

## **Freedom of Information – Response – 26882**

*Your organisation have a team responsible for meeting requests for a Social Work Assessment (“SWA”), made by a parent, when they have a Child in Need, defined under section 17 of The Children Act 1989.*

*The process of producing a SWA Report requires gathering evidence from multiple sources (including the parents), conducting some analysis and then writing a full report with a conclusion.*

*The person who conducts the assessment process I’ll refer to as the Assessor.*

*For reference, I’m conducting some high level research across the UK, seeking to understand the processes for Section 17s, and how quality, consistency and accuracy is achieved.*

*Please can you provide the following information:*

*1. Guidance:*

*a. Electronic copies of internal guidance used by the Assessor when conducting the process and writing the Report.*

The Good Practice Guide used by Social Workers has a number of documents, the most relevant in terms of internal guidance would be:

The Assessment Framework: [Suffolk Child and Family Work Assessment Framework 1.7](#) (also attached)

Chronologies Guide: [Quick Guide to Chronologies](#) (also attached)

Parental Alienation Guide: [Quick Guide to Parental Alienation PDQA](#) (also attached)

Working Together 2023: This guidance applies to all organisations and agencies who have functions relating to children. Specifically, this guidance applies to all local authorities, ICBs, police and all other organisations and agencies as set out in chapter

*b. Electronic copies of external guidance used by the Assessor when conducting the process and writing the Report.*

The Good Practice Guide also contains some external guidance,

Department for Education Guidance - [Children in need census 2024 to 2025 guide V1.1](#) (also attached)

Judicial Guidance - [Judicial Review Briefing relating to Assessments and s.47 enquiries June 2013](#) (also attached)

*c. A list of both internal and external reference material, which is not in electronic form. (In 1(a) and 1(b) the guidance may include (but not be limited to) operational processes, general advice, or any other material.)*

Suffolk County Council do not provide any guidance material to social workers that is not in electronic form.

*2. Document Templates:*

*a. Electronic copies of any Report templates used*

Social Work Assessments are completed on the SWA Template (attached).

*b. Any pre-prepared statements or paragraphs that could be chosen by the Assessor to include in the Report.*

SCC does not provide or hold any pre-prepared statements or paragraphs for social workers to include.

*c. If there are no such document templates please confirm that the information does not exist.*

N/A

*d. If there are no such pre-prepared statements, then please confirm that the information does not exist.*

*(For reference, I'm seeking to understand the consistency of the process to ensure each parent is treated the same.)*

As above, SCC does not provide or hold any pre-prepared statements or paragraphs for social workers to include.

*3. Drafting Process: Please provide a copy of (or explain) the process of drafting an SWA, in particular:*

*a. The title of the person who writes the draft.*

The social worker or senior social worker.

*b. The title of the person who reviews the draft*

The consultant social worker or practice manager.

*c. The title of any person who may edit the draft.*

The social worker, senior social worker, consultant social worker or practice manager.

*d. The working relationships between the people in (a), (b), (c).*

The Practice Manager is the line manager of the Consultant Social Worker, Senior Social Worker and Social Worker.

Consultant Social Workers provide supervision and management oversight, alongside the Practice Manager of a team of social workers and senior social workers.

*e. How final sign off is managed.*

*(For reference, I'm seeking to understand the quality of process to ensure the information in the SWA is accurate.)*

Social work assessments are reviewed and authorised by the Consultant Social Worker or Practice Manager.

## CYP Social Work Assessment

The purpose of this assessment is for Children's Social Care to find out what's working well and what are the worries, concerns and/or risks for the child and their family, so that we can agree with you what steps need to be taken - if any - to improve the child's wellbeing and safety.

<b>Case number:</b>			
<b>Child's name:</b>			
<b>Date of Birth:</b>		<b>Gender:</b>	
<b>Language:</b>		<b>Nationality:</b>	
<b>Ethnicity:</b>		<b>Faith:</b>	
<b>UPN:</b>		<b>NHS Number:</b>	

<b>Date Started</b>	<b>Date Completed</b>	<b>Social Worker</b>

Child's Communication needs if any:

Which services are working with the child and family at the moment?

<b>Role</b>	<b>Professional</b>	<b>Agency</b>	<b>Spoken to</b>

### ASSESSMENT DETAILS

Is this a Section 47 enquiry?

<b>Chronology</b>		
Important events in the child's and family's life		
<b>Date of event</b>	<b>What happened</b>	<b>What was the impact</b>

Record of Family Network Meeting or Assessment

**Has a Family Network Meeting taken place?**

**What is working well?**

**What are we worried about?**  
Include 'Harm Statements'

**What does the child say about their situation?**

The child's views about referral, their life and circumstances recorded in their own words and interpretation of behaviours and interactions of non-verbal or pre-verbal child.

**What does the Parent / Carer say about their child's safety and wellbeing?**

**Social Workers understanding of child's experience**

**Social Workers understanding of parents' experience and capacity to parent**

**Social Worker's Analysis**

**Strengths**

**What strengths does the family have?**

**How do these strengths provide safety for the child at this time?**

**What are we worried about?**

**What are the complicating factors?**

**Recommendations**

**Was the Child/Young Person seen during this assessment?**

**Where the Child/Young Person was not seen alone, explain why**

**The Plan**

**Danger Statement**  
Who is worried, what are they worried about, why are they worried in the short and long term if nothing changes?

**Proposed Plan**

<b>Safety Goals</b>	<b>Next Steps</b>	<b>Who will do this</b>	<b>By when</b>
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**What is the bottom line?**

**What will happen if not enough progress has been made?**

**Management Decisions and Feedback**

**Suggested Outcomes**

**Manager's comments**

**Date of authorisation:**

**Name of Social Worker completing the assessment:**

**Signature:**

**Name of Manager:**

**Signature:**

**Factors identified during the assessment**

**DfE Requirement** – For assessments completed from 1 April 2013 onwards, all factors identified at the end of the assessment should be reported. These include factors relevant to the child's health and development, the parent/carer's capacity to respond to the child's needs, other people living in the household and family or environmental factors affecting the child's development.



Department  
for Education

# **Children in need census 2024 to 2025**

**Guide for local authorities – version 1.0  
October 2023**

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## Legislation

The data in this census are collected under section 83 of the Children Act 1989.

## Contact details

If you require help or further information, please contact the Data Operations Service Desk using the [data collections service request form](#).

## Other children in need census documents

More information on the children in need census, including the technical specification and validation rules, is available in the [Children in need census: guide to submitting data](#).

## Data protection and data sharing

Data from which it is possible to identify children, parents and staff (in any medium, including within a management information system (MIS)) is personal data.

The UK General Data Protection Regulation (GDPR) and the Data Protection Act 2018 (DPA 2018) put in place certain safeguards regarding the use of personal data by organisations, including the Department for Education (DfE) and local authorities. Both give rights to those (known as data subjects) about whom data is processed, such as children, their parents / carers and staff. This includes (amongst other information that DfE is obliged to provide) the right to know:

- the types of data being held;
- why it is being held;
- to whom it may be communicated

As data processors and controllers in their own right, it is important that local authorities process all data (not just that collected for the purposes of the Children in Need census) in accordance with the full requirements of the UK GDPR. Further information on the UK GDPR can be found in the Information Commissioner's Office (ICO) overview of the [UK General Data Protection Regulation \(GDPR\)](#).

## Legal duties under the UK General Data Protection Regulation and Data Protection Act 2018: privacy notices

Being transparent and providing accessible information to individuals about how you will process their personal data is a key element of UK GDPR and the DPA 2018. The most common way to provide such information is through a privacy notice. Please refer to the ICO website for further guidance on privacy notices.

DfE provides suggested wording for privacy notices that local authorities may wish to use. However, where the suggested wording is used, the local authority must review and amend the wording to reflect local business needs and circumstances. This is especially important, as the local authority will process data that is not solely for use within DfE data collections.

It is recommended that the privacy notice is made available to data subjects via the internet as well as handed out in paper form or placed on an accessible noticeboard. Privacy notices do not need to be issued on an annual basis as long as new children or young people, parents and staff are made aware of the notices, and they are readily available electronically or in paper format.

## Legal duties under the UK General Data Protection Regulation and Data Protection Act 2018: data security

Providers and local authorities have a (legal) duty under the UK General Data Protection Regulation (GDPR) and the Data Protection Act 2018 to ensure that any personal data they process is handled and stored securely. Further information on data security is available from the [Information Commissioner's Office](#).

Where personal data is not properly safeguarded, it could compromise the safety of individuals and damage your organisation's reputation. Your responsibility as a data controller extends to those who have access to your organisation's data where they are working on your behalf; for example, where external IT suppliers can remotely access your organisation's information. The '[Guide to data protection](#)' page provides further guidance and advice.

It is **vital** that all staff with access to personal data understand the importance of:

- protecting personal data
- being familiar with your security policy
- putting security procedures into practice

As such, you should provide appropriate initial and refresher training for your staff.

### Version history

Version	Comments	Date
1.0	Baseline version.	October 2023

# 1. Introduction

## 1.0 Summary of main changes for 2024 to 2025

Local authorities are asked to report a child's sex from the 2024 to 2025 data collection onwards. Information on the use of these codes can be found in section 2.7.

### 1.1 Background

This is the latest collection of the revised children in need (CIN) census, collecting data over the full financial year, from 1 April to 31 March. The children in need census 2024 to 2025 covers the financial year **1 April 2024 to 31 March 2025**.

Census data will be submitted by local authorities to the Department for Education (DfE) between **1 April 2025** and **31 July 2025**.

If a local authority fails to submit its data by **31 July 2025**, it will not be included in the children in need figures published by DfE and may not be used by Ofsted as part of their inspection of local authority arrangements for the protection of children.

### 1.2 Scope

#### 1.2.1 Children who are referred to children's social care services

The children in need census covers all children who are referred to children's social care services, even if no further action is taken.

This includes children looked after, those supported in their families or independently and children who are the subject of a child protection plan.

A child in need is defined under the [Children Act 1989](#) as a child who is unlikely to reach or maintain a satisfactory level of health or development, or their health or development will be significantly impaired without the provision of services, or the child is disabled.

In these cases, assessments by a social worker are carried out under section 17 of the Children Act 1989. The purpose of an assessment is to gather information and evidence about a child's developmental needs and the parents' capacity to meet these needs within the context of the wider family and community. This information should be used to inform decisions about the help needed by the child.

The children in need census includes all vulnerable children, including: unborn children; babies; older children; young carers; disabled children; and those who are in secure settings. Please note whilst most children in need will be aged under 18, your return should include young people aged 18 or over who are still receiving care and accommodation or post-care support from children's services.

## **1.2.2 Children who were referred but with no further action**

Include all children who were referred to children's social care services even if no further action was taken. The information required is limited given that local authorities will not have spent a lot of time responding to the referral regarding these children (see section 4.3).

## **1.2.3 Cases that were open between 1 April 2024 and 31 March 2025**

The census includes cases that were open before and during any part of the year from 1 April 2024 to 31 March 2025: a case may have opened before 1 April 2024, but it must have been open at some point between 1 April 2024 and 31 March 2025 to be counted. The census also includes any cases that are referred and opened between 1 April 2024 and 31 March 2025.

Local authorities should maintain records of all cases of children in need that were open during the collection period. Open refers to children's cases where the local authority which assessed the child to be in need took some sort of action during the collection period or, as at 31 March 2025, was planning to take action. These are cases for which the local authority is committed to taking an initiative, irrespective of any new information that comes to light that the local authority will act upon.

Taking an initiative means any of the following:

- active case work (assessment, planning, intervention and review);
- making regular payments where the case remains open to children's social care services;
- where funding for on-going services such as respite care has been agreed;
- maintaining a child with care and accommodation;
- a commitment to review the case at a predetermined date;
- maintaining the child's name on a register that ensures the child and family received targeted information or other special consideration.

Such cases may include:

- young people aged 18 or over who are still receiving care and accommodation or post-care support (leaving care services) from children's social care services;
- unborn children if there are concerns about their safety or welfare.

Please do not include cases where a child is receiving a regular payment but there is no actual or expected further input from children's social care services such as reviews, assessments or receipt of other services.

The census should include all children who children's social care services assess to be in

need and as a result incur financial costs, including:

- provision via adult's social care service teams;
- nursery provision where this is paid for by children's social care services and not reimbursed from anywhere else;
- contracted out provision where the service is provided by an organisation funded by children's social care services. This means that local authorities will need to require contracted organisations to provide them with information regarding children who receive contracted out services.

### **1.2.4 Children awaiting services, children that are the subject of statutory orders and privately fostered children**

Local authorities should also include in their children in need return those children who are assessed as being children in need but who are waiting for a service. By definition, these are open cases.

Children who are the subject of statutory orders and living with their parents are open cases because a social worker should be visiting and statutory reviews must take place.

Children in need who are also privately fostered should be included. However, being privately fostered does not automatically mean the child is a child in need. To be included, the privately fostered child must have been assessed to be in need and requiring children's social care services in addition to receiving the required statutory visits because they are privately fostered. If a privately fostered child is only receiving the required statutory visits from children's social care services, then the child is not included in the children in need census.

### **1.2.5 Disabled children**

Disabled children living with their parents and for whom it has been planned and agreed that they will have a series of short-term placements are open cases, because funding has been agreed and the arrangement will need to be reviewed.

Only disabled children who have been assessed as requiring children's social care services should be included in the collection, not those disabled children who receive mail outs (for example newsletters) only. If the disability register is shared with other agencies or does not imply any activity on behalf of children's social care services, then these children's cases should not be included in the collection purely on the basis of their names being on the register. The key issue for the census is whether the presence of the child's name on the register triggers any activity by children's social care services.

### **1.2.6 Children from another local authority**

A local authority (the service authority) may provide a service to a child on behalf of another authority (the assessing local authority). In this instance, the assessing authority

would have carried out the assessment of the child which determined them to be in need.

The assessing local authority has responsibility for the child and, therefore, it has responsibility for reporting the child in the children in need census.

The service authority should not also report the child in the children in need census, otherwise the child will be counted twice. It is recognised that the service authority may be spending significant resources on providing a service to a child for whom it is not responsible. Although information on this resource is not collected in the children in need census, it will be captured in financial terms in the annual section 251 return.

### **1.2.7 Adopted children**

The only children going through adoption who should automatically be included in the children in need census are those who have been adopted from care.

Step-parent adoptions are not in the scope of the children in need census. Although a referral may be opened for a step-parent/relative adoption, this does not automatically mean that the child is in need. Of course, a child who is adopted by a step-parent or relative may be in need for some other reason, in which case they would be included.

Children who have had an adoption order granted who are in receipt of post adoption service (not just payments) where there is a risk of breakdown, or behavioural support required should be included in the census. Children receiving adoption allowances only should not be included in the census. For the children in need census, post adoption support does not cover payments made, in accordance with the Adoption Allowance Regulations 1991, to a family after an adoption order has been made. Children in receipt of these payments alone, on a case closed to children's social care services, should not be returned in the census.

### **1.2.8 Formerly looked after children**

Formerly looked after children receiving follow-up support from children's social care services should be recorded in the census. Local authorities have a proactive duty to offer support until the young person's 21<sup>st</sup> birthday and these cases should be logged as ongoing episodes of need for that purpose. After that point the young person may engage with support from children's social care until their 25<sup>th</sup> birthday and such an instance may be logged as a new episode of need.

## **1.3 Rationale**

The children in need census is the only national source of data on children referred to children's social care services and those that are the subject of child protection plans (CPPs). These are a vulnerable group of children for whom both central and local government have a responsibility. Reviews, such as Professor Munro's review of child

protection have highlighted the importance of good quality performance information, including nationally collected data as part of helping to map children's journeys, and understand the impact of services on their lives. In addition, the state is required to collect information on vulnerable children to fulfil its international obligations under the [1989 Convention on the Rights of the Child](#).

The children in need census is a child-level data collection. This means the DfE can track and analyse the journeys of individual children and explore how these vary according to their characteristics and needs. This information can help local authorities when planning and commissioning services and also central government when developing and monitoring its policies. It helps us to answer questions such as are younger children more likely to become the subject of a child protection plan.

DfE can add value to these data by linking them to other data sources such as the national pupil database (NPD) and the children looked after data collection. Linking to the children looked after data allows, for example, the analysis of the proportion of looked after children who are disabled and analysis of the original reasons for the child being identified as being in need. Over time, linking to the NPD allows the analysis of the effectiveness of services on pupil outcomes, which will lead to better commissioning of services in the future. It will allow us to identify attainment of children in need and the progression between key stages following the receipt of services. It will also allow exploration of other relationships with absence, exclusions and characteristics (such as free school meal (FSM) eligibility, looked after and special educational need (SEN) status) and to build a more complete local and national picture of the children in need population.

## **1.4 Benefits of the children in need census to local authorities**

Data collected at a national level is of value to local authorities and others as part of a wider system of improvement and accountability. Collecting and holding information centrally, as with the children in need census data, enables valuable local comparisons to be made that would otherwise be very difficult without the structure of a centrally defined data collection. It enables local authorities to have a more robust and richer data source when linked to other central data collections.

A fully completed census allows local authorities to better understand variations in social care activity and practice and benchmark themselves against national averages and their peers. Local authorities can draw from this nationally held data and use comparative information from other local authorities to evaluate the effectiveness of their local services to drive commissioning, as well as to improve working practices and improve the outcomes of some their most vulnerable and disadvantaged children. Furthermore, the children in need census can encourage local authorities to construct robust systems for collecting information on and monitoring disabled children and other children in need. This will help local authorities ensure that they meet their duties under the [Disability Discrimination Act 2005](#) (DDA).

Information from the children in need census, when used alongside local authorities own locally held information, such as that described within the [Children's Safeguarding Performance Information Framework](#), can be used to help understand and provide context for discussion and debate about the effectiveness of services and an understanding of what is working and where there may be problems to resolve.

## 1.5 Data structure

The number of instances of each module per child is shown in the children in need 2024 to 2025 logical data model:

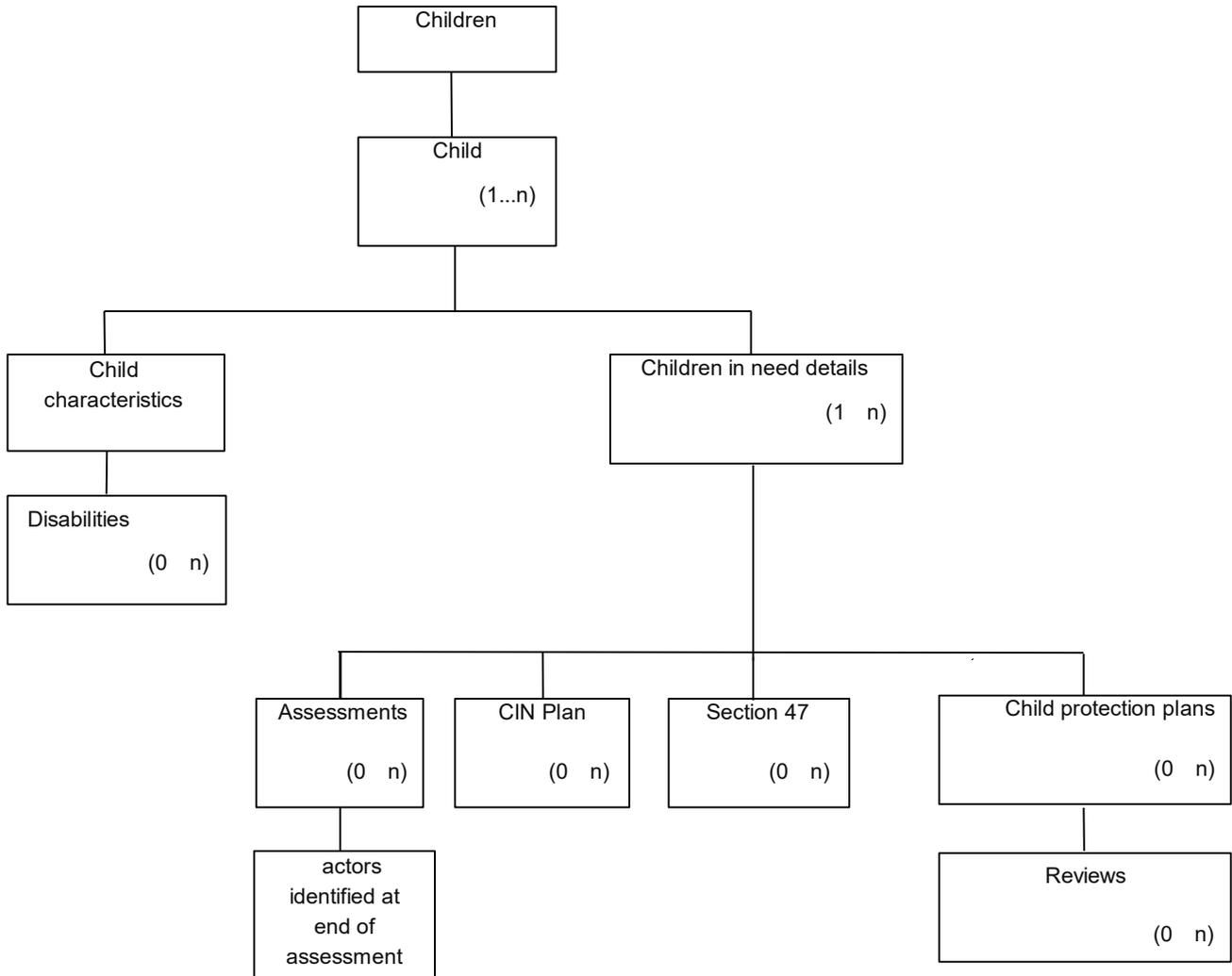


Figure 1: children in need census 2024 to 2025 structure

## 1.6 Children in need census data modules

There are four modules of data in this children in need census, each with its own set of data items:

### 1. Child identifiers

- 1.1. 'LA child ID';
- 1.2. Unique pupil number (UPN);
- 1.3. Pupils former unique pupil number;
- 1.4. UPN unknown reason (optional);
- 1.5. Date of birth;
- 1.6. Expected date of birth;
- 1.7. Sex;
- 1.8. Date of death.

### 2. Child characteristics

- 2.1. Child ethnicity;
- 2.2. Type of disability.

### 3. Children in need details

- 3.1. Referral date;
- 3.2. Referral no further action;
- 3.3. Source of referral;
- 3.4. Primary need code;
- 3.5. 'CIN' closure date;
- 3.6. Reason for closure;
- 3.7. Date of initial child protection conference (transfer in cases);
- 3.8. Assessment group:
  - 3.8.1. Assessment actual start date;
  - 3.8.2. Assessment internal review point date (optional);
  - 3.8.3. Assessment authorisation date.
- 3.9. Factors at assessment (factors at end of assessment process);
- 3.10. CIN Plan dates group:
  - 3.10.1. CIN Plan start date;
  - 3.10.2. CIN Plan end date.

3.11. Section 47 group:

- 3.11.1. Section 47 enquiry actual start date;
- 3.11.2. Target date for initial child protection conference (optional);
- 3.11.3. Date of initial child protection conference;
- 3.11.4. Initial child protection conference not required.

4. Child protection plans

- 4.1. Child protection plan start date;
- 4.2. Initial category of abuse;
- 4.3. Latest category of abuse;
- 4.4. Number of previous child protection plans;
- 4.5. Plan review date;
- 4.6. Child protection plan end date.

## 1.7 Multiple entries of some types of data

Since a particular child can have more than one 'CIN' episode or child protection plan, some of the data in these modules can be repeated for each child.

### 1.7.1 Technical note

For staff preparing XML outputs, please note that care must be taken with the repetition of modules. This is described fully in the technical specification and examples of multiple instances are given in the example files that are part of the documentation pack.

## 1.8 Submission

The final deadline for submitting the completed return is **31 July 2025**. Only returns submitted by this deadline will be included in published figures.

Children's social care services local authority numbers were aligned to the local authority code set used in education data collections as of April 2024. Your children in need census 2024 to 2025 return should include the three digit numeric code used only for education data collections. A complete list of codes is provided in appendix C.

The output of children in need data from local authority systems should be an XML file that is loaded into the COLLECT (collections online for learning, education, children and teachers) system.

COLLECT is the DfE's centralised data collection system. The COLLECT portal is used by local authorities and DfE for processing children in need and other data returns. The

COLLECT portal provides real-time data collection monitoring and progress reporting, and allows those involved in a collection to view consistent and up-to-date details of a data return. DfE collects data from a wider community than just local authorities and the COLLECT software has been designed in a way that allows data to be collected from any source without having to redesign major components of the software each time a collection is undertaken.

The children in need COLLECT blade can be accessed through DfE Sign-in. DfE Sign-in is accessed via the [DfE Sign-in website](#). For any queries, please use [DfE Sign-in help](#).

Details of how to access DfE Sign-In and the COLLECT portal will be sent in a communication to local authority contacts, nearer the time that the census collection goes live.

## 1.9 Validation checks

Validation checks will be applied to your data once it has been loaded into COLLECT. These checks help to identify missing data, invalid data, and other anomalies. The validation checks can be found in the accompanying technical specification for this collection.

Validation checks are classified as either errors or queries. A query can be distinguished from an error by the validation rule number, which has a 'Q' suffix (for example 8530Q), and that the associated message begins, "Please check ...".

DfE classifies validation rules as errors where a correction is required in all cases. However, for queries, although DfE would expect a correction in most cases, there may be circumstances under which the data is correct and may remain. The COLLECT system enables users to annotate queries with an explanation and we request this is undertaken to assist with data cleaning.

Some of the validation rules that are built into COLLECT have an automatic 'OK' function. This means once you have checked all the records where these rules have triggered and you are content the data is correct, you can add specific text to the return level notes field to explain the query. An algorithm is then run on the data overnight and these records are automatically authorised within the COLLECT system. The following queries have an automatic OK function:

**2991Q:** Please check and either amend data or provide a reason: A Section 47 module is recorded and there is no assessment on the episode.

If this query triggers on your return, please check every record that it appears against and amend records where required. If all remaining queries are correct, please add the following exact wording (including the full stop) as a return level note:

2991Q: All records have been checked and can confirm that the data has been amended (where required) and the data is now correct in all instances.

**8530Q:** Please check and either amend data or provide a reason: Expected Date of Birth is outside the expected range for this census (March to December of the census year end).

If this query triggers on your return, please check every record that it appears against and amend records where required. If all remaining queries are correct, please add the following exact wording (including the full stop) as a return level note:

8530Q: All records have been checked and can confirm that the data has been amended (where required) and the data is now correct in all instances.

**8535Q:** Please check and either amend data or provide a reason: Child's date of death should not be prior to the date of birth.

If this query triggers on your return, please check every record that it appears against and amend records where required. If all remaining queries relate to pregnancies that did not proceed to full term or the child died before or during birth, please add the following exact wording (including the full stop) as a return level note:

8535Q: All records have been checked and can confirm that the data has been amended (where required). All remaining queries relate to pregnancies that did not proceed to full term or the child died before or during birth.

**8670Q:** Please check and either amend data or provide a reason: Assessment started more than 45 working days before the end of the census year. However, there is no Assessment end date.

If this query triggers on your return, please check every record that it appears against and amend records where required. If all remaining queries are correct and have been open longer than 45 working days, please add the following exact wording (including the full stop) as a return level note:

8670Q: All records have been checked and can confirm that the data has been amended (where required). All remaining queries relate to open assessments longer than 45 working days.

**8675Q:** Please check and either amend data or provide a reason: S47 Enquiry started more than 15 working days before the end of the census year. However, there is no date of Initial Child Protection Conference.

If this query triggers on your return, please check every record that it appears against and amend records where required. If all remaining queries are correct, please add the following exact wording (including the full stop) as a return level note:

8675Q: All records have been checked and can confirm that the data has been amended (where required). All remaining queries relate to initial child protection conferences that took place after the year end.

**8775Q:** Please check and either amend data or provide a reason: Child is over 25 years old.

If this query triggers on your return, please check every record that it appears against and amend records where required. If all remaining queries relate to individuals aged over 25 years, please add the following exact wording (including the full stop) as a return level note:

8775Q: All records have been checked and can confirm that the data has been amended (where required). All remaining queries relate to individuals aged over 25 years and the data is now correct in all instances.

**8825Q:** Please check and either amend data or provide a reason: Reason for Closure code RC8 (case closed after assessment) or RC9 (case closed after assessment, referred to early help) has been returned but there is no assessment present for the episode.

If this query triggers on your return, please check every record that it appears against and amend records where required. If all remaining queries relate to assessments that were completed in the previous reporting period or where an assessment was not required, please add the following exact wording (including the full stop) as a return level note:

8825Q: All records have been checked and can confirm that the data has been amended (where required). All remaining queries relate to assessments that were completed in the previous reporting period or where an assessment was not required.

## 1.10 Year on year checks

Year on year checks are built into COLLECT and applied to a number of the headline measures and the number of child records in the return. The checks compare the data in the current data collection and to that in the previous year. Substantial increases or decreases between the current and the previous year will be highlighted within the COLLECT error counts report.

The year on year checks are described and defined below:

Year on Year check	Description	Definition
YonY 01	Number of children: checks the number of child records included in the return against the number returned in the previous year.	<p>Count of all child records within the collection year.</p> <p>Calculate percentage change in the number of child records compared to last year.</p> <p>The check will appear if there is a percentage increase or decrease of 15 per cent or more.</p>
YonY 02	Number of referrals: checks the number of referrals included in the return against the number returned in the previous year.	<p>Count of all referrals within the collection year: Count of records where ReferralDate &gt;=01/04/2024 and &lt;=31/03/2025</p> <p>Calculate the percentage change in the number of referral records compared to last year.</p> <p>The check will appear if there is a percentage increase or decrease of 25 per cent or more.</p>
YonY 03	Number of assessments: checks the number of assessments included in the return against the number returned in the previous year.	<p>Count of assessments with an assessment authorisation date recorded within the collection year:</p> <p>Count of Assessment records where Assessment Authorisation Date is &gt;= 01/04/2024 and &lt;= 31/03/2025</p> <p>Calculate the percentage change in the number of assessment records compared to last year.</p> <p>The check will appear if there is a percentage increase or decrease of 25 per cent or more.</p>
YonY 04	Number of Section 47 enquiries: checks the number of Section 47 enquiries included in the return against the number returned in the previous year.	<p>Count of Section 47 enquiries where the Section 47 actual start date is present and within the collection year. Any duplicates (based on LA, LACHILDID and Section 47 actual start date) are removed:</p> <p>Count of Section 47 records where Section 47 Actual Start Date is &gt;= 01/04/2024 and &lt;= 31/03/2025</p> <p>Calculate the percentage change in the number of Section 47 records compared to last year.</p> <p>The check will appear if there is a percentage increase or decrease of 25 percent or more.</p>

Year on Year check	Description	Definition
YonY 05	Number of CPPs at 31 <sup>st</sup> March: checks the number of CPPs (child protection plans) at the 31 <sup>st</sup> March included in the return against the number in the previous year.	<p>Count of CPPs open at 31<sup>st</sup> March with a CPP start date before 31<sup>st</sup> March 2025 and missing end date:</p> <p>Count of CPP records where CPP Start date is &lt;= 31/03/2025 and CPP end date is &gt;= 01/04/2025</p> <p>Calculate the percentage change of the number of CPPs at 31<sup>st</sup> March compared to last year.</p> <p>The check will appear if there is a percentage increase or decrease of 25 per cent or more.</p>
YonY 06	Number of CPPs starting in the year: checks the number of CPPs starting included in the return against the number starting in the previous year.	<p>Count of the child protection plan start dates where the date lies within the collection year:</p> <p>Count of CPP records where CPP start date is &gt;= 01/04/2024 and &lt;=31/03/2025</p> <p>Calculate the percentage change in the number of CPPs starting in the year compared to last year.</p> <p>The check will appear if there is a percentage increase or decrease of 25 percent or more.</p>
YonY 07	Number of CPPs ending in the year: checks the number of CPPs ending in the year against the number ending in the previous year.	<p>Count of the child protection plan end dates where the end date falls within the collection year:</p> <p>Count of CPP records where CPP end date is &gt;= 01/04/2024 and &lt;= 31/03/2025</p> <p>Calculate the percentage change of the number of CPPs ending in the year compared to last year.</p> <p>The check will appear if there is a percentage increase or decrease of 25 per cent or more.</p>

When year on year checks 01 to 07 appear in your return, you will be asked to confirm that you have reviewed the change and are content that it is correct. All of the year on year checks have an automatic 'OK' function. In order to automatically ok a check you will need to include the exact wording, shown below, in your return level notes:

<b>Year on Year check</b>	<b>Automatic ok message to be input in COLLECT</b>
YonY 01	The validation YonY 01 has been reviewed and the decrease in number of child records from the previous return to this is as expected
YonY 02	The validation YonY 02 has been reviewed and the change in referrals from the previous return to this is as expected
YonY 03	The validation YonY 03 has been reviewed and the change in assessments from the previous return to this is as expected
YonY 04	The validation YonY 04 has been reviewed and the change in S47 enquiries from the previous return to this is as expected
YonY 05	The validation YonY 05 has been reviewed and the change in CPP from the previous return to this is as expected
YonY 06	The validation YonY 06 has been reviewed and the change in CPP starting from the previous return to this is as expected
YonY 07	The validation YonY 07 has been reviewed and the change in CPP ending from the previous return to this is as expected

During the collection an algorithm is run on the data overnight and validations that hold the correct specific text will be automatically okayed within the COLLECT system.

Where significant year on year changes have occurred, we encourage local authorities to provide an explanation within their return level notes.

## 1.11 General notes

### 1.11.1 Date fields

This guide assumes that each management information system (MIS) in use within local authorities will have standard conventions for recording dates with which users will be familiar. However, the XML format for the children in need census defines all dates as being in the format 'CCYY-MM-DD', in accordance with the XML standard. The export functionality for any system will therefore have to convert any dates into this format. Any local authority which makes its own software arrangements, rather than using a commercial system, should take this into account.

### 1.11.2 True/false fields

There are two items within the children in need census that can be either true or false. These items are initial child protection conference not required and referral, no further action. The format for the children in need census follows the XML standard in allowing true or 1 for the true state, and false or 0 for the false state. However, we recognise that users of MISs may be presented with a number of ways of recording this type of

information, such as check boxes or a drop down list. In this case the export functionality of any system will need to convert these fields to the XML standard format.

## 2. Data module 1: child identifiers

This module contains details about the child's identity and it must be completed for every child record.

If a child is adopted from care during the year and remains in need, then the child should have two separate unlinked records entered for them: one for pre-adoption and one for post-adoption with appropriate new child identifiers.

Items 2.1 to 2.7 are used for identifying and matching purposes.

### 2.1 'LA child ID'

This must be a unique id for each child (no longer than 10 characters), and it should be retained from year to year. The 'LA child ID' can only contain alphabetic or numeric characters. It must be the same id that is used for other purposes, for example in the children looked after data collection return.

Local authorities are free to choose their own child ids according to the above format.

If you are planning to change the 'LA child ID', either for a single child or for a whole group of children, it will prevent DfE from analysing data across different children in need census years and between the children in need and the children looked after collections. For this reason, any proposal to change ids should be discussed with DfE at an early stage and in advance of any changes. You should notify DfE of any changes via a [data collections service request form](#).

Unborn children should be allocated their own 'LA child ID'.

### 2.2 Unique pupil number (UPN)

A unique pupil number (UPN) is automatically allocated to each child in maintained schools in England and Wales. It is an identifier only for use in an educational context during a child's school years and it is subject to data protection restrictions.

The UPN must be 13 characters in the format 'Annnnnnnnnnnn' or 'AnnnnnnnnnnnA' (for a temporary UPN) where A is a character and n is numeric. Temporary UPNs may only be issued as an interim measure until the permanent UPN is obtained.

UPNs enable DfE to match data to KS1, KS2 and KS4 results and report on the outcomes of children in need. Policy development designed to improve the outcomes of children in need is therefore dependent on the availability of UPNs. In that case, local authorities must make every attempt to track down missing UPNs. If a child has not been assigned a UPN by a maintained school, then they may have been assigned one by the education department within the local authority, which has the ability to assign a UPN for

those in, for example, alternative provision. Only where it is not possible to locate the UPN should the item be left blank.

Note that maintained nursery schools also allocate UPNs, so children may have a UPN from the age of 2 or 3 years onwards.

Key to Success can be used to identify the UPNs of pupils attending schools within your borough or local authority; more information is available from [Key to Success](#).

Once obtained, the child's UPN may be retained on the local authority children's social care services database for the purposes of returning the information to DfE. It is up to the local authority how they track down the UPN and we cannot offer legal advice to local authorities on obtaining UPNs.

For looked after children that have been adopted during the year, the UPN on the child's pre and post-adoption records should be different.

Further information on UPNs is available in DfE's [UPN guide for schools and local authorities](#). This link also contains information on the assignment of new UPNs to adopted children.

### **2.2.1 UPNs for children educated outside of a local authority**

The use of Key to Success (KtS) is derived from legislation which gives the Secretary of State (SoS) the power to grant a certain degree of sharing; more information is available from [Key to Success](#).

However, Key to Success cannot be used to identify the details of pupils attending schools in boroughs or local authorities who are not your own, unless the child is a looked after child (your local authority is the corporate parent) and the child is placed outside your own local authority.

Where children attend schools outside of your local authority it is possible you may not hold their UPN, if you do not already do so for other reasons. In this case, please add a note to your children in need return to explain why the UPN information is not available.

## **2.3 Pupil's former UPN**

This is where a pupil had held another UPN, for example a temporary UPN when they were first admitted to a school, but has subsequently been given a permanent UPN.

Where a looked after child has been adopted during the year and this is the child's post-adoption record, do not enter the pre-adoption UPN in this field; leave it blank instead.

## 2.4 UPN unknown reason

This item is optional and is included to assist local authorities in informing DfE why a UPN is missing. The UPN unknown reason codes are listed below:

Code	Description
UN1	Child is not of school age and is not yet assigned a UPN.
UN2	Child has never attended a maintained school in England and has not been assigned a UPN.
UN3	Child is educated outside of England and has not been assigned a UPN.
UN4	Child is newly in need (one week before the end of the collection period) and the UPN is not yet known at the time of the children in need census return.
UN5	Sources collating UPNs reflect discrepancy/ies for the child's name and/or surname and/or date of birth therefore prevent reliable matching (for example duplicated UPN).
UN6	Child is not looked after and the local authority is unable to obtain the UPN.
UN7	Child referred but no further action taken.

## 2.5 Date of birth

The date of birth should be recorded using the format specified in [date fields](#) of the general notes section. If the exact date of birth is not known, record an approximate date of birth based on the child's estimated age at date of referral.

This field will be blank for unborn children. If an unborn child is subsequently born in the period of need, then the date of birth should be entered and the expected date of birth should be deleted.

## 2.6 Expected date of birth

Record the expected date of birth (due date) for a child who is unborn at the time of referral and who remains unborn at 31 March or when the case is closed. The expected date of birth should be recorded using the format specified in [date fields](#) of the general notes section.

If a child is stillborn, or the mother suffers a miscarriage (including a chemical pregnancy) or a phantom pregnancy, or there is a termination of the pregnancy, please record the expected date of birth and leave the date of birth blank. The children in need closure date

does not need to match the date on the death certificate. The date of death and the final closure date should both be recorded. The reason for closure should be recorded as 'RC2 died'.

If the child is born before 31 March 2025 or before the case is closed, then the return for that child should not include both the date of birth and the expected date of birth; only the date of birth should be returned.

Please note that users may wish to retain the expected date of birth on their systems, but it must not be included within the census return if the date of birth is present. It will be possible for us to assess whether the child was unborn at the time of the referral if the date of birth is later than the referral date.

## 2.7 Sex

Children in Need should have their sex reported, as recorded on a birth certificate or on a gender recognition certificate. This is a value which identifies the sex of a person as recognized in law.

Enter:

- M for male;
- F for female;
- U for unknown.

Code U should be used when the sex of the child has not been recorded, the sex of the child is not known, or the sex of the child has not been registered. It should also be used to code the sex of unborn children, even if the sex of the unborn child is known.

## 2.8 Date of death

The collection of date of death information reflects the legislation introduced in April 2008, which made reviews into child deaths a statutory requirement.

This information is required to help show more clearly where services continue to be provided after a child has died. The final case closure date should also be provided; this may be after the date of death if the case remains open for a short time after the death.

The date of death should be verified from the death certificate and recorded using the format specified in [date fields](#) of the general notes section.

If a child in need dies outside of the 2024 to 2025 collection period but the case is still open for investigation, the child should be included in the new collection period. The date of death and the final closure date should both be recorded.

If a child died or was stillborn, or there was a miscarriage or termination of the pregnancy before referral to children's social care services, they should not be included in the children in need census; whether or not services were provided after the death.

## 3. Data module 2: child characteristics

### 3.1 Child ethnicity

The children's social care services method of determining a child's ethnicity involves first asking the child about their ethnic identity. If they are not yet old enough to respond, ask their primary carer.

Ethnicity is specified using the codes within the common basic dataset (CBDS).

The ethnicity of unborn children should be coded under Information not yet obtained (code NOBT), even if it is thought to be known.

This data item should not be left blank. Code ethnicity using the following table:

Code	Description
<b>White</b>	
WBRI	White British
WIRI	White Irish
WIRT	Traveller of Irish heritage
WOTH	Any other White background
WROM	Gypsy/Roma
<b>Mixed</b>	
MWBC	White and Black Caribbean
MWBA	White and Black African
MWAS	White and Asian
MOTH	Any other mixed background
<b>Asian or Asian British</b>	
AIND	Indian
APKN	Pakistani
ABAN	Bangladeshi
CHNE	Chinese
AOTH	Any other Asian background
<b>Black or Black British</b>	
BCRB	Caribbean
BAFR	African
BOTH	Any other black background
<b>Other ethnic groups</b>	
OOOTH	Any other ethnic group
REFU	Refused
NOBT	Information not yet obtained

## 3.2 Type of disability

The [Disability Discrimination Act 2005 \(DDA\)](#) defines a disabled person as a person with a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day-to-day activities. The condition must have lasted, or be likely to last at least 12 months in order to be counted as a disability.

Certain conditions are not regarded as impairments for the purposes of the act:

- addiction to, or dependency on, alcohol, nicotine, or any other substance (other than as a result of the substance being medically prescribed);
- the condition known as seasonal allergic rhinitis (hay fever), except where it aggravates the effect of another condition;
- tendency to start fires;
- tendency to steal;
- tendency to physically or sexually abuse other persons;
- exhibitionism;
- voyeurism

In addition, disfigurements such as tattoos, non-medical body piercing, or something attached through such piercing, are not regarded as having a substantial adverse effect on the person's ability to carry out normal day-to-day activities.

If a child is disabled or becomes disabled at any time during the collection year, record all the relevant disabilities that have affected the child. For example, children may have multiple disabilities in which case more than one category from the below list can be selected. 'Other DDA' can also be used in conjunction with any of the other categories.

If your MIS does not allow for the identification of individual disabilities, then the code 'Other DDA' may be used for all children with a disability. However, this must be recorded in your COLLECT return-level notes, so your data can be analysed appropriately.

If a child has no disability, do not leave this item blank; use the code 'NONE'. However, if a child is unborn then the disability item should be left blank.

Disability codes:

Code	Description
NONE	'NO DISABILITY'.
MOB	'MOBILITY' – getting about the house and beyond.
HAND	'HAND UNCTION' – holding and touching.
PC	'PERSONAL CARE' – For example, eating, washing, going to the toilet dressing.
INC	'INCONTINENCE' – controlling the passage of urine or faeces.

<b>Code</b>	<b>Description</b>
COMM	'COMMUNICATION' – speaking and/or understanding others.
LD	'LEARNING' – For example, having special educational needs.
HEAR	'HEARING'.
VIS	'VISION'.
BEH	'BEHAVIOUR' – a condition entailing behavioural difficulties, includes attention deficit hyperactivity disorder (ADHD).
CON	'CONCIOUSNESS' – seizures.
AUT	'DIAGNOSED WITH AUTISM OR ASPERGER SYNDROME' – diagnosed by a qualified medical practitioner as having classical autism or Asperger syndrome. Do not include children who have merely been identified as having an autistic spectrum disorder (ASD), for example by their school. This can be associated with the behaviour and learning categories above.
DDA	'OTHER DDA' – one or more of the child's disabilities under the Disability Discrimination Act 2005 (DDA) does not fall into any of the above categories.

## 4. Data module 3: children in need

This module can be entered more than once for a particular child record, if that child has had more than one episode of need during the year.

It includes details for each of the children in need episodes active or reviewed during the period. This includes episodes that started prior to the data collection period, but remained open on 1 April 2024.

The first part of this section (4.1) gives an overview as to what information is required for a child who is referred, as the level of detail is dependent on whether further action is taken.

### 4.1 Information required for referrals

The data collection allows referrals to be followed by more than one section 47 enquiry. For this reason, these groups may repeat within the census's data structure so that multiple instances can be included. Please note, however, that these activities should not overlap. The census will validate the data provided and query any overlaps that are included.

The data collection allows for a number of variations in process. The following two alternatives are therefore the minimum valid content for one instance of the children in need details module.

In each instance, a referral is a request for children's social care services from someone not currently in receipt of them from the local authority. Do not include new information received on already open cases as a referral.

Option	Option criteria
Either option A: for a 2024 to 2025 referral that leads to further action	the referral date; the primary need code; at least one assessment actual start date; the referral no further action flag with a value of false or 0; the source of referral.
Or option B: for a 2024 to 2025 referral that does not lead to any further action (see note below)	the referral date; the referral no further action; flag with a value of true or 1; the source of referral.

For option B, the no further action flag should only have a value of 1 (true) where after

initial consideration of the referral no action is taken by children's social care services. This initial consideration should take place within one working day. For the purposes of the children in need census this can include cases, for example, where the only action taken once a referral has been received is to provide information or advice to the referring organisation, or referral of the case on to other services. However, initial contacts should not be included in the children in need census.

For a referral with no further action, primary need code, children in need closure date and reason for closure are not required.

Furthermore, a referral resulting in no further action should not have any other activities (that is assessments, assessment factors, CIN plans, section 47 enquiries or child protection plans) linked to it in your return.

A referral with no further action is **not** the same as a case that is closed immediately following an assessment:

Cases closed following an assessment should use the reason for closure code 'RC8' or 'RC9', with the referral no further action flag set to 0 (false). No other activity (that is other assessments, assessment factors, section 47 enquiries, CIN plans or child protection plans) should be linked to the case in your return. The case should be closed on the same date as the assessment ends or, if this is not practical, as soon as possible afterwards.

When new information is received on an already open case, it should not be counted and recorded as a new referral in the census. Any resultant activity (for example, assessments) should be recorded against the child's open episode.

#### **4.1.1 Information required for transfer in cases**

If a child who was the subject of a child protection plan in their previous local authority moves to your local authority, then all data modules need to be completed and the children in need details module should include:

- a referral date (which should be the date your local authority received formal notification that the child had permanently moved to your local authority);
- a source of referral;
- a primary need code;
- the referral no further action flag should equal 0 or false;
- the date of initial child protection conference should be provided, but within the children in need details group, not as part of the section 47 enquiries sub group.

The section 47 enquiries group should not be returned for these children, unless a subsequent section 47 enquiry is carried out at your local authority.

If the child's case is closed in the year 1 April 2024 to 31 March 2025, then the children in need closure date and the reason for closure code should be completed.

## 4.2 Referral date

Enter the date that the child was referred to children's social care services, using the format specified in [date fields](#) of the general notes section. This date can be a non-working day and should be the date the child was referred to children's social care services, not the date the child was assessed to be in need.

The referral date can be before 1 April 2024, provided the case was open at some point between 1 April 2024 and 31 March 2025.

A referral is defined as a request for services to be provided by local authority children's social care via the assessment process outlined in [Working Together to safeguard children 2018](#) and is either in respect of a child not previously known to the local authority, or where a case was previously open but is now closed. New information about a child who is already an open case does not constitute a referral for the purposes of this return.

Reception and initial contact activity is not in itself a referral. Such activity may, or may not lead to a referral.

If the record is for a child who has remained in need after being adopted from care and this is the child's post-adoption record, then the referral date should match the date of the court's adoption order.

If a number of agencies refer the child at a similar time, then the first referral date should be recorded as the referral date.

## 4.3 Referral no further action

The referral no further action flag allows the reporting of children who were referred, but after initial consideration no further action was taken. Enter:

- 1 (or true) if the referral was received but after initial consideration no further action was taken;
- 0 (or false) if the referral was received and after initial consideration further action was taken.

Refer to [section 4.1](#) for more information on the appropriate use of the no further action flag.

This data item should not be left blank.

## 4.4 Source of referral

For each new referral, record the source of referral from the list below.

Where there is more than one referral for the same child on the same day, the first referral should be recorded and it is this referral source that should be recorded here. The data should be returned for each year the episode remains open.

Code	Description
1A	'INDIVIDUAL' – family member, relative or carer.
1B	'INDIVIDUAL' – acquaintance (including neighbours and child minders).
1C	'INDIVIDUAL' – self.
1D	'INDIVIDUAL' – other (including strangers or Members of Parliament (MPs)).
2A	'SCHOOLS'.
2B	'EDUCATION SERVICES'.
3A	'HEALTH SERVICES' – general practitioner (GP).
3B	'HEALTH SERVICES' – health visitor.
3C	'HEALTH SERVICES' – school nurse.
3D	'HEALTH SERVICES' – other primary health services.
3E	'HEALTH SERVICES' – A&E (accident and emergency department).
3F	'HEALTH SERVICES' – other (for example hospice).
4	'HOUSING' - local authority housing or housing association.
5A	'LA SERVICES' – social care, for example adults social care services.
5B	'LA SERVICES' – other internal services, not including social care or early help.
5C	'LA SERVICES' – external, from another local authority's services, for example social care or early help.
5D	'LA SERVICES' – early help.
6	'POLICE'.
7	'OTHER LEGAL AGENCY' – including courts, probation, immigration, 'CA CA SS' (Children and Family Court Advisory and Support Service) or prison.
8	'OTHER' – including children's centres, independent agency providers or voluntary organisations.
9	'ANONYMOUS'.
10	'UNKNOWN'.

## 4.5 Primary need code

This code indicates the main reason why a child started to receive services. It should not be left blank. Only one reason can be recorded.

If a child is also looked after, the primary need code for children in need might not necessarily be the same as that recorded in the children looked after data collection. For example, this may occur if a child became looked after at a later date than when they became a child in need.

The categories are designed only to identify what kind of pressures are placed on social services. They have no diagnostic value with regard to the children themselves and must not be used to determine what type of service the child should receive.

If there is difficulty choosing between two or more categories of need, choose the category that comes highest up in the table, for example, if trying to decide between family in acute stress and family dysfunction, choose family in acute stress.

The order of the categories relates to the specificity of the description and not necessarily importance. However, the order is fixed so that there is consistency.

Further information on choosing a primary need category is in [appendix A](#).

The children in need census for 2005 and earlier tried to account for all money spent in a census week. To allow for this, 'N9' was created, but as this census is specifically child based, the definition of 'N9' from 2005 is not applicable. As in previous years, 'N9' can be used if a child is no longer in need and the only service they are receiving is adoption support (on an open case) immediately after they have been in need.

Enter the primary need code, selecting from the table below:

Code	Category	Description
N1	Abuse or neglect	Children in need as a result of, or at risk of, abuse or neglect; also includes children at risk because of domestic violence.
N2	Child's disability	Children and families whose main need for services arises because of their child's disability, illness or intrinsic condition.
N3	Parental disability or illness	Children whose main need for services arises because the capacity of their parent(s) (or carer(s)) to care for them is impaired by the parent(s) (or carer(s)) disability, physical or mental illness, or addictions.
N4	Family in acute stress	Children whose needs arise from living in a family that is going through a temporary crisis that diminishes the parental capacity to adequately meet some of the children's needs.

Code	Category	Description
N5	Family dysfunction	Children whose needs primarily arise from living in a family where the parenting capacity is chronically inadequate.
N6	Socially unacceptable behaviour	Children and families whose need for services primarily arise out of the child's behaviour impacting detrimentally on the community.
N7	Low income	Children, living in families or independently, whose needs primarily arise from being dependent on an income below the standard state entitlements.
N8	Absent parenting	Children whose needs for services arise mainly from having no parents available to provide for them.
N9	Cases other than children in need	Children who have been adopted and, although they are no longer a child in need, receive adoption support from children's social services immediately after adoption. This should not be used where a child receives an adoption payment only as these children should not be included in the census.  The previous definition of 'N9' from 2005 was casework which is required for a legal and administrative reason only and there is no child in the case who is in need.
N0	Not stated	Children whose reference data is not completely entered on the system and whose need code is yet to be determined, or the case is a referral that has been closed following assessment.

## 4.6 'CIN' closure date

A case is closed if the local authority has no intention of taking any initiative with respect to the child or family concerned, unless the local authority receives new information that requires it to take some sort of action.

Enter the date that the case was closed, using the format specified in [date fields](#) of the general notes section.

If the case is still open at 31 March 2025, then leave this item blank.

A children in need closure date can be the same as the referral date but, in practice, this should only very rarely occur. Closure date is not required for a referral that leads to no further action.

#### 4.6.1 Children in need closure in the case of adoption

When a child's case is closed because of adoption (reason for closure code 'RC1'), the children in need closure date will normally be the day when the court granted the adoption order.

It is recognised that an adoption case may sometimes remain open to allow all procedures to be completed. In this situation the census will allow for the case to extend up to one month after the date of the adoption order without having to open a new record. The need code would stay the same in these cases. Anything above one month will require a new record to be created. If a child remains in need after being adopted from care, then the new post-adoption child record should be opened with a children in need referral date that is the date of the court's adoption order. If the child is receiving post-adoption support, it should be recorded in this new record.

#### 4.6.2 Children in need closure in the case of death

When a child is no longer in need because the child dies or an unborn child is stillborn (reason for closure code 'RC2'), the closure date and the date of death recorded on the death certificate no longer need to match. It is recognised that the case may remain open for investigation and review procedures after the child dies; the date of death field allows local authorities to separately record the date of death and final case closure date in the census. This will allow local authorities to record the services they provide between the death and the case closure.

### 4.7 Reason for closure

This is the reason that the case was closed.

The reason for closure codes RC1 to RC7 should be used by local authorities to categorise a case for a child who they assess as in need following a referral and for whom they provide services and whose case is subsequently closed.

If a section 47 enquiry had commenced on a case, then RC7 should be used even if it was found that the allegations that triggered the section 47 enquiry were unfounded, as at the point the section 47 started the child would be counted as in need, even if services were not necessarily provided.

Codes RC8 and RC9 should only be used by local authorities to categorise a case for a child who they assess as **not** in need following a referral, and for whom they **do not** provide services and whose case is subsequently closed (refer to section 4.7.1 for further information).

If the case is still open at the end of the year, then leave this item blank.

Enter the reason that the case was closed, selecting from the codes provided in the table below:

Code	Description
RC1	Adopted.
RC2	Died.
RC3	Child arrangements order.
RC4	Special guardianship order.
RC5	Transferred to services of another local authority.
RC6	Transferred to adult social care services.
RC7	Services ceased for any other reason, including child no longer in need.
RC8	Case closed after assessment, no further action.
RC9	Case closed after assessment, referred to early help.

#### 4.7.1 'RC8 - case closed after assessment, no further action' and 'RC9 - case closed after assessment, referred to early help'.

The reason for closure code RC8 should be used by local authorities to categorise a case for a child who they assess as **not** in need following a referral, and for whom they do not provide services and whose case is subsequently closed. It should not be used for any other reason.

The reason for closure code RC9 should be used by local authorities to categorise a case for a child who they assess as **not** in need following a referral, and for whom they do not provide services, but is subsequently referred to early help and whose case is then closed.

These are different from cases that were closed prior to assessment, at the referral stage; the referral no further action flag should be used in these cases (refer to [section 4.3](#)). The reason for closure codes RC8 and RC9 should not be used for cases that were closed prior to assessment, or for cases where, following a referral, the child was assessed as being in need at any point and services were provided at any point.

If a primary need code is retained on your system for these children, then this can be returned using the full code set listed in [section 4.5](#). However, if you do not retain a primary need code for some or all of these children use code 'N0' for this field. This allows for children whose reference data is not completely entered on the system and

whose need code is yet to be determined, or where the case is a referral that has been closed following assessment.

When the reason for closure code RC8 or RC9 is used the case should be closed on the same date as the assessment ends or, if this is not practical, as soon as possible afterwards.

## 4.8 Date of initial child protection conference

This data item in the children in need details module should only be completed where a child who is the subject of a child protection conference transfers into your local authority.

In these cases, the receiving local authority should convene a child protection conference within 15 working days of being notified of the move and you should record the date of this child protection conference here and not in the section 47 group.

## 4.9 Assessments group

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

Assessments should be recorded only at significant points such as the beginning of a new episode of need.

As set out in '[Working together to safeguard children](#)' (2018), where the outcome of the assessment is continued through an agreed plan of action, the plan should be reviewed regularly, the outcomes of these reviews do not need to be recorded. However, if the situation changes significantly, this may result in the need for the completion of a new assessment, in which case this new assessment should be recorded.

Include all assessments that fall entirely or partly in the 2024 to 2025 collection year, including those that had started but had not finished by 31 March 2025, and those that started prior to 1 April 2024 and were completed within the 2024 to 2025 collection year. Please note, if a child is referred to a local authority and has been classified as in need following an assessment they should be included in the children in need census, regardless of whether they are receiving youth offending or any other service.

Within one working day of a referral being received, a decision should be made about the type of response required. The maximum timeframe from the assessment to arrive at a decision on the action to be taken should be no longer than 45 working days from the point of referral. This should be recorded as the end date of the assessment.

Assessments may lead to no further action, the direct provision of services, and section 47 enquiries. See '[Working together to safeguard children](#)' for further information.

There must always be an assessment actual start date, but if the assessment

authorisation date falls after the end of the census year, it should be left blank. The assessment internal review point date is optional.

#### **4.9.1 Assessment actual start date**

Enter the date the assessment actually started, using the format specified in [date fields](#) of the general notes section. This is the actual start date of the continuous assessment.

#### **4.9.2 Assessment internal review point date (optional)**

How quickly an assessment has been carried out after a child's case has been referred into children's social care services will be determined by the needs of the child and the nature and level of harm being suffered. The local assessment framework must have an internal review point set at the outset for completing assessments. This must be shared with the lead social worker and all relevant partners – cases must be reviewed by managers regularly to monitor whether assessments are being completed by this date. Enter the internal review point date, using the format specified in [date fields](#) of the general notes section. If the internal review point date falls beyond the census year, this should be included.

#### **4.9.3 Assessment authorisation date**

Enter the actual date on which an assessment is completed and authorised, using the format specified in [date fields](#) of the general notes section. If the assessment authorisation date falls after the end of the census year, it should be left blank. This is the date the assessment is completed and authorised.

An assessment is deemed to be completed once the social worker has informed, in writing, all the relevant agencies and the family of their decisions and if the child is a child in need, of the plan for providing support/or once the assessment has been discussed with the child's family (or carers) and the team manager has viewed and authorised the assessment.

### **4.10 Factors identified at the end of assessment**

Record the factors as understood at the end of the assessment relevant to:

- the impairment of the child's health and development ('Child');
- the parent(s)/carer(s) capacity to respond to the child's needs ('Parenting capacity');
- other people in the family/household, for example, a sibling or lodger ('Other').

This applies to all assessments completed within the year 1 April 2024 to 31 March 2025, which are recorded in the assessments group (refer to section 4.9 for more information).

The information should be recorded at the end of the assessment and all factors which

are felt to be relevant to the child's assessment should be reported from the list below.

This includes factors where services are put in place to mitigate the effect of the factor as well as factors which need to be taken into account in providing other support.

Please only record factors which are currently an issue of concern. For example, if domestic abuse is a current issue of concern, please record it. If domestic abuse was an issue in a previous relationship and is not an issue of concern now, then do not record it. Factors such as mental health concerns do not need to be confined to medically defined conditions. They may also refer to situations where, for example, the social worker identifies a child's mental health is of concern or a parent's mental health may affect their parenting capacity.

Code 21 (no factors identified) should be used for cases where, following a referral, the child was assessed as not in need, services were not provided and the case was closed with no further action (reason for closure code RC8 or RC9). In these instances, code 21 should be the only factor listed.

For cases where, following a referral, a child was assessed as being in need and services were provided, please record all relevant factors, selecting from the list below, but excluding code 21. If a subsequent assessment ended in the outcome that services were no longer required and the case was then closed:

- all relevant factors (other than Code 21) should be recorded, together with a reason for closure code RC1 to RC7, where factors were still identified at that point;
- code 21 (no factors identified) should be recorded as the sole factor, together with a reason for closure code RC1 to RC7, where **no** factors were identified at that point.

If a **section 47 enquiry** has commenced on a case, then code 21 (no factors identified) should not be reported at the end of assessment even if it was found that the allegations that triggered the section 47 enquiry are unfounded. Instead, the relevant factors that were considered at the assessment that initiated the section 47 enquiry should be recorded. The case should then be closed using the reason for closure code: 'RC7 - services ceased for any other reason, including child no longer in need', as at the point the section 47 started the child would be counted as a child in need even if the case closed shortly after. Code 21 should only be used in cases where the section 47 enquiry was automatically triggered alongside the assessment and both the assessment and section 47 resulted in no further action.

The '[Additional guide on the factors identified at the end of assessment](#)' provides more detailed information on the factors.

Please report all the following factors that apply:

<b>Code</b>	<b>Description</b>
1A	Alcohol misuse: concerns about alcohol misuse by the child.
1B	Alcohol misuse: concerns about alcohol misuse by the parent(s)/carer(s).
1C	Alcohol misuse: concerns about alcohol misuse by another person living in the household.
2A	Drug misuse: concerns about drug misuse by the child.
2B	Drug misuse: concerns about drug misuse by the parent(s)/carer(s).
2C	Drug misuse: concerns about drug misuse by another person living in the household.
3A	Domestic abuse: concerns about the child being the subject of domestic abuse.
3B	Domestic abuse: concerns about the child's parent(s)/carer(s) being the subject of domestic abuse.
3C	Domestic abuse: concerns about another person living in the household being the subject of domestic abuse.
4A	Mental health: concerns about the mental health of the child.
4B	Mental health: concerns about the mental health of the parent(s)/carer(s).
4C	Mental health: concerns about the mental health of another person in the family/household.
5A	Learning disability: concerns about the child's learning disability.
5B	Learning disability: concerns about the parent(s)/carer(s) learning disability.
5C	Learning disability: concerns about another person in the family/household's learning disability.
6A	Physical disability or illness: concerns about a physical disability or illness of the child.
6B	Physical disability or illness: concerns about a physical disability or illness of the parent(s)/carer(s).

<b>Code</b>	<b>Description</b>
6C	Physical disability or illness: concerns about a physical disability or illness of another person in the family/household.
7A	Young carer: concerns that services may be required or the child's health or development may be impaired due to their caring responsibilities.
8B	Privately fostered: concerns that services may be required or the child may be at risk as a privately fostered child - overseas children who intend to return
8C	Privately fostered: concerns that services may be required or the child may be at risk as a privately fostered child - overseas children who intend to stay
8D	Privately fostered: concerns that services may be required or the child may be at risk as a privately fostered child - UK children in educational placements
8E	Privately fostered: concerns that services may be required or the child may be at risk as a privately fostered child - UK children making alternative family arrangements
8F	Privately fostered: concerns that services may be required or the child may be at risk as a privately fostered child - other
9A	UASC: concerns that services may be required or the child may be at risk of harm as an unaccompanied asylum-seeking child.
10A	Missing: concerns that services may be required or the child may be at risk of harm due to going/being missing.
11A	Child sexual exploitation: concerns that services may be required or the child may be at risk of harm due to child sexual exploitation.
12A	Trafficking: concerns that services may be required or the child may be at risk of harm due to trafficking.
13A	Gangs: concerns that services may be required or the child may be at risk of harm because of involvement in/with gangs.
14A	Socially unacceptable behaviour: concerns that services may be required or the child may be at risk due to their socially unacceptable behaviour.
15A	Self-harm: concerns that services may be required or due to suspected/actual self-harming child may be at risk of harm.
16A	Abuse or neglect – 'NEGLECT': concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect.

Code	Description
17A	Abuse or neglect – ‘EMOTIONAL ABUSE’: concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect.
18B	Abuse or neglect – ‘PHYSICAL ABUSE’ (child on child): concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect by another child.
18C	Abuse or neglect – ‘PHYSICAL ABUSE’ (adult on child): concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect by an adult.
19B	Abuse or neglect – ‘SEXUAL ABUSE’ (child on child): concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect by another child.
19C	Abuse or neglect – ‘SEXUAL ABUSE’ (adult on child): concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect by an adult.
20	Other.
21	No factors identified - only use this code if there is no evidence of any of the factors listed above or below and no further action is being taken.
22A	Female genital mutilation (FGM) - concerns that services may be required or the child may be at risk due to female genital mutilation.
23A	Abuse linked to faith or belief - concerns that services may be required or the child may be at risk due to abuse linked to faith or belief.
24A	Child criminal exploitation: concerns that services may be required or the child may be at risk of harm due to child criminal exploitation.

## 4.11 CIN Plan dates group

CIN plan dates were initially introduced as new data items for the 2021 to 2022 and 2022 to 2023 collections, with the intention of helping DfE develop its understanding of the child’s journey following a referral to children’s social care services. The value of collecting and publishing this data has been reviewed, and the department has taken the decision to continue to collect CIN plan dates.

The CIN plan start date and CIN plan end date should be recorded, using the format specified in date fields of the general notes section.

A CIN plan should be developed where the outcome of an assessment is that a local authority children’s social care should provide services. The CIN plan sets out which

organisations and agencies will provide which services to the child and family. The plan should also set clear measurable outcomes for the child and expectations for the parent(s) or carer(s). More information on CIN plans is provided in '[Working together to safeguard children](#)'.

CIN plan dates should be recorded where the following conditions apply:

- A CIN plan start date and/or end date fall within the census year;
- The plan was already open at the start of the year, that is, there is a CIN plan start date for the episode even if it is before the census year

If neither of the above conditions applies, information on CIN plans is not required.

A CIN plan should be recorded as ended when the period of the CIN plan ends. This may be because the child becomes the subject of a child protection plan; the child becomes looked after; or the child ceases receiving support from children's social services (due to no longer needing support, being stepped down to early help, or reaching adulthood).

A child can have one, more than one or no CIN plan(s) – but can only have one at a time.

CIN plans do not include other plans such as leaving care support or adoption support.

We are aware there will be some variation in how local authorities record this data and part of the reason for collecting the data item is to help us understand these differences.

## 4.12 Section 47 enquiries group

This item refers to enquiries conducted under the provisions of section 47 of the [Children Act 1989](#). The objective of such enquiries is to determine whether action is needed to promote and safeguard the welfare of the child or children who are the subject of the enquiries.

Include section 47 enquiries that started during the year 1 April 2024 to 31 March 2025 inclusive, even if they carry on into the next data collection year. Also, include cases where the section 47 enquiries started on or before 31 March 2024, but that led to an initial child protection conference (ICPC) with a date on or after 1 April 2024.

If a child was the subject of section 47 enquiries on more than one occasion during the year, record each occasion separately. An assessment should also be recorded on each occasion a child is subject to a section 47 enquiry.

We are aware that in some local authorities a section 47 enquiry is automatically triggered alongside the assessment. In these cases, where both resulted in no further action, a section 47 should not be recorded.

Each section 47 group will comprise one of the following:

Option	Option criteria
Either option A: for a section 47 enquiry that does not lead to any further action	the section 47 enquiry start date, the ICPC not required flag with a value of true or 1
Or option B: for a section 47 enquiry where the initial child protection conference has taken place	the section 47 enquiry start date, the initial child protection conference target date (optional), the date of initial child protection conference, the ICPC not required flag with a value of false or 0
Or option C: For a section 47 enquiry where the initial child protection conference has not yet taken place	the section 47 enquiry start date, the initial child protection conference target date (optional), the ICPC not required flag with a value of false or 0

#### 4.12.1 Section 47 enquiry start date

Enter the date of the strategy discussion at which the section 47 enquiries were initiated, using the format specified in [date fields](#) of the general notes section. This can be a non-working day.

#### 4.12.2 Target date for initial child protection conference (optional)

Enter the date that is 15 working days after the strategy discussion at which section 47 enquiries were initiated, using the format specified in [date fields](#) of the general notes section. The date should be supplied, even if it falls within the year 2024 to 2025.

#### 4.12.3 Date of initial child protection conference

Enter the date on which the initial child protection conference takes place, using the format specified in [date fields](#) of the general notes section. If the initial child protection conference has not yet taken place, please leave blank. Please note, this date within the section 47 section should not be used for children transferring between local authorities. Further information on how information should be recorded for transfer in cases is given [section 4.1.1](#).

#### **4.12.4 Initial child protection conference not required**

This indicates that section 47 enquiries were commenced, but that an initial child protection conference was not deemed necessary. Enter:

- 1 (or true) if the section 47 enquiry was commenced, but an initial child protection conference was not deemed necessary;
- 0 (or false) if the section 47 enquiry was commenced, and an initial child protection conference was deemed necessary.

## 5. Data module 4: child protection plans

This module contains information on child protection plans. A child can have none, one or more than one child protection plan (CPP). A child who is not in need cannot have a child protection plan.

This module is required where any of the following conditions apply:

- the child protection plan start date or end date fall within the census year;
- the plan was already open at the start of the year and no child protection plan end date within the year.

The collection allows more than one plan review date to be provided and all reviews within the year should be included. A child protection plan being transferred from another local authority should be recorded as a new plan, even if the child had previously received services in the local authority they are transferring to.

This module is repeatable.

### 5.1 Child protection plan start date

If a child is the subject of a child protection plan, enter the start date of that plan, using the format specified in [date fields](#) of the general notes section. Otherwise, leave blank.

### 5.2 Initial and latest category of abuse

Using the code set in the table below record the initial category of abuse as assessed when the child protection plan commenced and the most recent (latest) category of abuse assigned to the child protection plan. The latest category of abuse may be the same as the initial category of abuse.

Both initial and latest category of abuse variables use the following codes:

Code	Description
NEG	Neglect
PHY	Physical abuse
SAB	Sexual abuse
EMO	Emotional abuse
MUL	Multiple/not recommended

The multiple category is for when more than one category of abuse is relevant to the child's current protection plan. It is not intended to record information for children who have been the subject of more than one child protection plan during the year.

The category of abuse under which a child is made the subject of a child protection plan will have been decided upon at the child protection conference. However, if the category of abuse applicable to the current child protection plan has changed as a result of subsequent child protection conferences, then enter the latest category of abuse. Overall, the initial category of abuse is that decided upon at the conference; any amended category is to be recorded as the latest category of abuse.

The categories are defined for the purpose of this collection as follows:

## **Neglect**

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, which is likely to result in the serious impairment of the child's health or development.

For instance, a parent or carer may fail to:

- provide adequate food, shelter, or clothing (including exclusion from home or abandonment);
- protect a child from physical harm, emotional harm, or danger;
- ensure adequate supervision (including the use of inadequate care-givers);
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs. More information on childhood neglect including training and resource materials can be found in [Safeguarding children](#).

## **Physical abuse**

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer deliberately fabricates symptoms or induces illness in a child. The fabrication and deliberate inducement or symptoms relate to conditions such as Munchausen syndrome by proxy.

## **Sexual abuse**

Sexual abuse involves forcing or enticing a child to take part in sexual activities, including prostitution, regardless of whether or not the child is aware of what is happening. Such activities may involve physical contact, including non-penetrative and penetrative acts (for example rape, buggery, or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact

activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

## **Emotional abuse**

Emotional abuse is the persistent ill-treatment of a child that causes severe and continual adverse effects on the child's emotional development. It may involve conveying to the child that they are inadequate, worthless or unloved, or valued only as far as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or making fun of what they say or how they communicate. It may feature the imposing of age or developmentally inappropriate expectations on the child. Such expectations may include interactions that are beyond the child's developmental capability. It includes overprotection and limitation of exploration and learning, or preventing the child from participating in normal social interactions. It may involve the child seeing or hearing the ill-treatment of another. It may also involve serious bullying (including cyber bullying), causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is implied in all types of ill-treatment of a child, although it may occur on its own. Use this category when it is the main or sole form of abuse.

## **Multiple/not recommended**

This category should be used where more than one category of abuse is relevant to the child's current protection plan or where no category is recommended.

## **5.4 Number of previous child protection plans**

The number of previous times that a child was made the subject of a child protection plan by the same local authority. If this is the first plan then the value should be zero. Child protection plans issued by other local authorities should not be counted. The number of previous child protection plans includes the number of times the child was on the child protection register.

## **5.5 Plan review date**

Enter the date of the child protection plan reviews in the year 1 April 2024 to 31 March 2025, using the format specified in [date fields](#) of the general notes section.

If more than one review has taken place then each should be provided. If there have been no reviews for this plan, leave this blank.

### **5.5.1 Dates of plan reviews held in 2023 to 2024**

If the child is the subject of a child protection plan at 1 April 2024 and any child protection plan review was carried out in the previous year you should include the details of the last review that was carried out in the year 1 April 2023 to 31 March 2024.

DfE uses this information to help identify which child protection plans were reviewed within the required timescales.

### **5.6 Child protection plan end date**

Enter the end date of the plan, using the format specified in [date fields](#) of the general notes section. Otherwise, leave blank.

# Appendix A: definitions and guidance for primary need codes (see module 3)

## A1. Abuse or neglect (code 'N1')

### A1.1 Definition

Children in need as a result of, or at risk of, abuse or neglect.

### A1.2 Guide to inclusion or exclusion from this category

All children who are the subject of a child protection plan or enquiries under section 47 of the Children Act 1989 should be included.

Children who have just been referred with evidence of possible neglect or abuse should be included.

Children who are living in a situation of domestic violence which triggers section 47 enquiries should be included.

Children whose needs arise out of their involvement (actual or suspected) in prostitution which has triggered section 47 enquiries should be included.

Children whose needs arise primarily out of their abusing other children which has triggered section 47 enquiries should be included.

Children whose needs arise from being abandoned by their families in circumstances which trigger section 47 enquiries should be included.

### A1.3 Possible sub-categories to help define main category

- Physical abuse;
- Sexual abuse;
- Emotional abuse;
- Domestic abuse.

## A2. Child's disability or illness (code 'N2')

### A2.1 Definition

Children and their families whose main need for services arises because of the child's disability, illness, or intrinsic condition.

## **A2.2 Guide to inclusion or exclusion from this category**

This category encompasses children who are suffering impairment to their health and development as a result of their own intrinsic condition. The resulting needs require more support than is available through the capacity of their parent(s) or carer(s) and hence the need for children's social care services. These are likely to be provided in conjunction with other services, particularly health and education.

The use of the term disability in this category embraces any illness that causes the disability.

Although the majority of the children included in this category will be permanently disabled, this does not necessarily have to be the case. A child who requires children's social care services during the course of recovery from a disabling illness or whose prognosis is uncertain should be included here.

Most children whose needs fall within this category will have a medically diagnosed condition, such as cerebral palsy, autism, or Down's syndrome.

There are some conditions where it is uncertain or controversial to regard them as intrinsic to the child. This used to be the case with autism, but scientists now acknowledge that there is a significant genetic component to this condition. Currently, the cause of attention deficit hyperactive disorder (ADHD) is not fully understood. For the purposes of this collection, if the main reason why children's social care services are involved is because the child is thought to have this disorder, then it should be included here.

Children who have been diagnosed as suffering from a psychiatric illness should be included.

If there is no medical diagnosis, or if the diagnosis is clearly framed in terms of family functioning, then family dysfunction would be a more appropriate category.

Children with emotional and behavioural difficulties will present particular difficulties of classification. If there is a medically diagnosed condition attributed then the child should be included. Otherwise, family dysfunction should be used.

## **A2.3 Possible sub-categories to help define main category**

- children with physical disabilities;
- children with sensory disabilities;
- children with learning disabilities;
- children with emotional and behavioural difficulties;
- children with other mental health conditions.

## **A3. Parental disability or illness (code 'N3')**

### **A3.1 Definition**

Children whose main need for services arises because the capacity of their parent(s) (or carer(s)) to care for them is impaired by the parent(s) (or carer(s)) disability, physical or mental illness, or addictions.

### **A3.2 Guide to inclusion or exclusion from this category**

The key to inclusion in this category is that the parent(s) have a diagnosable medical condition which is primary in limiting their parenting capacity and there is insufficient or no compensatory help available other than via social services.

The parental medical conditions include seriously disabling mental illness. However, in the case of reactive depression episodes or anxiety accompanying acute family stress, the category, family in acute stress should be used.

Children who are in need because their parent or parents have learning disabilities that reduce their parenting capacity should be included.

This category should be used in cases where the need for services stems from parental alcoholism and drug taking which have been diagnosed as such by a doctor or specialist service.

The category also included the needs of young carers who take on caring responsibilities for a disabled or chronically ill parent(s).

In cases where children are in need because the parent(s) have a personality disorder, but there is doubt as to whether a clear medical condition exists, use the category family dysfunction.

### **A3.3 Possible sub-categories to help define main category**

- children whose parent(s) are diagnosed alcoholics;
- children whose parent(s) are diagnosed drug-takers;
- children with acutely ill parent(s) (short-term);
- children being cared for by parent(s) with learning disabilities;
- children being cared for by a chronically disabled parent or parents (mental or physical disability), but who are not taking responsibility for the parent(s);
- children assuming caring responsibility for chronically ill or disabled parent(s) (mental or physical).

## **A4. Family in acute stress (code 'N4')**

### **A4.1 Definition**

Children whose needs arise from living in a family that is going through a temporary crisis that diminishes the parental capacity to adequately meet some of the children's needs.

### **A4.2 Guide to inclusion or exclusion from this category**

This category encompasses families that are in difficulty but where the basic positive relationship between the parent(s) and their children is not in question.

This includes families where the parenting capacity is normally good enough but they face circumstances, factors, or events that undermine that capacity. This would include events such as:

- upheaval in family relationships;
- loss of employment;
- reduced income;
- adverse housing;
- loss of amenities important to the care of children;
- the death of a parent or other family member.

It includes the sporadic needs of children that arise out of living in socially isolated or poorly resourced communities.

It includes a single parent who generally manages fine but occasionally needs additional help.

It includes families that generally function adequately but have been rendered homeless.

It includes families that generally function adequately but face a temporary explosion from an adolescent member.

### **A4.3 Possible sub-categories to help define main category**

- homeless family;
- single parent;
- death of a parent or carer.

## **A5. Family dysfunction (code 'N5')**

### **A5.1 Definition**

Children whose needs primarily arise from living in a family where the parenting capacity is chronically inadequate.

### **A5.2 Guide to inclusion or exclusion from this category**

This category should not be chosen if the main reason for inadequate parenting capacity is parental illness or disability.

This category includes families where the low parenting capacity is at risk of, or actually is, impairing the child's health and development.

The category includes children who do not receive any of the following:

- basic care;
- consistent emotional warmth;
- adequate stimulation;
- adequate guidance and boundaries;
- a stable relationship with carers.

For inclusion in this category, parenting capacity must be a long-term concern and not just a reaction to adverse circumstance. This is a key factor distinguishing this category from family in acute stress.

Within this category there will be degrees of severity in the extent to which the parenting capacity is inadequate.

It will also include children whose safety is in concern because of family dysfunction, but for whom there is not yet hard enough evidence to invoke child protection measures. If a child is the subject of a child protection plan or section 47 enquiries, then the abuse and neglect category must be chosen.

This category could include children who are abandoned because the parent(s) do/does not have the necessary parenting capacity to care for them.

### **A5.3 Possible sub-categories to help define main category**

- child's poor attachment to carer(s);
- low stimulation for child;
- erratic relationship between carers;
- chronic violence between carers;
- low control of child's boundaries of behaviour.

## **A6. Socially unacceptable behaviour (code 'N6')**

### **A6.1 Definition**

Children and families whose need for services primarily arise out of the child's behaviour impacting detrimentally on the community.

### **A6.2 Guide to inclusion or exclusion from this category**

This would include children who require services because they:

- actually offend;
- are considered to be at risk of offending;
- are below the age of criminal responsibility but would otherwise be breaking the law;
- are behaving in such a disorderly way that they cause alarm or disturb the peace.

This would also include another group of children who create concern within the community because they put themselves at unacceptable risk, for example, children who truant, or children who are sexually active.

This category would include the needs of children and young people being served by staff in a youth offending team (YOT) paid from the Social Services department budget.

This category also includes children who are receiving services as part of the Crime Reduction Strategy, either with or without YOT involvement. However, a referral made by a YOT for reasons that are not connected with the child's offending may indicate that another needs category is more applicable.

A defining factor for this category is that the child's behaviour pushes at the boundaries of community acceptance; it has gone beyond the family.

Children for whom the primary concern is that they are suspected to be, or actually are, sexually exploited should trigger child protection measures and be categorised under the abuse or neglect category.

### **A6.3 Possible sub-categories to help define main category**

- disorderly behaviour;
- offending;
- truancy;
- unsafe sexual behaviour;
- substance abuse.

## **A7. Low income (code 'N7')**

### **A7.1 Definition**

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

### **A7.2 Guide to inclusion or exclusion from this category**

This category is reserved for families or children whose special circumstances mean that their income is below the standard state entitlements.

It does not include people who are simply poor or who cannot manage on their entitlements.

It does include families who are asylum seekers and who do not have the means to provide adequately for their children.

It may include young people entering independence who, because of the rules relating to employment and training, are not eligible for full benefits and there is no other reason for contact with children's social care services.

### **A7.3 Possible sub-categories to help define main category**

- asylum-seeking families;
- non-habitually resident status;
- independent young people.

## **A8. Absent parenting (code 'N8')**

### **A8.1 Definition**

Children whose needs for services arise mainly from having no parent(s) available to provide for them.

### **A8.2 Guide to inclusion or exclusion from this category**

This category must not be used loosely for children looked after for whatever reason.

This category is reserved for the needs of children who simply do not have a source of parenting.

This category should be chosen for children whose birth parent(s) make a well-intentioned and rational decision that they cannot care for the child and that it is in the child's best interests to be adopted.

The category also includes:

- children whose needs arise because their parent(s) have died or are lost;
- children whose parent(s) have sent them away for good motives;
- children who have become separated from their parent(s) due to civil or natural disaster, or due to political events;
- children who are unaccompanied asylum seeking children (UASC).

The category could also include children who are in need simply because a parent has been imprisoned but the reason for imprisonment bears no relation to the child being in need.

### **A8.3 Possible sub-categories to help define main category**

- parent(s) die/s;
- unaccompanied asylum seeking children;
- separated from parent(s) by natural or civil disaster, or political events;
- private fostering.

## **A9. Cases other than children in need (code 'N9')**

### **A9.1 Definition**

Children who are receiving services but who are not strictly children in need.

This category must never be used because children do not appear to fit into other categories.

This code can be used if a child has been adopted and although no longer a child in need, receives adoption support from social services immediately after the adoption.

This is not to be used where a child only receives an adoption payment.

## **A10. Need code to stated (code 'N0')**

### **A10.1 Definition**

Children whose reference data is not completely entered on the system and whose need code is yet to be determined.

This category is to enable the loading of data where the need codes are not immediately to hand. It is assumed that this will only apply to children who are supported in their

families or who are independent; as looked after children will have had a need code allocated.

The number of children in this category should be kept to a minimum.

## Appendix B: codesets

### B1. Sex

Code	Description
M	Male
F	Female
U	Unknown

### B2. Ethnicity

Code	Description
<b>White</b>	
WBRI	White British
WIRI	White Irish
WIRT	Traveller of Irish heritage
WOTH	Any other White background
WROM	Gypsy/Roma
<b>Mixed</b>	
MWBC	White and Black Caribbean
MWBA	White and Black African
MWAS	White and Asian
MOTH	Any other mixed background
<b>Asian or Asian British</b>	
AIND	Indian
APKN	Pakistani
ABAN	Bangladeshi
CHNE	Chinese
AOTH	Any other Asian background
<b>Black or Black British</b>	
BCRB	Caribbean
BAFR	African
BOTH	Any other black background
<b>Other ethnic groups</b>	
OOOTH	Any other ethnic group
REFU	Refused
NOBT	Information not yet obtained

## B3. Disability

Code	Description
NONE	'NO DISABILITY'.
MOB	'MOBILITY' – getting about the house and beyond.
HAND	'HAND UNCTION' – holding and touching.
PC	'PERSONAL CARE' – For example eating, washing, going to the toilet, dressing.
INC	'INCONTINENCE' – controlling the passage of urine or faeces.
COMM	'COMMUNICATION' – speaking and/or understanding others.
LD	'LEARNING' – For example having special educational needs.
HEAR	'HEARING'.
VIS	'VISION'.
BEH	'BEHAVIOUR' – a condition entailing behavioural difficulties, includes attention deficit hyperactivity disorder (ADHD).
CON	'CONCIOUSNESS' – seizures.
AUT	'DIAGNOSED WITH AUTISM OR ASPERGER SYNDROME' – diagnosed by a qualified medical practitioner as having classical autism or Asperger syndrome.  Do not include children who have merely been identified as having an autistic spectrum disorder (ASD), for example, by their school. This can be associated with the behaviour and learning categories above.
DDA	OTHER DDA – one or more of the child's disabilities under the Disability Discrimination Act 2005 does not fall into any of the above categories.

## B4. Source of referral

Code	Description
1A	'INDIVIDUAL' – family member, relative or carer.
1B	'INDIVIDUAL' – acquaintance (including neighbours and child minders).
1C	'INDIVIDUAL' – self.
1D	'INDIVIDUAL' – other (including strangers or Members of Parliament (MPs)).
2A	'SCHOOLS'.
2B	'EDUCATION SERVICES'.
3A	'HEALTH SERVICES' – general practitioner (GP).

Code	Description
3B	'HEALTH SERVICES' – health visitor.
3C	'HEALTH SERVICES' – school nurse.
3D	'HEALTH SERVICES' – other primary health services.
3E	'HEALTH SERVICES' – A&E (accident and emergency department).
3F	'HEALTH SERVICES' – other (for example hospice).
4	'HOUSING' - local authority housing or housing association.
5A	'LA SERVICES' – social care, for example adults social care services.
5B	'LA SERVICES' – other internal services, not including social care or early help.
5C	'LA SERVICES' – external, from another local authority's services, for example social care or early help.
5D	'LA SERVICES' – early help.
6	'POLICE'.
7	'OTHER LEGAL AGENCY' – including courts, probation, immigration, CAFCASS (Children and Family Court Advisory and Support Service) or prison.
8	'OTHER' – including children's centres, independent agency providers or voluntary organisations.
9	'ANONYMOUS'.
10	'UNKNOWN'.

## B5. Primary need code

Code	Description
N1	Abuse or neglect - children in need as a result of, or at risk of, abuse or neglect; also includes children at risk because of domestic violence.
N2	Child's disability - children and families whose main need for services arises because of their child's disability, illness or intrinsic condition.
N3	Parental disability or illness - children whose main need for services arises because the capacity of their parent(s) (or carer(s)) to care for them is impaired by the parent's (or carer's) disability, physical or mental illness, or addictions.
N4	Family in acute stress - children whose needs arise from living in a family that is going through a temporary crisis that diminishes the parental capacity to adequately meet some of the children's needs.
N5	Family dysfunction - children whose needs primarily arise from living in a family where the parenting capacity is chronically inadequate.

Code	Description
N6	Socially unacceptable behaviour - children and families whose need for services primarily arise out of the child's behaviour impacting detrimentally on the community.
N7	Low income - children, living in families or independently, whose needs primarily arise from being dependent on an income below the standard state entitlements.
N8	Absent parenting - children whose needs for services arise mainly from having no parents available to provide for them.
N9	Cases other than children in need - children who have been adopted and, although they are no longer a child in need, receive adoption support from social services immediately after adoption. This should not be used where a child receives an adoption payment only as these children should not be included in the census.
N0	Not stated - children whose reference data is not completely entered on the system and whose need code is yet to be determined or the case is a referral that has been closed following assessment.

## B6. Reason for closure

Code	Description
RC1	Adopted.
RC2	Died.
RC3	Child arrangements order.
RC4	Special guardianship order.
RC5	Transferred to services of another local authority.
RC6	Transferred to adult social care services.
RC7	Services ceased for any other reason, including child no longer in need.
RC8	Case closed after assessment, no further action.
RC9	Case closed after assessment, referred to early help.

## B7. Factors identified at the end of assessment

Code	Description
1A	Alcohol misuse: concerns about alcohol misuse by the child.
1B	Alcohol misuse: concerns about alcohol misuse by the parent(s) or carer(s).
1C	Alcohol misuse: concerns about alcohol misuse by another person living in the household.
2A	Drug misuse: concerns about drug misuse by the child.

<b>Code</b>	<b>Description</b>
2B	Drug misuse: concerns about drug misuse by the parent(s) or carer(s).
2C	Drug misuse: concerns about drug misuse by another person living in the household.
3A	Domestic abuse: concerns about the child being the subject of domestic abuse.
3B	Domestic abuse: concerns about the child's parent(s) or carer(s) being the subject of domestic abuse.
3C	Domestic abuse: concerns about another person living in the household being the subject of domestic abuse.
4A	Mental health: concerns about the mental health of the child.
4B	Mental health: concerns about the mental health of the parent(s) or carer(s).
4C	Mental health: concerns about the mental health of another person in the family/household.
5A	Learning disability: concerns about the child's learning disability.
5B	Learning disability: concerns about the parent(s) or carer(s) learning disability.
5C	Learning disability: concerns about another person in the family/household's learning disability.
6A	Physical disability or illness: concerns about a physical disability or illness of the child.
6B	Physical disability or illness: concerns about a physical disability or illness of the parent(s) or carer(s).
6C	Physical disability or illness: concerns about a physical disability or illness of another person in the family/household.
7A	Young carer: concerns that services may be required or the child's health or development may be impaired due to their caring responsibilities.
8B	Privately fostered: concerns that services may be required or the child may be at risk as a privately fostered child - overseas children who intend to return
8C	Privately fostered: concerns that services may be required or the child may be at risk as a privately fostered child - overseas children who intend to stay
8D	Privately fostered: concerns that services may be required or the child may be at risk as a privately fostered child - UK children in educational placements
8E	Privately fostered: concerns that services may be required or the child may be at risk as a privately fostered child - UK children making alternative family arrangements
8F	Privately fostered: concerns that services may be required or the child may be at risk as a privately fostered child - other

<b>Code</b>	<b>Description</b>
9A	UASC: concerns that services may be required or the child may be at risk of harm as an unaccompanied asylum-seeking child.
10A	Missing: concerns that services may be required or the child may be at risk of harm due to going/being missing.
11A	Child sexual exploitation: concerns that services may be required or the child may be at risk of harm due to child sexual exploitation.
12A	Trafficking: concerns that services may be required or the child may be at risk of harm due to trafficking.
13A	Gangs: concerns that services may be required or the child may be at risk of harm because of involvement in/with gangs.
14A	Socially unacceptable behaviour: concerns that services may be required or the child may be at risk due to their socially unacceptable behaviour.
15A	Self-harm: concerns that services may be required or due to suspected/actual self-harming child may be at risk of harm.
16A	Abuse or neglect – ‘NEGLECT’: concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect.
17A	Abuse or neglect – ‘EMOTIONAL ABUSE’: concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect.
18B	Abuse or neglect – ‘PHYSICAL ABUSE’: concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect by another child.
18C	Abuse or neglect – ‘PHYSICAL ABUSE’: concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect by an adult.
19B	Abuse or neglect – ‘SEXUAL ABUSE’: concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect by another child.
19C	Abuse or neglect – ‘SEXUAL ABUSE’: concerns that services may be required or the child may be suffering or likely to suffer significant harm due to abuse or neglect by an adult.
20	Other.
21	No factors identified - only use this code if there is no evidence of any of the factors listed above or below and no further action is being taken.
22A	Female genital mutilation (FGM) - concerns that services may be required or the child may be at risk due to female genital mutilation.
23A	Abuse linked to faith or belief - concerns that services may be required or the child may be at risk due to abuse linked to faith or belief.
24A	Child criminal exploitation: concerns that services may be required or the child may be at risk of harm due to child criminal exploitation.

## B8. Child protection plan – initial and latest category of abuse

<b>Code</b>	<b>Description</b>
NEG	Neglect
PHY	Physical abuse
SAB	Sexual abuse
EMO	Emotional abuse
MUL	Multiple/not recommended

## Appendix C: local authority codes and names

Code	Name	Code	Name	Code	Name
201	City of London	356	Stockport	857	Rutland
202	Camden	357	Tameside	860	Staffordshire
203	Greenwich	358	Trafford	861	Stoke-on-Trent
204	Hackney	359	Wigan	865	Wiltshire
205	Hammersmith and Fulham	370	Barnsley	866	Swindon
206	Islington	371	Doncaster	867	Bracknell Forest
207	Kensington and Chelsea	372	Rotherham	868	Windsor and Maidenhead
208	Lambeth	373	Sheffield	869	West Berkshire
209	Lewisham	380	Bradford	870	Reading
210	Southwark	381	Calderdale	871	Slough
211	Tower Hamlets	382	Kirklees	872	Wokingham
212	Wandsworth	383	Leeds	873	Cambridgeshire
213	Westminster	384	Wakefield	874	Peterborough
301	Barking and Dagenham	390	Gateshead	876	Halton
302	Barnet	391	Newcastle upon Tyne	877	Warrington
303	Bexley	392	North Tyneside	878	Devon
304	Brent	393	South Tyneside	879	Plymouth
305	Bromley	394	Sunderland	880	Torbay
306	Croydon	420	Isles of Scilly	881	Essex
307	Ealing	800	Bath and North East Somerset	882	Southend-on-Sea
308	Enfield	801	Bristol, City of	883	Thurrock
309	Haringey	802	North Somerset	884	Herefordshire
310	Harrow	803	South Gloucestershire	885	Worcestershire
311	Havering	805	Hartlepool	886	Kent
312	Hillingdon	806	Middlesbrough	887	Medway
313	Hounslow	807	Redcar and Cleveland	888	Lancashire
314	Kingston upon Thames	808	Stockton-on-Tees	889	Blackburn with Darwen
315	Merton	810	Kingston Upon Hull, City of	890	Blackpool
316	Newham	811	East Riding of Yorkshire	891	Nottinghamshire
317	Redbridge	812	North East Lincolnshire	892	Nottingham
318	Richmond upon Thames	813	North Lincolnshire	893	Shropshire
319	Sutton	815	North Yorkshire	894	Telford and Wrekin

<b>Code</b>	<b>Name</b>	<b>Code</b>	<b>Name</b>	<b>Code</b>	<b>Name</b>
320	Waltham Forest	816	York	895	Cheshire East
330	Birmingham	821	Luton	896	Cheshire West and Chester
331	Coventry	822	Bedford Borough	908	Cornwall
332	Dudley	823	Central Bedfordshire	916	Gloucestershire
333	Sandwell	825	Buckinghamshire	919	Hertfordshire
334	Solihull	826	Milton Keynes	921	Isle of Wight
335	Walsall	830	Derbyshire	925	Lincolnshire
336	Wolverhampton	831	Derby	926	Norfolk
340	Knowsley	838	Dorset	929	Northumberland
341	Liverpool	839	Bournemouth, Christchurch and Poole	931	Oxfordshire
342	St Helens	840	Durham	933	Somerset
343	Sefton	841	Darlington	935	Suffolk
344	Wirral	845	East Sussex	936	Surrey
350	Bolton	846	Brighton and Hove	937	Warwickshire
351	Bury	850	Hampshire	938	West Sussex
352	Manchester	851	Portsmouth	940	North Northamptonshire
353	Oldham	852	Southampton	941	West Northamptonshire
354	Rochdale	855	Leicestershire	942	Cumberland
355	Salford	856	Leicester	943	Westmorland and Furness



Department  
for Education

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## Judicial Review Briefing:

R (AB and CD) v Haringey London Borough Council  
[2013] EWHC 416 (Admin)  
(Queen's Bench Division, HHJ Anthony Thornton, 13 March 2013)

- A recent Judicial Review finding against LB Haringey has significant implications for the way assessments – including those completed under s47 Children Act 1989 – are undertaken.
- In summary: section 47 investigations are an important tool to protect children, but using them has consequences for the parents and the State must be careful that they are used in accordance with guidance given, to avoid abuse. (Statutory guidance MUST be followed.)
- In particular, these JR findings relate to
  - The threshold decisions and processes for undertaking s.47 enquiries
  - What needs to be in place before one crosses from initial assessment and investigation and information gathering to a formal child protection investigation under section 47.
  - Seeking consent to obtain information from other agencies or family members during initial assessments.
- The judgement found that the decision to proceed from an initial assessment to a s.47 enquiry following an anonymous referral was not proportionate or supported by available evidence and in any event was not taken in accordance with Haringey's own procedures.
- The judgement also found that Haringey unlawfully obtained information from other agencies during an initial assessment, without the knowledge or consent of the child's parents.
- The Local Authority MUST have reasonable cause to suspect that the child is suffering significant harm in order to commence a section 47 investigation.
- Threshold: the relevant service has a statutory duty to initiate a section 47 enquiry but only if it has decided that it has reasonable cause to suspect that the child is suffering significant harm or at risk of suffering such harm. That reasonable suspicion must arise and be tested by the initial assessment process which may only be short-circuited in exceptional circumstances.
- Haringey Council was found to have breached section 6 of the Human rights Act 1998 and article 8(1) of the European Convention of Human Rights (right to respect for private and family life) and ordered to pay damages.
- The following article (taken from an online law journal) summarises the background to the case and the JR's key findings. Links to further information are provided at the end of this briefing.

*“The mother and father, both experienced, qualified social workers, brought judicial review proceedings in respect of the decision by the local authority to conduct a s 47 enquiry.*

*The local authority received an anonymous referral from a neighbour of the family saying they heard shouting at the property, that the little girl was dragged along by her arm, slapped and that the little girl looked very unhappy.*

*The local authority made a number of preliminary investigations including contacting the family GP and school before making contact with the mother and father. When they did so, the parents vehemently denied that it was necessary to investigate the referral and made a number of complaints regarding the local authority's conduct.*

*Following the telephone call, based on the reaction of the parents, the local authority proceeded with a s 47 enquiry. The parents were informed via letter that an enquiry in line with the allegations against staff procedures would be taking place.*

*Following a home visit with the parents and speaking with the child alone the decision was taken that no further action was necessary. The parents were notified and informed that it was most likely that the referral had been malicious.*

*The mother and father brought judicial review proceedings asserting that the decision to abandon the initial assessment and escalate the case to a s 47 enquiry was unlawful and that a decision to do so was never in fact taken but if it was then it was done so without adequate grounds. They claimed that the process was so fundamentally flawed and lacking in the essential minimum requirements that it was unlawful.*

*The court found that there was never a s 47 enquiry decision and the local authority insistence that one was taken was both erroneous and unlawful. If it had been taken it would have been wholly unreasonable and unsustainable since it would have failed to take into account the most crucial of matters required. The initial data-gathering exercise before and during the initial assessment insofar as the GP and school were contacted without the parents' consent was unlawful.*

*The mother and father were entitled to a quashing order quashing the purported s 47 enquiry decision and declarations that there never was a s 47 enquiry, that the initial assessment was terminated because the child was not at risk of harm and that the referral was malicious. A further declaration was granted to the effect that the local authority had acted unlawfully in its data gathering.*

*The further issues of what steps would be taken to insure that all references to the referral and investigation were removed from databases and what amount in damages the claimants were entitled to required further argument.”*

Samantha Bangham, Law Reporter. 20.3.2013

<http://www.familylaw.co.uk/articles/judicial-review-r-ab-and-cd-v-haringey-london-borough-council-2013-ewhc-416-admin#articles>

- Another online article about the judgement can be found here:  
<http://www.guardian.co.uk/society/2013/mar/14/couple-accused-of-child-abusewin-damages>
- The full transcript of the judgement can be found here:  
<http://www.bailii.org/ew/cases/EWHC/Admin/2013/416.html#back13>

updated January 2018

# QUICK GUIDE TO CHRONOLOGIES

## 1. What is a chronology?

A chronology lists, in date order, all the significant / headline events and changes in a child or young person's life. Chronologies are actually an essential part of any good assessment, a vital foundation for analysis, and a useful tool to help a practitioner develop rapport with service users. A good chronology lists events in the order they happened, not in the order they came to professional attention;

A chronology is not a detailed account, a running record, a substitute for a full analysis, or a diary. It should also not be an 'administrative task'.

## 2. Purposes of a chronology.

A chronology is a tool for a professional to use while working with a service user, and a tool for a service user to help understand their own life, and any relevant patterns.

A chronology makes key information easily accessible. In particular, chronologies can help to:

- Place and maintain the child or young person at the centre of thinking by focusing on their stories
- Identify risks, patterns of behavior and impact of service intervention and issues in the child or young person's life. For example - a chronology showing repeated interventions over time, with no lasting impact, provides a clear argument that services have not been effective allowing the practitioner to seek reasons why
- Focus on the most important issues linked to the patterns
- Make links between the past and the present, so informed decisions can be made
- Share information with the family and partner professionals
- Enable a new worker to become familiar with the child's case.
- A good chronology can help a family, and help a young person, to understand and make sense of their own past.

## 3. When should a chronology be used?

A chronology must be available and used to inform decision-making and planning in the

following circumstances:

- To inform an assessment, planning and review at any stage. In Child Protection Case Conferences, a chronology should be included in the information provided to the Initial Child Protection Conference and available subsequently.
- In reviews for Children in Care
- In court proceedings
- In supervision / case discussion and strategy meetings.
- In supporting a young person seeking to understand their life story.
- For sharing information with partner professionals and case transfer between teams

#### 4. What information should be included in a chronology?

Any significant event or change which has an impact on the child or young person must be included, even if it seems to be contradictory. Professional judgment must always be used when selecting information to add. As a guideline, the following should be included, but the list is not exhaustive:

- **Change of circumstances:** changes of carer, address, legal status, school, family circumstances and household composition.
- **Issues for the child or Young Person:** incidents of abuse, loss, developmental issues, educational issues including out of school episodes, personal achievements, incidents of running away/ going missing, incidents re bullying, offending or police involvement.
- **Family issues:** changes in family composition, loss and separation, domestic violence, financial or housing problems, physical or mental health, substance misuse, homelessness, imprisonment, victimization, success in recommended programmes.
- **Professional involvement:** Referrals with source, assessments, significant decisions, interventions, Sec 47 Enquiries, EH, CIN, CP and CIC episodes, court hearings, FNMs, involvement of specialist services e.g. CAMHs.
- **Contextual Information:** depending on the use and period of the chronology, summaries can be used and some chronologies like court chronologies must be in certain format but most focus more on recent events.
- **Focus more on story line rather than the internal processes of Social care.** For example, *31.03.14: case transferred to the Essex Safeguarding team*, - this is not a significant storyline for the child or family. However, *31.03.14: family moved from Ipswich to Colchester and case transferred as Child in Need team Colchester, Essex -*

This will be a significant event.

- **Court Chronologies:** whilst the court is concerned primarily with recent events that has led to the seeking of an order, historical information can be relevant and provide a context for recent information. Historical information of the family (or for older siblings) like previous care episodes or court action can be summarized in a sentence

## 5. Recording a chronology.

It is important to record a chronology for each child. Entries on a chronology should:

- Be concise, usually a short sentence e.g. 12.09.16 *Mr. Holder was convicted of child sex offences, possession of indecent materials and has been put on sex offenders register for 15 years at Ipswich crown court.*
- Specify the date of the event, the detail of the event and the significance and impact on the child of this event. Practitioners need to enter information based on the event rather than the report. For example:

*“23.05.2016: Anita told her social worker that a man, Ben, gave her money in exchange for sex when she was 12, while they were on school holidays.”*

It's more helpful to write:

*“July/Aug 2014: Ben, gave Anita (then aged 12) money in exchange for sex (reported by Anita to her social worker in May 2016).”*

- source of the information and date information received, but list in order that the incident happened. This may be factual or circumstantial information
- Be in neutral language, suitable for professionals and family members to read.
- Include all relevant information even if it seems contradictory.

## 6. Starting and maintaining chronology.

A chronology should be started at the point a decision is made to provide an ongoing service, either in Early Help or Social Care. A brief chronology is started in the social work assessment.

It is essential to keep a chronology maintained by entering relevant information:

- **as it occurs** to prevent it becoming an unmanageable task and
- **throughout the professional involvement.** An out of date chronology cannot provide full information for further analysis and planning or for the child in the future. It is therefore essential to maintain a different chronology for each child or young person for as long as the case remains open to CYPS.

- **A chronology can be archived and a new one started.** However, there may not be a reason to do this as historical information can be summarized.

If there is no existing chronology when a case is re-opened or transferred, one must be created as priority. While starting or updating a chronology on an open case can be time consuming, it is a valuable way to understand the child's history and the current issues.

#### **7. Where to record and store a chronology.**

The expectation is that all chronologies should be inputted directly into the child case management system (Liquid Logic) either in Early Help or Social Care. Liquid Logic gives a practitioner an opportunity to archive and retrieve chronologies from archive. The Liquid Logic format can also be used as a court chronology.

#### **8. Responsibility for maintaining the chronology.**

The current Case Responsible Person and their practice manager has the responsibility for maintaining the chronology.



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Chronologies\_v\_1.0.pc

Please see Liquid Logic practice guide on Chronology. –

## Quick Guide to Parental Alienation.

### What is parental alienation?

- Parental Alienation occurs when, following a divorce or separation, one parent deliberately tries to turn a child against the other in an attempt to stop the child seeing or having a relationship with the other parent. This can take many forms but includes portraying a negative picture of the other parent in comments to the children, blame and false accusations shared with the children or in the children's hearing. The parent may also try to put obstacles in the way, doing all they can to prevent the other parent's attempts to have quality time with their children.
- Parental alienation is thought to occur in 11-15% of divorces involving children, but it is believed those figures are rising. (statistics provided by CAFCASS) This does not take into account those parents who are not married who separate (or indeed step parents who could also be included in this in some cases.)
- Parental alienation syndrome develops in children who come to hate, fear, and reject the targeted parent as someone unworthy of having a relationship with them. Richard Gardner, PhD, who coined parental alienation syndrome in the 1980s, described in ***The Parental Alienation Syndrome: A Guide for Mental Health and Legal Professionals*** that there are eight behavioural components that have been validated in a survey of 68 targeted parents of severely alienated children.

### Steps to parental alienation and how it manifests itself.

#### 1. ***A Campaign of Denigration***

Alienated children are consumed with hatred of the targeted parent. They deny any positive past experiences and reject all contact and communication. Parents who were once loved and valued seemingly overnight become hated and feared.

#### 2. ***Weak, Frivolous, and Absurd Rationalizations***

When alienated children are questioned about the reasons for their intense hostility toward the targeted parent, the explanations offered are not of the magnitude that typically would lead a child to reject a parent. These children may complain about the parent's eating habits, food preparation, or appearance. They may also make wild accusations that could not possibly be true.

#### 3. ***Lack of Ambivalence About the Alienating Parent***

Alienated children exhibit a lack of ambivalence about the alienating parent, demonstrating an automatic, reflexive, idealized support. That parent is perceived as perfect, while the other is perceived as wholly flawed. If an alienated child is asked to identify just one negative aspect of the alienating parent, he or she will probably draw a complete blank. This presentation is in contrast to the fact that most children have mixed feelings about even the best of parents and can usually talk about each parent as having both good and bad qualities.

#### 4. ***The "Independent Thinker" Phenomenon***

Even though alienated children appear to be unduly influenced by the alienating parent, they

will adamantly insist that the decision to reject the targeted parent is theirs alone. They deny that their feelings about the targeted parent are in any way influenced by the alienating parent and often invoke the concept of free will to describe their decision.

**5. *Absence of Guilt About the Treatment of the Targeted Parent***

Alienated children typically appear rude, ungrateful, spiteful, and cold toward the targeted parent, and they appear to be impervious to feelings of guilt about their harsh treatment. Gratitude for gifts, favours, or child support provided by the targeted parent is non-existent. Children with parental alienation syndrome will try to get whatever they can from that parent, declaring that it is owed to them.

**6. *Reflexive Support for the Alienating Parent in Parental Conflict***

Intact families, as well as recently separated and long-divorced couples, will have occasion for disagreement and conflict. In all cases, the alienated child will side with the alienating parent, regardless of how absurd or baseless that parent's position may be. There is no willingness or attempt to be impartial when faced with interparental conflicts. Children with parental alienation syndrome have no interest in hearing the targeted parent's point of view. Nothing the targeted parent could do or say makes any difference to these children.

**7. *Presence of Borrowed Scenarios***

Alienated children often make accusations toward the targeted parent that utilize phrases and ideas adopted from the alienating parent. Indications that a scenario is borrowed include the use of words or ideas that the child does not appear to understand, speaking in a scripted or robotic fashion, as well as making accusations that cannot be supported with detail.

**8. *Rejection of Extended Family***

Finally, the hatred of the targeted parent spreads to his or her extended family. Not only is the targeted parent denigrated, despised, and avoided but so are his or her extended family. Formerly beloved grandparents, aunts, uncles, and cousins are suddenly and completely avoided and rejected.

There is now a consensus that severe alienation is abusive to children (Fidler and Bala, 2010), as social care practitioners are often unaware of or minimize its extent. As reported by adult children of divorce, the tactics of alienating parents are tantamount to extreme psychological maltreatment, including spurning, terrorizing, isolating, corrupting or exploiting, and denying emotional responsiveness (Baker, 2010).

The severe effects of parental alienation on children are well-documented—low self-esteem and self-hatred, lack of trust, depression, and substance abuse and other forms of addiction are widespread, as children lose the capacity to give and accept love from a parent. Self-hatred is particularly disturbing among affected children, as children internalize the hatred targeted toward the alienated parent, are led to believe that the alienated parent did not love or want them, and experience severe guilt related to betraying the alienated parent. Their depression is rooted in feelings of being unloved by one of their parents, and from separation from that parent, while being denied the opportunity to mourn the loss of the parent or to even talk about them.

Whilst most social care practitioners who work with families will be aware of this concern, the extent of the harm is not always easy to quantify or evidence. In addition, other factors and complications that need to be considered. If a child grew up in a home with domestic abuse, this could result in a justified rejection of the perpetrator, which can then lead to denials and counter-accusations. It is therefore vital that social workers and practitioners know how to recognize this when it is there and how not to get swayed by the adults' agendas but can step back and look at what is really happening to the child.

### Tools to assist practitioners.

- The **Impact of parental conflict tool**, developed by CAFCASS contains indicators in a checklist document that could be used in identifying and analyzing emotionally harmful impact of parental conflict on the child.
- CAFCASS are also developing a new framework, the **High Conflict Practice Pathway**, to help social care practitioners systematically assess cases which features adult behaviours associated with high conflict which includes but is not limited to parental alienation.
- The high conflict practice pathway will not be used in cases where there is believed to be domestic abuse.

### References.

- HMI Government CAFCASS 2017
- Gardner, R. (1998). *The parental alienation syndrome: A guide for mental health and legal professionals*. Cresskill, NJ: Creative Therapeutics, Inc.
- Baker, A. J. L. & Darnall, D. (2006). Behaviors and strategies employed in parental alienation: A survey of parental experiences. *Journal of Divorce & Remarriage*, 45 (1/2), 97-124.
- Fidler, B. and Bala, N. (2010). "Children resisting postseparation contact with a parent: Concepts, controversies, and conundrums." *Family Court Review*, 48 (1), 10-47.
- Community Care Article Parental Alienation, Luke Stevenson December 18, 2017



Suffolk  
Safeguarding  
Partnership

# **Suffolk Child and Family Social Work Assessment Framework**

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## Policy Version History

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<b>Version</b>	<b>Author</b>	<b>Date</b>	<b>Revision Due</b>
1	David Jacobs	01.05.2014	01.05.2015
1.1	Maureen Roscoe-Goulson	01.04.2017	01.04.2018
1.2	Maureen Roscoe-Goulson	01.07.2020	01.07.2022
1.3	Maureen Roscoe-Goulson	08.01.2021	08.01.2023
1.4	Maureen Roscoe-Goulson	06.01.2023	06.01.2025
1.5	Maureen Roscoe-Goulson	24.07.2023	24.07.2025
1.6	Maureen Roscoe-Goulson	16.04.2024	16.04.2026
1.7	Nicola Print	29.08.2025	29.08.2026

## Introduction

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Suffolk Children and Young People's Services work to [Suffolk Quality Practice Standards](#) which include the following values. These are underpinned by the three core principles behind the Suffolk "Signs of Safety and Wellbeing" Framework; *building constructive working relationships, having a stance of enquiry, being prepared to admit you may be wrong, using practice based evidence, and listening to workers and families as to what works.*

## Values

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1. The needs, rights and views of the child are at the centre of all practice and provision.
2. Individuality, difference, and diversity are valued and celebrated.
3. Equality of opportunity and anti-discriminatory practice are actively promoted.
4. Children's health and well-being are actively promoted.
5. Children's personal and physical safety is safe guarded whilst allowing for risk and challenge as appropriate to the capabilities of the child.
6. Self-esteem and resilience are recognised as essential to every child's development.
7. Confidentiality and agreements about confidential information are respected as appropriate to the capabilities of the child.
8. Professional knowledge, skills, and values are shared appropriately in order to enrich the experience of children more widely.
9. Best practice requires a continuous search for improvement and self-awareness of how workers may be perceived by others.

**The Practice standards and values are applied in the development and application of the Suffolk Child and Family Social Work Assessment Framework, under the statutory guidance of "Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children" (2023)**

**Working Together 2023** details the statutory requirements and expectations for Local Authorities, other agencies, and organisations, in respect of safeguarding and promoting the welfare of children, referring to two key principles underpinning effective safeguarding arrangements:

- *Safeguarding is everyone's responsibility: for services to be effective each professional and organisation should play their full part; and*
- *A child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.*

**Working Together 2023** lists the social work assessments required of local authorities under the Children Act 1989, as:

- *Section 17 - Children ‘in need’*
- *Section 47 – Concerns about maltreatment*
- *Section 20 – Children requiring accommodation.*
- *Section 31 – Children subject to care orders*

and requires local authorities to determine their assessment processes through a local protocol, with the speed of assessment determined by the needs of the child and the nature and level of the risk but taking no longer than 45 working days.

The statutory guidance includes that each child should have their own assessment and that each assessment must:

- *use a conceptual model of three domains (Child’s developmental needs, parents/carers capacity to respond and wider family/community and environmental factors),*
- *be informed by children`s views,*
- *gain multi-agency information,*
- *be supported by critical reflections in professional supervision,*
- *benefit from clear analyses,*
- *have consideration of research,*
- *include reviewing of initial hypotheses,*
- *consider plans from children’s perspectives,*
- *focus on outcomes to improve the welfare of children,*
- *be a “dynamic and continuous process”,*
- *have services commissioned at any stage in the assessment when needs are identified,*
- *be “transparent and proportionate to the needs of individual children and their families”.*

## **Suffolk’s Assessment Framework**

The **key aim** of the Social Work Assessment Framework is to set out clearly the assessment timescales, process and format agreed within Suffolk. See [Suffolk Safeguard Partnership - Threshold Guidance](#) which sets out the threshold criteria for Social Work Assessment.

This Social Work Assessment Framework **objectives** are to:

- *Encourage the use of systemic social work.*
- *Support relationship building with children and their families.*
- *Strengthen reflective social work practice and supervision.*
- *Strengthen use of research in our assessments.*
- *Facilitate the identification and balance of risks and resilience.*
- *Assist the local authority to explain why it is involved in a child’s life to them, their families and partner agencies, and how it is seeking to improve outcomes for children.*
- *Provide a guide to compliance with Working Together 2023 requirements for assessment.*

**The intention of the framework is not to be overly prescriptive and to allow managers/supervisors and Social Workers to use their professional judgement during the assessment process.** The framework is intended to be used across all of Suffolk's statutory children's Social Care assessments and to support the **Signs of Safety plus (SOS+)** model adopted across Suffolk Children and Young People's Services.

### **Quality of Assessments**

This Social Work Assessment Framework promotes high quality effective assessments, leading to sustainable purposeful plans and interventions, which are developed through meaningful relationships with children, their families and those involved with them.

#### **Poor quality assessments**

- Gaps and inaccuracies in data.
- Description rather than analysis.
- Little or no indication of child's views.

#### **Good quality assessments**

- Child remains central.
- Full, concise, relevant, accurate data.
- Chronology and/or family/social history.
- Relevant information from range of sources.
- Analysis links clearly with recorded information and plans.

### **Learning from customer feedback, complaints, audits, serious case reviews and Ofsted inspections**

Customer feedback within Suffolk regarding experience of the assessment process has frequently been complimentary in many aspects (including good explanations, general support and respectful listening/interactions etc) but it has also indicated factors that need attention to support the building of relationships, trust, understanding and engagement.

- Explanation of the assessment process is important and Suffolk has an assessment pack to ensure families are well informed.
- Accuracy of data, including spelling of names and addresses etc. is crucial and inaccuracies can lead to very serious data protection breach consequences – for the customers` well-being, confidence reputation of the service and potential fines.
- Using plain and simple language, to promote understanding – avoiding jargon or value laden terms without associated evidence etc. (SOS+ promotes such awareness).
- Ensuring that families and their network who have disabilities or long-term conditions receive additional support to enable them to engage with social work assessments. (Reasonable adjustments).
- Customers value face to face feedback and the addressing of problems and needs during the assessment.

- Practitioners should be alert to potential issues of confidentiality regarding third party information and the possible need for redacting prior to circulating copies of completed assessments.

Learning from serious case reviews, county audit findings and inspections highlights issues to address within the assessment process, including:

- Identifying and responding to matters of identity, diversity, culture and potential discrimination.
- The significance of family history of children and parents (chronologies) and multi-agency information.
- The need to include “absent” parents or parents, often fathers who appear on the periphery of the family.
- Evidence based, research aware analyses, identifying risks/needs/strengths and resilience factors.
- The need to consider and evidence any special educational needs.
- Outcome focused plans.
- Sound professional judgement.
- Supervisory and management oversight.

### **When will assessments be undertaken/updated?**

The Social Work Assessment (SWA) will be used for Child In Need and Early Help planning, supporting decision making within pre-proceedings Public Law Outline (PLO) processes, presenting child protection concerns to an Initial Child Protection Conference, reviewing the risks to a child through the Review Child Protection Case Conference pathway, reassessing the needs of children “in need” or children “looked after” at points of change in their lives, such as preparing for re-unification (required under the Care Planning, Placement and Case Review Regulations 2010), or permanence planning with extended family or others.

It is sometimes necessary to undertake a **Pre-Birth Assessment**, where there are indications of issues that could have a significant negative impact upon the child, or even expose the child to the risk of suffering significant harm. The SWA should be used as the tool to determine if a more specialist assessment is required to address the circumstances and influences that can arise for both parents during pregnancy. Where the parents are also children, particular attention should be given to their own support needs when assessing capacity to parent safely. The Practice Manager or Consultant Social Worker will determine the depth of assessment required to reach a decision regarding the need for a specialist pre-birth assessment. It may be very clear at the point of referral that such assessment is required, and if so, the SWA can be completed with minimum information and a specialist assessment commenced. If a specialist assessment is required, the assessing Social Worker will follow the guidance and format for pre-birth risk assessments contained in the Good Practice Guide which draws extensively on the work of Martin C Calder, “Unborn Children: A Framework for Assessment and Intervention”. A pre-birth referrals, assessments and planning flowchart is available [here](#).

Assessments of children’s needs should be a continuous process in accordance with the child’s/young person’s needs and their plan. An updated SWA should also be undertaken when there is a critical incident or significant change to the child and family’s circumstances and be proportionate to incidents/changes, considering current assessment information and evaluation of needs and risks.

## Social Work Assessment Timelines

These are the agreed timelines in Suffolk for carrying out a SWA. All assessments must be completed, be written up and authorised within a maximum of 45 working days (“from the point of referral” - Working Together 2023), however the timelines set out expect assessments to be generally completed much quicker.

It is the responsibility of Social Workers to follow the assessment timelines as set out below. It is the responsibility of Practice Managers and Consultant Social Workers to ensure that assessments are reviewed at the intervals set and management actions are recorded and that assessments are completed and authorised in the time frame set within management decisions.

**In Suffolk, the expectation is that nearly all SWA will be completed within 35 working days and the majority will be completed within 20 working days.**

An assessment can be concluded at any point within the 1 to 45 working day timeframe if this is agreed by the Practice Manager or Consultant Social Worker and management oversight is captured within case notes in the child’s electronic records. It is important to bear in mind that Working Together 2023 highlights:

*Whatever the timescale for assessment, where particular needs are identified at any stage of the assessment, social workers should not wait until the assessment reaches a conclusion before commissioning services to support the child and their family. In some cases the needs of the child will mean that a quick assessment will be required.”*

## Timelines for both SWA and SWA within S47 (and recording requirements)

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### On Day 1

*(Note: An Assessment Co-ordinator may be delegated responsibility for recording the PM/CSW decisions, except for the final authorising decision.)*

When a contact has been determined as a referral, a decision will be made by a Social Worker in the Multi Agency Safeguarding Hub (MASH) in respect of the need for an assessment. It is at this point that the 45 working days timescale commences. The case will be referred to the operational team and then be allocated to the assessing Social Worker by the PM or CSW. The Consultant Social Worker or Practice Manager will record a '**management decision**' Case Note. This '**management decision**' will identify what actions and what the initial focus is of the assessment and:

- a) Direct a provisional timescale for first review of the assessment within 5 working days, or earlier if the level of risk requires closer management oversight, for example in cases where a Section 47 investigation takes place alongside a Social Work Assessment; and
- b) Direct a timescale for the child to be seen within 5 working days of referral. However, if the Consultant Social Worker (CSW) or Practice Manager (PM) assesses that the level of risk warrants an earlier visit, this should be actioned immediately and recorded as part of management oversight.

Once the management decision has been recorded, the allocated social worker will be notified without delay. Contact will be made with the family / young person the same day or next working day at the latest, to make an initial appointment to visit the family and the child(ren), according to the timescale set out in the recorded management decision. The allocated social worker will notify the supervisor if attempts to contact the family have failed, to determine what measures need to be put in place to progress the initial visit at the earliest opportunity.

If a referral is deemed to be "child protection" requiring assessment under Section. 47 1989 Children Act, the MASH will make this threshold decision in consultation including the Practice Manager or Consultant Social Worker, a Health professional, and the Police – in liaison with any professional referrer where possible. The threshold discussion will also determine whether joint investigation with Police is required. The operational team will convene a Strategy Discussion with Police and Health colleagues where necessary, and other agencies as appropriate, which will include planning for any immediate protective actions necessary.

If, during assessment, (at any point between day 1 and 45) **child protection concerns are identified**, the Practice Manager/Consultant Social Worker within the allocated team must convene a Strategy Discussion and progress Section 47 enquiries in accordance with Strategy decisions.

The allocated CIN or CIC team will ensure management oversight of the actions required and identified within the Strategy Discussion, including any immediate actions necessary the same day, entering a '**management decision**' record within the assessment template.

If the SWA has already commenced and a new Section 47 matter requires enquiry, the current assessment will continue, and the findings of the enquiry incorporated within the

assessment. A new Strategy Discussion record and a Section 47 outcome screen would need to be completed. See [Procedure for Strategy Discussions and Section 47 Enquiries](#)

### **By Day 5**

If no further action is determined at this stage, the PM or CSW will add a case note to the child's record to highlight that the SWA needs to be written up and authorised.

Where assessment identifies further actions/supports via Family Support (FS) or Child in Need (CIN) processes, a proposed/outline multi-agency plan is to be recorded within the assessment (with intended outcomes, associated actions, and timescales).

Where Section 47 enquiries have been initiated, a Family Network Meeting (FNM) is to be convened, to assist Social Care in determining if continuing within the child protection process with recommendations to Initial Child Protection Case Conference (ICPC) is needed, or to revert to CIN planning, the nature/focus/timescale of further assessment, continuation of any Early Help and formulation of a multi-agency plan.

If the assessing Social Worker has not been successful in contacting the family at this point, due to avoidance by parents/carer, the PM/CSW will consider the next steps in efforts to see the child and family and record as a management decision.

### **By Day 13**

If an ICPC is to be convened, the SWA to date will be the Social Worker's report to the ICPC and will need to be recorded with the proposed plan agreed by the PM, with sufficient time for the assessment/report to be shared with the family, at least 48 hours before the conference, taking into account the time for PMs to read and authorise those reports by day 13.

### **By Day 15**

ICPC convened, where required. The SWA will have been completed with management oversight evidenced by this stage and will inform the ICPC planning. Further assessment requirements will then need to be added within "Reason for Assessment and Overview", to provide record of the rationale for the nature of assessment that follows. The completed assessment would be presented to the Review Child Protection Conference (RCPC).

### **By Day 20 (for cases not progressing to ICPC)**

It is anticipated that the assessment is completed, fully written up and authorised by the Practice Manager/Consultant Social Worker. In a minority of cases where the Manager/Consultant Social Worker agrees that there are areas that require further detailed assessment they can authorise the assessment to continue for up to 45 days. The Practice Manager/Consultant Social Worker will discuss the needs of the family with the Social Worker and record a '**management decision**' following on from the initial management decision within the SWA including the actions agreed to complete the assessment.

### **By Day 30**

All assessments are expected to be completed. Only in exceptional cases should the Practice Manager extend the assessment to the maximum 45 working days. The Practice Manager will add a '**management decision**' in case notes identifying what further interventions/assessment are deemed necessary and why the assessment requires additional time beyond 30 days.

### **By Day 40**

All assessments must be completed and sent to their manager for authorisation.

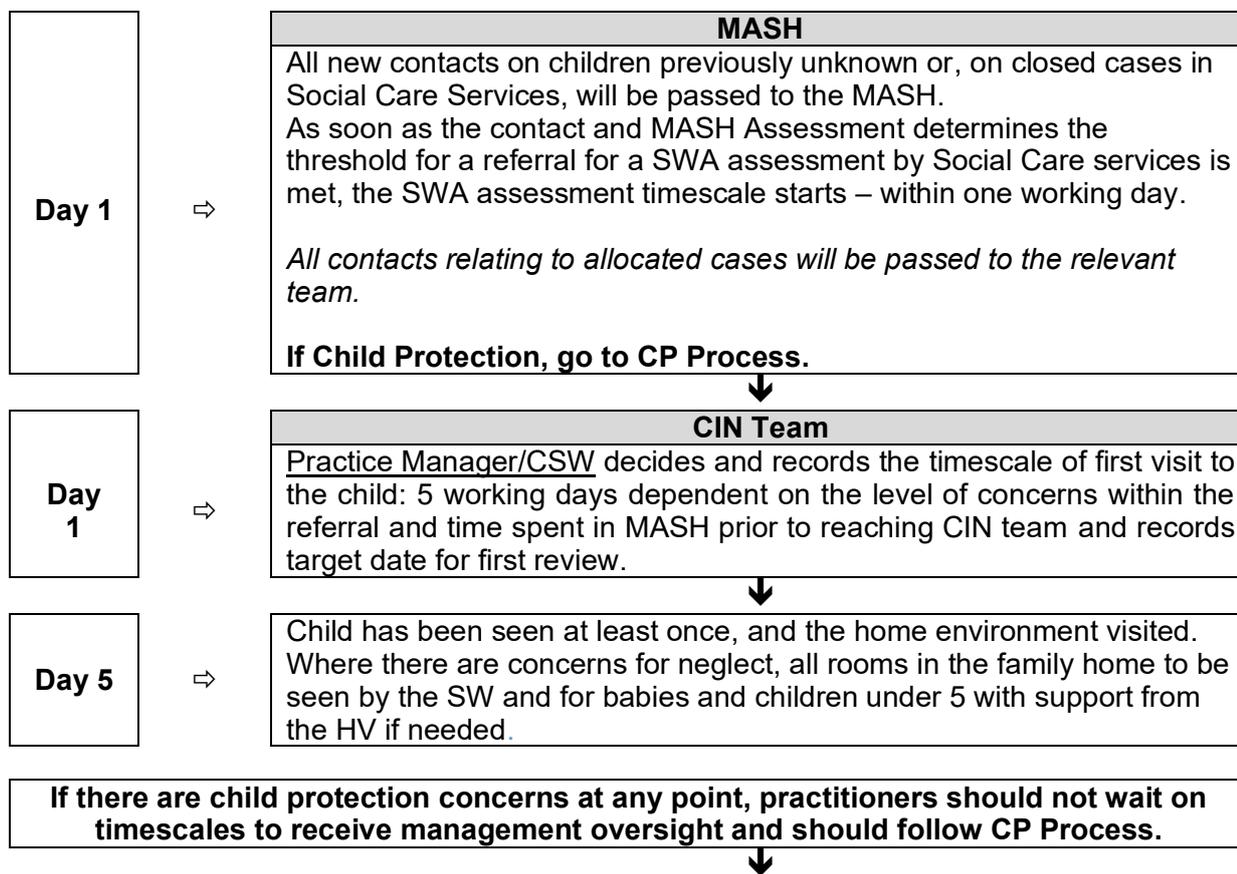
### **By Day 45**

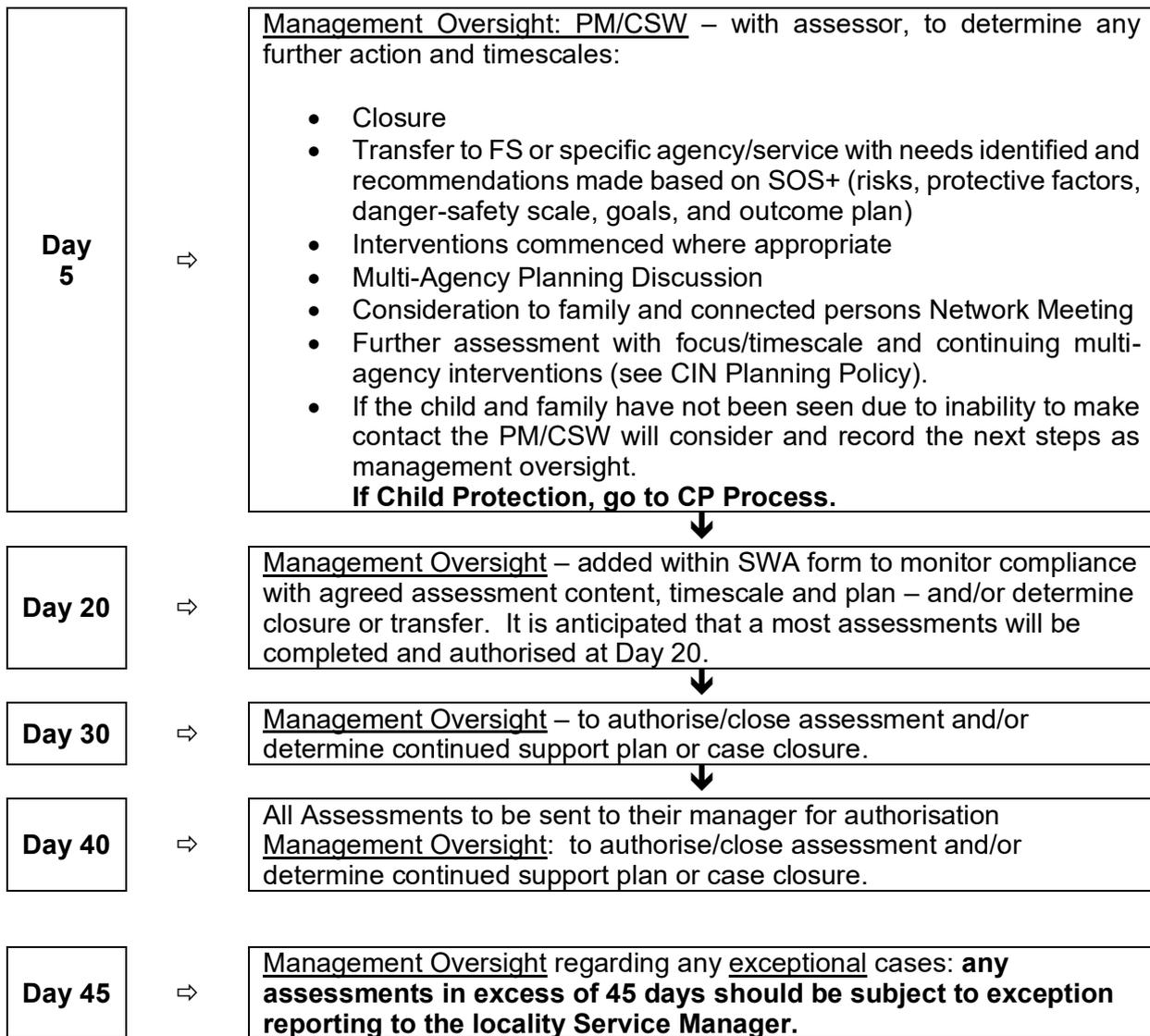
All assessments must be authorised by the Practice Manager/Consultant Social Worker and with a plan in place where CIN or FS services are required.

### **Exception Reporting**

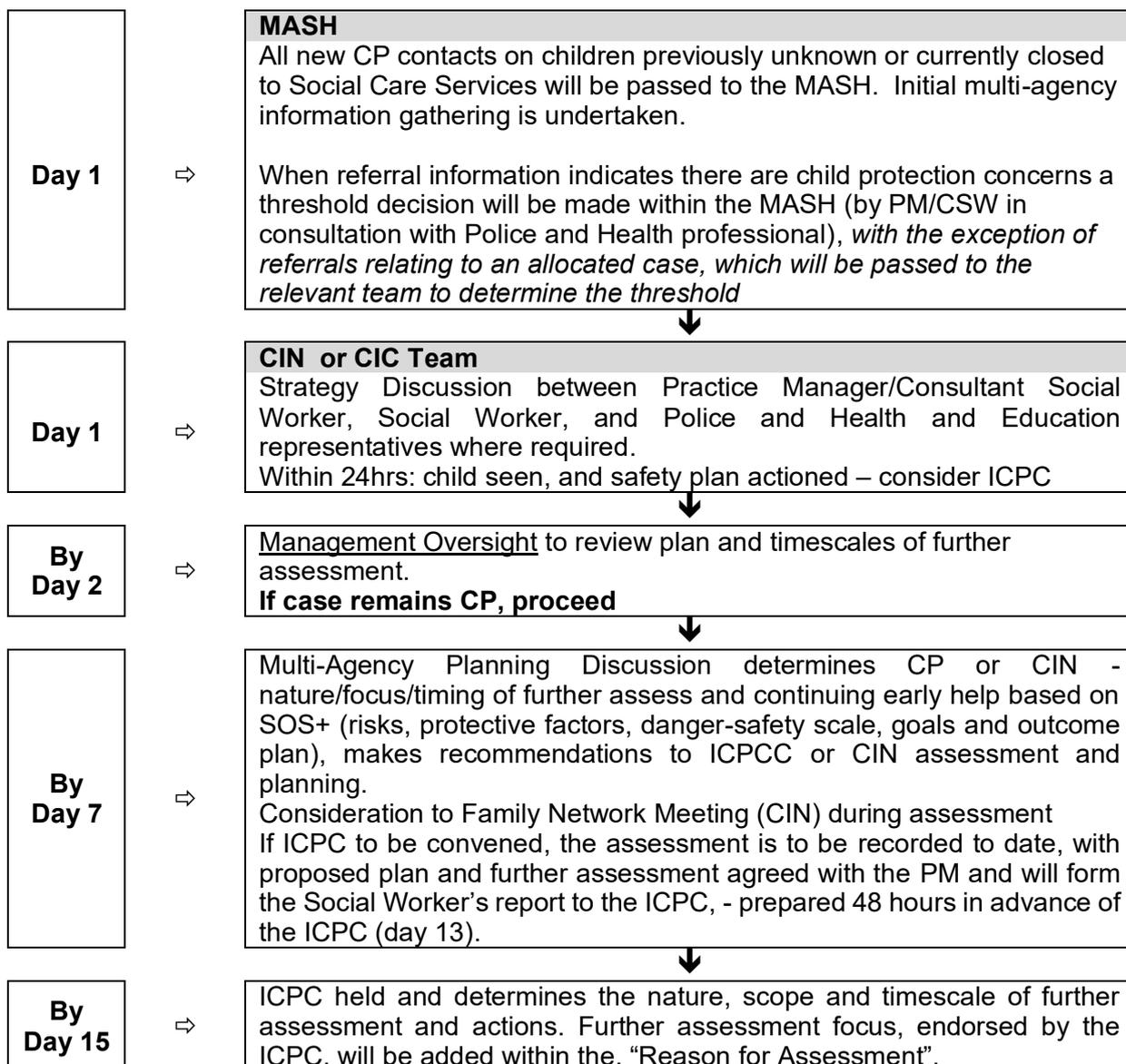
Assessments exceeding 45 working days must be reported to the Service Manager with explanation for this exception. The Practice Manager/Consultant Social Worker will add a management decision to the electronic case management system to address the reasons for any out of timescale SWA as outlined above. This monitoring will assist in the service addressing issues relating to unacceptable delay. Managers must proactively use escalation protocols where any agency may unreasonably be causing delay in sharing information or appropriately supporting the local authority in progressing assessment and services.

### **Social Work Assessment CIN Process & Timescale Guidance**





## Social Work Assessment Child Protection (CP) Process and Timescale Guidance



When on an initial visit to undertake a SWA with families it is important to take with you all documentation that you need to share with the family. Social Work Teams have a SWA 'pack' to assist with this which should contain the following at a minimum:

- CYPS Privacy Notice.
- Social Work Assessment template.
- Copy of template letter for when parents/carers are not at home with a sealable envelope.
- CYPS SOS+ leaflet for families explaining Assessment process.

## Completing and Recording the Social Work Assessment

The SWA form is in Liquid Logic. This section considers the headings of the template and the information required to complete each section.

Some customer data within the SWA template will be pre-populated from existing records held in respect of the child and their family. However, the main information within the assessment template will require the Social Worker to demonstrate their understanding of the child, family, reasons for and information contained in the most current referral, and how this is perceived within the context of the family's history.

### **Sibling Recording**

Assessments can be recorded and consolidated to siblings before authorisation. Where this occurs, sibling assessment information must be modified to reflect differing individual needs, circumstances, and any proposed plans, before authorisation.

### **Child and Family Network Details.**

Additional family members/significant others identified as a result of the assessment can be added or removed from the child's demographics through the personal relationships tables within the assessment.

### **Services Working with the Child and Family (Key Agencies)**

Agencies or professionals working with the child can be added from within the assessment and existing involvements can be updated or ended.

### **Information Sharing.**

This section requires the Social Worker to identify if there is any data or aspect of the assessment that should not be shared with any party (for example, consent issues or an "absent" parent/partner posing a risk).

Since May 2018 when the Data protection Act 2018 (GDPR) came into effect, social workers do not require the consent of the young person or the child's parents to record information about them. Workers will instead have to share CYP's Privacy Notice to ensure the family is fully aware of how the Council deals with their information.

Whilst written consent to record is no longer required, the family will still be able to determine whether they wish to take part in an assessment under s17 of the Children Act.

Section 47 assessments should continue even if the child or parent is not agreeable, as the Local Authority have an over-riding duty to protect children from significant harm. Any decision to progress Section 47 enquiries and actions against one or more family members' wishes should be clearly recorded, including the for this and any risks that would be associated with failing to progress against parental wishes.

Where an assessment takes place, the information recorded must be proportional to the risks and challenges the child and family face and should deal with issues that are relevant to the case.

Workers and Managers must be mindful that an assessment is written to be shared with the family and, at times with other professionals. Family members may share information with a worker which they have not shared with others in the family and which they might prefer to remain in confidence. Where sensitive information considered highly confidential by one member of the family is given to the worker:

- A) The information is highly relevant to the case and must be recorded within the assessment as it forms the basis of decision making:

Discuss this with the family member who is giving the information and explain why the information needs to be part of the assessment and whom the assessment will be shared with. Consider redacting the assessment when sharing it with people who do not need to know this detail. Offer support to the family member so they may discuss the information with their family before it is disclosed to them as part of the assessment.

- B) The information is relevant to the child's situation but does not directly lead to certain decision making:

Record the information within the case management system but not as part of the assessment. Refer to it indirectly where it does influence your analysis (e.g. "events/health issues/etc. in the mother's past are having a detrimental effect on her parenting/health/attitudes") but do not write out the information.

- C) The information is not relevant to your assessment of the child's situation, as far as you can tell:

Do not include the information or reference to it in the assessment.

These options will not apply where sharing information would put a person at risk. In such situations the safety of a child or adult must always come first.

Information may be gained from other agencies via telephone, but detailed information gathering can be supported using the Suffolk Safeguarding Partnership generic agency information form at ([Appendix A](#)).

## **Reason for Assessment**

The Social Worker must clearly outline the reason this assessment is taking place. This should be a brief narrative including the referral information, information gained from any MASH enquiries/threshold decisions/Sec 47 Strategy Discussion, the likely/possible impact of historical information at the point of referral, and why we are concerned.

## **Assessment Details**

This section should include significant events for the child and family from all agencies involved, i.e. referrals, assessments, interventions, and outcomes. How long were agencies working with the family at each intervention and how effective was this? Did the family demonstrate meaningful engagement and/or progress? What worked well and what was less successful?

The Social Worker should include dates and significant events from the family's history as relevant to this referral and assessment. The Social Worker must carefully consider what information is contained here and be able to demonstrate how these events impact on the current family circumstance and inform this assessment.

This assessment section may or may not contain the full chronology of significant events for the child and family. In many cases it will be the full known chronology of significant events, but in cases of many years of agency involvement, the focus of detail should be significant events for the most relevant recent period – i.e., minimum the past year, with earlier history summarised rather than separate headings for every event. If the section does not contain the full chronology, the assessor should refer here to where the full

chronology is held. This section needs to be populated before the system will allow assessment authorisation.

This section should also summarise information from any Family Support services' understanding of the child and family's needs, to be evaluated within the Social Care assessment being commenced. If the matter is to be presented to an ICPC, then further assessment focus, as endorsed by the conference, will need to be added in this section, to provide record of the rationale for the nature of further assessment.

### **Draft Danger Statement**

SOS supports assessors to bring assessment to a few brief statements that clearly articulate their specific concerns for the child in plain language, spelling out likely consequences for the child if change does not occur. These statements are shared with the family and need to be expressed in a way that the family understands, even if they do not agree. Danger Statements are used as the basis for the Safety Goals, Next Steps and Safety Plans.

### **Childs Family Tree**

Family Tree: The Social Worker, working with key family members, should draw a clear and understandable family tree (genogram), which may also help discussion about support networks.

Wider family networks can be demonstrated in a wider family tree. The family tree will need to be generated electronically on the child's electronic record. These provide invaluable information for a child in the longer term, particularly where they do not remain within the birth family.

Eco Map: The Social Worker, working with key family members, should draw up an Eco Map which is clear and understandable. It is essential to gain an understanding of the family's perception of their family and professional systems and how they relate to the world around them. The Eco Map will assist with the assessment, identifying areas of support and areas which may pose additional stressors for the child and family.

### **Chronology**

If a chronology is started and maintained on the child's demographics, the chronology is still required to be added manually into the current SWA and does not pull through into *future* SWA. The worker can also edit the chronology within the assessment, but changes will not be saved to the child's chronology.

This section should also summarise information from any Family Services service' understanding of the child and family's needs, to be evaluated within the Social Care assessment being commenced. If the matter is to be presented to an ICPC, then further assessment focus, as endorsed by the conference, will need to be added in this section, to provide record of the rationale for the nature of further assessment.

### **Child Protection**

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If at any point from the referral during the assessment there is a reason to believe the child/young person is suffering or likely to suffer significant harm, Children's Social Care has a duty under the Children Act 1989, section 47, to make enquiries to find out what is

happening to the child and whether protective action is required. See [Child Protection \(Section 47\) enquiry](#).

## Section 47 Enquiry

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### Summary, conclusion & recommendations

The Social Worker should summarise the findings of enquiries (including within the “Section 47 Outcome” screen) into the precipitating concerns/incident and make recommendations for any further action. The S47 enquiry needs to reach an informed decision about whether the child is suffering or likely to suffer significant harm (see also the “Signs of Safety” scale within the assessment analysis section).

If the child is deemed to be suffering, or likely to suffer, significant harm, an ICPC should be convened within 15 working days of the strategy discussion.

Where significant harm is found, the Practice Manager, will ensure an ICPC has been requested and scheduled within the 15 day timeframe.

### Record of Family Network Meeting/Assessment

Suffolk Children’s Services has adopted the **Signs of Safety plus** model of practice. Therefore, the Social Worker must consider the following:

**1) What is working well for the child? (SOS+; existing safety, strengths that demonstrate safety)**

This section looks at the strengths identified within the assessment (*strengths demonstrated as protective or supportive factors for the child/ren*). The Social Worker must identify the resilience factors within the immediate and wider family and friends’ network. The Eco Map and Family Tree will be important in assisting this analysis, providing an understanding of the family’s systems and how they impact on the child. Consider whether the child identifies a trusted adult. Do they have a strong relationship with a professional? Are they engaged with activities outside of the home?

**2) What are we worried about? (past harm, complicating factors, future danger)**

This section of the assessment identifies the risks for the child, and it should summarise the concerns the Social Worker has for the child’s immediate and longer-term wellbeing, including evaluation of risks associated with the precipitating concerns/incident. Consideration should be given to the identified needs of the child and how the parents/carers can meet these needs. Are there any factors within the wider family or community which pose a concern for the child? What do the adults/child consider as risks? What are they worried about?

The Social Worker must demonstrate throughout the assessment that they are aware of the family’s history (including parents`/carers` own history) and have taken this into consideration. The pattern of historical information should assist the Social Worker with planning for the child, ensuring the most effective interventions are identified with the family. An analysis should be drawn to demonstrate the level of understanding and meaningful engagement from the family and what this indicates for future engagement.

Social work assessments and plans are the key documents from which families understand what the concerns are and what needs to change in order for statutory services not to be involved. Every child involved in the assessment process should have a plan developed specifically for them and has been shared with them.

This section should record all the interventions with the family including:

- What is working well?
- What are we worried about-include danger statement?
- Any record of direct work with the child? Ensuring it is scanned and attached to their record.
- What does the child say about their situation? To include scaling questions if used.

This section needs to record the expressed views and wishes of the child/young person, including in respect of any proposed plans (or if non-verbal, the Social Worker's understanding from their personal observation, and perceptions of other parties), in respect of their situation and needs. It is sometimes helpful to quote directly what the child/young person says.

- Social Workers understanding of the child's experience.
- Education and Health.

For all children: The child's story will include significant historical factors and areas pertinent to the life of the child, for example education (are they in an early education setting or at school?) What is their attendance record? Are there any concerns or S.E.N?) and health and any issues that may impact on their development. Are there any disabilities, substance abuse, mental health issues? Are there issues of diversity, identity, culture, or potential discrimination, that needs consideration? It is important that the Social Worker collates and records the impact of the current situation on the child's everyday life, including what is the child's understanding of their situation, and how this impacts on their learning and development.

There are many tools available for direct work with children to gain insights into their experiences, views and wishes – e.g. Signs of Safety+ 4 Houses.

Where a child is too young or unable to verbally share this information, the Social Worker must use their skills and experience and gain information from other sources such as family and other connected people and professionals involved with the child, including childcare practitioners. The Social Worker must analyse their own observations of the child within the family environment and other settings if appropriate.

For pre-birth assessments, the Social Worker will need to refer to any known factors relating to the pregnancy and welfare of the unborn, and professional understanding of the child's likely needs following birth.

For Children in Care or "looked after", there will be information and assessments on the child's electronic record addressing the reasons why the child came into care or became "looked after". The care plans will have been monitored through a structured reviewing.

- What does the parent/carer say about their child's safety and wellbeing-include any scaling questions used?

This section needs to record the expressed views and wishes of the parents/carers in respect of their child/ren's situation and needs, their own needs and any proposed plans.

- Social workers understanding of parent's experience and capacity to parent.

This section should present information on:

- Strengths – these should be evaluated as to how far they represent *actual* safety protective or supportive factors for the child/ren (in line with SOS+, "What is working well?")
- Issues that may have implications for effective parenting, such as substance abuse, mental health issues, learning or physical disability and previous involvement with Social Care. The Social Worker should record here information on the parent/carer's ability to meet the child's needs for; basic care, safety, emotional warmth, stimulation, parental guidance and boundaries, and stability (in line with SOS+, "What are we worried about?").

The Social Worker must consider whether a referral to other agencies, such as adult Social Care, is required (for example under the collaborative case work protocol). The Social Worker should consider the parent/carer's background history and any associated impact on their ability to meet the child's needs.

Signs of Safety+ emphasises the need to give equal weight to family knowledge and wisdom when considering alongside professional knowledge and expertise.

Social Workers must remember "absent" parents and new partners in all their assessments, detailing their role in the child's life and what this means to the child. Effort should be made to contact "absent" parents (often fathers) and gain their views and information about their relationship with the child.

### **Complicating factors affecting the child and family.**

Consideration should be given to; the family history (including parents'/carers' own history), wider family impact or support, housing or accommodation issues, employment and income, the family's community and social integration and any resources and resilience support in the community.

When considering the wider family and its dynamics, the Social Worker should explore what impact this has on the child and their immediate family.

### **Summary of significant events, including in family history**

This section should include significant events for the child and family from all agencies involved, i.e. referrals, assessments, interventions, and outcomes. How long were agencies working with the family at each intervention and how effective was this? Did the family demonstrate meaningful engagement and/or progress? What worked well and what was less successful?

The Social Worker should include dates and significant events from the family's history as relevant to this referral and assessment. The Social Worker must carefully consider what information is contained here and be able to demonstrate how these events impact on the current family circumstance and inform this assessment.

### **Further assessments required or already completed.**

Include summary/findings of any other assessments/plans (including adult services and by other agencies) that need to be considered.

For a child with a disability, it is important to consider assessments already undertaken (including any Special Educational Needs assessment), the impact of the disability and any additional needs on the child and their family. These may arise from barriers in society, health needs or a raised vulnerability owing to the level/type of disability. Where a child has a learning disability or impaired communication, it is important to pay particular attention to means of communication that are suitable and reasonable for the child. The Social Worker must not make assumptions that the child cannot communicate or give credible evidence during their assessment. The child should be respected as an individual and be provided help and support to participate in the assessment process. The Social Worker needs to remain conscious that the parents are often experts in their child's disability, but also be alert to the vulnerability of a child with a disability. The assessment should include an assessment of the child's carers' needs.

### **Parents/Carers**

This section should present information on:

- Strengths – these should be evaluated as to how far they represent *actual* safety protective or supportive factors for the child/ren (in line with SOS+, “What is working well?”)
- Issues that may have implications for effective parenting, such as substance abuse, mental health issues, learning or physical disability and previous involvement with Social Care. The Social Worker should record here information on the parent/carer's ability to meet the child's needs for; basic care, safety, emotional warmth, stimulation, parental guidance and boundaries, and stability (in line with SOS+, “What are we worried about?”)

### **Social Worker's Analysis**

In this section the Social Worker must pull together all the information gathered during the assessment process from the child, family members, and other agencies involved with the whole family (e.g. including SOS+ “case mapping” exercises and any direct work with children, such as “4 houses” tool). The Social Worker must use their professional expertise to gain an understanding of the family's current situation and the implications for the child's immediate and future welfare needs, including issues of establishing *permanency* in a child's care and circumstances. This will require the Social Worker to make sense of the referral concerns in the context of the family's current situation and evaluated in the context of any historical information held in respect of the family.

The Social Worker will draw upon; social work theories, research, past experience, assessment evidence and, most importantly, the needs of the child, to reach a professional opinion leading to meaningful care planning for the child. The Social Worker will be supported in this process using systemic, reflective supervision with their supervisor.

A summary of services provided to date and evaluation of the impact of any help, will assist future planning of any services.

### **What further information do we need to know and what are we going to do about it?**

This section needs to consider the areas where the Social Worker believes further information is required:

- Consider how this can be obtained.

- What will be the impact on future involvement with the family?
- What and who is missing at this stage?
- Do the family understand the concerns?
- Do the family understand what is expected of them?
- Have all agencies been contacted?
- Should a referral be made to any other agencies for the family, individually or as a group?

### **Child's Plan**

The Social Worker will develop and record the proposed outline plan of intervention in this section, including recommendations for CIN, CP, and CIC plans.

This section will record the outline of plans (and back up plans) proposed for; CIN, CP and CIC planning/review meetings or transfer to FS support and record the frequency of Social Worker visits to the child/ren. Plans will need to be confirmed and recorded within the SMART (Specific / Measurable / Achievable / Realistic / Timely) approach and guidance provided under planning.

### **What is the bottom line - What will happen if not enough progress has been made?**

This section needs to record the expressed views and wishes of the parents/carers in respect of their child/rens' situation and needs, their own needs and any proposed plans.

### **Assessment Factors.**

This section contains all the data required by the DfE for CIN Census returns. DfE guidance is clear that the assessor should record, "all factors which are felt to be relevant to the child`s assessment..... only record factors which are currently an issue of concern" (p33 of DfE guidance).

## **Manager's Decision and Feedback**

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This section records the management oversight (PM/CSW) on day 20 and at the final stage of the assessment when authorisation is required.

### **Manager's/CSW's comment on the Social Work Assessment**

The Practice Manager/Consultant Social Worker must complete this section outlining their professional opinion on the Social Worker's recommendations and the likelihood of re-referral with reasons why and suggested actions if so. They are required to make comment on whether the assessment was completed within the agreed timescale and provide a cogent explanation if the timescale has not been kept to. The authoriser will need to verify that the child was seen (and spoken to, where age appropriate) as part of the assessment, and provide an explanation if the child was not seen.

### **Further information and Recorded Customer Feedback**

It is important for the local authority to receive feedback on the service it provides to children and their families. Feedback is received in many ways, including via the "Customer Assessment feedback" which should be provided to all families' subject to assessment. Feedback will be collated and shared to reflect on and improve service delivery.

Families should be encouraged to share their own views regarding the service planning or delivery. If disagreements cannot be resolved with the Social Worker, CSW or PM, they should be informed of how to use the complaints process.

Addressing service user complaints is an effective way of learning from our delivery to improve services.

The Social Worker must demonstrate they have shared the assessment with the child and their family, recording any feedback.

The Social Worker needs to ensure that any professional referrer has been notified of the outcome of the assessment.

## Glossary of Terms

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- **Collaborative Casework** - is an agreement in Suffolk about the approach, principles, and arrangements for effective joint working between the services for adults and for children under 18 where a parent has a disability or additional support need where this could impact on the care of the child.
- **Authorised** - this refers to the action of a manager signing off an assessment on the electronic case management system and has the effect of sealing the record against any further alteration.
- **LCS** - is the customer database used by Social Care Services to record all casework.
- **Child in Need (CIN)** - is a child assessed to have need of services under Sec 17 Children Act 1989.
- **Completed** - refers to the action of an assessor (Social Worker) finishing their recording of an assessment on LCS, pending "authorisation" (as above) by a manager.
- **Contact** - is a contact made with the MASH (by member of the public or a professional), that has not been evaluated and confirmed as a "referral" (see below).
- **Core Group** - is the group of key professionals involved in monitoring the progress of child protection plans between conferences.
- **Family Support** - is the provision of support to children and families by universal services or integrated teams.
- **Eco Map** - is a diagrammatic representation of relationships within a family network and with a child – as defined by the subject (usually the child).
- **Genogram** - is a diagrammatic representation of a family's genetic relationships. A "Family Tree" contains also the non-genetically connected family relationships and may be used to record family relationship trends/patterns e.g. children living away from family, miscarriages/abortions etc.
- **"Child in Care" (CIC)** - any child/young person who is either voluntarily placed (under Sec 20 Children Act 1989), or placed under a Care Order (Sec 31 Children Act 1989) with foster carers, kinship carers, in residential provision, or whilst subject to a Care order is residing with a parent/s
- **MASH** - Multi-Agency Safeguarding Hub, which receives all new contacts and referrals passed from Customer First, gathers initial agency information to determine how to respond to a contact or referral.
- **Multi-Agency Planning Discussion** - is the discussion convened by the assessing Social Worker to determine what actions/supports/assessments are required to best meet the needs of a child.
- **Parental Responsibility (PR)** - the legal rights and responsibilities automatically acquired by a mother and gained by a father whose name is added to the child's birth certificate. Other people may gain PR by court order (Child Arrangement Order, Special Guardianship, Adoption, Parental Responsibility) – including the local authority which may acquire PR via a Care Order.
- **Public Law Outline (PLO)** - legal and local authority processes followed prior to possible public law applications (which includes a "PLO" meeting convened with

parents/carers and their lawyers to share concerns and agree/determine any interventions).

- **RAG** - a Red / Amber / Green colour monitoring system
- **Referral** - a contact made with Childrens Services – (for purposes of this protocol, with the MASH), which is deemed to have met the threshold for assessment by social care.
- **Sec 47** - section of the Children Act 1989 under which enquiries and actions may be taken by the local authority when a child is deemed to be suffering or likely to suffer, significant harm.
- **Signs of Safety+** - the integrated framework for how to work with families – the underpinning principles, the disciplines for workers` behaviour and application of the approach, a range of tools for the assessment and planning, decision making and engaging children and the processes through which the work is undertaken with families.
- **Significant harm** - as referred to, but not defined, under Sec 31 Children Act 1989 (“harm” defined as being “ill treatment” or the impairment of health or development).
- **Social Care** - The department of local authority Children and Young People`s Services that undertakes its statutory duties in respect of children in need and those in need of protection.
- **Strategy Discussion** - the formal discussion (or meeting) convened by social care under statutory guidance (Working together 2023) which determines the nature of enquiries and actions where a child is believed to be suffering, or at risk of suffering, significant harm.
- **Early Help** - the teams, including Health and Children Centres, that provide, commissions and coordinates services to help children and families requiring additional support but have not met the threshold for services under Sec 17 Children Act 1989.
- **Threshold decision** - the decision reached in the MASH, determining that enquiries are required under Sec 47 Children Act 1989 (“Child Protection”).

Appendix A



# Suffolk Safeguarding Partnership

## SOCIAL WORKER REQUEST FOR INFORMATION FROM PARTNER AGENCIES

### Section One:

(social worker to complete, partner agency to add missing information where known.)

Child Protection Enquiry (Sec 47)	YES	NO
CIN Enquiry (Sec 17)	YES	NO

*Effective Sharing of information between professionals and local agencies is essential for effective identification, assessment, and service provision.*

*\*Working Together 2023 states that all organisations should have arrangements in place to share information and if a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, they should share the information with local authority children's social care.*

CONSENT HAS BEEN GIVEN If consent has not been obtained, please state why:	YES/NO
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\* Dept for Education Guidance: Information Sharing: Guidance for practitioners and managers (2008) Working Together 2023

### Social Worker Details:

Name.....

Team Name and Address.....

.....

Telephone Number.....

Secure email/email address.....

### Partner Agency Details:

## Appendix A

Name.....

Address.....

.....

Telephone/email.....

Brief details of the nature of the concern and information sought by Social Worker

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### Section Two:

Details of Family:

(social worker to complete, partner agency to add missing information where known.)

Name of Child:	Date of Birth:
Ethnicity:	First Language:
Siblings:	Dates of Birth:
Home Address:	Other addresses child may stay at:
Name of Mother/Carer:	Date of Birth:

## Appendix A

Name of Father/Carer:	Date of Birth:
Other significant adults in household:	Date of Birth:
Ethnicity/first language of siblings/adult family if different from child:	School:

### Section Three:

(Partner Agency to complete)

Do you have any concerns regarding this child/family or others in the household evident from the records, or your contact with family? Do you have information that would be useful in planning support that may help the child/family? (i.e. parenting capacity)

Yes

No

What date did your service last have contacts with the child/family?

.....

1. If you have **any concerns** full completion of Section Four is essential, giving as much information as possible.
2. If you have no concerns but do have information that would be helpful in planning support for the family, please include this also (if the family have given consent to information being shared).
3. If you have no concerns or useful information, there is no need to complete Section Four but please ensure you sign and date Section Six and return the form to the address on the front page.

### Section Four:

<b>Attendance/Access to Services</b>
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## Appendix A

<p>(Consider school attendance, immunisations, attendance at nursery/children's centre, any A&amp;E or out of hours calls you may be aware of)</p>
<b>Appropriate Development</b>
<p>(Consider academic performance, any disability/impairment, behavioural issues, peer relationships or significant illnesses)</p>
<b>Family and Environmental Factors</b>
<p>(Consider family history and functioning, any substance misuse or domestic abuse issues, housing conditions and employment if known, benefits if relevant, family's social integration in community)</p>
<b>Parenting Capacity of the main caregivers</b>
<p>(Include the ability to provide basic care, emotional warmth and stimulation, guidance and boundaries, ability to ensure adequate safety, health and welfare).</p>
<b>Are you aware of any adults who may be of concern to the child's welfare or safety?</b>

**Appendix A**

<p><b>Any other information or involvement you have had with the family?</b></p>
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The family should be aware that you are providing a report, which should be shared with them, if it is possible and safe for the child/children to do so.

**Section Five:**

Information required by (date)\* .....

Signed.....

Print Name .....

Date .....