

Children's Services



One Children's Service - Consistently Good Every day and Onwards
to Outstanding.

Practice Standards

January 2020

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SWINDON CHILDREN'S SOCIAL CARE PRACTICE STANDARDS

PURPOSE

This Guidance is provided to Social Care staff to ensure clarity and consistency of operational practice. It will be used in conjunction with the Swindon LSCB Child Protection Procedures.

[Swindon Local Safeguarding Children Board Procedures](#).

Working Together to Safeguard Children 2018 See:

<http://www.workingtogetheronline.co.uk/>

Children's Services Procedures See:

<http://swindonchildcare.proceduresonline.com/chapters/contents.html>

Care Planning Regulations See:

<https://www.gov.uk/government/publications/children-act-1989-care-planning-placement-and-case-review>

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17. **INDEPENDENT REVIEWING OFFICERS**
See IRO Handbook
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/337568/iro_statutory_guidance_iros_and_las_march_2010_tagged.pdf

18. **FOSTERING** – See Fostering National Minimum Standards
<https://www.gov.uk/government/publications/fostering-services-national-minimum-standards>

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

1. CUSTOMER SERVICE STANDARDS		
Standard	Description	Responsible
There are Children's Services Customer Standards which can be found in the document below. Service Standards.docx	<ol style="list-style-type: none"> 1. Children and young people come first and are at the centre of everything we do together. 2. Staff work in a professional way and give children and families confidence in how we can work together. 3. You will see that communicating with people matters to us. This means that emails, telephone queries and messages will be acknowledged promptly. Often within 24 hours and certainly within three working days. 	All Staff

2. CONTACT AND INITIAL RESPONSE		
Standard	Description	Responsible
2.1- The contact records full basic details of the child/young person.	The contact 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 child's full name and date of birth to ensure they were correctly recorded from the outset.	MASH Advice & Information Officers
2.2- The contact records details of the child's ethnicity, nationality, first language, religion and any communication requirements.	These details will be completed in full at the outset of involvement with the child and will ensure that all future records are pre-populated with accurate information. Gathering information at the initial stages ensures that all needs arising from a child's ethnicity, nationality, language or religion can be identified and met.	MASH Advice & Information Officers
2.3- The contact records the date and time that information was received and the names and details of the referrer.	ICS date stamp or a manual stamp is required within the MTAG by worker- stating date, time and name of person.	MASH Advice & Information Officers
2.4- The contact records whether consent has been obtained from the parent or carer to the child/young person being referred to MASH.	The consent of the parent/carer (and child/young person if competent to give this) will always be obtained for a referral to be made except where the child is considered to be suffering or at risk of suffering significant harm. It is important to clarify whether this consent has been obtained to assist and support the Social Worker in making contact with the family. Best practice would be to record when, by whom and how this consent has been obtained. If consent is not obtained, this will be clearly recorded.	MASH Advice & Information Officers
2.5- The contact records information relating to any previous involvement with the child/young person. The contact will start a chronology for the	This will include details of whether it is a re- referral, i.e. there has been a previous contact regarding this child in the past 12 months and details of any previous dates when the child was Looked After or subject to a Child Protection Plan. Best practice would identify any other	MASH Social Worker

child using the agreed template in order to inform the outcome of the contact.	previous involvement with the child for example dates of any assessments and outcomes.	
2.6- The contact records details of the child/young person's parents and significant others, e.g. siblings.	Gathering information in relation to parental responsibility and significant family members, where known. Supports the assessment process and ensures there is clarity about with whom the child is living and other members of the household. It is also important that information is sought in relation to significant family members who are not part of the household to ensure that a full picture of a child's circumstances is obtained and recorded from the outset. Information known regarding the father will be explicitly recorded.	MASH Social Worker
2.7- The contact records details of other professionals involved with the child as far as can be ascertained.	Recording this data commences the process of information gathering that informs decision-making with regard to further actions and assessment required. The Duty Social Worker will record details of all professionals involved with the child as far as it is ascertained.	MASH Social Worker
2.8- When a contact is received regarding a child who lives in another area or is known to another area, contact must be made with the other Local Authority and a written notification to that Authority made. If the child is transferring in to the Swindon area, then further historical information will be obtained from their previous Authority including any current PLO processes.	This includes ascertaining if the child is subject to a Child Protection Plan or Looked After. If either is the case, then the BSTL for the Quality Assurance Team will be notified.	MASH Social Worker
2.9- The contact records whether the child/young person has a disability.	Children with a disability are Children In Need and have the same rights to be protected from harm and their welfare promoted as non-disabled children. They also have additional needs and some different experiences. In delivering services to children with a disability specific and sometimes specialist arrangements need to be made and early identification of any need arising from a disability will lead to better service delivery and outcomes. If the threshold for the Disabled Children's Team is met then a referral will be sent directly to the DCT. If not and threshold for S17 or S47 is met, then the child will be processed in the same way in MASH to ACP.	MASH Social Worker
2.10- The contact records details of the reason for the contact and services being requested. Including an	The contact will outline the information provided by the referrer and their reason for referring the child/young person at this time. In reaching a decision about the referral made to MASH, the MASH Manager	MASH Manager

evaluation of the information provided and details of additional information sought to inform the decision making process.	may seek additional information from other sources about the child such as school or health.	
2.11- The contact gives full consideration to indicators of risk and significant harm.	Upon receiving a contact, further information will may need to be gathered and the contact screened and evaluated on the day or within 24 hours of receipt. This will include any actions required to fully assess the child's situation. If appropriate, the context of any available historical information- the Duty Manager will identify any risk to the child and the likelihood of significant harm. The Duty Manager will provide analysis of information received and actions with pathway for the case to proceed within their rational and management oversight.	MASH Manager
2.12- The contact records details of people consulted in reaching decision on the referral and management oversight and rational for decision making.	In determining further action to be taken in relation to information received, the Duty Manager will record clear action and management oversight. A different MASH Manager will sign off the final decision and pathway of case. It is important this is recorded to evidence management oversight and decision making.	MASH Manager
2.13- The referrer is informed in writing of the outcome of the contact and a case note added in the recorded child's record to confirm this has taken place.	The worker will acknowledge the contact and feedback to other professionals (as appropriate) within 48 hours informing them in writing of the decisions made and action to be taken.	MASH Social Worker/ Business Support
2.14- The contact is discussed with the child as appropriate and his/her parents/carers and recorded on the contact.	It is appropriate to discuss with the child (as appropriate) and their parent's/carer's the fact that a contact has been received and the proposed action from the service in response. Any views from the child and his/her parent's/carer's regarding the contact will be clearly recorded.	MASH Social Worker
2.15- The contact is finalised by the Duty Manager. The contact is finalised within 24 hours unless it is a Child Protection Referral/ Police Notification which will be completed within 4 hours and progressed to ACP.	The Duty Manager is responsible for reviewing the information recorded by the MASH Information Officer or Duty Social Worker and the quality assurance of the contact. Once a contact has been completed by the Social Worker, it will be sent to the Duty Manager to review/authorise. Once the decision and management oversight of sign off has been recorded with the pathway for the case, a workflow message will be sent to Business Support to create a referral record and allocate to the responsible ACP pod, stepdown to Early Help Hub or closed with rationale recorded.	MASH Manager
2.16- Cases identified as closed by another Social Work Team under the 13 Week Rule.	All contacts will be processed within MASH then sent to the relevant team.	MASH Manager

	<p>The MASH Manager will ensure there is a management oversight on the contact and assign the contact to the last team & Manager that provided the statutory intervention. MASH Manager will notify the relevant Manager/ team immediately of any immediate safeguarding concerns. This will be work flowed on ICS.</p>	
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3. STATUTORY ASSESSMENT

	<p>For Pre-Birth Assessments, please also refer to the Pre-Birth Assessment Procedures</p> <p>https://swindonchildcare.proceduresonline.com/chapters/p_pre_birth.html</p> <p>and the LSCB Pre-Birth Protocol</p> <p>https://www.proceduresonline.com/swcpp/swindon/p_prebirth_sg_unborn.html</p> <p>ACP will complete a brief Statutory Assessment of needs and risk and transfer to Locality for a full Pre-Birth Assessment.</p>	<p>ACP SW/ATM/TM</p>
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Standard	Description	Responsible
<p>3.1- The case is allocated to a suitably trained and experienced worker who has the capacity to complete the work.</p>	<p>When allocating a Statutory Assessment, the Duty Manager will consider who would be the most appropriate to complete the assessment. Factors which will be taken into consideration in this regard include:</p> <ul style="list-style-type: none"> • They are a Qualified Social Worker. • They have relevant experience. • Any planned leave/training. • Current workload. <p>Where the assessment is likely to be complex due to a long history, factors relating to numbers of children or multiple concerns (drugs, substance misuse, neglect & housing for example) then consideration will be given to the duration for the timescale the assessment will take to complete.</p>	<p>Manager</p>
<p>3.2- A ‘face to face’ discussion will take place between the worker and the allocating Manager at the point of allocation.</p>	<p>Although allocation will take place electronically within the electronic system, this will not replace the need to speak with the worker. This discussion will include:</p> <ul style="list-style-type: none"> • The nature of the concerns/risks/strengths. • Historical involvement. • Timescale for visit to the child/family. • Who the worker will speak to following the initial visit. • The timescale for the assessment and checkpoints. <p>The Manager will review the progress of the assessment with the Social Worker at first agreed checkpoint and record outcome at this point. A</p>	<p>Manager & Social Worker</p>

	decision will be made as to whether the assessment is complete or needs to be extended due to presenting issues.	
3.3- There is clear record instruction as to the work to be completed during the course of the Assessment. The Manager will record the discussion on ICS as a management record.	<p>The Manager will record clearly an allocation note of rational and decision making for undertaking a Statutory Assessment within the instruction the tasks, which have been discussed with the worker. These will include:</p> <ul style="list-style-type: none"> • Requirement to commence a Social Work chronology. • Requirement to visit the child in a specified timescale. New Statutory Assessment requirement- the child will be seen within 5 working days. • Partner agencies with whom to consult/undertake joint visit. <p>Additional assessment tools to be used.</p>	Manager
3.4- At the first home visit made for the preparation of the assessment, the child/young person and his/her parent/carer is provided with a copy of: <ul style="list-style-type: none"> • Consent To Share leaflet. • Access To Records leaflet. • Complaints leaflet. • The Consent To Share . • Information leaflet is to be signed. 	<p>Children and their families will receive a transparent service and know their rights to complain and access to their records. Parent's consent will be sought before discussing a referral about the child with other agencies unless permission seeking itself may place the child at risk of significant harm. Consent from a young person aged over 14 years should also be considered. The case note of the first home visit will explicitly detail what information has been provided to the family, whether consent was obtained, details of anyone not included in the consent and where a copy of the signed consent is held. Exploration with the parents regarding who is aware of the referral will take place to identify significant people in their support network.</p>	Social Worker
3.5- The child/young person must always be seen as part of the assessment and spoken to where age appropriate. Babies and young toddlers will be assessed by way of visual interaction and presentation.	<p>In undertaking an assessment, the child/young person must be seen to ensure their safety and wellbeing. Good practice is to see the child on their own with evidence/explanation if this cannot take place. With the exception of babies and young toddlers, the child will be spoken to alone by the Social Worker in order to gain an insight into the child's world.</p> <p>The wishes and feelings of children and young people will be sought through their preferred communication method as this is likely to influence and shape both assessments and service provision. Specialist input will be considered where a child has a disability which affects their communication. Children who have complex health needs or disabilities and with whom communication may not be fully established, will be seen and observations of their behaviour and demeanour systematically made</p>	Social Worker

	<p>and recorded. The worker will also obtain information from a range of people who know the child well to build up a picture of what life is like for the child and to identify signs that indicate changes or raise concerns. Similarly, an understanding of the child/young person's views and wishes will be built up in this way.</p> <p>Where a child is not seen as part of the assessment, the reasons need to be clearly recorded within the assessment, which is authorised by the Line Manager. This will ensure that any assessment is child focused.</p> <p>Every assessment must be informed by the views of the child as well as the family. Children will be seen alone, wherever possible, and their wishes and views sought regarding the provision of services to be delivered.</p>	
<p>3.6- The assessment record clearly, explicitly and separately records all of the following:</p> <ul style="list-style-type: none"> • Reason for the assessment. • Child's developmental needs. • 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. 	<p>Information will be gathered from a variety of sources to inform the 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 assessment will cover the three domains and dimensions as detailed in the Framework for the Assessment of Children in Need and their Families.</p>	<p>Social Worker</p>
<p>3.7- The assessment will take into account any previous involvement with the child/young person and the current assessment is set in the context of the historical information.</p>	<p>Previous involvement with the child and his/her family is critical information to support the evaluation and assessment of the current presenting needs. Any assessment of a child will be set in the context of previous involvement and concerns as this may highlight any emerging patterns or indicators of risk or harm in this family.</p> <p>The chronology provides a summary of previous involvement with the child and/or their family to provide the historical context.</p> <p>If the family have moved from another area, then information will be sought from that Authority. If a child/sibling has been removed from any parent a full Statutory Assessment will be completed, giving careful consideration to whether legal advice is sought and to evidence the rational for seeking, or not, advice from Legal. This will be recorded within the Social Worker</p>	<p>Social Worker</p> <p>ATM/TM</p>

	analysis and the management oversight of the Statutory Assessment.	
<p>3.8- The record will detail the date/s the child/young person and family members were seen for the purposes of preparing the assessment and clearly, explicitly and separately record:</p> <ul style="list-style-type: none"> • The wishes and views of the child/young person. • The wishes and views of the parents/carer. 	<p>The wishes and views of the child/young person and their parent/carers will be recorded in the relevant sections within the assessment. Every effort is made to contact an absent parent, where appropriate, and evidence their role within the child's life. This is critical information that will be gathered as part of the assessment process and contribute to the social work analysis.</p>	Social Worker
<p>3.9 - The assessment records the names and designations of all agencies/professionals that were consulted in the preparation of the assessment.</p>	<p>In preparing an assessment, all agencies and or professionals that have had recent contact with the child will be consulted. They can provide vital information about the child sometimes of involvement over a long period of time which can inform and strengthen the assessment. Dependent on the complexity of the assessment, an Assessment Planning Meeting will be convened at the outset of the process to identify what information is required and who will provide this. Details of those who contributed to the assessment will be recorded in the assessment record. If information is requested, but has not been provided within timescales, this will be evidenced within the assessment and then this will be noted once received and recorded in the case notes. If the information is significant, a new assessment will be started, information included and analysis and recommendation updated.</p>	Social Worker
<p>3.10- 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. Where there are concerns of a child protection nature there <u>must</u> be a detailed risk analysis of the level of risk to the child contained within the assessment.</p>	<p>The most important part of the assessment process is the analysis and recommendation of information gathered in response to the issues identified in the referral and the implications of this for the protection and welfare of the child. The Social Worker will identify any indicators of risk or harm or impairment to child's welfare as well as protective factors that will keep the child safe.</p>	Social Worker

<p>3.11 - The outcome of the assessment is recorded and details of what further action, if any, is to be undertaken including the reason for this. The assessment record will explicitly detail:</p> <ul style="list-style-type: none"> • Any indicators of significant harm or impairment to the child's welfare. • Protective factors. • What needs to change or happen to improve the child's experience. • What services are required to ensure that the identified needs of the child are met. 	<p>Every assessment will be focused on outcomes for the child, deciding which services and support to provide to deliver improved welfare for the child.</p>	<p>Social Worker</p>
<p>3.12- There is documentary evidence that the child/ young person and his/her parent/carer was informed of the outcome of the assessment and provided with a copy.</p>	<p>Assessments are undertaken in partnership with families and the completed assessment will be shared with the child (dependent upon age) and his/her parent/carer and provided with a copy. Nonresident fathers or absent parents/carers will also be consulted if appropriate and all people with parental responsibility will be considered and included in assessments. This ensures that they fully understand the reasons for decisions reached by the Social Worker, have the opportunity to challenge the decision making process and can correct any factual inaccuracies in the record.</p>	<p>Social Worker</p>
<p>3.13- The assessment outlines an initial plan to safeguard and promote the child/young person's welfare.</p>	<p>Upon completion of the assessment, the Social Worker will complete an initial plan outlining his/her view of the services required to meet the needs of the child.</p>	<p>Social Worker</p>
<p>3.14- The assessment is authorised by a Manager.</p>	<p>It is the role of the Manager to ensure that the quality of the assessment meets the required standards 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. Where appropriate, evidence based research will support the analysis and conclusion of assessment. Once the assessment has been completed by the Social Worker it will be forwarded to the Manager to review, provide rationale and agree decision and authorise. Authorisation is recorded in the required authorisation field in ICS system. An entry by a Manager in this section confirms the assessment has been agreed and authorised.</p> <p>If the assessment identifies that only one child will be a Child In Need, then the Team Manager sign off the assessment can be duplicated to all children and only</p>	<p>Manager</p>

	one CIN plan completed for the specific child.	
3.15- A Statutory Assessment will be completed at specific points for a child/young person-	<ul style="list-style-type: none"> • When a Section 47 Enquiry has been initiated. • Where the child/young person has been an open case for 12 months and it is proposed that they remain open for a further period. • Prior to a child/young person becoming Looked After. • Prior to a child returning home from care. • Where the Line Manager believes it would be necessary. • 6 monthly if the child is subject to a CP Plan for longer than 3 months. • Once a year for all children Looked After to inform a new Care Plan . <p>NB If a child has had a CPR completed within the 12 month period, then this can be counted as a completed Statutory Assessment due to the level of detail within this document.</p> <p>When a child is stepped down from a CP Plan</p>	Manager
3.16- A Statutory Assessment will be updated as a minimum at least once in any 12 month period. Specific points where the update will be actioned for a child/young person are-	<ul style="list-style-type: none"> • When there is a proposed significant change to a child/young person's Care Plan. • Where the Line Manager believes it would be necessary. • Prior to every Child Protection Conference. • Assessment will be an ongoing process, with the impact of services informing future decisions around action. 	Social Worker Manager
4. CHILD IN NEED PLANNING		
Standard	Description	Responsible
4.1- A Child In Need Planning Meeting will be held within 10 working days from when the assessment identifies the child is in need. The meeting will normally be chaired by the Social Worker and must be informed by the Line Managers' analysis as part of the Statutory Assessment.	The plan will be prepared outlining the outcomes to be achieved and services delivered to meet the assessed needs.	Social Worker
4.2- The plan will explicitly detail:	Where the outcome of the assessment is continued social care involvement, the Social Worker and their Manager will agree a plan of action with the child and their family and other professionals. The plan will set out what services are to be provided and what actions are to be undertaken, by whom and for what purpose. The actions outlined in the plan will be SMART-	
<ul style="list-style-type: none"> • The outcomes to be achieved. • The action required to achieve the outcome. 		

<ul style="list-style-type: none"> • Timescales for actions to be completed, either a target date or frequency. • Who is responsible for the implementation of the action. 	<p>specific, measurable, achievable, realistic and have set timescales.</p> <p>Terms like 'ongoing' and 'ASAP' are unacceptable and not to be used.</p>	
<p>4.3- The plan will state the minimum visiting frequency required of the Social Worker.</p>	<p>The plan will explicitly detail the minimum frequency that the Social Worker will visit the child and his/her family. The minimum visiting frequency will be individually determined based on the needs of the child but will not be less than the departmental minimum visiting frequency standards of 4 weekly.</p>	<p>Social Worker</p>
<p>4.4- The plan is prepared in consultation with the child/young person and his/her parent/carer and their views are recorded on the plan.</p>		<p>Social Worker</p>
<p>4.5-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.</p>	<p>The plan will be implemented by the team around the child led by the Social Worker and as such, it is essential for other 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 there is no duplication of service delivery.</p>	<p>Social Worker</p>
<p>4.6- The child/young person, his/her parent/carer and all interested parties are provided with a copy of the plan.</p>	<p>The plan will be distributed within 5 working days of the first CIN meeting.</p>	<p>Social Worker</p>
<p>4.7- A date is set for a review of the plan and the maximum 'life' of a plan is 6 months. If objectives have not been achieved within this timescale a new plan will be formulated and consideration given to child protection procedures being initiated to prevent drift.</p>	<p>Plans are developed based on assessment on need and a child's needs are likely to change over time. The plan will clearly state when the plan will be reviewed and who is responsible for initiating this review.</p>	<p>Social Worker Manager</p>
<p>5. REVIEW OF CHILD IN NEED PLAN</p>		
<p>Standard</p>	<p>Description</p>	<p>Responsible</p>
<p>5.1- CIN reviews will be held on a 12 weekly basis The first CIN review will normally be chaired by the allocated Social Worker. If the case is complex or not progressing it is a requirement that the Line Manager will chair the CIN review.</p>	<p>CIN Planning Meetings and Reviews will include the child and family and other professionals as appropriate. Plans will be regularly reviewed by the Multi-Agency Team around the child to ensure that the plan remains relevant, the services delivered are effective and time-scales for action are being achieved.</p>	<p>Social Worker/ Manager</p>

<p>5.2- The review monitors progress against the implementation of the plan and this is explicitly recorded with any concerns or changes to the plan.</p>		<p>Social Worker/ Manager</p>
<p>5.3- Any new information received about the child is evaluated and responded to.</p>	<p>Through the Child In Need Review process, the team around the child will share information about the child and this information evaluated in the context of the assessment and plan. Assessment will continue throughout the period of intervention and professionals need to keep their judgments under constant critical review being willing to respond to and challenge new information.</p>	<p>Social Worker/ Manager</p>
<p>5.4- The child/young person and his/her parent/carer are supported to participate in the review process.</p>	<p>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 will be fully prepared for any meeting understanding who will be there, the purpose of the review and how they will participate in the process.</p>	
<p>5.5- Interested parties, e.g. other agencies/professionals are engaged in the review process.</p>	<p>Other professionals will 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.</p> <p>Other agencies will be made aware of the thresholds for social care involvement and also they will be made aware of any contribution they may need to make to 'step down' arrangements.</p> <p>The chair of the 2nd CIN review will be the social worker's Line Manager.</p> <p><u>There is an expectation that children do not remain in CIN planning for more than 6 months. In order to ensure this is robustly monitored the second CIN review, held 6 months after the initial plan was agreed will need to consider the progress of the CIN plan and the impact on the child. A decision must be made at the final review to either follow the step down or step up process. Risk Assessment will inform this decision making process.</u></p>	<p>Social Worker</p>
<p>5.6- Children In Need cases held in the DCT Support Team.</p>	<p>All DCT Support Team CIN cases will be subject to the reviewing and assessment procedure below:</p>	
<p>Assessment</p>	<ul style="list-style-type: none"> Assessments will be conducted on an annual basis as a minimum or more frequently if there is a significant change in the child's circumstances. 	<p>Social Worker</p>

	<ul style="list-style-type: none"> Assessments will be completed by a qualified Social Worker. 	
Review	<ul style="list-style-type: none"> Child in Need reviews will be held every six months and the child's plan will be updated following this meeting. The child's plan will be counter signed by the Manager of the DCT Support Team. 	Social Worker
Visiting Frequency	<ul style="list-style-type: none"> Children having overnight short breaks will receive a visit from the DCT Support Team every 6 weeks. They will be seen by the DCT Support Team in their Short Break placement on an annual basis. Children not having overnight short breaks will receive a visit from the DCT Support Team every 12 weeks. 	Social Worker
6. CHILDREN IN NEED STEP DOWN PROCESS		
	When a child has been supported under a Child In Need (CIN) Plan and no longer requires statutory interventions, the family will be considered for support by Early Help Services and the step down process must be followed, with consent from the parents/carer.	
Standard	Description	Responsible
6.1- Before the Final CIN /Step Down meeting.	Social worker recommends to their Team Manager/ATM that case can step down within supervision or a case discussion Team Manager/ATM confirms that the case can step down to Early Help Services. The case will be placed on the Transfer Summary to request Early Help support. At the final CIN review chaired by the TM the decision will be made in relation to step down.	Manager/ Social Worker
6.2- At the final CIN Review.	A Manager will chair the CIN meeting and share an up to date assessment and confirms the decision to step down to Early Help support.	Social Worker
6.3- The final CIN Review will then include a Step Down discussion.	Social Worker develops the plan with the Early Help Practitioners and the family using the Early Help Record Plan paperwork. The plan will have clear goals, actions, timescales and responsibilities and can be handwritten, signed and scanned and shared in real time.	Social Worker
6.4- At the end of the Step Down meeting, the Early Help Lead Practitioner explains the next steps.	If the new plan identifies the need for a Team Around the Child and Family (TAC) Meeting, the date of the next meeting is arranged and the participants agreed. The TAC meeting must take place within six weeks. If the family are to be supported by a single service, no TAC meeting is required but reviews are completed and submitted.	Early Help Lead Practitioner
6.5- Following the last CIN Review/Step Down Meeting.	The Social Worker will complete the Closing Summary within 10 working days and share with the Early Help Lead Practitioner.	Social Worker

7. CASE RECORDING		
Standard	Description	Responsible
7.1- Case recording is child focused.	<p>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 child's experience of living within that family. What does it feel like to be this child living in this particular set of circumstances? The voice of the child must be listened to and Social Workers will ask themselves what the child is telling them.</p> <p>Recording will include the words of the child direct work with the child is essential to achieving child focused intervention to ascertain their views and understand the meaning of their experiences to them.</p>	Social Worker
7.2- A chronology of key events for the child is maintained up to date.	<p>The chronology is a means to provide an overview of events in the child's or young person's life and must be used by practitioners as an analytical tool to help them understand the impact, both immediate and cumulative, of events and changes of 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 rooted nature are identified and responded to. See Chronology Guidance in Resource Library of Tri-x Procedures.</p>	Social Worker
7.3- Case records are up to date within 24 hours.		Social Worker
7.4- All case records reflect professional practice.	<ul style="list-style-type: none"> • Use plain English rather than jargon. • Distinguish between fact and opinion. • Demonstrate a commitment to the principles of equality and valuing diversity. • Are respectful of the child/young person and his/her family and are not derogatory or judgemental. <p>Ensure child/parents views are recorded.</p>	Social Worker

<p>7.5 Case notes will detail:</p> <ul style="list-style-type: none"> • The date of the contact. • The reason for the contact. • Details of the contact. • The outcome of the contact and how this relates to the plan for the child. • Whether the child was seen and spoken to alone or not. • An analysis of the contact. • Any further action to be taken arising from the contact. 	<p>The recording of the visit must be focused on the child/young person and their experiences, not on the adult carers.</p> <p>If a child has not been seen within departmental guidelines or in line with the plan, the Team Manager will be informed and any agreed actions recorded in the case records. This will include discussion regarding disguised compliance and how the issue of parental engagement is being addressed.</p>	<p>Social Worker</p>
<p>7.6- Professionals supporting the child and his/her family are referred to in the records by name and designation.</p>	<p>The professional role must be stated in the first instance with either initials/name of the professional.</p>	<p>Social Worker</p>
<p>7.7- Case records show when information has been shared, and with whom.</p>	<p>Subject to Access Records Policy must be adhered to.</p>	<p>Social Worker/</p>
<p>7.8- Case records are accurate, grammatically correct and signed off by the worker completing the record.</p>	<p>Guidance in Resource Library of Tri-x Procedures.</p>	<p>Social Worker</p>
<p>7.9- Case records are subject to review and quality assurance in both supervision and file audit.</p>	<p>Social Workers and Managers will always reflect the latest research on the impact of neglect and abuse when analysing the level of need and risk faced by a child. This will be reflected in the case recording.</p>	<p>Social Worker Manager</p>
<p>8. CASE SUPERVISION</p>		
	<p>See Supervision Policy https://swindonchildcare.proceduresonline.com/client_supplied/sw_superv_pol.docx</p>	
<p>Standard</p>	<p>Description</p>	<p>Responsible</p>
<p>8.1- Each child/young person's case is supervised on a minimum of a three monthly basis or, for children subject to protection plans, a minimum of a monthly basis.</p>	<p>Regular supervision is essential to safe social work practice. It will provide a safe but challenging space to oversee and review cases. Please refer to the Supervision Policy.</p> <p>Critical reflection through supervision will strengthen the analysis in each assessment. Effective professional supervision can play a critical role in ensuring a clear focus on a child's welfare</p>	<p>Manager</p>

<p>8.2- Records of cases to be supervised will be reviewed by the Manager either prior or during the case supervision.</p>	<p>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 be reassured that the intervention with the child is outcome focused and complies with procedures.</p>	<p>Manager</p>
<p>8.3- A case supervision record is completed each time the case is supervised and explicitly details:</p> <ul style="list-style-type: none"> • Significant events since the last supervision. • Any key decisions made. • Actions to be taken by Social Worker with timescales. • Evidence of reflective challenge. 	<p>The supervision template will be completed to promote discussion, critical evaluation and ensure managerial oversight and decision making. Supervision will support professionals to reflect critically on the impact of their decisions on the child and the family. The Social Worker and the Manager will review the plan for the child. Together they will ask if the help given is leading to a positive change for the child and if the pace of change for the child is appropriate. The case supervision template will be fully completed and this will promote discussion, critical evaluation and ensure management oversight and decision making.</p>	<p>Manager</p>
<p>8.4- Case supervision demonstrates evidence of strong and effective management oversight.</p>	<p>Management oversight with all supervision with timescales for action to be completed.</p>	<p>Manager</p>
<p>8.5- A copy of the Case Supervision Record is stored in the child's record to highlight the case has been supervised.</p>		<p>Manager</p>

9. STANDARDS FOR VISITING

Standard	Description	Responsible
<p>9.1- All children will be visited by their Social Worker at an individually determined level agreed by the Social Worker and Line Manager through the planning or supervision process which enables the effective delivery of services.</p>	<p>The child's plan will clearly detail the minimum frequency at which the child is visited by his/her Social Worker and visits carried out at least in accordance with this minimum level. It is essential that children are seen and spoken to regularly by their Social Worker and this will often need to be more frequently than the minimum level outlined in the plan.</p> <p>Good social work practice will be guided by professional judgment based on the needs of the child.</p> <p>In order to safeguard children and ensure that minimum standards are in place, the service has determined minimum visiting standards as follows:</p> <ul style="list-style-type: none"> • Children in Need – 4 weekly or more frequently 	<p>Social Worker/ Manager</p>

if the assessment of their needs/individual circumstances identifies this as a requirement.

- **Children within the DCT support team having overnight short breaks** will receive a visit team every 6 weeks. They will be seen by the DCT support team in their Short Break placement on an annual basis.
- **Children within the DCT support team not having overnight short breaks** will receive a visit every 12 weeks.
- **Children subject to Protection Plans** – Every 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 10 working days.
- **Children 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 has been formally ratified as a long term placement via the permanency planning process until the child is 18 years old.
- It is expected that a joint visit with the child's Social Worker and SSW takes place between six monthly reviews.
- **If a child is placed with a parent under an ICO or with a connected person (Reg 24)** temporarily approved as a foster care visits at least weekly until the first review. Then the visits will be at intervals of not more than four weekly until the carer is approved or the final care proceedings hearing has been completed.
- **If a child is placed under a Care Order with parents** –within one week of the making of the Order then at least 6 weekly.
- **Children placed for adoption** – within 5 working days of placement and weekly until the first review, thereafter minimum of monthly until adoption is finalised shared with SSW or adopters/child's Social Worker.

10. PRE-BIRTH ASSESSMENTS-PLEASE REFER TO THE LSCB PRE-BIRTH PROTOCOL

https://www.proceduresonline.com/swcpp/swindon/p_prebirth_sg_unborn.html

Social Care pre-birth procedures

https://swindonchildcare.proceduresonline.com/chapters/p_pre_birth.html

Standard	Description	Responsible
10.1- Decisions regarding departmental action/necessary assessments taken early once a pregnancy is deemed viable.	The Statutory Assessment will commence at 16 weeks of the pregnancy and be completed by no later than 25 weeks of the pregnancy.	Social Worker
10.2- The Statutory Assessment will clearly summarise the presenting issues and identify next steps in the assessment and decision making process.	If the assessment identifies the need for a Child Protection or a Child In Need Plan, these will be in place by 24-28 weeks of the pregnancy at the latest. If the assessment identifies that the baby could not be protected in the care of it's parents, then a Public Law Outline meeting with parents will be arranged after the ICPC, and the parents will have received the letter before proceedings by the 24th -28 th week of pregnancy at the latest.	Manager
10.3- Information will be given to the parents clearly and in writing regarding any concerns over the welfare of the unborn child and the actions and assessments which the department need to undertake.		Social Worker
10.4- Historical information including any legal bundles or previous Child Protection information will be read by the allocated Social Worker.	The historical content will be taken into account during the assessment and subsequent decision making process. If the family have moved from another area then their records will also be obtained from that authority and read. If there has been a removal of a child within 3 years from either parent then an Initial Child Protection Conference will be held and PLO considered.	Social Worker
10.5- The assessment will be child focused and be clear about outcomes for the child.		Social Worker
10.6- Views of partner agencies who are/have been working with the parents will be taken into account during the assessment.		Social Worker
10.7- Parents will be kept informed throughout the assessment process and their wishes and feelings will be incorporated in the assessment.		Social Worker
10.8- Assessment will be agreed by the allocated worker's Line Manager. The Manager will finalise the assessment and make recommendations		Manager

regarding appropriate further action.		
11. CHILD PROTECTION STANDARDS		
	STRATEGY MEETING/DISCUSSION	
11.1- A Strategy Meeting/discussion takes place within a maximum of 48 hours of referral.	<p>A Strategy Meeting will take place in sufficient time to protect the child and within a maximum of three working days except in the following circumstances:</p> <ul style="list-style-type: none"> • For allegations/concerns, indicating serious risk to the child the Strategy Meeting/Discussion will be held on the same day as the receipt of the referral. • For allegations of penetrative sexual abuse, the Strategy Meeting/ Discussion will be held on the same day as receipt of referral to ensure forensic evidence. • Where immediate action is required the Strategy Meeting/Discussion must be held within 1 working day. • For allegations against staff that may result in disciplinary procedures; within 1 working day. • Where the concerns are particularly complex the Strategy Meeting must be held within a maximum of 5 working days but sooner if there is a need to provide immediate protection. <p>A Manager will chair strategy Meetings/Discussions. Wherever possible, a face-to-face Strategy Discussion will be convened in the first instance; if this is not possible a telephone conference will be held. A rota for Health representation is available when the Health Practitioners known to the family are unavailable.</p>	Manager
11.2- The strategy gathers information from and consults with key professionals involved with the child.	<p>Strategy Discussion/Meetings must involve children's social care, Police, health, the referring agency and other agencies, in particular the child's nursery/school.</p>	Manager
11.3- The reason for the Strategy Meeting/Discussion is clearly recorded.		Manager
11.4- The strategy record outlines information shared and an analysis of risk of significant harm to the child. The Strategy Discussion agenda will be followed.	<p>The tasks of the strategy meeting/discussion are to:</p> <ul style="list-style-type: none"> • Share available information. • Decide whether Section 47 enquiry assessment will be initiated based on whether there is evidence of likelihood of significant harm. • Consider if a single or joint enquiry is to commence. • Consider if the child will be ABE interviewed. 	Manager

	<ul style="list-style-type: none"> • Agree the conduct and timing of any criminal investigation. • Plan how the Section 47 enquiry will be undertaken including when the child(ren) will be seen and by whom and the need for medical treatment .All actions to be SMART. • Agree any action required to secure the immediate safety of the child. • Determine if legal action is required. • Determine what information will be shared with the family. • If an ICPC is likely then a request to the QA team will be made and an invite list sent within 24 hours. 	
<p>11.5- Information shared and action agreed is considered within the context of child's racial, cultural, religious or linguistic background.</p> <p>This will include establishing whether an interpreter is required.</p>	Ensure that ICS is up to date and information recorded in minutes.	Manager
<p>11.6- Any need arising from a disability is taken into consideration and appropriate plans put in place.</p>		Manager
<p>11.7- The strategy record details the decision of the discussion and meeting and reason for this.</p>	Any information shared, all decisions reached and the basis for those decisions will be clearly recorded by the chair of the Strategy Meeting/ Discussion and circulated via secure email within 48 hours to all invitees.	Manager
<p>12. SECTION 47 ENQUIRIES</p>		
<p>12.1- The Section 47 Enquiry/Statutory Assessment will be led by a Qualified and Experienced Social Worker and decision made within 5 working days. The Section 47 Enquiry will be signed off by a Manager within 5 working days.</p>	<p>During the enquiry the scope and focus of the assessment will be that of a risk assessment which:</p> <ul style="list-style-type: none"> • Identifies the cause for concern. • Evaluates the strengths of the family. • Evaluates the risks to the child/ren. • Considers the child's needs for protection. • Evaluates information from all sources and previous case records. • Considers the ability of parents and wider family and social networks to safeguard and promote the child's welfare. • Considers how these risks can be managed. • It is important to ensure that both immediate risk assessment and long term risk assessment are considered. 	<p>Social Worker Manager</p>

	<ul style="list-style-type: none"> • Where the child's circumstances are about to change, the risk assessment must include an assessment of the safety of the new environment (e.g. where a child is to be discharged from hospital to home the assessment must have established the safety of the home environment and implemented any support plan required to meet the child's needs). • At the completion of a S47 enquiry, LA Children's social care must evaluate and analyse all the information gathered to determine if the threshold for significant harm has been reached. <p>The outcome of the s47 enquiries may reflect that the original concerns are:</p> <ul style="list-style-type: none"> • Not substantiated; although consideration will be given to whether the child may need services as a child in need. • Substantiated and the child is judged to be suffering, or likely to suffer, significant harm and an initial child protection conference will be called. 	
<p>12.2- All children in the household must be visited, seen and spoken to during a Section 47 Enquiry and their views recorded. Those who are the focus of the concern will be seen alone, subject to age and with parental permission.</p>	<p>Children are a key and 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 minimizes distress; leading or suggestive communication will always be avoided. Children may need time and more than one opportunity to develop sufficient trust to communicate any concerns they may have.</p>	<p>Social Worker</p>
<p>12.3- Consideration will be given to seeing the whole of the household – including bedrooms.</p>	<p>Particularly where concerns which have led to the Section 47 Enquiry are around neglect or sexual abuse it is important for the Social Worker to have a picture of the physical layout of the house. Ascertaining for example if children have their own beds.</p> <p>A decision in these cases not to view the children's bedrooms will be overseen by the Social Worker's Line Manager.</p>	<p>Social Worker</p>
<p>12.4- The child's parents/carers will be interviewed and their views recorded.</p>	<p>The Local Authority has a duty to work in partnership with parents. In the majority of cases, children remain with their families following Section 47 enquiries, even where concerns about abuse or neglect are substantiated. As far as possible, enquiries will be conducted in a way that allows for constructive working relationships with families and parents/carers are given an opportunity to express their views and these are taken into consideration.</p>	<p>Social Worker</p>

<p>12.5- The needs and safety of all children in the household are considered and assessed.</p>	<p>Those making enquiries about a child will 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.</p>	<p>Social Worker</p>
<p>12.6- Non-resident parents, others with parental responsibility, as well as parents with parental responsibility for other children who have contact with the possible perpetrator(s) and significant others are appropriately involved and their views recorded.</p>		<p>Social Worker</p>
<p>12.7- A Statutory Assessment is automatically commenced at the same time as a Section 47 enquiry is initiated.</p>	<p>This will cover all relevant dimensions in the Framework for Assessment of Children In Need and their families, in addition to the child protection concerns. Information will be gathered in a systematic way and will include the history of the child, family and household members including any previous specialist assessments and an analysis of risk.</p>	<p>Social Worker</p>
<p>12.8- At the completion of the enquiries, the Line Manager with the Social Worker considers whether there is evidence that the child has suffered and is at ongoing risk of significant harm, and whether the threshold is met for an Initial Child Protection Conference or support can be provided within a child in need plan</p>	<p>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 enquiries including relevant professionals and the child/ parent. The information should be recorded on the outcome of Section 47 Enquiries. If multi-agency decision making concur for an Initial Child Protection Conference to take place and at a later stage, social care deviates from this decision; another strategy meeting is to be called to ensure all agencies concur with the decision making.</p>	<p>Manager</p>

13. CHILD SUBJECT TO A PROTECTION PLAN		
13.1- 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.		Manager
13.2- By day 5 of the S47, the request for ICPC is confirmed and the Social Worker completes the invite list for the ICPC and send to the QA Team.		Manager/ Social Worker BSTL QA TEAM
13.3- The Initial Child Protection Conference (ICPC) is held within 15 working days of the Strategy Meeting/Discussion that commenced the S47 enquiries. Prior to the Conference, the chair will meet with the parents to explain the process.		Manager BSTL QA TEAM CP Chair
13.4- An ICPC must consider all children in the family or household as appropriate to the assessment of likely or actual significant harm.	Even where concerns are being expressed only in relation to one child, all children must be identified and the risk of significant harm to them assessed.	Child Protection Chair, Social Worker & all other agencies
13.5- .The social work report includes a detailed analysis of the information for the child's future safety, health and development.	The social work information to the conference will include: <ul style="list-style-type: none"> • The potential or likely danger or harm to the child/dren. • A chronology of significant events and agency and professional contact with the family, incorporating all historical information. • Information on the child's current and past state of developmental needs. • Information on the capacity of the parents and other family members to ensure the child is safe from harm and to respond to the child's developmental needs within their wider family and environmental context. 	Social Worker

	<ul style="list-style-type: none"> Views, wishes and feelings of the child, parents and other significant family members. An analysis of the information gathered in the S47 Enquiry and assessment of significant risks and needs and the implications of the information obtained for the child's future safety and meeting his/her developmental milestones. Recommendations to the conference with outline plan. <p>Consideration is given to how best to include partners who are known to have been violent/intimidating in the Child Protection.</p>	
<p>13.6- The social work report is prepared and shared with the child/young person (where appropriate) and parents/carers 48 hours prior to the Initial Child Protection Conference.</p>	<p>The social work report for the ICPC will include the outcome of the section 47 enquiry report and single assessment to date. The report will reflect the parents/young person views about the report and the assessment of risk/need. A copy will be available to the Conference Chair 2 working days prior to the ICPC.</p> <p>NB as per the Case Transfer Policy if the case is within ACP, then the allocated Social Worker from the social work team will attend the Initial Child Protection Conference.</p>	<p>Social Worker</p>
<p>13.7- The child (where appropriate) and parents/carers are supported to contribute meaningfully to the conference and their views recorded and taken into account.</p>	<p>Attendance at a conference must be carefully planned, the Social Worker will 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 and friend, support or advocate and the complaints procedure.</p> <p>The Conference Chair will meet with the parents/carers and child/young person prior to the conference to set out the process and clarify how everybody will participate and share their view.</p>	<p>Social Worker</p> <p>CP Chair</p>
<p>13.8- The conference minutes have sufficient detail to provide the reader with an understanding of the information shared, issues discussed and reasons for decision reached.</p>	<p>The record of the Child Protection Conference is a crucial document for all relevant professionals and family members and will include:</p> <ul style="list-style-type: none"> What are the risks for the child(ren). What is working well. What needs to change. Future harm to the child if risks don't decrease. A summary of the discussion which accurately reflects contributions made by professionals and family members. All decisions reached with information outlining 	<p>CP Chair</p>

	<p>the reasons for the decision including safety goals needed.</p> <ul style="list-style-type: none"> • A translation of decisions into an outline Child Protection Plan enabling everyone to be clear about their tasks which is clear about what needs to change and how improvements will be measured. The outcome of the ICPC is recorded on the system and circulated within 24 hours. The combined Record and Plan is circulated within 5 working days. 	
13.9- The Chair's summary accurately assesses the risk and likelihood of significant harm. The Child Protection minutes will be circulated within 20 working days of the Conference.		<p>CP Chair</p> <p>CP Chair/QA team</p>
13.10- An outline Protection Plan which is outcome focused is discussed in conference and produced within 1 working day of the conference, formally signed by core group at 1st meeting within 10 working days.	<p>The outline Protection Plan will 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.</p> <p>The outline protection plan drawn up by conference members includes:</p> <ul style="list-style-type: none"> • What further action is required to complete the single 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. • Required outcomes linked to risk and promoting the child's welfare. • Identification of what needs to change in order to achieve the planned outcomes. • Time limited, short and longer term objectives with responsibilities for tasks ascribed to specific members of the conference. <p>A method of monitoring and evaluating progress.</p>	<p>Manager</p> <p>Core Group Members</p>
13.11- The Protection Plan clearly outlines what action will be taken in the event that parents/carers do not cooperate with the plan.	<p>Consideration of a contingency plan and the circumstances that would necessitate its use.</p>	<p>Conference Members</p>
13.12- Where the Initial Child Protection Conferences decides that the child does not need to become the subject of a plan,	<p>The conference together with the family will consider the child's needs and what further help would assist the family in responding to them. Where appropriate, a child in need plan will be drawn up and reviewed in</p>	<p>CP Chair</p>

<p>the conference will consider whether recommendations will be made for services to be provided to the child.</p>	<p>accordance with the standards.</p>	
<p>13.13- The first Core Group meeting must be within 10 working days of the conference to produce an outcome focused detailed Protection Plan and this is distributed to family and professionals. This meeting will be chaired by a Manager.</p>	<p>The detailed child protection plan will:</p> <ul style="list-style-type: none"> • Have the child and his/her needs at the centre of the plan. • Describe the identified developmental needs of the child and what therapeutic services are required. • Include specific, achievable, child focused outcomes intended to safeguard and promote the welfare of the child. • Include realistic strategies and specific actions to achieve the planned outcomes. • Clearly identify roles and responsibilities of professionals and family members including the nature and frequency of contact by professionals with children and family members.. • Lay down the points at which progress will be reviewed and the means by which progress will be judged <p>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.</p>	<p>Manager Social Worker</p>
<p>13.14- The Core Group meetings are attended 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 Core Group meets 4 weekly to monitor the progress of the CP Plan.</p>	<p>All members of the Core Group are jointly responsible for the formulation and implementation of the Protection Plan, refining the plan as needed and monitoring progress against the planned outcomes set out in the plan.</p>	<p>Social worker/Core Group members</p>
<p>13.15- The Review Child Protection (RCPC) Conference must be held within 3 months of 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.</p>		<p>CP Chair</p>

<p>13.16- The Social Worker's report to the RCPC is prepared and shared with child/young person/ parents/carers 5 working days before conference.</p>	<p>The report to conference will be provided to the parents and the allocated Child Protection Chair and where it is believed to be in the child's best interest, the child before any review conference to enable any factual inaccuracies to be identified and amended and areas of disagreement noted. The Child Protection Chair will share the report with all involved professionals.</p>	<p>Social Worker CP Chair</p>
<p>13.17- 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 plan will be developed.</p>	<p>The discontinuing of a Child Protection Plan will never lead to automatic withdrawal of help. The conference will give full consideration to and make recommendations regarding what services might be wanted or required. The Social Worker will use these recommendations to form a child in need plan.</p>	<p>CP Chair Social Worker</p>
<p>14. CHILDREN LOOKED AFTER</p>		
<p>14.1 The approval to look after the child is based on a Statutory Assessment and approved by the Care Panel.</p>	<p>When an assessment identifies that a child will become Looked After, approval will be sought from the Care Panel. The assessment will provide clarity regarding the length and type of placement for the child to be Looked After. A child will only become Looked After where an assessment has been completed and determined it is in the child's best interests to do so and other options have been fully explored. NB There will undoubtedly be situations where children become Looked After in an emergency. Approval for this needs to be given by the Director of Social Work and discussed at the next Care Panel. The principle will be that a Statutory Assessment is completed quickly in these circumstances to inform future plans for the child or young person.</p>	<p>Social Worker</p>
<p>14.2 The process of a child becoming Looked After will wherever possible, be planned and child focused.</p>	<p>Where, through a child protection enquiry it becomes apparent that a child is at immediate risk of significant harm, an emergency placement will be sought to secure the child's safety. In all other circumstances, the process of placing a child in care will be planned, with the child being able to visit his/her prospective placement and meet carers and a placement planning meeting held to agree the arrangements for the child coming into care. This will minimize the potential harm and distress to the child upon separation from his/her parents and maintaining stability for the child.</p>	<p>Social Worker</p>
<p>14.3- Alternative to care - Kinship care options have been thoroughly explored.</p>	<p>Care by a relative will be considered in all cases before any decision is made that a child will come into care. Family group conferences are a good way of ensuring that all resources within the child's wider social networks have been tapped to benefit the child</p>	<p>Social Worker Line Manager</p>

<p>14.4- Child has been provided with information pack upon becoming Looked After (including details of complaints procedure and advocacy services).</p>	<p>Children will receive a transparent service and know their rights to complain and see any records. Children will be provided with information relating to their placement, advocacy and independent visitor services and these will be discussed with the child to ensure s/he is aware of their rights and services available to them.</p>	<p>Social Worker</p>
<p>14.5- The Placement Plan is completed prior to the placement (except in emergency placements when it will be completed with 5 days from the start of the placement), is authorised by the Line Manager and signed by all parties and distributed. The Plan will include clarity regarding delegation of authority. Managing the relationship between a Looked After child's parents (or other carers with parental responsibility) the Local Authority, the foster carer(s) is challenging, particularly as those providing the day-to-day care do not hold parental responsibility.</p>	<p>To promote the child's welfare and fulfil the local authority's duty to safeguard, wherever possible, the most appropriate person to take a decision about the child has the authority to do so, and that there is clarity about who has the authority to decide what. Failure to delegate appropriately, or to make clear who has authority to decide what , can make it more difficult for foster carers and residential workers to carry out their caring roles</p>	<p>Social Worker</p>
<p>14.6- The QA Service, the Looked After Children health team and the Virtual School are notified that a child has become looked after within 24 hours. Social Worker places L flag on the child's file.</p>		<p>Social Worker</p>
<p>14.7- The Care Plan is fully completed prior to the placement or in emergency situations within 10 working days. The Plan identifies intended outcomes and how these will be achieved.</p>	<p>The child's Care Plan will be based on an up to date assessment of the child's needs and detail the services to be provided to meet these. The overall aim of the Care Plan is to reflect the plan for permanence for the child as agreed at the second review. Between the first and second review a permanency planning meeting will be convened and the child's permanency plan agreed. The IRO ensures that the child's Care Plan is based upon an up to date and comprehensive assessment of need 3 working days before the review. PEPS/Health Care Plans/Pathway Plans will be quality assured at least 3 working days prior to the Review.</p>	<p>Social Worker IRO</p>

14.8- The Care Plan outlines the wishes and views of the child/young person and his/her parent/carer	Children and their birth families are important partners in the care planning process in line with statutory requirements.	Social Worker
14.9- The Care Plan clearly details arrangements for contact between the child and his/her parents/ siblings and this is communicated to child/ parent/sibling/carer.	The arrangements for contact must be at the heart of care planning including in processes and procedures related to adoption. Links with family and friends are vitally important to children Looked After and provide important continuity and a sense of identity. Once a child becomes Looked After, making appropriate arrangements for contact will be an early priority ensuring the child is able to see significant family members whilst maintaining their safety and wellbeing. The Social Worker will observe contact and be able to report on and analyse its content and quality to inform future contact arrangements for the child.	Social Worker
14.10- Effective work is undertaken with the child and family to enable those children who can return home to do so in a timely way.	Children will not remain in care longer than is absolutely necessary and wherever possible arrangements will 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 will be planned via Review processes to include discussions related to the need for a Child Protection or CIN Plan. Where a child becomes Looked After the assessment will be the baseline for work with the family. Any identified needs will be addressed before decisions are made about return home. A Statutory Assessment is required before a child returns home (Care Planning Regulations 2010). This will provide evidence of necessary improvements to ensure the child's safety when they return home.	
14.11- A Health Assessment is completed within the first 20 days and before the first Looked After Child Statutory Review, 3 months, is reviewed annually (6 monthly for children under 5).	Statutory Health Assessments are able to identify health needs and health neglect that may otherwise go unrecognised.	Social Worker Designated Nurse
14.12- The child/young person has an annual dental check.	Minimum 6 monthly check up.	Social Worker/ Carer
14.13- The Personal Education Plan (PEP) will 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	It is important that there is an up to date record of the child's school and social workers work in partnerships with schools, Virtual School officers and designated teachers to promote a child's education, track their progress and agree and set priorities and targets. If the child is subject to a EHCP then the PEP will be linked into this process. The child's PEP is held within 20 days of the child	Social Worker/ Designated Teacher

Statutory Review.	becoming looked after and then yearly or more frequent if educational needs are identified	
14.14- Educational stability is maintained whenever a new or changed placement is being considered particularly at key educational stages such as GCSE and A-Level exams.	Educational outcomes for Looked After children are poor compared with their peers. Many Looked After children experience multiple schools, disrupting their education and relationships and their likelihood of success especially at GCSEs. Research highlights the importance of educational achievement in promoting resilience and pathways out of poverty. Where a young person is in their GCSE year Social workers must consult with the Virtual Headteacher where a young person is coming into care or changing placement.	Social Worker
14.15- An independent visitor is arranged for children and young people.	Local authorities are required to appoint Independent Visitors for children and young people in their care. Independent visitors are volunteers who are expected to make friends with children, visiting them regularly and helping them participate in decisions about their future.	Social Worker
14.16- The child is involved in making decisions about his/her own life.	It is essential that the child's views are taken into account when planning for their future.	Social Worker
14.17- A Permanence Plan is in place for the child/young person by the 2nd review.	Prompt action will be taken to assess and secure Looked After children in permanent placements either through their return home to parents or through identifying an alternative permanent placement via adoption, fostering or residential care. For each child Looked After, a Permanence Planning meeting will be held prior to the 2 nd review to ensure that a permanence plan is in place for the review. The review will confirm the permanency plan for the child.	Social Worker/ Manager/ Reviewing Officer

15. LOOKED AFTER REVIEWS		
15.1- The child/young person's Looked After Review Report is fully completed and available to the child, family and IRO 2 days prior to the review.		Social Worker
15.2- Consultation forms will be sent to the child, foster carers and parents at least 5 working days prior to the review.		QA Team
15.3- The first review is held within 20 working days of the child becoming Looked After, the second within a further 3 months and subsequent reviews are held at intervals of not more than 6 monthly.		Social Worker/ IRO
15.4- Mid point reviews will take place if the IRO has concerns about drift or delay for the child.	<p>Mid point reviews will include:-</p> <ul style="list-style-type: none"> • A discussion between the IRO and the social worker to update on the progress of the Care plan and the review recommendations. • A review of the child's record since the last review. • A note made on the child's record under IRO comment headed mid point review. • Contact with the child as appropriate to the progress of the Care Plan. 	IRO/Social worker
15.5- Child/young person is given full opportunity to participate in his/her review through a variety of means.	Children will be supported to participate in their Looked After reviews, they may do this by attending in person, meeting with the IRO before the meeting or providing their views to the meeting in writing or other means of communication. The means by which a child wishes to participate in the meeting will be discussed with him/her by the Social Worker in sufficient time to allow for the appropriate arrangements to be put in place.	Social Worker/IRO
15.6- The review is attended by the child/young person's parent/carer and key professionals.	The child will be consulted about who they would like inviting to the review and this will be complied with unless there are valid reasons not to. Those attending the 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 ran.	Social Worker

<p>15.7- The IRO will produce a written record of the recommendations of the review within 5 working days and a full record of the review within 20 working days. A manager must consider the recommendations within 5 working days of receipt and advise those present at the review if they are unable to agree them.</p>		<p>IRO</p> <p>Manager</p>
<p>15.8- A Looked After Review will be held before a decision is made to cease Looking After a child or before a young person moves to semi- independent accommodation.</p>		<p>Social Worker</p> <p>IRO</p>
<p>16. Leaving Care</p>		
	<p>Status</p> <p>Eligible child is a child aged 16 and 17 who has been looked after for at least 13 weeks since the age of 14 and who is still being looked after</p> <p>Relevant child is a child aged 16 and 17 who has been looked after for at least 13 weeks since the age of 14 and who has left care. This also includes young people who were detained (e.g. in a youth offending institution or hospital) when they turned 16, but who were looked after immediately before being detained</p> <p>Former relevant child is a young person over 18 who was previously 'eligible' or 'relevant'. Councils support this group until aged 21, or longer if they are in education or training</p> <p>Qualifying child is any young person under 21 (or 24 if in education or training) who stops being looked after or accommodated in a variety of other settings, or being privately fostered, after the age of 16. This also includes young people who are under a special guardianship order</p>	

	<p>Former relevant child pursuing education is any former relevant child whose case was closed, for any reason. If we're informed that they're planning to continue education or training they can ask the council for support. If eligible, any help would last until their 25th birthday</p> <p>Extension to 25 years old - If you are under 25 year old and previously open to the leaving care team, under the Children and Social Work Act 2017 you are entitled to return for support, contact the leaving care team and ask to speak with the duty officer.</p>	
<p>16.1- A landmark review is held when the young person was 15½ which makes arrangements for a needs assessment to be started within 3 months of the young person's 16th birthday and completed by 16 years & 3months</p> <p>Staying Put arrangements should be considered.</p>	<p>The Needs Assessment will be completed by the Social Worker and first pathway Plan. Subsequent pathways plans will be reviewed by the IRO or Personal Advisor if the young person is a Relevant young person or Former Relevant.</p> <p>This review will commence the process of considering arrangements for the young person's transition to adult- hood and independence and agree the arrangements for undertaking a leaving care needs assessment which looks at:</p> <ul style="list-style-type: none"> • What support the young person may need • Views of young person, carer and social worker • Education, employment and training • Housing • Health • Finances 	<p>Social Worker</p> <p>IRO</p> <p>Personal Advisor</p>
<p>16.2- A Pathway Plan is in place within 16 years and 3 months.</p>	<p>Pathway Plan records the assessed needs of the young person, this will include the young person's care plan and the action and services required to respond to the assessed needs and to provide support during the transition to adulthood and independence.</p>	<p>Social Worker</p>
<p>16.3- The young person is integrally involved in developing the Pathway Plan and it reflects his/her priorities and aspirations.</p>		<p>Social Worker/Personal Adviser</p>
<p>16.4- Pathway Plan Reviews are held at intervals of not more than 6 monthly. The Pathway Plan is updated following the review.</p>	<p>The Pathway Plan will be kept under regular review to ensure the services delivered are in accordance with the wishes, views and needs of the young person.</p> <p>Eligible children remaining in regulated placements will be visited with the same frequency as all other Looked After children. If a young person starts a new</p>	<p>Social Worker/Personal Adviser</p> <p>IRO</p>

	placement in 'other arrangements' they will be visited in the same way as other young people who have had a significant change. For Eligible young person the pathway plan will be reviewed by the IRO.	
16.5- The review of the Pathway Plan for eligible children will be undertaken in the young person's statutory, chaired by the IRO.	At the point at which a young person becomes an eligible child and it is envisaged that s/he will be leaving care, the pathway plan must be prepared which must include the child's care plan. This is in order to capture the actions which will be necessary from the responsible authority, the young person's carer, young person, parent and other identified parties in order for the young person to make a successful transition from care. The focus of the review of the Pathway Plan will also be to scrutinise the measures that the local authority is taking to actively prepare the young person for the time that s/he will cease to be looked after.	Social Worker/ Personal Adviser IRO
16.6- The young person receives support to continue his/her education or post 16 training or employment.	Care leavers are at high risk of social exclusion and poorer outcomes compared with their peers, the personal advisor has a key role in engaging the young person to access to education, employment or training which can significantly improves their life chances and outcomes.	Social Worker Personal Adviser
16.7- The young person is living in suitable, affordable and permanent Accommodation.	A key role for the Social Worker and 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.	Social Worker Personal Adviser
16.8- Effective work is undertaken with the young person which is needs-led supporting them to make successful transition to adulthood.	Care leavers should be supported to access dedicated support to enable them to make a successful transition. Multi agency working and staff will employ creative ways to engage with those care leavers who may lose interest in the service.	Social Worker Personal Adviser