship, particularly if the statutory intervention may be time-limited.

Achieving good outcomes for children requires all those with responsibility for assessment and the provision of services to work together according to an agreed plan.

Working in Partnership

Effective collaboration requires professionals to be clear about:

- Their roles and responsibilities for safeguarding and promoting the welfare of children - S.11, Children Act, 2004 and S.175, Education Act, 2002 places duties on **all** those working with children to discharge their duties with regard to the need to safeguard and promote the welfare of children.
- The purpose of their activity, what decisions are required at each stage of the plan, and what are the intended outcomes for the child and their family. Professionals should work with the child and their family to ensure they are also clear about this.
- Where each task or action fits in the multi-agency plan.
- The legislative framework within which the plan must work.
- The protocols and procedures to be followed, including any inter-agency and internal agency guidance on sharing information and on effective recording.

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- Which agency, Team or professional has lead responsibility, and the precise roles of all others involved, including the child and family members.
- Any timescales set down for completion of assessments and reviews of plans.

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Worcestershire Safeguarding Children Board – Thresholds Guidance for Professionals

[WSCB](#)

Introduction

This Guidance has been developed by Worcestershire Safeguarding Children Board to assist all partners in making professional judgements. The Guidance is applied with care to ensure children do not 'slip through the net'.

The Local Authority Children's Services provide a wide range of support services to all children across the spectrum of need.

Existing assessments and plans for the child must be taken into account when deciding whether a social care assessment or plan is required. The Common Assessment Framework is a useful tool for this purpose.

[IWP Website](#)

The decision as to whether an assessment is required to decide whether a child is 'in need' and requires intervention or services provided through Children's Social Care is based on whether the child would be likely to suffer significant harm or their welfare be significantly impaired without such assessment or intervention for services.

Worcestershire works with agency partners through the Local Safeguarding Board and the Children & Young People's Strategic Partnership, or Children's Trust, to co-ordinate plans for development of services across agencies in a way which will ensure all children can achieve the five outcomes as defined in Every Child Matters. The partnership needs to ensure children can access support so ensuring that they achieve the five outcomes when necessary.

[Every Child Matters](#)

Assessment of need is based on competent professional judgement through a sound assessment of the child's needs, the parents or carers' capacity to respond to those needs, including their capacity to keep children safe from significant harm, and the wider family and community circumstances.

The Thresholds Guidance:

Is a framework to assist practitioners with the assessment of levels of need;

Is a single document across the children's workforce;

Focuses on needs of children and young people and parenting capacity;

Should be used in conjunction with other guidance:

- IWP Practitioner's Toolkit
- WSCB's Inter-Agency Child Protection Procedures
- Agencies own safeguarding policies and procedures

[IWP Website](#)
[WSCB](#)

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The Thresholds Guidance is not:

- Exhaustive
- A checklist

And does not replace:

- Professional competence
- Professional judgement
- Inter and multi-agency discussion
- Consultation with Children's Social Care

Using the Threshold Guidance to make a judgement about when to contact Children's Social Care

The Thresholds Guidance indicates that it is children with needs identified at Tier 3 (complex needs) and Tier 4 (critical/acute needs - including those in need of protection) are most likely to need such an assessment or intervention from a Social Care professional.

However evidence about the cumulative effects of risk factors also indicates that an accumulation of factors in Tier 2 (additional needs) may be an early indicator of chronic neglect or increased risk.

It is important in such cases that other professionals gather a chronology of evidence when making such a referral. The Common Assessment Framework is a helpful tool to assist with this when possible.

[IWP Website](#)

Not all children with complex or critical/acute needs require a Social Care Service because other specialist services fulfil this function and often have a statutory remit; e.g., CAMHS, YOS, Family Intervention Service, specialist health, Police.

Other children may require a holistic social care assessment due to their specific circumstances. Their needs can be lost or overlooked unless information from all agencies is properly collated. These include:

- Children in transition
- Children in hospital for long periods
- Children with specific communication needs
- Children with a long history of contact with statutory agencies where reassessment/collation of known information is required
- Children where needs identified individually do not meet criteria for services but cumulatively may do so

Social Care statutory duties and responsibilities

There are certain statutory duties and responsibilities that only Social Care professionals can undertake. Children who meet these criteria are always deemed children 'in need'. This is usually decided after an

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assessment unless immediate protective action is required to safeguard a child from significant harm. Social Care professionals have a statutory responsibility to take on the 'lead professional' role when undertaking a 'child in need' assessment and plan and should make this clear to other agencies.

The Children Act, 1989 sets out the principle that the welfare of the child is paramount.

The Children Act, 1989 requires the Local Authority to work in partnership with parents and carers with parental responsibility. Consent and co-operation should be actively sought for social care intervention unless the child is suffering or is likely to suffer significant harm without such intervention.

Definition of a child 'in need'

Under the Children Act, 1989, it is the general duty of every Local Authority with social care responsibilities to safeguard and promote the welfare of children within their area who are in need and to promote the upbringing of such children wherever possible by their families by providing an appropriate range of services where necessary.

Many children have additional needs but not all children will require an assessment or direct casework intervention from Children's Social Care Services. There are a wide range of universal, targeted and community-based services which meet the varied needs of children and families throughout Worcestershire.

These services are intended to be accessible to children and families and to prevent the majority of children in Worcestershire ever becoming 'children in need'. Children's Social Care professionals can assist with signposting to such services. The Family Information Service is also useful.

The Common Assessment Framework (CAF) can be used to identify needs at an early stage and co-ordinate services to prevent a child's welfare from becoming significantly impaired.

[IWP Website](#)

The definition of a 'child in need' under the Children Act, 1989, states that a child shall be taken to be in need if:

- They are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services under this section of the Act;
- and
- Their health or development is likely to be significantly impaired or further impaired without the provision of such services;

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- or
- They are disabled.

A child is defined as disabled in the Children Act, 1989:

- A child or young person should be regarded as disabled if they are blind, deaf or dumb, or suffer from a mental disorder of any kind, or are substantially and permanently handicapped by illness, injury or congenital deformity or other such disability as may be prescribed and if they have special needs in the area of health, education or physical, intellectual, emotional, social or behavioural development due to:
 - Multiple or complex health needs
 - Sensory impairment
 - Significant learning disability
 - Physical disability
 - Chronic physical illness
 - Autism (Autistic Spectrum Disorder) and communication disorder
 - Significant pre-school developmental delay

Disabled children are by definition 'children in need'. There is a Children's Services leaflet which describes the services available to disabled children and their families. This leaflet is entitled "Do you have a child with additional needs?"

[Link to Leaflet](#)

The effects that caring for a disabled child can have on parents and carers and also the child's siblings are essential issues when assessing the needs of a disabled child.

Children who may take on a caring role may also be children 'in need' if this significantly impacts on their health or development.

Children who are looked after by Social Care Services and those for whom there is a Child Protection Plan are always children 'in need'.

Children who are unable to live with either of their birth parents or another person with parental responsibility may be children 'in need' if this is a private fostering arrangement or if the person caring for them is unable to meet their needs.

The critical factors to be taken into account in deciding whether a child is 'in need' under the Children Act, 1989 are what will happen to the child's health or development without the provision of additional services, and the likely effect the services will have on the child's health and development.

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Care Services

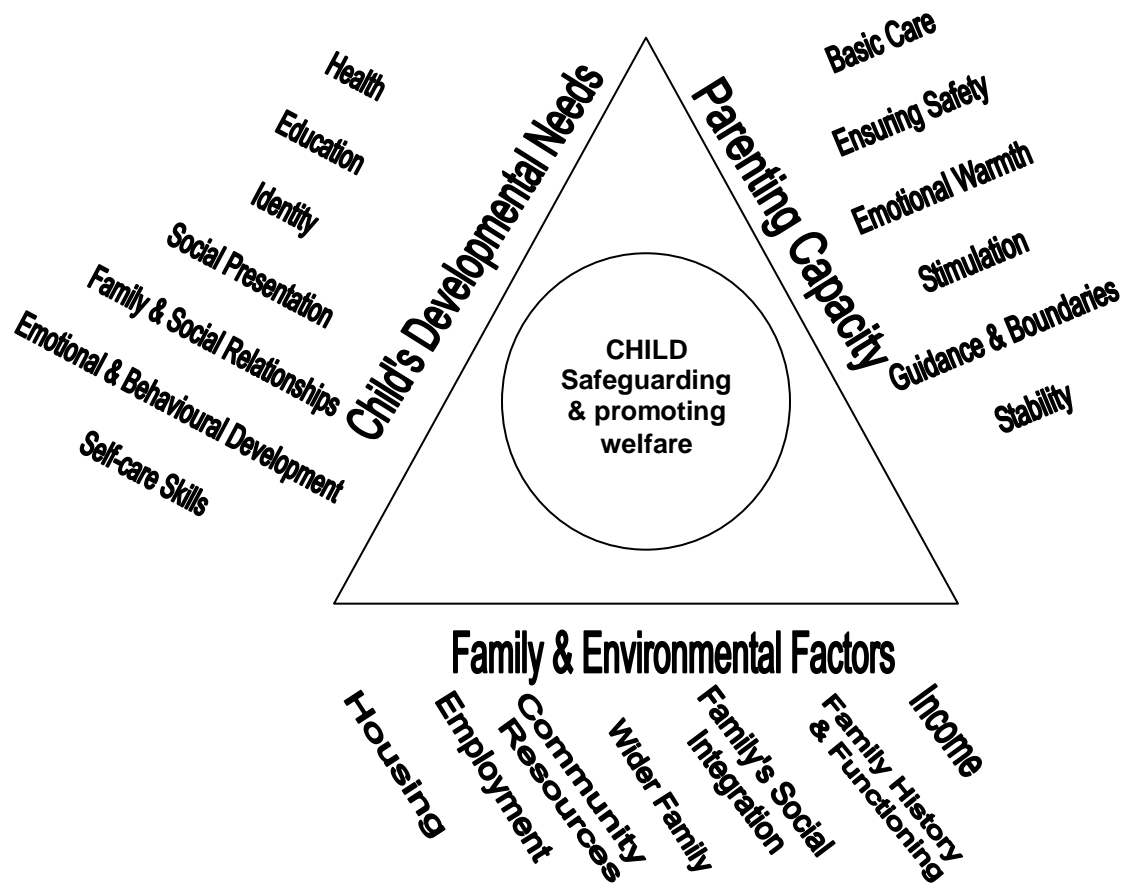
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When a referral is received about an unborn child the decision as to whether to open for an assessment must be taken on the individual circumstances of that child and their parents. There have been examples where a decision has been made purely on the basis of the EDD. There is not a 'standard' date for opening such an assessment and on occasions an early assessment enables better planning and co-ordination.

Once an unborn child is 'open' then there needs to be inclusion of the midwife at the earliest stage. Midwives need to be invited to all Child Protection Conferences on unborn children, whatever the stage of pregnancy

A child is defined as anyone who has not yet reached their 18th birthday. Some Children's Social Care duties to children 'in need' can, in specific circumstances, continue into early adulthood; for example young people with complex disabilities or young people entitled to Aftercare Services. These duties are defined in statute.

Framework for Assessment Triangle



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Framework for Assessment of Children in Need

To achieve a consistent assessment of 'children in need', all Children's Social Care professionals have to use the Framework for Assessment of Children in Need and their Families (Department of Health, 2000). All assessments are holistic and consider the child's developmental needs, parenting capacity and wider family and environmental factors.

[Framework for Assessment](#)

Principles

The Framework for Assessment of Children in Need sets out 10 key principles underpinning any assessment of children in need and their families.

Assessments:

1. are child-centred
2. are rooted in child development
3. are ecological in their approach
4. ensure equality of opportunity
5. involve working with children and families
6. build on strengths as well as identifying difficulties
7. are inter-agency in their approach to assessment and provision of services
8. are a continuing process, not a single event
9. are carried out in parallel with other action and providing services
10. are grounded in evidence-based knowledge

Undertaking an assessment using the evidence-base and toolkits

- All qualified Social Workers and other Social Care professionals supporting them must be familiar with the guidance and evidence-base contained within the Framework for Assessment and the Framework toolkit.
- They should also ensure other tools and research are utilised to inform assessments where more detailed information is required.
- The Framework for Assessment uses a systemic approach to gather and analyse the information about the child and their family and enables the analysis to differentiate levels and types of need.
- The Framework for Assessment uses three inter-related systems or domains, each of which has a number of critical dimensions.
- The dimensions will inter-relate and interact with each other. Careful exploration is required during assessment to understand how this affects the child and their family and impacts on their outcomes.
- The local authority has a duty to ensure that any assessment takes account of the needs of the child in relation to culture,

[Framework for Assessment](#)

[Framework for Assessment Triangle](#)

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ethnicity, language, disability, gender and sexuality.

- At any time during an assessment, urgent action may be needed to safeguard the welfare of the child. The assessment process should be undertaken in parallel with such action. If urgent action is needed to safeguard a child, this should not wait until the end of the assessment. The procedures in Leaflet C/1 Child Protection, WSCB Guidance and Working Together to Safeguard Children must be followed.

[C/1](#)
[WSCB](#)
[Working Together](#)

Planning & Assessment

- Consider the areas needing to be covered and plan how this will be undertaken in the timescale available. Think about:
 - Who do we need to gather information from?
 - What do we need to observe?
 - What information do we need to gather?
 - How shall we best do this?
 - Where shall we do this?
 - Why are we doing this – what is our desired outcome?
 - Ensure any written agreement is clear and signed up to in advance
 - Make every interaction and action purposeful and relevant to the assessment
 - Remember the 6 'P's:
Perfect Planning & Preparation Prevents Poor Performance

Working with children and families

- Parents, or others with parental responsibility, and young people when of sufficient age and understanding, should usually give their consent to any assessment.
- Every effort should be made to ensure that the child, or children concerned are seen alone as part of any assessment. If there are reasons why this is not deemed to be appropriate or is not possible then the Team Manager must ensure the reason for this is evidenced and recorded.
- If the assessment is as a result of the child being at risk of significant harm, or their welfare being significantly impaired (i.e., child protection enquiries and/or statutory legal intervention) then consent is not required to begin enquiries. Parents should normally be informed before a child is seen and consent obtained for interview, unless the Strategy discussion decided otherwise. Child Protection procedures must be followed.
- Social Worker/Social Work Assistant undertaking the assessment should encourage family members to consent to information-sharing with other agencies and should be assured that this is only

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shared and information sought when necessary.

- It should be explained to families when there is a statutory requirement to share information even without their consent. Families should be assured that the professionals who share information keep this confidential within their own agency.
- It is important for Social Care professionals to understand and use the evidence about what contributes to effective working with children and their families to achieve the best outcome for the child from the first interview onwards:
 - Respect service recipients as people worth doing business with
 - Co-operate with the person, not the abuse
 - Recognise that co-operation is possible even where coercion is required
 - Recognise that all families have signs of safety
 - Maintain a focus on safety
 - Learn what the service recipient wants
 - Always search for detail
 - Focus on creating small change
 - Do not confuse case details with judgements
 - Offer choices
 - Treat the interview as a forum for change
 - Treat these practice principles as aspirations, not assumptions
- Even when children and their families are resistant to statutory assessments imposed through child protection or other legal orders, it is important to continue to work in an open, honest and respectful way with a focus on the welfare of the child.
- However, it is absolutely imperative that believing that families are 'worth doing business with' is not confused with the easiest way to do business. The hope and belief that working together can make the situation better and safer for the child is not the same as too quickly believing adults in a family where a child is suspected of being at risk of, or is at risk of significant harm.
- This includes challenging and seeking evidence regarding assertions made by family members, whether they are co-operating or not with ongoing assessment.
- The purpose of the assessment and any concerns that professionals have must be explained to, and discussed with, families. They should be made aware of possible outcomes so they can make an informed choice about whether to co-operate with an assessment and what information they share.

Signs of Safety
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[B1 – Appendix 2](#)
[B1 – Appendix 3](#)
[B1 – Appendix 4](#)

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- The Agreement for Assessment should be used, even when parents are not consenting but there is a statutory requirement.
- The views of the child, their parents or other significant members of the family must always be sought and recorded as part of the assessment.
- The assessment should include information that family members contribute about the family history and help to build an accurate chronology for the child.
- Interpreting, translation and advocacy services must be used when any person who is party to the assessment needs such assistance in order to express their views and understand the purpose and outcome of the assessment.
- If an assessment suggests that a child's health and development are impaired or likely to be impaired, the assessment needs to identify the changes needed, both in terms of parenting and support services. If the change needed is change in the parenting, then this should lead to an assessment of the parents' capacity to change. Change must be assessed over time.
- Capacity to change is made up of motivation and ability, and the authors suggest that if either of these is missing, the parent in question will lack the ability to change.
- Assessments often focus on information gathering but often fail to consider and understand motivation and change and to engage parents in that process. This model can be used with parents, especially when their engagement with professionals is voluntary. The basic premises are:
 - (a) change is a matter of balance. If the motivational forces are greater than the status-quo forces, change will be likely to happen;
 - (b) for the process to work, professionals need to assess and work with parents in terms of their readiness to accept or deny the need for change.
- The blocks to change in terms of the model above are pre-contemplations and relapse. The assessment of each of the stages:
 - (i) Pre-contemplation
Most families are at this stage at the start of contact with the agencies. They may have a vague notion of wanting change, but

[Agreement for Assessment](#)

See [Model of Change](#)

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not that they need to change. Parents at this stage are unable to make a full psychological commitment as they have not yet come to terms with the need to change. The implications for this are that early contracts need to be reviewed as (if) the parents move into the change cycle.

(ii) Contemplation

At this stage, the parents consider that there is a problem and can explore how to tackle it. Effective interaction will depend on whether external motivation can be transformed into internal motivation. This means that workers need to be able to combine external sanctions with engagement with parents in order to effect change.

Parents may need time to:

- Look at themselves and come to terms with what they see
- Appreciate the child's needs
- Count the cost of change
- Identify the benefit of change
- Identify goals which are meaningful to them.

The professional task is to assess sources of motivation and:

- Recognise the parents' ambivalence, compliance, genuine commitment and capacity to change
- Recognise that each parent may be at a different stage of the change process
- That different changes may be required from each parent
- Assess the motivation/status-quo sources in the extended family

The author identifies seven stages of contemplation as follows:

1. Accept that there is a problem
2. Accept some responsibility for the problem
3. Have some discomfort about the problem
4. Believe things must change
5. See yourself as part of the problem
6. Make a choice to change
7. See the next steps towards change

(iii) Determination

At this stage parents should be able to express:

- Real problems and their effect on the child
- Changes they wish/should make
- Specific goals to achieve
- How parents and professionals will co-operate to achieve the goals
- The rewards of meeting the goals
- Consequences if change is not achieved

See [Model of Change](#)

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- Professionals need to be clear about agreed plans and plans should be detailed and specific. Plans should be for incremental change, as motivation to change is more likely if there is early support and clear expectations.
 - **Action**

This is the point of change where parents use themselves and services. There can be a danger of confusion and parents feeling overwhelmed (and consequently disengaging) at this stage so clarity of aims and objectives is essential. Any agreement which was made at the pre-contemplation stage needs to be reviewed to see if it is still valid.
 - **Maintenance**

This stage is about consolidating changes made, rehearsal and testing of new skills and coping strategies over time and in different conditions. Professionals need to pay attention to relapse prevention, essentially work to anticipating stresses and triggers which might arise.

This can be the stage where one parent is able to change and the other not, thus causing stress in the relationship. If this is due to professionals concentrating their efforts on one parent, this sets up failure so including both parents is important. The assessment task is to ascertain if parents are able to internalise changes if external motivators are relaxed.
 - **Lapse and relapse**

Change is cynical and most of us do not succeed the first time. 'Change comes from repeated efforts, re-evaluation, renewal of commitments and incremental successes' (p.105). A lapse can usually be dealt with but a relapse, such as a return to abusive behaviour, is not so easy to deal with.

Overall, the task for professionals is to increase the weight of the factors which promote change whilst decreasing the forces of the status-quo.

Motivation is interactional so look to the wider community (partners/ professionals/family/friends and community) for sources of motivation, stresses and weaknesses.
 - **Managing ambivalence**

Ambivalence is an ordinary response to change so the assessment of parents' real commitment. The response to change model is useful. It identifies four possible types of response to change, depending on effort and commitment to change:

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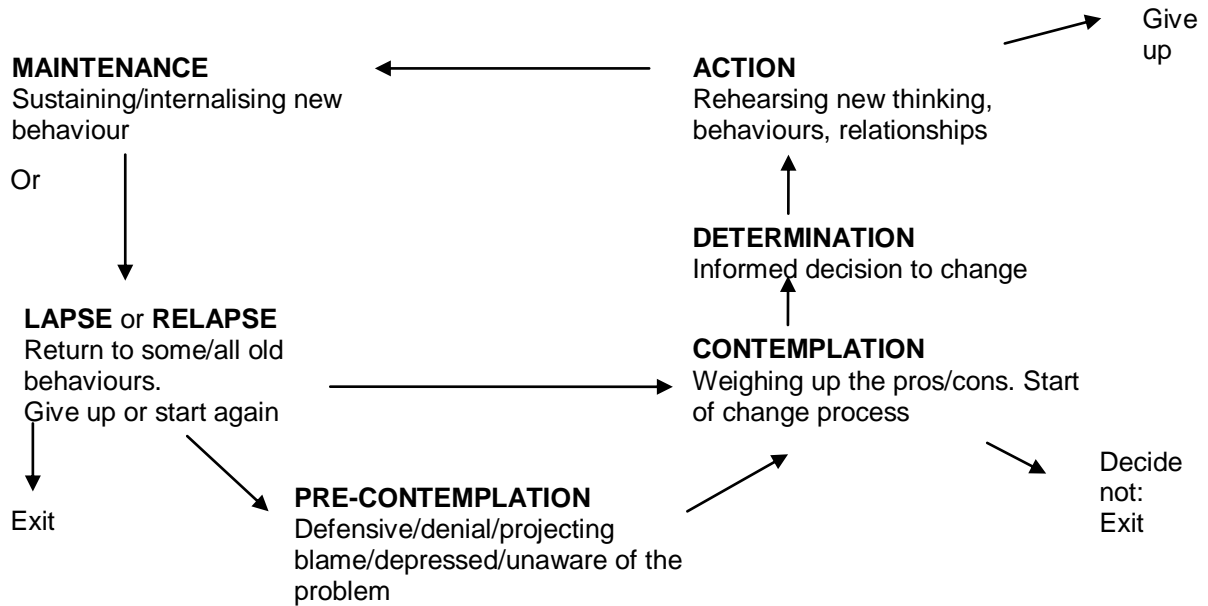
- Dissent and/or avoidance
- Tokenism
- Genuine commitment
- Compliance

The professional task is to be aware of ambivalence and assess how parents manage ambivalence.

- Main messages
 - Assess both parents.
 - Be child-centred, especially on the timing of change. Can children wait?
 - Being forced to engage heightens parents' sense of failure and uncertainty.
 - If parents are unsure they are likely to respond negatively.

Assessing Parents' Capacity to Change

based on 'Assessment of Parental Motivation to Change' by Jan Horwath & Tony Morrison (2000) in: *The Child's World* (ed Jan Horwath (2001) London: Jessica Kingsley



		EFFORT	
		HIGH	LOW
COMMITMENT TO CHANGE	HIGH	Genuine commitment	Tokenism
	LOW	Compliance Imitation Approval seeking	Dissent Avoidance

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Working with other professionals and agencies

- For the assessment to be holistic, it is important to ensure the information that other professionals and agencies hold is sought out and included when relevant. In addition to using the Prompt Sheet, other information systems within Children's Services should be consulted (e.g., ONE/EMS).
- Professional views and judgements should also be included and professionals should expect to be able to evidence these. Other agencies may already have assessments that should be taken into account (e.g. Statutory Assessment for child with Special Educational Needs; Youth Justice ASSET assessment; Connexions Framework Assessment; CAF)
- When making an assessment as a result of a child suffering, or being likely to suffer, significant harm or their welfare is being significantly impaired, other agencies have a legal duty to share relevant information with Social Care Services.
- If the child is suffering significant harm or their welfare is being significantly impaired, Social Care professionals also have a duty to share relevant information with other professionals where this meets the child's needs.
- If this is done without the consent of those with parental responsibility, or the child is of sufficient age and understanding, the reasons for this should be recorded but this should not prevent the information being shared.
- The Checklist is a helpful prompt for Social Care professionals of other agencies that may need to be contacted when undertaking an assessment of a child in need (including child protection enquiries). Where possible a conversation should take place. However the Standard Letter can be used to contact professionals. It can be faxed or e-mailed for a more prompt response.

Refer to [Prompt Sheet](#)

[D/2 – Information Sharing Guidance](#)

[Checklist](#)

[Standard Letter](#)

Child-centred practice

- The child should be seen alone as part of any assessment of their needs. If this is not deemed to be appropriate, or is not possible then the reasons for this must be recorded as part of the assessment.
- Each child has individual needs. Whilst all children should be seen in the context of their family and environment, each child will interact differently so their welfare and development will be affected differently.

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- Any assessment must take account of the child's personal interaction with their family and environment, including where possible, their personal views.
- Very young children and children with communication difficulties may need extra help and skill to express their views. Workers undertaking assessments should ensure they have the right skills and aids to enable such children to communicate their feeling and thoughts, or work in partnership with a professional who does have those skills. The fact that the worker may have difficulty in communicating with the child either because of their age, or level of understanding, or language, or disability should not be a reason not to try to gain their views in some form.
- A child can express their views through play, signs and symbols and other non-verbal interaction as well as directly to the worker.
- Observation and information from others who see and know the child should be included in any assessment.
- Sometimes a child's non-verbal interaction and behaviour can be at odds with their stated views. This should be explored in any assessment as to the likely reasons for this.
- A child's difficulty in communication, for whatever reason, should not be used as a reason for not trying to understand and record their views.

[Lifestory Guidance](#)

Evidence-based practice and analysis

- All assessments should ensure that the information gathered is tested against the evidence available before reaching a conclusion. An analysis of the different sources of information will show what evidence is available to support differing views or accounts.
- The worker should prepare a chronology to evidence patterns of behaviour and highlight significant events.
- Evidence from research should also be taken into account. The WSCB website contains relevant research and guidance.
- The following criteria have been identified as suggesting poor outcomes for leaving children, or reuniting children who have been maltreated, with their parents:
 - The abusing parent completely or significantly denies any responsibility for the child's developmental state or abuse;
 - The child is rejected or blamed outright
 - The child's needs are not recognised by their parents who put

[WSCB](#)

[Framework for Assessment](#)

Bentovin et al 1987
Silvester et al 1995

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- their own needs first
- Parents have frequently failed to show concern, or acknowledging, long-standing difficulties such as alcoholism or psychiatric problems
- During therapeutic interventions the relationships within the family and with professionals remain at breaking point.
- The following research findings report these features as having been identified in those cases where there are better prospects of achieving good outcomes for children:
 - Those infants and children who despite abuse do not have residual disability, developmental delay or special educational needs
 - Those children subjected to less severe abuse or neglect
 - Children who have had the benefit of non-abusive or corrective relationships with peers, siblings and/or a supportive adult
 - Children who have developed more healthy and appropriate attributions about the maltreatment which they have suffered
 - Children and families who are able and willing to co-operate with helping agencies
 - Children and families who have been able to engage in therapeutic work
 - Situations where successful partnerships between professionals and family members have occurred
 - Children and families where the psychological abuse component of the maltreatment experience has been amenable to change.
- There should be an analysis of the family's capacity to change. Sometimes the core assessment may provide an uncertain picture of the family's capacity. These families are characterised by one more of the following:
 - Uncertainty as to whether the parents are taking full responsibility for either the abuse or the child's developmental states
 - Whereas the child's needs may sometimes be viewed as primary the parents put their own needs as dominant
 - The child may be scape-goated and parent-child attachments are ambivalent or anxious
 - Family patterns are rigid rather than healthily flexible
 - Relationships with professionals are ambivalent
- There should be appropriate weighting given to evidence obtained. For example: greater weight given to those with a particular specialist expertise or eye-witness accounts from a reliable source.

[Framework for Assessment](#)
Jones 1998

[Framework for Assessment](#)
Bentovin et al 1987
Silvester et al 1995

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- There should also be the opportunity for appropriate challenge and information-sharing if there is conflicting evidence or accounts emerging.
- Weighting must always be given to areas of family difficulty or risk, particularly if denied or not acknowledged by the family.
- There may be superficial co-operation but the evidence indicates avoidant behaviour in not addressing issues. There may also be superficial co-operation but evidence indicates there is active subterfuge to hide evidence to the contrary.
- Weighting should be given to family strengths that may mitigate against and protect against significant harm being caused to the child and to the resilient factors evident in the child themselves, even in situations where families do not appear to be co-operating with the assessment or with certain professionals.
- Assessment of the parenting capacity of the adults in the family must be taken into account alongside any demonstrable willingness to meet their child's needs and co-operation with professional support offered.
- The worker must have a sound knowledge of child development and take advice/information from other professionals with expertise in child development in order to provide a 'base-line' for whether the child's welfare might be significantly impaired.
- The capacity of the child's family to meet their needs within the child's time-frame must be taken into account when analysing the evidence.

Conclusions

- The conclusion of any assessment must be based on an analysis of the evidence gathered. It should highlight any gaps in information if these are important.
- The conclusion should identify the needs of the child and suggest how these needs could best be met; including whether any statutory intervention may be required.
- The aim of the assessment is to identify needs. Any recommendation as to how these needs might be met should be clearly separate from the identification and analysis of needs.
- The timescale for such actions should be led by the child's time-frame to ensure their welfare is not impaired or further impaired,

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and that they are safeguarded. It should not be led by the time-frame of the adults, whether family or other professionals, to meet those needs.

- Every effort should be made to share the full assessment with those with parental responsibility and the child if of sufficient age and understanding, and their views sought on the conclusions before the assessment is presented in any professional arena. This enables them to absorb the content and seek clarification or make any factual corrections. Not to do so is disrespectful to them as this is about their lives, their child and affects their future. If a personal visit is not possible, then a copy should be posted/given within 5 days of any meeting or decision-making forum.
- A copy of the analysis and conclusions should always be given or sent to them and it should be made clear that a copy of the full assessment is available on request.
- The assessment should be presented in a format that is understandable to the recipient. Translation or interpreting services should be used if needed.
- The agencies involved in any assessment should also be notified of the outcome if this is relevant to meet the future welfare needs of the child.
- If the conclusion of the assessment is that a plan is needed to meet the identified needs of the child, it should be made clear to those with parental responsibility, the child and any relevant professionals how this plan will be made and who will take lead responsibility for this.

[Standard Outcome/
closure Letter](#)

Recording an Assessment

- Assessment is a process not an event. However at certain points, the information gathered for the purpose of assessment must be recorded to evidence decisions and plans made.
- Some assessments have a statutory time-frame, but all assessments should be recorded so that they can be shared at a point when decisions and plans need to be made for the child.
- Assessment should always include a chronology of significant events within the child's family to aid proper analysis of the information.
- The timescale for an assessment that does not have a statutory end time must be agreed between the worker, their Manager and

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the family and recorded. The timescale must fit with the needs of the child.

- Some assessments are made for a specific purpose and additional information or tools may be needed for their completion. Any guidance provided on how to complete such assessments should be followed.
- All assessments must be recorded as a document within the child's (or carer's) Framework record, restricting any sensitive information using Recording with Care Guidance. The date that the assessment was completed and shared with the child and family should be noted in a case note.
- Information relating to dates of visits/who was seen/brief notes on what information was gathered/what was addressed should be recorded in case notes on relevant templates.

[D/1](#)

[D/1](#)

Initial Assessment – use ICS document and follow ICS guidance

- An initial assessment should be undertaken when:
 - (a) it is apparent on referral that the threshold criteria are met, but a core assessment is not required;
 - (b) There is insufficient information available to determine at the point of referral whether the eligibility criteria for services are met.
- The threshold is that the child's welfare is likely or is being significantly impaired without the provision of additional services. The Thresholds Guidance should be used to assist in making this professional judgement.
- An initial assessment must be completed within 10 working days. It is a summary and analysis of all the information gathered during this timescale. The child should be seen as part of the assessment unless there is recorded evidence as to why the child need not be seen. The analysis will form the evidence for the action agreed.
- The assessment process may continue beyond the initial assessment to inform any review of services or form part of a core assessment.
- The parents, and child when appropriate, must be informed of the outcome of the initial assessment in writing and be sent a copy of the analysis and recommendations.
- If the initial assessment concludes that the child is 'in need' and requires further services, then a plan must be created immediately

[ICS Guidance
Framework for
Assessment](#)

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with the family and relevant professionals.

- Usually this plan will be a Child & Young Person's Plan but it may occasionally be an emergency LAC Care Plan if the child has been accommodated.

Section 47 enquiries

- The outcome of the initial assessment may be for a Strategy Discussion and S.47 enquiries.
- This should not preclude identification of the child's holistic needs and provision of services to meet those needs.
- This may require co-ordination with any existing plan (e.g., co-ordinated support plan under CAF) or a new Child & Young Person's Plan.

Core Assessment - use ICS document & follow ICS guidance

- A core assessment is intended to build on an initial assessment or the outcome of S.47 enquiries, although in some instances a referral may indicate the need to begin a core assessment immediately.
- A core assessment is a process not an event. The ICS Core Assessment Record must be used to record the information obtained.
- This is not currently in a report format and should not be used routinely to present information to meetings. There are separate ICS exemplars for this purpose. The ICS core assessment is a "storage box" for all the information collected during the assessment.
- It is a more structured in-depth assessment process and will involve partnership with, and/or consultation with, other agencies, as well as the child and their family.
- An ICS core assessment must be completed within 35 working days.
- A core assessment must be undertaken where new and significant information supports the need for a more in-depth assessment when:
 - (a) the outcome of an initial assessment indicates the need for a core assessment;
 - (b) a strategy discussion identifies there is already significant information indicating the need for a core assessment;

[ICS Guidance](#)

[Core Assessment
"Storage Box"](#)

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- (c) the outcome of a S.47 child protection enquiry indicates there is a need for a core assessment;
 - (d) there is a serious risk of a family breakdown;
 - (e) the family may require a more complex package of targeted or specialist family and social care support;
 - (f) a child is likely to become looked after;
 - (g) a child has become looked after in an emergency and is likely to continue to need a plan beyond their first LAC Review (either Child & Young Person's Plan, child protection or LAC);
 - (h) a child requires an agency residential or specialised foster placement;
 - (i) a child requires a permanence plan at their 4-month (second) LAC Review;
 - (j) there is a new and significant change in the circumstances of the child or their family requiring a re-assessment and review of the plan for the child;
 - (k) the child reaches an age and stage of development requiring a reassessment of their needs;
 - (l) Any other circumstance, at the discretion of the Team Manager, where there is a need for a planned assessment to aid decision-making.
- There is no need to complete an ICS Core Assessment Record when:
 - there is no new information and there is already a recent Core Assessment Record completed;
 - alongside a S.47 if there is insufficient evidence of need for a further plan at this stage;
 - if a child looked after in an emergency indicates they will cease to be looked after before their first Review and no other plan is required;
 - services can be identified after an initial assessment and put in a Child & Young Person's Plan without requiring more in-depth assessment for short-term intervention (less than 6 weeks).
 - The information within the core assessment, especially the analysis and recommendations, must be shared with the child and their family at least 7 working days before any meeting or timescale set for decision-making.
 - The views of the parents and child must be clearly stated in the core assessment summary.
 - Parents and children should be encouraged to record these in their own words, if possible, but if they prefer the worker may record their views of their behalf.

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- A core assessment is a dynamic process and parents, children and partner agencies should be involved and engaged throughout.
- A core assessment remains the responsibility of the allocated worker.
- An initial or core assessment may inform a Common Assessment Framework (CAF) if the outcome is that the child is not assessed as “in need” but does have needs that would benefit from a co-ordinated “team” with a “lead professional”.
- If the outcome of the assessment indicates the child is “in need” and requires planned specialised services to meet those needs, a plan must be the outcome of the assessment.
- The options are:
 - Child & Young Person's Plan (CYPP)
 - Care Plan (LAC)
 - Child Protection Plan (CP)
- Planning must not be put 'on hold' for the child if early actions or services are identified as needed through the initial assessment or S.47 enquiry. A Child & Young Person's Plan, LAC Plan or Child Protection Plan can run alongside a core assessment, and then be reviewed and amended as necessary on completion.

[IWP Website](#)
[Step-down Process](#)

Assessments within care proceedings

The format for Court Statements must be used for providing written evidence within care proceedings. Other assessments can be appended (e.g., core assessment, parenting assessment). Legal services have copies of all templates.

Parenting Assessments

This is a more in-depth assessment of parenting capacity to be used where an initial or core assessment has identified that a parent may have limited or impaired parenting capacity for any reason.

The Parenting Assessment Manual (PAM) May be used to assist in this assessment. Each Area has a PAM Champion to assist workers who need support or guidance in completing this assessment.

PAM

Carer's Assessment

This is a specific assessment relating to parents and carers with responsibility for a disabled child and assessment of young carers.

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Private Fostering Assessment

This is to be used when the Local Authority are notified of a Private Fostering Arrangement. Note the statutory timescale for the initial visit is within the first week.

[ICS Guidance](#)
[E/4](#)

Viability Assessment

This assessment is to be used to make an initial professional judgement about the suitability of a relative or friend to care for a child who is looked after, or is about to be looked after, or would otherwise need to be looked after if not living with a relative or friend.

[E/1](#)

UASC Age Assessment

This is required when an unaccompanied asylum seeking child presents themselves in the area. The procedures on timescale and on how to undertake and record this assessment can be found on the Asylum Seeking & Refugee Children & Young People Good Practice website.

[Asylum Seeking & Refugee Children & Young People Good Practice website](#)

DASH Risk Assessment (Domestic Abuse, Stalking & Honour-Based Violence)

Soon to be implemented jointly with West Mercia Police, Women's Aid, Stonham & Health.

[DASH](#)

A link is available for practitioners to view. Part 1 of the risk assessment can be used by practitioners working with victims of domestic abuse, without specific training on use of the risk assessment tool. Part 2 should only be used after specific training.

Assessment of persons who may pose a risk to children

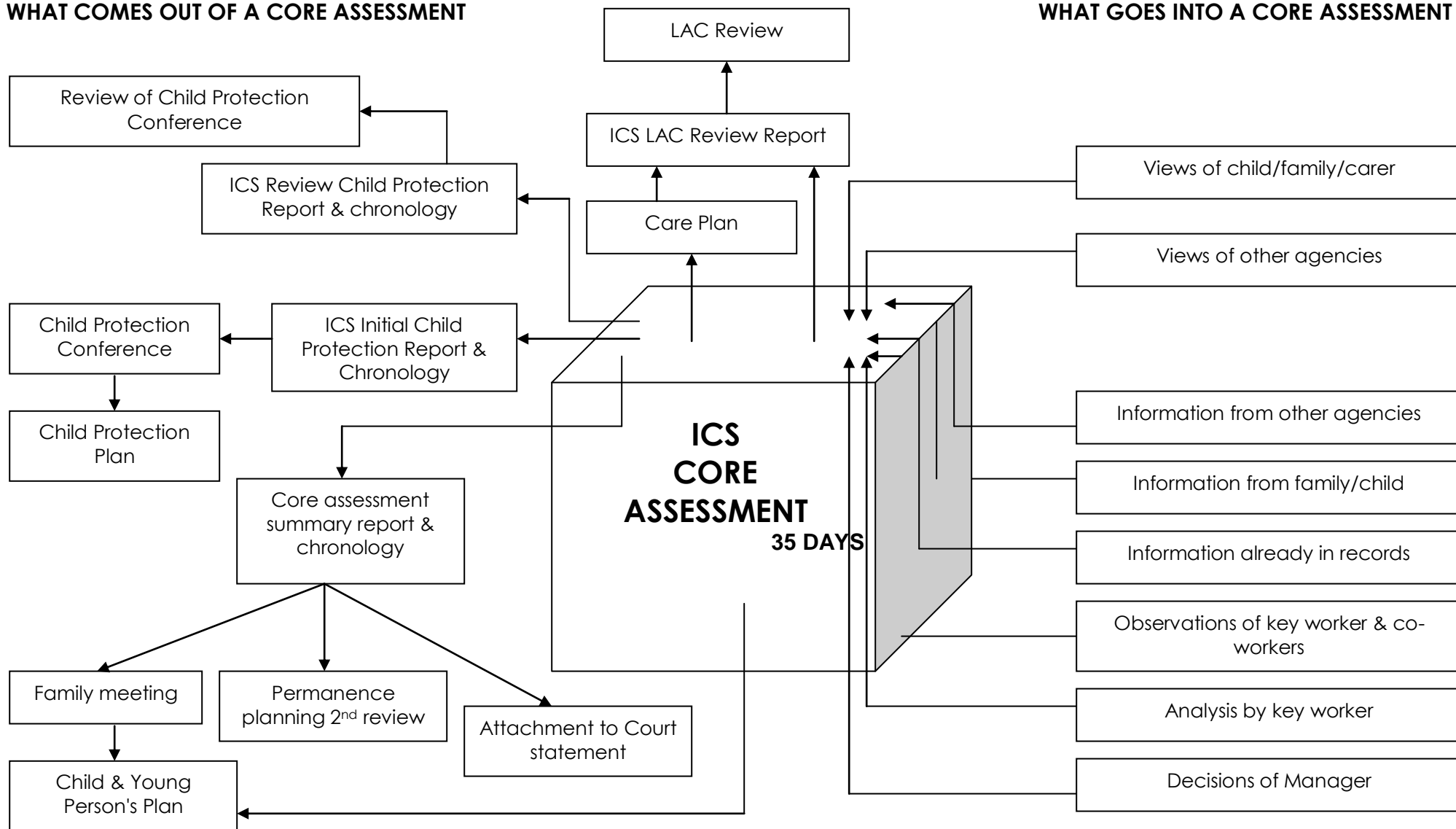
See link to guidance for assessments. If a more specialised assessment is required, this must be commissioned via the Operational Manager.

[B1 - Appendix 1](#)

**THE CORE ASSESSMENT IS LIKE A STORAGE BOX FOR INFORMATION, ANALYSIS & DECISIONS ABOUT A CHILD
IT IS A PROCESS NOT AN EVENT**

WHAT COMES OUT OF A CORE ASSESSMENT

WHAT GOES INTO A CORE ASSESSMENT



Children in Need
Section 4 - Making and Reviewing Plans for a child 'in need'

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Introduction

- Any plan for a child 'in need' must be holistic and address the needs of the child as set out in the Framework for Assessment.
- Each child 'in need' should have their own plan. Many aspects of the plan will be the same for siblings in a family living together. However, each child's individual needs must also be taken into account in their plan.
- A child 'in need' should only have one plan when possible. On occasions, statutory processes run in parallel and a child may have more than one formal plan in place at any one time. Every effort must be made to ensure consistency between such plans and to join the planning processes together.
- Other agencies may also have a formal 'Plan' with the child and family. Care should be taken to ensure such plans are aligned (e.g. Individual Education Plan; Statement of Special Educational Needs; Criminal Supervision Order)
- In addition to identifying the individual needs of the child, there are specific areas in which clarity is required in child care planning:
 - The objectives of the plan
 - What services or support will be provided by which professional or agency or family member
 - The timing and nature of contact between the professional workers and the family
 - The purpose of services and professional contact
 - Specific commitments to be met by the professional workers
 - Which components of the plan are negotiable in light of experience and which are not
 - What needs to change and the goals to be achieved
 - What is unacceptable care of the child
 - What sanctions will be used if the child is placed at risk of significant harm or renewed risk of significant harm
- All plans must include actions that are sufficient to address any concerns for the welfare and protection of the child or young person. If the circumstances of the child change, or new information emerges then the plan for the child may need to change- including 'escalation' of the plan e.g. from Child & Young Person's Plan to Child Protection or Looked After Child Care Plan and Court Care Plan.

[Framework for Assessment](#)

[Framework for Assessment](#)

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Section 4 - Making and Reviewing Plans for a child 'in need'

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Team around the child 'in need'

- To be effective, a plan should include all those people who need to make a contribution to meet the child's identified needs. They include:
 - The child
 - The parents and others with parental responsibility
 - The carers
 - The lead professional (Social Care)
 - Other Social Care workers involved
 - Other professionals involved (school/nursery; EP; EWO; Police; Probation; CAFCASS; Health Visitor; school nurse; GP; specialist health provider; community-based services; CDT; SPACE; Homestart; Relate, CAB; Children's Centres; EIFSW; Housing)
 - Advocate/interpreter if required for child and/or parents/carers

This will be the 'Team Around the Child in Need' (TACiN). For a child in need the lead professional who is tasked with co-ordinating this plan and ensuring the outcomes are delivered is the Social Care professional with allocated case responsibility.

It is the responsibility of the lead professional to:-

identify the members of the family and other agencies and professionals who are part of the TACiN, to ensure all are involved in the plan, contribute to the plan, are clear about their contribution to the plan, and what the outcomes of the plan are.

- Where a plan involves a number of agencies, or has complex elements, then the most effective way to make and review a plan can be for the lead Social Care professional to co-ordinate and chair a meeting for a child 'in need'.
- There are statutory processes for planning around children who need a Child Protection Plan or Looked After Child Care Plan. A core group meeting or Review meeting already involves the people who make up the Team Around the Child so these are already TACiN meetings.
- When there is a Child Protection Plan, there will be an ICPC from which a core group meets and they are statutory. The core group is a TACiN meeting.
- Children with a Looked After Child Plan may not have statutory meetings held with sufficient frequency to ensure the Team Around the Child is co-ordinating and progressing the plan for the child.

[Working Together](#)

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Additional TACiN meetings may be helpful.

- For other plans there is no statutory basis for a TACiN Meeting. The usefulness of a TACiN, and frequency, is to be determined by the needs of the child and the outcomes required.
- Use the Meeting Request form as a guide for inviting relevant family and professionals.
- TACiN Meetings or Core Groups should be used as a Family Meeting, or in tandem with a Family Meeting, when appropriate. This will be when the wider family network needs to be included in plans for the children

[Meeting Request form](#)

[Family Meetings](#)

TACiN Meetings and plans for the child

- A TACiN meeting is not a requirement before a plan is made for a child and planning must not be delayed whilst awaiting any meeting to be arranged. The TACiN meeting can review a plan or make a new plan according to the needs of the child.
- A TACiN meeting can be arranged at the conclusion of a S.47 enquiry, initial or core assessment or at any other time when the decision has been made by the Team Manager that a Plan is required.
- TACiNs should complement other statutory meetings, not duplicate them. A TACiN is only needed when there is no other statutory process already fulfilling this function, and when the complexity of the Plan, or number of people involved in the Plan requires this.
- The Team Manager will allocate a Social Care professional to be the key worker (lead professional) to draw up the Plan. This may be a, Social Worker or Social Work Assistant depending on the needs of the child.
- The key worker will ensure the TACiN Meeting is arranged and identify who needs to be invited. The Meeting can be chaired by the key worker, Consultant Social Worker, Senior Family Support Worker or Team Manager. This decision will be made by the Team Manager depending on the complexity of the child's situation.
- If the Consultant Social Worker or Team Manager has not chaired the meeting, they must see and formally approve the proposed plan.
- The Chair of the meeting must clearly identify the aims of the plan, the outcome of any assessments and clarify the concerns and

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needs to be addressed.

- The plan must identify who is responsible for addressing those concerns or meeting those needs and how this will be monitored and the timescale with review dates.
- **All participants of the Plan are the 'Team Around the Child in Need' (TACiN).**

The need for robust planning

- A Plan for a child can be put in place without a TACiN meeting. However, if a meeting to co-ordinate the services involved, or to clarify the Plan is required this should take place in a timely manner. Statutory processes and timescales for children subject to Child Protection or LAC Care Plans must be followed.
- Any identified services required that can be put in place should start before the TACiN Meeting and should not be delayed because of the Meeting.
- It is the responsibility of the key worker to liaise with other agencies and co-ordinate the provision of such services if they are not already in place.
- The Plan they agree should be holistic and ensure everyone is clear about their responsibilities and contribution to the plan.
- It is the role of the key worker to ensure others are keeping to the agreed plan. Regular reviews should be set up as part of the plan and timescales set to ensure the plan is meeting the child's needs and to monitor and review the contribution everyone is making.
- A review of the Plan for the child must be held at least every 6 months. More frequent Reviews in between these times can be arranged by the key worker if required. The frequency of TACiN meetings should be specified in the Plan.
- The 6-monthly review must include participation by a Consultant Social Worker or a Social Worker to determine if reassessment/additional intervention are required.
- The Plan should identify risk factors that indicate when an urgent review of the Plan is required.
- Some Child & Young Person's Plan may not require a TACiN meeting to review the plan. These are likely to be Plans where the needs of the child are stable and enduring (e.g. child with a

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disability) and the services being co-ordinated and delivered are agreed as meeting the needs of the child on a long-term basis. It remains important to ensure such Plans have proper management scrutiny and are reviewed with the family annually.

- For all Plans the review of the plan should always ensure any new or changed circumstances are taken into account when deciding whether the plan needs to change in any way.
- A TACiN meeting can ensure that no information is missed and all relevant factors are taken into account. An accumulation of evidence (e.g. of endemic neglect) may not rely on a single event but an accumulation of evidence from a number of agencies and family members.
- The Review should also take account of circumstances that have NOT changed despite ongoing support where this is having an adverse impact on the welfare of the child or children in the family and consider whether the plan needs to change to address such concerns

**Children in Need
Section 5 – Family Meetings**

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What are Family Meetings?

- A Family Meeting can be used as part of the TAC and are based on the belief that in most situations, families are in the best position to make informed culturally sensitive decisions about their children, provided they are given the opportunity and information to do so.
- A Family Meeting is for families to meet to find solutions to problems within a professionally supportive framework.
- The Meeting involves all family members, friends and any other adults the family feel can contribute to a plan for their children.
- The Meeting should always involve the child, based on their age and level of understanding. Decisions about how they contribute and also remain safeguarded must be addressed with the family before the Meeting.
- The welfare of the child remains paramount. Any Family Meeting arranged, and subsequent plan agreed, must ensure the child or young person is safeguarded and their needs addressed.

When is a Family Meeting held?

- A Family Meeting is held whenever there is a need identified through the assessment or planning stage for a child.
- A Family Meeting may be particularly helpful where a family member or friend has offered/has been asked to look after the child away from the child's parents.
- A Family Meeting may complement, but does not replace, a statutory meeting.
- A Family Meeting must always be considered as an option as part of the assessment process, or subsequent planning as part of a Children & Young People's Plan, Child Protection Plan or Looked After Child Plan.
- All families where a Children & Young People's Plan, Child Protection Plan or Looked After Child Plan is being considered, must be informed of the option of a Family Meeting and provided with relevant information.
- All families where Private Law Outline procedures are being considered, must be informed of the option of a Family Meeting and provided with relevant information.
- The procedures in Permanence Planning must be followed to notify

[J/5](#)

**Children in Need
Section 5 – Family Meetings**

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relatives/friends of the plan for the child if there is a proposal for a permanence plan away from the birth family.

- A Family Meeting can be a 'stand-alone' meeting to resolve particular issues or problems, or be held as part of a Review of a plan for the child.

Considerations to take into account before deciding to arrange a Family Meeting

- If a family member requests a Family Meeting but the child is deemed to be at risk of significant harm from a person who might attend the meeting, the Team Manager, or Consultant Social Worker, with case responsibility must make the decision as to whether a Family Meeting goes ahead at all, or whether the Meeting can go ahead with sufficient safeguards in place, or whether the person who poses a risk should be excluded.
- If the family has requested a Family Meeting, the Team Manager must confer with the Operational Manager before a decision is agreed if they feel a Family Meeting should not be held at all.
- The reasons for refusing a Family Meeting must be explained to the family, and the child if of sufficient age and understanding.
- On occasions concerns emerge indicating risk from one family member towards another, or relationships are so acrimonious between family members that there is a high likelihood that the meeting will be damaging for the participants and/or the child.
- In these situations, the Team Manager or Consultant Social Worker with case responsibility, must consider whether the Family Meeting takes place at all, or whether sufficient safeguards can be put in place to enable a meeting to go ahead, or whether a person(s) needs to be excluded.
- Consideration should be given as to who should co-ordinate the Family Meeting dependent on the relationship with the family, the purpose of the Family Meeting or any conflict of interest or risk factors identified.
- Consideration should be given to the venue, notice period and preparation time for the meeting to ensure the health and safety of those attending.
- Information-sharing needs to be carefully considered prior to the meeting. There may be information that individual family members do not want to be shared. The Information-Sharing Guidance must be followed to determine whether there are grounds for sharing

[Corporate Risk
Assessment](#)

[D/2](#)

**Children in Need
Section 5 – Family Meetings**

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such information at the Family Meeting without their consent and if so, it must be agreed how this will be done and recorded.

- Family members need to be prepared by allocated or involved worker(s) if their confidential information is to be shared. It may be they are only agreeing to certain information being shared and this may be sufficient for the purpose of the meeting.
- Consideration needs to be given to handling information gained during the Meeting. This may be the first opportunity other family members have had to hear concerns, or to share information with each other. There may be a need to 'debrief' some family members after the meeting, in respect of maintaining confidentiality and how they deal with their own emotions.

How is a Family Meeting set up?

- The Team Manager will decide who should co-ordinate the Family Meeting.
- The co-ordinator could be the child's Social Worker, Family Support Worker, Senior Family Support Worker, Consultant Social Worker or Team Manager. The choice will depend on who is the allocated worker, whether the co-ordinator needs to be independent of the case management, whether case management decisions are required and/or the nature of the relationship between the allocated worker/Team and the family.
- In exceptional circumstances, an Independent Reviewing Officer can be requested to act as co-ordinator.
- The co-ordinator will then set up the Meeting assisted by the Team Administrator.
- If the co-ordinator is not the allocated worker, they need to ensure the allocated worker provides the Team Administrator with the details of those to be invited with any information regarding availability/transport issues/health and safety issues or venue.
- The Team Administrator will arrange the time and venue based on the information provided and send invitations with relevant information.
- It is the responsibility of the allocated worker to ensure any family member who requires particular support or preparation has this in place prior to the Meeting.

**Children in Need
Section 5 – Family Meetings**

**Leaflet B/1
March 2010**

Worcestershire Principles of Family Meetings

1. Welfare of the child is paramount:
 - The purpose of the Meeting is to agree the best plan for the child and young person and the actions needed to achieve this;
2. Families have a right to clear, appropriate information about the process:
 - The relevant family members should be provided with information in advance of the Meeting about the purpose of and the principles underpinning the Meeting. They should be invited to contact the co-ordinator in advance of the Meeting if they wish to discuss any concerns about the meeting or information they may wish to share.
3. Families have a right to be involved in the planning of the Meeting:
 - The parent(s) and/or friends/relatives caring for the child and the young person themselves should be involved in the planning of the Family Meeting and who should attend. The Meeting should take place at a time, date and place agreed with the family, bearing in mind health and safety.
 - Families should be informed in advance of the Meeting if anyone is to be invited or excluded without their consent, and the reasons for this. Legal considerations regarding consent need to be adhered to.
4. Other professionals should be aware of the process and their role:
 - Professionals who are invited to attend a Family Meeting should be provided with information in advance of the Meeting about the purpose of and the principles underpinning the meeting. They should be invited to contact the co-ordinator in advance of the Meeting if they wish to discuss any concerns about the meeting or information they may wish to share.
 - Professionals should be sent the link to the Information-Sharing Guidance.
 - The arrangements for the Meeting must take account of health and safety guidance.
5. Everyone involved has a right to a fair hearing:
 - A Family Meeting has three stages. There is no 'time limit' on each stage and the stages may 'merge'. However, the co-ordinator needs to ensure that each stage has been addressed in accordance with the purpose and nature of the meeting

**Children in Need
Section 5 – Family Meetings**

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6. The family has a right to know all relevant information and concerns:

- **Stage 1 - Information-Sharing**

The co-ordinator explains the purpose of the Meeting and establishes the underpinning principles, and chairs the meeting, ensuring full introductions are made.

The allocated worker shares relevant information they have, including their analysis of the strengths of the family, and of their concerns regarding harm/risk. They explain their proposals/options for the plan for the child based on their analysis.

Any other professionals present explain their role, share relevant information and share their view of the strengths and any concerns they have.

All professionals must make it clear to the family what support they are able to offer, the extent and limits of that support and any resources that might be available.

There is time for the family to share their information, to ask questions and to ask for any other information they feel they need.

7. Families have a right to family time and a supportive and safe environment to make plans:

- **Stage 2 - Family Time**

The aim of Family Time is to enable the family to make their own proposals for a plan for the child or young person, deciding who will do what to support the plan, and propose how they will ensure the plan is working.

Sometimes families need the opportunity to discuss the situation by themselves. However, often they do not need this and choose to have their discussion with all the professionals present, or only certain professionals, or only the co-ordinator.

The options should be made clear to the family so they can choose with the co-ordinator the option that will lead to the best plan for the child or young person whilst ensuring all family members have a fair hearing.

Their proposals must safeguard and meet the needs of the child or young person. The family also need to consider contingency plans and how they might monitor and review the plan.

**Children in Need
Section 5 – Family Meetings**

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The co-ordinator may have to remind the family of any legal constraints or of the resource offers made at the information-sharing stage.

Family Time may be relatively short if there is general agreement and only discussion needed around who can do what to support the plan.

However, if there are issues to resolve between family members, or if there is disagreement with the options proposed at Stage 1, then the family may need longer and may require the skills of the co-ordinator to assist them to come to some resolution.

Family Time may highlight areas that family members decide they need help to overcome before the needs of the child or young person can be met. The family should be encouraged to consider how they might address these issues, and within what timescale as part of the plan for the child.

8. Families have a right to have safe plans agreed and resourced:

- Stage 3 - Agree the Plan

The co-ordinator, the family and the professionals consider the plan and negotiate resources and timescales.

Good practice is that the plan proposed by the family should be agreed, at least in principle, unless it is felt the proposals place the child at significant risk of harm, even if there is a need for further agreement or negotiation of resources outside of the meeting.

The case-worker/case manager has to endorse the plan and agree it is safe before it can be adopted as a plan for the child.

Any plan agreed must be incorporated into the child's statutory plan:

- The co-ordinator must make it clear to the family that only a statutory core group, Child Protection Conference or Looked After Child Review can change a Child Protection or LAC plan;
- The co-ordinator must make it clear to the family that in care proceedings, some decisions can only be changed by leave of the Court.

If the plan the family propose is not agreed by the case worker/case supervisor, the reasons must be stated clearly to the family. The co-ordinator must summarise the areas of

**Children in Need
Section 5 – Family Meetings**

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concern and record which parts, if any, of a proposed plan can be agreed and which are not.

The case worker/case supervisor should only reject all or parts of the family's plan on the basis of a risk of significant harm to the child or young person or their welfare being significantly impaired. This should be evidence-based, i.e., evidence indicates the family are not acknowledging a risk or significantly minimising a risk, or there is evidence that the proposed plan is unlikely to be actioned or sustainable even if resources and support are provided in a timescale that meets the child or young person's needs, or the family are not addressing the changes needed to meet the needs of the child proposed by the case worker/case supervisor in the Local Authority options.

The co-ordinator should ensure all are clear at the end of the Meeting about what is agreed/not agreed, who will do what, resources, timescales, monitoring and review process, contingencies.

[How is a Family Meeting set up?](#)

9. Families have a right to remain involved in safe plans for a child or young person:

What happens after a Family Meeting?

- The co-ordinator may need to spend time 'debriefing' the family and receiving feedback on the process.
- The co-ordinator records the outcome of the Meeting and plan agreed and sends this to the case worker/case supervisor for approval.
- The case worker/case supervisor ensures the Team Administrator sends the record and plan to all who attended using the standard letter template.
- The case worker/case supervisor is responsible for monitoring and reviewing the plan agreed if a Local Authority plan is in place.
- If a Review Family Meeting is needed, the case worker/ case supervisor arranges this.
- The way in which the plan is reviewed will depend on the needs of the child or young person and family, statutory and legal requirements. The level of monitoring will depend on the reason for the plan. The family will have their own monitoring arrangements and will need to know about the professional responsibilities for monitoring.
- A Review Family Meeting is often helpful, incorporated as part of the informal reviewing process. The process for the family to request this should be agreed if no actual date is set as part of the plan.

**Children in Need
Section 5 – Family Meetings**

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- The 'step-down' process should be considered if a co-ordinated support plan might better meet the needs of the child or young person.

[Step-down](#)

Children in Need
Section 6 - Children who cease to be 'in need' of Social Care Services

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March 2010

It is important for the child that when ending involvement of Social Care services, the child's identified needs will continue to be met. If there has been a Child & Young Person's Plan, a Child Protection Plan or a Looked After Child Plan then a TACiN Meeting should be held at the end of Social Care involvement.

This should clarify why involvement is ending and what services are still needed by the child and their family to ensure the child is not suffering significant harm or that their welfare will be significantly impaired. The family or other agencies may be concerned that without the involvement of Social Care services, the situation will deteriorate for the child.

The 'step-down' process via the CAF should be considered when this is the case, or if there remains a number of services that require co-ordination and monitoring to be effective.

[Step-down process](#)

Any concerns from the child, young person, their family or other agencies about Social Care ceasing involvement should be listened to and taken account of in any decision made. Their views must be recorded.

If the reason for ceasing involvement is the decision of the parents/carers, and there are no grounds for statutory child protection intervention, this should be made clear and recorded.

The possible consequences for the child of ceasing involvement when Social Care services are still needed must be made clear to the parent/carer so that they make an informed decision.

If a decision is made to cease involvement at the end of an initial assessment or child protection enquiry, the views of the parent/carer, child and any professional who referred, must be taken into account and record.

A decision to cease involvement and close the Social Care Framework record can only be made by the Team Manager or the Consultant Social Worker acting with the agreement of the Team Manager.

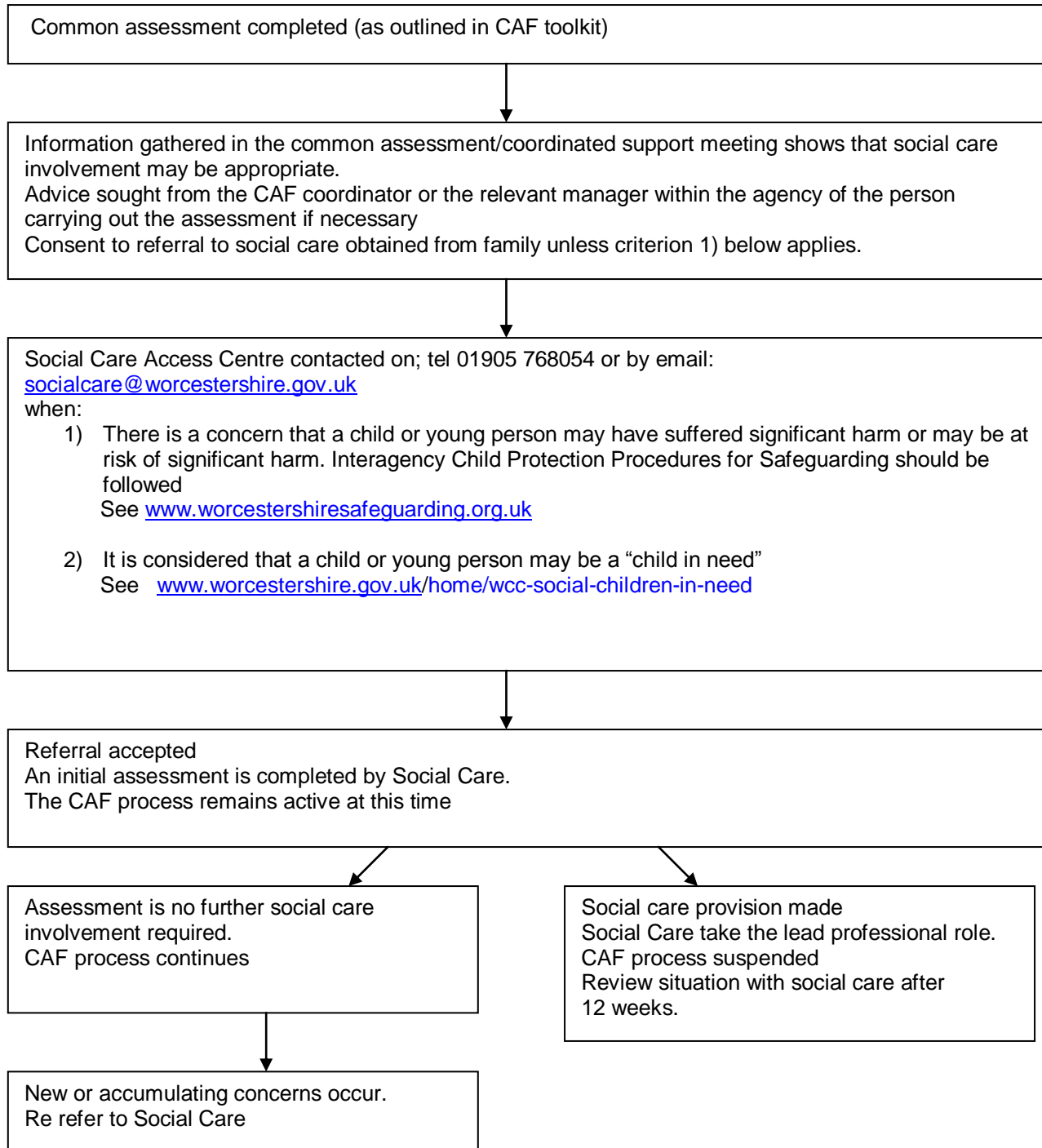
For all children when involvement ceases, whether at the end of initial assessment, child protection enquiry, or any plan for a child 'in need', the following people/agencies must be formally notified and provided with any 'step-down' plan where appropriate:

- The person with parental responsibility
- Carer
- Child if of sufficient age and understanding
- Agencies/professionals involved in the assessment/plan/enquiry
- New agencies identified in any 'step-down' plan

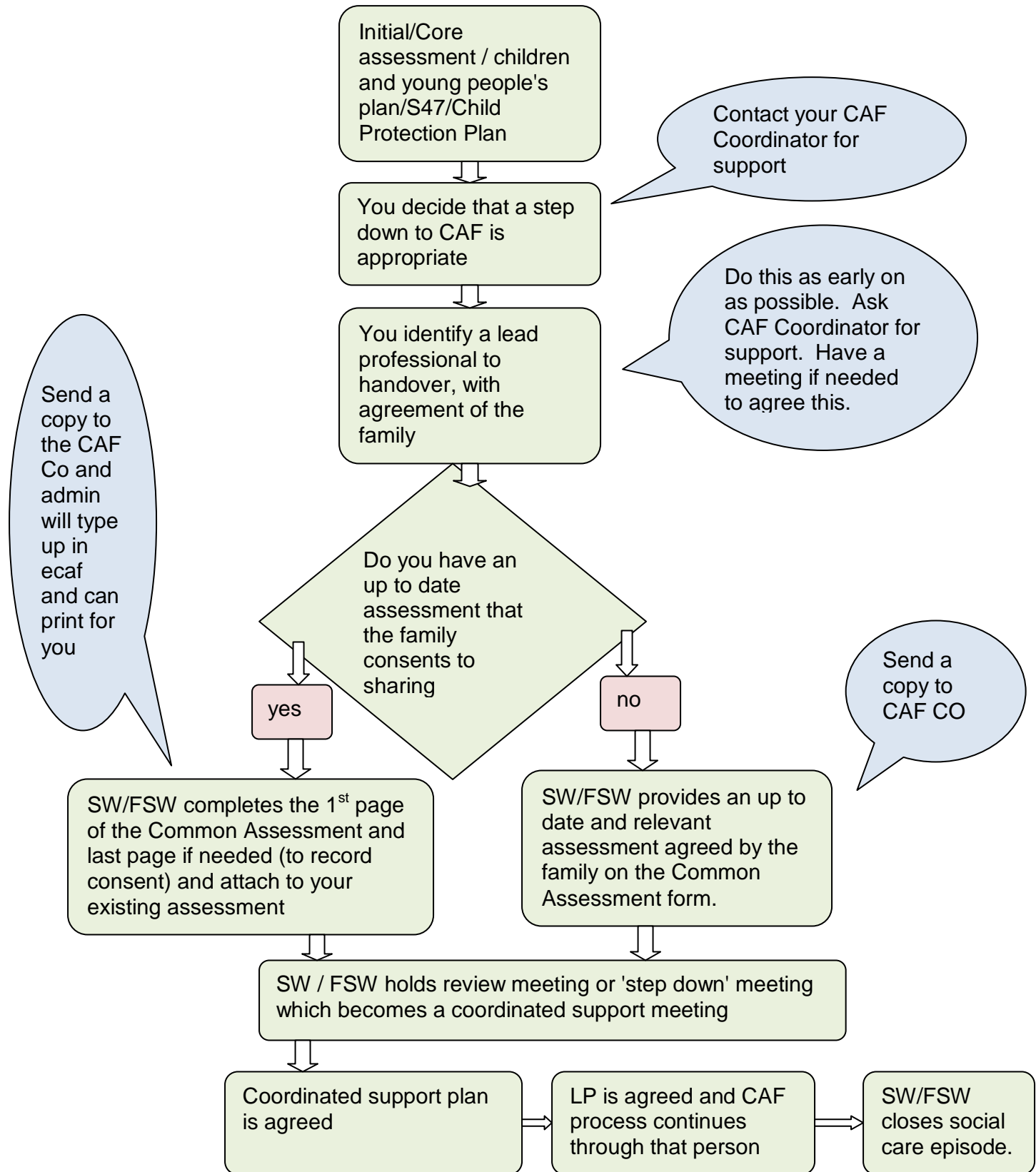
'STEP UP' PROCESS

CAF to Social Care

Benefit: The Common Assessment can help ensure that a request for service to children's social care is relevant and can build up a comprehensive picture of needs rather than a series of partial snapshots.



Flow Chart – Step-down - Social Care to CAF



Children's Services**Standard Agreement for Assessment**

I have been given a copy of the leaflet explaining the assessment being completed about my child(ren)/me.

Leaflets to be given include:

- Child in Need – Initial/Core
- S.47 enquiries/CP Plan
- LAC Plan
- Relative/Friend Carers

I understand the reason for the assessment and how it will take place.

I understand that my child(ren) needs to be seen alone as part of the assessment unless it is felt they are too young for this to be possible.

I understand that other people who are working with me/my child(ren) will be contacted as part of this assessment.

I understand that this is necessary to make sure all the relevant information known about me and my child(ren) is included so that my child(ren)'s needs can be met.

I understand that my views and those of my child(ren) will be included in the assessment, and those of other relevant people in my family.

I understand that I will be given a copy of the conclusion of my assessment and that I can have a copy of the full assessment on request.

I understand that any information shared as part of this assessment will remain confidential to those people who need to know and that sensitive information as agreed will not be shared with others that places my child(ren) or me at risk of harm.

Signed:.....Dated:.....

Children's Services

Prompt Sheet for Social Care Professionals undertaking assessments (including Child Protection)

Other agency contact

- Police – DAU/FPU
- Probation
- Youth Offending Service
- Health Visitor
- GP
- Other Health Professional
 - Paediatrician/specialist (other)
 - Speech & Language
 - Occupational Therapy/Physiotherapy
 - Adult Mental Health Service
 - Physical Disability Service
 - Learning Disability Service
- CAMHS
- Other Social Care professional
 - ACS Physical Disabilities/Sensory Impairment
 - ACS Learning Disabilities
- Local Domestic Abuse Service (Women's Aid//Stonham)
- Youth Worker
- Housing services
- CDT/SPACE
- Education professional:
 - Designated Teacher
 - Educational Psychologist
 - Education Welfare Officer
- Nursery/pre-school playgroup/Early Years Co-Coordinator
- Ofsted
- Children's Centres
- EIFSW/FIPs/Home Liaison
- Hospital/Acute Trust Services

[illegible]

Standard Letter – Professional

We are undertaking an assessment of need in respect of [child, DoB, address]

Either:

We have the consent of [person concerned]

Or

We have statutory responsibility to request relevant information from your agency as part of our enquiries because this child has been identified as a child whose welfare may be significantly impaired or they may be suffering from significant harm.

We request any relevant information your agency holds about [child/adult, DoB].

[add if require specific information]

This information is required by [date/time]. Please e-mail or fax this information to [fax/e-mail address] or by return of post, or if more convenient, please telephone [telephone number] to share your information verbally.

If you need further clarification as to why this information is being requested, please contact [name and telephone number].

MEETING INVITATION LIST

NAME OF CHILD(REN)		DOB		ADDRESS		
Date/time of meeting				Venue		
				Room Booked		
				Chair		
Brief details of reason for meeting						
Name of family member	Relationship	Address		Phone number	Notes	Attending X ✓

Name of Representative	Agency	Address	Phone number	Notes	Attending X ✓

Children's Services**Co-Working Agreement
on areas of case work responsibility between Social Care professionals**

Date of Agreement:

Date of Review:

Name of child(ren):

Status of child(ren)'s Plan (✓)

CYPP

☐

CP

☐

LAC

☐

Other (state)

☐This Agreement is between *[complete/delete as applicable]***Team Manager:**Name *[print]*:

Signed:.....Dated:.....

Consultant Social Worker:Name *[print]*:

Signed:.....Dated:.....

Qualified Social Worker (with case worker responsibility):Name *[print]*:

Signed:.....Dated:.....

Other Social Care professional (with co-working responsibilities):Name *[print]*:

Professional title:

Signed:.....Dated:.....

Name *[print]*:

Professional title:

Signed:.....Dated:.....

Any areas of disagreement/requirement for clarity in light of any changes will be referred back to the Team manager

Areas of Responsibility-Guidance for Completion of Co-working Agreement

- The Team Manager of the case-holding Team retains case management responsibility. This means they have overall case management responsibility for progressing and monitoring assessment and planning for the child and ensuring management decisions are made and recorded to deliver the objectives of the child's Plan.
- Management tasks relating to professional supervision and professional decisions may be delegated to the Consultant Social Worker as part of this Agreement.
- Any line management/professional supervision of a co-working Family Support worker by the Senior Family Support Worker will be clarified as part of this Agreement
- The supervising Team Manager/Consultant Social Worker will ensure there is a joint meeting between co-workers and their supervisor(s) on a regular basis and any changes are recorded. This Agreement will clarify whether this is the responsibility of the Team Manager or Consultant Social Worker.
- The supervising Team Manager/Consultant Social Worker must approve and countersign any assessment or report prepared by a Newly Qualified Social Worker where a level of experience is required to be demonstrated. This must be specified in this Agreement.
- The Agreement must specify whether the Team Manager or Consultant Social Worker attends all statutory meetings or any decision-making forums. If unable to do so their views must be imparted clearly to the key worker and report/ assessment or proposed plan be endorsed and amended in advance.
- The Social Care professional who is the allocated key worker holds case responsibility. It is the key worker's responsibility to ensure the objectives of the assessment or plan for the child are delivered as specified in this Agreement.
- The key worker for a child with a Child Protection Plan or Looked After Child/Adoption Plan must always be a qualified Social Worker.
- The key worker is responsible for ensuring all activity is recorded and reports are prepared for meetings/courts in good time. For joint activity the Agreement will specify who is responsible for the recording/report-writing.
- The key worker must undertake the statutory visits and attend statutory meetings (with any co-worker as appropriate). For long-term LAC the key worker must also visit the child's birth family at least twice annually.
- When contact is supervised it is also the responsibility of the key worker to observe 20% of the contacts when assessment is ongoing and to ensure contact is observed when any reassessment is required. The key worker must co-sign any joint report and assessment with co-workers.
- If the key worker is inexperienced then the supervising Team Manager /Consultant Social Worker/ co-worker must have a suitable level of experience. The Agreement must specify when the Team Manager/Consultant Social Worker/co-worker is required to undertake joint visits/ joint assessments and report-writing.
- It is the role of any co-worker to carry out tasks and duties as specified in this Agreement and outlined in the child's plan, either specific to their role or on behalf of the child's key worker to assist them in their duties, as appropriate to their job role, qualifications and level of experience.

Task/Duty	Who is responsible	Frequency/timescale	Reports to
<p>1. <u>Case Management</u></p> <ul style="list-style-type: none"> • Direct supervision of key worker • Direct supervision of any co-worker • Arranging joint co-working meetings • Recording management decisions in FWi • Budget/resource decisions • Requests to Senior Manager for statutory intervention/action/additional resources • Monitoring child's plan • Case management representation at meetings/ any decision-making forum • Ensuring changes are made to the child's plan if new needs/risks emerge • Reviewing this Agreement • Ensuring Agreement distributed to all parties, partner agencies, carers/parents & child 			
<p>2. <u>Key worker/co-working tasks & duties</u></p> <ul style="list-style-type: none"> • Statutory visits to child at home (seen alone) • Other visits to child • Other contact with child • Liaison with other partner agencies 			

Task/Duty	Who is responsible	Frequency/timescale	Reports to
<ul style="list-style-type: none"> • Liaison with carers • Visits to birth family home • Other liaison with birth family • Making & monitoring contact arrangements with birth family/friends • Assessment tasks (specify-; • Writing up assessment • Writing reports for meetings • Court statements • Recording on FWi – direct contact • Recording in FWi – meetings/events/other activity • Ensuring FWi/ICS record is up-to-date 			
<u>Other statutory tasks</u> <ul style="list-style-type: none"> • PEP • Pathway Plan • Core Group organisation • TACIN/Family Meetings • Health Assessments 			

Children's Services

Agreement for Family Meeting

Name of Child/ren:

- I agree to keep the welfare and safety of (*name of child/ren*) as our priority at this Meeting
- I understand that the purpose of this Meeting is to consider a plan that will meet the needs of (*name of child/ren*) and keep them safe
- I agree to give everyone at the Meeting a fair hearing without acting in a way that might threaten or intimidate anyone else in the Meeting
- I understand that I can ask at any time for something to be explained or for 'time out' if needed
- Family and friends agree to keep information shared at the meeting confidential to those family and friends who attend the meeting unless we agree in the plan to share any part with another family member
- Professionals agree only to share information from this Meeting when it is relevant to making sure the child's welfare needs are met and they are kept safe

Name	Signature	Date

Children's Services**Standard Outcome/closure Letter (to be adapted as necessary)**

Dear

I write to confirm that [Team] have now concluded their assessment/involvement with you/name of child and family.

[Agencies - Thank you for your assistance and support during our involvement.]

[Family/child – Thank you for working with us during our involvement].

I enclose the notes of the last TACiN Meeting/Co-Ordinated Support Plan setting out what support is still available to you/the child and family.

OR

I confirm that the conclusion of the initial assessment/core assessment/child protection enquiry/last meeting was that no further action is required from us at this time.

[Families – I enclose a copy of the analysis and conclusion of the initial assessment/core assessment. If you would like a copy of the full assessment, please contact us within 5 working days.]

If you would like more information about this please contact us within the next 5 workings and we will share any information we are able to.

Equality Impact Tool

Consider all areas where the child or their family may be disadvantaged or made more vulnerable through

- Age
- Gender
- Ethnicity
- Language
- Beliefs
- Disability
- Economic /poverty
- Social

RECORD how this affects the child's lived experience and adds to risk factors

IDENTIFY what supports or services need to be in place to mitigate against any risks or address need

REMEMBER:

THIS IS ABOUT THE CHILD'S LIVED EXPERIENCE

NEEDS OF PARENTS/CARERS TO ENABLE THEM TO SAFELY CARE

THE CHILD NEEDS TO BE EMPOWERED AND SUPPORTED TO OVERCOME ANY FACTOR LEADING TO DISADVANTAGE OR RISK

STRENGTHS

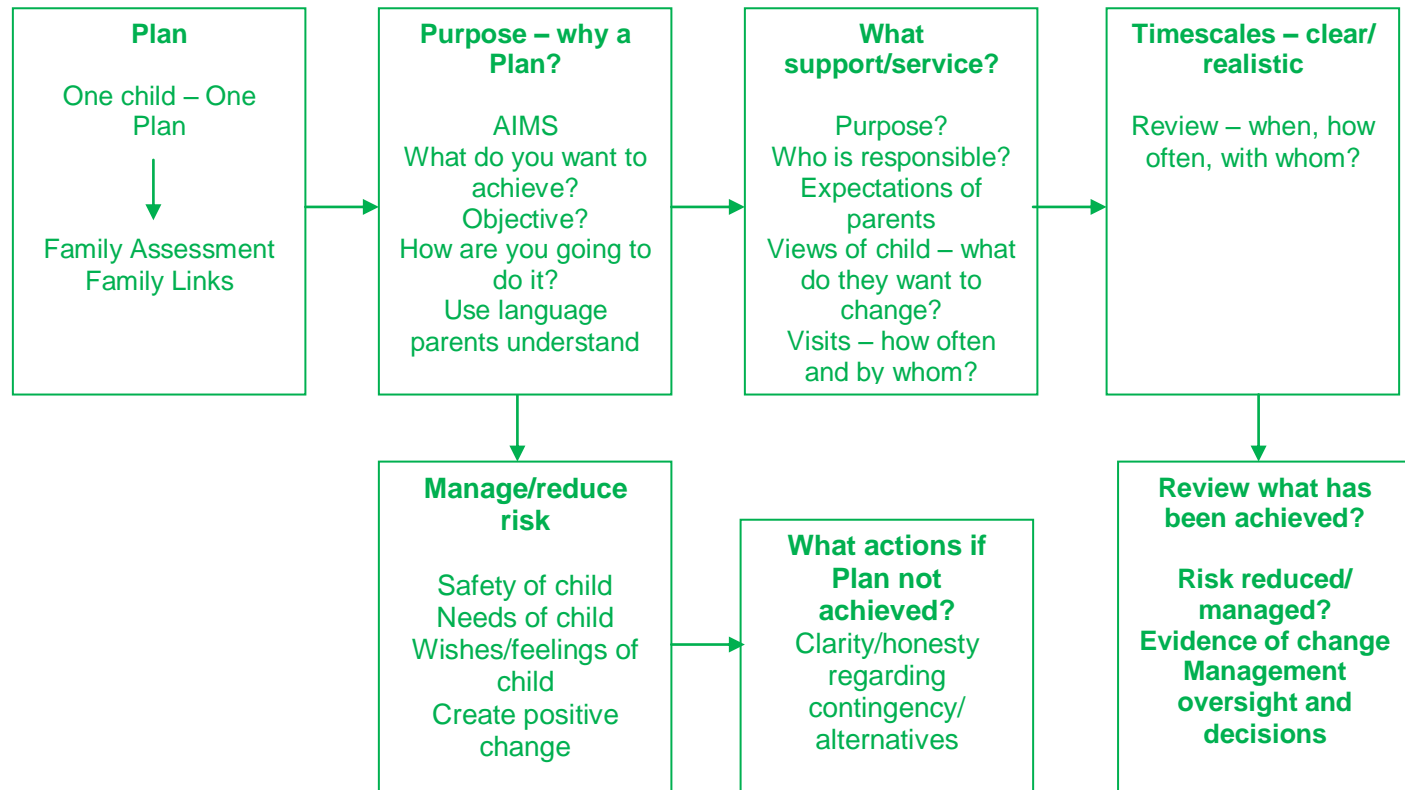


RECOGNISE, NURTURE, DEVELOP, SUPPORT



CONSISTENCY FOR THE CHILD

PLAN



Risk Management Tool

To use in case recording, assessment, planning, reviewing and supervision

- Identify risk factors
- Identify protective factors
- Identify level of risk of harm to child – impact
- Identify measures required to manage and reduce risk and increase safety network
- Identify level of risk even if all measures are put in place
- Identify actions to review risk
- Identify contingency measures

WHERE IS BEST PLACE TO RECORD? RISK ASSESSMENT? PLAN?

RISK ASSESSMENT → INFORMS PLAN

PLAN → Discussed with child/young person/parents

CIRCULATE PLAN → Agencies only know what to do if we communicate it –
SHARED ACCOUNTABILITY

REVIEW → Monitor progress/risks with all involved

RISKS INCREASE? Identify who to contact?

FACTORS TO CONSIDER



Feedback Sheet

This feedback sheet is your opportunity to tell us what was helpful and what was unhelpful to you. Your comments and ideas will help us to make the service better and more useful to other families. Thank you for your time.

Family:

Name:

Date:

- Were the aims and reasons for the work made clear to you?

Yes

No

- Was the role of the worker made clear to you?

Yes

No

- Were you able to talk about the things important to you?

Yes

No

- Were you given regular feedback by the worker ?

Yes

No

- Were you included in making decisions?

Yes

No

- How would you rate the following?

	Poor				Excellent
Approachability of social worker	1	2	3	4	5
Reliability of social worker	1	2	3	4	5
Accuracy of the assessments and information shared	1	2	3	4	5
Sensitivity to your cultural & religious needs	1	2	3	4	5
Sensitivity and understanding to the individual needs of the children	1	2	3	4	5

- If you had supervised contact how would you rate the following ?
- How helpful has this service been to your family? Please circle the relevant statement.

Very unhelpful Unhelpful No difference Helpful Very helpful

What was most/least helpful?

How could the service be improved?

Glossary of abbreviations

CAMHS	Child & Adolescent Mental Health Service
SaLT	Speech and Language Therapy
OT	Occupational Therapy
LST	Learning Support Team
BST	Behaviour Support Team
ISSS	Integrated Specialist Support Service
ISL	Integrated Service for Looked After Children
BSF	Building Schools for the Future
TaMHS	Targeted Mental Health Strategy