

DEVON CHILDREN'S SOCIAL CARE

PRACTICE STANDARDS

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THE FOUR PRINCIPLES

- **Children are best brought up in families**, with local, place based support when needed.
- **We support families to find their own solutions**, building on their strengths and finding solutions to whatever difficulties they are confronting to be resilient, improve family life and increase opportunities for their children.
- **Children who need protection will receive it**; wherever possible, early help will prevent the need for statutory intervention in family life.
- **Timely permanent arrangements** will be secured for children who can't be brought up in their birth family.

Our Vision: Stronger Families: Safer Children.

We recognise that the best environment for nearly all children is within their birth family and their own community of wider family and friends.

We will work with families to help them understand risk so that, with them, we can find effective solutions that improve the lives of their children.

We will recognise, help identify and build on the support and behaviours (strengths) that reduce the worries we have about children's safety (risks). We will support each family to build on their existing strengths and skills that support the long-term safety of their children, giving them the best possible lives and experiences. We will work with families to find, recognise and make the most of resources and opportunities for children so that solutions are long lasting and effective. In addition, we will ensure families know how and when to access help when they need it.

Nothing about me, without me: We believe that people are more likely to make positive changes when those in positions of authority do things with them rather than to them. We will listen to children, young people and their families about what works for them.

Where children cannot be kept safe in a family setting, we will be part of a system that responds by making and keeping them safe, improving their live experiences and listening to their wishes and feelings.

OUR MISSION STATEMENT

(written by the Stand Up Speak up Children in Care Council)

Working to improve the safety and wellbeing of children and young people in Devon.

WHAT ARE PRACTICE STANDARDS

The standards, principles and expectations in this manual should be viewed as part of an approach to ensure that all services are consistently delivered to an agreed quality standard. They do not stand alone but are an integral part of achieving service strategies and policies and meeting procedural and operational requirements.

Practice standards, policies and procedures together ensure consistency across the organisation in how we carry out our work with children and families. They are all mandatory. The following definitions help show how these drivers are related to and dependent upon each other:

Practice Standards: these are the rules that describe the (minimum) service or practice, that can be expected by every service user. Most of them are legally set through government guidance and legislation or are based on evidence-based research.

Procedures: These are the steps that describe the actions needed to deliver that service or practice - the what, how, when, where and who.

Policies: These provide the strategic context for shaping the standards and procedures and answer the question of why the service is delivered in a particular way and why the service is important. The delivery of the policy requirements, as set out by Devon County Council, is the responsibility of all staff.

The practice standards in this manual are designed to improve consistency in practice across the county, to drive up the quality of the service provided to the vulnerable children and young people of Devon and their families and to lead to better outcomes for them.

These standards apply to all the children and young people we work with, be they children in need, children in need of protection, children in care, children with disabilities and young people leaving care. When considering the standards, practitioners should consider the needs of families in relation to their ethnicity, culture, heritage, religion and belief, race, sexuality, gender identity, disability and any other diversity issues which may impact on them.

It is important that the standards are considered in conjunction with other strategies, policies and procedures which relate to children's social care including but not limited to:

Devon Child Care [Procedures](#) Online (Tri.X)

and the South West Child Protection [Procedures](#):

Other standards which apply to children's social work include:

National Minimum Standards: [Fostering](#),

National Minimum Standards: [Adoption](#)

Children's homes regulations, including quality [standards](#)

SECTION ONE: CORE EXPECTATIONS

WHY THIS IS IMPORTANT

Being a child or adult involved with Devon Children's Social Care is likely to be both anxiety provoking and stressful. It is vital that, at the earliest stage of our involvement, we treat people with respect, work in a transparent way and are accessible to service users. A poor start to the working relationship is more likely to lead to poor outcomes for children.

1.1 All social work staff will be familiar with and work in accordance with the Professional Capabilities Framework (PCF), the HCPC standards of proficiency and the Knowledge and Skills Statements in relation to their area of service.

Every child and adult will receive in writing the contact details of their social worker and an alternative telephone number should they not be able to contact them. In addition, they will receive the telephone number for the out of hours service.

Guidance on the above can be found below:

PCF: <https://www.basw.co.uk/pcf/>

HCPC Standards: <http://www.hpc-uk.org/publications/standards/index.asp?id=569>

Knowledge and Skills Statements:

[Practitioner](#)

[Practice Leaders and Supervisors](#)

[Achieving Permanence](#)

1.2. Every child and adult will receive details (either by way of a leaflet or a link to how to complain online) of how to give feedback or make a complaint. Children and young people will receive details of MOMO (Mind of My Own). All staff will facilitate service users in making a complaint if they wish to do so, including passing the details to the Customer Relations Team if it is not possible to resolve the issue informally.

[Feedback and complaints](#)

1.3. Information will be written and stored in accordance with Information Sharing Protocols and with the principles of the Data Protection Act 2018:

- used fairly, lawfully and transparently
- used for specified, explicit purposes

- used in a way that is adequate, relevant and limited to only what is necessary
- accurate and, where necessary, kept up to date
- kept for no longer than is necessary
- handled in a way that ensures appropriate security, including protection against unlawful or unauthorised processing, access, loss, destruction or damage

1.4 Social workers will ask adults and young people for written consent (using the consent form approved by Devon County Council) in respect of information sharing and ensure the consent is placed on the child's file.

Information Sharing:

<https://new.devon.gov.uk/informationsharing/>

<https://new.devon.gov.uk/accesstoinformation/data-protection>

SECTION TWO: MANAGEMENT OF PRACTICE

WHY THIS IS IMPORTANT

‘Effective leadership sets the direction of an organisation, its culture and value system, and ultimately drives the quality and effectiveness of the services provided’. (Laming 2009: 2:1)

This section is intended to assist managers in providing and evidencing consistent oversight of practice, support and supervision, and to ensure defensible decision-making. It will also help practitioners understand the manager’s role better and what their manager can reasonably expect from them, for example when evidencing their practice through accurate and up to date records.

STANDARD: GENERAL MANAGEMENT

2.1. All managers ensure that all managerial responsibilities for children and young people for whom the local authority has a responsibility are carried out in line with the standards set out in this section and the rest of the practice standards document.

2.2. The service is effectively managed: staff members are effectively supported to achieve optimum outcomes for children and young people.

2.3. All children and young people’s records include evidence of management scrutiny of practice at regular intervals.

2.4. Managers ensure that good quality assessments are undertaken at agreed intervals and within statutory timescales, leading to analytical and evidence based recommendations and action.

2.5. Managers ensure that plans are in place on all cases and are reviewed at agreed intervals.

2.6. Managers ensure that other relevant national Minimum Standards relating to their area of work are met.

	<i>Key Practice Expectations</i>
1.	Work is allocated to suitably trained and qualified staff, with the necessary skills and capacity to undertake the task.
2.	All work is assessed to a high standard and this leads to a plan which is reviewed regularly in agreed cases.

3.	Professional and case supervision takes place regularly; decisions and outcomes are clearly recorded.
4.	Management oversight is recorded at all stages of work with a child and there is a clear audit trail of decision making.
5.	Managers audit case records on a regular basis and ensure identified action is taken to improve practice where necessary.
6.	All managers maximise opportunities for training and developmental opportunities.
7.	All staff attend mandatory training and participate in other appropriate professional development opportunities as identified in supervision and appraisal.
8.	All staff have annual appraisals and the agreed targets are reviewed throughout the year.
9.	Social work staff have the opportunity to progress through practice evaluation from NQSW to Senior Social Worker and, dependent upon vacant positions, into senior practitioner or management roles using the career development programme.

STANDARD: SUPERVISION

2.7. Providing high quality supervision is at the heart of our improvements to the quality and consistency of professional practice.

2.8. Casework supervision provides an opportunity for challenge and critical reflection which is a key safeguard against over-optimism, drift and risk averse practice. Professional supervision focusses on helping staff manage the complex and emotionally challenging situations that arise in working with families. This reduces the likelihood of harmful effects on the worker; ensures that information gained from reflection on practice is integrated into their understanding of the child's experience and informs SMART planning.

2.9. Professional supervision identifies and addresses: any issues in relation to the supervisee's health and wellbeing; any performance issues at an early stage and supports professional development needs.

2.10 Equality and diversity issues, relevant to the supervisory relationship, are acknowledged and considered.

	Key Practice Expectations
1.	Supervision is held regularly and is uninterrupted.

	<p>Regularly means fortnightly for newly qualified social workers (practicing for less than one year), social workers who have undertaken a major change of role in transferring to a different team and practitioners returning to work following a career break or other long-term absence.</p> <p>Regularly means a minimum of monthly for other practitioners.</p> <p>The frequency of supervision sessions will also be determined by the level of experience and the complexity of the work being undertaken. Additionally, supervision for practitioners involved in initial assessments will need to be more frequent as caseloads can change within four weeks.</p>
2.	There is a mutually drafted supervision agreement in place, reviewed on an annual basis.
3.	Managers will audit the case files of at least 2 children prior to supervision.
4.	Following supervision there is a supervision record that is available to both parties in respect of professional supervision, relevant sections of which are recorded on the child's file within 1 working day. Issues not relating to children should be recorded in the relevant section of Oracle.
5.	Supervision encompasses wellbeing, professional development and standards, and casework supervision.
6.	Casework supervision shows evidence of reflection, impact of intervention and management oversight.
7.	A supervision episode or record of case discussion is recorded on Care First in respect of each child open to the supervisee at least monthly.
8.	Other forms of supervision such as peer or group supervision are recorded on the child's file when discussion has been held in respect of that child.
9.	Formal observation of practice will be recorded in supervision twice a year. This will inform the appraisal process.
10.	Staff have a professional responsibility to be accountable for their own conduct, development and delivery of a high quality service. This includes being prepared for supervision, bringing evidence of progress, seeking appropriate assistance when need and using a range of learning opportunities.

NB: When supervising newly qualified social workers, Practice Supervisors will refer to the guidance issued by [Skills for Care](#).

Under the **HCPC Standards of Conduct, Performance and Ethics (Standard 4)** practitioners are required to bring to their employers or appropriate authority’s attention any issues that may affect their conduct and/or competence.

Devon’s supervision policy and toolkit can be accessed [here](#).

STANDARD: Annual Appraisals

2.10. All staff have annual appraisals in place that are being acted upon and progressed within agreed timescales.

	Key Practice Expectations
1.	Appraisal will formally note achievements in the past twelve months and record any actions needed to address learning and development needs identified during ongoing supervision and case discussions. The appraisal will set goals for the coming year.
2.	As part of preparation for this appraisal the manager will directly observe the practice of the member of staff (on a home visit where appropriate) and will provide constructive feedback and record this on the appraisal documentation. In preparation for appraisal, the member of staff will complete the self-assessment tool, 9 box grid and a development plan, including evidence about their role, and how it relates to the relevant Knowledge and Skills Statements: Practitioner Practice Leaders and Supervisors Achieving Permanence
3.	As part of preparation for this appraisal the manager will seek feedback from children and families. This feedback will be recorded on the appraisal and inform development goals.

For more information and guidance see the [Appraisal SharePoint](#) pages:

SECTION THREE: ASSESSMENT

WHY THIS IS IMPORTANT

If we are to help vulnerable children and young people, and provide a caring and nurturing environment for them to be able to grow and develop, we need to understand what has happened to make them vulnerable, what sense of the world they have, and what the future may hold for them. Our assessments need to build on the strengths within families and communities to enable them to provide that caring and nurturing environment wherever possible.

A good quality social work assessment is central to this understanding of what is happening to a child and family, and to informing decisions about action to be taken or services to be provided.

3.1. Every child has an up to date, evidence based assessment of their needs, wishes and feelings. Assessments are based on a clear analysis of all the information available and will include evidence of multi-disciplinary cooperation and assessment.

3.2. Assessment is recognised as a continuous process which requires regular review and leads to SMART (specific, measurable, achievable, realistic and timely) and flexible plans that meet the changing needs of children.

3.3. All children have an assessment which clearly takes into account the child's experience, wishes and feelings.

3.4. All assessments consider the needs, wishes, and feelings of parents and carers.

3.5. All assessments are strengths based, including a focus on what is working well, what are the key concerns and include robust analysis of how families can be enabled to fulfil their responsibilities to the child. This will include consideration with the family of arranging a family group conference.

3.6. An assessment is also an intervention in itself and the process of assessment may create change and lead to help from the extended family and/or the provision of services.

3.7. All assessments include consideration of needs arising from diversity including ethnicity, culture, heritage, age, disability, gender, gender identity, faith, sexuality and domestic abuse.

3.8. All assessments include a risk assessment which evaluates the interconnectedness of a range of risk factors.

3.9. In any case where any child or adult subject to the assessment has previously been the subject of care proceedings, the assessment will include the provision of legal advice.

3.10. All assessments include a contingency plan. Contingency plans include the practical steps to be taken to promote the safety and welfare of a child in the event of an emergency or other situation which requires the child to be looked after by someone other than their main carer.

3.11. If domestic abuse is known or alleged to have taken place, consideration will be given to the need to undertake a Safe Lives DASH Risk [Checklist](#).

3.12. Pre-birth assessments will start at week 13 of the pregnancy or as soon as the pregnancy is known about if later and be complete by week 32 unless the pregnancy has been concealed. Pre-birth work will include interventions and support to promote family's capacity to care for their child when born.

3.13. Family Practitioners and other social work support staff may contribute to parenting assessments. The responsibility for the assessment, however, including the analysis and conclusion remains with the social worker.

3.14. Where it is proposed that a child subject to a care order be placed with a parent or parents, an assessment of their suitability to care for the child will be carried out in line with the Children Act 1989 Guidance, Volume 2 known as 'Placement with Parent Regulations'.

3.15 All assessment should be completed within the shortest time possible to enable decision making and to minimise distress to families in the assessment process.

	Key Practice Expectations Assessments must:
1.	Include the reason for and purpose of the assessment; be clear in their conclusions and recommendations; record what steps have been taken (who was seen, what was read) and include seeing the child in a variety of settings, including alone, to seek their views.
2.	Include consideration of the quality of attachment between the parents/carers and the child, ensuring that, in respect of babies and non-verbal infants, they are seen awake and interacting with the carer.
3.	Focus on the strengths of families and their network as well as issues of concern in order to consider how resilience and protective factors can be supported while simultaneously reducing risks. Describe and clearly analyse the strengths and needs within a family and the risks likely to impact on the child. There should be a clear opinion of whether the risk of harm is significant. The conclusion should flow from the analysis.

	The analysis should include fathers and other men in families and demonstrate that absent fathers have been sought and considered.
4.	Include the preparation, review or update of a chronology, genogram and, in most cases, an ecomap to ensure other connected, but not necessarily related, people are included where significant and when any significant change or incident occurs.
5.	Be carried out in partnership with the family, focussing on building strengths and finding solutions, rather than simply describing deficits. This might include meeting with the family to discuss issues or convening a conference, review or core group meeting to consider how to resolve difficulties or manage a crisis should it arise.
6.	Include consultation with all agencies and professionals involved with the child and consider provision of services from a wide perspective. They must be robust by triangulating evidence from a range of sources to support key judgements being made. Consent must be sought to seek and share information unless to do so would be likely to place the child at risk of harm.
7.	Be holistic and systemic in approach, taking into account available resources and the child's place within the context of family, community and culture.
8.	Be child centred, rooted in child development and focus on the child's lived experience and its likely impact on them.
9.	Include consideration of other children within the close or wider family or network.
10.	Include the use of evidence based assessment tools and evidence from research, maintaining an approach of 'respectful uncertainty' (Laming 2003) in relation to assessment.
11.	Consider the child's views and those of family members and significant others including analysis of why these have or have not been given precedence.
12.	Include a robust risk assessment which takes account of static and dynamic risk and protective factors and includes consideration of historical information, parental capacity and ability to achieve lasting change.
13.	Ensure that evidence from a wide range of sources is considered and triangulated and that the relationship between risk factors and the possibility of multiple risks is considered.
13.	Include intervention and provision of services during the assessment period where needed to improve the child's situation or test hypotheses.
14.	Be written in plain language, free from jargon and be understood by the child, parent/carer. If appropriate, be translated into the first language of the child/family and include a child friendly version of their assessment.

15.	Be shared with parents, others with parental responsibility and the child, depending on their age/level of understanding.
16.	Be scrutinised and approved by a manager with the managers view and rationale for it clearly recorded.
17.	Include consideration of domestic abuse and. Where appropriate, a Safe Lives DASH Risk Checklist to evidence whether risk is standard, medium or high. If it is high, then a MARAC referral must be completed and ways of safeguarding children and vulnerable adults considered and acted upon.
18.	A needs assessment must be carried out in respect of all children in care at age 15 and a half to inform their pathway plan which much be in place by the age of 16.
19.	Remain mindful of issues regarding the Mental Capacity Act for both parents and young people of 16 and over and of issues regarding the Deprivation of Liberty for all children and young people. Mental Capacity Act Guidance
20.	Take into account the history including any previous care proceedings and the worker and manager must ensure legal advice is sought where anyone subject to the assessment has previously been involved in care proceedings in Devon or elsewhere.

	Frequency of assessment
1.	Single assessments in relation to a Section 47 enquiry must be undertaken within 10 calendar days. It is good practice to see the child(ren) within 24 hours of allocation.
2.	Single assessments in relation to children in need must be undertaken within 40 days maximum. In all cases, assessment must be carried out in as short a time as possible to enable timely planning and to reduce anxiety for children and families. In some cases, managers will set earlier timescales of 10 days or 25 days. This will be documented in the single assessment. <i>(NB both the above allow for a period of quality assurance between the worker and their manager)</i> It is good practice to see the child within 5 days of allocation.
3.	Single assessments for children subject to child protection plans must be reviewed prior to every child protection conference and a social work report provided for initial and review child protection conferences. These reports must be shared with family members 3 days prior to the conference.

4.	<p>Single assessments for children in care must be reviewed at a minimum of once per year.</p> <p>In addition, an assessment report must be completed prior to every child in care review.</p>
5.	<p>Single assessments must be updated:</p> <ul style="list-style-type: none"> • As a minimum once every 12 months; • Prior to a child becoming looked after; • When any significant change or incident occurs in the child's life which requires updated assessment and planning; • Prior to a young person's Pathway Plan being commenced; • Where there is a proposed significant change to a care plan; • When a manager considers it necessary.

SECTION FOUR: PLANNING AND REVIEW

WHY THIS IS IMPORTANT:

Good quality planning for children starts from the initial enquiry or request/referral for service. Effective intervention at an early stage can ensure children's needs are addressed promptly, and potentially reduce the necessity for more intensive interventions by the local authority later in their lives.

Good quality planning prevents drift, ensures the children's best interests are kept under constant review, and ensures the most effective use of the practitioner's time and of local authority resources. It also includes the family and works on their strengths, encouraging them to form safe, child-centred plans.

The development and completion of formal plans for children, and the ongoing planning and review process, are essential parts of a practitioner's work with children and their families. The plan may be a child in need plan, a child protection plan, a care plan (for a looked after child) or a pathway plan.

The child in need framework can be found [here](#)

4.1. Planning for children is solution and outcome focussed, arises from assessment and analysis and is subject to regular review, taking into account the changing needs, wishes and circumstances of children and their families and includes a multi-agency approach.

4.2. Permanence is understood as a wide range of options to meet the child's long term needs and provides an underpinning framework for all social work with children and their families from family support through to adoption. It ensures a framework of

emotional, physical and legal conditions that gives a child a sense of security, continuity, commitment, identity and belonging. The range of options includes placement with existing or reconstituted birth families, with friends or relatives, adoption, long term fostering with new or existing carers, Child Arrangements Orders, Special Guardianship Orders and, for a minority of children, short or long term residential care. There is recognition of the changing nature of the child's needs throughout their minority.

4.3. At the latest every child will have an agreed written permanence plan in place at the second Looked after Review in accordance with the Care Planning Placement and Case Review (England) Regulations 2010 and the Adoption and Children Act 2002.

4.4. Planning gives the child, family and involved professionals a clear and immediate understanding of the intended outcomes. It accurately reflects the lived experience of the child and considers their expressed views, wishes and feelings.

4.5. A good quality plan gives confidence that the actions and interventions have a good chance of achieving those intended outcomes, and the timescales for completing the actions are realistic. It involves all parties in making a tangible contribution to the intended outcomes.

4.6. The review of any plan is undertaken in a timely fashion, using policy and procedure as well as professional judgement to determine the timescale. The review plan is realistic about whether the intervention is making progress towards the intended outcomes within agreed timescales.

4.6. All plans contain a carefully considered contingency plan to ensure the child's needs can be met in the event of a crisis or emergency. The contingency plan is clearly recorded on the child's record so as to be visible to other practitioners including EDT.

	Key Practice Expectations
1.	The reason for and purpose of the plan are clearly set out.
2.	The plan flows from the analysis made in the preceding assessment, or earlier plan.
3.	It clearly addresses needs and risks while also building on the strengths of the child and parent/carer.
4.	It conveys the views, wishes and desired outcomes of the child and other relevant parties.
5.	The plan is based on evidence and is informed by research.
6.	Actions are agreed by all parties and each person is clear about the part of the plan they are responsible for.

7.	The plan is written in a SMART format, is clear about what needs to change and includes clear timescales for actions and intended outcomes.
8.	The plan has clearly identified intermediate outcomes that can be used to evidence progress and minimise drift.
9.	The plan contains clear arrangements for review.
10.	In review plans, the progress in meeting outcomes is clear and evidenced.
11.	The plan includes a contingency plan should it fail to achieve the intended outcomes or to keep the child safe in the event of an emergency or where a carer places the child at risk. The plan should include explicit details of what is to happen if the primary carer is unable to care for the child.
12.	There is evidence of management oversight of the plan.
13.	Planning for children separated from parents/siblings or significant others includes arrangements for contact.
14.	Plans include an analysis of the risks and benefits of all the realistic options for the child.
15.	Where a child is to be looked after, a placement planning meeting takes place before placement or, if the placement was urgent, within 3 working days of placement, chaired by a Team Manager and attended by the child's social worker.
16.	For children subject to child protection plans, the plan is reviewed and updated at every core group meeting.
17.	For children in need, the plan will be reviewed formally every 12 weeks as well as at each core group (minimum of 6 weekly) to ensure that the plan is on track and to consider whether to step up if concern increases or step down when consistent positive progress has been maintained over a period.

SECTION FIVE: PRACTITIONER CONTACT WITH CHILDREN AND YOUNG PEOPLE

WHY THIS IS IMPORTANT

Many children, for whom the local authority has a responsibility, have had damaging experiences and need help from professionals to regain their confidence and trust in adults.

Research shows that children want to be listened to and to be treated with respect. Part of the practitioner's role is to build a relationship with the child. This relationship is crucial to ensuring that planning for children, and practice, is centred on the child's needs, and takes account of their views and their understanding of their world.

Building a relationship with a child requires regular contact, not only in times of crisis but also at times when the child's life is relatively calm and undisturbed.

STANDARDS

5.1. Every child has the opportunity to develop a relationship with their worker by means of regular face to face contact which, not only meets the minimum standard required by regulations (Care Planning Placement and Review Regulations 2010) but takes place at intervals that meet the child's needs, enables the worker to develop that relationship and takes into account the child's wishes and feelings.

5.2. Contact with children is meaningful, purposeful and considers the child's preferred methods of communication. This might include keeping in touch via email, text or social media (with due regard for the need for confidentiality) as well as face to face contact.

5.3. Contact with children contributes to a culture of ongoing assessment, planning and review of children's needs.

5.4. Babies and pre-verbal infants are regularly seen awake, observed in their family setting and the quality of their attachment to their primary carer(s) considered.

5.5. Staff work in partnership with children and young people to ensure they understand both the duty of the social worker and the limitations of any contact.

5.6. It is expected that most children will be seen more frequently than the statutory minimum amount but, for children in care, this level of visiting is recognised as appropriate in some cases where a minimum level of visiting has been agreed at a statutory review following an assessment, dependent upon the child's needs, the stability of the placement and in response to the wishes of the child. Timescales of visits may vary in accordance with the child's plan. There needs to be close consultation with foster carers and the IRO, and a contingency plan, so children and carers know what to do if they need additional support. Minimum visits must also be supported by other methods of communication.

5.7. There is a clear procedure for transferring a case and such transfers are kept to a minimum, include a handover and fully involve the child/young person and their family/carers.

5.8. For looked after children, the need for an independent visitor will be considered, provided where appropriate and kept under review.

5.9. Social workers and managers working with looked after children will be familiar with and adhere to The Children Act 1989 guidance and regulations: Volume 2: care planning, placement and case review

	<u>Key Practice Expectations</u>
1.	<p>Children and young people are seen alone, and in a variety of settings, observed and communicated with according to their age, understanding and developmental needs, as part of an assessment or intervention.</p> <p>The young person's version of the Safelives DASH Risk Checklist should be undertaken with them where domestic abuse is considered to be a risk.</p>
2.	<p>Children and young people receive personal contact from staff sufficient to enable a relationship and rapport to be built, promoting effective engagement and communication, which is accessible to them and free from professional jargon. All children and young people will receive and have explained to them the procedure for making a complaint/representation.</p> <p>Confidentiality and information sharing: Dependent upon age and stages of development, it is important to talk about when you can keep things private and when you cannot. Consultation with children shows that they themselves see safety as important, and most children will understand the need to share information to keep them safe.</p>
3.	<p>Enough time is given to enable the child to feel safe enough to talk about whether they are happy in their setting, and whether they are being cared for safely and appropriately. Spending time with children away from their family home or placement, in addition to statutory placement/home visits, should be undertaken to maximise chances for children and young people to express themselves.</p> <p>Babies and pre-verbal infants must be seen and observed awake on a regular basis.</p>
4.	<p>Staff make appropriate arrangements for the use of translators, interpreters and communication tools to meet any specific sensory or language needs including use of braille, sign language, hearing loops etc.</p>
5.	<p>Children are engaged with and listened to in ways designed to emphasise their positive potential and their need for social inclusion having regard for culture, disability and identity.</p>

6.	Communication with children is recorded in a manner that reflects their views and is appropriate to be shared with them.
7.	All key assessment/planning documents reflect the views of the child or young person including where a child declines to share any information. The reason why the sharing of information was declined is recorded.
8.	When children express a desire not to see the social worker, the reason for this and consideration of how to overcome it is given careful consideration and unsuccessful attempts to see a child are recorded.
9.	Other than in an emergency (e.g. the worker is absent from/leaves work unexpectedly), all children will be notified of a change in worker, the reason for it and have the opportunity to be introduced to their new worker by their existing worker.
10.	Families and carers will be notified both verbally and in writing and all those involved including the child, family, carers and other agencies will be informed of the new workers contact details and the date of the change in writing/by email.
11.	New workers will read the child's file before meeting the child and family.
12.	Where we are unable to accede to a child's wishes (e.g. to return home from foster care), the reasons for this must be discussed with the child and clearly recorded.

VISITS

Frequency of visits

Minimum statutory requirements are not enough.

The statutory requirements provide only a minimum standard. Decisions need to be taken in supervision about how often practitioners visit and make contact with children, and about the changing role and nature of the support that needs to be provided – for example whether there is a need to undertake direct work with children, or whether visits should be arranged in a particular way to support work being undertaken by other agencies. Practitioners and managers for looked after children should keep firmly in mind that we are the child's corporate parent. Decisions about visiting must be recorded by the manager on the child's file.

Visits to looked after children should not be neglected because a placement or plan is going well. The ongoing review of the care plan requires that visits take place at least as often as the 2010 Regulations require. This helps to ensure the social worker is equipped to identify and help with any difficulties because care has been taken to establish a relationship with a child and carer, and it helps to assess long term situations fully. There are some circumstances where more frequent visits will be necessary. There will inevitably be periods in any placement

when a child's carer or the placement may be under stress. Any changes (particularly reductions) to the frequency of visiting to a child or young person must be agreed by the manager and recorded within the child's care plan.

FREQUENCY OF VISITS	
Statutory Requirements	Devon County Council Good Practice Expectations
Children in need	
None in place	At a frequency of not less than every 20 working days as set out in the Child in Need Framework .
Child protection plans	
None in place	At a frequency of not less than every 10 working days. Depending on the level of risk/harm, and the frequency at which the child is seen by other professionals, visits may need to be more frequent if indicated in the child protection plan or necessary for the purpose of ongoing assessment or intervention. The lead worker should be a qualified and experienced social worker.
Looked after children including those placed in secure accommodation.	
Children in foster care/residential care Within one week of the start of the child's first placement and within one week of the start of any subsequent placement. Thereafter, at intervals of not less than six weeks for the first year of any placement. Visits during subsequent years must also take place at intervals of not more than six weeks unless the placement has been formally agreed as a permanent placement which is intended to last until the child is 18: in those circumstances,	Children in foster care/residential care The social worker should see the child in placement on the day he/she is placed and within one week of placement. Thereafter, the frequency of visits should always be determined by the circumstances of the case but at a minimum of 6 weekly. Best practice expectations in Devon are that at least 4 weekly visits take place for the first year in order to develop a relationship with the child and to ensure that carers are

the intervals between visits in the second and subsequent years of placement must not be longer than three months.

The authority must arrange a visit whenever reasonably requested by a child or foster carer regardless of the status of the placement.

The social worker must visit the placement if there is any proposal to remove the child from the placement where there are concerns about welfare.

supported to meet their needs. Reductions to visiting following this should be the subject of discussion and agreement in the child's review, take account of the needs and wishes of both the child and carer and be agreed by both the IRO and the social worker's manager.

Reductions to 3 monthly visiting for children in a permanent placement should be subject to the above but must also be agreed by a senior manager and recorded on the child's record with a clear rationale for the decision. In those circumstances, arrangements must be made to keep in touch with the child and carers by other means (telephone, text, email) at monthly intervals to ensure any placement or other issues are identified early.

A looked after child who is placed in a planned placement but before foster panel has approved it, must be visited at least once a week until the placement is approved through panel.

Placements with a temporarily approved foster carer or a child living with parents under an interim or final care order.

Where a child is placed under regulation 24, or where an interim care order has been made in respect of that child and, under section 38 of the 1989 Act, the child is still living with the parent, or where a child subject to a care order is placed with a parent, the child must be visited at least weekly until the time of the first review. Subsequently, visits must take place at intervals of not more than four weeks until the carer is approved under the 2002 Regulations or the final hearing has been completed in care proceedings. These frequencies reflect the potentially greater vulnerability of a child who has been placed with a carer before the assessment of that person's suitability to care for the child has been completed or where the child continues to live with a parent in circumstances where the responsible authority has concerns about a possible continuing risk of the child suffering significant harm. These visits will allow the social worker to assess how the relationship between the child and parent or

carer is developing and identify at an early stage where there may be concerns about a child's welfare.

Children and young people who are placed in a series of short breaks (e.g. respite care arrangements, or short stays with relatives away from the main placement) must be visited:

- On one of the first seven placement days.
- Within 3 months of the first placement day.
- After the first visit, on placement days at intervals of no less than six months; or
If the interval between placements is more than six months, during the next placement.
- There must be at least one unannounced visit each year.
- The child's sleeping arrangements will be seen at least annually.

For children placed in an adoptive placement, visits must be:

- Within the first week of the placement and then weekly until the first review; Visits can be shared between the adopters and child's social worker but agreement and details for this should be included in the Adoption Placement Plan;
- Thereafter, the frequency of visits will be determined at the child's Adoption Review or, if not specified, every six weeks for the first year and after this, on a three-monthly basis.
- Where there are any concerns, additional visits should be arranged.

The adopters' link worker will also carry out visits at intervals agreed in the Adoption Placement Plan - and more frequently if circumstances require. The visits should continue until an Adoption Order has been made or until the placement is terminated.

Children Reported Missing

When a child who has been **reported missing** from care returns, a visit to see the child will be made **within 72 hours**, and the "missing from care" procedures followed. This will include a return home interview being conducted within 72 hours of the child/young person's return. If the child is an open case to children's social work this visit is normally done by the designated practitioner.

In other circumstances, the interview may be carried out by a worker from REACH.

The care provider should never undertake the return home interview.

Practitioners should refer to the South West Child Protection [Procedures](#) and statutory [guidance](#) on children who run away or go missing from home or care.

Children in more than one placement

Children placed in residential school, and who are in foster care or a residential home, must be visited at the school at least once in every term, and be seen in both settings, whilst ensuring that the statutory minimum visiting requirements are met.

Young people remanded to Youth Detention Accommodation

Young people aged 12-17 “Remanded to Youth Detention Accommodation” (YDA) are now deemed to be Looked After following the implementation of The Legal Aid Sentencing and Punishment of Offenders Act 2012 (LASPO) on 3rd December 2012. This has replaced “Court Ordered Secure Remands” and “Remands into Custody”. As a result, there will be a statutory requirement for them to have an allocated qualified social worker and be visited in line with Devon’s best practice expectations and the statutory requirements for Looked After Children (i.e. visited within one week of placement, then a minimum of 6 weekly after that).

SECTION SIX: LEAVING CARE

WHY THIS IS IMPORTANT

Stark statistics show that many children and young people leaving care face enormous odds in the fight against adversity. In a vicious circle of cause and effect, their life stories frequently contain examples of disruptions to their education and challenges to their social and emotional wellbeing, often leaving a legacy of insecure relationships and problems. But we know of many young people who have triumphed over disadvantage with the right care and support.

The common challenges for young people leaving care are the increased likelihood of:

- having a special educational need or disability
- not being in Education Employment and Training (NEET)
- becoming young parents
- being homeless or in unsuitable accommodation
- youth custody

Added to which are the demands of having to live alone at an early age, often without the support of family members.

It is our duty to provide support, advice and guidance and to help them to break this cycle at a time of significant change.

STANDARD

7.1 Many young people will remain looked after until their 18th birthday unless there is a good reason to change their status: they will be supported to contribute fully in the development and implementation of their Pathway Plans: be supported into education, training or employment; receive good healthcare; be provided with accommodation which is suitable and safe; and be given information and advice, as well as practical and financial support to make the transition into adulthood and independence. Care leavers will receive the same level of care and support that other young people get from their parents.

7.2. A Pathway Plan is in place for the first review following a young person's 15th birthday and is regularly reviewed and updated thereafter.

7.3. Young people are integral to the development of their Pathway Plan and will be supported and encouraged to contribute to it. The plan will reflect their priorities and aspirations.

7.4. A landmark review is held when a young person is 17½ to arrange for a needs assessment to be completed within 3 months of the young person's 18th birthday. Staying Put funding, will be considered and any plan must be presented to Resource Panel for agreement.

7.5. Young people receive support to continue their education or post 15 training or employment and have the opportunity to live in decent, affordable and permanent accommodation.

7.6. Staff working with care leavers understand, the categories of those leaving care and which of them are entitled to support after their 16th birthday. The categories are Eligible, Relevant, Former Relevant and Qualifying.

7.7 All eligible (including eligible, relevant, former relevant and, in some cases, qualifying) young people will receive a multi-agency assessment of their needs as to the advice, assistance and support they will require when leaving care. The young person's social worker in collaboration with their personal assistant (PA) will be responsible for coordinating the Needs Assessment. This assessment should be completed no more than 3 months after the young person's 16th birthday or after the young person becomes Eligible or Relevant if this is later. The timetable must take account of any forthcoming exams and avoid disrupting the young person's preparation for them.

	Key Practice Expectations
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1.	A PA will be allocated to the young person by the time they are 16 years old introduced to the young person by their social worker or, where appropriate, other key workers or carers.
2.	Care Leavers will be actively supported to write their Pathway Plan. The plan will be informed by a needs assessment and should set out the advice, assistance and support that will be provided based on that need. The assessment and plan should be reviewed at least every six months and monitored for progress by the Team Manager.
3.	Staff have a duty to advise and befriend young people leaving care. As corporate parents, staff should be a lifelong champion and remain supporters for young people even when formal arrangements have ended.
4.	Young people are supported to access their files and records if they so wish once they are 18.
5.	PAs will visit young people at no less than two monthly intervals; this visit should be recorded within 1 working day. In addition to this the PA will keep in touch via telephone, text or email based on the preference of the young person, and in line with legislation, at 3 months before and 1 month after their 18 th birthday.
6.	Care leavers have a right to be supported until 25. At 21, their case record will be closed unless they are receiving an active service (that includes if they are in education or training) based on assessed need. They will be informed that they are able to return and request a service if needed until they are 25 and will be given information regarding this and written to every 6 months until they are 25 reminding them of their entitlements.
7.	The social worker or PA will ensure that for young people in education and training they are offered a Personal Education Progression Plan (POPP) in place with the Virtual College.
8.	The social worker or PA will ensure that care leavers are in suitable accommodation or if not, contingency plans are in place and senior managers are made aware.
9.	The social worker or PA will ensure that young people are aware of their rights to advocacy, representation and to make a complaint.

SECTION SEVEN: RECORDING AND REPORTING

WHY THIS IS IMPORTANT

Records are an essential account of a child's life during the time that the local authority is involved. The records are used to help understand a child's circumstances and needs, to progress assessments, therapeutic and other work with the child and family members, and to share information about the child and family with other professionals.

Recording is an essential component of gathering information, analysis and decision-making and a means of demonstrating defensible decision making.

Recording should be concise and clear, so that children and families can understand it when they access their files.

Records are crucial in understanding what has gone wrong in the event of a serious incident leading to a serious case review and can help agencies learn from mistakes, thereby protecting future children.

Social work reports are integral to decision making about the child. They should be well written, accurate and timely, with sound assessments of strengths, needs and risk.

Evidence-based recommendations are essential in determining the provision of the most appropriate services for vulnerable children.

As adults, people may wish to look at their records. This could be many years, even decades after their involvement with children's services, and so the record can often be their only link to their early life and family experiences. It is vital that people can look back and feel that they experienced a professional service which has accurately and fairly recorded its work with them and their families.

STANDARD

6.1. All children and young people have records within which management and practitioner activity and the child and family's key life events are accurately and ethically recorded. Recording includes descriptions, analysis and professional judgement. It is essential therefore that a distinction is made between fact and opinion and third part contribution.

6.2. All DCC practitioners who have direct involvement with the child or family are responsible for recording their involvement on the child's file. This includes family practitioners, personal advisers and managers.

6.3. Records contain: accurate and up to date factual and contact information; a chronology; a genogram/ecomap; assessments; plans (and reviews), as well as accurate and up to date case records.

6.4. Case recording demonstrates analysis and evidence informed decision making.

6.5. Case recording includes evidence of regular management oversight.

6.6. All records conform to the principles of the Data Protection Act (see Section 1)

6.7. Reports are child-centred, evidence based, concise, analytical and balanced. They include clear conclusions and achievable recommendations and SMART plans.

6.8. Chronologies are based on a study of recorded information, and their overall purpose is to support the analysis of a case.

6.9. There is a contingency plan on every child's file containing details of the arrangements to be made in the event of a crisis which necessitates the child being removed from their carer(s).

	Key Practice Expectations
1.	Case records must be kept up to date and recorded within two working days of visits or events occurring . However, in emergency and child protection situations recording should be completed on the same day as the event or early next morning.
2.	A chronology must be commenced on every case subject to a single assessment and, thereafter, kept up to date by the allocated social worker. Staff should read, understand and adhere to the chronology procedure and guidance. The chronology must be used as an analytical tool to help understand the impact, both immediate and cumulative, of key events and changes in a child or young person's developmental progress. Chronologies are essential components of social work assessments and the social work statement in the legal process.
3.	The starting position for any social care assessment should be to establish who the family and support network are through completion of a genogram and/or eco-map. This will establish from the onset family members and significant others who may be able to offer support to the family and prevent further delay, for example when they are identified and require assessment late in the course of care proceedings.
4.	Records must state the purpose of the contact with the child, e.g. statutory visit, care plan, assessment etc., and must indicate on which occasions babies were seen awake, the child was seen alone, and what views were expressed by the child.
5.	Records must show that children and parents have been consulted about and kept informed of decisions and plans. The record must include their views about proposals,

	decisions and plans. Reasons why this has not been possible should be clearly recorded.
6.	Recording must be free of jargon, acronyms, abbreviations and grammatical and spelling errors. This article offer some helpful tips from a service user perspective. Practitioners must ensure their recording makes sense, and that the same child and correct gender is referred to throughout. Copying and pasting information from another child's file should be avoided.
7.	Records should be written with the expectation that they may be read by family members including the child in the near or distant future.
8.	On the electronic record all appropriate fields relating to an activity must be completed. Additional information can be entered into free text boxes. This will ensure that statutory performance information can be obtained from the record.
9.	It is essential that distinctions are made between fact and opinion and third party information.
10.	Reports must be written on the approved template, address the areas specifically requested, and be completed within the agreed timescales which in some cases will be set by the Family Court. Likely difficulties in ability to comply with timescales must be discussed with managers at the earliest opportunity.
11.	Reports must be neat, well presented, and easy to read, with numbered paragraphs and pages where appropriate. Reports must include good grammar and accurate spelling. There must be no unnecessary, unexplained jargon. The tone must be appropriate, i.e. no slang, no use of first names or 'Mum' 'Dad' for adults, but not unduly academic or professionalised. Where signatures are required, these must be included. Signatures that are handwritten can be scanned into electronic documents. Do not leave signature boxes blank.
12.	Social Work evidence for court must be passed, fully completed and endorsed by a manager to the legal team at least 48 hours prior to the filing date/hearing to allow them to review and provide feedback.

SECTION EIGHT: AUDIT

WHY THIS IS IMPORTANT

As part of a quality assurance framework, audit should adopt a strengths based approach that recognises good practice as well as areas for development. It is in place to ensure that the practice standards in this document are consistently met or exceeded and to highlight themes or patterns when practice needs to change.

Audit outcomes should be available to workers and managers for supervision, staff development and, in some cases, to raise capability issues.

Most importantly, audit should highlight actions that need to be taken to ensure a child's needs are being met; they are safe and that information about them is accurate and up to date.

STANDARD

Managers at all levels regular audit elements of case work using agreed audit tools to ensure consistently good practice and to evidence performance issues which require action.

The Quality Assurance Framework can be found [here](#)

	Key Practice Expectations Audit may include checking:
1.	The details held on the child and family on the client desktop are accurate and up to date.
2.	The chronology is up to date and meets the expected standard.
3.	Records are up to date and meet agreed standards of practice, e.g. regarding statutory visits, seeing the child alone, recording the child's views.
4.	There is a birth certificate correctly located on file for looked after children.
5.	The child's most recent plan and review minutes are on record.
6.	The most recent court order, where appropriate, is on record.
7.	Whether key outcomes are being achieved for the child in acceptable timescales.
8.	Managers and Practice Supervisors' supervision records for the child are filed with the case recording.

9.	Individual aspects of a child's file are audited regularly using approved tools.
10.	Whether the child's lived experience and their voice is clearly reflected, and their wishes given consideration.
11.	Themed audits will be undertaken when the need is identified.