

Subject:	Children in Need Policy & Early Care Planning Forum Operation Process		
Date of Meeting:	15th October 2012		
Report of:	Terry Parkin, Strategic Director, People		
Contact Officer:	Name:	Richard Hakin	Tel: 29-5573
	Email:	richard.hakin@brighton-hove.gov.uk	
Key Decision:	Yes/No	Forward Plan No:	
Ward(s) affected:	All		

FOR GENERAL RELEASE**1. SUMMARY AND POLICY CONTEXT:****1.1 Children In Need Policy**

1.1.1 Children in need are defined in law as children whose 'health or development could be significantly impaired without the provision of services by a local authority'. Section 17 of the Children Act 1989, which provides this legal definition also sets a duty for local authorities both to 'safeguard and promote the welfare of children in need' and also wherever safe and possible 'to promote the upbringing of children within their families'. All disabled children are by virtue of their disability, children in need and the above duties apply.

1.1.2 This is the first specific operational policy and guidance for all social work staff working with children in need under a child in need plan. The policy is designed to sit along-side the child protection procedures (known as CP procedures). This document is part of our key strategic moves in the Children & Families Delivery Unit to ensure that we are able to both safeguard, prioritise and promote the welfare of these children, (existing requirements) and also deliver 'early and effective help' to families (new guidance requirements).

1.2 Early Care Planning Forum

1.2.1 The Early Care Planning Forum will play a critical role for children services in the managing the threshold for access to the Looked After System by both providing a focus on prevention with timely alternatives to an entry into care where it is assessed to be safe and appropriate to the individual child's age, wishes and circumstances, and by ensuring appropriate assessments and intervention is provided to families in the event that care proceedings are becoming likely:

2. RECOMMENDATIONS:

2.1 That the Committee agree the Child in Need Policy can be taken to the LSCB and incorporated into the child protection procedures for staff

2.2 That the Committee is informed of the new Care Planning Forum Process

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1 Children in Need Policy

3.1.1 The City

- a. Brighton & Hove has just under national average's of children and young people under 18 in it's population (22% rather than 24%).
- b. 22% of our City's children live in poverty, (national average 21% and South East average 15%).
- c. The highest concentrations of child poverty are in geographically distinct areas, mainly in East Brighton, of the housing estates which fringe the northern and eastern parts of the City and in some much smaller central areas containing temporary accommodation.
- d. In early 2011 7.5% of our 16-18 year old young people were not in education, employment or training, (NEET), down a bit on 2010 rates. Again NEET children are mainly concentrated in East Brighton.
- e. Brighton and Hove is ranked 26th of 150 Local Authorities in terms of prevalence of teenage substance misuse, (with 1st being the highest prevalence). In terms of adult issues Brighton & Hove has ranked above average in mental health problems and high on drug deaths and suicides.
- f. However in terms of our overall basket of deprivation and social problem indicators we would rank 42nd of 124 local authorities submitting data – ie about a third of the way down from the highest rankings. It is important to note however that our Local Authority has been intervening at a higher level for some years in more families currently than the vast majority of others. In April 2011 we were 3rd highest in the country for the number of child protection plans per child population, (only Blackpool and Nottingham above us) and 13th in the country for numbers of looked after children per child population. Since re-organising the social work service and creating the Children in Need team and since launching the Children in Need Policy in draft earlier this year we have managed to safely reduce child protection plans significantly in favour of children in need plans. The aim of this Committee report is to formally adopt the CIN policy as a key adjunct to the CP policy for how we seek to offer timely and effective help to families with the least onerous and potentially intimidating processes for families

- g. Brighton & Hove ranked 2nd of 11 statistical neighbours for numbers of children identified as in need as at March 2011 and this had come down from a much higher figure in 2010. New 2012 figures on this will not be available until November 2012. Locally the establishment of the children in need team has seen an increase to around twice the amount of children being worked with in this team under CIN plans as under CP plans.

3.1.2 Policy Factors and Strategic Drivers

The Munro Review of social work published earlier this year recognised that increases in numbers of cases being dealt with as child protection and also cases where care proceedings had risen significantly since the death of Baby Peter and that this was distorting and putting pressures on the social work system. She and the Government in their response have emphasised a number of key areas for policy focus:

- The voice of children and families.
- The timeliness, quality and effectiveness of help given.
- The range of services available matched to needs.
- Training to develop the professional skills and expertise of social work staff and child care professionals and, having established these skills, then allowing for improving recognition of professional judgement.
- Continuous learning and improvement.

At a time of restricted local government budgets there is an organisational driver to ensure that services provided are both necessary and also are provided effectively and offer overall value for money.

The challenge for all of us in children and families services, which is a high spender locally, is to be able to demonstrate whether we can use early and effective help to prevent more children needing to come into care or be subject to child protection plans, often at much higher cost, whilst still meeting our obligations to safeguard children and prevent significant harm.

In mentioning this inescapable budgetary context to our work however it is important to be clear that the vast majority of families themselves are unlikely to wish anything different from us – in other words to get the earliest available and least stigmatising help.

3.1.3 Key elements to changing service delivery to offer effective help

There are a number of key aspects to how we have been configuring and developing our service in 2011-12 to try to put ourselves in the best position to tackle this challenging agenda:

- a. The Children and Families Menu of Interventions

This is an attempt to ensure that all of the help delivered to families from all C&F services is focussed on achieving specific and measurable outcomes for children and can demonstrate it's effectiveness through evidence &/or research. (To be finalised in January/February 2012).

b. Advice, Contact & Assessment Service screening and signposting.

The new single front door point of entry has been set up with a multi-disciplinary screening team to assist with the re-direction of enquiries about concerns/issues below a social work threshold for either single agency targeted support or in more complex situations for CAF/TAF planning from targeted services. The aim is to try and provide a seamless response to concerns for children so that the response comes from the right service at the point where a concern is raised.

c. Children in need team in social work service

This team will work with all children with child in need or child protection plans passed through from ACAS, cases in care proceedings, and early stage looked after children.

The team will be based over two sites, (Lavender Street and Heversham House/Boundary Road) until October 2012 when it will be able to take up it's single site position on the newly developed Moulsecoomb Campus.

Early efforts in 2011 to improve the robustness of our child in need work and the focus of case planning around it already have influenced a significant decrease in CP plan numbers during this year in favour of children in need plans.

A key service and practice objective for this team will be to try all means to help families achieve positive change for their children in all situations of ongoing concern. The by-product of this positive change will be to look for reducing CP plans and children in care numbers over time.

d. Risk Management Strategy

This is to try and ensure that children and families staff have a shared common understanding about managing risk in families, and distinguishing risk from need in order to ensure that families are subject to the correct levels of interventions at the correct time. Nothing in the strategy undermines the authority's duty to identify and protect vulnerable children at risk of abuse.

e. Service based transformational training and development programmes.

These programmes which are currently being launched in health visiting and social work are to skill up staff:

- i) to make confident and balanced professional judgements about risks, needs and strengths in families

and

- ii) to deliver help from the menu of interventions and

other key services to promote positive change.

f. Re-claiming social work

Overall our ongoing goal would be to shift the balance between time and effort spent on assessment, bureaucracy and case management in favour of time and effort spent on help. The CIN team also are setting their own target that time spent recording activity should decrease, and direct time with families increase over the next year.

g. Outcome based plans for all children in need which are regularly reviewed

Newly devised child in need and CP plans were launched in social work service in November 2011. These focus more on outcomes/changes sought and less, as more traditionally, on listing inputs to be offered to a family. CAF action plans are also to have additional guidance and standard setting to ensure they also focus on achieving clear outcomes for children.

Alongside this we would wish for this to allow CAF and social work CIN families themselves to be clear in each case what it is we want them to change and what help is available to achieve this. Each plan must be regularly reviewed by the team around the family and also in supervision with the worker/s involved.

Management quality assurance systems will test the robustness of this and take remedial actions where necessary.

h. Additional decision-making scrutiny and peer review on decisions to take children into care.

i. Learning culture to inform and shape practice

Requests for admission into care for 10+ age group will be brought to the CIN SM & TM fortnightly meeting for discussion around proactive alternatives to care. Additionally learning logs will be completed for cases we have worked with for some months who we do receive into care. We do need to learn to identify whether we were missing opportunities to intervene.

j. Improved involvement and participation from parents and young people

Each C&F service will be completing a Parents Participation Plan covering common standards around informing, explaining, involving, consulting and transparent decision-making. Parents should expect to contribute some elements themselves to CIN plans consistent with overall plan.

3.2 Practice standards and guidance for CiN plan work

a. General Principles for our CIN practice are as follows:

- Help is offered as close as possible to the point in time at which it is identified as being needed. Families who already need considerable help and intervention should not wait until the prospect of a child protection or child in care process to get to this.
- CP processes are more standardised, formal and fixed since they cover the children deemed at highest risk. CIN processes therefore are being established and set out consciously as more flexible and less formalised. This recognises that CIN plan children vary and are not all the same and also that the aim is to allow creative and flexible working responding differently to different levels of concerns or problems.
- Our work is to build on strengths, protective factors and resilience as well as to highlight concerns, problems and risks as both will exist in the vast majority of families we work with. We should try to avoid the situation in the CIN process where parents feel only criticised and become dis-engaged or de-motivated.
- Assessment and planning should be holistic and should avoid, for complex family situations, situations where different services construct different plans with too many and possibly inconsistent objectives (see also section on plans)
- We will work to establish early on with families the outcomes we are seeking in all of the work we are doing on CIN & CP plans and all supervision and reviewing should focus on whether these clear outcomes sought from our work are being met.
- We are working on a clear cycle of Planning, Intervention & Review
- Parents should be involved as much as they can be, consistent with the best interests of the child, and contribute items to plans they feel can improve the situation for the child/ren. Parents who don't have care for the child/ren should not be excluded from involvement unless it can be demonstrated that their involvement poses a clear risk to the family.
- The impact of disability and special educational needs for the child and family should be considered
- In our assessment and planning we will seek to understand who each child is, what they like, what they bring to and where they fit within their families and community – in other words to develop a clear sense of their identity and the needs around their identity.
- In our contact with families the priority is to deliver effective help and to employ the menu of interventions to seek to achieve positive change.

b. CIN home visits and principles around contact with the family

- A flexible and confident CIN service does not need to standardise frequency of visiting for all CIN children since this suggests wrongly that the needs of all

children are the same and also that the needs of one child would remain the same across our involvement.

- CIN plan visiting/family contact principles should be met however in all of our work. These are the following:
 - (i) That we can demonstrate (& reflect in supervision and reviews), that the current visiting frequency reflects the levels of risk, instability and problems in the home which has been recently reviewed and re-evaluated.
 - (ii) That we can demonstrate purpose and focus to our visits based on the CIN plan outcomes and the menu of interventions
 - (iii) That we can demonstrate constructive and meaningful attempts to engage with parents to build an honest and respectful working relationship and also that parents are clear of the plan for them and their family and the reasons for it
 - (iv) That we can demonstrate that one of the key group of staff involved with the family have built a meaningful relationship with the child/ren such that they can articulate the child's world, experiences and feelings and also whether the plan is making a difference to them.

- The implication of this is that we visit more at times of instability and concern and level this out when this appears to settle once more. This also means that we do not mean that we end up visiting without clear purpose simply because a 'visit is due'. We would aim to be seeing a family to deliver an intervention, to update our dialogue and to inform an ongoing piece of work. The suggestion would be that we have a CIN family visit form developed but that this can be cross referenced to other recording if a specific piece of work is being done.

- If visiting is less frequent, (once per month or less) and not many interventions or supports are being provided this should be clearly telling us that the need for social work has lessened and we could explore whether the support could move to CAF/TAF phase.

3.3 Reviews

- The CIN review should discuss the CIN visiting principles/standards and whether these have been met.

- Try to make most of the meeting focus on discussing the progress and effectiveness of the plan and then leaving time to discuss 'what else and what next?'. Try to avoid discussing for too long what has happened and who has done what. The key question is are the interventions and supports working?

- Team managers should review or audit CIN plan cases coming up to 3rd review (ie 12 months work) to see whether there are issues about progress or drift and to take a view whether CIN plan remains appropriate, or CP process or closure to social work.
- Reviews of CIN plan outcomes to be held once every 4 months, but closing/moving to CAF reviews can be held earlier in the cycle if need for CIN plan is no longer felt to be there. Aim is to review interventions and their outcomes regularly to keep momentum of work going but to reduce time spent preparing for and holding these reviews in comparison with CP conferences.
- CIN network meeting format to be reviewed in Spring 2012 in order to ensure that notes of these meetings are brief and to the point, (ie key new issues or incidents, review of progress on interventions in the plan, review analysis of risk and effectiveness of plan in light of both first points, parent's and young people's views then decisions and any changes to plan). It might also save time to have this partly filled in by the key worker and shared in advance with family and this could serve then as both social work report and minutes in one document.

3.4 Plans

- Plans should contain a clear concise list of what general and specific objectives and outcomes we want to achieve, what actions we wish to take in relation to these outcomes and by when. Within this it should be clear to all reading what we would aim to see being different for the child/ren and how. Plans should be structured to allow a summary of both social work / professional outcomes sought, family outcomes sought where different and common outcomes sought.
- A clear outcome focussed plan should make assessment analysis, supervision evaluation and review discussions easier and more focussed since it is clear by what we are measuring success.
- Plans should be taking a holistic view of a family's needs for support. This should take into account plans in the school and health context for children, but also, those of adult services e.g. mental health, SMS etc. Good communication should allow these plans to form common objectives and outcomes sought or, where possible, to consider forming one single shared plan, perhaps with an adult and child section.

3.5 Closing and moving on

- The best practice way to move on long term CIN plan work is a network meeting. The Pathway into CAF confirms this. This allows key professionals and families to agree a way forward. If prior to the review closure or particularly CAF re-direction is being considered then key professionals and parents should be advised of this. If agreeable this meeting could then count as a TAF meeting to commence the CAF and this saves effort and time in having 2 meetings.

- However if our work with a family reaches a clear resolution which removes the matter of concern, (eg risky adult leaves the area etc) then closure could be done by phone dialogue with agency views recorded in casenotes &/or closure summary.

3.6 Management oversight and quality assurance

- All children's social work systems involve the management of risk to children, whether for CP plan or CIN plan children. Whilst encouraging flexibility and creativity in practice in our work with children in need the standardising needs to come in assuring the quality of this practice, the analysis and the planning.
- During Spring 2012 the QAF requirements for the CIN team will be updated to reflect the new practice in this team and, due to Ofsted improvement area on our case plans, a particular initial focus of this will be auditing the quality of plans. We will also be looking to improve the quality of analysis reflected in review reports and supervision notes.
- Additionally CIN managers and the performance team will begin measuring the trajectory of cases – ie proportion moving down the system to CIN plan or CAF or closure and the proportion of CIN work moving up to CP and child in care status. Overall an objective for the team will be to ensure more children can stay out of the highest levels of involvement or move back down out of these levels.
- Systems will be built in for team managers to review CIN plan cases coming up for 3rd review in order to assure that progress is being made in suitable timescales for the children involved.

3.7 Early Care Planning Forum – Terms of Reference

3.7.1 When the Social Worker for the Child and their Practice Manager, using a Parenting and Risk Assessment or Core Assessment as the basis for their decision making, consider that the Child Protection concerns have reached the point where the Section 31 Threshold Criteria for significant harm is likely to apply and legal action should be considered, then they will seek to present the case at the CIN **Early Care Planning Forum**, as soon as possible.

3.7.2 The **Early Care Planning Forum** consists of the Service Manager and the 3 Team Managers from the CIN Service and the purpose of the forum is to:

- make decisions regarding requests to authorise non emergency receptions into care, either through S20 or ICOs.
- make decisions regarding all requests for Legal Planning Meeting's in order to seek legal advice about the thresholds for pursuing pre-proceedings or going straight into care proceedings. The only exception is where the family of any unborn child is already engaged in care proceedings, or only concluded care proceedings within the last year in which case no referral for the Forum will be required before LPMs are authorised.

- make non-emergency decisions regarding Parent and Baby or residential placements.
- To consider need & funding for expert assessments, including in house assessment and treatment services.
- allow priority access to resources in order to prevent children becoming LAC by agreeing funding, and monitoring resource intensive or preventative strategies in relation to value for money principles.
- To assist the care planning for the most complex cases and help ensure risks are managed safely and proportionately.
- review the planning for recent emergency / unplanned admissions into care
- 3.7.3 The Care Planning Forum has the following remit:

1.2.2 The forum will have a key role in ensuring a consistent approach to managing the number of children who access the Looked After System. For the threshold for access to the looked after system to be met the Forum must consider:

- That becoming a looked after child can be shown to be likely bring substantial benefits to the child's long-term well being in terms of health, development and education achievements and that these would outweigh any distress and disruption which would be caused by the removal of children, particularly of older children from their family
- Wherever possible all potential alternative placements within the family have been considered and found to be unsuitable;
- The partnership route with parents for the provision of services has been exhausted or is not effective in the individual circumstances of the family and this limits our ability to address significant concerns about the child/children.
- Agree to seek legal advice by way of a Legal Planning Meeting (known as an LPM) where care proceedings are a real possibility if further changes are not made to the care received by the child. This will enable the pre- proceedings process to commence under the Public Law Outline, which (where time allows) gives parents a further opportunity to address the concerns of the local authority to avoid the need for proceedings with access to the benefit of independent legal representation.

In order to consider each case the Early Care Planning Forum requires a completed LPM request form and the Social Worker and Practice Manager must also give thought to their plans for the case including their **recommendations** as to:

- what they are asking the Care Planning Forum for
- what additional assessments/ interventions are required
- what financial implications are there of these assessments/ interventions

- any reasons why existing / in house resources are not appropriate.

3.7.4 The Social Worker and / or Practice Manager are not required to attend the meeting but do need to be clear as to what **further assessments** they are proposing and funding implications, if authorisation is gained to proceed. At any subsequent Legal Planning Meeting further consideration will be given to the assessments and services required to ensure that the authority have established that the threshold for care proceedings is met, and that there are no viable safe alternatives in the timescale of the child before care proceedings are issued. Those attending the legal planning meetings need to consider work which either helps the child in that family or at least helps better understand the situation of the child in that family but whilst doing this should also give regard to this work achieving these objectives and offering value for money as a known effective and efficient way of doing so.

The Care Planning Forum will ensure that there is **a clear plan for the child** and ensure consideration has been given to alternative care options from within the child's extended family and friendship network.

3.7.5 The **Decisions & Reasons for each child/family discussed** at the Early Care Planning Forum are circulated to all attendees, the 2 Senior IRO's and the Independent Reviewing Officer for the case. The administrator will put a Management Decision Casenote on the clients Carefirst Record setting out the decision reached at the Care Planning Forum and brief reasons for decision.

Details of the projected costs of interventions/ assessments/ foster placement / care proceedings etc will be added into the Care Planning Forum Case Tracking and Financial Spreadsheet to factor in budget costs.

3.7.6 Following legal advice prior to care proceedings being issued unless in an emergency the social work team will engage in the pre-proceedings steps outlined in the Public Law Outline, The Public Law Outline sets out the expectations of the court in relation to care proceedings. This will include a warning letter being sent to parents inviting them to attend a meeting with social workers known as the Meeting Before Action. At this meeting the concerns of the social work team are clearly set out and a discussion held about next steps and assessments needed to avoid the necessity of proceedings. Once a letter before action of this type is sent parents have the opportunity to receive time limited free independent legal advice.

3.7.7 Early Care Planning Forum will need to be sent clear details of the family and the history of the care of the child being discussed, any relevant review or expert reports and some clear analysis of concerns, what has been tried etc and then clarification as to what is being asked for.

4. **COMMUNITY ENGAGEMENT AND CONSULTATION**

communitiesteam@brighton-hove.gov.uk

5. **FINANCIAL & OTHER IMPLICATIONS:**

Financial Implications:

5.1 The implementation of the children in need policy does not require any additional resources above those already allocated within the children's services budget. It is anticipated that this new policy together with other recent initiatives within children's services will, over time, generate efficiency gains through cost reductions and improve value for money for the council.

Finance Officer Consulted: *Name – David Ellis* *Date:03-10-2012*

Legal Implications:

5.2 The report is referring to two key duties of local authorities relating to children and families: The duty to assess and provide services to children identified as being in need, and the duty to protect children from harm. A child in need, can also be a child in need of protection, and it is essential that nothing in the approach taken by children services diminishes the capacity to safeguard children at risk of significant harm as a result of their circumstances.

5.3 The report refers to the "Looked After" Process. This refers to the process by which children are placed in care, either temporarily or in the long term. Children can only become "looked after" by the council in two ways – either with the consent of their parents or those people who have legal parental responsibility for them, or under a court order. The police also have the power to place children in care for no more than 72 hours where they feel it is necessary to take the child into "police protection", but only in exceptional circumstances. Most episodes in care are temporary.

5.4 Children can become looked after as a result of court orders only if a court has decided on the basis of solid evidence, that the legal threshold for a care order is met, and that the order is necessary and in the child's interests. In summary the legal threshold under the Children Act 1989 is that the child is suffering or is likely to suffer from significant harm as a result of the care being offered by their parent being unreasonable. Despite the apparently high numbers referred to in the report it is notable that all of the children subject to care orders have been found by an independent court which has tested the evidence to have met the threshold for legal intervention, so confirming the analysis of the authority that this was necessary.

5.5 One of the aims of the approach described in the report is to offer proactive services which divert families away from the necessity of legal intervention in order to protect their children. It is essential that these services are offered within the timescale of the child.

5.6 In the event that it becomes clear that legal intervention will be needed in order for the authority to fulfil its clear statutory duty to protect a child from significant harm, then wherever practically possible the authority must follow the guidance of the court in relation to the steps to be taken before proceedings are issued. These are set out in guidance known as the Public Law Outline. Following the recent national family justice review, family courts have been set targets that care proceedings complete in no more than 26 weeks, and it is intended that these targets will be enshrined in forthcoming amendments to the Children Act. These are challenging targets in view of the national average for care proceedings being in the region of 52 weeks. Consequently the need for effective services and assessments of families before the

stage of care proceedings is reached is all the more necessary if courts and local authorities are to meet these timescales.

5.7 Nothing in the strategies described in the report should be understood as diminishing the obligations of the authority, or providing for the authority to avoid its statutory duties towards children in need, or children in need of protection. The strategies described recognise and promote the right to family life, as well as the right of children to be protected from harm.

Lawyer Consulted: Natasha Watson Date: 03.10.12

Equalities Implications:

An EIA has not been considered necessary in relation to these practice and decision-making changes. One aspect of these changes relates to internal decision-making and one relates to the emphasis within our continuing service delivery as opposed to whether services are being delivered or not to certain groups. It should be emphasised that a preventive approach which re-enforces partnership working under a children in need process and aims to prevent situations deteriorating to the point where they become child protection has the ambition to have fewer families, (who often face anyway a range of disadvantages), coming into the more stigmatising process of child protection.

Richard Hakin, Service Manager.

Sustainability Implications:

These proposals do not present any negative implications regarding sustainability or any environmental impact.

The aim of the Children & Families 'Early Help' preventive agenda is to invest in the preventive elements of both targeted pre-social work support and also within social work. From this point of view this is felt to offer a much more financially sustainable service delivery which would avoid the need for as much high cost local authority placement/intervention costs as in recent years.

Richard Hakin, Service Manager.

Crime & Disorder Implications:

There are no negative impacts which would result from either of these service delivery changes. The ambition of the Children in Need Team over the next year will be to work closely with the Stronger Families, Stronger Communities Team and also with the Youth Offending Service to address issues around young people becoming involved in offending. Reducing such offending needs a holistic and collaborative approach.

Richard Hakin, Service Manager.

Risk and Opportunity Management Implications:

- 1) – 18 months ago in the City the numbers of children subject to Child Protection Plans per child population peaked and put Brighton & Hove second or third in the Country. This was something picked up as an ‘area for development’ by Ofsted in March 2011 during their Brighton & Hove inspection, both in terms of a concern that too many children in the City may be becoming subject to the child protection process and also in relation to their view that consistent support was not always available to families at the child in need stage. Complying with these improvements and also making our performance on child protection nearer to the normal range offers the benefit of protecting the Council from the reputational and regulatory points of view.
- 2) - It is absolutely necessary also from the key point of view of children’s safety to ensure that children in need processes are effective, robust and consistently held to and that we avoid a position where problems are not solved for families if they can be solved at this earlier point.
- 3) - The preventive ‘Early Help’ strategy is consistent with work being done in the children and families Value for Money Preventive and Process groups.

Public Health Implications:

It is clear from research that the types of issues which bring families into contact with the social work services, (eg mental health, substance misuse, domestic abuse, neglect, physical and sexual abuse), are all closely connected with the health, well-being and functioning of families within their communities. Attempts within Children & Families and the Council as a whole to work with families to reduce the severity and impact of these problems on themselves and their children offer the additional benefit of improved physical and mental health.

Corporate / Citywide Implications:

The CIN Team Service Improvement Plan has set itself 4 key priorities within the current year which tie in with corporate priorities. These are :-

- 1) - : **Early and effective help for families who require ongoing social work support and intervention.**
- 2) - : **Develop outcome focused practice in our work with families, particularly at points of planning and review.**
- 3) - : **Seek ongoing improvement and good standard to our casework which ensures consistent safety and progress for all children we work with, through good practice, supervisory and quality assurance measures.**

4) - : Improve the focus in the social work service on parental involvement, customer service standards and learning culture.

The Child in Need Policy has been written in order to address aspects of all 4 of these team priorities.

6. EVALUATION OF ANY ALTERNATIVE OPTION(S):

- 6.1 The CIN policy is a result of extensive discussions and development work around the implementation of our Ofsted Action Plan, our work to implement national guidelines from the Munro Report, particularly on 'timely and effective help' and also our Service Improvement Plan. The resulting policy has attempted to incorporate all of these elements.
- 6.2 The Early Care Planning Forum process has been developed to ensure that a formal and robust process is established for the significant decision in relation to risk and cost to bring a child into care within the CIN Team. The aim is for this to be overseen by a consistent group of senior CIN managers. The option to return to the 2007-10 model of multi-agency Area Panels was considered but the experience of this was that the social work managers still took the lead in decision-making. Care Planning Forum

7. REASONS FOR REPORT RECOMMENDATIONS

- 7.1 Members with responsibilities for children & families are normally made aware of significant additions to the local Child Protection Procedures. (Local Safeguarding Board will also consider this report in the next month or so).
- 7.2.1 Members with responsibilities for children and families and political accountability for the budgets should have assurance that potentially high cost decisions are suitably scrutinised and recorded by managers of a sufficient experience and grade.
- 7.2.2 There is likely to be an Ofsted Safeguarding inspection in Brighton & Hove in the Spring or early Summer of 2013. It is crucial to the likely outcome of the inspection that we can evidence having made progress on the policy, practice and quality assurance of our children in need work. It will also assist this inspection for the lead members and DCS to have a working understanding of how we are seeking to improve Children in Need work in discussing this with inspectors.

SUPPORTING DOCUMENTATION

Appendices: None.

Documents in Members' Rooms: None

Background Documents : None