

## **Children's Social Care Quality Standards**

It is anticipated that the Social Care Overarching Principles are delivered by our staff operating these standards in their day to day practice.

## Table of Contents

| 1.  | First Point of Contact                  | 2  | 16. LONG TERM CARE/ADOPTION                         | 28 |
|-----|---|----|---|----|
| 2.  | FRONT DOOR                              | 3  | 17. LEAVING CARE                                    | 29 |
| Cor | cern, Referral and Initial Response     | 3  | 18. PROCEEDINGS                                     | 31 |
| 3   | A STRATEGY MEETING/DISCUSSION           | 5  | 19. FUNDAMENTALS FOR ALL CASES AND SUPPORT SERVICES | 35 |
| 4.  | SOCIAL WORK ASSESSMENT                  | 7  | A. CASE RECORDING                                   | 35 |
| 5.  | PRE-BIRTH ASSESSMENTS                   | 10 | B CASE SUPERVISION                                  | 38 |
| 6   | CHILDREN IN SPECIFIC CIRCUMSTANCES      | 11 | C. Step Up/Step Down with Early Help                | 39 |
| 7.  | SECTION 47 ENQUIRIES                    | 14 | D. EDGE OF CARE                                     | 39 |
| 8   | CHILD IN NEED PLAN                      | 16 | STANDARDS FOR VISITING                              | 41 |
| 9.  | CHILD IN NEED REVIEW                    | 17 |   |    |
| 10. | CHILD SUBJECT TO A PROTECTION PLAN      | 18 |   |    |
| 11. | REVIEW CHILD PROTECTION                 | 22 |   |    |
| 12. | BECOMING LOOKED AFTER                   | 22 |   |    |
| 13. | CARE PLANNING                           | 24 |   |    |
| 14. | Private Fostering & Family Arrangements | 24 |   |    |
| 15. | LOOKED AFTER REVIEW MEETING             | 27 |   |    |

|     | Practice Descriptor   | Practice Standards | QUALITY<br>ASURANCE<br>/AUDIT<br>MECHANISM   |
|-----|---|--------------------|--|
|     | 1. First Point of Contact   |                    |  |
| 1.1 | Concerns are raised through First Point of Contact (FPOC) by members of the public and professionals. The concern may be about a child's welfare or child protection.  Concern comes through to FPOC 03456789021 this is a priority 'concerns' number.  If this is relating to an unknown child: FPOC worker adds the child to Liquid Logic with name, date of birth, address, gender and ethnicity.  FPOC staff will then ask questions to determine the correct pathway to follow including:  • nature of concern,  • who the referrer is  • the response referrer would like (expectations of outcome)  FPOC adviser opens Concern Contact Form on a child record and completes relevant information.  The response may be  • Consultation, (Early Help Social Worker or CAMHS)  • Initial Contact Team,  • Targeted Youth Service  • Case already open – information / call transferred to Social Worker/team (inc DCT) |                    | Call listening by FPOC manager.  Calls are recorded and can be replayed for learning and development |



|     | 2. FRONT DOOR  | Practice Standards  |  |
|-----|--|---|--|
|     | Concern, Referral and Initial Response   | Please read in conjunction with procedures in the children's manual <a href="http://shropshirechildcare.proceduresonline.com">http://shropshirechildcare.proceduresonline.com</a>   |  |
| 2.1 | Further Information is recorded on the Concern Form by Compass Staff until a final outcome decision is made  Concerns not meeting the threshold will be progressed by the most appropriate member of Compass.  If a Referral is raised, further information should be gathered and analysed on the day of receipt.  The Senior Social Worker is responsible for reviewing the information recorded.  | If a decision is made by ICT Senior Social Worker that the concern meets threshold of significant harm then a Referral Form is opened in ICT within 24 hours, with a clearly recorded rationale for their decision.  The Concerns Form and Referral Records need to identify whether consent has been obtained from the parent or carer to the child/young person being referred to Safeguarding and Specialist services.  Where there is no consent a 'Best Interest Decision' needs to be made to share and request information without consent in the best interests of the child. | Front Door Audit  Referrals which do not progress t o SWA SW visit to inform decision All strategy Ensuring written feedback |
| 2.2 | Referral Form  The referral includes the child's full name, date of birth, gender, address and contact details, where available. It is important at this stage to check the accuracy of this information with the referrer, for example the spelling of the children's first and last names and dates of births, to ensure they are correctly recorded from the outset.  Referral also includes details of:  Other siblings in household Parents | The Referral outcome decision is made by the Senior Social Worker within 24 hours of receipt of referral, with the outcome and rationale clearly set out.   | Front Door Audit   |



|     | <ul> <li>Partners who live within &amp; outside the home</li> <li>Associations – persons of concern</li> <li>Agencies involved with the child</li> </ul>   |  |
|-----|--|--|
| 2.3 | During the referral gathering information stage the ICT coordinator should add any relationships to the child in Liquid Logic if not already logged, parents, siblings, known associations along with classification information   |  |
|     | The referral records details of the child's ethnicity, nationality, first language, religion, and any communication requirements. It also needs to capture disability, EHCP and any communication aids.  |  |
|     | Information should be added to both the Liquid Logic classifications and the referral document   |  |
| 2.4 | Referral Records detail:  Relevant History (previous referrals, Child Protection or Looked After episodes, outcomes of previous Social Work Assessments and Investigations)  Parental responsibility, significant family members, details of any alleged perpetrators, siblings.  Professionals involved with the child, as far as can be ascertained.  Reasons for the referral, consideration of risk indicators and |  |
| 2.5 | significant harm and an analysis of all information.  The referral will be reviewed against:  Shropshire's Threshold Document Working Together 2015 SSCB Safeguarding procedures including specific circumstances, such as fabricated illness  |  |



| 2.6 | The final outcome is recorded on the Referral Record, with a rational for this decision.  The referral will be discussed with the child (as appropriate) and his/her parents/carers and the proposed action from the service in response to this referral unless there are safeguarding concerns when a strategy meeting will make this decision.   | The SSW will acknowledge the referral and feedback to the referrer and other professionals (if appropriate) within the 48 hours informing the referrer in writing of the decisions made and action to be taken in response to the referral. A case note is added to the child's Liquid Logic record to confirm this has taken place.   | Front Door Audit     |
|-----|---|--|----------------------|
|     | 3. A STRATEGY MEETING/DISCUSSION  | Practice Standards   |                      |
|     |   | Please read in conjunction with procedures in the children's manual <a href="http://shropshirechildcare.proceduresonline.com">http://shropshirechildcare.proceduresonline.com</a>  |                      |
| 3.1 | Strategy discussion/meeting must involve Children's Social care, the Police and health to be quorate. The strategy should also include the referring agency and other agencies, in particular the child nursery/school.  The reason for the strategy meeting/discussion is recorded.  The tasks of the strategy meeting/discussion are to:  Share available information Decide whether Section 47 enquiry/Social Work Assessment should be initiated Agree the conduct and timing of any criminal investigation Plan how the Section 47 enquiry should be undertaken, including the need for medical treatment Agree any action required to secure the immediate safety of the child Determine what information will be shared with the family Determine if legal action needs to be considered | A strategy meeting/discussion takes place on the same day as the referral is received under the following circumstances:  • For allegations/concerns indicating serious risk to the child  • For allegations of penetrative sexual abuse  • Where immediate action is required  • For allegations against staff that may result in disciplinary procedures  In other circumstances a strategy meeting / discussion should take place in sufficient time to protect the child and be within a maximum of 2 working days of referral. Where the concerns are particularly complex e.g. organised abuse, a Strategy Discussion/Meeting must be held within a maximum of 5 working days, but sooner if there is a need to provide immediate protection to a child. | Front Door<br>audits |



|     | Information shared needs to be considered in the context of child's racial, cultural, religious and linguistic background. Any needs arising from disability need to be considered and appropriate plans put in place.   | The strategy record details the decision of the discussion/meeting and reason for this. All decisions reached and the basis for those decisions should be clearly recorded by the chair of the strategy meeting/discussion and circulated within 1 working day to all parties to the discussion, including the outcome of the strategy meeting.  The strategy record should clearly record agreed actions to be taken, by whom and with clear timescales. Agreements to be recorded on how information will be stored, following the meeting / discussion and as further work is undertaken. |                  |
|-----|--|--|------------------|
| 3.2 | The Team Manager of Assessment Team should clearly record in a manager oversight case note the tasks which have been discussed and agreed. These will include:  Request any children's files that have been archived Requirement to commence a Social Worker chronology Requirement to visit the child in specified timescale Partner agencies with whom to consult/undertake joint visit Requirement to talk to all siblings and where this should take place Ensure effective communication where a child has a disability or requires a translator Genogram | There is clear recorded instructions as to the work to be completed during the course of the Social Work Assessment by the Chair of the strategy meeting (Manager/SSW Compass or CMT)  | Front Door Audit |



|     | 4. SOCIAL WORK ASSESSMENT   | Practice Standards  |                 |         |
|-----|---|---|-----------------|---------|
|     |   | Please read in conjunction with procedures in the children's manual <a href="http://shropshirechildcare.proceduresonline.com">http://shropshirechildcare.proceduresonline.com</a>   |                 |         |
| 4.1 | Allocation: The case is allocated to a suitably trained and experienced social worker. When allocating a Social Work Assessment the allocating Manager should take into consideration the following factors  • That they are a qualified worker • That they have the relevant experience • Cultural/language issues • Planned leave/training • Current workload • Worker safety issues • Conflict of interests  If the referral is in respect of a case which was previously open within the last 12 weeks, the Social Work Assessment where required will be transferred to the relevant team. | At the point of allocation the Team Manager records a management decision setting out the actions to be taken by the social worker, confirming the focus of the assessment and timescales for actions to be undertaken and for the completion of the assessment.  The allocated social worker will visit the family with 5 working days  If there is no chronology on file, one must be started at the point of allocation. | Child<br>Audit  | Journey |
| 4.2 | The assessment record clearly, explicitly and separately records all of the following:  Reason for the Social Work Assessment Child/young person's developmental needs Parents capacity to respond appropriately to child/young person's needs Family and environmental factors that impact upon the child and his/her family Child wishes and feelings Any identified risks and protective factors   | The Social Work Assessment is completed in a timely manner as directed by the Team manager at the point of allocation to the Social Worker (maximum of 45 working days)  If a SWA is likely to exceed <b>45 days</b> , this should be agreed prior to the end of the 45 day period by the Team manager and be recorded on the Social Work Assessment, with an agreed date of when the assessment will be completed.         | Child<br>Audits | Journey |



|     | <ul> <li>Any recommendations for plans of support</li> <li>Child/rens bedroom and sleeping arrangements seen</li> <li>Consideration given to Advocacy where appropriate</li> <li>Details of significant relationships including parental responsibility</li> <li>Information should be gathered from a variety of sources to inform the Social Work Assessment including the child, his/her family and professionals in other agencies who know and are delivering services to the child and his/her family, The Social Work Assessment should cover the three domains and dimensions as detailed in the Framework for the Assessment of Children in Need and their Families. (DoH 2000)</li> </ul> | The start date for the assessment is generated when the assessment is raised. The assessment will be regarded as completed once it has been signed off/approved by the Social Workers line manager.  The timescale for completing assessments will be discussed in supervision. Assessment should be proportionate and completed in a timely way. Not all assessments will require 45 working days. |                |         |
|-----|---|---|----------------|---------|
| 4.3 | The Social Work Assessment should take into account any previous involvement with the child/young person.  Previous involvement with the child and his/her family is crucial information to support the evaluation and assessment of the current presenting needs. This may highlight any emerging patterns or indicators of risk of harm in this family. The chronology provides a summary of previous involvement with the child and proves the historical context.  Information from previous local authorities should be sought with consent. Where consent is refused this should be recorded.   | A chronology must be on file and kept up to date with significant events. If there is not one on file at allocation, from a historical episode, a new one must be created at this point.  The Assessment details the date/s the child/young person and family members were seen for the purposes of preparing the Social Work Assessment.   | Child<br>Audit | Journey |
| 4.4 | In preparing a Social Work Assessment all agencies and or professionals that have had recent contact with the child should be consulted. Details of those who contributed to the assessment should be recorded in the Social Work Assessment record. If information is requested but has not been provided within   | The assessment details the names and designations of all agencies/professionals that were consulted in the preparation of the assessment.   | Child<br>Audit | Journey |



|     | timescales, then this should be noted and once reviewed, recorded in the case notes.  |   |   |
|-----|---|---|---|
| 4.5 | Upon seeing family members the wishes and views of the child/young person and their parents/carers need to be ascertained.  This should be revisited and taken account of in analysis at the conclusion of the Social Work Assessment.  Tools are widely available to support direct work with children and young people, when used these should be stored on the child's file.   | Consideration must be given to the parents / carers views. The views of both parents should be sought as appropriate. There should be a clear understand of the child's views and their experience of living within their family.   | Child Journey<br>Audit                      |
| 4.6 | The assessment must include an assessment of risk clearly identifying if the child is at risk of experiencing significant harm or experiencing significant harm and what the impact or likely impact of any harm upon the child.  | The assessment should clearly set out risk and protective factors, identifying impact on the child to inform the analysis.  |   |
| 4.7 | The assessment analyses the needs of the child, the parents capacity to meet those needs and family and environmental factors impacting upon the family to inform the decision making process. In all assessments whether or not concerns of a child protection nature are identified there must be an analysis of the level of risk to the child.  All siblings must be considered and opened as referrals if necessary. | The outcome of the assessment undertaken and any recommendations/actions will be clearly dated and discussed with child / young person and relevant family. The child/young person and his parents/carers must be informed of the outcome of the assessment and provided with a written copy. |   |
|     | References to any tools, models, theory or research used during the assessment should be clearly made   |   |   |
| 4.8 | The Social Work Assessment outlines an initial plan to safeguard and promote the child/young person's welfare.  | Team Manager is responsible for Quality Assuring all assessments and should only sign off, once they are of   | Child Journey<br>Audit Manager<br>Decision. |



|     | Upon completion of the Social Work Assessment, the Social Worker should complete an initial plan outlining his/her view of the services required to meet the needs of the child. These should be discussed with the family, as recommendations to agree a plan.  | sufficient quality including: family history, child's and parent views, risk analysis. Plans should only be signed off where they are of sufficient quality and clearly address the child's assessed needs.   |   |
|-----|--|---|---|
| 4.9 | The assessment should be shared with the family and their views on the assessment recorded.  | The team manager authorising the assessment confirms that the quality of the Social Work Assessment meets the required standard and that the decisions reached are based on a sound analysis of the information gathered and will safeguard the child and promote his/her welfare.  If concerns warrant a strategy discussion, this should be held. | Child Journey Audit Views of child / family  Manager Decision |
|     | 5. PRE-BIRTH ASSESSMENTS   | This section should be read in conjunction with the Social Work Assessment – Section 2  |   |
| 5.1 | The Social Work Assessment should clearly summarise the history, presenting issues including risk and protective factors, and identify next steps in the assessment and decision making process.  Historical information including any legal bundles or previous child protection information should be read by the allocated Social Worker. The historical content should be taken into account during the assessment and subsequent decision making process. | Decision to raise an assessment on an unborn child can be made once a pregnancy is deemed viable at 20 weeks gestation. This may be made in Compass if this is a new referral.  Consideration to be given to convening a legal planning meeting.  | Child Journey<br>Audit Manager<br>Decision                    |
| 5.2 | Any Child in Need Plan must be drawn up prior to the birth. It is particularly important with substance misusing mothers, as babies are often born prematurely. It is good practice to hold any conference by 32 weeks and if possible the pre-birth conference should be convened earlier than 32 weeks if the mother has a known substance misuse pattern or a history of prematurity.   | Information should be given to parents clearly and in writing regarding any concerns over the welfare of the unborn child and the actions/assessments which the department need to undertake.  Any unborn child who is in need of a Child Protection Plan will also require a Hospital Birth Plan.  | Child Journey<br>Audit  |



|     | A Hospital Birth Plan will ensure that all health professionals who come into contact with the new born child are aware of any child protection concerns and know what protective measures are required  |   |   |
|-----|--|---|---|
|     | 6. CHILDREN IN SPECIFIC CIRCUMSTANCES  | This section contains links to various policies including tools   |   |
| 6.1 | Child Sexual Exploitation  |   |   |
|     | Please read in conjunction with the SSCB CSE strategy  | Where CSE has been identified and the indicator tool results in medium or high risk, a referral to CSE panel should be made.  |   |
|     | There is a tool kit available which social workers can access by following the link above, to support Identification, Referral and Risk Assessment of those at risk of CSE.  | A risk assessment is also to be completed jointly with police (appendix 3 of the tool), to manage identified risk.  |   |
| 6.2 | Missing Children  Please follow this link for the Joint Protocol for reporting children missing.   | The required timescale for a return interview to be completed is 72 hours from reported return. All children reported missing from local authority care or from home should have a return interview. The return interview | Child Journey<br>Audit<br>Themed audits |
|     | The second link will take you to the Children's Manual – chapter on missing from care.   | should consider whether the child is at risk of CSE.  |   |
|     | Missing reports are received at Compass from Police. The detail from the police report is raised as a concern and given consideration as to next steps. If this is a child missing from care, the allocated social worker will receive the notification. |   |   |
|     | A decision will be made regarding the need to complete a return interview.   |   |   |
|     | The return interviews are carried out by the allocated worker for the  |   |   |



|     | Worker or another social care professional, nominated by the social worker / key worker.  For children who are not known to social care, a return interview will be carried out by Compass TYS workers or the Compass family support workers.  The report normally comes in to ICT from the police HAU (Harm Assessment Unit), Police follow up reports following their processes.  ICT initiate a missing report on the CF file for the young person and a return interview form is generated to be completed by whoever is tasked to do this work.  Return Interviews These are completed to help consider the context as to why the child / young person went missing, as well as where they went, who they were with and what happened. This may result in a further assessment (Early Help / Risk Assessment tool) to identify further needs based on information shared during this interview. |   |  |
|-----|--|---|--|
| 6.3 | Neglect  | Make use of chronology and the neglect tool kit   |  |
|     | The above link will take you to the neglect strategy, which provides practitioners with a toolkit, including checklist. A chronology is vital in evidencing neglect.   | Make use of chronology and the neglect tool kit Ensure effective communication between agencies Direct work with children will help to understand their day to day experience Consider the impact of neglect on the child |  |
| 6.4 | Prevent  | The Link will take you to guidance:   |  |



| 6.5 | Radicalisation is defined as the process by which people come to support terrorism and extremism and, in some cases, to then participate in terrorist groups.  Domestic Abuse   | The Prevent duty Departmental advice for schools and childcare providers June 2015   | Themed Audit                     |
|-----|---|--|----------------------------------|
|     | Where domestic abuse has been identified, a risk assessment should be completed. The CAADA-DASH is used in Shropshire to identify the level of risk.  Cases where the risk is medium or high, or there is professional concern that is not picked up by a high score, can be referred to MARAC (Multi-Agency Risk Assessment Conference).  MARAC is chaired by police and a social care and early help are representative members. The purpose of MARAC is to share information, and agree actions to formulate a plan to manage identified risk. | The Chronology should capture all police reported incidents  All new incidents should be reported to the social worker via the Concern Form, where a team manager decision should be recorded.  Consider the impact of an incident on the child (Impact Chronology) and the longer term impact of the environment where the child lives.  Involve both partners in assessments, discussions and interventions. | Child Journey<br>Audit           |
| 6.6 | Self-Harm & Suicide Prevention  Strategies are in place to support practitioners in responding to self-harm and to prevent suicide. Social Workers can also seek consultation from Primary CAMHS workers based in Compass.  The links below will take you to the policies.  Self Harm  Suicide prevention   |  | Themed Audit Child Journey Audit |



|     | 7. SECTION 47 ENQUIRIES   |   |  |
|-----|---|---|--|
| 7.1 | The Section 47 enquiry/Social Work Assessment should be led by a qualified and suitably experienced Social Worker.  | Section 47 Enquiries must be completed within 15 working days   | Child Journey<br>Audit manager<br>decision |
| 7.2 | Children are sometimes the only source of information about what has happened to them. Accurate and complete information is essential for taking action to promote the welfare of the child. It is important that discussions with children are conducted in a way that minimises distress; leading or suggestive communication must always be avoided.  Children may need time and more than one opportunity to develop sufficient trust to communicate any concerns they may have.  Interpreter and communication aids must be used if appropriate.  The child's parents/carers should be interviewed and their views recorded. Non-resident parents, others with parental responsibility are to be spoken to and their views recorded. There will be occasions when a non-resident parent is not involved in a Section 47 enquiry and the reasons for this should be clearly recorded. | should be suitably trained (for example completed Achieving Best Evidence)  All children in the household must be visited, seen alone and spoke to, if age appropriate, during a Section 47 enquiry, and their views recorded.  A Social Work Assessment is automatically commenced at the same time as a Section 47 enquiry is initiated and should be completed in a timely manner as directed by Team Manager  Within the Social Work Assessment risk and protective factors must be set out used to inform the analysis and |  |
| 7.3 | Consideration MUST be given to viewing the whole of the house – including bedrooms / kitchen / bathroom.  Social Worker needs to have a picture of the physical layout of the house and must see living and sleeping areas.   |   |  |
| 7.4 | The needs and safety of all children in the household are considered and assessed.  |   |  |



|     | Those making enquiries about a child should always be alert to the potential needs and safety of any siblings or other children in the household of the child in question. In addition, enquiries may need to consider children in other households with whom the alleged perpetrator has contact.  |                |         |
|-----|---|----------------|---------|
| 7.5 | <ul> <li>The Section 47 Enquiry Report includes a detailed analysis of the information for the child's future safety, health and development. This should include:         <ul> <li>The reason for the investigation</li> <li>The family history</li> <li>Any outcome of any previous involvement by children service</li> </ul> </li> <li>A chronology of significant events         <ul> <li>Information on the child's current and past developmental needs</li> <li>Information on the capacity of the parents and other family members to ensure the child is safe from harm and to respond the child's developmental needs within their wider family and environmental context</li> <li>Views, wishes and feelings of the child, parents and other significant family members</li> <li>An assessment of risk including risk and protective factors An analysis of the implications of the information obtained for the child's future safety and meeting his/her developmental milestones</li> </ul> </li> <li>Recommendations to the conference and an outline of the CP/CiN Plan         <ul> <li>Consideration is given to how best to include partners who are known to have been violent/intimidating in the Child Protection Conference.</li> </ul> </li> </ul> | Child<br>Audit | Journey |



|     | It may be appropriate for the Social Worker to discuss and agree with the Chair, how the Case Conference will be managed.  |  |  |
|-----|--|--|--|
| 7.6 | Children's Social Care should decide how to proceed following Section 47 enquiries after discussion between all those who have conducted or been involved in those enquires including relevant professionals and the child/parent.   | The outcome of Section 47 enquiries should be recorded on Liquid Logic and agreed and authorised by a manager. The manager is responsible for quality assuring the report, prior to authorisation.   | Child Journey<br>Audit manager<br>decision |
|     | 8. CHILD IN NEED PLAN  |  |  |
| 8.1 | If the Social Work Assessment or S47 Enquiry concludes that a child's needs can be met through a Child In Need Plan, the worker should prepare this Plan in consultation with the child/young person and his/her parent/carer and their views are recorded on the plan. The plan should then be agreed with the child, family and other professionals/agencies.  It is important to note that we cannot work with a child under a Child in Need Plan without parental consent of the parental responsibility holder with whom the child resides. | A Child in Need planning meeting must take place within 10 days of the completion/review of the Social Work Assessment.  | Child Journey<br>Audit                     |
| 8.2 | <ul> <li>The plan will explicitly detail: <ul> <li>The outcomes to be achieved</li> <li>The action required to achieve the outcome</li> <li>Timescales for actions to be completed, either a target date or frequency to review</li> <li>Who is responsible for the implementation of the action</li> </ul> </li> <li>The actions, outlined in the plan, should be specific, measurable, achievable, and realistic and have set timescales (SMART)</li> <li>Terms like 'ongoing' and ASAP are not acceptable.</li> </ul>                         | The plan should explicitly detail the minimum frequency that the Social Worker / Social Care staff will visit the child and his/her family.  The minimum visiting frequency should be individually determined based on the needs of the child, but should not be less that the departmental minimum visiting frequency standards of 6 weeks. | Child Journey<br>Audit                     |



| 8.3 | The objectives of the plan and how they will be achieved are discussed with all interested parties e.g. other agencies, professionals and their details recorded.  The plan should be implemented by the multi-agency Core Group led by the Social Worker, and as such, it is essential for all professionals working with the child to know what services are being provided to the child and his/her family, by whom, and when. This ensures that there is no duplication of service delivery, the services provided are complimentary and everyone working with the child is aware of who is doing what.  The Social Worker is the lead professional. | The allocated social worker must endsure that the parents/carers and any children (age appropriate) are clear about expectations upon them within the Plan.  The child/young person, his/her parent/carer and all interested parties are provided with a copy of the plan within 5 working days of the Core Group Meeting  A date is set for a review of the plan at a Core Group Meeting within 28 days of the plan being developed. All plans must be underpinned by an up to date Social Work Assessment which has been reviewed after 12 months or in response to a significant event.  Child in Need Plan must be recorded on Liquid Logic (under Care Assess) by the social worker Core Group minutes are recorded in Care Assess | Child Journey<br>Audit -<br>Plan Section |
|-----|--|---|--|
| 9.1 | 9. CHILD IN NEED REVIEW  Plans should be regularly reviewed by the multi-agency Core Group to ensure that the plan remains relevant, the services delivered are effective and timescales for actions are being achieved.  Disabled Children  DCT would convene a Child in Need review every 6 months. A Core Group is only convened where issues are highlighted.  | The Child in Need Plan is to be reviewed and updated at a frequency agreed with the manager, but not longer than 3 months. The Core Group should consider Step Up to Child Protection or Step Down to Early Help wherever appropriate.  For overnight short break arrangements will be reviewed (CIN Plan) at intervals no more than 6 months.  | Child Journey<br>Audit Review<br>Section |
| 9.2 | Any new information received about the child is evaluated and responded to. The review monitors progress against the actions on the plan and this is explicitly recorded with any concerns or changes to the plan at Core Group Meetings.  |   |  |



| 9.3  | Professionals need to keep their judgments under constant critical review and be willing to respond to and challenge new information.  Other professionals should be fully prepared for the review meeting by being informed of the type and purpose of the meeting, who will be attending and the expectations of them in the meeting. The views of partner agencies are then reflected in the documentation.  Throughout the period of involvement with a child and his/her family, it is important to develop a cooperative working relationship so that the family feels respected, informed and listened to, and that professionals are working with them in an open and honest way.  Parents and children should be fully prepared for any meeting, understanding who will be there, the purpose of the review and how they will participate in the process, for example the child might provide a picture or letter to express their views, or use other communication tools. | represented.   | Child Journey<br>Audit -<br>Review Section |
|------|--|--|--|
|      | 10. CHILD SUBJECT TO A PROTECTION PLAN   |  |  |
| 10.1 | An Initial Child Protection Conference must be convened following a Section 47 enquiry that concludes that a child is suffering significant harm and remains at risk of harm or likely to suffer significant harm  An ICPC must consider all children in the family or household, even where concerns are being expressed only in relation to one child, all children must be identified and the risk of harm to them assessed.  | Decision made by Team Manger within 5 working days  Conference request by Day 5 (Social Worker must complete a referral form for conference with all relevant details)  IRO to arrange conference within 10 days | Child Journey<br>Audit  Manager  Decision  |



|      | A midwife must be invited to any conference which is held in respect of an unborn child.  | The initial child protection conference (ICPC) is held within 15 working days of the strategy meeting/discussion that commence the S47 enquiry.  |  |
|------|---|--|--|
| 10.2 | The Social Work report for the ICPC should include the outcome of the Section 47 enquiry report and Social Work Assessment to date.   | The social work report should be shared with the relevant  Team Manager 5 days prior to conference  The Social Work report is shared with the child/young person (where appropriate), parents/carers and the Independent Chair, 3 days prior to a Conference   |  |
| 10.3 | Attendance at a conference must be carefully planned, the Social Worker should ensure that all persons with parental responsibility and significant others are given sufficient information and support to make a meaningful contribution.  The Social Worker must explain to child/parents/carers the purpose of the meeting, who will attend, the way in which it will operate their right to bring a friend, support or advocate and the complaints procedure. | The child (where appropriate) and parents/carers contribute meaningfully to the conference and their views recorded and taken into account (using various resource tools).  Consideration is to be given to how absent fathers can participate in the meeting. |  |
| 10.4 | The Chair's summary accurately assesses the risk and likelihood of significant harm.  |  |  |
| 10.5 | The outline protection plan should be based on assessment and information presented to conference and must identify factors associated with the child suffering significant harm and the ways in which the child can be protected through a multi-agency plan.  The outline protection plan drawn up by conference members includes:  | An outline Protection Plan which is outcome focused is discussed in conference and produced within the same day.  At the first Core Group meeting within 10 working days of the conference, the plan will be ratified.   |  |



|      | <ul> <li>What further action is required to complete the Social Work Assessment and what other specialist assessments are required to ensure sound judgment can be made on how best to safeguard the child and promote his/her welfare</li> <li>Required outcomes linked to risk and promoting the child's welfare</li> <li>Identification of what needs to change in order to achieve the planned outcomes</li> <li>Time limited, short and longer term objectives with responsibility for tasks ascribed to specific members of the conference</li> <li>A method of monitoring and evaluation progress - Core Group</li> <li>Consideration of a contingency plan and the circumstances that would necessitate its use.</li> </ul> | The child protection plan clearly outlines what action should be taken in the event that parents/carers do not co-operate with the protection plan.                               |  |
|------|---|---|--|
| 10.6 | The conference minutes have sufficient detail to provide the reader with an understanding of the information shared, issues discussed and reasons for decision reached.  The record of the Child Protection Conference is a crucial document for all relevant professionals and family members, and should include:  The essential facts of the case  Minutes including reports presented to conference by multiagency professionals  A summary of the discussion with accurately reflect contributions made  A summary of the discussion which accurately reflects contributions made  All decisions reached with information outlining the reasons for the decision   | The child protection recommendations should be recorded and circulated to those invited to conference within 1 working day and the full minutes circulated within 20 working days |  |



|      | <ul> <li>A translation of decisions into an outline or revised Child<br/>Protection Plan enabling everyone to be clear about their<br/>tasks.</li> </ul>   |  |   |
|------|--|--|---|
| 10.7 | <ul> <li>Have the child and his/her needs at the centre of the plan</li> <li>Describe the identified developmental needs of the child and what therapeutic services are required</li> <li>Include specific, achievable, child focused outcomes intended to safeguard and promote the welfare of the child be SMART</li> <li>Include realistic strategies and specific actions to achieve the planned outcomes</li> <li>Clearly identify roles and responsibilities of professionals and family members including the nature and frequency of contact by professionals with children and family members</li> <li>Lay down the points at which progress will be reviewed and the means by which progress will be judged</li> <li>Set out clearly the roles and responsibilities of those professionals with routine contact with the child as well as any specialist or targeted support to the child and family.</li> </ul> | At the first Core Group meeting, a Core Group Agreement should be drawn up which should address arrangements in respect of the work of the Core Group with should include:  Chairin  g  Arrangements if the allocated Social Worker is not able to attend Delegation (to other team members where possible to ensure meetings do not have to be cancelled) | Child Journey<br>Audit -<br>Quality of Plan |
| 10.8 | Where the initial Child Protection Conference decides that the child does not need to become the subject of a Child Protection Plan, the conference will consider whether recommendations should be made for services to be provided to the child and whether any other type of plan is required and if so, whether this would be a Child in Need plan or Early Help Plan.  The discontinuing of a Child Protection Plan should never lead to automatic withdrawal of help. The conference should give full consideration to and make recommendations regarding what   | Where a Child Protection Plan is discontinued, the conference will consider and make recommendations regarding support and services that the child may still require and a Child in Need or Early Help Plan will be developed within 10 working days of the conference.  | Child Journey<br>Audit<br>Plan Section      |



|      | services might be wanted or required. The Social Worker should use these recommendations to form a Child's Plan   |  |   |
|------|---|--|---|
|      | 11. REVIEW CHILD PROTECTION   |  |   |
| 11.1 | Core Group meetings will continue following the Initial Child Protection Conference, to review progress of the plan. They are attended wherever possible by key family members and professionals and these are recorded accurately to reflect what information has been exchanged, the progress against the child protection plan and future action attributed to different members of the Core Group   | The Review Child Protection Conference (RCPC) must be held within 3 months after the Initial conference and thereafter at intervals of not more than 6 monthly for as long as the child is subject to a protection plan.  The Social Worker's report to the RCPC is prepared and shared with child/young person/parents/carers, 3 working days before conference (Team manager 5 working day prior to meeting) to enable any factual inaccuracies to be identified and amended and areas of disagreement noted.  Core Group meetings to take place at a minimum of 6 weekly. | Child Journey<br>Audit Review<br>Section    |
|      | 12. BECOMING LOOKED AFTER   |  |   |
| 12.1 | A child should only become looked after where a Social Work Assessment has been completed and determined it is in the child's best interests to do so and other options have been fully explored. The procedure then includes a 'Placement Authorisation for Looked After Child' (PALAC).  NB there will undoubtedly be situations where children become looked after following emergency intervention e.g. power of Police protection being utilised or criminal justice routes. | A child can only be looked after through consent, S20 or through an Order S31/34. Under s20 written consent must be obtained unless there is a good reason and this must be approved by a senior manager i.e. on the basis of the evidence that the child has been abandoned.  PALAC requests are agreed and authorised by the Service Manager for Social Work Services.   | AD Audit of decision making PALAC decisions |



|      | The PALAC form must be completed for all requests to accommodate children into LA care. If a placement has been made in an emergency situation, Head of Service/Legal approval must be sought and recorded on a PALAC request, retrospectively.  Where accommodation of a child is planned as a recommendation of pre or care proceedings the Legal Planning Meeting (LPM) agreement should have already been obtained by the Head of Service. The record of this agreement can be populated into the HoS authorisation box. The PALAC is still required as it also covers the process for identifying and placing a child.  The PALAC agrees an initial period of care. Where the child/children requires a continued LA care placement beyond that agreed in the PALAC the request will be made to the responsible Service Manager as part of the case management process and the | agreed timescale within PALAC, is agreed by Service Manager, and a decision noted 'management decision' on the child's case file (observation).  Criminal justice routes into LAC:  Requests for LARR – Local Authority Residence Requirement requested of the local authority in conjunction with a disposal in the criminal court- normally 6 month's duration PACE Police and criminal evidence (where YP in custody overnight) Remand into care of the local authority or secure |
|------|---|--|
|      | discussion and decision recorded in the child's Liquid Logic record under managers decision.  | accommodation/Youth Offender Institute under LASPOA (Legal Aid Sentencing and Punishment of Offenders Act 2012). Under 18s are LAC for the duration of the remand period.  |
| 12.2 | Alternative to care – Family and Friend care options must be thoroughly explored (See Private Fostering below).  Care by a relative should be considered in all cases before any decision is made that a child should come into local authority care. The family are to be encouraged to consider alternative arrangements in the best interest of the child.  Family Group Conference must always be considered to ensure that all resources within the child wider social networks have been explored and utilised to benefit the child.  |  |



|      | 13. Private Fostering   |  |  |
|------|---|--|--|
| 13.1 | Childrens Placement Service are responsible for private fostering arrangements including the reviewing of care provision. A social worker from Case Management will be allocated if the child in private foster care, is also a Child in Need   | Private Fostering applies to children under age 16 or 18 with a disability, who is planned to live with friends or non-close relatives for more than 28 days.  See Private Fostering Procedure – Children's Manual |  |
|      | 14. CARE PLANNING   |  |  |
| 14.1 | The process of a child becoming looked after will wherever possible, be planned and child focussed.  Where, through a child protection enquiry, it becomes apparent that a child is at immediate risk of significant harm, an emergency placement should be sought to secure the child's safety. Wherever possible, a child's admission into care should be on a planned basis, with the child being able to visit his/her prospective placement and meet carers and a placement planning meeting held to agree the arrangements. This will minimise the potential harm and distress to the child upon separation from his/her parents. |  | Child Journey Management Decision                  |
| 14.3 | Children should receive a transparent service and know their rights to complain and see any records. Children should be provided with information relating to their placement, advocacy and independent visitor services and these should be discussed with the child to ensure s/he is aware of their rights and services available to them.  IRO will ask at the first LAC review whether the child has received this information.  | becoming looked after  | Audit Child<br>Journey<br>Child Voice<br>Section 1 |



- 14.4 The carer must have a copy of LAC paperwork.
  - Essential Information
  - Care Plan

In an emergency situation the carer should receive as a minimum, consent for medical treatment and if consent cannot be obtained, Head of Service agreement to be sought for emergency treatment if required.

The care plan is fully completed and identifies outcomes and how these will be achieved. It is based on an up to date assessment of the child's needs and detail the services to be provided to meet these. An overall aim of the care plan is to reflect the plan for permanence for the child as agreed by the second review.

The arrangements for contact must be at the heart of care planning. Links with family and friends are vitally important to children looked after and provide important continuity and sense of identity. Once a child becomes looked after, making appropriate arrangements for a contact should be an early priority ensuring the child is able to see significant family members whilst maintaining their safety and wellbeing and must include sibling contact.

The Social Worker should observe contact and be able to report on and analyse its content and quality.

An Independent Visitor can be arranged for children and young people who would benefit from this service, including those who do not have contact with their birth family.

Statutory health assessment is able to identify health needs and health neglect that may otherwise go unrecognised. The child should have dental checks (bi-annual)

The Placement Information Record is completed prior to the placement (except in emergency placements when it should be completed within 5 days from the start of the placement), is authorised by the Line Manager and signed by all parties and distributed.

The child is allocated to a qualified Social Worker.

The child is allocated to a qualified Independent Reviewing Officer.

The Care Plan clearly details arrangements for contact between child and his/her parents/siblings and this is communicated to child/parents/sibling/carer.

A health assessment is completed before the first looked after child statutory review is reviewed



|      | It is important that there is an up to date record of the child's school and Social Workers work in partnership with school and designated teachers to promote a child's education, track their progress and agree to set priorities and targets.  All Looked After Children must have a care plan of which the PEP (Personal Education Plan) is an integral part. All of those involved in the process of developing the PEP should use it to support the personalised learning of the child. The PEP is an evolving record of what needs to happen for Looked After Children to enable them to make expected progress and fulfil their potential. The PEP should reflect the importance of a personalised approach to learning that meets the identified educational needs of the child, raises aspirations and builds life chances.  Shropshire use an online EPEP system which all Social Workers should familiarise themselves with, securing training with the LAC Education & Health Team if required at the earliest opportunity. Once the child becomes looked after, a notification is sent to ELL and the PEP meeting is arranged to take place prior to the first review. | annually (6 monthly for children under 5) and each child should have a health passport.  The Personal Education Plan should be initiated as part of the Care Plan before the child/young person becomes looked after (or within 10 days in the case of an emergency placement) and be available for the first looked after child stator review.  Wherever the child is placed, their social worker, supported by the Virtual School Head (VSH)/LAC Education & Health Team, should:  Initiate a PEP even where a looked after child is without a school place. This includes meeting with appropriate education providers and the carer.  Ensure that where a child is placed in an emergency the PEP is initiated within 10 working days of their becoming LAC  Ensure, with the support of others including the VSH/LAC Education & Health Team, that the PEP contains a summary of the child's current attainment and progress  Ensure the Pep is effective and is available for the first statutory LAC Review  Ensure the PEP contains details of who will take the plan forward and specifies timescales for action and review |  |
|------|---|--|--|
| 14.6 | Effective work is undertaken with the child and family to enable those children who can return home to do so in a timely way.   |  | Child Journey<br>Audit-<br>Plan and Review<br>Sections |



|      | Children should not remain in care longer than is absolutely necessary and wherever possible arrangements should be made to facilitate the child's return home with a package of support services that will meet the needs of the child and his/her parents/carers.  Return home should be underpinned by a Child in Need plan and follow that review process.  |  |                                |
|------|---|--|--------------------------------|
| 14.7 | Prompt action should be taken to assess and secure Looked After Children in permanent placements whether through their return home to parents or through identifying an alternative permanent placement via adoption, fostering or residential care.  | ,  | Child Journey<br>Audit - Plan. |
|      | 15. LOOKED AFTER REVIEW MEETING   |  |                                |
| 15.1 | Children should be supported to participate in their Looked After review, they may do this by attending in person, meeting with the IRO before or after the meeting or providing their views to the meeting in writing, or other means of communication. (Your voice matters tool).  The means by which a child wishes to participate in the meeting should be discussed with him/her by the Social Worker in sufficient time to allow for the appropriate arrangements to be put in place. | The first LAC review is held within 20 days of the child becoming looked after, the second within a further 3 months and subsequent LAC reviews are held at intervals of not more than 6 monthly.  The child/young person's Looked After Review Meeting Record is fully completed and available to the IRO 3 days prior to the review. | RAG QA by AD                   |



|      | In some cases the child may wish to chair their own LAC review and the IRO will support to facilitate this.  |  |  |
|------|--|--|--|
| 15.2 | The LAC review meeting is attended by the child/young person's parent/carer and key professionals. The child should be consulted about who they would like inviting to the LAC review meeting and this should be complied with unless there are valid reasons not to. Those attending the LAC review will need preparation about the nature and purpose of the meeting, what will be discussed and how they will be expected to contribute to the discussion, who else will be there and how the meeting will be conducted.  | The IRO should produce a written record of the recommendations of the LAC review meeting within 5 working days and a full record of the LAC review within 15 working days. A manager must consider the decisions within 5 working days of receipt and advice those present at the LAC review if they are unable to agree to them.  A Looked After Review meeting should be held before a decision is made to cease Looking After a child or before a young person moves to semi-independent accommodation. |  |
|      | 16. LONG TERM CARE/ADOPTION  |  |  |
| 16.1 | Work is undertaken with a child to support them in understanding decisions taken and plans for the future.  Life Story work is a fundamental aspect of this and should have been prepared for the child.   | Each child requires a later life letter to be completed no later than 10 days after the adoption celebration hearing. Life Story guidance is available on the local procedure (chapter 5.3)  |  |
|      | There is a statutory requirement to provide the child with counselling and information in relation to his/her adoption explaining, in an age appropriate manner, the procedures in relation to and legal implications of adoption for the child and provide him/her with written information. The Local Authority has a responsibility to ascertain the child wishes and views, specifically in relation to the possibility of a placement for adoption with a new family, his/her cultural upbringing and contact with his/her parent/guardian/other significant relatives. | For children to be placed for adoption, an adoption support plan is prepared, updated and reviewed until the child is 18 years of age.   |  |



|      | All children placed for adoption must have a support plan in place that identifies the individual needs and those of their new family. This plan may be updated and reviewed until the child is 18 years of age.   | An adoption review must take place within 3 months of the date the placement order was granted, and thereafter at intervals of not more than 6 monthly.  An adoption review must take place within 4 weeks of the date the child was placed for adoption; the second review must take place within 4 months and thereafter at intervals of not more than 6 monthly until the adoption order is made. |  |  |
|------|--|--|--|--|
| 16.2 | For children placed for adoption, information and counselling is offered to parents/birth family members.  |  |  |  |
|      | There is a statutory requirement to provide counselling and information to the parent or guardian of the child, explaining the procedures in relation to both placement for adoption, and the legal implications of adoption and provide him/her with written information. The Local Authority has a responsibility to ascertain the parents/guardians wishes and views, specifically in relation to the child, his/her placement for adoption including any views regarding his/her cultural upbringing and contact with the child. |  |  |  |
|      | 17. LEAVING CARE   |  |  |  |
| 17.1 | A landmark review is held at the last review prior to the child's 16 <sup>th</sup> birthday.  This review will commence the process of considering arrangements for the young person's transition to adulthood and independence and agree the arrangements for undertaking a Social Work Assessment, which looks at:  What support the young person may need   |  | Child Journ<br>Audit<br>Review Section |  |



|      | <ul> <li>Views of the young person, carer and Social Worker</li> <li>Education, employment and training</li> <li>Housing</li> <li>Health</li> <li>Finances</li> </ul>  |  |  |
|------|--|--|--|
| 17.2 | A Pathway Plan records the assessed needs of the young person and the action and services required to respond to the assessed needs and to provide support during the transition to adulthood and independence.  The young person is integrally involved in developing the Pathway Plan and it reflects his/her priorities and aspirations.  | A pathway plan is in place for the first review following the young person's 16 <sup>th</sup> birthday. There should be a Pathway Plan in place three months after their 16 <sup>th</sup> birthday; or three months post the 13 week qualifying period if first S20 Accommodated over the age of 16. | Child Journey<br>Audit<br>Plan Section   |
| 17.3 | The Pathway Plan should be kept under regular review to ensure the services delivered are in accordance with the wishes, views and needs of the young person. The plan is updated following review.  Case leavers are at high risk of social exclusion and poorer outcomes compared with peers. The 16+ Team has a key role in engaging the young person to access education, employment or training which can significantly improve their life and chances and outcomes | Pathway plan reviews are held at intervals of not more than 6 monthly.  The young person receives support to continue his/her education or post 16 training or employment.   | Child Journey<br>Audit<br>Review Section |
| 17.4 | The young person is living in suitable accommodation.  A key role for the personal advisor is to support the young person in accessing suitable and appropriate accommodation. This will involve liaising with housing providers, working in partnership with staff from other agencies, advocating for the young person and supporting them to manage and sustain their tenancies.  |  | Liquid Logic                             |
| 17.5 | Effective work is undertaken with the young person that is needsled and supports them to make a successful transition into adulthood.  | Care leavers are eligible for leaving care support until the age of 21 years as 'former relevant children' - to enable them to make a successful transition to   |  |



|      | Multi-agency working and bespoke packages of support are used and staff should employ creative ways to engage with these care leavers who can lose interest in the service after their 18 <sup>th</sup> birthday when the main area of financial support ceases.   | independence. Support will extend up until their 25 <sup>th</sup> birthday if in education or until an agreed course of education is completed (for example, if returning to learning between 21 and 25)  |  |
|------|--|---|--|
|      | 18. PROCEEDINGS  |   |  |
| 18.1 | Early Planning   |   |  |
|      | The importance of early planning prior to the commencement of care proceedings is critical. Key sources of information including the wishes and feelings of children and family members should have been gathered over time; these should be clearly recorded and dated.   |   |  |
| 18.2 | Legal Planning Meeting  Those attending the meeting should include the legal representative, the child's Social Worker and their manager. It may be appropriate to invite other key people to this meeting; this will be decided on a case by case basis.  | agreement and parents' guide to the PLO should be sent out to parents or carers and/or their legal representative.  |  |
|      | During the meeting, evidence should be reviewed. Threshold for intervention under a CP plan or initiation of Care Proceedings should be formally agreed. Alternatives to Care Proceedings should be appropriately explored. The Social Work Assessment should be complete and clear with reasoned recommendations for other assessments that may be needed. The question should also be asked as to whether there is a clear analysis of the parents / carers capacity to change and sustain change within a reasonable timeframe for the child. | Letter Before Proceedings  The 'letter before proceedings' will set out for the parents the local authority's concerns, what work has been done with the family, what support has been offered and what further work needs to be done with the family and provide the opportunity for a formal meeting.  The 'letter before proceedings' outlines what the parents will be expected to do to prevent to local authority issuing |  |



|      | An initial analysis must be undertaken as to whether the parents are able to understand the nature of the concerns, the process of the pre-proceedings protocol and possible court proceedings. An initial appointment with a solicitor under the pre-proceedings protocol may be necessary to inform this decision.  | care proceedings and provide clear, short timescales for this.  This is a last opportunity for the parents to make and sustain change before taking the matter to court. |
|------|---|--|
| 18.3 | Family Group Conference/Family Meetings  If the concerns about a child are such that they are unlikely to continue to live with their birth family, assessments must demonstrate that a Family Group Conference or Family Meeting has been considered to identify support and where necessary other family members who may be considered to care for the child.   |  |
| 18.4 | Pre-Proceedings Meeting  This is a face to face meeting (all parties have legal representation) to set out very clear expectations of the parents or carers in respect of improvements required in the parenting of the child/ren. The meeting is to be chaired by a Team Manager or suitably qualified person, and is to be social work led. If a parent attends without legal representation, the meeting should proceed unless the circumstances are exceptional.  The record of the meeting should provide an open and transparent record of measures required to improve the children's circumstances to avoid going to court.  The draft agreement should be agreed and signed or amended and sent to all parties for signature by the Social Worker.  An assessment will need to be made of whether the parent/carer has the capacity to instruct a legal representative or whether there would be a need for the Official Solicitor to become involved. A cognitive functioning assessment may be required. | A review meeting date must be agreed in 6 weeks unless the case requires a longer period.  |



| 18.5 | Review Meeting  At this meeting, the agreement is reviewed and progress against the identified concerns measured. A decision is made as to whether sufficient progress has been made to conclude the preproceedings process, whether a further review is required or whether proceedings should be initiated. The initiation of court proceedings brings the pre-court proceedings protocol to a conclusion.   |   |
|------|--|---|
| 18.6 | Issue proceedings  | Documents required to issue   |
|      | If proceedings are to be issued, local authorities should outline what are the issues in the case together with the realistic options for the child/ren.  The Social Work statement should contain clear evidence to support the core judgments which the court has to make. Evidence must be balanced and reflect the degree of certainty with which conclusions have been reached.  Documents must be screened and quality assured. It is a requirement that all essential annexed documentation be submitted by the PLO deadlines and all questions in the application form adequately addressed. | <ul> <li>Statement now incorporates the chronology and genogram, so no need for separate documents</li> <li>Care plan (s)</li> <li>Latest assessment (Social Work Assessment, s.47, report to conference)</li> <li>In cases reliant on medical opinion, e.g. Non-accidental injury, Fabricated or Induced Illness:-</li> <li>All medical information relied upon/referred to in your statement</li> <li>Plus, ideally:-</li> <li>Letter before proceedings</li> <li>Case conference minutes (all, or going back 2 years)</li> </ul> |
| 18.7 | Care Planning  | Care Proceedings  |
|      | When care proceedings have been issued it is essential to have case supervision at the earliest opportunity to identify the possible plans for permanence. It is important to parallel plan and if it is unlikely the children can return home to birth parents, look at the   | The following steps are taken during the course of care proceedings:  Day 1 and Day 2: Stage 1  |



possibility of placement with family/friends or adoption. Identification of the different options at an early stage will ensure there is no delay or drift for the child when final care plans have to be completed.

Consider Re: B S when Care Planning

- That although the child's interests are paramount, these interests include being brought up by his/her natural family
- That the relevant statutes impose a requirement that Court "must" consider all available options when coming to a decision
- That the court's assessment of the parents' capacity to care for the child should include consideration of support that the authorities could offer them in doing so

There are two essentials that must be satisfied before a care plan for adoption can be approved.

The first of these is that there must be **proper evidence**, which must include a proper analysis for and against adoption A holistic evaluation is crucial. The judicial task is to evaluate all the options, undertaking a **global**, **holistic** and **multi-faceted** evaluation of the child's welfare which takes into account all the negatives and the positives. all the pros and cons. of each option

Issue & allocation of S31 application
If required, contested ICO or ISO or urgent preliminary
Case Management Hearing

Not before Day 12 & no later than Day 18: Stage 2

## **Case Management Hearing**

If required, Further Case Management Hearing ASAP and no later than day 25

If required: Fact Finding Hearing

Approximately by week 16

Final Evidence filed by Local Authority - to include final statement, care plan and if appropriate Placement Order application

Date set by court: Stage 3

Issues Resolution Hearing (IRH) which could also become the Final Hearing

By Week 26 or earlier

Final Hearing if necessary



|     | 19. FUNDAMENTALS FOR ALL CASES AND SUPPORT SERVICES   |   |   |
|-----|---|---|---|
|     | A. CASE RECORDING   |   |   |
| A.1 | Voice of the child  It is important when establishing the wishes and views of a child that a child's learning disability, mental health capacity and age are considered and where these are an issue there is explicit recording of how these have been taken into account and addressed.  Observations:  Where a child is unable to verbally communicate, child's voice should include observation, use of an interpreter or specialist communication tools e.g. Makaton.  Where children verbally present their wishes and feelings, observations of children behaviour and interaction also remain important for the Social Worker to take into account  Obtaining the child's views and wishes is not just about asking their views on specific decisions and their plans, it is about understanding what the child's experience of life is for them, how it feels for them to be a child in that family, what they think their needs are and also importantly what they think their parents needs are.  The child's view should be considered when any key decision is made, where their wishes are not followed, explanations need to be given to the child, which takes account of their age and understanding. This should be clearly recorded. | Case records are up to date within 48 hours or 2 working days.  It is essential that the voice of the child is recorded throughout their involvement with services. This is explicit at particular times for example:  • During Assessment • Statutory Visits • Child Plans • Conference Reports • Service users feedback on quality of service | Child Journey Audit  Voice of Child Audit |



|     | There are a number of tools and resources that can be used to support this, but the relationship with the Social Worker is key to understanding the child's day to day experience. In Shropshire we practice relationship based social work practice. Evidence in recording the child's wishes and feelings should show not only what information and views the child has shared but importantly how the Social Worker has responded to this information.  |  |   |
|-----|--|--|---|
| A.2 | Case recording is child focussed  The child must be seen and kept in focus throughout the intervention. It is imperative that the child's family circumstances are seen through the eyes of the child.   |  | Liquid Logic                              |
| A.3 | A chronology of key events for the child is maintained and up to date  The chronology is a means to provide an overview of significant events in the child's or young person's life and must be used by practitioners too, as an analytical tool to help them understand the impact, both immediate and cumulative, of events and changes on the child or young person's developmental progress.  An up to date and complete chronology ensures that any emerging patterns or issues within the family of a serious or deep routed nature are identified and responded to. | The chronology needs to be succinct, relevant and factual to include outcomes of events and consider the impact on the child. They must be maintained and kept up to date on Care Store (ICS) of the child's file. | Child Journey<br>Audit<br>Records Section |
| A.4 | <ul> <li>All case records reflect professional practice in particular:</li> <li>Use plain English rather than jargon</li> <li>Distinguish between fact and opinion</li> <li>Demonstrate a commitment to the principles of equality and valuing diversity</li> </ul>  |  | Child Journey<br>Audit<br>Records Section |



|     | <ul> <li>Are respectful of the child/young person and his/her family, and are not derogatory or judgmental</li> <li>Ensure child's/parents views are recorded.</li> </ul>  |   |
|-----|--|---|
| A.5 | Case notes will detail:  The date of the contact The reason for the contact Details of the contact The outcome of the contact Whether the child was seen and spoken to An analysis of the contact Any further action to be taken arising from the contact Differentiation between different types of case notes e.g. home visit or telephone call, type of visit, CP or Child in Need or LAC | Child Journey<br>Audit File in<br>Order |
| A.6 | Professionals supporting the child and his/her family are referred to in the records by name and designation.  Family members are referred to in the case recording by name and relationship with the child (avoiding terms like uncle, aunt, mother, father)  |   |
| A.7 | Case records show when information has been shared and with whom and explicit references to where confidential information has been received or shared.  |   |
| A.8 | Case records are accurate and grammatically correct. Case records are subject to review and quality assurance in both supervision and file audit.  |   |



|     | B. CASE SUPERVISION   |  |  |
|-----|---|--|--|
| B.1 | Regular management oversight is required on all cases. This may be reflected as a formal case supervision or as a management decision.  | Frequency of case discussion:  In depth reflective supervision should take place on each case, two times during a 6 month period.  Management decisions are made at key points as required and are captured as an observation for example: allocation of assessment, authorising assessment, actions following significant events, recommendations for conference. | Child Journey<br>Audits, and<br>Supervision<br>Audit |
| B.2 | Records of cases to be supervised in depth should be reviewed by the manager either prior or during the case supervision  Both Social Workers and managers have a responsibility to identify cases they want to discuss in supervision  In order to effectively supervise a case, managers must prepare for case supervision by reviewing the child's record to appraise themselves of the up to date circumstances regarding the child, to quality assure the standards of practice and to be reassured that the intervention with the child is outcome focused and complies with procedures.  Case managers should prepare for supervision by completing the first part of the supervision record in advance, highlighting significant issues and changes in circumstances. |  | Supervision<br>Audit                                 |
| B.5 |   |  | Supervision<br>Audit                                 |



|     | Professional development, learning and issues pertaining to social work practice that arise through case discussion should be placed in the supervisee's supervision folder – not on the child's file.                                   |  |                |         |
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| B.6 | Management decisions made outside of reflective supervision are recorded as a manager decision on the child's record.  | Decisions should be recorded:  | Child<br>Audit | Journey |
|     | C. Step Up/Step Down with Early Help   |  |                |         |
| C.1 |  |  |                |         |
|     | D. EDGE OF CARE  |  |                |         |
| D.1 | Family Group Conferencing/Family meetings  |  |                |         |
|     | Family Group Conference (FGC) is used as a forum to bring together family members and significant others to give them the opportunity to come up with a plan that addresses issues and goals identified by themselves and professionals. | The Family must consent and agree to the referral that is made for an FGC (FGC leaflet is available to provide to the family).   |                |         |
|     | Through the generation of their own family plan, families are empowered to take ownership and responsibility for ensuring the best possible outcomes for their children.   | Referral form is completed by Social Worker via Liquid Logic. Referrers need to complete all sections of the referral form up to the end of the consent page where they need to save and exit the form and reassign to Team 450. |                |         |
|     | An independent coordinator will work with the family to coordinate and prepare attendees and facilitate the conference.  | Acknowledgment of the referral and allocation time scale will be given within two days.  |                |         |
|     | The family must consent to this service and the referral should be shared and agreed, prior to sending to the FGC Lead.  |  |                |         |
|     | The process from allocation to meeting can take approximately 6 weeks, to allow for the preparation of attendees.  |  |                |         |



| D.2 | SUPPORT PLUS PANEL (SPP)  If you are working with a child and the parents are requesting s20 accommodation then this will be considered via SPP. This panel will be used to discuss children at the edge of care, preventing family breakdown and looking at resources which can be utilised to prevent this, including short breaks, FGC and Community outreach services. The panel put in place support provision to prevent children becoming looked after.  The panel will also consider and support plans for reunification | SPP meet every Tuesday 2- 5 and Thursday 10 . 12.  The social worker, parents, and child need to attend panel to agree the plan.  Social Worker must have agreement to refer into SPP by team manager (or SSW). |
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|     | home.  Information should be forwarded to the SPP coordinator detailing risks and needs.  Information regarding SPP processes can be obtained from the SPP Coordinator, or Chair.  |   |
| D3  | Havenbrook & Outreach Havenbrook is a short breaks resource for young people at edge of care. A Social Worker or Targeted Early Worker must be allocated and an assessment to evidence need must be completed or underway. Short breaks should be part of a package of support.  Where a Short Break referral is accepted, a meeting should be arranged and held at Havenbrook for young person and family to become familiar with accommodation and a more detailed plan be completed.  | Referral form to be completed by Social Worker (or EHSW)  Short Breaks are part of plans that are subject to regular review.  |



| E | STANDARDS FOR VISITING  |   |
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|   | All children should be visited by their Social Worker at a frequency commensurate with their status  It is essential that children are seen and spoken to regularly by their Social Worker and this will often need to be more frequently that the minimum level outlined in the plan.  Good Social Work practice will be guided by professional judgement based on the needs of the child.  Where a placement breaks down the statutory visits requirements revert back to minimum standards | Minimum visiting standards as follows:  All . within one week of any placement (including a move to a placement) and whenever reasonably requested to by the child, their carer or person responsible for their living arrangement.  Children in need. 6 weekly  Children subject to Child Protection Plans.10 working days from the protection plan being put in place until the first review. Thereafter at a level determined by the protection plan and a minimum of every 15 working days or as determined by the Core Group  Child Looked After within 5 working days of placement and weekly until the first review, thereafter minimum of 6 weekly for the first year and three monthly thereafter if the placement is likely to be until the child is 18  Children placed for Adoption within 5 working days of placement and weekly until the first review, thereafter a minimum of monthly until adoption is finalised  Permanent Placement (where the permanency plan has been approved) and the LAC review has endorsed the plan  At least every 3 months or 6 monthly if agreed by child and endorsed at LAC review  Children who receive overnight stays, subject to short break regulations, require placement visits within three months of the first placement day and then subsequent visits must be at intervals of no more than 6 months.  Exceptions:  Placements made under regulation 24/25 or Placement with parents and interim care orders |



| At least once a week until the first LAC review. 4 weekly thereafter (until approved by panel)  |
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| Placement with Parents and full care order Within one week of the making of the order. 6 weekly thereafter.   |
| Placements made in an emergency At least once per week until the first LAC review. 6 weekly thereafter.   |
| Care order and accommodation not provided by the Local Authority (detained children) Within one week (and when the child is moved) and six weekly for the first year. |
| Thereafter at least 3 monthly (and when reasonably requested to do so)  |