1. **Introduction**

1.1 This section outlines what must happen if professionals have concerns about the welfare or safety of a child.

1.2 It sets out clear expectations about the way in which agencies and professionals must work together to safeguard and promote the welfare of children.

2. **Responding to children in need (level 4)**

2.1 Children In Need (level 4 needs – see windscreen above) are those children who are not maintaining a satisfactory level of health or development, or their health and development is being significantly impaired. These circumstances require multi-agency support led by Children’s Social Care (sub section 8).

2.2 Some children are suffering or are likely to suffer significant harm and are in need of protection. These circumstances require statutory intervention by Children’s Social Care (sub section 9).
What to do if you have concerns about a child’s welfare (Flowchart 1)

3.1 Child welfare concerns may arise in many different contexts, including where a child or family is already known to Children’s Social Care. There may be a number of explanations for the perceived impairment to a child’s health or development and each requires careful consideration.

3.2 Discuss your concerns with your manager, named or designated practitioner for child protection.

3.3 If after this discussion you still have concerns and consider the child to have level 4 needs you must make a referral to the Initial Response Service (IRS), Children’s Social Care, (appendix 1 contact list).

3.4 The Initial Response Service (Children’s Social Care), will listen to your concerns and provide guidance as to whether the threshold has been met for level 4 referral or whether you should complete a CAF.

3.5 If you are advised that your concern warrant a referral you will need to confirm it in writing within 48hrs. Children’s Social Care must acknowledge your written referral within 1 working day of receiving it. If you have not heard back within 3 working days, contact them again to confirm receipt of referral. Your written referral must contain all relevant details of family composition known to you, reason for your concerns and where a CAF has been completed a copy of this attached.

3.6 On receipt of the referral a team manager from the Initial Response Service will decide on the next course of action within 1 working day and record this decision.

3.7 You will be informed of the outcome of the referral in writing even if Children’s Social Care decide to take no further action.

3.8 You will discuss your concerns with the child, as appropriate to their age and understanding, and with their parents and seek their agreement to making a referral to Children’s Social Care unless you consider such a discussion would place the child at risk of further harm.

3.9 If a Lead Professional is involved, but is not making the referral, they must be informed immediately. An attempt to contact the Lead Professional must not delay the process of referral.

3.10 Contacts or referrals that need to be made outside of office hours must be made to the Emergency Duty Team (EDT). The EDT will act on behalf of Children’s Social Care, providing an out of office hour’s service, including weekends and Bank Holidays.

3.11 The EDT worker will advise on whether:
• The discussion will be logged with no further action.
• A referral will be taken and passed to the Initial Response Service for consideration the next working day.
• Immediate action will be taken to protect a child.

3.12 If there is a difference of opinion between the referrer and the EDT worker regarding the status of a referral the EDT worker will consult with police colleagues and a home visit will be made if it is felt necessary.
PRACTITIONER HAS CONCERNS ABOUT CHILD’S WELFARE

Practitioner discusses with manager and/or other senior colleagues as they think appropriate – refer to CAF

**Concern about child’s immediate safety**

Practitioner refers directly to CSC, follow up in writing within 48 hours

See flow chart 3

**Still has concerns**

Practitioner contacts CSC for case consultation/advice if level 4 referral agreed.

If CAF identifies level 4 needs

CAF Assessor identified

Complete CAF

TAF – lead professional identified

**No longer has concerns but child has additional needs**

Social worker and manager acknowledge receipt of referral in writing and decide on next course of action within 1 working day

Managers should consider whether known parents (including fathers) are informed of concerns about their child, consulted about assessments and plans and invited to relevant meetings (unless decision is made and recorded to exclude them). All children should be spoken to alone.

Strategy discussion – decision re Sec 47 within 24 hours

Initial Assessment required

See flow chart 2 on Initial Assessment

CP – follow flow chart

Child has complex needs – see procedure for CIN tier 4

Initial Assessment required
4. Assessment (Flowchart 2)

4.1 The Framework for the Assessment of Children in Need and their Families provides a systematic way of analysing, understanding and recording what is happening to children and young people within their families and the wider community in which they live. It provides a focus for the assessment under 3 domains:

- Children’s developmental needs.
- Parents’ or caregivers’ capacity to respond appropriately.
- Impact of the wider family and environmental factors on the family.

All Practitioners involved in the assessment of children must refer to the Framework and accompanying assessment tools - www.dh.gov.uk/en/publicationsandstatistics

4.2 All initial contact to Children’s Social Care will be taken by the screening team based within the Initial Response Service. The screening team will gather information and decide if the contact can be appropriately responded to by providing information or signposting. If not a referral is agreed as necessary and the details passed on for an Initial Assessment.

4.3 Initial and Core Assessment

4.3.1 The Initial Assessment is a brief assessment of each child which determines whether the child has level 4 needs, the nature of services required, and whether a more detailed Core Assessment should be undertaken. Whenever possible the child who is the subject of the assessment must be spoken to alone. If it is not possible to speak to the child the reasons why will be recorded.

4.3.2 Where a Common Assessment (CAF) has been completed this information must be used to inform the Initial Assessment.

4.3.3 The Core Assessment is a more in-depth multi-agency assessment which addresses the most important aspects of the needs of a child and the capacity of the parents to respond appropriately to these needs.

4.3.5 Any extension to the time-scales must be authorised by the relevant team manager and the reasons for this recorded. Any delay must be consistent with the welfare of the child.

4.3.6 The social worker must make it clear to parents that information will be gathered and shared with other professionals as part of the assessment
process. Written consent must be obtained from them and a copy given to the parent and a copy kept on the child's file.

4.3.7 Assessments must be carefully planned, with clarity about who is doing what, and what information will be shared with the parents.

4.3.8 All practitioners must contribute to the Core Assessment and the analysis of the findings as required.

4.3.9 The social worker must see the child separately and together with family members within a timescale that is appropriate to the nature of the concerns expressed at referral. This includes observing and communicating with them to ascertain their wishes and feelings.

4.3.10 Managers should ensure that all known parents (including absent fathers) are informed of concerns about their child, consulted about plans, invited to Child Protection Conferences and included in core groups (and if a decision is made to exclude them form any part of this process, the rationale should be recorded).

4.3.11 If the child or carers have moved into the authority all practitioners must seek information from their respective agencies covering previous addresses. This is equally important for children and carers who have spent time abroad.

4.3.12 Where a Lead practitioner and a team around the family has been involved with the family they must be involved in the Initial and Core Assessment.

4.3.13 If during the course of the assessment it is discovered that a school age child is not attending an educational establishment or is not registered with a GP, the Principle Education Welfare Officer and the Named Nurse for the Primary Care Trust must be contacted.

4.3.14 Possible outcomes of the Initial Assessment and Core Assessment are:

- No further action by Children’s Social Care, however, if assessment highlights that the child has additional needs, a lead professional will be identified and a Team Around Family Plan progressed.
- Core Assessment if the Initial Assessment determines a child has level 4 needs.
- Initiation of child protection process (sub section 9)
- Team Around the Family is the most appropriate approach to provide support to family through universal and targeted services

4.3.15 If at any stage during the process of assessment, there should be suspicions or allegations about child maltreatment and concern that the child may be or is likely to suffer significant harm, there must be a strategy discussion held within 24 hours and inter-agency action.
4.3.16 A Team Manager must sign and approve the outcomes of an Initial and Core Assessment.

4.3.17 At the conclusion of an Initial or Core Assessment, parents and practitioners involved in the assessment must be informed of the outcome and decisions made, and the reasons for these made clear.
FLOW CHART 2 - WHAT HAPPENS FOLLOWING INITIAL ASSESSMENT

IA within 7 working days Child should be spoken to alone

Feedback to referrer following complete IA

No CSC support required

Child identified as having level 4 needs

Child at risk of significant harm

Lead professional and team around the family identified

Care Team Meeting convened within 1 month of completion of Core Assessment

Care Team identified and meet every 6 weeks

Immediate emergency action needed – see flow chart 3

Managers should ensure that all known parents (including fathers) are informed of concerns about their child, consulted about assessments and plans and invited to relevant meetings (unless decision is made and recorded to exclude them)

If circumstances don’t improve and child can not move to a TAF Plan Multi agency review to be held with 12 months

Circumstances improve; plan moves to a TAF Plan and CSC withdraw
5. **Children with complex needs requiring support from Children’s Social Care – Level 4**

5.1 When an Initial Assessment concludes that a child has level 4 needs requiring ongoing support from Children’s Social Care, a Core Assessment will be completed. This will include:

- A child/young person at risk of becoming Looked After
- A child/young person at risk of becoming subject to a Child Protection Plan
- A child in need of support from Children’s Social Care due to the complexity of their needs.
- A child with a disability, depending on the level of need

5.2 On completion of the Core Assessment, a Child with Complex Needs (CwCN) Plan must be formulated by the social worker, which is informed by the child, family members and contributions from other agencies.

5.3 Those practitioners, including the child and parents, involved in the assessment will become the Care Team.

5.4 An Initial Care Team Meeting must be arranged by the social worker within one month of completion of the Core Assessment.

5.5 The Initial Care Team Meeting will be chaired by the social worker’s team manager or Senior Practitioner.

5.6 Subsequent Care Team Meetings will be chaired by the social worker or team manager depending on the complexity of the case.

5.7 The initial meeting must consider how the CwCN plan will be coordinated and reviewed, who else should attend (this may not involve all those at the initial meeting).

5.8 The CwCN Plan must be monitored at no less than 6 weekly intervals and if the child’s circumstances have not improved sufficiently, to move to a TAF plan within 12 months. The case will be formally reviewed by all agencies and a Review Meeting, chaired by a Team Manager/Senior Practitioner or an Independent Reviewing Officer depending on the complexity of the case.

5.9 The plan must have clearly defined tasks and sources of family support should be identified with agreed timescales to achieve improvements in the children’s circumstances.
5.10 A Child with Complex Needs plan can be agreed in the following circumstances:

- Initial Child Protection Conference if the thresholds for a child protection plan are not met.
- On completion of a Core Assessment which have identified the child as having a level 4 need.
- Social Care need to remain involved with a child who no longer needs to be the subject of a Child Protection Plan.

5.11 Once the child’s circumstances have improved and no longer meet the thresholds for Social Care, a Lead Practitioner will be identified from the Care Team. Social Care will then withdraw from their involvement with the family, however, support may continue to be provided by a ‘team around the family.’
FLOW CHART 3 – Children with complex needs requiring support from Children’s Social Care

1. Referral (CAF)
2. Initial Screening (1 working day)
3. Core Assessment
4. Initial Care Team Meeting (1 month of Core Assessment completion)
5. Monitoring of Care Plan (6 weekly intervals)
6. If family circumstances have not improved plan within 6 months to hold CIN review
7. Withdrawal of Children’s Social Care, support continues from identified Lead Professional
6. **Children in need of protection**

6.1 If there is reasonable cause to suspect a child is suffering, or is likely to suffer significant harm, Children’s Social Care will initiate a strategy discussion.

6.2 Depending on the nature of the child’s needs and the urgency of the situation, this might take the form of an actual meeting, or a series of telephone conversations.

6.3 In complex types of maltreatment or neglect a meeting is likely to be the most effective way of discussing the child’s welfare and planning future action.

6.4 The purpose of the strategy discussion is to consider whether there is evidence to support commencing 47 enquiries or to apply for an emergency protection order and to identify the relevant tasks and timescales for professionals involved and agree what further help or support may be necessary.

6.5 If you think that a criminal offence has been committed against a child, you must discuss the child with the police immediately. You and the police will then consider with other agencies how to proceed to safeguard the child.

6.6 The strategy meeting will consider what parents are told, when and by whom. The police, GP, health visitor, school nurse, teacher and any other relevant professional must be involved in the decision making.

6.7 The decision to commence a Child Protection enquiry can be made at any stage of Children’s Social Care’s involvement with a child, even in circumstances in which a child is already the subject of a Child Protection Plan.

6.8 The decision to take emergency action to provide immediate protection for the child may also be taken at any time there is evidence that the risk to the child is sufficiently acute.

6.9 When child protection procedures are applied, an inter-agency Child Protection Strategy Meeting/discussion, will take place. If there is reason to believe that Children’s Social Care Services need to make enquiries into the child’s situation, the enquiries will be undertaken under Section 47 of the Children Act (referred to as ‘Section 47 enquiries’).

6.10 Once child protection enquiries have commenced and relevant checks have been made and information has been gathered, a decision can be made to cease enquiries where it is felt that the criteria for Section 47 are not satisfied. A decision to cease child protection enquiries must be taken in a flexible manner, and in consultation with those agencies involved in the strategy discussion. This decision must be authorised by
a team manager who should record whether or not the Core Assessment should be completed. All other agencies involved with the family must be informed of this decision.

6.11 Child in need of protection procedures apply where the criteria given above is met, irrespective of where the child/young person is living, for example, at home, or in foster care or prospective adoptive placement or any institutional setting.

6.12 Child protection procedures apply where, for example, the suspected or alleged abuser is a member of the immediate or extended family, a foster carer or adoptive parent, a friend or acquaintance or carer, a person known to the child or family or a professional working with the child or family.

6.13 Where a suspected or alleged abuser is a stranger, i.e., unknown to the child or family, it may not be necessary to apply child protection procedures. The decision should be based on whether a lack of adequate care was a factor.

6.14 If a child is admitted to hospital and the staff have either child care or child protection concerns, Children’s Social Care should be immediately notified as per these procedures. Liaison must take place between Paediatric Staff and Children’s Social Care within one day to agree what action, if any, is required. The child should not be discharged from hospital without a written plan being agreed which highlights how these concerns will be address.
FLOW CHART 3 - URGENT ACTION TO SAFEGUARD CHILDREN

DECISION MADE THAT EMERGENCY ACTION MAY BE NECESSARY TO SAFEGUARD A CHILD

Immediate strategy discussion between children’s social care, police meeting and other agencies as appropriate

If legal representatives not available to attend strategy discussion relevant agency seeks legal advice and outcome recorded

Immediate strategy discussion makes decisions about:
- Immediate safeguarding action
- Police investigation/Children’s Social Care Section 47 enquiries
- Information giving, especially to parents

Relevant agencies see child and outcome recorded

No emergency action taken

Family & other professionals agree immediate and contingency plan for child’s future safety & welfare and record decisions

Appropriate emergency action taken

Strategy discussion & Sec 47 enquiries initiated

See flow chart 4

Child with additional needs

CIN see flow chart 2

Managers should ensure that all known parents (including fathers) are informed of concerns about their child, consulted about assessments and plans and invited to relevant meetings (unless decision is made and recorded to exclude them). All children should be spoken to alone

See flow chart 2
CIN PLAN ON Deregistration

CAF Referral

Initial Screening

Initial Assessment/Strategy discussion/meeting

Section 47

Initial Child Protection Conference

Child Protection Review Conference

Child no longer subject to Child Protection Plan

CIN Review

Withdrawal of Children’s Social Care – lead professional identified. Team around the family continue to support the family

Lead professional identified from another agency

CAF Review

Child/family circumstances improve – no further need for reviews

Informal support continues from agencies
Approval, Implementation and Implementation plan

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Approval has been given for this Procedure to be implemented with immediate effect.

**Implementation plan**
NSCB member organisations, through their Policy and Procedure Committee representative are responsible for ensuring that all relevant staff are made aware of the revised procedure and how and where to access it.

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