**Gloucestershire County Council**



**Core Practice Standards for Children’s Services**

**Definitions**

There are three key drivers in any organisation for determining the way a service is delivered. These are having agreed standards, procedures and policies. The following definitions help show how these drivers are related and dependent on each other.

* **Standards**: these are the rules that describe the (minimum) service or practice that can be expected by the service user. Most of them are legally set through government guidance and legislation, or are based on evidence based research. They are mandatory.
* **Procedures**: these are steps that describe the actions needed to deliver that service or practice – the what, how, when, where and who. They are mandatory and found in the [Children's Services Procedures Manual](http://gloucestershirechildcare.proceduresonline.com/) and [South West Children Protection Procedures (GSCB)](http://www.proceduresonline.com/swcpp/gloucestershire/)*.*
* **Policies**: these are the strategic context for shaping the standards and procedures and answer the question of why the service is delivered in particular way. [Find a policy - Staffnet](https://staffnet.gloucestershire.gov.uk/policies-procedures-and-forms/find-a-policy/)

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| OUR STANDARDS AT A GLANCE |
| Standard 1: As far as age and understanding allows, children are spoken to alone and worked with by professionals who have the tools to directly engage with them. | Page**2**  |
| Standard 2: All children have an assessment of their needs which reflects how their experiences, wishes, feelings and needs are known and understood.  | 4 |
| Standard 3: All children have an assessment which reflects the wishes, feelings, needs and capacity of parents and carers; enabling them to fulfil their responsibilities. | 4 |
| Standard 4: All children’s plans explain what needs to happen; by when; by whom; what outcomes we are seeking together; how risk is managed; and what the contingency plan is. | 6 |
| Standard 5: All children's case records are analytical, well written and timely, so that everyone can understand significant events that have happened; what the plan is; the purpose of actions and contacts; and what difference has been made so far for the child. | 7 |
| Standard 6: Every child is supported by timely management oversight of the professionals' working with them. This includes reflective supervision; checking that work has been done to agreed standards; seeing what difference it is making; and what needs to happen next. | 8 |
| Standard 7: Staff use restorative approaches to resolving issues and improving children’s lives; a) working *with* children and families as opposed to doing things ‘for’ or ‘to’ them; and b) providing colleagues with clear expectations, high support and high challenge in equal measure.  | 9 |

**Layout of the Standards, supporting their use as Team Posters**

**1. Core Standards:** The first six standards were developed with staff in 2014 and 2016. A seventh standard about professional culture has been added, reflecting our commitment to Restorative Practice.

**2. Why this is important:** In each section messages from Ambassadors for Vulnerable Children and Young People, who influenced these standards, are included.

**3. Practice Expectations:** This section sets out the details underpinning each standard. They are informed by statutory regulation; the Social Work Professional Capabilities Framework; Knowledge and Skills Statement and Standards of Proficiency for Social Workers; Ofsted Grade Descriptors; and the County Council Customer Service Standards.

**4. Person Responsible:** This sets out who is responsible for working to the standards, whilst remembering and upholding the wider context that safeguarding children is everyone’s responsibility.

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| logo | **BITESIZE BRIEFING: Direct Work with Children** |
| **Standard 1** As far as age and understanding allows, children are spoken to alone and worked with by professionals who have the tools to directly engage with them. |
| *This is important because children need to be able to tell their own story. (David, 11)**This is important because working one to one with a child will help to form a friendship, with the child seen as being someone important and not just a number. Kids are more willing to talk to someone who’s not there for just their job but is a friend, to make any sort of bond. (Henry, 17)* |
| **Practice Expectations** | **Person Responsible** |
| Children and young people are seen alone, in a variety of settings, observed and communicated with according to their age, understanding and developmental needs, as part of assessment or intervention.  | **Social Worker** |
| Every child knows who their Social Worker is, why they have a Social Worker, how to contact them, how often they will see them and what their plan is.  | **Social Worker** |
| Practitioners arrive on time and if going to be late, tell the child/family/carer as soon as possible to apologise.  | **Social Worker**  |
| Practitioners are familiar with and use direct work approaches appropriate to the child’s age, understanding and preferences; and understand that “direct work” includes both play materials/engagement tools *and* relationship building conversations. . | **Social Worker** |
| All children and young people will receive and have explained to them the procedure for making a complaint/representation.  | **Social Worker** |
| Staff make appropriate arrangements for the use of translators, interpreters and communication tools to meet any specific sensory or language needs including use of braille, sign language, hearing loops etc.  | **Social Worker** |
| Communication with children is recorded in a manner that reflects their views and is appropriate to be shared with them  | **Social Worker** |
| All key assessment/planning documents reflect the views of the child or young person including where a child declines to share any information. The reason why the sharing of information was declined is recorded.  | **Social Worker** |
| When children express a desire not to see the social worker, the reason for this and consideration of how to overcome it is given careful consideration and unsuccessful attempts to see a child are recorded.  | **Manager** |
| Other than in an emergency (e.g. the worker is absent from/leaves work unexpectedly), all children will be notified of a change in worker, the reason for it and have the opportunity to be introduced to their new worker by their existing worker.  | **Manager** |
| Families and carers will be notified both verbally and in writing and all those involved including the child, family, carers and other agencies will be informed of the new workers contact details and the date of the change in writing/by email.  | **Social Worker** |
| New workers will read the child’s file before meeting the child and family.  | **Social Worker** |

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| **Visiting Timescales At A Glance[[1]](#footnote-1)** |
| **Timescales for visiting children are driven by the need for developing the working relationship with the child and family, and by the child’s plan and urgency of their situation or level of concern.** Decisions about when/how often practitioners visit are taken in supervision, with these decisions recorded on the case record and in the child’s plan. [[2]](#footnote-2)  | **Manager & Worker** |
| **Early Help**The frequency of contact is set out in the child’s plan, sufficient to enable assessment and intervention to be effective and to allow for a credible review of the child’s progress.  | **Worker** |
| **Children we are notified about: contacts made to children’s services** * The decision about the type of response the child needs and feedback to the referrer is made within one working day of a referral being received (WT).
* If a Section 47 enquiry is triggered, the child is visited according to risk and need, no later than 2 working days.[[3]](#footnote-3)
 | **Social Worker** |
| **Child in Need*** Within a maximum of 5 working days and thereafter as set out in the CiN Plan agreed with Manager
 | **Social Worker** |
| **Children subject to a Child Protection Plan*** Within a maximum of 48 hours, thereafter as set by the Initial CP Conference and Core Group
* At least once every 10 working days.
* At least once per month relative to need visiting should include time in the family home and, for children aged 5 and over, time alone with the child.
 | **Social Worker** |
| **Children looked after:** * During proceedings, children should be visited no later than at four weekly intervals..
* On the day the child is placed, then within 1 week of the beginning of the placement
* Intervals no longer than six weeks during the first year of any placement
* Every six weeks during subsequent years unless formally agreed as a permanent placement and once agreed, at intervals of not more than three months
* Whenever reasonably asked for by a child or foster carer, regardless of placement status.
 | **Social Worker** |
| **Children and young people who are placed in a series of short breaks:** (respite care arrangements, or short stays with relatives away from the main placement): * Within the first seven placement days then within 3 months of the first placement day.
* Intervals of no less than six months after the first visit
* Unannounced at least once a year if placements interval is more than six months
* At least annually the child’s sleeping arrangements will be seen.
 | **Social Worker** |

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| **Children placed in an adoptive placements:** * Within the first week of the placement and weekly thereafter until the first review
* Thereafter, the frequency of visits is determined at the child's Adoption Review or, if not specified, every six weeks for the first year and after this, three-monthly..
* Additional visits are arranged where there are any concerns.
* Link worker visits as per Placement Plan, until Adoption Order made or placement ended.
 | **Social Worker** |
| **Privately Fostered Children**: * Within 7 working days from the date of notification to the local authority
* Intervals of not more than six weeks during the first twelve months
* Intervals of not more than 12 weeks in any 2nd or subsequent year.
 | **Social Worker** |
| **Children with temporarily approved foster carers or parents under Interim Care Order**:* Weekly until the first review
* Every four weeks thereafter until the carer is approved or final hearing completed.
 | **Social Worker** |
| **Children made subject to a Care Order and placed at home with parents**:* Within the first week
* Intervals of no more than six weeks thereafter.
 | **Social Worker** |
| **Children reported missing**:* The ‘children missing/missing from care’ procedures are followed – these are on the [South West Children Protection Procedures (GSCB)](http://www.proceduresonline.com/swcpp/gloucestershire/)*.*
* Visited within 72 hours of the child’s return, referring to the above procedures.
 | **Social Worker** |
| **Children in more than one placement - residential school and foster care or residential home:** * visited in each living situation, at least every 12 weeks
 | **Social Worker** |
| **Young people aged 18-21:*** At least every 28 days by their personal advisor.
* In addition keeping in touch by phone, text or email based on the YP’s preference
* Frequency and type of contact agreed with the YP and set out in their Pathway Plan.
 | **Social Worker** |

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| logo | **BITESIZE BRIEFING: Assessment of Need** |
| **Standard 2** All children have an assessment of their needs which reflects how their experiences, wishes, feelings and needs are known and understood.  |
| **Standard 3** All children have an assessment which reflects the wishes, feelings, needs and capacity of parents and carers; enabling them to fulfil their responsibilities. |
| *This is important because having regular assessments of their needs allows the young adult/child to feel they’re being listened to. It captures the moments regularly.* (Callie-May, 16).*“It is important for children and young people, parents or carers to be involved, because this allows the best outcome to be achieved.* (Emily, 16). |

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| **Practice Expectations**  | **Person Responsible** |
| The reason for the assessment is clear and child-focused (i.e. not just a process), stating why we are assessing this child’s needs now and what questions this assessment is seeking to answer. All information in the assessment is sourced clearly and accurately.  | **Social Worker** |
| Consent is sought to seek and share information, unless to do so could be likely to place the child at risk of harm.  | **Social Worker** |
| Every child open to a social worker has an up to date assessment. It is evidence based and includes a clear analysis of all the information available. There is multi-disciplinary input, used to triangulate social work views and family views with evidence from professionals involved with the child and family. It is clear which agency provided which information.  | **Social Worker****Multi Agency Professionals** |
| Assessment is understood to be a continuous process; it is regularly reviewed and clearly linked to the plan that details actions to meet the changing needs of the child.  | **Social Worker** |
| Each child’s file has a chronology and genogram that has clearly been used to inform the assessment. The chronology is used as a tool to ensure the family history informs the analysis. However the assessment does not contain the full chronology, but a summary of the significant events for the child. | **Social Worker** |
| The assessment accurately conveys each child’s lived experience, gathering and recording each individual child’s views and feelings, seeing the child in a variety of settings where possible, including alone. | **Social Worker** |
| The assessment presents a clear professional view, with the impact on the child of the dynamics and issues the assessment uncovers, seen to be central to the assessment. This means an accurate understanding of the child’s development in the context of their family social history, past and current lived experience. | **Social Worker** |
| The social work involvement empowers and supports the family to fulfil their responsibilities to each child in their care; the assessment records each parent or carer’s needs and views (including partners). It includes consideration of offering a Family Group Conference.  | **Social Worker** |
| Diversity is clearly considered, with the assessment noting if any specific needs arise from the child or family’s ethnicity, culture, heritage, age, disability, gender, faith and sexuality.  | **Social Worker** |
| The assessment is clearly informed by assessment of risk; considering protective factors, static and dynamic risks. It evaluates each protective factor or risk in terms of the impact on the child, how significant the risk is or how it might promote resilience. Contingency plans are set out including practical steps to ensure the safety and welfare of the child.  | **Social Worker** |
| The assessment takes into account available resources and the child’s place within the context of family, community and culture.  | **Social Worker** |
| The assessment makes use of evidence-based assessment tools and cites research where it is relevant, explaining how it is relevant for *this* child in *this* situation to inform the analysis.  | **Social Worker** |
| The assessment includes consideration of other children and family members within the close or wider family network, including their contact with and impact on the child, gaining their views where appropriate and possible. This includes a professional view as to whether any of these other children or adults need their own assessment or support.  | **Social Worker** |
| The social worker is professionally curious and uses supervision for critical reflection[[4]](#footnote-4), to make sense of the information they are gathering, particularly to support a view of parental capacity to change and to write analyses in assessments.  | **Social Worker** |
| The analysis concisely sets out the practitioner’s reflective record of **how** the information in the assessment impacts on the child’s world or their development (including risk and protective factors) and **what** interventions need to be made in the child’s interests, or what is the expected outcome of an intervention.  | **Social Worker** |
| Social workers ensure intervention and the provision of services during the assessment period where needed to improve the child’s situation.  | **Social Worker** |
| Assessments are written in plain language, with correct spelling, punctuation and grammar, free from acronyms and jargon so they can be understood by the child, parent/carer as far as possible. If needed so as to ensure the child/family can understand and engage in the assessment, it is translated into their first language.  | **Social Worker** |
| Assessments are shared with parents, others with parental/carer responsibilities and the child, depending on their age/level of understanding. Their views are clearly recorded on the assessment before it is signed off[[5]](#footnote-5).  | **Social Worker** |
| All assessments are scrutinised and approved by a manager with the manager’s view and rationale for this view clearly recorded.  | **Manager** |

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| **Timescales At A Glance** |
| Single assessments are carried out within a maximum of **63** (**45 working) days.**  | **Social Worker** |
| The Manager will review the progress of the single assessment between **1- 8** **working days** (concluding whether no further action is required and the assessment can be closed, or whether further work is needed); again at **20 working days**; and signed off with appropriate comment as an assessment that meets good standards by **45 working days.** | **Manager** |
| The single assessments has been updated: * As a minimum once **every 12 months;**
* Prior to a child becoming looked after;
* When any significant change or incident in the child’s life requires updated assessment and planning;
* Prior to a young person’s Pathway Plan being started;
* Where there is a proposed significant change to the care plan;
* Where progress is not seen to be made;
* When a manager considers it necessary.
 | **Social Worker** |

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| logo | **BITESIZE BRIEFING: Planning** **Standard 4** All children have a plan which explains what needs to happen; by when; by whom; what outcomes we are seeking together; how risk is managed; and what the contingency plan is. |
| *This is important because without a plan, we don’t get the support we need. Our plan means a lot because it will help us to understand what’s happening in our life and what’s next. (Ada, 24).**When you leave me without a plan, I feel like my life is unorganised. I need you to make sure we’re in contact regularly, so I know what you are doing for me and what I’ve got to do to help the situation. (Tess, 18).* |
| **Practice Expectations** | **Responsible** |
| When there are concerns that a child is suffering or likely to suffer significant harm, a Strategy Discussion/Meetings is used to determine whether a Section 47 enquiry is required, as well as safety planning. The timescale for the Strategy Discussion/Meeting is determined by the level of risk and need, within a maximum of 5 working days.  | **Manager liaising with police** |
| If Section 47 enquiries are triggered the timescale for completion is determined by the level of risk and need. The enquiry will be completed within a maximum of 15 working days.  | **Social Worker** |
| The reason for and purpose of the plan are clearly set out.  | **Social Worker** |
| The plan flows from the analysis made in the preceding assessment, or earlier plan.  | **Social Worker** |
| The plan clearly addresses needs and risks as well building on strengths.  | **Social Worker** |
| It conveys the views, wishes and desired outcomes of the child and other relevant parties. | **Social Worker** |
| The plan is based on evidence and research directly relevant to the child’s circumstances and stages of development.  | **Social Worker** |
| Plans for children separated from parents/siblings or significant others includes arrangements for contact and permanence.  | **Social Worker** |
| Plans include an analysis of the risks and benefits of all the realistic options for the child.  | **Social Worker** |
| Plans result in action. Actions are agreed by all parties and each person is clear about the part of the plan they are responsible for.  | **Social Worker** |
| The plan is SMART *(specific, measurable, achievable, realistic and timely),* clear what needs to change and includes clear timescales that meet the changing needs of the child.  | **Social Worker** |
| The plan has clearly identified intermediate outcomes that can be used to evidence progress and minimise drift.  | **Social Worker** |
| It includes a contingency plan should it fail to achieve the intended outcomes to keep the child safe in the event of an emergency or where a carer places the child at risk. | **Social Worker** |
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| The plan contains clear arrangements and timescales for review.  |

 | **Social Worker** |
| There is evidence of management oversight of the plan to ensure the practice expectations above are met before the plan is signed off.  | **Manager** |
| In reviewed plans, the progress in meeting outcomes is clear and evidenced.  | **Social Worker** |
| Each child has a ‘My Journey’ child friendly version of their plan.  | **Social Worker**  |
| **Children subject of Child Protection Plans** have an outline plan established at the 1st Child Protection Conference, developed by the Core Group at their 1st meeting after the conference, and reviewed and updated at every core group meeting.[[6]](#footnote-6)  | **Social Worker****Conference Chair** |
| **Children in Need** plans are reviewed at intervals clearly agreed with the Social Worker’s line manager, and at least every three months. If there are significant changes in the family circumstances, there is clear consideration of whether an early review should take place.  | **Team Manager** |
| **Children in Care** have a Permanence Plan ready for consideration at the 2nd Review (incorporated into the Care Plan). Any reduction in established frequency of review meetings is discussed by the SW, manager and IRO, in line with Tri X policy guidance.  | **Social Worker****IRO** |
| **Care Leavers** have their Pathway Plan reviewed within 3 months and thereafter within a maximum of six months. | **Social Worker****IRO** |
| **Children receiving Short Breaks** have their plans reviewed within 3 months and thereafter within a maximum of six months. Any reduction in frequency is discussed by the SW, line manager and IRO in line with Tri X policy guidance. | **Social Worker****Team Manager** |

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| logo | **BITESIZE BRIEFING: Recording** **Standard 5** All children's case records are analytical, well written and timely, so that everyone can understand significant events that have happened; what the plan is; the purpose of actions and contacts; and what difference has been made so far for the child. |
| *It is important for professionals, families, children and young people to feel clear and understand what has happened and what has been written. (Ada, 24).**If you present me with facts about myself that you think are true without evidence, it makes me feel like you are labelling me and assuming that I’m the kind of person you are portraying me to be. (Tessa, 18).* |
| **Practice Expectations** | **Person Responsible** |
| Information is written and stored in line with information sharing protocols and the principles of the Data Protection Act: *fairly and lawfully processed; for a clearly defined, legitimate and limited purpose; adequate, relevant and not excessive; accurate and where necessary kept up to date; processed in accordance with the data subject’s rights; stored with appropriate technical and organisational security.* | **Social Worker** |
| Social workers ask adults and young people for written consent (using the standard consent form approved by Gloucestershire County Council) in respect of information sharing and ensure the consent is placed on the child’s file. | **Social Worker** |
| Case records are kept up to date, with significant events recorded **within one working day** of the event occurring. In emergency and significant risk situations, recording is completed on the same day as the event or early next morning.  | **Social Worker** |
| A chronology is started for every child subject to a single assessment, completed before the single assessment is approved by a manager, and thereafter kept up to date by the allocated social worker. *Staff should read, understand and adhere to the procedures and guidance on chronologies set out in the* [*Children's Services Procedures Manual*](http://gloucestershirechildcare.proceduresonline.com/)  | **Social Worker** |
| The chronology is used as an analytical tool to help understand the impact, both immediate and cumulative, of key events and changes in a child or young person’s developmental progress.  | **Social Worker** |
| Reports and case records are written in plain language, free from acronyms and jargon, so they can be understood by the child, parent/carer as far as possible. If needed so as to ensure the child/family can understand and engage in the purpose and completion of the report, they are translated into their first language.  | **Social Worker** |
| Assessments, plans, records of visits and of direct work with the child include the child’s voice. The way the child’s voice has been gained is clearly included.  | **Social Worker** |
| Where a child’s plan is changed following a review, it is updated on the child’s records within 48 hours.  | **Social Worker** |

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| logo | **BITESIZE BRIEFING: Management of Practice****Standard 6** Every child is supported by timely management oversight of the professionals' working with them. This includes reflective supervision; checking that work has been done to agreed standards; seeing what difference it is making; and what needs to happen next. |
| *This is important because you need to look after your workers so they can look after us.* (Katy, 23)*It is important that managers make sure what’s been said has been acted upon – “You Said…We Did”. It makes sure that goals are set regularly. It is important to record the next steps of the plan*.(Adam, 19) |
| **Practice Expectations** | **Person Responsible** |
| Work is allocated to suitably trained and qualified staff, with the necessary skills and capacity to undertake the task. The target maximum caseload is 18.  | **Manager** |
| Professional supervision is held regularly. This means, for newly qualified social workers weekly for the first 6 weeks and fortnightly thereafter; and a minimum of monthly for other practitioners. The frequency of supervision sessions is also determined by the complexity of the work. There is a signed supervision agreement in place, reviewed annually.  | **Manager** |
| A supervision casework episode is recorded in respect of each child open to the supervisee: At a minimum of 4 weekly for CP/Care Proceedings and for Children in Care until the permanence plan is made; 8 weekly for CiC following proceedings and Care Leavers; 3 monthly for children receiving short breaks and adoption support.  | **Manager** |
| Supervision encompasses wellbeing, health & safety, professional development and standards, and casework supervision.  | **Manager** |
| Casework shows evidence of reflection, impact of intervention and management oversight. It includes clear case direction from the point of allocation, through to any transfers or closure.  | **Manager** |
| A record of supervision is available to both parties in respect of professional supervision, relevant sections of which are recorded on the child’s file within one working day of casework supervision.  | **Manager** |
| Management oversight is recorded at all stages of work with a child and there is a clear audit trail of decision making.  | **Manager** |
| Management oversight ensures published timescales are understood as being ‘outside boundaries’, not targets to work to; timescales are driven by the child’s situation and plan.  | **Manager** |
| Managers check performance data and audit children's case records on a regular basis to have ensured that identified action is taken to improve practice where necessary.  | **Manager** |
| Managers maximise opportunities for training and development, overseeing that staff attend mandatory training, and participate in other agreed professional development as identified in supervision and appraisal.  | **Manager** |
| Formal observation of practice by the supervising Manager will be recorded in supervision at least once a year. This will inform the appraisal process.  | **Manager** |
| All staff have annual appraisals and agreed targets are reviewed through the year. Appraisal formally notes achievements in the past 12 months and records any actions needed to address development needs identified during ongoing supervision and case discussions. The appraisal sets goals for the coming year.  | **Manager** |

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| logo | **BITESIZE BRIEFING: Professional Culture** **Standard 7** Staff demonstrate *restorative approaches* to resolving issues and improving children’s lives. This includes a) working *with* children and families - as opposed to doing things ‘for’ or ‘to’ them; and b) providing colleagues with clear expectations, high support and high challenge in equal measure.  |
| *This is important because it helps families and workers establish a better relationship and raise concerns in a more effective way.* (Alice, 22).*This is important because if someone is annoying you, say that you don’t like it. Who was affected, and how it can be solved.* (David, 11) |
| **Practice Expectations** | **Person Responsible** |
| **Preconditions for Good Practice**Managers ensure staff work in a professional environment conducive to good professional practice. This includes support, challenge and bringing professional rigour to daily practice. | **Service Lead****Manager** |
| **Support** * Managers will lead by example and cultivate a staff atmosphere that is mutually supportive and draws on the professional strengths of all staff.
* Managers will provide good lines of communication, ensuring that important service policy and procedures are shared, understood and acted upon.
* Managers will provide meaningful supervision and annual appraisals that take account of staff strengths and areas for improvement, and seek to ensure that the service continues to invest in staff’s professional development.
 | **Service Lead****Manager** |
| **Constructive challenge** * Managers will monitor the quality of the service they are responsible for through regularly scrutinising practice and auditing children's case recording, and take steps to rectify poor quality when identified.
* Managers will look for opportunities to bring about improvements in practice, and support staff in delivering those improvements.
 | **Service Lead****Manager** |
| **Professional rigour** Managers keep up to date on research findings in practice and policy documents relevant to their area of work. They will routinely access Research in Practice and other materials provided through practice development websites and publications. They will expect staff to develop their professional skills and expertise by keeping up to date with applied research.  | **Service Lead****Manager** |
| All staff uphold their professional responsibility to be accountable for their own conduct, development and delivery of a high quality service. This includes being accountable within their own roles and responsibilities, supporting and holding others to account, and seeking appropriate assistance when needed.  | **All Staff**  |
| Staff undertake and are supported to complete a minimum of Level 1 training in Restorative Practice to inform their work with children, families and each other.  | **All Staff** |
| All staff delivering Family Group Conferences, BASE and those working in agreed Restorative Practice pilot sites undertake and are supported to complete Level 3 training. | **All Staff** |
| Staff explore and test restorative approaches according to their role and work setting, through (as examples) an understanding of the Social Discipline Window; restorative meetings with families or staff; solution focussed circles; high support and challenge.  | **All Staff** |

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**Messages from**

**Ambassadors for Vulnerable Children & Young People**

**About Direct Work**

*It is important for professionals to use tools on any visit to allow the professional and young person to get to know each other, build trust and a relationship. It is important to capture the voice of the child or young person and keep it as evidence so they won’t have to repeat themselves over and over again. You show them you are listening!*

(Ada, 24).

*If you don’t have the tools to engage them, you can’t understand them fully. The tools are important because they help children and young people to express their opinion.*(Adam 19, Emily 16, David 11)

*This is important because working one to one with a child will help to form a friendship, with the child seen as being someone important and not just a number. The professional and the child working together alone will also help to share humour or personality which will open up more conversation between the two. Kids are more willing to talk to someone who’s not there for just their job but is a friend, to make any sort of bond.* (Henry, 17).

*This is important because children need to be able to tell their own story.*

(David, 11)

*It is important as children and young people divulge more information without pressures and with appropriate tools such as Worry Monsters and Mood Boards, My Journey, or colouring.*

(Alice, 22)

**About Assessments**

*This is important because having regular assessments of their needs allows the young adult/child to feel they’re being listened to. It captures the moments regularly.*

(Callie-May, 16).

*It is important to hear children and young people before completing their assessment, you cannot write their wishes and feelings if you don’t listen to what they are saying.* (Katy, 24).

*This is important because you can only know and understand children and young people’s experience, wishes, feelings and needs if you actively listening to them. It is important to listen with the intent to understand, not listen with the intent to reply. It is important that each assessment understands each word that the child or young person said.* (Ada, 24).

*It is important for children and young people, parents or carers to be involved, because this allows the best outcome to be achieved.* (Emily, 16).

*All sorts of assessments allow professional to come up with a plan with the child/young person to fulfil their needs. It is important to remember that it is the professionals’ responsibility to follow up the plan and make it happen!* (Ada, 24).

*For an assessment to be fully acted upon, 3-way communication needs to be effective between parents, young people and social workers. Social workers know what to do to improve, then parents can check whether these targets have been met and review what needs to happen.* (Adam 19, David 11).

*Good assessments are important because if the parents/carers don’t know what they’re doing and how to help, how do you think there is going to be any change? The child is the most important but you should be aware of the parents/carers welfare too.* (Tess, 18).

**About Plans**

*This is important because a plan helps the child or young person to know what is going to happen in their nearby future and encourages a sense of achievement and success.* (Callie-May, 16).

*This is important because it allows constant change to be recorded. It is important that a young person has a copy of the plan, so they are kept in the loop. It is good to use tools like My Journey!* (Alice, 22).

*Don’t leave children and young people without a plan, because it can makes them feel like they don’t belong and have no direction with life, it is a recipe for disaster. Be open and honest with children and young people about their plans, they are more resilient than you give them credit for.* (Katy, 24).

*This is important because when you leave me without a plan, I feel like my life is unorganised, I have so much stress as it is and this does not need to add to it. I need you to make sure we’re in contact regularly, so I know what you are doing for me and what I’ve got to do to help the situation.* (Tess, 18).

*Young people can form a plan and know that they are safe. It is important that they have a clear outline of what to expect by when.* (Adam, 19).

*Without a plan we don’t get the support we need. Our plan means a lot because it will help us to understand what’s happening in our life and what’s next.* (Ada, 24).

**About Records**

*Getting the recording right is important because when you get my name and date of birth wrong on reports about me and my life, it makes me feel like you don’t care so I won’t want to talk to you. If you get it wrong I need you to correct this, apologise and not let it happen again. This wasn’t done when my case was closed, four years later I still remember.*  (Tessa, 18).

*This is important because if you present me with facts about myself that you think are true without evidence, it makes me feel like you are labelling me and assuming that I’m the kind of person you are portraying me to be.* (Tessa, 18).

*It is important that children’s and young people’s case records are well written as it is their life you are writing about. They might want to access their files at 18 and see that they actually mattered enough to have a well evidenced, correct case file. It is important as the file is going to be accessed by more than one worker and in case of a change in worker. It is important that the new worker is up to date.* (Alice, 22).

*It is important to remember that when a young person is 18, they might want to see their records.* (Katy, 23).

*It is important because all records should be double checked to see if the information is correct. It is important for professionals, families, children and young people to feel clear and understand what has happened and what has been written. You should never change any words – listen to what the young person or child says and write as it is said. Child/young person should be made aware of anything that may have changed and make impact on their life.* (Ada, 24).

**About Managers**

*This is important because you need to look after your workers so they can look after us.* (Katy, 23).

*This is important because it makes sure that what is supposed to happen is actually more likely to happen.* (Alice, 22).

*It is important that managers make sure what’s been said has been acted upon – “You Said…We Did”. It makes sure that goals are set regularly. It is important to record the next steps of the plan.*(Adam, 19).

*This is important because managers need to make sure that everything in place is happening and will happen. If not, it must be challenged. It is important that Managers reflect on practice to identify what’s working or not working and how can it be improved. Looking back, the child should see a Manager was seeing over the work being done.* (Ada, 24).

**About Restorative Practice**

*This is important because Restorative Practices help children, young people and families to work together with professionals and be able to solve problems together not ‘for’ them. Restorative practices also help professionals work together.* (Ada, 24).

*Just speak to the families like you want to help them. Act on what you are saying … Don’t leave them with no plan like they are dirt.* (Tessa, 18).

*To know workers are actively listening to CYP and families, not just hearing.* (Katy, birth child of fostering family).

*This is important because it helps families and workers establish a better relationship and raise concerns in a more effective way.* (Alice, 22).

*This is important because if someone is annoying you, say that you don’t like it. Who was affected, and how it can be solved.* (David, 11).

1. For further details refer to online Practice Guidance on Home Visiting. [↑](#footnote-ref-1)
2. Refer to Core Standard 6 about Manager responsibilities to ensure this happens. [↑](#footnote-ref-2)
3. Refer to Emergency Duty processes in TriX policy pages where necessary. [↑](#footnote-ref-3)
4. Refer to Core Standard 6 for the responsibilities of Managers to ensure this happens. [↑](#footnote-ref-4)
5. As above. [↑](#footnote-ref-5)
6. Multi agency guidance on standards for Child Protection Conferences can be found [here](http://www.gscb.org.uk/media/13856/gscb_core_standards_for_child_protection_conferences_-_march-2017.pdf) via the GSCB website [↑](#footnote-ref-6)