

‘What is this plan for?’ The purpose and content of child in need plans

October 2024

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Foreword from Dame Rachel de Souza



There is a group of just over 400,000 children living in England who are defined as 'children in need', because they have been identified as needing meaningful intervention from the state to support their development, prevent problems in their home lives from escalating or to help if they are disabled.

Around a quarter of these children, as of 31st March 2023, have child in need plans. These children have varied needs: they might be a young carer, or are being targeted for criminal exploitation, or have a parent struggling with substance misuse or domestic abuse, or they might be disabled.

Child in need plans are a fundamental part of our child protection system. When implemented well, they are one of the few tools the state has to prevent children from being taken into care and to keep families together safely – and thousands of children are reliant on these plans to grow up healthy and safe.

But in their current form, it is impossible to meaningfully assess how effective child in need plans are as an intervention. The findings of this report make the case for bold reform for children and families, beginning with clear national thresholds of need to guide practice in local authorities and a national outcomes framework that assesses the effectiveness of the help given to families so we can avoid a

postcode lottery. No child's outcomes should be determined by workload pressures or poor local decision-making, or left open to interpretation according to individual plans.

Earlier this year I pointed to the lack of consistency across the country and for different groups of children when it comes to how judgements are made about what level of support is available through a child in need plan. Now, through a thorough examination of these plans, and engagement with social workers and families with experience of plans, it has become starkly clear that the needs and voices of children are too often being overlooked due to administrative concerns such as: budgets, caseloads, and the availability of local resources.

For children and families in need of these vital services, this is an all too familiar story. It is one that is reflected in the breadth of my recent work, from support for Special Educational Needs (SEN), to waiting times for mental health issues, to a lack of attention paid to children missing from education. Children's individual needs, and their family circumstances, should be at the heart of how these services operate – but as this report sets out, too often they are an afterthought in a fragmented system where support is contingent on whether there is capacity locally to provide help.

Furthermore, it shows that even when plans are in place, families – and even the professionals creating them – say they can be vague and confusing, without achievable actions, no clear timeframes for improvements and delivered with poor communication. This report and its new in-depth analysis of a sample of plans, finds that an overwhelming majority (85%) of actions recorded within them did not meet my criteria for a 'high quality' action. This means that for the majority of actions – essential steps that must be completed to reach the plan's overall objective of protecting and supporting a vulnerable child – it was difficult to assess what had been done and whether progress had been made when the plans ended.

Documents explaining why child in need plans are closed often did not provide information on whether the original source of concern – and the reason the plan was created in the first place – had been addressed. Instead, I found that many factors can influence why a plan closes – including, for example, the quality of the relationship between the social worker and the parent, rather than anything to do with the underlying needs of the child at the centre of the plan.

Nearly three-quarters (72%) of the plan did not make reference to timeframes for the interventions in place to support families, making it hard to track progress between visits and review meetings. Local authorities publish their own visit timeframes, so visits by professionals varied in frequency by area – and it appears that disabled children are visited less frequently than other children on these plans.

Almost 1 in 25 (4%) of children on child in need plans for concerns around their safety and development had not been visited in more than three months. For vulnerable families relying on professional intervention, those three months could mean the difference between an opportunity to build a stable life, or reaching crisis point with an altogether more tragic conclusion.

The government's upcoming Children's Wellbeing Bill is a critical opportunity to examine how we are using this vital statutory early intervention to support vulnerable children and ultimately to keep families together across the country.

In this report I have set out a series of recommendations that, if implemented, would create meaningful reform for children and families. This starts with a comprehensive review of the Children Act 1989 that lays the foundation for local action that better supports families. We need clearly defined national thresholds of need for children and families, under section 17 of the Children Act, to guide local practice. We need to set a uniform approach nationally for how often children receive help and how frequently that help is reviewed. We also need a comprehensive National Child in Need Outcomes Framework to measure the effectiveness of the help that children and families receive.

Only with these key changes will child in need plans live up to their purpose of early intervention that keeps families safely together, and puts their needs - and crucially, children's experiences - at the heart of our child protection system

Executive summary

Despite children on child in need plans making up the largest group of children supported by children's social care in England, the support they receive is poorly monitored and the progress made by families on child in need plans is hard to track.

Earlier this year, driven by the lack of available data and understanding on who these children are, the Children's Commissioner's office published '*Children on child in need plans*'. This report highlighted substantial variation in the use of these plans among different groups of children and across local authorities in England.

To enhance our understanding of section 17 as an intervention, this second report draws on a sample of child in need plans collected under the Children's Commissioner's statutory powers, to examine the contents of child in need plans, look at whether the plans achieve the outcomes they set out to, and to assess how families' progress is measured.

The purpose of child in need plans is not clear

- The office asked both parents and social workers for their views on the purpose of a child in need plan. They provided different perspectives on what plans were there for.
- Many parents are unclear about the purpose of a child in need plan, feeling monitored without adequate support and confused about its objectives. In contrast, some social workers view the plans as effective tools for coordinating support. The disconnect between their understanding and that of parents highlights a broader issue of inadequate guidance around the purpose of child in need plans as an intervention for families.
- In practice, child in need plans are predominantly used as a short-term measure. The majority of child in need plans in the office's sample closed either entirely or were stepped down to universal services (87%). Consequently, a strong early help system is crucial for these families to receive ongoing support, but many social workers reported that this is currently lacking.

There is a lack of consistency in support offered through child in need plans

The office found that practices around how plans are used to support families varies between local authorities. Without detailed statutory guidance, or a universal template for local authorities to draw on, practice varies substantially in how local authorities capture child and parent voice and support sibling groups.

- **Child's voice:** Even where there is relevant statutory guidance, there was a lack of consistency in how plans are delivered. For example, despite statutory guidance setting out the need for the child's views to be captured, 35% of assessments and plans did not include the child's voice.
- **Parental consent:** In addition, only 57% of plans and assessment had parental consent recorded.
- **Frequency of social worker visits:** Local authorities are responsible for publishing their own timescale for how often visits should take place, which most meet the majority of the time.
 - Disabled children (with 'child's disability or illness' identified as their primary need at assessment) appear to be visited less frequently than other children.
 - Concerningly, almost 1 in 25 (4%) of children on child in need plans for concerns around their safety and development had not been visited in over three months.
 - Importantly, at the point of the office's data collection, most children in both groups had been visited in the last four weeks (55% and 74% respectively).

It is hard to measure the progress of child in need plans

Due to a lack of national guidance, local authorities vary widely in how they deliver and record progress in child in need plans.

- **Number of actions:** Across the 77 child in need plans from eight local authorities reviewed, the average number of actions per plan was eight, with four plans having no actions documented in them at all, while one plan had 22 actions listed.
- **Quality of actions:** Of the 626 actions the office reviewed, only 15% met the office's criteria for a 'high quality' action, in that it was actionable, measurable with a measure given, included details of a timeframe for completion, and with a clear owner responsible for completing the action. While the vast majority of actions were 'actionable' (97%) – meaning there was a clear task to be completed:

- Over 10% were not measurable which often meant vague wording was used to describe actions. For example, 'to explore the possibility of a family group conference'. The use of ambiguous language makes it hard for the family and professionals to hold one another accountable as it is difficult to measure whether an action has been completed.
- Over half (52%) of actions had no measures given, making it difficult to assess whether it had been completed or not. For example, '[Child A] and [child B] will continue to receive differentiated support provided in relation to their identified need', does not have a clear measure against which completion of the action can be assessed.
- A staggering 72% of actions lacked timeframes, making it hard to track progress between visits and review meetings.
- During interviews conducted for this report, some social workers reflected on the issue of the plan not always capturing the work they were doing with children and families. For example, one social worker said "I have never encountered a child in need plan that feels like an accurate representation of the work I am doing. At most the work I am doing on the plan it will say 'social worker to explore x relationship' and that might be hours of conversations".
- **Lack of recording of why child in need plans close:** Almost two thirds (63%) of closure documents either did not provide an update or outlined that only some of the actions had been completed or overarching objectives had been met when the plan closed.
 - There were 38 children who had no high-quality actions in their plans. For these children closure documents showed that 63% were closed to children's social care and 18% stepped down to early help. This suggests there is a disconnect between completing actions, achieving objectives, and closing child in need plans.
- **Reasons for child in need plan closure:** Findings suggest that child in need plans do not always close because the family's needs have been met and they are stepping down, or because their needs have escalated, and a higher level of intervention is needed.
 - Instead the team heard during interviews that local authorities' thresholds of need vary meaning that, in the absence of national guidance defining thresholds of need, decisions

to close child in need plans can be influenced by the wider the level of need in a local area.

- Interviews with parents and social workers indicate that plans sometimes close due to poor communication and a lack of cooperation between the parent and the social worker.

The way forward – key recommendations

Child in need plans are a crucial tool for keeping children safe, healthy, and growing up with their family. There are a number of positives in how plans are currently being used. In particular, social workers are using plans to coordinate multi-agency working. However, weaknesses in the way plans are used show that people working with children, parents, and children are often forced to make the most of an imperfect tool. A number of changes would help:

- The new government's Children's Wellbeing Bill presents a crucial opportunity for reforms, with the Commissioner urging bold recommendations to improve early support for families and children's social care. National thresholds should be set out for section 17 determining the level of need that children and families must meet to be offered support through a child in need plan under section 17. That should be part of a wider review of the Children Act 1989.
- There should be guidance on expectations for how often children receive help and how frequently that help is reviewed when on a child in need plan.
- A National Child in Need Outcomes Framework should be developed. This will enable the progress on child in need plans to be measured and ensures families get the right help to support them to thrive.

1. Introduction

1.1 A large proportion of all children interact with the social care system

A large proportion of children receive support as a child in need (see definition below) at some point in their childhood. One study estimated that 25% of children had been a child in need at some point between birth and their 16th birthday, and 35% referred to children's social care.¹ While other estimates suggest that one in seven pupils experience an intervention from children's services at some stage between the ages of 5 and 16.² The most common form of intervention children receive from children's social care is a child in need plan. To effectively keep children safe, it is essential that the earliest part of the children's social care system is equipped to effectively intervene to support children and families and prevent issues from escalating.

However, very little is known and recorded in official statistics about children receiving an intervention under Section 17 of the Children Act through a child in need plan, and tracking progress for families with child in need plans is difficult. This makes it challenging to assess the effectiveness of child in need plans as an intervention for children in need.

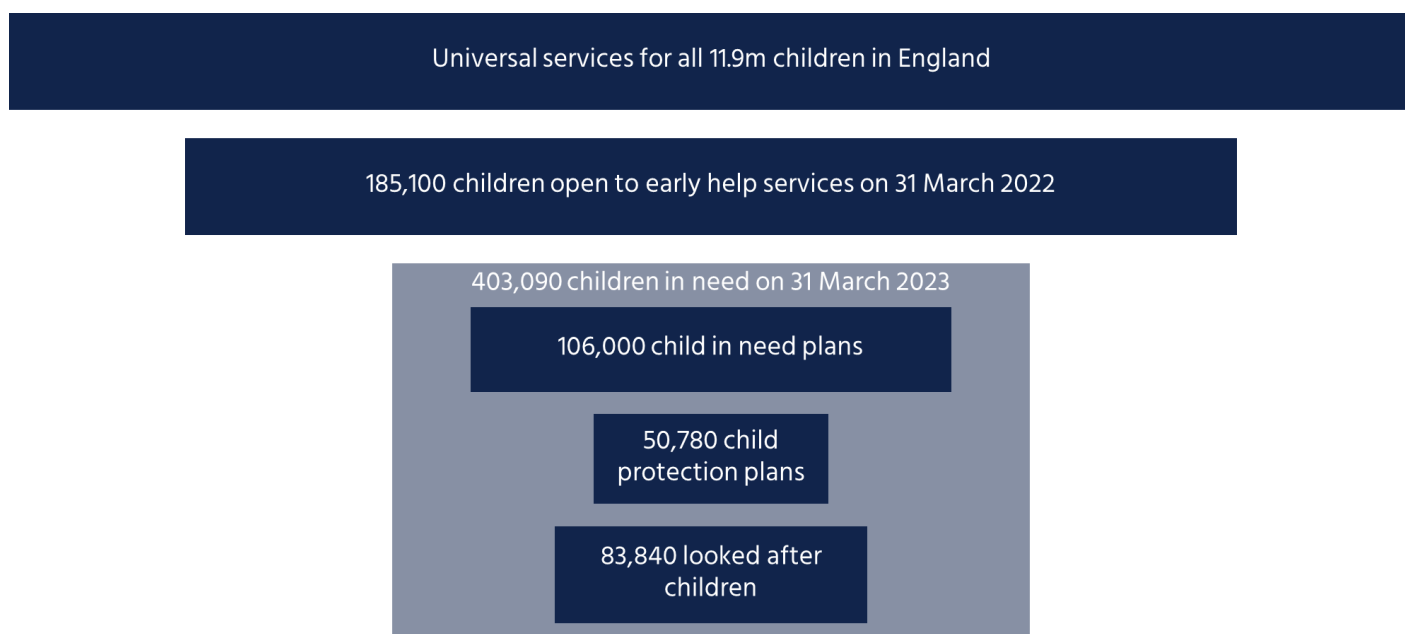
1.2 Who are children in need?

Under section 17 of the Children Act 1989 if a child is assessed as in need of support to reach a reasonable standard of development or is disabled, the local authority has a duty to provide services to these children.³ Despite children on child in need plans making up with the largest group of children in need (see figure 1), until the Children's Commissioner's office's previous report, '*Children on Child in Need plans*' found that little was known about this group.⁴

When a child is referred to children's services, their case may either be closed (no further action) which may involve being given information about or signposting to other support. Alternatively, it may lead to a formal assessment under Section 17, which should be completed within 45 working days under the Department for Education's statutory guidance Working Together to Safeguard Children.⁵ This assessment aims to identify the child's and family's needs, determine the level of statutory support required, and establish an appropriate child in need plan if necessary. If the assessment reveals significant risk or harm, child protection procedures will be initiated, or the child may be referred for targeted early help.

Under Section 17 of the Children Act 1989, a child is classified as "in need" if they cannot achieve a reasonable standard of development without intervention, if their development is likely to be significantly impaired without help, or if they are disabled. Local authorities are required to provide appropriate services to these children. The term "children in need" encompasses various groups, including those on child in need plans, child protection plans, looked after children, and care leavers (figure 1).

Figure 1: Groups of children given help and support by local services



Note: this diagram is illustrative, the length of the bars do not proportionally reflect numbers of children

1.3 There is huge variation in the use of child in need plans nationally

A great deal is set out in legislation and statutory guidance, and monitored in official statistics, about the procedures for taking children into care, or placing them on child protection plans. However, when it comes to support provided under section 17 of the Children Act – for children placed on child in need plans – the guidance is less clear.

Earlier this year, driven by the lack of available data and understanding on who these children are and how effective the support they receive is, the office focused on this subset of around 100,000 children on child in need plans. In the first part of this work, using data from all local authorities in England, the Children's Commissioner's office published 'Children on Child in Need plans'⁶ in March 2024. Using unpublished Department for Education data as well as analysis of published local authority procedures for child in need plans, the office found substantial variations between what happens to different groups of children and between different local authorities, when it comes to children on child in need plans.ⁱ

The office found:

- There was notable variation – in one local authority, 70% of the children involved with children's social care were on child in need plans, while in another it was as low as 3.6%. Unless the distribution of need across the country is indeed this varied, this suggests a variation in thresholds for intervention across the country.
- In the least deprived quarter of neighbourhoods, there were 3.6 times as many children on child in need plans as children on child protection plans. Meanwhile in the most deprived quarter of neighbourhoods (based on the Income Deprivation Affecting Children Index of the lower layer super output area of the child's home postcode on January 2022), there were only 1.9 times as many children on child in need plans as on child protection plans.
- On average, 7.2% of pupils with an Education, Health and Care Plan in a local authority also had a child in need plan. Again, this varied across the country, from 0.8% in one local authority to 26% in another. This is concerning given that under section 17, disabled children – a group of children with significant overlap with those with special educational needs⁷ – are entitled to support under a child in need plan. These findings make it clear that not all children with high levels of special educational needs are in fact getting this support, and that practice across the country varies notably.
- Working Together to Safeguard Children 2023 guidance does not state expectations for local authorities on how long plans should last for or set national thresholds to guide practice.⁸

ⁱ The remainder of this section of the report summarises the findings of the March 2024 report.

Instead, local authorities publish their own guidance for practitioners on how long the plan should last, how often the suitability of the support identified in the plan should be reviewed, and guidance around thresholds of need.

- Across local authorities, the average time a child spends on a child in need plan varies from just over a month (35 days) to over a year (388 days). The average duration for children with a primary need of 'child's disability or illness' was 711 days, or nearly two years. For all other primary needs, the mean duration was much shorter at 157 days, or roughly five months.
- The office found that most local authorities have set their own guidelines on plan length, ranging from 12 weeks to no set time limit. It is notable that 53% of areas suggest plans should last for no longer than a year, before they are considered for closure. It is unclear what the rationale is for this, and what should happen to children who might need support throughout their childhood, particularly disabled children.
- When it comes to local authority guidance on the frequency of visits, in the majority of local authorities there was no minimum requirement for children to be visited by social workers or other lead professionals. In 74% of the local procedures reviewed, no minimum frequency was specified. For local authorities that specified a minimum frequency, this varied from once a fortnight to as infrequently as once every three months. The most common specified frequency across procedures was once every four weeks.

In summary, in 'Children on child in need plans' for the first time the office examined which children are supported through child in need plans and found that there is substantial variation in the use of plans and local authority policies when it comes to length of plans and frequency of visits. However, the office identified a need for a much greater understanding of families experience of being on a child in need plan and explores the question of how effective child in need plans are as an intervention for families.

1.4 New data presented in this report shows how difficult it is to measure effectiveness of child in need plans

Working Together to Safeguard Children sets out that when child in need services are provided, a multi-agency plan should be developed that outlines 'clear measurable outcomes for the child and

expectations for the parents'.⁹ However, it is very difficult to know if those clear and measurable outcomes for children are in fact achieved. This report, using a sample of child in need plans collected under the Children's Commissioner's statutory powers, examines whether child in need plans achieve their intended outcomes, and assesses how the progress families make is measured. Examining the contents of a sample of child in need plans, the office shows that the way progress is currently measured across plans makes it difficult to assess why plans close, and whether the outcomes of the plan are met.

Additionally, echoing findings from recent reports on the dramatic fall in funding for early help services, social workers and parents told the office that the early help system is under resourced¹⁰. In some cases, social workers noted that child in need plans are used to provide families with necessary support when there is no early help system available.

1.5 With this new government there is an opportunity for ambitious reform

Given the hollowed out early help system, it is deeply concerning that the first statutory intervention that children receive is hugely varied in its implementation, and the success of plans is extremely difficult to measure. In the absence of detailed statutory guidelines for local authorities on how child in need plans should be used and their progress measured, it is not possible to assess how effective child in need plans are as interventions.

The previous government's reform agenda, as set out in the Stable Homes Built on Love strategy, set out important steps to test new approaches to supporting children in need through the Families First for Children pathfinder. While the office welcomed this step, the Commissioner has consistently advocated for much more ambitious reform.

The new government's Children's Wellbeing Bill is a pivotal opportunity to enact these reforms and invest in early support for families. In this report, the office sets out a series of bold recommendations that, if enacted, would significantly improve the lives of children and families that interact with the earliest part of the children's social care system.

2. Methodology

Analysis of children in need plans acquired from local authorities

In November 2023, the office used statutory powers under Section 2F of the Children Act 2004 to request the child in need plans and supporting documents from a sample of children from eight English local authorities.

Local authorities were selected using a stratified sampling method based on their most recent children's social care Ofsted ratings (both overall grade and individually for 'The experiences and progress of children who need help and protection'), and their geographical location.

Each local authority was asked to provide all documents relating to 10 Child in Need plans closed between 1st May 2023 and 31st May 2023, ensuring that each of the following criteria was met by their sample:

- **Age bracket:** At least one child from each of the following age brackets: 0-3, 3-11, 11-18
- **Primary need:** At least one child with each of the following primary needs:
 - Potential abuse and/or neglect
 - Family dysfunction (Parental dysfunction or challenges, for example domestic violence, mental health, or substance abuse)
 - Family in acute stress (for example financial or housing difficulties, family trauma)
 - Child's disability or illness.

Seven local authorities provided 10 plans each and one local authority provided seven plans which covered 10 children due to their approach to recording family groups in one document. This exercise resulted in 77 plans and supporting documents which include assessments, review meeting minutes and closure reports.

Analysis is presented at plan or 'action' level as opposed to child level. This is because local authority approaches to processing and recording siblings on plans (see Section 4.4), and to formatting and updating documents (see Section 4.1) is highly varied. Therefore, the 77 plans cover child in need

planning activity for 135 children and consist of 446 separate documents which formed the basis of the office's structured qualitative analysis.

First the team derived an initial framework to identify key sections and condense documents. From this we identified themes including frequently occurring types of need, quality of recording of objectives, and inaccuracies in reporting.

Second, the team used a coding framework based on initial thematic analysis and emerging research questions, to extract more specific data points from each plan. This included the type of need, the number of children, the presence or absence of child and parent voice, the number of objectives, and the recorded outcomes.

Finally, the team cleaned the data to streamline the number of codes. This involved refining categories and ensuring that language was consistent. For example, for 'type of need' – "domestic abuse", "domestic violence" and "honour-based violence" were collapsed into the category "domestic abuse".

The full categorisations were retained and commentary in the report draws on both sets of codes. The coded plans were then used to produce descriptive statistics.

Analysis of actions recorded in plans

The team then conducted an analysis of the actions in each child's plan. In order to analyse what a plan consists of, and what actions people involved in each plan are expected to undertake, the team analysed:

- how actions were written and presented in plan documents, and
- the quality of each action

Firstly, all actions were extracted from the earliest dated plan document provided for each child. This produced a set of **626 actions**, a mean of eight per child.

Each action was coded by one of four researchers then reviewed, discussed and re-coded against the office's criteria for a 'high quality action'.

These criteria were derived based on best practice for goal setting and planning as well as local authorities' own guidance. For example, several of the child in need plan templates reviewed in this work specify that the actions included should be 'SMART' (specific, measurable, achievable, relevant and time-bound). Others include questions or headings in the planning document such as "what needs to be done", "who will do it", "how will we know it has been achieved", "by when", which are not always completed but should act as prompts to consider when writing action. As such, this review aims to assess local authorities against their own standards.

The ideal assessment of plan quality would require a fuller understanding of the family's needs and of social work approaches to be able to assess the relevance or appropriateness of the actions, however this was not possible given the method adopted for this review. The Children's Commissioner's office considered it important to capture whether there is a responsible individual for the action's delivery which is essential to understand as child in need plans are often written in large multi-agency contexts. Therefore, we have defined a 'high quality' action using an adapted version of the SMART framework: as one with a clear task to be completed, a responsible owner, a defined measure of success and specific timeframe.

Table 1: definitions used by the office in quality analysis of actions in child in need plans, illustrated with examples from plans.

Actionable	<p>Actions were categorised as 'actionable' if they described something that could be done.</p> <p>Actions that do not meet this criteria may best be described as information recorded in the wrong place in the document, for example: observations about the family's situation - "Grandmother living with family currently", statements about things that had already happened - "mum has self-referred to CBT" and comments on professionals' ways of working - "Joint approach with MET worker to assess current risk."</p>
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Measurable	<p>Measurable actions are those which, in theory, could be assessed as either complete or incomplete.</p> <p>Actions coded as not measurable tended to include vague wording such as "to explore" and "to consider", for example - "To explore the possibility of a family group conference", or were not specific in what was to be done, for example - "family to continue to receive support from school"</p>
Measures given	<p>These actions included a specific measure for assessing and evidencing whether or not it had been completed.</p> <p>For example, "Social Worker to apply for a special guardianship order", "Child to attend school every day", "dad to complete all eight sessions of parenting course".</p>
Timeframe	<p>These actions include a date to be completed by (for example, "by 28th March"), or timeframe to be completed within (eg. "within eight weeks").</p> <p>Several plans state "by next meeting" as the timeframe for each action.</p> <p>Actions that specify they should be completed regularly eg. "weekly", have been coded positively for timeframe.</p>
Owner assigned	<p>Actions with an assigned owner designating an individual responsible for completing the action, for example "Social Worker to make contact with CAMHS" or "school safeguarding team to offer guidance".</p> <p>Actions without an owner are more ambiguous such as "Extracurricular activities to be sorted for the children".</p>

Data request to local authorities on social worker visits and assessment timeframes

In May 2024, using the same statutory powers, the office requested data from all English Local Authorities on:

- The length of assessments. This was measured with the average and maximum length of assessments from referral to close for all children referred to children's social care where the assessment resulted in a child in plan in the year from 1st April 2023 to 31st March 2024,

- The frequency of social worker visits. This was measured as the percentage of children on CIN plans (split out by primary need at assessment of 'Child's Disability or Illness' and all other primary needs at assessment) whose most recent social worker visit fell within a specific timeframe.

152 local authorities complied with this request, but data was not received from Lancashire County Council. Due to data quality concerns the office removed from analysis the data supplied by some local authorities for certain questions meaning that the number of local authorities included in the analysis was 151 (on assessments), 147 (on visits), and 144 (on age breakdowns of visits).

Interviews with social workers

The office conducted four interviews with social workers who had current or previous experience working with child in need planning across several English local authorities. They were recruited via the Frontline Fellowship programme and interviews took place via Microsoft Teams video call between April and June 2024.

Interviews with parents and carers

The Children's Commissioner's office carried out eight interviews with parents with current or previous experience on a child in need plan. The interviews took place in person in family homes and via video conference in July and August 2024. Six interviewees were recruited via the Family Rights Group and two via a London local authority. five mothers and one father were interviewed, in some cases in the presence of children, but the children on child in need plans were unable due to age or disability to take part in the interviews.

To the office's knowledge, these interviews were novel, in that other qualitative research and evaluations have included child in need plan families in their samples but have not focused specifically on the experience of the child in need plan.

3. The purpose of child in need plans is not clear

Statutory guidance states that a child in need plan should be used where a local authority decides to provide services to a family following an assessment. In the absence of national statutory guidance that defines how child in need plans should be used and their outcomes measured, there is huge variation between local authorities. The office therefore set out to understand what parents and social workers understand the purpose of child in need plans to be. Drawing on interviews with social workers and parents, as well as findings from the thematic analysis of child in need plans, the office explores this question in the section below.

3.1 What does it mean to be on a child in need plan?

Parents report feel monitored without adequate support

Although the parents interviewed were receiving or had received section 17 support for a variety of reasons, the team heard a common theme throughout the interviews of parents feeling monitored while simultaneously feeling that they lacked the right support. ⁱⁱ One parent said:

'It felt more like they were just observing the situation to see what happened' – Parent.

While the majority of parents praised the work of particular social workers, there were a range of challenges with the type of support parents received, including support that was put in place too late or was unsuitable for the child or family's needs. One said:

'I can't say they didn't support me, but I can't say they really did' – Parent.

ⁱⁱ It is important to note that the majority of parents interviewed were recruited through parent participation groups they were taking part in and so some of their experiences were overwhelmingly negative.

Parents express confusion over the purpose of a child in need plan

Some parents interviewed directly questioned the purpose and logic of a child in need plan. One described child in need plans as having 'no meaning whatsoever'.

Another alluded to a 'safe deposit box' where social services could place families, to make it 'look like they're doing something'. Another parent said, 'honestly, I don't see the point in it'. One parent even reflected on asking what the child in need plan was in place to facilitate. She said:

'I was never told what the offer was, I used to ask them, what is this plan for?' – Parent.

Another parent described the moment she found out that her older son had been moved onto a child in need plan (down from a child protection plan). She said:

'I was not aware of any of it until I had my daughter. She was about six weeks old. I was about six weeks post-pregnancy, and I'd received a phone call from the borough I had been moved to, to say they were checking in to see how we were, if we needed anything' – Parent.

This example highlights the lack of support that can be in place for families on a child in need plan. A parent being told 'we are here if you need us' while receiving a statutory intervention exemplifies the lack of clarity around the purpose of a child in need plan.

Some parents raised the challenge of the lack of publicly available information on what they could expect from a child in need plan. It was clear that some parents wanted a resource that explained the purpose of a child in need plan. One parent said:

'I like to be specific on what the help looks like. I don't like to just have help where you know, saying oh, this is help, but you don't even know what I like to be. I like to have a good understanding' – Parent.

Some parents interviewed described not receiving a physical copy of the child in need plan which could contribute to a lack of clarity around the purpose of the plan and the support that had been identified. For example, one parent interview described not receiving a plan and the challenge that presents when the plan and support in place is discussed at the review meetings. She said:

'They didn't send it to me. So that was one of the other things. You know, a plan is, is often a conversation for social workers. Well, you know, we've got a plan. Well, you haven't sent it to me. So what does it actually say? So we go to a meeting and they'll have a piece of paper and they'll say, oh, this is what's on the plan. Well, actually, I need a copy of that plan. I need to see that plan. I didn't get minutes'. – Parent.

There is more clarity when there is a safety concern

There were instances where parents were clearer on why the plan was in place and felt it was beneficial. One parent out of the eight interviewed was clear on the purpose of the plan. The parent said it was: 'To keep the child safe from her father'. The plan covered the steps needed to ensure this, such as not being in contact with him, and putting an alarm on the front door to alert the police if needed. The parent said this provided 'peace of mind'. Another described the child in need plan similarly as 'trying to safeguard my daughter'.

It is notable that in instances where there is a safety concern there is a clear central purpose of the section 17 support and that is safety. Whereas, in reality families receiving support through a child in need plan have a myriad of needs. Getting the support right for a family with parents and children with varied needs is undoubtedly immensely challenging.

There appears to be a tension between providing support and safeguarding children

One parent had an insight into the tensions between support and safeguarding when social workers have mixed caseloads of families on child in need plan and child protection plans. The parent said:

'When you've got dual teams is in the sense you do child protection and child and need at the same time, it's very hard for a social worker to start with compassion and empathy because actually what they're starting with is safeguarding' – Parent.

This was echoed by one social worker who said that it is difficult to distinguish between support for families and child protection. The social worker said:

'I still always have my safeguarding hat on when I'm doing a child in need visit and also support is how we're going to protect the children in child protection situations. I just think it's going to be so easy to forget that fundamentally we're doing the same work, perhaps with a slightly different level of intensity, you know, with different kind of framework around it, but social work involvement can look so similar when it's child in need or child protection' – Social worker.

Social workers were clearer on the purpose of a child in need plan

Moreover, social workers were clearer on what the purpose of a child in need plan is, reflecting that plans are often used to identify the right sources of support for a family. As one social worker said:

'When a child's not at risk of significant harm and they just need extra support under section 17, for example, if home conditions are poor, however... they're not able to improve that, A child in need plan will help us identify what services could support with that, what professionals could do and put a plan in place so that things can be improved.' – Social worker.

Another social worker said that she believes the plan was a mechanism for coordinating the right support around a family. She said:

'It has to be a coordination role. You need to get the right voices in the room. You need to identify all the key people and they need to work actively together' – Social worker.

While another said that her role is to advocate for the child's needs. The social worker said:

'I'm working at the moment for an unborn child... mum has a support worker and there's sort of services in place for Dad and there's quite effective interventions in place for both parents. I can become the voice of the unborn child in that instance.' – Social worker.

Many parents lack clarity about the purpose of a child in need plan, feeling monitored without adequate support and confused about its objectives. This confusion is worsened by not receiving a copy of the plan and the difficulty in finding publicly available information about the intervention. As a result, parents are uncertain about what to expect and how to engage effectively.

In contrast, some social workers express a clearer understanding of child in need plans, viewing them as tools for coordinating support that meets the child's needs. However, the disconnect between parents and social workers highlights a broader issue. Without detailed statutory guidance and a clear mechanism for measuring progress, it is understandable that their perspectives on the plan diverge.

3.2 Plans support families in a range of forms, with a diverse set of needs through multi agency support.

To understand the purpose of child in need plans as they are currently used the office examined the needs of families receiving section 17 support, as well as the agencies and professionals involved in delivering the support.

From the sample of plans the office reviewed and the interviews conducted it was clear that child in need plans are used to support families with a diverse range needs and in varied family forms. These findings are consistent with a report by the What Works Centre, Foundations, which examined the support families receive while on a child in need plan¹¹. This report found that child in need plans are used to support families with a range of needs and risks, including families at risk of abuse or neglect, or needing additional financial support, or families with no recourse to public funds.

The analysis of plans identified 35 different types of needs across 77 plans, ranging from issues around substance misuse to children being at risk of exploitation. The sample of plans included case notes for families in a range of forms, including expecting parents and kinship care families. Some families had

an intergenerational experience of social care involvement, with some parents themselves having been on a child in need plan or child protection plan as a child.

Importantly, child in need plans appeared to command a multi-agency response, reflecting the intention of child in need plans as described in statutory Working Together to Safeguard Children guidanceⁱⁱⁱ. To understand how plans were used as a coordinating mechanism the office examined the range of professionals named in the child in need plans, the main issues that actions were seeking to address, and the range of professionals and family members that actions in plans were assigned to. The analysis of the sample of plans demonstrates that social workers play a central role in coordinating the multiagency support. Moreover, schools and other educational settings are identified as a key partner for delivering child in need support.

Across the sample, 83 different types of services or professionals were mentioned, with one common theme of every child in need plan listing a social worker. Outside of these roles the range of professionals listed varied greatly and reflected the needs of the children and families as expected. Each action was coded by the theme of the issue it was seeking to address. The most common issue was education (13%) followed by health (10%), and mental health (9%). As is highlighted below (Table 2) it is notable that the most common theme of issues that actions were assigned in plans to address were issues related to a child's education. Notably, 18 actions related to issues with school attendance specifically.

ⁱⁱⁱ Statutory guidance states when a local authority decides to provide section 17 support a 'multiagency child in need plan should be developed which sets out which organisations and agencies will provide which services to the child and family'.

Table 2: Actions in child in need plans by the theme they aim to address

Theme	Number of actions	Percentage
Education	81	12.9%
Health	62	9.9%
Mental health	58	9.3%
Parenting	56	8.9%
Family support	56	8.9%
Domestic Abuse	34	5.4%
Safety	32	5.1%
Housing	32	5.1%
SEND	28	4.5%
Children's social care	27	4.3%
Drugs/alcohol	24	3.8%
Emotional support	21	3.4%
Contact/custody	21	3.4%
Criminal justice	14	2.2%
Relationships	13	2.1%
Finance	13	2.1%
Child's behaviour	10	1.6%
Access to activities	7	1.1%
Respite	6	1.0%
Sibling relationships	5	0.8%
Young carers	5	0.8%
Multiagency working	3	0.5%
Child development	3	0.5%
Victim support	2	0.3%
English language support	2	0.3%
Mediation	2	0.3%
Immigration	1	0.2%

Adult social care	1	0.2%
Legal proceedings	1	0.2%
Mentoring	1	0.2%
Bereavement	1	0.2%
Advocacy	1	0.2%
Other	3	0.5%
Total	626	100.0%

The team also examined who actions in plans were assigned to and found that the vast majority of actions (86%) were assigned to a particular person or agency involved in the child in need plan. Some of these are specific named individuals for example 'mum' or 'SENCo' while others are more generic groups such as 'family members', 'local authority' or 'professionals', which may be more difficult to understand and ensure there is accountability over the completion of an action. Social workers were most frequently assigned actions, with 19% of all actions reviewed being assigned to a social worker. These findings are unsurprising given that the sample of child in need plans was collected prior to the introduction of the changes around the lead practitioner role that is outlined in the updated Working Together to Safeguard Children statutory guidance.

There was a notable divide between parents, with actions assigned to mothers around three times as often as actions were assigned to fathers (16% compared to 5%). Moreover, reflecting the central role of schools, it is notable that 13% of actions were assigned to 'school' or to professionals associated with schools such as a designated safeguarding lead or school nurse. In interviews with social workers the office heard about the central role that schools can play given how often schools see children. One social worker said:

'I would say school is one of the most important services we need to work with because they see the child every day, so if things are changing, they're more likely to identify that quicker.' – Social worker.

Some social workers expressed an eagerness for schools to work more directly with parents and for there to be a stronger collaborative working approach. For example, a social worker said:

'School shouldn't be scared to take certain stances or do some difficult things like work with parents a little bit more collaboratively. You shouldn't just be passed on to social care to deal with parents' – Social worker.

The central role of school in supporting children and families is something the Children's Commissioner has long advocated for.

3.3 In the absence of a resourced early help system, child in need plans are filling a gap

The vast majority of child in need plans analysed in the office's sample of plans closed because they either closed to children's social care entirely or were stepped down to universal services (87%). For these families, it is therefore paramount that there is a strong early help system in place for them to receive ongoing support and seek out extra help if issues re-emerge. But right now, according to many social workers the office interviewed, this is far from the reality.

Instead, social workers talked about struggling to find early help services to refer families to and instead needing to work with families for longer than is needed in some instances because of the gap in early help support.

Social workers talked about the hollowing out of early help services. One social worker said that in her local authority the entire early help team had been cut. She said:

'We used to have an early help team and because of the cuts, we don't have them anymore' – Social worker.

Describing the loss of local services targeted at supporting young people, one social worker talked about the impact that the loss of these services had on young people's wellbeing and relationships. The social worker said:

'So some services that were really, really useful like we have a lot of children that are at risk of being exploited and we had some two specific services that worked with those children and they've both gone. So now we have all these children that need that counselling, that emotional support so they can have positive relationships' – Social worker.

The absence of a resourced early help system appears to weigh on the mind of social workers. As one social worker described, after an initial assessment it is often concluded that a child in need plan isn't needed and instead there is a specific need identified that can be supported through a locally available programme. Yet, in the current funding climate these programmes are often unavailable. The social worker said:

'Normally we would just do our initial assessment, make the referrals and if it's like a piece of work... we could refer to early help and they could do that that way with them or assign them to parenting group. It's gone now and there isn't that there isn't anything' – Social worker.

As frontline professionals, social workers see the consequences of not intervening early enough. Recognising the cost of not intervening early enough, both to people's lives and the government, a social worker said:

'It shouldn't have to be that things have really completely and chronically fallen apart before we can access that support. But obviously there are cost implications to that, although it's short sighted not to put in the interventions at the earliest stage, because what happens when things go wrong and the longer term implications for that in terms of the costs of maintaining adults who are vulnerable and struggling in society in terms of mental health services and supporting the prison population etc' – Social worker.

The office heard that the absence of a robust early help system to refer families to at the point of closure can mean that social workers support families on section 17 for longer to ensure they get the help they need. One social worker told the team:

'Yeah, it will be more work because those cases won't be progressing as quickly and we will be having to work with these families longer than actually is needed, because if there was that other service, we could step down and that would be beneficial for both the child and their parents' - Social worker.

As the social worker above acknowledges, for families who no longer need section 17 support it can be beneficial for them to step down and receive early help support instead. Recognising the stigma that families can feel when accessing section 17 support, one social worker described the challenge that having an under resourced early help system presents for families. She reflected that for some families that are on a child in need plans but only require a low level of support, the climate of scarcity can prevent families from engaging in that support. Families can feel that if they need to access section 17 support then their issues must be severe, but in reality, that family might just need some lower level support that could be achieved through a robust local early help offer. A social worker described this issue, saying:

'When something is so scarce, if you've got access to it, it almost labels you as problematic in the community – like, why have you got that? You know, so even very low level support just isn't available for every, every family now. And where if it were, it would have less stigma attached to it is how I feel about it.' – Social worker.

The lack of a well-resourced early help system can worsen existing challenges, particularly for families facing poverty. Social workers talked about families experiencing poverty and the challenge of trying to achieve transformative change with the constant impact of poverty. One social worker said:

'I find that poverty, the level of poverty that I've seen - [including] housing issues - is such a limiting, frustrating, horrific barrier to achieving the transformative change that I've come into social work to try to achieve alongside families. It's such a constraining factor because despite the best will in the world to do this work with families. I see how limited they are and the cyclical effect' – Social worker.

These findings highlight the urgent need for a robust early help system, particularly as a resource for families in poverty. Although the office set out to understand parents' perceptions of early help, the parents interviewed did not recall having direct experience of receiving this support. However, when

reflecting on the broader assistance they wanted for their families, they identified several types of support that would be essential for a well-resourced early help offer, e.g., wanting easily accessible parenting advice and support.

4. There is a lack of consistency in support offered through child in need plans

There is notable variation in how local authorities use child in need plans to support families. In the absence of national guidance on how child in need plans should be structured, this is to be expected. In this section the office presents findings that demonstrate the variability in how child in need plans are used, including variation in the recording of parent and child voice, as well as the use of plans to support sibling groups. Finally, the office presents new data collected from local authorities on the frequency of social worker visits that children and families receive while on a plan. Crucially, this data is compared with published local authority procedures, allowing the office to assess how the actual data aligns with official procedures.^{iv}

4.1 Plans structures differ between local authorities

The office's review of child in need plans and supporting documents from eight local authorities revealed that the format and structures of plans vary greatly between, and sometimes within, local authorities.

Annex A of this report presents two templates based on the documents from two separate local authorities and illustrates the difference in the ways that information may be collected and set out. In some cases, these differences are due to the social work model that the plan is based on. For example, some local authorities use the Signs of Safety framework which focuses on the strengths and resources identified within the family¹². This means that the plan template asks for a "danger/worry statement", a "safety goal" and a rating from 0 to 10 of where the family is in reference to that goal. Other local authorities have plans based on children's developmental milestones. These templates have sections for the social worker to evaluate the child's developmental needs, and the parents' capacity to meet them, as well as any family and environmental risk factors.

^{iv} Only in instances where local authority procedures define how frequently visits should be conducted.

Many of the local authorities included in this research appeared to draw on a mix of several different approaches. However, even local authorities using the same model may not have the same document templates. This makes it difficult to compare section 17 interventions between areas.

Although the same type of information is captured in assessments and plans regardless of the theoretical grounding of the templates, the language that is used will likely impact how social workers approach their work and conversations with families, for example, whether they are primarily looking to document needs, strengths, or risks within a situation.

Moreover, different local authorities use different language for the intervention work itself: some work towards 'goals' for the family, others 'needs', 'areas of uncertainty' or 'outcomes'. In some templates, as in this report, 'actions' describe the immediate steps that need to be taken to achieve this, while in others these are called 'next steps', 'tasks' or simply listed under the heading 'what do we need to do'.

While this analysis does not attempt to evaluate the comparative effectiveness or even appropriateness of these approaches, it should be noted that the lack of consistency between local authorities is likely caused by the lack of national guidance. A common observation from documents across several local authorities was a large number of inaccuracies and inconsistencies in the recording of key details such as information on parents' names and ethnicities. This may reflect the high caseloads of social workers, lack of oversight in the production of documents, or other factors, but will make these documents harder to use, and could be confusing or upsetting for children or families to read.

4.2 Parent voice

The Working Together to Safeguard Children statutory guidance outlines the need for child in need assessments to be informed by the views of the child and the family. It further emphasises the need for the child's wishes and feelings to be taken into account regarding the support that is put in place. The office therefore examined the 77 assessment documents provided alongside each plan and found that in the majority of cases parents views were captured (90%).

The analysis of plans shows that often parents' views were captured in review meeting notes and notably, the views of mothers were more likely to be recorded than the fathers.

During the interview the office wanted to understand parents' views on whether they felt their voices were heard. Some parents the office interviewed talked about feeling misunderstood and instead ask for reflections to be rewritten. One parent said:

'Often it's worded very differently to how the meeting goes. [...] I've lost count of the times that I've had to ask things to be rewritten because that wasn't what said' – Parent.

Some parents whose requests for help went unanswered described this as feeling not listened to.

One father said: *'Throughout this process, I've learned and realised - when you're expressing yourself, people don't really listen. They just sit in there saying OK, yeah, he's telling us. But they're not listening to act.'*

Another parent said: *'Unfortunately, they want to do 'to' families, not 'with' families.'*

However, one parent described a good experience of feeling listened to during meetings, which felt like a safe space to speak:

'Every core meeting [...] they print out a copy of what was said, who said what, the comments that were made, if I have any, if I feel about any or to edits my points, so they made it, a safe space for me, I've never felt forced or something has been forced upon me.' – Parent.

4.3 Child voice

In 65% of cases the child's view was documented in assessment documents, with 21% documented in both the assessment and child in need plan. However, despite statutory guidance setting out the need for the child's views to be captured, 35% of assessments and plans did not include the child's voice.

In the majority of child in need templates included a section for the child's voice to be recorded. Some assessment templates outlined specific activities or questions that social workers could use to gather the child's views. An example included the Three Houses Tool which is designed to engage children in conversations about their worries, what is going well in their lives, and their dreams for the future. There were also a range of question prompts including questions about the child's weekend routine and questions asking the child to describe their parents.

Some assessment documents captured the child's views well, for example one assessment documented a child's reflection by saying:

"[Child] has told the Social Worker throughout the assessment period that she does not wish to return to living with her father that she is scared of him" – Extract from a child in need assessment document.

However, other accounts of the child's views were less detailed and often lacked clarity. One assessment document outlined:

"[Child] has reduced speech, her family members are more able to understand her communication" – Extract from a child in need assessment document.

This is concerning given that statutory guidance outlines the need for a child's communication needs to be taken into account when conducting an assessment.

A parent the office spoke to described feeling that her child's voice hadn't been captured in the way that she was expecting. She said:

'They didn't take [child] into another room, which was kind of what I was expecting to happen because I know that whether I believe I'm a risk or not, or whether there is a risk in order to get the child's wishes and feelings, they take them into a separate room, or at least in the same room and just ask some questions. And that never happened.' – Parent.

One social worker reflected on the importance of carefully recording a child's voice within the child in need plan to avoid any misinterpretations. The social worker emphasised the importance of the child's voice being captured throughout the whole plan, rather than recorded as a tick box, or short reflection. The social worker said:

'I think that child's voice section does sort of lend itself to trying to turn the child's voice into a kind of soundbite. As in, if you've spent a reasonable amount of time with them, then a home visit write up will give the context of the whole conversation. It might be that they said "I want to stay with grandma" which could mean I'm really scared about going home. Or it could mean grandma makes the best spaghetti bolognese and you sort of need some context there. And I think having this little bit that says child's voice, that's separate from all of the rest of it can lend itself to taking the child's comments out of context.' – Social worker.

Echoing these reflections, another social worker talked about the impact that capturing a child's voice can have, helping to engage the parents in addressing behaviours that are affecting the child. The social worker said:

'I found that was beneficial because hearing the concerns from a child's perspective brought it alive more and people considered it more important. For example, if a child said "oh, I don't like Mummy and Daddy shouting because it makes me sad." Me just saying to the parents "We don't want you using negative language around your children. We don't like arguments around the child" That's me telling them... But when I would say "right, I've spoken to your child alone and they've said actually, it makes me sad," it brings it back to the parent and we're more likely to get that change.' – Social worker.

4.4 Sibling groups

Notably, across the eight local authorities that supplied the office with child in need plans, the practice around supporting sibling groups through child in need plans differed. The practice differed between local authorities, but also between social workers within a local authority.

The office identified three main approaches to recording information about sibling groups within the sample of 77 child in need plans. The first approach is the most thorough and ensures that every child within the family group has their own plan. The plan will likely reference siblings and wider family dynamics, but the background information and the actions are specific to the named child. The family may have several separate plans and multiple review meetings which would naturally increase the amount of time social workers and families would spend working together.

The second approach is for one plan to be written for the whole family. The background information will provide an overview of the entire family situation, actions may be targeted at specific children or at the family as a whole. Some children may be less represented in the plan dependent on their needs and those of their siblings.

The third approach ensures each child nominally has their own plan but the contents appear to have been copied and pasted by the social worker between documents resulting in several identical sets of plan documents with different names. This may lead to confusion. In some cases we reviewed, the child in whose name the plan is written is never mentioned in the write up.

During interviews with parents the office heard how challenging it can be for siblings in a family when only one child is the focus of the child in need plan. One parent the office spoke talked about the lack of support for her two children who did not have a disability. She said:

'Nothing is being done to support my other two children. I know they don't have any disability, but they were on the plan as well, so I was expecting to get some support with them. But nothing was done for them.' – Parent.

Another parent echoed these reflections but emphasised the hugely negative impact that a swift withdrawal of support had on other children in the family.

'As soon as he'd gone [to his new, supportive school], they dropped off all the other kids because it was like, well, they don't need to be child in need anymore. Whereas actually, what ended up happening is those children all fell into the same hole because they'd all experienced trauma. It's just

this one particular child's trauma was so massive. The other kids were getting pushed to one side because he took everybody's focus. – Parent.

Social workers the office interviewed acknowledged the difficulty of supporting sibling groups but often reflected that one child in need plan is often used for sibling groups as the office found in its review of the sample of plans. One social worker talked about the challenges with developing meaningful relationship with each child. The social worker said:

'It becomes more difficult to build an individual relationship with each child if it's a very large family, and you can try to mitigate that, like for example through school visits.' – Social worker.

Another social worker echoed this, emphasising the importance of identifying the individual child's needs. The social worker said:

'You need a clear reference where there are separate issues because these are different human beings, different children with different needs.' – Social worker.

These reflections emphasise the need for children to have their own distinct support put in place to ensure that their needs are met, and they develop a meaningful relationship with the social worker.

4.5 Visit frequency and assessment timeframes differ between local authorities

Frequency of visits

The office's first report on children on child in need plans found that, in the absence of national guidance on the frequency at which children on children in need plans should be visited by the professionals that support them, there is substantial local variation in the guidance on frequency of visits.

The analysis found that guidance on how often children on a child in need plan should be visited varied greatly across local authorities. In the majority of local authorities there was no minimum requirement for children to be visited by social workers or other lead professionals. While in 74% of the 125 local authority procedure documents reviewed did not specify a frequency. For local authorities that did specify a minimum frequency, this varied from twice monthly to as long as once every three months. The most common specified frequency across procedures was once every four weeks. These findings, combined with the office's commitment to understand how child in need plans are used in practice, led the office to test these findings by collecting data from local authorities on the actual frequency of visits to families on child in need plans. The office collected this data using its statutory data collection powers.

Local authorities were asked for a breakdown of the timing of recent visits to children who were on child in need plans as at the end of March 2024. These could have been visits within the previous fortnight (18th to 31st March 2024) or as long ago as before Christmas 2023 (14 weeks previously).

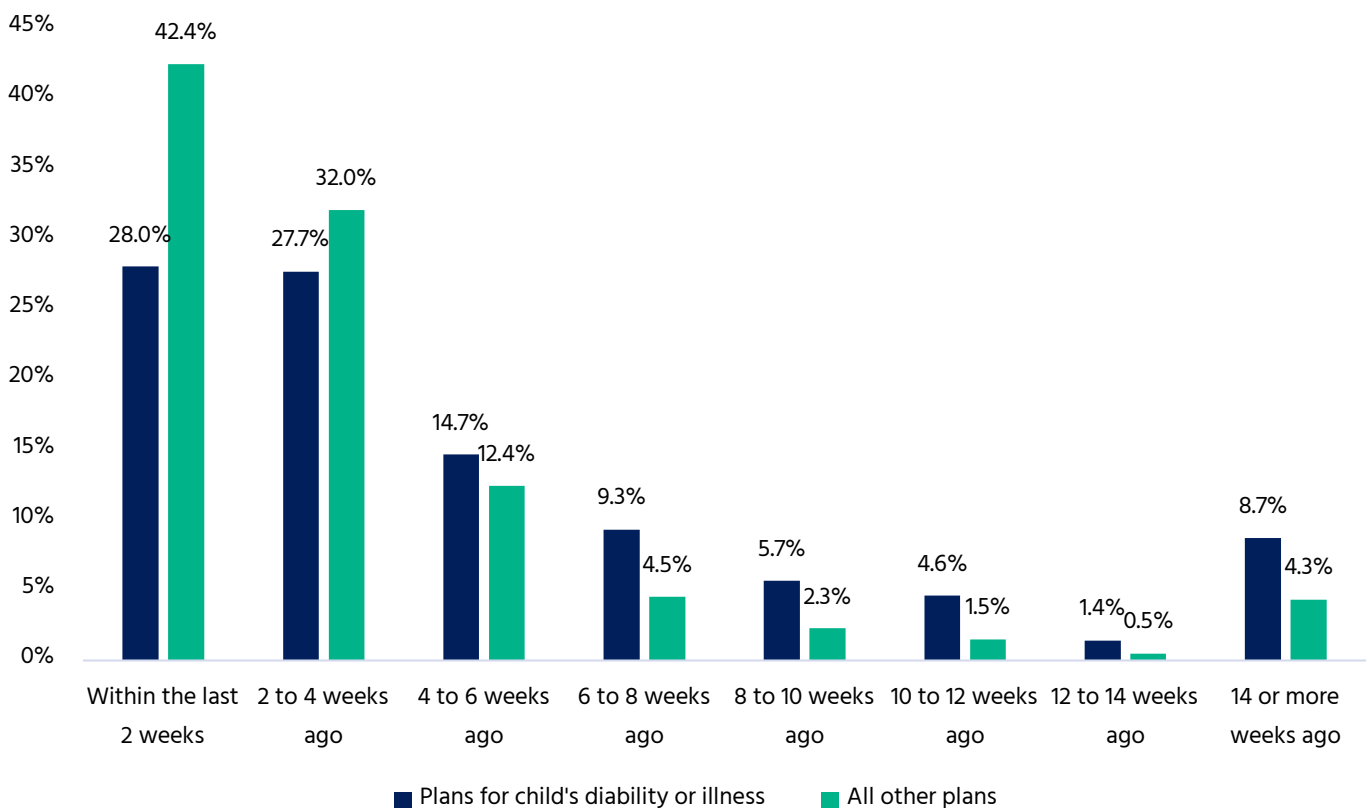
The office's previously published analysis of the frequency of visits required in published local authority procedures found that the largest group of local authorities' procedures (65%) set out that children should be visited as often as set out in their plan. A further 10% did not specify a minimum frequency, and 26% did specify a minimum frequency, ranging from twice a month at most to once every three months at least.^x The office used the newly collected data from local authorities to compare real life data on the frequency of visits to local authorities' procedures that define how often visits should be conducted.

Overall, disabled children (children with a primary need at assessment of 'child's disability or illness') were less likely to have been visited recently compared to children all other children (those with a primary need at assessment other than 'child's disability or illness').

The office found that over half of children with a disability (56%) had been visited within the last four weeks, and 80% within the last eight weeks (Figure 3). Moreover, 9% of these children had, as of 31 March, last been visited before the previous Christmas, 14 weeks previously.

Whereas the data for children with a primary need at assessment other than ‘child’s disability or illness’ shows that three quarters of other children (75%) had been visited within the last four weeks, and 92% within the last eight weeks. Yet some children (4.3%) had, as of 31 March, last been visited before the previous Christmas, 14 weeks previously.

Figure 3: Most recent visit to children on child in need plans

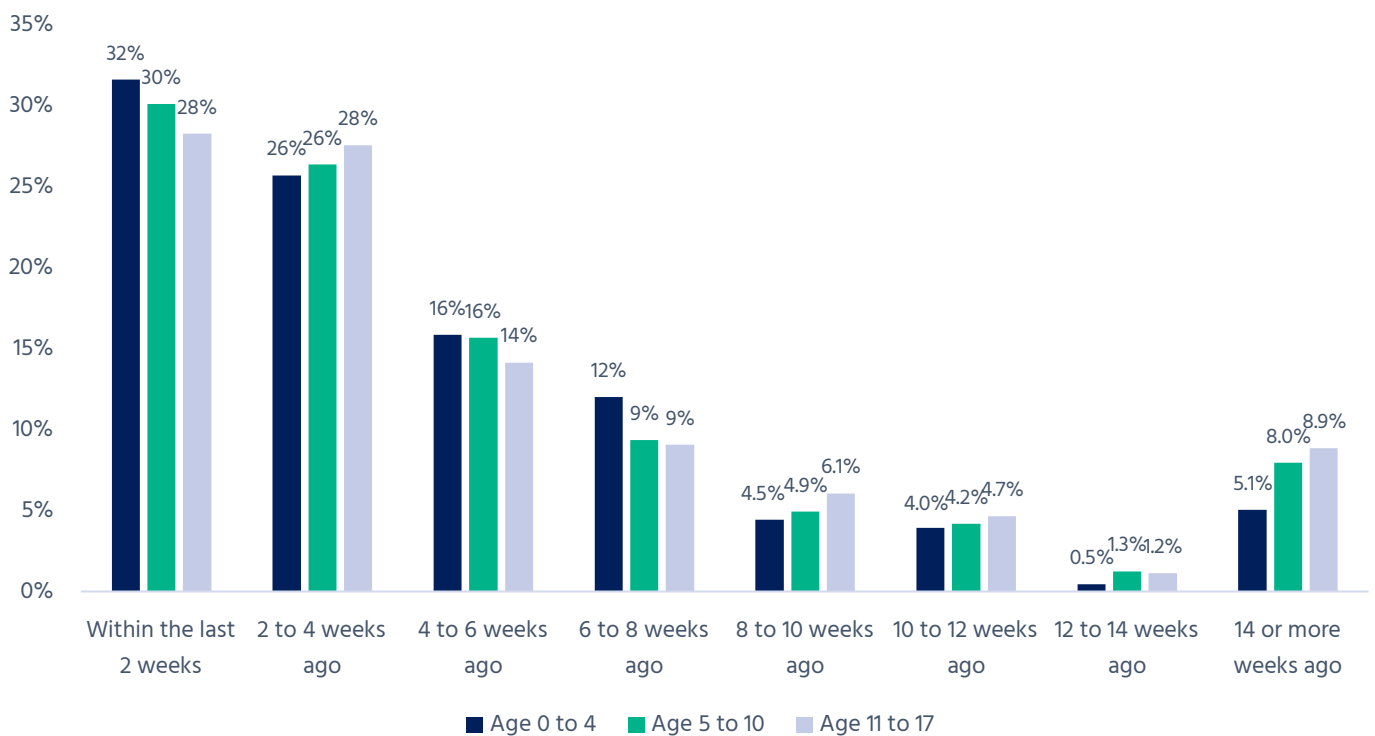


Source: Children’s Commissioner’s office analysis of data gathered from 148 local authorities. Note: ‘disabled children’ are children with a primary need at assessment of ‘child’s disability or illness’ who were on a child in need plan on 31 March 2024, and ‘non-disabled children’ are children with a primary need at assessment other than ‘child’s disability or illness’ who were on a child in need plan on 31 March 2024.

The relationship between the age of the child and the frequency of the visit

The office also examined whether a child’s age was associated with how often they were visited. While there was minimal difference between different age groups, there was a slight tendency for younger children to be visited more frequently, implying that visits may be more frequent. For example, among disabled children, the percentage last visited over 14 weeks previously was almost twice as high for older (11- to 17-year-old) children than younger (0 to 4 year old) children (Figure 4).

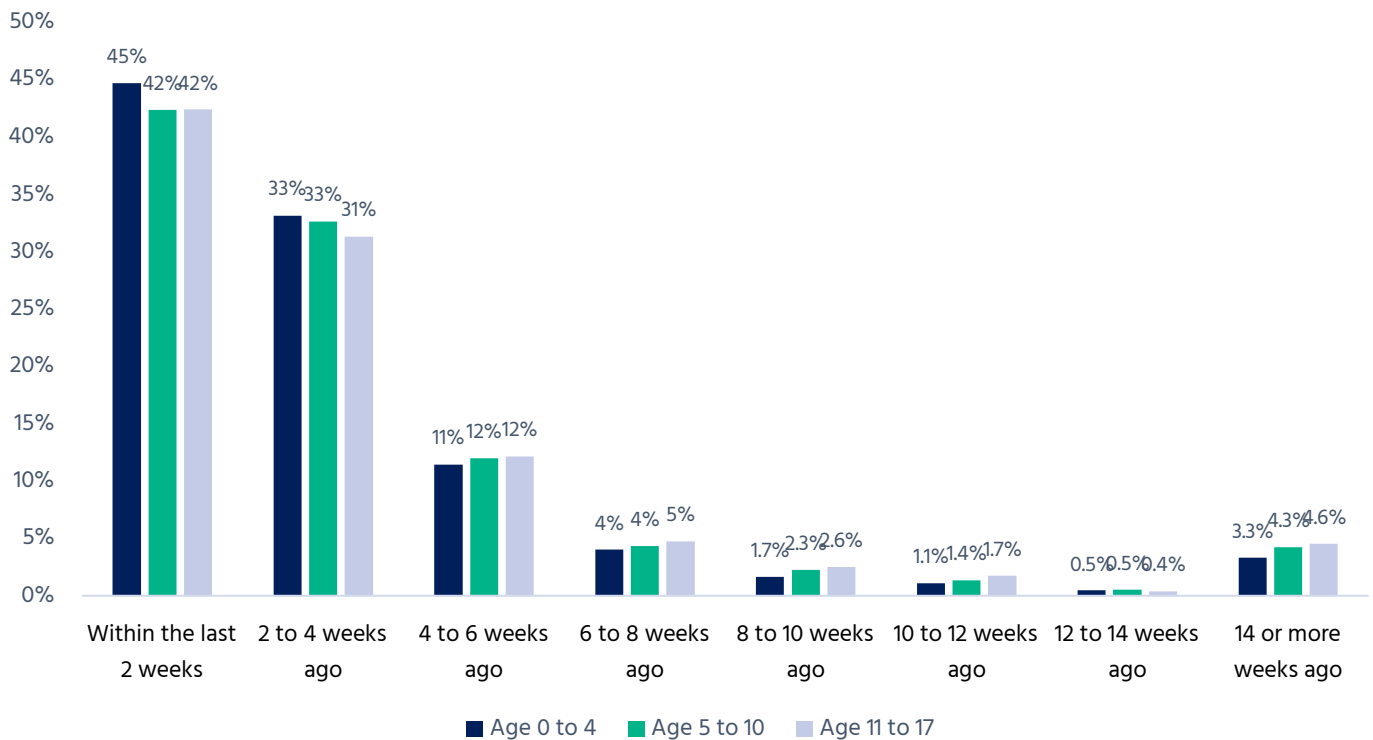
Figure 4: Frequency of visits to children on child in need plans for primary need of child’s disability or illness, by age group



Source: Children’s Commissioner’s office analysis of data gathered from 148 local authorities on children who were on a child in need plan on 31 March 2024 who had a primary need at assessment of ‘child’s disability or illness’.

Among non-disabled children, 45% of under 5s had most recently been visited two weeks ago or less, compared to 42% for those aged 11 to 17 (Figure 5).

Figure 5: Frequency of visits to children on child in need plans for all primary needs other than child’s disability or illness, by age group



Source: Children’s Commissioner’s office analysis of data gathered from 148 local authorities on children who were on a child in need plan on 31 March 2024 who had a primary need at assessment other than ‘child’s disability or illness’.

Local authority compliance with published procedures

As set out above, the office’s previous analysis of local authority procedure documents found that 26% of local authorities specified a minimum visit frequency in their published procedures. For these

local authorities, the office compared the defined frequency to the actual data supplied by the local authority.^v

The office found that, overall, local authorities visit schedule aligned with their own procedures - meaning that most local authorities conducted the majority of visits within their published timescales.^{vi} However, only one local authority's visit schedule was 100% aligned with its own published procedures, meaning all children were visited within published timescales. Moreover, the mean rate of local authority non-adherence to their published procedure was 24% (that is, in the average local authority, 76% of children were visited in line with local procedure) but ranged to as high as 65%. Notably, the mean non-adherence rate among local authority children's services departments most recently rated by Ofsted as 'outstanding' was lower than the overall rate of 24%, at 21%.

Assessment timeframes

When a child is referred to children's services, their case may be closed without further action (although they may be guided to other support), or a 'child in need' assessment may be conducted by the local authority under section 17. This should be carried out within 45 working days and will identify the needs of the child and family and define what appropriate support could be put in place to promote the child's welfare and safeguard them from harm.¹³ A local authority will determine if that child meets their threshold for statutory support, and if so they should be placed on a child in need plan.

^v Where procedures set out variations or exceptions for disabled children, this analysis covered the general procedures applicable for most children.

^{vi} Not all local authority procedures could easily be located online: this analysis covers 31 local authority where a published procedure was found, which specified a minimum frequency. Procedures were reviewed in September to November 2023, but visits mostly took place January to March 2024, so the passage of time may explain these findings if procedures have changed since the Children's Commissioner's office's review.

As the office set out in its previous report, the published government statistics do not currently distinguish children who are being assessed for a child in need plan, from those awaiting an assessment, or who are on a child in need plan. Importantly the statistics do not include data on how long assessments take and the compliance with the 45 working day period. The office therefore set out to establish how often the 45 working days standard is met.

It is positive that the data shows that the 45 working day period is typically being met, in that the average of mean times across all local authorities were under 45 days.^{vii} The average length of time was under 45 days in over 80% of local authorities.

The longest assessment times

However, these averages conceal the fact that some children are waiting longer times than the statutory maximum. In three local authorities, the maximum was over 365 days, so at least three children waited over a year.

Assessment times for children of different ages

The speed of assessments, as measured in the data supplied by local authorities, were similar across the three age groups 0 to 4, 5 to 10, and 11 to 17. More local authorities were entirely compliant in assessment length for under 5s, in that the longest wait for any child in five local authorities was lower than 45 days, whereas only two local authorities were entirely compliant in the length of their assessments of 5 to 10, and 11 to 17, year olds.

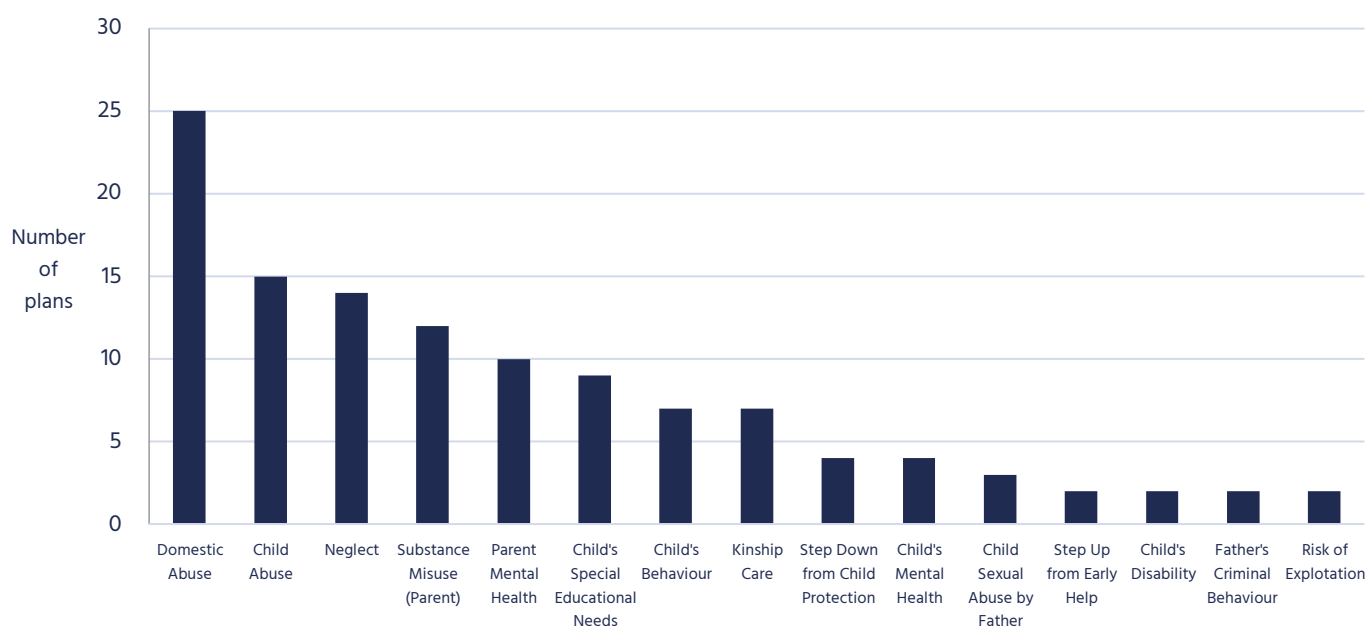
^{vii} Specifically, they were 38 days (calculated as a mean of means) and 40 days (calculated as a median of medians). No weighting has been applied to these calculations.

5. It is hard to measure the progress of child in need plans

The sample of plans received by the office was selected using criteria to ensure a range of family circumstances and needs were represented (see methodology section). The office read and analysed assessment documents to better understand the circumstances of families in receipt of these plans, and to examine the specific needs identified by social workers that led to plans being implemented.

The team's analysis of the sample of plans identified 35 different types of needs across 77 plans. Each plan was coded with the types of needs recorded in the initial assessment document. Across the sample of plans almost half (46%) were coded with two main types of need, and 18% had three or more main types needs coded. The remaining 36% had one need identified. The most common need identified, recorded in a third (33%) of the plans the office received was domestic abuse between parents. In the sample of plans reviewed by the office, it was common for multiple needs to occur simultaneously, and we observed that domestic abuse often co-occurred with other types of need including parental substance misuse, abuse aimed at the child, or neglect.

Figure 6: frequency of types of needs identified in the sample of 77 child in need plans



5.1 How is progress measured?

The office's first report found that the use of plans and guidance around how plans should be used varies greatly depending on who you are and where you live. To better understand how child in need plans are used, this second report looks at how the progress families make on these plans is captured^{viii}.

To explore this question, the office examined the sample of 77 child in need plans and associated documents. This involved analysing assessment reports, minutes of child in need review meetings and case closure documents. The office's analysis of these documents found that despite the Working Together to Safeguard Children statutory guidance setting out the need for 'clear measurable outcomes for the child and expectations for the parents' to be developed, the vast majority of plans lacked actions that were actionable, measurable with a measure given and included a timeframe for

^{viii} It's important to note from the outset that there may be work to support the family that is not captured in the plan and therefore not considered in the analysis for this report.

completion with a clear owner responsible for completing that action. This makes it difficult to assess whether key outcomes that the plan set out to achieve have been met.

Analysis of actions within plans

In the absence of national guidance on how a child in need plan should be structured, there is wide variation in how local authorities ask professionals to record families' progress while on a plan. Across the eight local authorities the office received child in need plans from, the template used for child in need plans varied greatly. Some templates included sections asking for aims, objectives or goals to be set for the child and family members, and then asked for actions or next steps to be listed to support the actions to be met. For example, the template shown in example 1 of Annex A asks social workers to record actions in a column entitled action/ outcomes, whereas in the example shown in example 2 of Annex A, outcomes and actions are listed in separate columns, therefore requiring the social worker to identify an overarching outcome that will be achieved by the actions. It is unsurprising that local authority child in need plan templates differ so substantially given the lack of detailed statutory guidance on how plans should assess.

The team spoke to a social worker who had experience of working with child in need plans across two local authorities. She reflected that local authorities and individual social workers often record information differently. The social worker said:

'I find that people do their plans in different ways, some people will delete all the information from the previous meeting. However, some people just put a little box at the end of the previous minutes and say update which has been accepted on both teams, but everybody does it a bit differently'. – Social worker.

In an attempt to understand how progress across plans from the eight local authorities is assessed, the office collated all actions recorded in the child in need plans that were contributing towards a wider action that the plan was aiming to achieve. For this analysis, the office defines an 'action' as any task in a plan (like attending a parenting course or having a medical assessment) that helps achieve a larger

objective. These actions are essential steps that must be completed to reach the plan's overall objective.

Quality of actions across local authorities

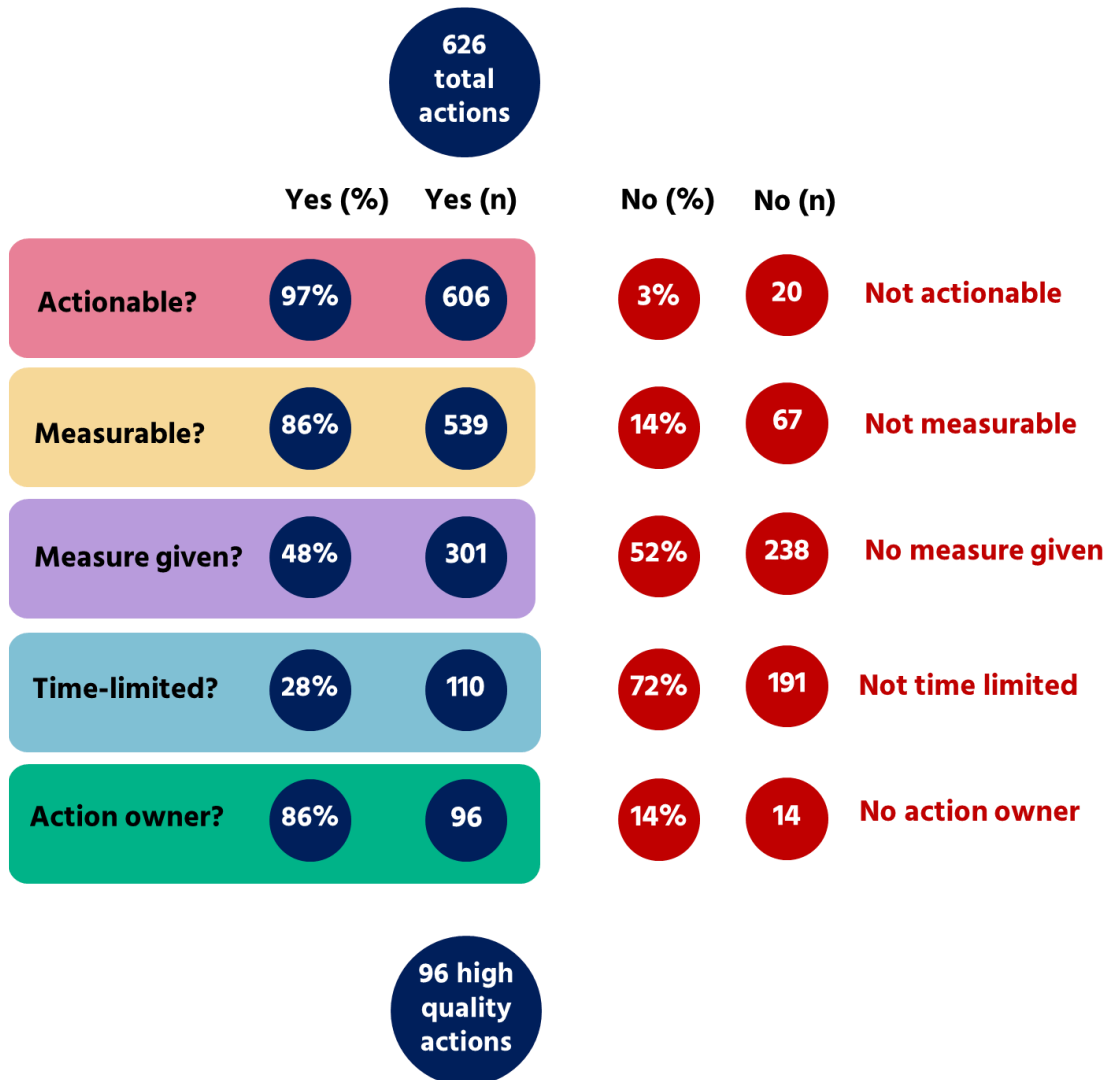
The office conducted an analysis of all actions that were recorded in the first child in need plan^{ix} document received from local authorities. The team analysed the quality of the actions, defining actions as 'good' quality if they had a clear owner, a measure of success, and a timeframe which would allow a social worker or other professional to determine whether it had been completed or not. Figure 7 below outlines how the office defined the quality of child in need plans.

Across the 77 child in need plans, the average number of actions per plan was eight, with four plans having no actions documented in them at all, while at most one plan has 22 actions listed. The 'correct' number of actions will vary according to child and family circumstances, but the lack of any actions will not encourage progress, and a very large number of actions may be unrealistic. Of the 626 actions the office reviewed, only 15.3% met the office's criteria for a 'high quality' action. That is that the action was actionable, had a clear task to be completed, a responsible owner, a defined measure of success and specific timeframe^x. Moreover, six actions (1%) were none of these. Most often (36%) actions scored four out of five, with 205 (33%) scoring three out of five, 76 (12%) scoring two out of five, and 19 (3%) scoring one out of five.

Figure 7: Review of 626 actions recorded in a sample of 77 child in need plans

^{ix} This is the earliest dated plan following the section 17 assessment.

^x More detail of how actions are coded is listed in table 1 in the methodology section above.



While the vast majority (97%) of actions were actionable (meaning there was a clear task to be completed), over 10% were not measurable (meaning no way to assess whether the action has been completed) which often meant vague wording was used to describe actions for example, ‘to explore the possibility of a family group conference’. The use of ambiguous language in this way makes it hard for the family and professionals to hold one another accountable as its difficult to measure whether the action has been completed.

Moreover, over half (52%) of actions had no measures given, meaning that these actions did not have a measure for assessing whether it had been completed or not. For example, as this action, '[Child A] and [child B] will continue to receive differentiated support provided in relation to their identified need', does not have a clear measure for which completion of the action can be assessed against, the office coded actions of this type as having no measures given.

A shocking 72% of actions did not have a timeframe for completion for example, within a particular number of weeks or by a particular date, making it difficult to track progress between visits and review meetings.

However, the office was glad to see that the vast majority of actions had an action owner (86%).

Table 3: Actions recorded in a sample of 77 child in need plans

Criteria	Percent yes	Percent no	Percent total
Actionable?	97%	3%	100%
Measurable?	86%	14%	100%
Measure given?	48%	52%	100%
Timeframe given?	28%	72%	100%
Action owner stated?	86%	14%	100%

The vast majority of actions in child in need plans in every local authority were low quality. Yet there was a wide range in the quality of actions between local authorities, with one having 16% of actions meeting all five of the good quality criteria while another had none.

Though the sample size is small, it is notable that the local authority with the highest proportion of high-quality actions was most recently rated "outstanding" by Ofsted for 'the experiences and progress of children who need help and protection' while the authority with the lowest proportion is rated "inadequate" in the same category. More research is needed to understand this relationship.

Table 4: percentage of actions in child in need plans that were high quality, by latest Ofsted rating of children’s services department for ‘the experiences and progress of children who need help and protection’

Local authority	Percentage of actions rated high quality	Most recent Ofsted rating (children who need help and protection)
1	16%	Outstanding
2	11%	Good
3	6%	Good
4	1%	Requires Improvement
5	1%	Outstanding
6	3%	Requires improvement
7	8%	Inadequate
8	0%	Inadequate

Child in need plans often inaccurately reflect the work being done to support the family

Social workers and parents expressed concerns that child in need plans often fail to accurately reflect the work being done to support the family. Hence, this raises the question of whether the actions recorded in the plan accurately reflect the ongoing work between the family and social workers.

It is important to note that during the interviews the office conducted, some social workers reflected on the issue of the plan not always capturing the work they were doing with children and families. For example, one social worker said:

‘I have never encountered a child in need plan that feels like an accurate representation of the work I am doing. At most the work I am doing on the plan it will say ‘social worker to explore x relationship’ and that might be hours of conversation’ – Social worker.

While it is understandable that there are aspects of social workers’ relationships with families that may be difficult to capture, this raises the question of how a family’s progress is able to be effectively

measured if plans do not capture the meaning of the work the social worker and other support professionals are undertaking.

The team also heard that often the plans can feel more targeted towards coordinating professionals rather than a document that families refer to as a source of guidance on what support is in place. A social worker told the team:

'We're sort of told in theory that the target audience should always be the parents or carers. It feels quite like the target audience is the professionals, so there are rarely actions for the parents...for example, parents made a decision to have bedtime routines. That routine wouldn't end up on the plan'
– Social worker.

This was reflected in the interviews with parents, with some parents reflecting that they never received the plan. One parent who said she had 'never seen a copy' of the plan explained the problem this caused for her:

'There were a lot of things that were discussed, support I would be getting, for the children, but they never actually happened. So I had no evidence to contact social services to say 'ok, you promised to support me with this, but I'm not getting anything' – Parent.

Social workers also reflected on child in need plans often being written for the child, using child friendly language to explain what support is being put in place and what the support will aim to achieve. For example one social worker told the team:

'Everything's written to the child. So instead of saying "Deborah must do this", we'll say "your mum"'
Social worker.

While it is vital that the child's voice, wishes and feelings are captured in the plan, the practice of writing the plan in this way raises a question of whether this enables social workers and other professionals to effectively capture the progress families make on the plan. The team heard from a

social worker that talked about the difficulty of recording information in a child friendly way. The social worker said:

'Sometimes it's not always possible and not everything can be written in a child friendly way. Some things that need to be said are never gonna be child friendly. – Social worker.

Another said:

'Social workers do find it difficult because they worry that if you're talking about quite difficult things, how can you write it to a child of, for example, four years old?' – Social worker.

A parent the office spoke to felt the child in need plan wasn't written clearly enough, instead she felt it had convoluted 'layers of doubled information' and instead it should be succinct and to the point. She said:

'I'm not big fan of all [that] paperwork. If it's not specific, short, sharp and clear....but I know that when information is just layers of doubled information and it's not short and specific' – Parent.

Another parent echoed this, reflecting that child in need plans need to be understandable and summarise complicated issues with clarity. The parent said:

'You know when you're looking at really complicated issues, you need to make plans really understandable and meaningful' – Parent.

These findings raise the question of whether child in need plan documents effectively capture the nature of work between the family and social worker. If the content of the plan does not accurately reflect the ongoing work between social worker and family, it won't be possible for the plan to effectively track the progress the family is making. As a result, neither the social worker nor the family will be able to confidently say the plan's objectives have been met, nor effectively use it to document individual's commitments to or accountability for the work as part of the intervention.

5.2 What factors influence the outcome of a child in need plan?

When a child is on a child in need plan, and the situation either escalates or improves, a decision is made about the type of continued involvement from children's social care. If a social worker believes that a child is at risk or experiencing significant harm, child protection procedures will begin. Whereas if instead the social worker no longer believes that the child requires section 17 support, the family should be stepped down and may be referred to targeted early help'.^{xi}

For the sample of child in need plans the office examined why plans closed. The analysis of closure documents found that over half of plans closed because they closed to children's social care entirely, while over a third (35%) closed because they were stepped down to 'universal services' and 4% stepped up to child protection. The universal services named included extracurricular activities, family support workers, and domestic abuse support services that are funded by the local authority. Of the plans that were closed to children's services or stepped down to early help, 14% closed because there was a change in the family's circumstances that was unrelated to the work of the plan. The most commonly recorded change in circumstance was that a parent that was identified as being a risk to a child was no longer living with the family due to parental separation.

It is not possible to benchmark these findings against national data, because the Department for Education does not gather the reasons for closure of child in need plans from local authorities. Through an analysis of closure documents and interviews with social workers and parents, the office explored what leads child in need plans to close. The sections below examine the closure of plans in more detail. This includes examining whether plans close because actions and objectives are met,

^{xi} Targeted early help is not defined in statute, but it describes an intervention which is delivered below the threshold of statutory support under section 17 of the Children Act. A family will receive an assessment and be allocated a lead practitioner who co-ordinates support for them. It is a level above access to universal 'early help' services such as Children's Centres or Family Hubs, with families having an open 'case', rather than simply accessing support themselves.

whether local authority thresholds have an influence and the importance of communication for ensuring plans make progress.

5.3 Do plans close because actions and objectives are met?

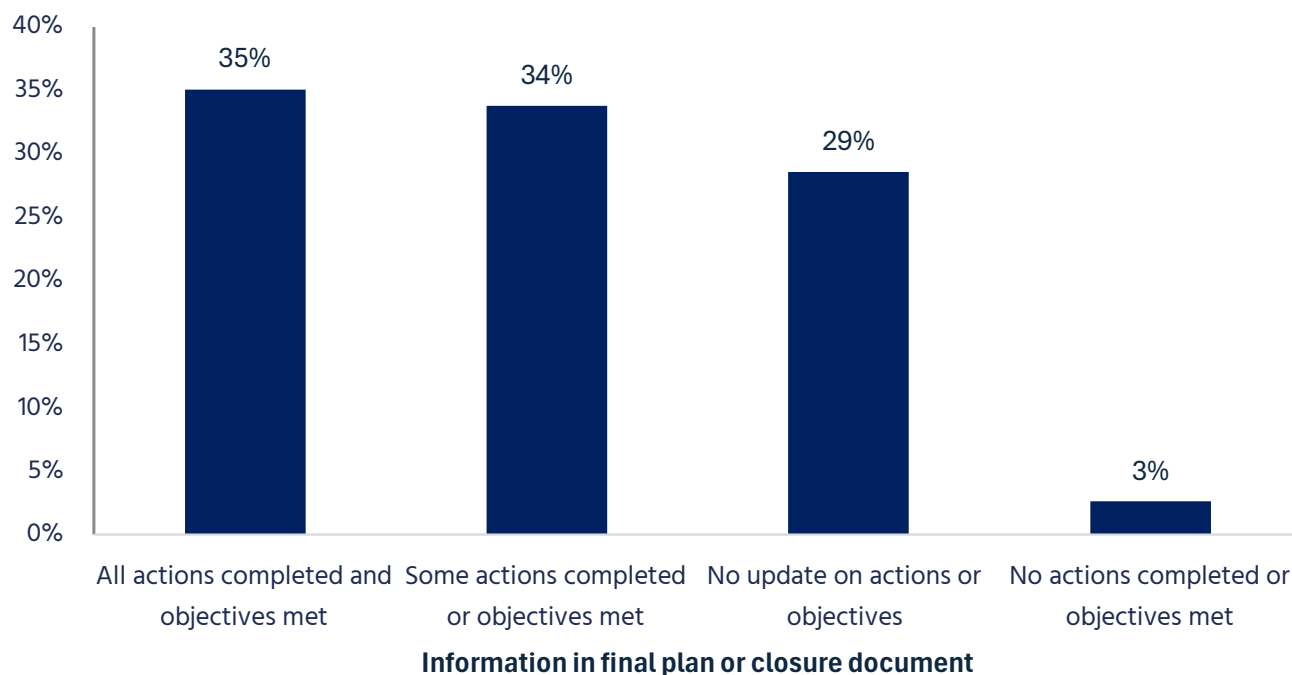
To understand why child in need plans close, the office examined the extent to which actions were marked as complete and progress towards overall objectives had been made at the point of closure, as recorded in closure documents and final plans.

Across the eight local authorities that provided documents for this research, the format and contents of closure documents was highly variable. Some restate the entire plan including updates for each objective and action while others have a small section for a summary of the intervention and one for outstanding steps. In some cases, the document asks for the social worker to provide reasoning for why the plan is closing, occasionally including a box for their manager's reflections on this, while in other local authorities, the closure document is much longer and more extensive with sections for child's voice, strengths and needs in the family environment, analysis of the services that have been provided (what worked, what changes have been achieved), sustainability planning (what are the outstanding issues, what could the child do differently, what could the family do differently).

All 77 plans were coded based on the information available in the latest dated documents. In some cases, plans recorded actions as 'complete', in some there was no update given for specific actions, but overarching objectives were marked as 'achieved', while others provided no updates at all. In some instances, it was difficult to track progress at the point of closure as updates to the documents became less detailed as the plan progressed.

The analysis of closure documents and final plans found that at the point of closure over a quarter (29%) of documents did not provide an update on whether actions had been completed and overarching objectives had been met. A further third (34%) outlined that some actions and overarching objectives had been achieved and 3% recorded that no actions or objectives were completed. Notably, of all plans reviewed only 35% recorded that the actions had been completed or objectives met at closure.

Figure 8: Proportion of plans by updates on actions and objectives at closure



Furthermore, the analysis revealed that there was a proportion of plans for which there were no high-quality actions. Within the sample of 77 plans, 38 plans had no high-quality action with closure documents for these plans showing that 63% were closed to children’s social care and 18% stepped down to early help.

It is concerning that 63% of cases were closed without evidence of any actions that were actionable, measurable (with a measure given), included a timeframe and had had details of an action owner. This means that it would be difficult for either the family or social worker to be able to assess whether the plan supported the family to progress. Moreover, there will be a lack of high-quality documentation for families and professionals to refer to if the family is referred back to children's social care.

More broadly these findings indicate that in some cases there is a disconnect between the completion of actions, the achievement of objectives, and the decision to close the child in need plan.

In interviews, the office asked social workers to reflect on their experiences with closing child in need plans and to identify the factors that influence the decision to close these plans. One social worker reflected that the completion of actions within a plan isn't a decisive factor in whether plans close. Instead, plan closure is determined by the social worker's discretion on whether the family has the capacity to continue the work the plan is in place to achieve.

One social worker said:

'I'm also not sure that ending the plan tends to depend on whether the actions have been completed. I think it depends more on what's happening for the family at the time? What situations the children at the time does it feel like the work will continue to carry on if there isn't a social worker involved' – Social worker.

Another social worker felt that the family itself should have a more significant role than professionals in determining how long the support is in place.

The social worker said:

'I think very often it's the family's views about whether it's the right time to close that I would tend to place more weight on... Like if a parent is saying to me, 'please don't step out now, this is really the wrong time' then that's when I would be more likely to be on the phone to my manager being like, 'does this really need to be our closing child in need meeting?'" – Social worker.

These findings highlight that the decision to close child in need plans is often subjective and not solely based on the completion of actions within the plan. Instead, it's suggested that social workers often rely on their discretion, assessing whether the family can continue the work without their involvement, while also giving weight to the family's views in deciding when support should end.

5.4 Do local authority thresholds for child in need support influence why child in need plans close?

As discussed in part one of this work, while Working Together to Safeguard Children sets out that when a local authority decides to provide child in need services a multiagency child in need plan should be developed, the guidance leaves a great deal of latitude for determining the threshold of whether the criteria for getting support has been met or not.¹⁴ Each local authority determines their own thresholds for interventions, often (but not always) set out in a 'threshold document'. This can mean that in one local authority for example a child facing a particular issue will be assessed as a child in need, while in another they will be referred for targeted early help. These threshold documents are often used to guide social worker practice when assessing the level of need of the child and family in order to make a decision on whether a family should step down to early help or up to child protection.

During interviews with social workers the office heard that thresholds for section 17 do appear to vary. One social worker reflected on the different threshold between local authorities. Discussing a child moving into their local authority, one social worker said:

'It happens so many times that a child may be on a child protection plan and then when it comes to us, like, well, that child should have never been on a child protection plan or the opposite way round, as in that why wasn't that child on the child protection plan? Yeah, it does vary from local authority, which does make it hard work, really difficult'. – Social worker.

This suggests that thresholds between local authorities for child in need and child protection do differ. Moreover, these variations create additional complexity in the system.

The team learned that while social workers use threshold documents to guide decisions on closing a plan, these documents don't always influence their overall practice.

One social worker told the team:

'Yes, those documents will be referred to and will be part of a good induction training programme, but in practice I have not seen that referred to... but it's there somewhere and people loosely try to follow it'. – Social worker.

This suggests that even within local authorities the extent to which threshold documents guide practice varies. Another social worker reflected that in some cases decisions are clear on whether a case should escalate or not, and that threshold documents are only used to guide practice in a minority of cases. The social worker said:

'There are threshold documents but sometimes decisions are obvious, but not always. You can kind of tell where it's going and the remaining 30% is much more borderline and sort of requires long discussions with managers kind of thing'. – Social worker.

Another social worker talked about the decision to end a plan when progress has slowed but the threshold for escalating the plan to child protection is not met. The social worker said:

'But if we're not seeing change, then whose needs is the plan then serving? You know, why are we maintaining a role in this family's life? They've either got problems significant enough to cause harm or risk of harm, in which case lets escalate, or this is their model of living and although we might feel that things should be done differently if there's no harm being caused, what right do we have to dictate that to a family that's so set in their ways? – Social worker.

This could suggest that some plans close because progress isn't being made rather than because the family is no longer in need of the support the plan is providing. The office heard from a social worker who reflected that, due to capacity constraints, they had felt the need to speed up the closure of child in need plans. The social worker said:

'I've seen some wild things... where literally I've been rushed to say, "Oh yeah, yeah, that's good. Then let's shut that down" because the pipeline of cases coming through. Team manager pressure to free up capacity within the team is one factor that has determined whether it's stepped up or down'. – Social worker.

These reflections suggest that child in need plans do not always close because the family's needs have been met and they are stepping down, or that their needs escalate, and a higher level of intervention

is needed. Instead, it suggests that the overall threshold of need within the broader child in need caseload can influence social worker decisions around closing a plan.

Parents themselves are aware of the high caseloads that social workers often have. One parent the office interviewed recognised how difficult it is for social workers to give every family the time and attention they may need. The parent said:

'[it's] unrealistic to expect the social worker who has 26 cases to give 26 families the time that they need to succeed'- parent.

These findings suggest that thresholds do vary between local authorities and other factors, such as caseloads, can impact why plans close.

5.5 Clear communication and collaborative relationships are important for ensuring the plan progresses

The voluntary nature of section 17 support, parents have a choice in whether they consent to a child in need assessment and receiving support through a child in need plan under section 17 of the Children Act. As such, it was important to examine the practices around how parental consent is obtained in the planning process. Shockingly, from the sample of child in need plans the office obtained, only 57% of plans and assessments had parental consent recorded. In over a third (38%) of cases consent was not recorded, and for three families it was recorded that they did not consent, yet the plan was still put in place^{xii}.

In interviews, parents and social workers reflected that in some instances there is a lack of clarity around the voluntary nature of section 17 support in the form of a child in need plan. One social worker talked about the requirement for consent in section 17 interventions not being clearly communicated to parents from the outset. The social worker said:

^{xii} Percentages calculated with a denominator of 76 plans due to inclusion of one Section 47 assessment not requiring consent.

'I feel like a lot of families are almost deliberately kept in the dark about the voluntary nature of section 17, so they're working alongside us not realising they can say, "actually I don't wanna do any of this and you need to leave"- Social worker

Parents themselves said the same, with one parent saying:

'I was never told whether it was a voluntary thing or [...] if you didn't engage this would happen or what. It was never fully really explained'. – Parent.

Another parent said that it was concerning that there wasn't information about the voluntary nature of the support. The parent said:

'I'm sure I didn't hear that it was voluntary, but I'm racking my brains and I can't think of that. And that is a little bit scary that there isn't enough information' – Parent.

Another social worker reflected that consenting to receiving support through a child in need plan can feel transactional in the sense that if a family does not consent there could be a further escalation of the case to child protection. The social worker said:

'With child in need plans, they're supposed to be voluntary. The parents are supposed to have the choice to engage... You say it's voluntary, but they know, especially if they're experienced, that if they don't engage or if they say no, it could lead to an escalation to a child protection plan a lot quicker. It can feel compulsory.' – Social worker.

This raises the question of whether consent is being freely given or if there is a pressure to consent given the fear of further escalation. Another social worker reflected that there can be challenges in instances where a family may be reluctant to consent. The social worker said:

'I still sometimes find there are families that are saying yes but in their hearts they don't want it'. – Social worker.

In interviews, social workers mentioned that parents' involvement with the support provided in child in need plans affected whether the plan was closed. Parents, on the other hand, talked about their fear of being judged and highlighted the need for a strong, collaborative relationship with their social worker.

Social workers reflected on the impact that parents' engagement has on their work with the family. One social worker reflected on the difficulty that comes about when there is a fatigue from having social care involvement. The social worker said:

'Sometimes when families are just fed up of children's social care involvement and it can often happen if there's been a long period on child protection and then you step down to child in need and it's a bit like, "OK, so this person has to come and visit me every four weeks. All right, they can come visit, but let's just get this over with" and it can then be really hard to make that an effective period of intervention' – Social worker.

This reflection suggests that the progress that a family makes while on a plan is heavily influenced by their ability and willingness to engage with the support being offered. Another social worker talked about the importance of working 'with' a family.

'I don't want to be doing things to people, you know, I want to bring parents alongside and with what I think, you know, would benefit the way their family is functioning.' – Social worker.

In some instances, a parent will advocate for wanting to keep their family on the child in need plan, and that can impact the social worker's decision to keep the plan open. One social worker said:

'If a parent is saying to me, please don't step out now, this is really the wrong time then that's when I would be more likely to be on the phone to my manager being like, does this really need to be our closing child in need meeting' – Social worker.

On the other hand, some parents told the office that they struggled to engage with the child in need plan because the relationship with the social worker didn't feel collaborative. For example, one parent said:

'A lot of how some social workers deal with people is very robotic, it's not really friendly or human, I feel like sometimes they treat us like we're just another, another, something to just tick off and then move on [...] just talk to me as, as if you're my friend, and it would be much better, but some of them are just trying to get off their list for the day' – Parent.

A key barrier to engagement that emerged was the fear of being judged for asking for help. One parent said:

'I struggled massively to ask for help and actually I needed help [with a housing matter] but was frightened to say actually I need this help in case it was taken the wrong way or they thought I wasn't capable of being a parent' – Parent.

These findings emphasise the importance of a strong relationship between families and social workers. While it appears that parent buy-in can influence the progress of the child in need plan, parents say that they need help to engage in the support. A collaborative approach and a positive relationship with the social worker can help make that engagement easier.

Legally, parents should always give their consent for a child in need plan to be in place. That's not always happening. More generally though, fostering transparent communication and collaborative relationships is essential for improving both the processes of obtaining parental consent and the progress of child in need plans.

6. The way forward

The new government's introduction of the Children's Wellbeing Bill is a much-needed opportunity for substantial reform to the children's social care system. The Children's Commissioner's office welcomed the previous government's reform agenda outlined in the Stable Homes Built on Love strategy¹⁵, along with initiatives such as the Families First for Children pathfinder and changes that allow section 17 assessments to be conducted by a lead practitioner. However, the Commissioner has consistently advocated for more ambitious and comprehensive reforms, emphasising the need to critically examine the challenges that exist across section 17 support and the early help system.

Right now, there are several government-funded programmes aimed at supporting families and children in operation in a patchwork of local authorities, the majority of which will run out of funding in the next year. These programmes include the Families First for Children pathfinder and Family Networks pilot, the Supporting Families programme and the Family Hubs and Start for Life programme¹⁶. With funding for these programmes winding down and the government's new Children's Wellbeing Bill being introduced to parliament, there is an opportunity to critically examine the nature of early intervention and preventative support for children and families.

6.1 The need for a comprehensive review of the Children Act

A crucial aspect of the necessary reform is a comprehensive review of the Children Act 1989. While the Act represented a landmark achievement in the protection and support of children and families, establishing a robust framework for their care, since 1989 there have been significant changes to the risks that children face, particularly when it comes to extra familial harms and children seeking asylum.

With the Law Commission currently examining the support provided to disabled children under Section 17 of the Act, there is a timely opportunity to reassess this section in its entirety, ensuring it addresses the broader and evolving needs of children and families today.

While section 17 is a strong foundation for providing support for children who need support of services to ensure their wellbeing, one particular challenge is the lack of national guidance around thresholds

of need that should prompt intervention from children's social care. Instead, local authorities publish their own guidance around thresholds of need.

In this report, and the previous report 'children on child in need plans', the office examined the impact of a lack of national thresholds. Earlier this year, looking at the national picture the office found that in one local authority, 70% of the children involved with children's social care were on child in need plans, while in another it was as low as 3.6%. Unless the distribution of need across the country is this varied, this suggests a variation in thresholds for intervention across the country. In interviews for this report social workers told the office that thresholds do vary between local authorities and other factors, such as caseloads, can impact why plans close.

The office is clear, there needs to be consistent thresholds for assessment and support under section 17, through defined national thresholds of needs and strengthened national guidance for local authorities on the use of children in need plans as an intervention.

Recommendation: As a part of the review of the Children Act 1989, the government should set out national guidance that defines the thresholds of need that children and families must meet to be offered support through a child in need plan under section 17.

Additionally, guidance does not specify how often children on a child in need plan should be visited by social workers, or how long plans should last. As a result, local authority procedure documents vary, for example the office found in the majority (74%) of local authorities there was no minimum frequency requirement for children to be visited by social workers or other lead professionals. Using its statutory data collection powers the office collected data from local authorities on visit frequencies and found that only one local authority adhered 100% with its own published procedures.

Recommendation: Working Together to Safeguard Children guidance should set out expectations for how often children receive help and how frequently that help is reviewed when on a child in need plan.

6.2 The need for a National Child in Need Outcomes Framework

Children on child in need plans are the largest group of children supported by children's social care in England. And yet, right now, it is difficult to assess the progress families make, with a lack of clarity on the relationship between the actions being completed and objectives being met in and the closure of child in need plans.

The office's analysis for this report only rated a small minority (15%) of actions as 'good quality'. In addition, only 35% recorded that the actions had been completed and objectives met at closure. While almost two thirds (63%) of closure documents did not provide an update or outlined that only some or the actions had been completed and overarching objectives had been met when the plan closed. In addition, of the 38 children whose plans had no high-quality actions, closure documents showed that 63% were closed to children's social care and 18% stepped down to early help.

The office is clear that for section 17 to be a meaningful intervention for families, an outcomes framework should be implemented nationally. This report highlights the need for a consistent method to evaluate progress and assess the impact of child in need plans on families. Drawing on the approach taken when developing the Supporting Families Outcome Framework, the Department should develop an outcomes framework for child in need plans. Similar to the Supporting Families outcomes framework, this new framework should define a core set of outcomes that address family need and allow for a national measure for understanding the effectiveness of child in need plans.

Moreover, underpinning the need for an outcomes framework is the need for an impact evaluation of child in need plans. This is vital for improving our understanding of whether child in need plans are improving the outcomes of the children they are used to support.

Recommendation: The Department for Education should develop a National Child in Need Outcomes Framework that will enable the progress on child in need plans to be measured and ensures families get the right help to support them to thrive. The absence of detailed statutory guidance and a single template for local authorities to draw on means that local authorities' practices vary considerably in

how they capture and record parental consent, capture child and parent voice, and support sibling groups.

Recommendation: The Department for Education should carry out, or commission, an impact evaluation to find out whether child in need plans work (improve child outcomes).

Recommendation: Building on good practice models, the government should publish a child in need template to support local authorities. This template would guide social work practice and enable greater continuity for children and families who move between local authorities.

6.3 Supporting disabled children under section 17

It is vital to ensure that disabled children receive the support they need, regardless of where they live, so they can thrive and reach their full potential. The office welcomes the Law Commission's review of section 17 of the Children Act for disabled children as for too long disabled children and their families have encountered inconsistencies in accessing the support they are entitled to. The Children's Commissioner's independent advocacy service 'Help at Hand' regularly supports disabled children supported under section 17 to access the support they need. The office is therefore aware of the need to urgently address the disparities within the system.

Although this report did not include a thorough examination of support for disabled children under Section 17, the office is dedicated to exploring ways to better support this group in the future. Moreover, the office will be responding to the Law Commission's upcoming consultation for the review of section 17 for disabled children.

6.4 Education as a vital source of support for child in need

Schools are an essential form of early help for many children. For children with an identified vulnerability, school provides ongoing support and a safeguarding structure. Yet, concerningly, the office's recent report 'Lost in Transition', found that a disproportionate number of children who became a child missing education were also a child in need.¹⁷

Importantly, analysis conducted for this report found that schools play an important role in supporting many children on child in need plans, with the most common theme of issue that actions were assigned in plans to address were issues related to a child's education. In interviews with social workers the office heard about the central role that schools can play given that schools see children frequently.

These findings illustrate how essential it is that schools are adequately trained in understanding how to support children in need, and have the necessary resources to implement the right help. The introduction of the Children's Wellbeing Bill is a vital opportunity to implement changes that effectively equip schools to support children in need to thrive.

Recommendation: Social workers should be trained in educational neglect and should treat regular school attendance as a key outcome for children with a history of persistent or severe absence.

Recommendation: The government's children's social care outcomes framework and the proposed social care dashboard must ensure that the indicators used for attendance allow genuine tracking of how a child's attendance has changed over the duration of a child's plan.

Virtual School Heads play an immensely important role promoting the education of vulnerable children who interact with the children's social care system. Virtual School Heads have powers to direct admissions and to allocate Pupil Premium Plus funding to schools and education settings to improve the educational outcomes of looked after children. And crucially, since 2021, their role has been extended on a non-statutory basis to encompass all children with a social worker. Virtual School Heads are responsible for working collaboratively with local agencies to address the barriers to engagement and attainment for this group of young people, however, they do not have the power to direct admissions or access to Pupil Premium Plus for these children.

And yet in 'Lost in Transition' the office found that children in need were overrepresented in the children missing education cohort. If we want to intervene earlier and protect children at risk of harm, we must step in earlier with proactive support for children in need.

Recommendation: The government should give Virtual School Heads powers to direct admissions for children in need. These children should also be prioritised for admission to 'good' or 'outstanding' schools.

Recommendation: Pupil Premium Plus should be extended to all children in need.

6.5 Improved data collection and reporting on child in need data

Published government statistics do not currently distinguish children who are being assessed for a child in need plan, from those awaiting an assessment, or who are on a child in need plan. Since 2021-22, the Department for Education has collected data from local authorities on the start and end date of plans. Building on analysis in this report, it should now analyse this data. The government should publish annual data on the duration of plans to help build an understanding of the role of children in need plans as an intervention for families. In addition, to further our understanding of section 17 as an intervention for this group of children, the government should specify how much is spent on children on child in need plans.

Recommendation: the Department for Education's annual publication of child in need statistics should specify whether the maximum of 45 working days target for conducting assessments is met, which children in need are on child in need plans, and for how long they are on them.

Recommendation: The government's annual publication of local authority and school expenditure, spending on 'children and young people's services' should specify how much is spent on children on child in need plans.

6.6 The urgent need for an enhanced early help offer

To ensure that an improved section 17 offer for families is effective, reforms must be underpinned by an enhanced early help offer. As the office heard through interviews for this report, the early help system is under resourced and unable to keep up with the demand for preventative early intervention

services. In some cases, social workers even noted that child in need plans are used to provide families with the necessary support when there is no early help system available.

While section 17 of the Children Act 1989 places a general duty on local authorities to provide support for children assessed as children in need, and section 10 of the Children Act 2004 provides a duty to promote cooperation between local partners with a view to improving children's wellbeing, there is no statutory duty requiring local authorities to provide early help services. This means that when a child in need plan closes because the family is being stepped down to receive early help services, there is no requirement on the local authority to ensure that there are readily available services to the family to access. For families that need ongoing support to maintain the progress they have made while on a child in need plan, this presents huge challenges. Moreover, when a referral to children's social care is judged as not needing any further action, there is no requirement for local authorities to provide early help services that may prevent issues from escalating.

This is a chance to end the piecemeal implementation of early intervention services. The introduction of a statutory duty to deliver early help provision would enact transformative change for children and families and prevent spending on these vital early intervention services being squeezed out in favour of other statutory duties.

Recommendation: The government's new Children's Wellbeing Bill should be used as an opportunity to introduce a statutory duty to deliver universal early help provision, with the necessary funding following the duty. That funding should provide local authorities with reliable, long-term funding streams for children, based on consistent measures of local need.

Annex A

Example template 1

[Council logo]

Child in Need Plan - Form start date - xx/xx/2023

Family / Household composition and significant others

Person/People that the form is regarding

Id	Person	DOB	Gender	Ethnicity	Religion

Family/household composition and significant others

Id	Related Person	Related Relationship	Age	Inside Household	Ethnicity	Religion

Attendees

Attendees

Name (first and surname)	Role	Person working with	Agency	Attended

Reason

**Reason for Child in Need
Plan**

Report of Child In Need meeting

Date of meeting

Chair of meeting

Child's views, wishes and feelings

**Child's views / observations (what did the child tell/present you in her/her own words or
behaviour?)**

Parents/carers view

Views of parents/carers/significant others

Outline plan

The Plan

What do we want to achieve?	How will we do it?	Who will do it?	By when?	Start Date	Update	End Date

Summary of Discussion

Brief summary of meeting

Factors in plan

Recommendation

Outcome of Child In Need Plan

Manager's comments

Manager's comments (this will not be seen by family)

Name of Manager

Action/Outcomes

Actions Outcomes

Actions/Outcomes Date	Actions/Outcomes	Receiving Team	Receiving User	Complete Date
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Attachments

Attachments

Title	Date	Document Type	Document Sub Type	File
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Example template 2

Children In Need

xx-xx-2023

[Council logo]

NAME:

DOB:

ETHNICITY:

GENDER:

Purpose of Child's Plan

Date of child in need plan/ review

Attendees and apologies

Name	Relationship	Attended?	Contributed?	Receive copy of plans?

Personal family network outcome

Strengths

Priority risks

Where are we now?

Where do we want to be?

Plan

Plan

Outcome	Action	Who is responsible?	Timescale	Update

Contingency Plan

What is the family's contingency plan?

Consent

Name of Parent (s) who gave consent for this plan under S17 of The Children Act 1989

Future Meetings

Review Frequency

Every x

Agreed date for next review

Time and Venue

Manager's Decision

To include any outstanding actions required

Manager's oversight and analysis

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³ Legislation.gov.uk, *Children Act 1989*, accessed March 2024. [Link](#).

⁴ Ibid.

⁵ HM Government, *Working Together to Safeguard Children 2023*, 2023. [Link](#).

⁶ Children's Commissioner's office, *Children on child in need plans*, 2024. [Link](#).

⁷ Department for Education and Department of Health, *Special educational needs and disability code of practice: 0 to 25 years*, 2015. [Link](#).

⁸ HM Government, *Working Together to Safeguard Children 2023*, 2023. [Link](#).

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¹⁰ Pro Bono Economics, *The Well Worn Path: Children's services spending 2010-11 to 2021-22*, 2023. [Link](#).

¹¹ What Works for Children's Social Care, *Understanding Service Provision for Childre in Need*, 2022. [Link](#).

¹² What Works for Children's Social Care, *Signs of Safety*. [Link](#).

¹³ HM Government, *Working Together to Safeguard Children 2023*, 2023. [Link](#).

¹⁴ Ibid.

¹⁵ Department for Education, 2023. *Children's Social Care: Stable Homes, Built on Love* Government Consultation Response. [Link](#).

¹⁶ HM Government, *Families first for children (FFC) pathfinder programme and family networks pilot (FNP)*. [Link](#); HM Government, *Supporting Families programme guidance 2022 to 2025* [Link](#); HM Government, *Family Hubs and Start for Life programme guide*. [Link](#).

¹⁷ Children's Commissioner's office, *Lost in Transition*, 2024. [Link](#).




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