Improving Outcomes for Children and Young People in Bradford

Implementing key practice guidance across children’s services
Improving Outcomes for the Children and Young People in Bradford

Implementing good practice across Children’s Services

Doing the basics well

KEEPING CHILDREN SAFE AND GIVING THEM A VOICE.

We all come to work because we want to make a difference to the children and families in Bradford. Our job in children’s social care is to protect children from harm and to make sure that they feel as safe and secure as possible and that they have stability of care with parents or carers that understand how to look after them and make sure that they have the best opportunities in life.

In Bradford we are reviewing all our processes to make sure that we are all doing our jobs well and that we operate good practice at all times. We want to:

- Support our Social Workers and Community Resource Workers to be the best they can be to help all children effectively
- Make sure all Social Workers and Community Resource Workers have regular reflective supervision and access to advice and support at all times
- Deliver child centred social work based on making strong relationships with children, young people and their families/carers
• Work with families to find their own solutions and change for the better using Signs of Safety
• Ensure that caseloads are manageable
• Deliver high quality practice and ensure our work complies with good standards or better
• Have clear practice guidance so everybody understands what is expected of them.

**We are confident that our staff:**

• Are committed to improving the lives of the children and young people in Bradford and want them to be safe and happy.
• Have a strong value base displaying care, compassion and respect.
• Understand their responsibilities as advocates for children and young people.
• Conduct themselves in a way which represents Bradford MDC well in line with Bradford Behaviours and HCPC Code of Conduct

**We need to make sure that children understand:**

• Why we are working with them;
• How we will get to know them and try to help them
• Why they may have to come into care or have a child protection or child in need plan.
• That we will listen to their views and feelings
• What might happen next?
• Giving them a voice in everything that happens to them as part of our everyday work.
Management Support to Make This Happen ‘our commitment to you’

Making sure that we keep children safe is everyone’s job; to make sure that you as workers are clear in what we expect you to do require a constant and consistent level of management support, from all of our management team. We are committed to achieving a stable workforce and are working hard to achieve this so that we can reduce caseloads; we are reviewing our training and coaching programmes to make sure that you feel equipped to do your job well. We want to develop your skills by offering a comprehensive continuing professional development programme based on the Knowledge and Skills Framework for Social Workers. We want you to feel that management is supporting you to be able to meet the good practice standards that we expect in Bradford.

We are setting out a series of key management standards that managers will work towards to support you; if we all work together we will all be helping to keep children safe and make their lives better when we work with them.

Key management standards so staff can achieve key practice standards:

1. **Supervision** – will be reflective and will be offered to staff every 4 weeks as a minimum (more frequently for NQSW). It will focus on staff welfare, CPD and case discussion so that managers can give the right guidance, support and decision making. It will use the Signs of Safety format.

2. **Appraisals** – All staff will be offered a yearly appraisal to make sure that your development is being monitored and that you are given the opportunity to look at your learning needs and be offered the appropriate training; this will improve the way you work and your professionalism.

3. **Team Meetings** – these will happen every two weeks – with one looking at performance and key developments in practice that you need to be aware of and one being a learning peer/group supervision using Signs of Safety to give you the opportunity to talk through complex cases with other team members to get advice and guidance and to help you develop your practice.

4. **Service Managers and Heads of Service** – will take responsibility for making sure that supervisions and appraisals take place.

5. **Managers will listen** – to you when you highlight issues that impact on your work and will work with fellow managers to try to sort things out, they will keep you informed of what they are doing.

6. **Service Briefings** – will take place on a regular basis. Heads of Service will lead them and share information on any changes that are taking place in our review of how we offer our service.

7. **Senior Leaders** – will be available to teams and will, on occasion, attend team meetings. They will attend some service briefings to take feedback from you so that improvements can be made to your working experience.
Defining our good practice standards – what we have to achieve as a minimum.

These good practice standards are designed to give clear guidance to all Social Work Practitioners, Community Resource Workers and Managers in respect of their roles and responsibilities as professionals. They are influenced by the revised Working Together to Safeguard Children 2018. The standards give a systemic approach to social work practice and give families and other professional’s confidence that we can champion the needs of child and young people.

The standards give you clarity about what we should do to comply with statutory regulations and local policy. Meeting these good practice standards will mean we are responding well to the challenge of keeping children and young people in Bradford safe. It will also show that we are committed to making their lives better and will demonstrate the work that we do.

The revised Working Together to Safeguard Children 2018 guidance sets out statutory requirements regarding social work practice; Bradford’s good practice standards are compliant with the statutory requirements as set out in the Working Together guidance which focuses on the core legal requirements making it clear what must be done to keep a child safe. It is the responsibility of social workers and Managers to make sure that they have read the key changes to the revised document.

Bradford is continuing to embed Signs of Safety to underpin all of the functions of Children’s Social Work Services and a Signs of Safety approach and conversation should be had from the first point of contact following through all aspects of the child or young person’s journey.
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICPC</td>
<td>Initial Child Protection Conference</td>
</tr>
<tr>
<td>CP Plan</td>
<td>Child Protection Plan</td>
</tr>
<tr>
<td>CPRC</td>
<td>Child Protection Review Conference</td>
</tr>
<tr>
<td>CiN</td>
<td>Child in Need</td>
</tr>
<tr>
<td>CiN Plan</td>
<td>Child in Need Plan</td>
</tr>
<tr>
<td>CLA</td>
<td>Children looked after</td>
</tr>
<tr>
<td>PLO</td>
<td>Public Law Outline</td>
</tr>
<tr>
<td>EPO</td>
<td>Emergency Protection Order</td>
</tr>
<tr>
<td>IRO</td>
<td>Independent Social Worker</td>
</tr>
<tr>
<td>ICO</td>
<td>Interim Care Order</td>
</tr>
<tr>
<td>PEP</td>
<td>Personal Education Plan</td>
</tr>
<tr>
<td>SDQ</td>
<td>Strengths and Difficulties Questionnaire</td>
</tr>
<tr>
<td>SHOPA</td>
<td>Should be placed for adoption</td>
</tr>
</tbody>
</table>
### PRACTICE STANDARD

#### REFERRAL — Working Together to Safeguard Children 2018 page 33-34

Within **one working day** of a referral being made to a local authority following a review by the duty social worker, a qualified and suitably experienced manager will decide on the next course of action and the duty social worker will acknowledge receipt of the referral (in the event it is a professional referral). The Decision to progress or end a referral will be made within **one working day**.

Consent needs to be obtained from parents or carers to progress to an assessment unless there are overriding safeguarding concerns.

For children who are in need of **immediate protection**, statutory child protection powers should be used to **act immediately to secure the safety of the child**. This may include liaison with the police and other colleagues.

For all children a safety plan should be evident on the file from day one to show how we are keeping the child safe and managing any identified risks. This should include the action the family or safe adults will take, social work visits and visits from other professionals.

- Referral to be recorded in contacts; original referral to be uploaded to the child’s file.
- Management footprint re decision on the next course of action and whether to progress or end a referral to be recorded on the child’s file.
- The child’s chronology should be started or added to if the child is already known to the local authority. This should then be updated at subsequent significant events.
- Any discussions with the police and/or other professionals to be clearly recorded.
- Safety Plan to be added to the case summary.

### CHILD AND FAMILY ASSESSMENT — Working Together to Safeguard Children page 36-38

Assessments should be completed within **45 working days** from the date of the referral by a qualified social worker who should lead a multi-agency assessment under s17 of the Children Act 1989.

Assessments need to be timely and proportionate and must always involve the child, family members and other agencies.

If safeguarding concerns are identified at any stage during the assessment process, there should be no delay in the decision to take **immediate action** to safeguard.

- To be recorded on LCS on the assessment document using Signs of Safety as the framework.
- The child’s voice must be clear throughout the assessment incorporating wishes and feelings; any direct work should be uploaded into Civica or attached to the assessment within LCS. The outcome of the assessment should be recorded in the chronology of significant events.
- Management footprint regarding decision making should be clear on
The child or young person should be seen alone within **5 working days** of the start of the assessment.

**By Day 10** the assessment must be reviewed by the Team Manager and a decision made regarding next steps (assessment to continue, step down to Early Help or close down)

The outcome of the assessment should inform the future planning for the child or young person which should be agreed with family/professionals and could be a Cin plan or Child Protection plan; it should include the safety plan.

Referrers should be informed of the outcome of the assessment.

If a case is allocated and continues to be open the single assessment should be updated.

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**Strategy Discussion - Working Together to Safeguard children 2018 page 39**

Whenever there is reasonable cause to suspect that a child is suffering or is likely to suffer significant harm there should be a strategy discussion involving Children’s Social Care (including fostering if the child is looked after), the police, health and other bodies such as the referring agency (WT18)

The strategy meeting should take place as soon as possible but best practice would be that the meeting takes place within **24 hours**. Where the concerns meet the criteria for a complex strategy meeting (team manager decision) the meeting must be held within **5 working days**. The meeting should be chaired by a social work Team Manager and the allocated social worker should attend when this is already a known open case to the local authority.

The child must be seen alone within **24 hours** of the strategy meeting; if the child is already allocated to a Social Worker this may not be required for example if the Strategy Meeting is being held to step case up from a CIN to a

- Strategy discussion to be recorded in LCS and separately on the chronology.
- Decisions to be recorded with a clear management decision as to the next course of action.
CP plan.

The strategy meeting will consider the child’s welfare and safety and identify the level of risk faced by the child (the danger statement) and decisions will be made about how best to manage any risk (the safety plan) and allocate roles and responsibilities accordingly and plan next steps.

Decide what information should be shared with the child and family (on the basis that information is not shared if this may jeopardise a police investigation or place the child at risk of significant harm.

Decisions form the strategy meeting are to be recorded on the child’s file within 24 hours.

In the event of an Out of Hours strategy Meeting taking place, the same standards should be applied.

The strategy meeting must consider the need for an Initial Child Protection Conference (ICPC).

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**Section 47 Enquiries – 43 -46**

Local Authority Social Workers have a statutory duty to lead assessments under section 47 of the Children Act 1989 and the police, health practitioners, teachers and other relevant professionals should help the local authority in undertaking its enquiries. The purpose of the S47 enquiry is to decide whether and what type of action is required to keep the child safe.

The S47 must be led by a qualified and suitably experienced social worker.

The local authority and the police should work together to sustain on-going communication throughout the S47 where this is a joint investigation.

The child must always be seen **alone** wherever possible at the start of the S47

- S47 enquiry details to be recorded in LCS with a management foot print of the outcome and clear actions.
- If support needs are identified appropriate referrals should be made, with the rationale and decision being recorded on the child’s file.
- Ensure the voice of the child is evident and wishes and feelings recorded; if any direct work is undertaken as part of the S47 enquiry this should be uploaded into Civica or attached as a document to the S47 assessment.
enquiries

Where the S47 does not substantiate any concerns of significant harm consideration needs to be given as to whether there are support needs.

Where concerns of significant harm are substantiated and the child is judged to be suffering or likely to suffer, significant harm, Social Workers and their Managers should convene an ICPC and a request must be made without delay to the safeguarding unit to arrange an ICPC.

- Outcome of the S47 enquiry to be recorded on the child’s chronology.

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Child Protection Conference, Reviews, Plans and Visits – 47-53

Where an Initial Child Protection Case Conference (ICPCC) resulted from the Section 47 investigation, this must take place **within 15 working days** from the strategy discussion that initiated that S47 enquiries

The social worker arranging the conference should contact the Safeguarding and Reviewing Unit **by phone as soon as possible** to ensure that relevant booking tasks are completed and that the date requested is in the expected timescales of **15 working days**. It is important that you have all the relevant names and contact details of those being invited to the ICPCC to ensure correct invites go out.

If the ICPC was initiated by the Assessment team the incoming Children & Families team social worker and Team Manager Practice Supervisor should also attend.

Conference reports should include the views and wishes of the child and the family; they are to be completed and authorised and **shared with parents 3 days** prior to the conference taking place; their views need to be represented in the report and parents should not find out the recommendation of the report as the ICPCC.

The report needs to be sent to the Chair **3 working days** prior to the conference if this does not take place the chair could decide not to go ahead

- **Rationale of the decision making** to be evident on the child’s files including a management foot print.
- **Decision to convene an ICPC** needs to be recorded on the chronology.
- **Involvements** should be kept up to date so that the unit know where to send invites and reports

- **The report is completed** on the LCS assessment document using Signs of Safety.
- **The child/YP and parents views** should be explicit within the report.
with the conference or review.

Bradsafe, the child protection (CP) version of Viewpoint will be allocated during the conference by the chair to an agreed professional and arrangements should be made to complete this on a 1:1 basis with the child, young person, and prior to the CP review. The CP chair will follow this up at each subsequent review.

Transfer in Conferences:

Transfer in conferences should take place when a child who is the subject of a child protection plan, moves from the original L.A area to another L.A area to live their permanently. Children’s Social Care, designated health professionals and the police should be notified within 1 working day.

The transfer in conference should receive reports from the original L.A and the social worker from the original L.A should be invited to attend the transfer in conference which should take place within 15 working days of the notification being received.

Such a conference has the same status as an such must be treated the same as an ICPC

CP Plans:

A CP plan using Signs of Safety will be agreed at the ICPCC and distributed by within 2 working days

The plan should be specific about the visiting frequency requirements.

ICPCC minutes should be distributed within 10 working days.

The CP plan should be used as a tool to conduct core groups and as such should updated and used to record decisions and actions agreed at core group meetings if there are any changes from the original plan.

Core Groups

- Social workers need to take responsibility for ensuring that the child or young person has the opportunity to complete Bradsafe.

- The outcome of the transfer in conference should be recorded on the child’s file in case notes and on the child’s chronology within 24 hours.

- The plan should be completed within LCS and distributed to the family and other agencies.

- The plan should be written using SOS format including safety scaling and a very clear safety plan which is not based on compliance but of action that will be taken by adults when a danger is present to a child.
| The date core group membership should be determined at the ICPC and the first core group should take place within **10 working days**. | • Core Group Minutes need to be recorded on LCS and evidence that the CP Plan has been reviewed at every Core Group meeting |
| Subsequent core groups should take place **at least every 6 weeks**. | • Review conferences should be written using the SoS format and as ICPC reports shared with the family and with the chair prior to the review |
| The CP plan as updated needs to be circulated **within 5 working days**. | • The outcomes of ICPCCs and Reviews should be recorded on LCS within 24 hours |
| **Child protection reviews** | |
| Reviews will be booked on a 2.5 and 5 monthly cycle for reviews due at 3 months and 6 months, in order to ensure Reviews can take place within timescales in the event of any unforeseen problems. | • CP plan and minutes are to be recorded within LCS |
| Service Manager to have awareness of cases that have been subject to a CP plans in excess of 12 months to ensure that there is no drift and delay. Consideration needs to be given to step up to PLO or step down to Child in need if sufficient progress is being made to reduce risk. If no progress is being made to reduce the risks and danger to the child, consideration should be given to escalating the case to Legal Gateway Panel to consider PLO. This need to be discussed between the social worker and team manager and decision to refer to Legal Gateway Panel has to be agreed to by the Service Manager. | • Statutory visits are to be recorded as such within LCS |
| If a young person is reaching the age of 18 years the review conference is to be convened prior to his/her 18th birthday. | |
| **Discontinuing a Child Protection Plan.** | |
| It is judges that the child is no longer continuing or likely to continue to suffer significant harm and therefore no longer requires safeguarding by means of a child protection plan. | |
| If the decision is to step down to a Child in Need (CIN) at review, the CIN plan is to be formulated at conference. | |
| CIN meeting must be convened within **15 working days** and should include all previous core group members. | |
Child protection visits

Where a decision has been taken to convene an ICPC the child is to be seen on a weekly basis leading up to the conference. This includes children and young people where it has been identified that a Transfer in Conference is to be convened.

Where the child has been made the subject to a CP Plan they have been visited by the case holder within 5 working days of the ICPCC.

The child/Young person must be seen at home and alone at least every 15 working days (more frequently if outlined in the CP plan). They should be recorded with 24 hours of the visit taking place.

Where a visit has been made but the child has not been seen this does not constitute a statutory visit and should not be recorded as such. Statutory visits to children will be undertaken in the home. If the visit does not take place in the home this is NOT a statutory visit and should not be recorded as such.

Where a child has not been seen during a statutory visit management direction should be sought and a visit should be carried out the next day and each subsequent day for 5 days if the child not seen. After the 5th day a strategy meeting needs to be held.

Child in Need

Where an assessment has determined that a Child is a Child in Need the Initial Child in Need meeting to be held within 10 working days of the decision being made or as a result of a step down plan from CP review conference.

Our involvement with a family under Child in Need is under Section 17 of the
Children Act 1989. It is a voluntary service and as such consent is required by the parent/carers and young person if they are CIN due to being a homeless 16 – 18 yr. old. If consent is not obtained then consideration must be given to how to child’s needs will be met.

The Initial CIN meeting can be chaired by the Team Manager, Practice Supervisor or the social worker. If this is a case transferring through to the C and F team from the assessment team the assessing social worker should attend the meeting and take minutes. The receiving team social worker should chair the meeting and take responsibility to draw up the Child in Need plan.

Plans

The CIN plan needs to be written in consultation with the child/young person (age permitting) and their parent or guardian and include professionals involved with the family. Once completed/ and or updated it should be circulated within 5 working days

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 timescales for action are being achieved. It is the responsibility of the allocated worker to ensure that this happens.

Reviews

CIN Reviews should be held at 6 weekly intervals for Type A CIN cases; the multi agency group may decide that these can be held less frequently but they should be held as a minimum at least every 3 months.

For Type B CIN cases CIN Reviews should be held at least every 6 months.

Team Managers should review the CIN plan at regular review points: 6 months and 12 months to ensure that there is no drift and delay and to provide management oversight for step up/step down.

- Decision to step up/step down should be recorded on the file with a management foot print.

- The CIN plan needs to be SMART and explicitly detail:
  - The outcomes to be achieved.
  - The actions required to achieve the outcomes
  - Timescales for the actions to be completed
  - Detail of who is responsible for the actions in the plan
  - The minimum frequency of the visits by the allocated worker.

The review monitors progress against the implementation of the plan and this is explicitly recorded with any concerns or changes to the plan.
Visits

The child subject to a CIN Plan has been visited by case holder within 5 working days from the start of the plan.

The frequency of visits will be determined by the whether the case falls in to the category of Type A CIN or Type B CIN.

Type A CIN – these cases usually refer to cases held within our C and F teams and also in Through-care and After care teams working with homeless 16 – 18 young people.

For Type A CIN visits – the frequency of the visits will need to be determined by the child/young person’s plan but will take place no less than every 20 working days.

For Type B CIN visits - the frequency of the visits will need to be determined by the child/young person’s plan but will take place no less than every 12 weeks.

- Visits to child recorded on LCS and indicated where child seen alone
- If child has not been seen within timescale for any reason, this needs to be recorded on the file with a manager footprint and rationale

Private Fostering Visits

All Privately Fostered Children must be visited:

Within 7 working days from the date of notification to the local authority.

During the first 12 months the privately fostered child should be visited at intervals of every 28 days

In any second or subsequent year, consideration needs to be given to whether the visiting schedule can be undertaken at intervals of every 12 weeks or whether visits should continue to take place every 28 days.

- Private fostering visits to be recorded as such on the drop down menu in LCS
- Rationale of visiting schedule should be clearly recorded by a management footprint.
Where a visit was undertaken and the child/young person were not seen this does not constitute a statutory visit and a subsequent visit must be made within **48 hours**. If the child was not seen on a subsequent visit the Team Manager must be informed and direction taken to address any potential risks.

**Children subject to Special Guardianship Orders or Child Arrangement Orders**

Children subject to Special Guardianship Orders that require on-going support are deemed as Child in Need and social workers should follow the CIN procedures.

**PLO/Initiation of Care Proceedings.**

**Decision to present a case to a Legal Gateway Panel:**

The decision to refer a case to Legal Gateway Panel needs to be made by the Service Manager in consultation with the Team Manager and Social Worker.

In order for there to be a full effective discussion and decision making the social worker and team manager is to ensure that all the paperwork required is sent to the Business Administrator by **4pm on the Monday** prior to the Thursday meeting.

All cases considering Public Law Outline (PLO), care proceedings or S20 should be presented to the Legal Gateway Panel.

The Business Administrator will record the meeting and a written outcome with timescales will be added to the child’s file **within 24 hours** of the decision being made.

The PLO letter should be shared with parents within **5 working days of decision by LGP to enter PLO**

PLO Meeting should be convened **5 working days after PLO letter is shared**

- Rationale for decision making needs to be recorded on LCS on case notes and in the chronology.

- The Legal Gateway Panel Referral needs to be started in LCS from the (child’s front demographics, under ‘Events’ click ‘Start a Legal Gateway Panel referral Episode’ and ‘Ok’).

- Decisions from panel will be recorded on the child’s file; the social worker is responsible for ensuring that the outcome of panel is recorded in the chronology.

- All court paperwork is to be quality assured by the Team Manager or Practice Supervisor.

- The PLO letter should be uploaded to the file when written.
with parents to enable them to instruct a lawyer to represent them
Initial PLO review meeting should take place between 6 weeks of the initial PLO meeting

A further PLO Review meeting should take place within 6 weeks of the initial PLO review meeting and a decision made to either step down from PLO or to seek care proceedings. The whole process should last 3-4 months.

Any decision to step down from PLO or to seek care proceedings must be made by Legal Gateway Panel (with the exception of an urgent application) and good practice would be to hold a meeting to inform the family

Decision to initiate care proceedings:

The decision to initiate care proceedings is made at Legal Gateway Panel. When there is a decision made by LGP to initiate care proceedings a letter before proceedings (we are going to court) should be shared with the family at the earliest possible opportunity and no later than 5 days following the decision.

A PLO meeting to formally advise parents of the local authority decision should be held within 5 working days of the letter being shared *(the exception being an urgent same day application to court) For children/young people requiring immediate protection the decision will be made by the Head of Service.

All court paperwork (SWET statement, Interim Care Plan) should be quality assured by a TM and sent to the allocated lawyer for checking within 5 working days of the LGP decision.

The court application should be made within 10 working days of the LGP decision (unless a more urgent response is necessary)

There should not be any delay in executing decisions made by the panel Any failure or anticipated failure to comply with the court deadline should be communicated to the allocated lawyer immediately who will inform the court • PLO meeting minutes to be uploaded to the file, shared with parents and their legal representative and a copy sent to the local authority solicitor.
• Court hearings that have taken place should be recorded on case notes with a brief summary of any key decisions / actions and added to the chronology.
• Court timetable should be included in case summary
• Final Assessments, SWET Statement and Care Plan should be completed and provided to TM to QA at least a week before the filing date is due and sent to legal as soon as is practicable but no later than 3 working days before the filing date.
• The end of the care proceedings should be clearly recorded on the case file with a summary of the outcome and any orders made.
Looked After Children Process, Plans, Reviews and Visits

Where a child becomes Looked After it is the responsibility of a qualified social worker to take the child to placement.

The placement plan and Delegated Authority completed before or within 24 hours of the placement being made or prior if this is a planned placement and

The placement planning meeting must be held within 3 working days of placement or prior to the placement where this is pre planned.

There is a clear and current LAC plan for the child which involves and has been shared with all relevant professionals, family members and children Care plan completed prior to placement or within 10 working days of placement.

A Permanence Planning Meeting was held within 10 days of the child becoming looked after

CP chairs must be informed where a child subject to a CP plan has become a LAC child within 1 working day and an IRO will become appointed.

Health

An initial health assessment is undertaken within 20 working days of Becoming Looked After

Subsequent health assessment for under 5’s takes place every 6 months

Subsequent health assessments for over 5’s take place annually

Initial dental check for LAC aged 6 months + took place within 20 working days of the initial health assessment but no later than 40 working days from

- The placement plan deals with the day to day arrangements in placement for the children; this should be completed within LCS on the Placement Plan.

- The Placement Plan and any other relevant paperwork must be given to the carer when the placement is made including signed medical consent.

- Controcc must be completed to ensure that carers are paid the appropriate allowances.

- Any changes of status/legal status must be immediately added to the child's file.

- The care plan must be completed in LCS and take account of the short and long-term care needs of the child/young person.

- Health checks should be recorded in child’s demographics under the health tab.
Becoming Looked After

Subsequent dental checks take place **every 6 months** regardless of age

**Education**

A Personal Education Plan (PEP) is initiated by the long-term case holder within **10 working days** of Becoming Looked After

The first PEP should be completed by the **first LAC review**, i.e. within 20 working days of Becoming Looked After

The PEP is updated **within 2.5 months** for the first LAC review

Subsequent PEP’s are updated **every 5 months**.

**Reviews:**

The **Initial CLA Review** must take place within **20 working days** of the start of the placement.

Reviews will be booked on a **2.5 and 5 monthly cycle** for reviews due at 3 months and 6 months, in order to ensure Reviews can take place within timescales in the event of any unforeseen problems.

The plan for permanency was confirmed by the **second LAC review** (within 4 months of the child becoming looked after)

If a child or young person changes placement consideration must be given to holding a Review within **20 working days**. For children placed with adopters, long term foster carers or in secure accommodation a review must take place.

The IRO **must speak to the child** prior to the CLA Review.

The IRO must have access to the relevant reports including the current care plan and any final court documents at least **3 days** prior to the CLA taking place.

- Dental checks should be recorded in child’s demographics under the dental tab (found in health)

- Pep should be completed within LCS

- CLA reports should be written using the SOS format within LCS.

- Outcomes and decisions of the CLA should be recorded in case notes and within the chronology.
The child’s voice and family wishes must be included in the CLA report.

The IRO must complete a written record of the decision and recommendations within **5 working days of the review**.

The social worker is responsible for updating the CLA plan with any changes made at the LAC review which should be completed within **10 working days**

Where the IRO has not ratified the final care plan for legal proceedings there must be a resolution meeting prior to evidence being filed.

**Visits:**
The child / Young person is visited within a **week** of the placement being made.

During the first year of any placement the schedule of visits is every **28 days**
The child should be seen in placement and alone.

Where the approved plan is for the placements to become permanent (to continue until the child reaches 18 or more) and this placement has been formally matched and the plan agreed at Permanence Panel **visits will need to take place at least every 12 weeks although most children in long term placements should be visited every 6 – 8 weeks and more frequently if necessary**.

Where a child is placed with temporarily approved connected persons carer (Regulation 24 placement)

The regulation 24 assessment (Schedule 3) should be completed and signed by a Service Manager prior to the placement being made.

The child must be visited **weekly** until the first review.

Thereafter the child must be visited **at least every 28 days**.

- Statutory visits are recorded as LAC visits on LCS
- Rationale for regularity of visits to be recorded on the file if less than 28 days with a management footprint.
- The Placement Plan to be updated.
- The Assessment and Service Manager approval for the placement to be made under Regulation 24 be uploaded to the child’s file.
Where Care Order made and child placed back home subject to regulation 18, the child has been seen within one week of making the Care Order and then intervals of every 28 days.

Where a visit has been undertaken and the child/young person is not seen this means the visit does not meet the criteria of a statutory visit, the Team Manager must be informed and a follow up visit completed within 48 hours. In the event the child/young person is not seen management direction must be sought in order to address any potential risk.

Children in more than one placement:

Children in residential school, and who are in foster care or in a residential home, must be visited in line with CLA practice standards. This includes in both settings.

Where a visit has been undertaken and the child was not seen this means that the visit does not meet the criteria of a statutory visit and the Team Manager should be informed and a subsequent visit undertaken with 48 hours. In the event the child/young person is not seen management direction must be sought in order to address any potential risk.

Placement with Parents (Regulation 22) or Section 38(6) Orders

Where an Interim Care Order has been made the child must visited at least weekly and the child seen at home and alone, until the first review

Subsequent visits (at home and seen alone) must take place at intervals of at least 28 days.

Where Care Order has been made and the child/young person is placed back home subject to regulation 18, the child/young person must be visited within one week of the making the Care Order and then intervals of every 28 days.

Adoption Visits

- Management foot print required

- Management foot print required

- Legal status to be updated on the child's file in demographics.

- Visits to be recorded as a visit to a Looked After child. Child’s voice to be clear in the recording.
When the child has been placed in the adoptive placement they are still under CLA regulations; the first visit should take place within one week of the placement taking place and then weekly up to the first CLA Review.

The CLA Review will determine the frequency of visits but will usually be every 28 days.

Once the adoption Order is made a final visit should be undertaken.

**Process for Should be Placed for Adoption Meetings (SHOBPA)**

A consultation should take place with a One Adoption worker prior to completing the CPR to ensure that all the relevant information has been considered in order for SHOBPA to run smoothly.

Paperwork should be submitted **two weeks** prior to the meeting, this paperwork must be quality assured by either the Team Manager or Practice Supervisor who will sign to say that all the required paperwork is present.

Pre-adoption medicals are required for every child attending SHOBPA, these must be dated within 6 months of the date of the meeting or sooner if there are any particular issues or the child is very young.

In the meeting the Agency Decision Maker will either give their decision and reasons for this or will advise that further information is needed so defer the decision.

Minutes from the meeting will be typed up and ratified and sent to the child’s social worker involved for the case record.

The social worker should ensure that a letter is sent to the child’s birth parents informing them of the decision.

**Disruption Meetings.**

If any placement has the potential to break down or the foster carer/placement has given notice to end the placement a disruption meeting should be

- Outcome of the consultation to be recorded on the child’s file in case notes.
- Paperwork is to be processed within LCS and items outside of this uploaded.
- Decision to be added to the child’s case file in case notes and in chronology.
- Letter should be uploaded to the file.
- Management footprint re decision and rationale to be added to case notes.
convened within **48 hours** to devise a plan of support for the carers and child/young person with the aim to prevent a breakdown if at all possible.

If a placement is to end, consideration must be given to whether or not a child/young person can return home subject to an assessment.

If the child/young person needs to move placement an extended notice period should be negotiated to enable a placement search and a good transition plan.

**Children returning home from care (Working together page 54)**

Where the decision to return a child/young person to the care of their family is planned, the local authority will have undertaken an assessment while the child is looked after as part of the care planning process (regulation 39 of the Care Planning Regulations 2010). The assessment should consider the suitability of the accommodation and maintenance arrangements for the child and consider what services and support the child and their family may need.

The outcome of the assessment must be included in the child’s care plan.

The decision to cease to look after a child will be made in a planned manner where possible by a LAC Review and if subject to a Care Order plans made to discharge the Care Order via the legal process.

Where the move home is not planned but is as a result of a parent removing a child or a child returns home under their own accord (due to age) then the local authority will need to consider if there are any immediate concerns about the safety and well being of the child/young person and taken appropriate action including making enquiries under section 47 of the Children Act 1989.

Whether a child's return home is planned or unplanned there should be a clear plan that reflects current and previous assessments, focuses on outcomes and includes details of services and support required. These plans should follow the process for review as with any child in need and/or protection plan.

- Management footprint re decision and rationale to be added to case notes.
The local authority has a duty towards eligible, relevant and former relevant children:-

**Eligible**: are those Young people still in care aged 16 and 17 who have been looked after for a total at least 13 weeks from the age of 14.

**Relevant**: are Young People aged 16 and 17 who have already left care, and who were looked after for a total of at least 13 weeks from the age of 14, and have been looked after at some time while aged 16 or 17

**Former Relevant**: are Young People aged 18 – 21 who have eligible and/or relevant Children in Care – Young People who are looked after by a Local Authority either through a compulsory Care Order or remanded or accommodated by voluntary agreement including accommodation under section 20 of the Children Act.

**Qualifying Young People**: are over the age of 16 and under the age of 21 (or up to 24 if in full time further or higher education) and have been looked after or, if disabled, have been Privately Fostered after reaching 16, but do not qualify as Eligible, Relevant or Former Relevant. They may receive support, advice and assistance wherever they are living. If in full-time, further or higher education, this may include assistance in relation to securing vacation accommodation. They may also qualify if they are the subject of a Special Guardianship Order (SGO) and were looked after immediately before the SGO was made.

**Personal Advisor**

A Personal Advisor will be allocated to the Young Person; this will be a Community Resource Worker.

- Management footprint to be recorded on young person’s file.
- Signed copy of pathway plan to be on young person’s file
The **Needs Assessment** must be completed as part of the **Pathway Plan** and completed **within 3 months** of the young person’s 16th birthday.

The Young Person should be involved in the preparation and review of this assessment with the support of their Personal Advisor.

The Young Person’s Social Worker is responsible for recording the assessment information and conclusions and sharing these with the young person.

**Pathway Plan:**

Pathway plan part 1 should be completed when a young person reaches 15 ½ and part 2 should be completed when the young person is 16.

The pathway plan must be reviewed within **every 6 months**; the Young Person can, however, ask for this to be reviewed sooner. The plan will look at how to support the young person who is encouraged to be EET (i.e. Participating in Education, Employment or training) as part of the plan.

Once a Young Person is 18+ There should be evidence of some contact with the young person at least **every 6 months**

**Review**

CLA reviews for **Eligible** Young People must be completed in line with CLA procedures.

The IRO must be provided with a Final Pathway Plan at least **3 months** prior

- Evidence of the file of contact at least every 6 months.
to the Young Person’s 18th birthday

**Visits**

Where accommodation is provided to the Young Person by the responsible authority the Personal Advisor must visit the Relevant Young Person or Former Relevant young person at that accommodation within 7 days.

The Personal Advisor should make every effort to keep in touch on a regular basis at least every 2 months.

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### Care Proceedings

Care Proceedings are overseen by the Courts. The timescale for the completion of court proceedings is **26 weeks**

Once a decision has been agreed to institute court proceedings a solicitor will be allocated to the case who will review the paperwork (which was made available for the legal gateway panel) and ask for any additional information.

The Court will set the timescale for completion of evidence and will issue a **Case Management Order** which will outline the dates for filing of any evidence. **It is essential that this is complied with** to prevent drift and delay. It is important that the social worker shares the CMO with the Team Manager who should track when vital evidence is to be filed.

The Court Consultant will also track evidence filing dates and work closely with the Social Worker to make sure that this is achieved.

The social worker should liaise regularly with the Children’s Guardian. The social worker should ensure that they are planning concurrently which means assessing parents, any other potential carers and considering SHOBPS at the same time to avoid drift and delay.

The social worker must build time in for a Shobpa decision to be agreed giving plenty of time if further information is required prior to holding the decision.

Social worker to ensure the name of the solicitor is clear on the file.

Details of filing dates (not the entire CMO) should be clearly added to the case summary for ease in case the allocated social worker is not available and the information needs to be accessed by a duty worker.
For the Decision making LAC Review to go ahead all the final evidence must be available for the IRO to read. If it is apparent that the CMO cannot be complied with i.e. there is to be late filing of evidence then the solicitor, court consultant and the children’s Guardian must be informed.

- Decision to be recorded on the child’s file.
- Management footprint for the rationale to be added to the child’s file.

### Case Recording

Case records must be kept up to date and recorded within 24 hours, where possible, but at least within 2 working days of visits occurring. However, where a child has been at risk every effort must be made to the information being put on case records the same day.

Case recordings must be succinct but meaningful and give a clear understanding of the situation for the child/young person ensuring that their voice is clear throughout and that the impact of any intervention is clear. Where a professional opinion is expressed this should be clear.

Case recordings should evidence where the social worker/CRW has consulted with manager.

Bradford is embedding Signs of Safety throughout recording but case records **should not become lists** instead it should be clear from reading records what we are worried about balanced against safety factors that reduce that risk.

Where direct work has been carried out this should be signposted in case notes and added to the file.

**Case summaries** should be completed as a good overview of the child’s situation written from the child’s perspective to ensure that this is child focused. These must be updated every 3 months. The summary should include a clear and concise reference to **the danger statement (the risks) for the child** and **a clear safety plan** detailing how that child is being kept safe, this should be an action that is being taken when the threat of harm is present and not a list of

- Information recorded on the child’s file should be relevant; the child may wish to access the file when they are of an age to do so.

- Direct work can be added as an attachment in forms or uploaded to Civica; this should be done shortly after the work has been completed. Notification of this can be made using the Participation tab on the drop down case note type.

- Evidence of direct work such as drawings by children can be scanned and added to the child’s file. Notification of this can be made using the Participation tab on the drop down case note type.
compliance i.e. the child is going to school. The frequency of social work visits should be included.

The chronology should be kept up to date and include significant events written in a succinct manner. It should be updated regularly. It should be no more than 3 months out of date.

The essential information should be updated regularly ensuring all involvements are up to date and ethnicity and disability sections are completed.

The genogram should be completed using Signs of Safety so that as many safe adults as possible are identified who could contribute to the child’s safety plan.

When a management decision has been made that a case file should close the file needs to be closed within 5 working days.

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### Management Oversight and authorisation

Managers must encourage practitioners to present records in a timely manner, which allows for quality assurance and necessary amendments to be addressed prior to the due date.

All records that need to be seen by a Manager for authorisation must be responded to within 48 hours.

No case is to be closed or transferred without a case file audit which has been signed off by the Team Manager or in the case of Child in Need case by a Practice Supervisor who will have consulted with the Team Manager about the case.

No case to be closed or transferred without a completed:-
- Up to date chronology
- Current assessment or safety plan (the safety plan is not to rely on compliance)
- Completed case summary.
- All case notes up to date.

- Managers are responsible for quality assurance of required documents.

- Management footprint identifying the case is to be closed and that a case file audit has been undertaken.
For all allocated social workers, there is evidence that they are supervised monthly as a minimum. However, where a case is settled a decision may be taken by the Team Manager to discuss the case less frequently in supervision, this decision should be recorded on the file.

**Practice standards revised August 2018:**