

**Children’s Social Care and Early Help**

**Practice Standards**

**2015-2016**

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**1. Introduction**

We have a clear vision for Children’s Services in Rutland where children and families are:

* at the heart of our practice
* living as part of self-sustaining communities
* supported by excellent universal services

Intervention will be done at the right time in the right way. Children will thrive at school, achieve good outcomes, and many will go on to become good parents themselves.

We will demonstrate in our work with families the organisation’s values, beliefs and behaviours. We will:

* be a learning organisation that is creative and innovative
* work in partnership and demonstrate good practice
* contribute to the corporate priorities of neighbourhoods, community, and economic growth

All this will help to ensure that both our children and families and our staff are proud to be a part of Rutland County Council.

To ensure that we can deliver this vision, we are creating the right culture and leadership. We have developed a more effective staffing structure, ensuring we have the right people in place to develop and manage services. We are also working hard to ensure we have the right systems in place, including systems of accountability, supervision, learning and development, quality assurance, management support, and decision making. We know that we have a dedicated and capable workforce in Rutland and our task is to provide the right guidance, support and development to enable staff to work to the highest standards.

Rutland County Council People’s Directorate has produced a set of standards that cover the core children’s social work and early help activities and clearly sets out what is required and routinely practiced by our best practitioners. These standards are based on the notion that our staff;

* Care about what they do and are passionate about achieving the best for our children and families
* Employ professional judgment and expertise
* Have a strong value base displaying care, compassion, and respect
* Are confident, creative and disciplined
* Develop themselves, learn from others, and effectively use their knowledge
* Are natural advocates for children and young people , who think, act, and empower
* Reflect, adapt, and change
* Strive to be the best and bring the best out in others

# 2. What are Practice Standards?

Practice Standards are an agreed set of rules that describe the minimum service or level of practice that should be carried out by a social worker or early help practitioner. Some standards are legally set through government guidance and legislation, or are based on evidence based research. They are the framework for supporting good practice. They are also a useful guide to practice that can help support planning for continuous professional development. By applying practice standards, social workers and early help practitioners in Rutland County Council will be able to deliver a consistent and quality service that leads to better outcomes for children and families in our County.

Practice standards should be read in conjunction with other material and social workers and early help practitioners will comply with policies and procedures that uphold their professional registration, such as;

* Rutland County Council Policies and Procedures
* LLR Safeguarding Children Board procedures
* LLR LSCB Procedures Manual (TRI-X)
* Legislation, Practice Guidance and Research, including findings from national reviews and standards from social work professional bodies
* Learning from Theory and Practice

The standards are also based on the key assumptions that social work and work with vulnerable families is one of the most demanding jobs in the public sector. It requires strength of character and professional resilience that can go far beyond the individual’s core skills and abilities. The role also places the professional uniquely at the heart of the lives of children and families and this raises many complexities and responsibilities. Given this, social workers should expect the right supervision and support to effectively undertake their role.

**Section A**

Our practice standards set out the following expectations of practitioners and managers as follows:

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| ***Section 1. The Child’s Journey*** |
| * I will ensure that I seek consent, where appropriate, from all involved, including children, where appropriate to their age and understanding
* I understand that children and families need timely support
* I understand that the child needs stable and secure relationships with adults
* I have read, heard about, and understood the child’s history and what they have experienced
* I understand the impact that adversity can have on children and I have identified a clear direction of travel
* I am committed to achieving stability and security for the child as early as possible
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| ***Section 2. Child and Family Assessment*** |
| * I understand and describe the lived experience of the child so that someone reading the file would clearly know what it is currently like to be a child of the family
* Any intervention with the child/children is timely, proportionate and responsive to the risks and needs identified
* I have undertaken this assessment in partnership with the family
* I have seen and spoken to all children in the family as part of this assessment and their views, wishes and feelings are ascertained, respected and taken into consideration in all matters concerning them
* All significant family members/friends, where appropriate, participated in this assessment (including fathers who live away from their children) and their views and opinions are recorded in the assessment
* Any needs arising from race, ethnicity, religion, language, gender, disability and any specific cultural issues have been fully considered in the assessment, and recorded
* I have considered the impact of a range of risk factors that are recognised as affecting parenting capacity and the impact on child development I have evidenced the source of the information contained within this assessment
* I have read and considered what, where practicable, is previously known about the family to inform my assessment
* It is clear to the parents, children and other agencies why social care or early help services are involved, what we will be doing and the potential outcomes
* This assessment includes multi-agency contributions and participation. Partner agencies are part of any on-going planning and intervention for the family and are informed about outcomes
* I have ensured that risk and protective factors have been clearly identified and assessed using a strengthening families model
* The assessment is informed by my professional skills, values, ethics, research and legislative context. Where necessary legislative powers have been used to support good outcomes for children
* I have checked the family’s details and names, spellings and dates of birth are correctly recorded
* The assessment includes a chronology of the child’s and families’ history (where relevant)
* The assessment has been recorded and shared with the family in a language and style that they can understand, and they have had an opportunity to comment
* My analysis is based on evidence and links to the referral information and any other issues identified during assessment
* I will ensure that the decisions and recommendations of the assessment are logical and reasoned
* The assessment is concluded in a timely manner , as determined by performance indicators
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| ***Section 3. Undertaking Direct Work with Children in Assessment and Family Support*** |
| * I will use the agreed assessment tools and assessment recording format for Rutland County Council including the early help assessment and the single assessment using a strengthening families model
* I will employ a wide range of evidence based tools in my work with children and families
* I understand the LLR Thresholds for Access to Services for Children and Families
* I ensure the Voice of the Child is evidenced in all matters
* I engage the child using creative means and evidence this in case notes, assessments and planning.
* Where conflict is identified, it is mediated and managed to minimise the adverse impact on the child’s life
* I ensure that the child’s heritage, culture, race, religion and language will be respected and that appropriate and sensitive methods of communication have been used to work with them
* The child/children are seen alone (where appropriate) observed and communicated with according to their developmental needs and in accordance with the child’s needs and any plans for them
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| ***Section 4. Case recording*** |
| * I am responsible for my case recording
* I will prioritise my time and allow sufficient time to record my interactions with children and families, identifying with my manager if this is a problem
* I will ensure my visits to children are recorded in a timely manner. My recording evidences that I regularly see children and young people alone (where it is appropriate to do so e.g. in relation to age, language etc)
* Where interpreters, specialist workers or tools and activities have been used to facilitate communication, this is clearly recorded
* I have ensured that the child’s views are clearly marked in the case record. As far as possible I will use the child’s own words to record what the child told me
* My recording clearly distinguishes between a summary of events, my own observations and my professional opinion
* Any relevant research is recorded
* I will cross-reference rather than duplicate records on the electronic case recording system
* I will endeavour to be tactful and diplomatic in my recording so that is respectful to children and families and uses appropriate language
* The case notes identify the sources of information including the names and contact details of professionals and others who have contributed
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| ***Section 5. Supervision*** |
| * Each new starter (or returning worker) will have a comprehensive induction in accordance with Rutland County Council’s induction policy
* Supervision is provided as outlined in the Supervision Policy
* Records are added to the system within one week of formal supervision. Records of ad-hoc discussions that result in case decisions will be the responsibility of the supervisor to add to the system in a timely manner There is evidence that the supervisor has observed the social worker or early help practitioner in action and provides critical feedback relating to their direct practice with children and families
* There is a clearly articulated rationale for decision making and recommendations
* There is evidence that the practitioners progress and learning are regularly discussed and the impact of training on performance is identified
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**Section B – Social Care Practice Standards**

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| Standard 1: S47 and Initial Child Protection Conference |
| * I have read, understood and followed national guidance set out in Working Together 2015
* I know what Significant Harm is and what factors create it
* Any enquiries under Section 47 of the Children Act will be endorsed by a Team Manager, or Principal Social Worker, and recorded on the child’s record.
* All relevant agencies to be included in the Strategy Discussion and the outcome recorded by the Team Manager, or Principal Social Worker, with logical and reasoned recommendations.
* At the Strategy Discussion, a plan will be devised to include any provision for seeing the child alone
* The S47 investigation will be led by a suitably qualified social worker
* Any risks arising from the likelihood of Significant Harm will be identified and recorded by myself
* The S47 recognises the potential needs and safety of siblings and any other children in the household (and additional households where relevant) and I understand that risks may differ for each child and these will be taken into consideration
* I will ensure that protective factors and potential protective factors have been identified and recorded
* I have followed the LR Safeguarding Children Procedures
* I will ensure that, where appropriate, children and young people are prepared for and able to contribute to their CPC by using the ‘Have your Say’ booklet or by using other creative tools that will enable them to have their voice heard at the Conference for example, a letter or a drawing
* I have fully interrogated the case history and the investigation is informed by this perspective
* I have completed agency enquiries and ensured that relevant contextual information in respect of the enquiry is shared with appropriate agencies
* Where appropriate, the LADO will be consulted and a LADO alert completed
* The investigation concludes with a judgment about ‘harm’ and whether or not it is considered ‘significant’ (as defined by Children Act 1989). That decision is clearly logical and reasoned and signed off by my Team Manager
* The actions required to secure the safety of the child are clear
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| Standard 2: Working with Children Subject to Child Protection Plans |
| * I will ensure that I am recorded as the named worker for the child on the children’s data base.
* The first core group meeting will take place within 10 working days of the ICPC. This meeting, chaired by the Team Manager or Principal Social Worker, will address the Child Protection Plan and identify the next steps to be taken and by whom
* The outline CP plan will be developed into a more robust inter-agency plan and recorded on the children’s data base
* The Core Group will meet regularly and develop a detailed written and signed agreement, with clarity about the role of all the agencies and the parents, to ensure delivery of the Child Protection Plan
* Where necessary, I will ensure that the PLO is fully considered for all children when they become subject to a CP Plan. If the required changes are not made by the third CPC, parents will be informed that legal advice will be sought and the Letter Before Proceedings may be issued
* Consideration of PLO will be referred to the Legal Gateway Panel. Paperwork will be prepared in advance of the panel and available 3 working days before.
* The child will be seen on their own where appropriate and intervention with them will include observation of their interaction with the family and their presentation
* The level of visits for a child subject to a CP plan will be agreed with my manager and will usually be a minimum of every 4 weeks
* I will have a clear purpose and focus for visits and use them to build knowledge about the child’s life and what outcomes need to be achieved
* I will keep the child’s wishes and feelings at the forefront and will involve them in updates to the child protection plan and any developments or changes
* I will continue to assess and re-assess the needs of the child until I can clearly and accurately answer the question “What is life like for this child?”
* I will ensure parents and carers understand what changes they need to make and they are supported to do so; this will be evidenced in my recording and in the child’s plan
* Fathers and partners in the household will be included in my work and, where appropriate, I will ensure that any new partners are properly assessed
* I will undertake a check of the home which will include the kitchen cupboards, toilets, bathroom and bedrooms (especially where neglect is an issue); the purpose for this check will be explained to the parent or carer
* My manager will be kept up to date regarding significant events that have occurred
* Supervision will be used to ensure the progression of the child’s plan and to critically challenge my approach to child protection. I will make sure I am prepared for supervision
* I will ensure that plans are completed in a timely manner
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| Standard 3: Children in Need (CIN) and CIN Meetings |
| * Assessment may conclude that a CIN Plan is required. This will be recorded on the children’s data base including the rationale for a CIN plan
* I will convene a CIN meeting and invite all relevant parties
* The assessment, plan and case records evidence that I have enabled the child and family to fully participate in the process
* If it is clear during the course of assessment that the child needs support, this will be put in place at the earliest opportunity and will be captured in the CIN plan
* The CIN meeting will take place in a timely manner (within 10 days of it becoming apparent that the child is in need of a plan)
* The meeting will be recorded on the children’s data base and everyone present will receive a copy of the plan. I will ensure that the plan is recorded and distributed
* If the young person is attending the meeting, reasonable effort should be made to ensure that they can participate
* I will ensure that parent/carers know they can be accompanied by a relative or friend to provide them with support and enable them to participate
* The meeting records evidence the child and parent/carer needs, as well as strengths and their wishes and feelings
* The Child In Need plan is SMART, clear and understandable with set objectives, clarification of roles and responsibility and an identified time frame for progress and review
* The same level of case overview applies to CIN as to CP
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| Standard 4: Children in Care |
| * When a child/young person becomes looked after I will make arrangements for the IRO service to be notified within 2 working days (ideally within 1 working day). I will also ensure that all other professionals involved in the child/young person’s life are informed of the child’s legal status within 5 working days of the child becoming looked after, including the host authority if placed out of county;
* When the child is placed, I will ensure the foster carer/s are given all the information required to care for the child/young person including the medical administration record, if available, and that a Placement meeting takes place within 5 working days that sets out how the placement will meet the needs of the child
* In the event that the child cannot live with their parents or carers, I take all possible steps to ensure that appropriate checks are completed on other potential carers. (including extended family and friends) and make a referral for a Family Group Conference
* As far as is practical, I will ensure that the child is taken to placement by a worker they know and this will be evidenced
* I will ensure that I arrange to see the child within 3 days of placement into care
* I will ensure my work evidences that I have clearly explained to the child the reasons for coming into care, that I have explored possible kinship placements via a FGC and/or assessment, that I have discussed the foster placement, carers, contact with parents, siblings and friends and endeavoured to answer all the child’s concerns. To be evidenced in case records, Assessment, Plans)
* The child’s identity is promoted through Life Story Work (where planned) and by ensuring that they have personal possessions, information, photos and material relating to their family
* l will ensure that the child/young person has a copy of the Young Person’s Information Pack including information on how to make a complaint
* Health services will be asked to provide an Initial Health Assessment (IHA). The IHA will be requested within 48 hours of placement. Further IHAs will be requested for children under 5, every 6 months and for children over 5, annually, to ensure their health needs are being met and to inform the child’s Care Plan
* A PEP meeting will be initiated with the school within 5 days of placement and reviewed every 6 months. The PEP will set out how the educational needs of the child will be met and to inform the child’s Care Plan
* I will visit the child/young person at least within the statutory timescales, i.e. within 1 week of placement, minimum every 6 weeks or as often as the child needs it. I will make some unannounced visits and I will see the child/young person alone at regular intervals
* Where an emergency/unplanned admission has occurred (in exceptional circumstances), the Child and Family Assessment will be completed within 45 days for the second LAC Review.
* There will be an up-to-date Care Plan recorded on the child’s record within 10 days of the start of placement; this will reflect the child/young person’s needs, consider outcomes and clearly indicate service provision. The Care Plan will take into consideration the wishes and feelings of the child/young person. From the second LAC review the care plan will include a Permanency Plan
* The child’s needs in relation to race, ethnicity, language, disability, gender, sexuality and placement with siblings will be taken into account
* If the young person is 16+ there will be an up-to-date Pathway Plan, based on an up to date needs assessment
* The Care Plan or Pathway Plan for every child looked after will be reviewed by an IRO on a regular basis and within statutory timescales, to ensure that plans continue to meet the needs of the child/young person and are being progressed in a timely manner. This will also take into consideration the wishes and feelings of the child, their parents and other agencies. (For timing of LAC Review see LSCB Procedure on Tri-x)
* If the child is of sufficient age and understanding, the child/young person will be encouraged and assisted to participate in their Review meeting. If they are unwilling or unable to attend their LAC Review, their wishes and feelings will be presented so that their voice is heard for example, by providing a letter or a drawing. The social worker should ensure that the child/young person is appropriately prepared for their Review and to discuss their participation in advance with the IRO
* Case records reflect that parents have been encouraged to participate in the Review process and their views taken into consideration
* The allocated social worker and other relevant workers (key workers, residential workers, and foster carers schools, health & CAMHS) will provide a report for every Review. This will be sent to the Independent Reviewing Officer at least 5 days in advance
* I will inform the IRO of any significant changes in the child/young person’s circumstances. There will be no significant changes to the child/young person’s Care Plan unless the proposed change has been considered at a LAC review
* No child/young person’s legal status as a looked after child must be changed without first discussing this at a LAC Review meeting.
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| Standard 5: Adoption |
| * I will ensure that there is a clear record of decision making where Adoption is the care plan for a child
* I will ensure that every relevant family member will be explored and where they are not assessed as suitable to care for the child, the reasons for this will be clear
* I acknowledge as a worker the far reaching implications of adoption on the child and their birth family, and I will endeavour to work with the family and child to support them through this process, where possible promoting a positive outcome

**Planning Process for Adoption*** I will ensure that I follow the relevant procedures where I believe Adoption to be in the child’s best interests
* As a worker I understand that the care plan for Adoption should be raised with my managers and discussed in the child’s second LAC Review
* I will ensure that my assessments and reports are fair and balanced
* I will ensure that my reports and assessments are clear and identify why Adoption is the best care plan for a child
* I will ensure that once the care plan for Adoption has been agreed I will begin to gather ‘Life Story’ information for the child

**The needs of Child and their Family** * Where Adoption is the care plan, I will ensure relevant birth family members are aware of the reasons for the plan
* I will ensure that the family receive the right support and guidance
* I will consult with the birth family during the assessment process and ensure the decision making is explained to them
* I will support the Birth family to provide ‘Life Story’ information for their child
* I will ensure a ‘Life Story Book’ and ‘Later in Life Letter’ is completed for the child and made available to them and their adopters 10 days after the Adoption Order is made

**Matching and Placement*** I will ensure that the Child Permanence Report will describe the child, their personality, health, any difficulties and/or concerns
* Any genetic health or hereditary conditions will be in the Child Permanence Report together with detailed information regarding the impact on the child and their adoptive family
* I understand that the Child Permanence Report gives prospective adopters the information they need to consider whether the child would be an appropriate match with them and their family
* I will ensure that any decisions around matching are clearly evidenced
* I will support the child through their transition to an adoptive placement, and ensure that I continue to support once the child has been placed

**Post Adoption Support*** I will liaise with the relevant post adoption support services to ensure that the child and prospective adopters know where to seek support once the Adoption Order has been granted
* I will provide the child with their ‘Life Story Book’ and ‘Later in Life Letter’ once the Adoption Order is granted
* I will ensure that birth family members are aware of where they can access support regarding the decision for Adoption being made for their child
* I will ensure that all ‘Letter Box’ arrangements are in place, once the Adoption Order has been granted, so that birth family are aware and able to see how important ‘Letter Box’ will be to the child, not just in the immediate, but also in the future
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| Standard 6: Care Leavers |
| In accordance with the National Standards for Leaving Care (DfES 2010), Rutland Leaving Care Service will:* I will ensure the Pathway Plan complies with the Children Leaving Care Act (2000) Regulation and Guidance
* I will clearly explain to the young person the purpose of my involvement and what the likely outcomes might be
* The young person’s Pathway Plan will reflect their wishes and feelings, cultural, religious and language needs, any protective factors, risks and other issues/concerns that the young person considers relevant
* I will ensure that the young person understands that they can be registered for Social Housing at the earliest opportunity after their 16th birthday and the young person is advised when the registration has been actioned
* I will attend LAC reviews by agreement with the young person
* I will accompany the young person to the Job Centre Plus, Youth Options, College when requested to do so by the young person
* I will assist the young person to access their ‘prime documents’ (where they do not already have them) e.g. passport, birth certificate, NI number and Health Cards card
* I will encourage the young person to engage with relevant services to progress the identified pathway towards independence.
* I will provide support to the young person in finding suitable accommodation and living independently
* I will assist the young person to help them complete their chosen programme of education or training including work experience, apprenticeships and/or higher or further education
* Where the young person has a disability or additional needs I will advocate on their behalf to ensure they reach their full potential
* Where requested, I will support the young person to maintain or improve family relationships
* If requested I will support the young person to access leisure activities
* I will ensure that the young person has information about and knowledge of how to access a range of counselling and mental health services where appropriate
* Where the young person who is a parent or prospective parent I will provide appropriate support and information about healthcare for themselves and their children
* I will ensure that the young person’s Pathway Plans include a comprehensive assessment of financial needs and how these will be met, including information about Welfare and Housing Benefit
* I will liaise with multi-agency partners including the Home Office, immigration solicitors and advocacy services to ensure that the young person, if a refugee or asylum seeker, has a better understanding of the process and all possible outcomes
* I will encourage the young person to become a confident and independent member of society
* My recording will evidence when I have seen the young person and if this has not taken place, the reasons why
* I will ensure that the records are respectful of the young person, including their education, communication, language, cultural, gender, sexuality, disability and any other diversity needs.
* I will ensure I record information in a timely way and where possible, within 5 working days
* I am able to distinguish between fact and opinion in the recording
* I will ensure that all key decisions impacting on the young person are recorded, including managers’ decisions, case discussions, supervision, and authorisations detailing the reasons for decisions wherever possible.
* I will ensure that all records are pertinent to the young person as an individual and specific to them and their journey.
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**Section C – Early Help Practice Standards – Compliance Document**

**Early Help and Targeted Intervention Practice Standards – Compliance Document**

The Early Help and Targeted Intervention Practice Standards Compliance document and process reflects the key principles underpinning Rutland’s early help offer as detailed in the Early Help Strategy and set out in the Children’s Services Practice Standards. All interventions services within the Early Help and Targeted Intervention Service will be expected to achieve the following key practice standards. Evidence will be sought through the QA auditing process, supervisions, the PDR process and feedback form children and their families.

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| Standard 1: The needs of children and their family are understood and the support is appropriate and can be addressed in the context of the whole family |
| **Key Practice Standard – 100% compliance**Evidence of Voice of the Child in every intervention plan. The views of children and young people will be in every assessment and review meeting.  | 100% of plans100% of cases |
| **Best Practice Standards – working to achieve**All relevant family members will have an intervention plan. Children and young people will be involved in the recruitment of senior managers in children and adult services. User feedback will be sought during and at the end of an intervention.  | 100%100% 80% |

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| Standard 2. We acknowledge that parents and carers have primary responsibility for and are the main influence on their children and we will be solution focussed in practice. |
| **Key Practice Standard – 100% compliance**Families will be contacted in the timescale as set out in the individual case transfer agreement. Adults and young people (if developmentally appropriate) will have given informed consent.  | Within the transfer agreement100% |
| **Best Practice Standards – working to** **achieve**Minimise unnecessary disruption or change of worker during the period of the intervention Accepted referrals will be allocated to a worker within the specified timescale of the individual case transfer agreement and within 5 working days of referral. Intervention plans will respond where practicably possible to the diverse needs of the family.  | 90% interventionsWithin the case transfer agreement100% |

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| Standard 3: We will engage families with their consent so that they identify what they want to change and how to change it. |
| **Best practice Standard – 100% compliance**Intervention plans will be agreed with families and agreed actions recorded. Families will report they have access to copies of their assessment and intervention plans  | 100% and within 10 working days of first contact with the family 100%  |
| **Best Practice Standards – working to achieve**Families will report that the practitioner works with them at times and in places that best suit the needs of the child and young person. Meetings and events for families will be planned and if meetings have to be cancelled the child, young person and their family will be informed and an alternative given. All complaints from families will be responded to within in prescribed timescales for the organisation. | 80%In advance of a meetingAcknowledgement within 10 working days  |

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| Standard 4: We will take a shared responsibility to provide a seamless service for families and reduce duplication of assessments |
| **Key Practice Standard – 100% compliance** In a targeted intervention or an early assessment (CAF) process, a review with the family and relevant professionals will be held at regular intervals. A closure summary and a step down plan is agreed with the family.  | 6 weeks100% |
| **Best practice Standard – working to achieve**Partners involved with the family will be invited to contribute to the intervention plan and be invited to the review meeting. A professional discussion and, if it is in the child’s best interest and practicable, then a joint visit will take place between the referrer and the receiving service to ensure the most appropriate intervention for the family  | 100%100% |

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| Standard 5: Records and reports are complete, accurate, fit for purpose and demonstrate an audit trail of decision making and management oversight |
| **Key Practice Standard – 100% compliance**Practitioners and managers will use the prescribed electronic case management system to record case information which is factual and accurate; RAISE, e-start, SharePoint, IYSS and records will be completed and on the case management system within the specified timescale of the serviceWhere social care are involved with the child a notification will be sent within 5 days to the SW to inform them of the case recording and its location so as to ensure that the SW is up to date with progress . Where there are issues of significant harm the worker will ensure that direct contact is made with the SW and or their manager and recording will follow within 24 hours. Every plan will have a clear purpose and agreed outcomes to be achieved. All staff will comply with the data protection and information sharing agreements and protocols. All staff will adhere to the LLR LSCB safeguarding procedures.  | Within 10 working daysAll of the timeAll of the timeAll of the timeAll of the timeAll of the time |

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| Practice Standards 6: We will support our workforce to be multi skilled and able to support a range of needs and approaches when working with families. |
| **Key practice Standard – 100% compliance**Supervision occurs and is recorded and case discussions are recorded on case files for all front line practitioners. All staff will receive mandatory training and maintain a personal training log.  | Monthly100% |
| **Best practice Standards –working to achieve**Managers adhere to safer recruitment practices for all staff members recruited Practitioners will work to service specific caseloads as per the Early Intervention Level of Support Framework.  | All of the time10 cases (families) or 25 children per practitioner  |

**Section D – Management Standards**

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| * Management oversight is evidenced at all stages of referral, assessment, planning and review, ensuring a focus the child’s needs and outcomes are central to all decision making
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| * Managers record supervision guidance and critical analysis on the child’s record
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| * Case supervision is reflective and will critically assess the effectiveness of any intervention and support offered to the child and family
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| * Managers provide a critical overview of the effectiveness of the plan and will give direction if changes need to be made. These will be recorded
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| * Managers have oversight and identified risks are responded to in a timely manner. This will be recorded on the child’s record
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