

## 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.

PRACTICE STANDARDS	PERSON RESPONSIBLE	Audit Method	Practice Standard Dimension
<b>1. REFERRAL AND INITIAL RESPONSE</b>			
<b>1.1 The referral records full basic details of the child/young person</b>  The referral includes the child's full name, date of birth, gender, address and contact details were available. It is important at this stage to check the accuracy of this information with the referrer for example the spelling of children's first and last names and dates of birth to ensure they are correctly recorded from the outset.	<b>Admin - Mash</b>  <b>MASH/EDS Social Worker</b>  <b>CYPDT worker</b>	System	
<b>1.2 The referral records details of the child's ethnicity, nationality, first language, religion and any communication requirements</b>  These details should 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 the information at the referral stage ensures that all needs arising from a child's ethnicity, nationality language or religion are identified and can be met.	<b>Admin-MASH</b>  <b>MASH/EDS Social Worker</b>  <b>CYPDT worker</b>	System	
<b>1.3 The referral records the date and time that the information was received and the names and details of the person making the referral</b>	<b>MASH /EDS Social Worker</b>  <b>CYPDT worker</b>	System	

<b>PRACTICE STANDARDS</b>	<b>PERSON RESPONSIBLE</b>	<b>Audit Method</b>	<b>Practice Standard Dimension</b>
<p><b>1.4 The referral is finalised within 24 hours unless it is a child protection referral which should be completed within 2 hours</b></p> <p>Upon receiving a referral, further information should be gathered and the referral evaluated on the day of receipt. Where a referral is progressed to an assessment, this ensures the child receives a timely intervention and response.</p>	<p><b>Assistant Team Manager MASH/EDS Social Worker</b></p>	<p>System</p>	
<p><b>1.5 The referral records whether consent has been obtained from the parent or carer to the child/young person being referred to the MASH</b></p> <p>The consent of the parent/carer (and child/young person if competent to give this) should always be obtained for a referral to be made except where 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 should be clearly recorded.</p>	<p><b>Admin - MASH  MASH/EDS Social Worker  CYPDT worker</b></p>	<p>Practice</p>	<p>5</p>
<p><b>1.6 The referral records details of the child/young person's parents and significant others, e.g. siblings</b></p> <p>Gathering information in relation to parental responsibility and significant family members, wherever 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.</p>	<p><b>MASH /EDS Social Worker CYPDT worker</b></p>	<p>Practice</p>	<p>3 5</p>

<b>PRACTICE STANDARDS</b>	<b>PERSON RESPONSIBLE</b>	<b>Audit Method</b>	<b>Practice Standard Dimension</b>
<p><b>1.7 The referral records details of other professionals involved with the child as far can be ascertained.</b></p> <p><b>When a referral 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.(SCR Child S and Child R recommendation)</b></p> <p>Recording this data commences the process of information gathering that informs decision making with regard to the referral and supports the assessment. The duty social worker should record details of all professionals involved with the child as far as is ascertained.</p>	<p><b>MASH /EDS Social Worker CYPDT worker</b></p>	<p>Practice</p>	<p>5</p>
<p><b>1.8 The referral records whether the child/young person has a disability.</b></p> <p>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 but 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.</p> <p>NB The Children &amp; Young People’s Disability Team will deliver a referral and initial response service for those children and young people who meet the remit of the team. In terms of the person responsible this will be the social worker/occupational therapist; practice will be overseen by the ATM/team manager.</p>	<p><b>MASH /EDS Social Worker CYPDT worker</b></p>	<p>Practice System</p>	<p>5</p>

<b>PRACTICE STANDARDS</b>	<b>PERSON RESPONSIBLE</b>	<b>Audit Method</b>	<b>Practice Standard Dimension</b>
<p><b>1.9 The referral records details of the reason for the referral and services being requested. This should include an evaluation of the information provided and details of any additional information sought to inform the decision making process</b></p> <p>The referral should 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, the social worker may seek additional information from other sources about the child, e.g. school or health. Details of the information gathered should be included in the referral. The duty manager should evaluate the information received and highlight any immediate safeguarding concerns</p>	<p><b>MASH /EDS Social Worker CYDT worker</b></p> <p><b>MASH Assistant team manager</b></p>	<p>Practice</p>	<p>1 5</p>
<p><b>1.10 The referral gives full consideration to indicators of risk and significant harm.</b></p> <p>In evaluating the information received and in the context of any available historical information, the duty manager should identify any risk to the child and the likelihood of significant harm. The referral should explicitly outline the nature of the concerns, how and why they have arisen including details of any allegation, and what appear to be the needs of the child and family.</p>	<p><b>MASH Assistant Team Manager EDS Social Worker</b></p>	<p>Practice</p>	<p>3</p>
<p><b>1.11 The referral records details people consulted in reaching decision on the referral in particular any advice from managers.</b></p> <p>In determining further action to be taken in relation to information received, the duty manager should consult with colleagues or their manager or another manager on proposed action to be taken. It is important this is recorded to evidence management oversight and decision making.</p>	<p><b>MASH Assistant Team Manager EDS Social Worker</b></p>	<p>Practice</p>	<p>3 5</p>
<p><b>1.12 The referral records the decision made and outline the reason for this.</b></p> <p>Once the referral is complete the duty social manager should, in consultation with their line manager if necessary, make a decision of what further action, if any should be taken in response to the referral. It is crucial that the reason for this decision is recorded to provide an explanation of the decision made should there be any future scrutiny of that decision.</p>	<p><b>MASH Assistant Team Manager EDS Social Worker CYDT Manager</b></p>	<p>Practice</p>	<p>1</p>

<b>PRACTICE STANDARDS</b>	<b>PERSON RESPONSIBLE</b>	<b>Audit Method</b>	<b>Practice Standard Dimension</b>
<p><b>1.13 The referrer is informed in writing of the outcome of the referral and a case note added in the child's record to confirm this has taken place.</b></p> <p>The worker will acknowledge the referral and feedback to other professionals (as appropriate) within 48 hours informing them in writing of the decisions made and action to be taken in response to the referral.</p>	<b>MASH Admin</b>	System	
<p><b>1.14 The referral is discussed with the child as appropriate and his/her parents/carers and recorded on the referral form.</b></p> <p>It is appropriate to discuss with the child (as appropriate) and his parents/carers the fact that a referral has been received and the proposed action from the service in response to this referral. Any views from the child and his/her parents/carers regarding the referral should be clearly recorded.</p>	<b>MASH Social Worker</b> <b>EDS Social Worker</b>  <b>CYDT worker</b>	Practice	2
<p><b>1.15 The referral is finalised by the duty manager</b></p> <p>The duty manager is responsible for reviewing the information recorded by the MASH Information Officer or the duty social worker and quality assurance of the referral. Once a referral has been completed by the social worker it should be forwarded to the duty manager to review and authorise.</p> <p>Fair Notice letters are sent to parents/carers at an appropriate point following the referral being finalised.</p>	<b>MASH Assistant Team Manager</b> <b>CYDT Manager</b> <b>EDS Social Worker</b>	System Practice	1

<b>PRACTICE STANDARDS</b>	<b>PERSON RESPONSIBLE</b>	<b>Audit Method</b>	<b>Practice Standard Dimension</b>
<b>2. SINGLE ASSESSMENT</b>			
<p><b>2.1 The case is allocated to a suitably trained and experienced worker who has the capacity to complete the work.</b></p> <p>When allocating a Single Assessment the duty manager should consider who would be most appropriate to complete the assessment. Factors which should be taken into consideration in this regard include:</p> <ul style="list-style-type: none"> <li>• That they are a qualified worker</li> <li>• That they have the relevant experience</li> <li>• Cultural/language issues</li> <li>• Planned leave/training</li> <li>• Current workload</li> </ul> <p>Where the assessment is likely to be complex due to long history, factors related to numbers of children or multiple concerns e.g. drugs, substance abuse, neglect and housing, then consideration should be given to the proportionality and duration the assessment will take. For complex cases there should be consideration of the allocation of an ATM</p>	<p><b>Assistant Team Manager Safeguarding</b></p>	<p>Practice</p>	<p>1</p>
<p><b>2.2 A 'face to face' discussion should take place between the worker and the allocating manager at the point of allocation.</b></p> <p>Although allocation should take place electronically within the Care first system this should not replace the need to speak with the worker. This discussion should include:</p> <ul style="list-style-type: none"> <li>• The nature of the concerns</li> <li>• Historical facts to take into account</li> <li>• Timescale for visit to the child/family (children must be seen within 5 days)</li> <li>• Who the worker should speak to following the initial visit.</li> <li>• The timescale for the assessment 10, 25 or 40 days.</li> </ul> <p>The Line Manager will review the progress of a single assessment with the social worker at day 7 when a decision will be made as to whether the assessment is complete or needs to be extended due to presenting issues.</p>	<p><b>Safeguarding Assistant Team Manager. CYDT Manager</b></p>		<p>1</p>

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<p><b>2.3 There is clear record instruction as to the work to be completed during the course of the Single Assessment.</b></p> <p>The duty manager should clearly record within the instruction the tasks which have been discussed with the worker. These will include:</p> <ul style="list-style-type: none"> <li>• Requirement to commence a Social Work chronology</li> <li>• Requirement to visit the child in a specified timescale</li> <li>• Partner agencies with whom to consult/undertake joint visit.</li> <li>• Additional assessment tools to be used.</li> </ul>	<b>Assistant Team Manager</b>	Practice	1
<p><b>2.4 The duration of the assessment is determined by the complexity. The assessment will be completed within 40 working days.</b></p> <p>The assessment record should detail the start, review and end dates for the assessment. The assessment will be regarded as completed once it has been signed off/approved by the Social Worker's Line Manager. Where the assessment is not completed within time-scales, the reason for this should be recorded on the assessment.</p>	<b>Social Worker</b>  <b>Assistant Team Manager/Manager</b>	System	4
<p><b>2.5 At the first home visit made for the reparation of the assessment, the child/young person and his/her parent/carer is provided with a copy of:</b></p> <ul style="list-style-type: none"> <li>• <b>The consent to share information leaflet and signed</b></li> <li>• <b>Consent obtained</b></li> <li>• <b>The Complaints leaflet</b></li> <li>• <b>The Access to Records leaflet</b></li> </ul> <p>Children and their families should receive a transparent service and know their rights to complain and see any records. Parent's permission should 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. The case note of the first home visit should 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.</p>	<b>Social worker</b>	System Practice	2



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<p><b>2.6 The child/young person must always be seen as part of the assessment and spoken to where age appropriate Babies and young toddlers should be assessed by way of visual interaction and presentation.</b></p> <p>In undertaking an assessment, the child/young person must be seen to ensure their safety and well-being. With the exception of babies and young toddlers the child should 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 should be sought through their preferred communication method as this is likely to influence and shape both assessments and service provision. Specialist input should be considered where a child has a disability which affects their communication.</p> <p>Children who are severely learning disabled and with whom communication may not be fully established should be seen and observations of their behaviour and demeanour systematically made and recorded. The worker should 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 should 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 and authorised by the line manager. This will ensure that any assessment is child focused. Every assessment must be informed by the views of the child as well as the family. Children should be seen alone, wherever possible, and their wishes and views sought regarding the provision of services to be delivered.</p> <p>(Working Together 2013)</p>	<b>Social worker</b>	Practice	2 4 5



<b>PRACTICE STANDARDS</b>	<b>PERSON RESPONSIBLE</b>	<b>Audit Method</b>	<b>Practice Standard Dimension</b>
<p><b>2.7 The assessment record clearly, explicitly and separately records all of the following:</b></p> <ul style="list-style-type: none"> <li>• Reason for the assessment</li> <li>• Child/young person’s developmental needs</li> <li>• Parents capacity to respond appropriately to child/young person’s needs</li> <li>• Family and environmental factors that impact upon the child and his/her family</li> </ul> <p>Information should 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 should cover the three domains and dimensions as detailed in the Framework for the Assessment of Children in Need and their Families. Social Worker’s should recognise the importance of understanding the child’s educational attainment and attendance as part of the assessment.</p>	<b>Social Worker</b>	Practice	3 5
<p><b>2.8 The assessment should take into account any previous involvement with the child/young person and the current assessment is set in the context of the historical information.</b></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 should 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. The chronology provides a summary of previous involvement with the child and provides the historical context.</p>	<b>Social Worker</b>	Practice	3

<p><b>2.9 The record should 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:</b></p> <ul style="list-style-type: none"> <li><b>• The wishes and views of the child/young person</b></li> <li><b>• The wishes and views of the parents/carer</b></li> </ul> <p>The wishes and views of the child/young person and their parent/carers should be recorded in the relevant sections within the assessment. This is critical information that should be gathered as part of the assessment process and contribute to the social work analysis.</p>	<p><b>Social Worker</b></p>	<p>Practice</p>	<p>2 3</p>
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PRACTICE STANDARDS	PERSON RESPONSIBLE	Audit Method	Practice Standard Dimension
<p><b>2.10 The assessment records the names and designations of all agencies/professionals that were consulted in the preparation of the assessment.</b></p> <p>In preparing an assessment all agencies and or professionals that have had recent contact with the child should 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.</p> <p>Dependent on the complexity of the assessment, an assessment planning meeting should be convened at the outset of the process to identify what information is required and who should provide this.</p> <p>Details of those who contributed to the assessment should be recorded in the Assessment record. If information is requested but has not been provided within timescales, then this should be noted and once received, recorded in the case notes.</p>	<p><b>Social Worker</b></p>	<p>Practice</p>	<p>3</p>
<p><b>2.11 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.</b></p> <p>The most important part of the assessment process is the <b>analysis</b> 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 should 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>	<p><b>Social Worker</b></p>	<p>Practice</p>	<p>3</p>

PRACTICE STANDARDS	PERSON RESPONSIBLE	Audit Method	Practice Standard Dimension
<p><b>2.12 The outcome of the assessment is recorded and details of what further action, if any, is to be undertaken including the reason for this.</b></p> <p><b>The assessment record should explicitly detail:</b></p> <ul style="list-style-type: none"> <li>• Any indicators of significant harm or impairment to the child’s welfare.</li> <li>• Protective factors</li> <li>• What needs to change or happen to improve the child’s experience</li> <li>• What services are required to ensure that the identified needs of the child are met.</li> </ul> <p>Every assessment should be focused on outcomes for the child, deciding which services and support to provide to deliver improved welfare for the child.</p> <p>(Working Together, 2013)</p>	<p><b>Social Worker</b></p>	<p>Practice</p>	<p>3 4</p>
<p><b>2.13 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.</b></p> <p>Assessments are undertaken in partnership with families and the completed assessment should be shared with the child (dependent upon age) and his/her parent/carer and provided with a copy. 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><b>Social Worker</b></p>	<p>System Practice</p>	<p>2 3</p>
<p><b>2.14 The assessment outlines an initial plan to safeguard and promote the child/young person’s welfare.</b></p> <p>Upon completion of the assessment, the social worker should complete an initial plan outlining his/her view of the services required to meet the needs of the child.</p>	<p><b>Social Worker</b></p>	<p>Practice</p>	<p>3 4</p>

<b>PRACTICE STANDARDS</b>	<b>PERSON RESPONSIBLE</b>	<b>Audit Method</b>	<b>Practice Standard Dimension</b>
<p><b>2.15 The assessment is authorised by a manager</b></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 <b>analysis</b> of the information gathered and will safeguard the child and promote his/her welfare.</p> <p>Once the assessment has been completed by the social worker it should be forwarded to the manager to review and authorise. Authorisation is recorded in the required authorisation field in Carefirst. 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 should be a child in need then with Team Manager sign off the assessment can be duplicated to all children and only one CIN plan completed for the specific child.</p>	<b>Assistant Team Manager</b>	System Practice	1
<p><b>2.16 A Single Assessment should be completed at specific points for a child/young person:</b></p> <ul style="list-style-type: none"> <li>• When a Section 47 Enquiry has been initiated</li> <li>• 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</li> <li>• Prior to a child/young person becoming looked after</li> <li>• Where the line manager believes it would be necessary</li> </ul>	<b>Assistant Team Manager/Team Manager</b>	System Practice	1
<p><b>2.17 A Single Assessment should be updated as a minimum at least once in any 12 month period. Specific points where the update should be actioned for a child/young person are:</b></p> <ul style="list-style-type: none"> <li>• When there is a proposed significant change to a child/young person's care plan</li> <li>• Prior to a young person's Pathway Plan being commenced.</li> <li>• Where the line manager believes it would be necessary.</li> </ul> <p>Assessment should be an ongoing process, with the impact of services informing future decisions around action. (Working Together 2013)</p>	<b>Social Worker Assistant Team Manager</b>		1

PRACTICE STANDARDS	PERSON RESPONSIBLE	Audit Method	Practice Standard Dimension
<b>3. CHILD IN NEED PLANNING</b>			
<p><b>3.1 A plan will be completed within 20 days of the opening of the assessment</b></p> <p>Upon completion of the assessment, the plan should be prepared outlining the outcomes to be achieved and services delivered to meet the assessed needs. This should be completed within 20 days to ensure that services are delivered to the child in a timely manner.</p>	<b>Social Worker</b>	Practice	4
<p><b>3.2 The plan will explicitly detail:</b></p> <ul style="list-style-type: none"> <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</li> <li>• Who is responsible for the implementation of the action</li> </ul> <p>Where the outcome of the assessment is continued social care involvement, the social worker and their manager should agree a plan of action with the child and their family and other professionals. The plan should set out what services are to be provided and what actions are to be undertaken, by whom and for what purpose. (Working Together,2013)</p> <p>The actions outlined in the plan should be SMART-specific, measurable, achievable, realistic and have set timescales. Terms like ‘ongoing’ and ‘ASAP’ are unacceptable. Social Worker’s should ensure there sufficient focus on the child’s educational attendance and attainment and the desired outcomes to be achieved in their plan.</p>	<b>Social Worker</b>	Practice	4
<p><b>3.3 The plan will state the minimum visiting frequency required of the social worker.</b></p> <p>The plan should explicitly detail the minimum frequency that the social worker 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 than the departmental minimum visiting frequency standards.</p>	<b>Social Worker</b>	Practice	2 4

<b>3.4 The plan is prepared in consultation with the child/young person and his/her parent/carer and their views are recorded on the plan.</b>	<b>Social Worker</b>	<b>Practice</b>	<b>4</b>
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PRACTICE STANDARDS	PERSON RESPONSIBLE	Audit Method	Practice Standard Dimension
<p><b>3.5 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</b></p> <p>The plan should 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 that there is no duplication of service delivery, that services provided are complimentary and everyone working with the child is aware of who is doing what</p>	<p><b>Social Worker</b></p>	<p>Practice</p>	<p>4</p>
<p><b>3.6 The child/young person, his/her parent/carer and all interested parties are provided with a copy of the plan.</b></p> <p>The plan should be distributed within 5 working days of the first CiN meeting.</p>	<p><b>Social Worker</b></p>	<p>Practice</p>	<p>5</p>
<p><b>3.7 A date is set for a review of the plan and the maximum 'life' of a plan is 9months. 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.</b></p> <p>Plans are developed based on assessment on need and a child's needs are likely to change over time. The plan should clearly state when the plan will be reviewed and who is responsible for initiating this.</p>	<p><b>Social Worker</b></p> <p><b>Manager</b></p>	<p>Practice System</p>	<p>4 1</p>

PRACTICE STANDARDS	PERSON RESPONSIBLE	Audit Method	Practice Standard Dimension
<b>4. REVIEW OF CHILD IN NEED PLAN</b>			
<p><b>4.1 A child in need planning meeting will be held at day 20 for all cases where the assessment identifies the child is in need or where the assessment will take 25 or 40 days. The second CIN review should take place 3 months after the first CIN meeting and every 6 months as a minimum.</b></p> <p>Reviews will include the child and family and other professionals as appropriate. Plans should 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>For overnight short break arrangements under s17 there will be an initial placement meeting following which reviews will be held at intervals of no more than six months. Where possible the placement review will be combined with the CiN review.</p>	<p><b>Social Worker/ Assistant Team Manager / Team Manager</b></p>	<p>Practice System</p>	<p>4</p>
<p><b>4.2 The review monitors progress against the implementation of the plan and this is explicitly recorded with any concerns or changes to the plan.</b></p>	<p><b>Social Worker/ Assistant Team Manager / Team Manager</b></p>	<p>Practice</p>	<p>3</p>
<p><b>4.3 Any new information received about the child is evaluated and responded to.</b></p> <p>Through the child in need review process, the team around the child should share information about the child and this information evaluated in the context of the assessment and plan. Assessment should continue throughout the period of intervention and professionals need to keep their judgements under constant critical review being willing to respond to and challenge new information.</p>	<p><b>Social Worker/ Assistant Team Manager / Team Manager</b></p>	<p>Practice</p>	<p>1 3</p>
<p><b>4.4 The child/young person and his/her parent/ carer are supported to participate in the review process</b></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 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.</p>	<p><b>Social Worker</b></p>	<p>Practice</p>	<p>2 4</p>

PRACTICE STANDARDS	PERSON RESPONSIBLE	Audit Method	Practice Standard Dimension
<p><b>4.5 Interested parties, e.g. other agencies/ professionals are engaged in the review process</b></p> <p>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.</p> <p>Other agencies should be made aware of the thresholds for social care involvement and also they should be made aware of any contribution they may need to make to 'step down' arrangements.</p>	Social Worker	Practice	4
<b>5. CHILDREN IN NEED STEP DOWN PROCESS</b>			
<p><b>5.1 Where a Child in Need (CiN) plan comes to an end and the child and the family can be supported by Level 2 services the step down process will be followed.</b></p>	Social Worker	Practice	
<p><b>5.2 Prior to the CiN Step Down meeting</b></p> <p>Discussions should take place with the parents, young person and agencies involved. A potential Lead Professional should be identified and discussion regarding the role should take place with them in advance of the meeting.</p>	Social Worker	Practice	2
<p><b>5.3 A CiN Review meeting will be convened and form a Team Around the Child (TAC) meeting.</b></p> <p>All the relevant services will be invited and there will be consultation with the CAF Coordinator who will attend the meeting.</p>	Social Worker	Practice	2
<p><b>5.4 The meeting will summarise :-</b></p> <p>The outstanding issues and desired outcomes using the CAF Delivery Plan and Review which can then handed to the newly appointed Lead Professional.</p>	Social Worker	Practice	2,4
<p><b>5.5 The meeting will share Assessments, with permission from the family, with the services invited to the CiN Review to inform the Team Around the Child (TAC) meeting.</b></p> <p>If the family do not agree to share the full Assessment, There should be agreement with the family about the relevant content to share with the services that will continue to support the family. This content can then be transferred to the Early Help CAF form.</p>	Social Worker		2,4

PRACTICE STANDARDS	PERSON RESPONSIBLE	Audit Method	Practice Standard Dimension
<p><b>5.6 The Lead Professional will be a practitioner from the services at level 2 or below who will now be contributing to the Action Plan.</b></p> <p>There will be no further role for Children's Social Care involvement.</p>	<p><b>Lead Professional</b></p>		
<p><b>6. CASE RECORDING</b></p>			
<p><b>6.1 Case recording is child focused</b></p> <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 should ask themselves what the child is telling them. Recording should 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>	<p><b>Social Worker</b></p>	<p>Practice</p>	<p>5</p>
<p><b>6.2 A chronology of key events for the child is maintained up to date</b></p> <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 to 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 rooted nature are identified and responded to.</p>	<p><b>Social Worker</b></p>	<p>Practice</p>	<p>5</p>
<p><b>6.3 Case records are up to date within 48 hours</b></p>	<p><b>Social Worker</b></p>	<p>Practice System</p>	<p>5</p>
<p><b>6.4 All case records reflect professional practice in particular:</b></p> <ul style="list-style-type: none"> <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> <li>• Are respectful of the child/young person and his/her family and are not derogatory or judgemental</li> <li>• Ensure child/parents views are recorded</li> </ul>	<p><b>Social Worker</b></p>	<p>Practice</p>	<p>5</p>

<b>PRACTICE STANDARDS</b>	<b>PERSON RESPONSIBLE</b>	<b>Audit Method</b>	<b>Practice Standard Dimension</b>
<p><b>6.5 Case notes will detail:</b></p> <ul style="list-style-type: none"> <li>• The date of the contact</li> <li>• The reason for the contact</li> <li>• Details of the contact</li> <li>• The outcome of the contact</li> <li>• Whether the child was seen and spoken to</li> <li>• An analysis of the contact</li> <li>• Any further action to be taken arising from the contact</li> </ul> <p>The recording of the visit must be focused on the child/young person and their experiences <b>not</b> on the adult carers.</p> <p>If a child has <b>not</b> 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</p>	<p><b>Social Worker</b></p> <p><b>Assistant Team Manager/Team Manager</b></p>	<p>Practice System</p>	<p>5</p> <p>1 5</p>
<p><b>6.6 Professionals supporting the child and his/her family are referred to in the records by name and designation.</b></p> <p>When referring to other agency information, Social Workers need to be explicit about what the information tells and include sufficient detail i.e. in relation to educational attainment and attendance.</p>	<b>Social Worker</b>	Practice	5
<b>6.7 Case records show when information has been shared, and with whom.</b>	<b>Social Worker</b>	Practice	5
<b>6.8 Case records are accurate and grammatically Correct</b>	<b>Social Worker</b>	Practice	5

<p><b>6.9 Case records are subject to review and quality assurance in both supervision and file audit.</b></p> <p>Social workers and managers should 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 should be reflected in the case recording.</p> <p>(Working Together 2013)</p>	<p><b>Assistant Team Manager/ Team Manager/ Service Manager</b></p>	<p>Practice System</p>	<p>1</p>
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PRACTICE STANDARDS	PERSON RESPONSIBLE	Audit Method	Practice Standard Dimension
<b>7. CASE SUPERVISION</b>			
<p><b>7.1 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.</b></p> <p>Regular supervision is essential to safe social work practice. It should provide a safe but challenging space to oversee and review cases. Please refer to the supervision policy.</p> <p>Critical reflection through supervision should strengthen the analysis in each assessment. Effective professional supervision can play a critical role in ensuring a clear focus on a child's welfare (Working Together 2013)</p>	<p><b>Assistant Team Manager/ Team Manger/ Service Manager</b></p>	<p>Practice</p>	<p>1</p>
<p><b>7.2 Records of cases to be supervised should be reviewed by the manager either prior or during the case supervision.</b></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><b>Assistant Team Manager/ Team Manger/ Service Manager</b></p>	<p>Practice</p>	<p>1</p>
<p><b>7.3 A case supervision record is completed each time the case is supervised and explicitly details:</b></p> <ul style="list-style-type: none"> <li>• <b>Significant events since the last supervision</b></li> <li>• <b>Any key decisions made</b></li> <li>• <b>Actions to be taken by social worker with timescales</b></li> <li>• <b>Evidence of reflective challenge</b></li> </ul> <p>The risk assessment tool R1 should be completed to promote discussion, critical evaluation and ensure managerial oversight and decision making. Supervision should support professionals to reflect critically on the impact of their decisions on the child and the family. The social worker and the manager should review the plan for the child.</p>	<p><b>Assistant Team Manager/ Team Manger/ Service Manager</b></p>	<p>Practice</p>	<p>1</p>



<b>PRACTICE STANDARDS</b>	<b>PERSON RESPONSIBLE</b>	<b>Audit Method</b>	<b>Practice Standard Dimension</b>
<p>Together they should 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. (Working Together 2013) The case supervision template should be fully completed and this will promote discussion, critical evaluation and ensure management oversight and decision making.</p>	<p><b>Assistant Team Manager/ Team Manger/ Service Manager</b></p>	<p>Practice</p>	<p>1</p>
<p><b>7.4 Case supervision demonstrates evidence of strong and effective management oversight</b></p>	<p><b>Assistant Team Manager/ Team Manger/ Service Manager</b></p>	<p>Practice</p>	<p>1</p>
<p><b>7.5 A copy of the case supervision record is stored in the child's record to highlight the case has been supervised.</b></p>	<p><b>Assistant Team Manager/ Team Manger/ Service Manager/ Business support.</b></p>	<p>System</p>	

PRACTICE STANDARDS	PERSON RESPONSIBLE	Audit Method	Practice Standard Dimension
<b>8. STANDARDS FOR VISITING</b>			
<p><b>8.1 All children should be visited by their social worker at an individually determined level agreed by the social worker and line manager through planning or supervision process which enables the effective delivery of services.</b></p> <p>The child's plan should 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. Good social work practice will be guided by professional judgement based on the needs of the child. 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"> <li>• Children in Need – 4 weekly</li> <li>• Children in Need under 1 yrs- every 2 weeks.</li> <li>• Children subject to protection plans – Children subject to protection plans must be visited every 2 weeks (every 14 days, every 10 days when just counting Monday to Friday). 50% of these visits must take place in the home.</li> <li>• Children Looked After – Within 5 working days of placement and thereafter minimum of 6 weekly for the first year and three monthly thereafter if the placement has been formally agreed to be until the child is 18.</li> <li>• 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 should be at intervals of not more than four weekly until the carer is approved or the final care proceedings hearing has been completed.</li> <li>• If a child is placed under a Care Order with parents –within one week of the making of the</li> </ul>	<p><b>Social Worker/Assistant Team Manager/Team Manager</b></p>	<p>Practice System</p>	<p>2</p>

PRACTICE STANDARDS	PERSON RESPONSIBLE	Audit Method	Practice Standard Dimension
<ul style="list-style-type: none"> <li>Children placed for adoption – within 5 working days of placement and weekly until the first review, thereafter minimum of monthly until adoption is finalized</li> <li>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 six months These must be visits specifically to the child, not combined with reviews</li> </ul> <p><b>Visiting Frequency for CiN in Children and Young People’s Disability Teams</b></p> <p>All CIN cases are reviewed 6 monthly. Visiting frequencies will be agreed in supervision for each case. The categories will be:</p> <p>Cases comparable to safeguarding teams will be in keeping with the social work standards</p> <p>CIN: minimum standard of every 4 weeks (20 working days)</p> <p>CIN under 1: Minimum standard for visiting babies under 1yr old subject to CIN Plans should be 2 weekly</p> <p>CYPDT CIN complex cases: (e.g. multiple or changing needs) Minimum standard of every 8 weeks</p> <p>CYPDT CIN active cases (e.g. monitoring or adjustment required) 6 monthly reviews but combined with 3 monthly visits (4 visits per year in total).</p> <p>CYPDT CIN stable cases (e.g. low level unchanged package of support) 6 monthly review only (2 visits per year in total)</p>	<p><b>Link to Social Work Visits Guidance</b></p>	<p>Practice System</p>	<p>2</p>

<b>PRACTICE STANDARDS</b>	<b>PERSON RESPONSIBLE</b>	<b>Audit Method</b>	<b>Practice Standard Dimension</b>
<b>9. PRE BIRTH ASSESSMENT – PLEASE REFER TO THE WSCB PRE BIRTH PROTOCOL/BRUCE THORNTON PRE BIRTH ASSESSMENT</b>			
9.1 Decisions regarding departmental action/necessary assessments are taken early once a pregnancy is deemed viable.	Social Worker	System	4
9.2 The Single Assessment should clearly summarise the presenting issues and identify next steps in the assessment and decision making process.	Assistant Team Manager/ Team Manager	System	1
9.3 Information should be given to the 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.	Social Worker	Practice	2
9.4 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.	Social Worker	Practice	4
9.5 The assessment should be child focused.	Social Worker	Practice	4
9.6 Views of partner agencies who are/have been working with the parents should be taken into account during the assessment.	Social Worker	Practice	3
9.7 Parents should be kept informed throughout the assessment process and their wishes and feelings should be incorporated in the assessment.	Social Worker	Practice	2
9.8 The assessment should be agreed by the allocated workers line manager. The Team Manager should finalise the assessment and make recommendations regarding appropriate further action.	Assistant Team Manager/ Team Manager	System	1

PRACTICE STANDARDS	PERSON RESPONSIBLE	Audit Method	Practice Standard Dimension
<b>CHILD PROTECTION STANDARDS</b>			
<b>10. A STRATEGY/MEETING DISCUSSION</b>			
<p><b>10.1 A strategy meeting/discussion takes place within a maximum 3 working days of referral.</b></p> <p>A strategy meeting should 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"> <li>• For allegations/concerns indicating serious risk to the child the strategy meeting/discussion should be held on the same day as the receipt of the referral</li> <li>• For allegations of penetrative sexual abuse, the strategy meeting/ discussion should be held on the same day as receipt of referral to ensure forensic evidence</li> <li>• Where immediate action is required the strategy meeting/discussion must be held within 1 working day</li> <li>• For allegations against staff that may result in disciplinary procedures within 1 working day</li> </ul>	<p><b>Assistant Team Manager/ Team Manager EDS Social Worker</b></p>	<p>Practice System</p>	<p>1</p>
<ul style="list-style-type: none"> <li>• 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</li> </ul> <p>Strategy Meetings/discussions should be led by a practitioner with line management responsibilities.</p>		<p>Practice System</p>	<p>1</p>
<p><b>10.2 The strategy gathers information from and consults with key professionals involved with the child.</b></p> <p>Strategy discussion/meeting must involve children’s social care, the police, the referring agency and other agencies, in particular the child’s nursery/school and health.</p>	<p><b>Assistant Team Manager / Team Manager EDS Social Worker</b></p>	<p>Practice</p>	<p>3</p>
<p><b>10.3 The reason for the strategy meeting/discussion is clearly recorded.</b></p>	<p><b>Assistant Team Manager / Team Manager EDS</b></p>	<p>Practice</p>	<p>5</p>

<b>PRACTICE STANDARDS</b>	<b>PERSON RESPONSIBLE</b>	<b>Audit Method</b>	<b>Practice Standard Dimension</b>
<p><b>10.4 The strategy record outlines information shared and an analysis of risk of significant harm to the child.</b></p> <p>The tasks of the strategy meeting/discussion are to:</p> <ul style="list-style-type: none"> <li>• Share available information</li> <li>• Decide whether section 47 enquiry assessment should be initiated based on whether there is evidence of likelihood of significant harm.</li> <li>• Agree the conduct and timing of any criminal investigation</li> <li>• Plan how the section 47 enquiry should be undertaken including the need for medical treatment</li> <li>• Agree any action required to secure the immediate safety of the child</li> <li>• Determine what information will be shared with the family</li> <li>• Determine if legal action is required.</li> </ul>	<p><b>Assistant Team Manager / Team Manager</b></p> <p><b>EDS Social Worker</b></p>	<p>Practice</p>	<p>1 3</p>
<p><b>10.5 Information shared and action agreed is considered within the context of child's racial, cultural, religious or linguistic background</b></p> <p>This will include establishing whether an interpreter is required.</p>	<p><b>Assistant Team Manager / Team Manager</b> <b>EDS Social Worker</b></p>	<p>Practice</p>	<p>3</p>
<p><b>10.6 Any need arising from a disability is taken into consideration and appropriate plans put in place.</b></p>	<p><b>Assistant Team Manager / EDS Social Worker</b></p>	<p>Practice</p>	<p>3</p>
<p><b>10.7 The strategy record details the decision of the discussion/meeting and reason for this.</b></p> <p>Any information shared, all decisions reached and the basis for those decisions should be clearly recorded by the chair of the strategy meeting/ discussion and circulated within one working day to all parties to the discussion.</p>	<p><b>Assistant Team Manager / Team Manager</b> <b>EDS Social Worker</b></p>	<p>Practice System</p>	<p>5</p>

PRACTICE STANDARDS	PERSON RESPONSIBLE	Audit Method	Practice Standard Dimension
<b>11. SECTION 47 ENQUIRIES</b>			
<p><b>11.1 The section 47 enquiry/single assessment should be led by a qualified and experienced social worker and completed within 3 days and written up in 5 days.</b></p>	<p><b>Assistant Team Manager/ Social Worker/EDS</b></p>	<p>Practice</p>	<p>1</p>
<p><b>11.2 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 should be seen alone, subject to age and with parental permission.</b></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 should 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><b>Assistant Team Manager / Team Manager EDS Social Worker</b></p>	<p>Practice</p>	<p>1 3</p>
<p><b>11.3 Consideration should be given to seeing the whole of the household – including bedrooms.</b></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 should be overseen by the Social Workers line manager.</p> <p><b>The child's parents/carers should be interviewed and their views recorded.</b></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 should 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><b>Social Worker EDS Social Worker</b></p> <p><b>Assistant Team Manager / Team Manager</b></p> <p><b>Social Worker EDS Social Worker</b></p>	<p>Practice</p>	<p>1 3 3</p>



<b>PRACTICE STANDARDS</b>	<b>PERSON RESPONSIBLE</b>	<b>Audit Method</b>	<b>Practice Standard Dimension</b>
<p><b>11.4 The needs and safety of all children in the household are considered and assessed</b></p> <p>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.</p>	<p><b>Social Worker EDS Social Worker</b></p>	<p>Practice</p>	<p>3</p>
<p><b>11.5 Non resident parents, others with Parental Responsibility and significant others are appropriately involved and their views recorded.</b></p>	<p><b>Social Worker EDS Social Worker</b></p>	<p>Practice</p>	<p>3</p>
<p><b>11.6 A Single Assessment is automatically commenced at the same time as a section 47 enquiry is initiated.</b></p> <p>This should cover all relevant dimensions in the Framework for Assessment of Children in Need and Their Families, in addition to the child protection concerns. Information should be gathered in a systematic way and should include the history of the child, family and household members including any previous specialist assessments and an analysis of risk.</p>	<p><b>Social Worker</b></p>	<p>System</p>	
<p><b>11.7 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</b></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.</p>	<p><b>Assistant Team Manager / Team Manager</b></p>	<p>Practice System</p>	<p>1</p>

PRACTICE STANDARDS	PERSON RESPONSIBLE	Audit Method	Practice Standard Dimension
<b>12.CHILD SUBJECT TO A CHILD PROTECTION PLAN</b>			
<p><b>12.1 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.</b></p>	<p><b>Assistant Team Manager / Team Manager</b></p>	<p>Practice System</p>	<p>3,4</p>
<p><b>12.2 The initial child protection conference (ICPC) is held within 15 working days of the strategy meeting/discussion that commenced the S47 enquiries.</b></p> <p><b>Referral to Advocacy Service:</b></p> <p>The social worker must seek consent from the parents/child/young person (depending on age) and refer to the advocacy service as soon as practicable following completion of the S47 Enquiry.</p>	<p><b>Assistant Team Manager/ Team Manager/ Reviewing Officer</b></p> <p><b>Social Worker</b></p>	<p>System</p>	<p>2</p>
<p><b>12.3 An ICPC must consider all children in the family or household as appropriate to the assessment of likely or actual significant harm</b></p> <p>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.</p>	<p><b>Reviewing Officer</b></p>	<p>Practice</p>	<p>3</p>
<p><b>12.4 The social work report includes a detailed analysis of the information for the child's future safety, health and development.</b></p> <p>The social work information to the conference should include:</p> <ul style="list-style-type: none"> <li>• A chronology of significant events and agency and professional contact with the family, incorporating all historical information</li> <li>• Information on the child's current and past state of 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 to 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> </ul>	<p><b>Social Worker</b></p>	<p>Practice</p>	<p>3</p>

<ul style="list-style-type: none"> <li>• 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;</li> <li>• Recommendations to the conference with outline plan</li> <li>• Consideration is given to how best to include partners who are known to have been violent/intimidating in the Child Protection</li> </ul>	<b>Social Worker</b>	Practice	3
<p><b>12.5 The social work report is prepared and shared with the child/young person (where appropriate) and parents/carers 24 hours prior to the conference.</b></p> <p>The social work report for the ICPC should include the outcome of the section 47 enquiry report and single assessment to date. The report should reflect the parents/young person views about the report and the assessment of risk/need a copy should be available to the Conference Reviewing Officer 24 hours prior to the ICPC.</p>	<b>Social Worker</b>	Practice	1 3
<p><b>12.6 The child (where appropriate) and parents/carers are supported to contribute meaningfully to the conference and their views recorded and taken into account</b></p> <p>Attendance at a conference must be carefully planned, the social worker should ensure that all person's 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 CRO 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 views</p>	<b>Social Worker</b>  <b>Conference Reviewing Officer</b>	Practice	

<b>PRACTICE STANDARDS</b>	<b>PERSON RESPONSIBLE</b>	<b>Audit Method</b>	<b>Practice Standard Dimension</b>
<p><b>12.7 The conference minutes have sufficient detail to provide the reader with an understanding of the information shared, issues discussed and reasons for decision reached.</b></p> <p>The record of the child protection conference is a crucial document for all relevant professionals and family members and should include:</p> <ul style="list-style-type: none"> <li>• The essential facts of the case</li> <li>• A summary of the discussion which accurately reflects contributions made</li> <li>• All decisions reached with information outlining the reasons for the decision</li> <li>• A translation of decisions into an outline child protection plan enabling everyone to be clear about their tasks which are 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 hour. The outline Plan circulated within 5 working days with the full minutes circulated within 10 working days.</li> </ul>	<p><b>Conference Reviewing Officer</b></p>		
<p><b>12.8 The Chair's summary accurately assesses the risk and likelihood of significant harm.</b></p>	<p><b>Conference Reviewing Officer</b></p>		
<p><b>12.9 An outline Protection Plan which is outcome focused is discussed in conference and produced within 3 working days of the conference, formally signed by core group at first meeting within 10 working days.</b></p> <p>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.</p> <p>The outline protection plan drawn up by conference members includes:</p> <ul style="list-style-type: none"> <li>• What further action is required to complete the single assessment and what other specialist assessments are required to ensure sound judgement can be made on how best to safeguard</li> </ul>	<p><b>Conference Reviewing Officer</b></p>		

PRACTICE STANDARDS	PERSON RESPONSIBLE	Audit Method	Practice Standard Dimension
<ul style="list-style-type: none"> <li>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 responsibilities for tasks ascribed to specific members of the conference</li> <li>A method of monitoring and evaluating progress</li> </ul>	<p><b>Conference Reviewing Officer</b></p>		
<p><b>12.10 The protection plan clearly outlines what action should be taken in the event that parents/carers do not cooperate with the protection plan.</b></p> <p>Consideration of a contingency plan and the circumstances that would necessitate its use.</p>	<p><b>Reviewing Officer/Team Manager/ Assistant Team Manager</b></p>		<p>1</p>
<p><b>12.11 Where the initial child protection conferences decides that the child does not need to become the subject of a plan, the conference will consider whether recommendations should be made for services to be provided to the child.</b></p> <p>The conference together with the family should consider the child's needs and what further help would assist the family in responding to them. Where appropriate, a child in need plan should be drawn up and reviewed in accordance with the standards.</p>	<p><b>Reviewing Officer</b></p>		<p>4</p>

PRACTICE STANDARDS	PERSON RESPONSIBLE	Audit Method	Practice Standard Dimension
<p><b>12.12 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.</b></p> <p>The detailed child protection plan should:</p> <ul style="list-style-type: none"> <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 focussed outcomes intended to safeguard and promote the welfare of the child</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>	<p><b>Social Worker</b></p>	<p>Practice System</p>	<p>4</p>
<p><b>12.13 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 which should include:</b></p> <ul style="list-style-type: none"> <li>• Chairing</li> <li>• Minuting</li> <li>• Arrangements if the allocated social worker is not able to attend – that their line manager should present on their behalf</li> </ul>	<p><b>Social Worker</b></p>	<p>Practice</p>	<p>1 5</p>

PRACTICE STANDARDS	PERSON RESPONSIBLE	Audit Method	Practice Standard Dimension
<p><b>12.14</b> 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>	Social Worker	Practice	4 5
<p><b>12.15</b> 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>	Reviewing Officer	System	
<p><b>12.16</b> 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 should be provided to the parents and the allocated Independent Reviewing Officer and where it is believed to be in the child's best interest, the child 5 working days before any review conference to enable any factual inaccuracies to be identified and amended and areas of disagreement noted.</p>	Social Worker	Practice	2 3
<p><b>12.17</b> 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 within 10 working days of the conference.</p> <p>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 services might be wanted or required. The social worker should use these recommendations to form a child in need plan.</p>	Reviewing Officer/ Social Worker	Practice System	



PRACTICE STANDARDS	PERSON RESPONSIBLE	Audit Method	Practice Standard Dimension
<b>13.CHILDREN LOOKED AFER</b>			
<p><b>13.1 The decision to look after the child is based on a single assessment</b></p> <p>The decision to look after a child must be considered and agreed at Gateway Panel. A child should 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.</p> <p>NB There will undoubtedly be situations where children become looked after following emergency intervention e.g. powers of police protection being utilised. The principle should be that a core assessment is completed quickly in these circumstances and the case presented retrospectively at Gateway Panel.</p>	<b>Social Worker</b>	Practice	3 4
<p><b>13.2 The process of a child becoming looked after will wherever possible, be planned and child focused</b></p> <p>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. In all other circumstances, the process of placing a child in care should 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>	<b>Social Worker</b>	Practice	3 4
<p><b>13.3 Alternative to care - Kinship care options have been thoroughly explored.</b></p> <p>Care by a relative should be considered in all cases before any decision is made that a child should 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>	<b>Social Worker Line Manager</b>	Practice	1 3

<b>PRACTICE STANDARDS</b>	<b>PERSON RESPONSIBLE</b>	<b>Audit Method</b>	<b>Practice Standard Dimension</b>
<p><b>13.4 Child has been provided with information pack upon becoming looked after (including details of complaints procedure and advocacy services).</b></p> <p>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.</p>	<b>Social Worker</b>	Practice System	2
<p><b>13.5 The Placement Plan is completed prior to the placement (except in emergency placements when it should be completed with 5 days from the start of the placement), is authorised by the line manager and signed by all parties and distributed.</b></p>	<b>Social Worker/ Team Manager</b>	Practice System	1 4
<p><b>13.6 The child is allocated to a qualified social worker the child is allocated to a qualified Independent Reviewing Officer within 24 hours</b></p>	<b>Assistant Team Manager / Team Manager</b>  <b>Team Manager Reviewing Officers</b>	Practice System	1
<p><b>13.7 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.</b></p> <p>The child's care plan should 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.</p>	<b>Social Worker</b>	Practice System	4
<p><b>13.8 The Care Plan outlines the wishes and views of the child/young person and his/her parent/carer.</b></p> <p>Children and their birth families are important partners in the care planning process in line with statutory requirements.</p>	<b>Social Worker</b>	Practice	2 4

<b>PRACTICE STANDARDS</b>	<b>PERSON RESPONSIBLE</b>	<b>Audit Method</b>	<b>Practice Standard Dimension</b>
<p><b>13.9 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.</b></p> <p>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 should be an early priority ensuring the child is able to see significant family members whilst maintaining their safety and wellbeing.</p> <p>The social worker should observe contact and be able to report on and analyse its content and quality.</p>	<b>Social Worker</b>	Practice	4
<p><b>13.9 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.</b></p> <p>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 should be an early priority ensuring the child is able to see significant family members whilst maintaining their safety and wellbeing.</p> <p>The social worker should observe contact and be able to report on and analyse its content and quality.</p>	<b>Social Worker</b>	Practice	4

PRACTICE STANDARDS	PERSON RESPONSIBLE	Audit Method	Practice Standard Dimension
<p><b>13.10 Effective work is undertaken with the child and family to enable those children who can return home to do so in a timely way.</b></p> <p>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</p> <p>Return home should be planned via Review processes to include discussions related to the need for 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 should be addressed before decisions are made about return home. A social work 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.</p> <p>(Working Together,2013)</p>	<p><b>Social Worker</b></p> <p><b>Social Worker / Independent Reviewing Officer</b></p>	<p>Practice</p>	<p>4</p>
<p><b>13.11 A health assessment is completed before the first looked after child statutory review is reviewed annually (6 monthly for children under 5).</b></p> <p>Statutory health assessments are able to identify health needs and health neglect that may otherwise go unrecognised.</p>	<p><b>Social Worker Designated Nurse</b></p>	<p>Practice System</p>	<p>3 4</p>
<p><b>13.12 The child/young person has had an annual dental check.</b></p>	<p><b>Social Worker/ Carer</b></p>	<p>Practice System</p>	<p>3</p>
<p><b>13.13 The Personal Education Plan should 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 statutory review.</b></p> <p>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.</p>	<p><b>Social Worker/ Designated Teacher</b></p>	<p>Practice System</p>	<p>3 4</p>

PRACTICE STANDARDS	PERSON RESPONSIBLE	Audit Method	Practice Standard Dimension
<p><b>13.14 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.</b></p> <p>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.</p> <p>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.</p>	Social Worker		4
<p><b>13.15 An independent visitor is arranged for children and young people who would benefit from this service, including those who do not have contact with their birth family.</b></p> <p>Local authorities are required to appoint Independent Visitors for children and young people in their care who have had little or no contact with their parents for more than a year. Independent visitors are volunteers who are expected to make friends with children, visiting them regularly and helping them participate in decisions about their future.</p>	Social Worker	Practice	2
<p><b>13.16 The child is involved in making decisions about his/her own life</b></p>	Social Worker	Practice	4
<p><b>13.17 A Permanence Plan is in place for the child/ young person by the four month review.</b></p> <p>Prompt action should 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 should be held prior to the four month review to ensure that a permanence plan is in place for the review.</p>	Social Worker/ Team Manager/ Reviewing Officer	Practice System	4 3

PRACTICE STANDARDS	PERSON RESPONSIBLE	Audit Method	Practice Standard Dimension
<b>14. LOOKED AFTER REVIEWS</b>			
<p><b>14.1</b> 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.</p>	Social Worker	Practice	4
<p><b>14.2</b> The first review is held within 20 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.</p>	Social Worker/ Reviewing Officer	Practice System	4
<p><b>14.3</b> Child/young person is given full opportunity to participate in his/her review through a variety of means.</p> <p>Children should be supported to participate in their looked after reviews, 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.</p> <p>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.</p>	Social Worker/ Reviewing Officer	Practice	2
<p><b>14.4</b> The review is attended by the child/young person's parent/carer and key professionals.</p> <p>The child should be consulted about who they would like inviting to the review and this should 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.</p>	Social Worker	Practice	4
<p><b>14.5</b> The IRO should produce a written record of the recommendations of the review within 5 working days and a full record of the review within 15 working days. A manager must consider the decisions within 5 working days of receipt and advise those present at the review if they are unable to agree them.</p>	Reviewing Officer  Team Manager	Practice	5  1
<p><b>14.6</b> A Looked After Review should be held before a decision is made to cease Looking After a child or before a young person moves to semi-independent accommodation.</p>	Social Worker  Reviewing Officer	Practice	4

PRACTICE STANDARDS	PERSON RESPONSIBLE	Audit Method	Practice Standard Dimension
<b>15. ADOPTION OR LONG TERM LOOKED AFTER</b>			
<p><b>15.1 Work is undertaken with child to support them in understanding decisions taken and plans for the future. Life story work has been prepared for the child.</b></p> <p>Each child requires a late life letter to be completed no later than 10 days after the adoption celebration hearing.</p> <p>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's 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. Life Story Work is an essential part of preparing a child for a permanent substitute family and helps the child make sense of their past experience.</p>	Social Worker	Practice System	2  4
<p><b>15.2 For children placed for adoption, information and counselling is offered to parents/birth family members.</b></p> <p>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 adoption, and the legal implications of adoption and provide him/her with written information. The local authority has a responsibility to ascertain the parent/guardian's 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.</p>	Social Worker	Practice	2
<p><b>15.3 For children to be placed for adoption, an adoption support plan has been prepared.</b></p> <p>All children placed for adoption must have a support plan in place that identifies their individual needs and those of their new family. This plan may be updated and reviewed until the child is 18 years of age.</p>	Social Worker	Practice	4



PRACTICE STANDARDS	PERSON RESPONSIBLE	Audit Method	Practice Standard Dimension
<p><b>15.4 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.</b></p>	<p>Social Worker/ Independent Reviewing Officer</p>	<p>Practice System</p>	<p>4</p>
<p><b>15.5 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.</b></p>	<p>Social Worker/ Independent Reviewing Officer</p>	<p>Practice System</p>	<p>4</p>
<p><b>16. LEAVING CARE</b></p>			
<p><b>16.1 A landmark review is held when the young person was 15½ which makes arrangements for a needs assessment to be completed within 3 months of the young person's 16th birthday. Staying Put arrangements should be considered.</b></p> <p>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 leaving care needs assessment which looks at:</p> <ul style="list-style-type: none"> <li>• What support the young person may need</li> <li>• Views of young person, carer and social worker</li> <li>• Education, employment and training</li> <li>• Housing</li> <li>• Health</li> <li>• Finances</li> </ul>	<p>Social Worker Reviewing Officer</p>	<p>Practice System</p>	<p>3 4</p>
<p><b>16.2 A Pathway Plan is in place for the first review following the young person's 16th birthday.</b></p> <p>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.</p>	<p>Social Worker</p>	<p>Practice System</p>	<p>4</p>
<p><b>16.3 The young person is integrally involved in developing the Pathway Plan and it reflects his/her priorities and aspirations.</b></p>	<p>Personal Advisor</p>		
<p><b>16.4 Pathway Plan Reviews are held at intervals of not more than 6 monthly.</b></p> <p>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.</p>	<p>Social Worker/PA Independent Reviewing Officer</p>		
<p><b>16.5 The Pathway Plan is updated following the review.</b></p>	<p>Personal Advisor</p>		



<b>PRACTICE STANDARDS</b>	<b>PERSON RESPONSIBLE</b>	<b>Audit Method</b>	<b>Practice Standard Dimension</b>
<p><b>16.6 The young person receives support to continue his/her education or post 16 training or employment.</b></p> <p>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.</p>	Personal Advisor		
<p><b>16.7 The young person is living in decent, affordable and permanent Accommodation</b></p> <p>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.</p>	Personal Advisor		
<p><b>16.8 Effective work is undertaken with the young person which is needs-led supporting them to make successful transition to adulthood.</b></p> <p>Care leavers have at least a five year window of opportunity to access dedicated support to enable them to make a successful transition. Multi agency working and bespoke packages of support are used and staff should employ creative ways to engage with those care leavers who can lose interest in the service after their 18th birthday when the main area of financial support ceases</p>	Personal Advisor		