



Care Wellbeing and Learning

CHILDREN & FAMILIES SERVICE & EARLY HELP SERVICE

PRACTICE STANDARDS

For qualified social work staff, early help workers & staff working directly with children young people and their families

Document control and record of amendments

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This document will be subject to regular review – please check online procedure manual regularly to ensure you are kept up-to-date with any changes

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Introduction

Keeping children safe and giving them a voice

Our job in children’s services is to make sure we protect children from harm and promote their well-being. They must feel as safe and secure as possible in their lives. We need to ensure that we have the basics in place right now to keep children safe in Gateshead.

We also need to ensure that children understand:

- What we are worried about;
- What’s working well;
- Next steps;
- We will listen to what they are saying

Management support to make this happen: ‘our commitment to you’

- We will be clear in what we expect of you.
- Regular supervision to a minimum of every 4 weeks and in line with [Gateshead’s Supervision Policy](#).
- A comprehensive learning and development plan.
- Regular Appraisals.
- Monthly Team Meetings including Group Supervision.

Practice Standards for Social Workers

All Social Workers should be compliant with the HCPC Codes of Conduct and able to evidence the Knowledge and Skills Statements in their practice, as directed by the Department for Education (DfE).

HCPC Standards:

- Standards of Conduct, Performance and Ethics;
- Standards of Proficiency;
- Standards of Continuing Professional Development.

[DfE Knowledge and Skills Statements for Child and Family Practitioners \(2018\)](#)

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| 1 | Relationships and effective direct work |
| 2 | Communication |
| 3 | Child Development |
| 4 | Adult mental ill health, substance misuse, domestic abuse, physical ill health and disability |
| 5 | Abuse and neglect of children |
| 6 | Child and family assessment |
| 7 | Analysis, decision-making, planning and review |
| 8 | The law and the family and youth justice systems |
| 9 | The role of supervision |
| 10 | Organisational context |

Management oversight and supervision - Standards

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| M1 | Supervision and case review takes place on a regular (monthly) basis and covers each child in the family. |
| M2 | My supervisions are reflective, promote opportunities to hypothesise and consider whether the approach being taken with the family is the right approach and whether our working assumptions are supported by observation and evidence – supervision should directly consider the effectiveness of the family’s plan. |
| M3 | All of my open cases include evidence of regular and timely management oversight and management direction. |

1 Social Work Visits – Practice Standards: Checklist

The standards set out below outline what is expected of social workers regarding visiting children:

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| 1.1 | I have made all visits to the child at the placement or home address. Some were unannounced. I have seen the child’s bedroom on some visits. |
| 1.2 | I have made sure the child/young person has appropriate care, advice, support and help. This includes making sure that: <ul style="list-style-type: none"> • arrangements for the child are appropriate for the child’s age and understanding; • the child/young person knows how to seek appropriate advice, support and help from Children’s Services (as far as is reasonably practicable given the child’s age and understanding). This includes knowing how to contact me between visits. |
| 1.3 | On each visit I have spoken to the child alone unless: <ul style="list-style-type: none"> • the child refused, and was of sufficient age and understanding to do so; or • I considered it inappropriate to do so, bearing in mind the child’s age and understanding; or • I was unable to do so (for example, because the child was out). • If I have not seen the child alone I have recorded why. |
| 1.4 | I have ensured that social work visits to a looked after child also had an element of safeguarding. I have observed the standard of care, and have checked the child’s bedroom on some visits. I have been alert to the possibility that there may be a hidden need for support. |
| 1.5 | I have discussed with the child (subject to their age and understanding) what information about the visit should be shared, with whom and why. |
| 1.6 | I have ensured that, although the visit should concentrate on the child, I have also offered advice and help to the child’s carer (foster carer, residential staff or parent). |

1a Analysis and Reporting of Visits – Practice Standards: Checklist

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| 1.7 | I have made a record of each visit setting out the main issues covered, any issues of concern and how to tackle these. |
| 1.8 | Unless it was inappropriate, I have informed the parents of visits and the information arising from them. I have understood that parents and carers should always be told of visits to see children unless this is contrary to the child’s plan, or compromises the child/young person’s safety. |
| 1.9 | If I have had any concerns about the suitability of the placement/home environment, I have informed the Team Manager, and the IRO if the child/young person is a LAC or subject to a CP plan. |
| 1.10 | I will ensure that all visits are recorded on Care First using the ‘Social Worker Visit’ form. I will ensure that the child’s views are always recorded, using direct quotes (where appropriate). |

1b School Visits – Practice Standards: Checklist

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| On specific occasions, Social Workers may see a child/ young person on their own at school when there are safeguarding concerns or a need to undertake 1:1 direct work. | |
| 1.11 | I have ensured that parents or carers have been informed of my visit to see their child/young person in school unless this compromises the child’s safety. |
| 1.12 | I have consulted with the key staff at school to ensure there is minimum disruption to the child/young person’s day. |
| 1.13 | Where possible, and it is in the best interests of the child/young person, I have ensured the child/young person knows when I am coming to visit them at school and the purpose of the visit. |

2 Assessment – Practice Standards (Assessing Children in Need/Children Subject to Child Protection): Checklist.

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| 2.1 | I have adhered to the DfE guidance Working together to safeguarding children (2018) and the Regional Assessment Framework. |
| 2.2 | I have clearly recorded the reasons for the assessment and ensured that all the issues of concern, as well as the protective factors, are evident. |
| 2.3 | Prior to assessment: I have made it clear to parents and the child/young person why children’s social care is involved, what we will be doing and what is likely to happen as a result. I have ensured consent has been given to complete assessment (if CiN) |

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| 2.4 | I have seen the child/young person alone and, where possible, gained their views and separately recorded them, using direct quotes (where appropriate). If I have not seen the child/young person, I have recorded why not. |
| 2.5 | I have considered all children/young people in the family as part of the assessment. |
| 2.6 | I have identified any other children living in the household, or connected to it, and made sure they are safe. |
| 2.7 | I have identified all adult members of the household, including those temporarily absent (for example, in custody or psychiatric hospital). |
| 2.8 | I have contacted all significant family members/friends and recorded their views (including the views of fathers/mothers who live away from the children). |
| 2.9 | I have contacted all agencies involved with the child/young person and family. Their views are part of this assessment. |
| 2.10 | I have included a realistic and detailed picture of the child/young person and what it is like to be a child in this family. |
| 2.11 | I have clearly analysed the identified and assessed risks – and the factors protecting the child/young person from those risks. In doing this, I have been careful to distinguish fact from judgement. |
| 2.12 | I have considered how to incorporate relevant up-to-date research into my assessment to inform analysis and decision making. |
| 2.13 | I have included a picture of the parents, their strengths and weaknesses as parents and any areas where they are not meeting the child/ young person’s needs. |
| 2.14 | I have considered factors which may impact on parenting as identified in the Assessment Diamond |
| 2.15 | I have considered any needs arising from race, ethnicity, religion, language, gender, disability, nationality or any specific cultural issue. |
| 2.16 | I have considered – and analysed significance of – any previous case history (including past referral/s, assessments and files on any member of the household). I have read and updated chronology prior to undertaking assessment. |
| 2.17 | I have ensured the child/young person is central to my assessment, which clearly identifies the needs of the child/young person (and family). |
| 2.18 | My record of the assessment clearly shows what I have found and what I think should happen next. It includes why I think this. |
| 2.19 | I have considered the triggers (‘thresholds’) for Child in Need/Child Protection and evidenced these in the assessment. |

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| 2.20 | Upon completion of assessment: I have made sure that the child/young person and their family know what will happen next. |
| 2.21 | My analysis and decisions refer to the original concerns raised with us and any other issues, including the history of all family/household members. |
| 2.22 | I have told parents and other agencies involved the results of the assessment and the plan for the child/young person. |
| 2.23 | I have discussed the assessment with my manager at 10 day checkpoint and agreed timescales for completion. |
| 2.24 | I have personally given a copy of the completed assessment to the family, and the child/young person where relevant. I have invited them to comment so their views from part of the record. I will ensure that the child's views are always recorded, using direct quotes (where appropriate). |
| 2.25 | I have told the professional who originally raised concerns with us – and all relevant agencies – what will happen next, confirming this in writing. |

3 Working with Children and Families Supported by a Child Protection Plan – Practice Standards: Checklist

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| 3.1 | I have made sure that the first core group meeting took place within 10 working days of the ICPC. At the meeting I made sure that all actions to be taken under the child protection plan were clear and that Core Group members knew about the actions they must take to make the plan succeed. |
| 3.2 | I have made sure at the first core group that parents/carers and children understand the plan. |
| 3.3 | I have made sure that I visit the child every 15 working days as a minimum, according to the child protection plan. The visits had a purpose, focusing on the risks identified to the child/young person as well as the identified strengths. Where appropriate, I have seen the child on their own. My records show this. All my work has aimed to maximize the safety and wellbeing of the child. |
| 3.4 | I have made both announced and unannounced visits to the child. Each of my visits added to what we know about the child/young person and what life is like for them. Each visit helped us to understand more about the child and had a clear plan and focus as part of the planning process. |
| 3.5 | I have regularly found out what the child wants and how they feel. I have made sure the child understands the plan. I will ensure that the child's views are always recorded, using direct quotes (where appropriate). |
| 3.6 | I have continued to assess and re-assess the needs of the child. I can answer the question: "What is it like to be this child in this family?" I can identify what needs to be different. |

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| 3.7 | I have understood the role of fathers and male partners in the household. I have properly assessed and understand the significance of new partners or new household members and any concerns this presents. |
| 3.8 | Where home conditions are an issue, I have checked the kitchen cupboards, fridge, toilet, bathroom and all bedrooms as needed. |
| 3.9 | I have made sure that the core group has met every 6 weeks and put the child protection plan into practice. If the plan has not achieved what it should, I have made sure that the group agreed what to do to about this and the timescale. I have asked myself if the plan is SMART. |
| 3.10 | I have prepared my report for the Review Child Protection Conference (RCPC) at least five days before it happened. I have shared it with parents, carers and, if appropriate, the child in advance of the Conference. |
| 3.11 | I have used supervision to hypothesise, reflect upon and explore my feelings about the case and to make sure that I am putting the child first. |
| 3.12 | I have discussed identified risks immediately with my manager, or a covering manager. We have agreed what we need to do about those extra concerns and I have recorded this on the child's file. |
| 3.13 | I have seen the child/young person alone and, where possible, gained their views and separately recorded them, using direct quotes (where appropriate). If I have not seen the child/young person, I have recorded why not. |

4 Working with Children and Families Supported by a Child in Need Plan – Practice Standards: Checklist

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| 4.1 | I have ensured that the plan is recorded on the Child's File. |
| 4.2 | I have ensured a Child in Need Outcome Meeting is held, following an assessment, where the outcome is that a package of family support is required to meet the child's needs under Section 17 of the Children Act 1989. |
| 4.3 | I have made sure at the first CIN outcome meeting that parents/carers and children understand the plan. |
| 4.4 | I have made sure that the CIN plan has been developed into a SMART plan, involving all necessary other agencies – and it is recorded on the Child's File. I also made sure the meeting agreed who should do what. |
| 4.5 | I have made sure that I visit the child every 20 working days. The purpose of visit has been to progress the identified plan, focusing on the risks and needs identified for the child/young person as well as the identified strengths. Where appropriate, I have seen the child on their own. My records show this. All my work has aimed to maximise the safety and wellbeing of the child. |

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| 4.6 | Each of my visits added to what we know about the child and what life is like for them. Each visit helped us to understand more about the child and had a clear plan and focus. |
| 4.7 | I have regularly found out what the child/young person wants and how they feel. I have made sure the child understands the plan. I will ensure that the child's views are always recorded, using direct quotes (where appropriate). |
| 4.8 | I have continued to re-assess the needs of the child. I can answer the question: "What is it like to be this child in this family?" I can identify what needs to be different. |
| 4.9 | I have understood the role of fathers and male partners in the household. I have properly assessed and understand the significance of new partners or new household members and any concerns this presents. |
| 4.10 | Where home conditions or finances are an issue, I have checked the kitchen cupboards, fridge, toilet, bathroom and all bedrooms as needed, and I am clear about the acceptable standard they should reach. |
| 4.11 | I have made sure that the care team meeting is held every 6 weeks and reviews the CIN plan. If the plan has not achieved what it should, I have made sure that the group agreed what to do to about this and the timescale. I have asked myself if the plan is SMART. |
| 4.12 | I have used supervision to hypothesise, reflect upon and explore my feelings about the case and to make sure that I am putting the child first. |
| 4.13 | I have discussed identified risks immediately with my manager, or a covering manager. We have agreed what we need to do about those extra concerns and I have recorded this on the child's file. |

5 Undertaking a Child Protection Enquiry - Practice Standards: Checklist

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| 5.1 | I have a sound understanding of all concerns about significant harm to the child (including how likely this is) and I have identified potential risks to them (including those posed by frequent visitors to the household and people in the community who may wish to exploit the child). |
| 5.2 | My Section 47 (S47) assessment recognises the potential for harm to the safety of siblings and any other children in the household (and other households where relevant). |
| 5.3 | I have identified strengths, areas of concerns and protective factors and have recorded within S47 assessment. |
| 5.4 | I have followed the Gateshead Safeguarding Children Board Procedure for a S47 assessment . |
| 5.5 | I have looked at the case history of all members of the household and connected persons. I have used what I found there to help make this assessment. |

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| 5.6 | I have completed all necessary checks with other agencies. I have included information from other agencies in this assessment and used this information as part of my analysis. |
| 5.7 | My assessment ends with a judgement (based on evidence and analysis) about 'harm' and whether I consider it 'significant' (as defined by the Children's Act 1998) – i.e. a Statement of Risk. |
| 5.8 | I have made clear what needs to be done to make the child safe. |
| 5.9 | I have checked the S47 referral details. I am certain I have investigated all the allegations made. |
| 5.10 | I have developed my hypothesis and action plan and shared it with my manager. |
| 5.11 | Initial Child Protection Conference (ICPC) My Assessment for the ICPC summarizes and analyses all information from my assessment and all pre-existing records on the child/young person, family and any other household member. |
| 5.12 | I have completed the ICPC report and shared it with the family and the child (where appropriate) at least 2 days before the conference. I have noted their wishes and feelings. |

6 Looked After Children (Children in Care) – Practice Standards: Checklist

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| 6.1 | I have read or completed an Assessment for the child/young person in care. |
| 6.2 | I have arranged to see the child/young person within 1 week of them going into care or change of placement. I will ensure that the child's views are recorded, using direct quotes (where appropriate). |
| 6.3 | I have made sure that we promote, and help arrange, contact between a child/young person and their family and friends if this is in their best interests. I have made sure that our planning clearly outlines all contact and that the venue for it is in the child/young person's best interests. |
| 6.4 | I have clearly explained to the child/young person why they are coming into care. I have explored the possibility of placing them with family and friends. I have discussed with the child/young person the foster placement, careers and contact with parents, siblings and friends. I have tried to answer all the child/young person's concerns. I will ensure that the child's views are always recorded, using direct quotes (where appropriate). |
| 6.5 | I have made sure that all LAC paperwork, including the risk assessment, is complete and that the career/residential unit has a copy. If the child/young person is accommodated under S.20 Children's Act 1989, I have obtained the signature of the parent/s who has/have parental responsibility. I have made sure that the parent/s has/have the capacity to consent and have used an interpreter if necessary. If I am unsure I have discussed with my manager and with Legal. |

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| 6.6 | I have made sure that the parents have relevant paperwork on their child coming into care, and that they understand why this is happening and what might happen next. I have kept in regular touch with them and involved them in assessments and plans as appropriate. Where necessary, I have used an interpreter or advocate to ensure the parents understand what is happening. |
| 6.7 | I have identified any difficulty the child or carer may be having and what extra support and services may be needed. |
| 6.8 | The child/young person has my contact details and knows how to get in touch with me if they need or want to. This includes an email address and work mobile telephone number, as well as an office number and number for when I am not available. As well as this, I have made sure that I have contacted the Advocacy Service, so any child/young person has access to independent advice and support. |
| 6.9 | I have seen the child/young person alone during my Statutory 6 weekly visit. If not, I have recorded the reasons why. I have taken account of their views and feelings. Where I have not been able to do this, I have explained why. I have ensured I have seen the child/young person's bedroom when I visit at least every 12 weeks, providing them with a words and pictures explanation if required. |
| 6.10 | I have worked with the child to help them understand their plan. I have ensured the care plan, encourages them to reflect on their journey in life and make sure that they have personal possessions, information, photos and material about their family. I have ensured I establish and maintain a relationship with the child so they can share their lived experience. |
| 6.11 | I have taken responsibility for making sure that the child/young person gets an initial health assessment (from the Looked After Children Nurses) within three days of them coming into care. (Children under five must get a health assessment twice a year. Those aged between five and 18 must get one every year). I have included a full health assessment in the child/young person's case record where they have consented to health screening. If they refused, I have recorded this. |
| 6.12 | I have made sure there is an up-to-date PEP (Personal Education Plan) in the child/young person's case record. |
| 6.13 | I have consulted health, education and other agencies/individuals involved with the child/young person (or their family) as part of the process of assessing them and planning their care. |
| 6.14 | I have taken account of the child/young person's needs including race, ethnicity, language, disability, gender, sexuality and placement with siblings. As necessary, I have completed siblings' assessments together and/or apart. |
| 6.15 | I have made sure there is an up-to-date Pathway Plan on the child/young person's case record by the time they reach the age of 15 years and nine months. |
| 6.16 | I have consulted with the child/young person about who attends their Looked After Children (LAC) review meeting. They know they may be accompanied by a relative, close friend or advocate to enable them to take part in the meeting and to support them. |

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| 6.17 | I have encouraged and helped the child/young person to take part in their review meeting either directly or in other ways (for example, video recording, written submission and MOMO). |
| 6.18 | I have encouraged parents to take part in the review process. |
| 6.19 | I have shared and discussed my report with the child/young person and their family three days before the review meeting. I have also sent it to the Independent Reviewing Officer (IRO) to prepare for the meeting. |
| 6.20 | I have made sure that the child/young person and their parents are prepared for the review and able to share their views. I will ensure that the child's views are always recorded, using direct quotes (where appropriate). |
| 6.21 | I have recorded the achievements of the child/young person (for example, swimming badges, youth awards, school team membership and so on) on their file. I have included these in their Life Story work where appropriate. |
| 6.22 | I have made sure that there is a plan for a permanent future for the child/young person by the second CIC review. I have also made sure the child/young person (where appropriate), parents and IRO are aware of this plan at least three days before the review takes place. |

7 Looked After Children - Role of the Independent Reviewing Officers Practice Standards – Checklist

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| 7.1 | I (the IRO) will ensure the child is at the centre of all they do. |
| 7.2 | I will ensure that the child's wishes, views and feelings are given full consideration. I will ensure that the child's views are always recorded, using direct quotes (where appropriate). |
| 7.3 | I will be satisfied that each placement is meeting the needs of the child. |
| 7.4 | I will ensure that each child knows who their IRO is and how to contact them between reviews and this should be clearly recorded in the record of the review. |
| 7.5 | Each review process to have the necessary information available and people attending, to ensure clear, robust and informed judgements are made about the progress of the care plan. |
| 7.6 | All care plans and decisions to have a timescale attached that meets the child's needs and a named person to implement them. |
| 7.7 | I will challenge where there is drift in care planning and alert using the local authority formal dispute resolution process. |
| 7.8 | I will ensure that I am satisfied that plans for permanency have been identified by the second review. |
| 7.9 | I will ensure I am satisfied that the local authority is meeting the requirements of the care planning regulations including fulfilling its duty as corporate parent. |

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| 7.10 | I will pro-actively monitor the progress of the care plan and the implementation of the review decisions. |
| 7.11 | I will determine whether a review needs to be convened when there is a significant change/event in the child's life. |
| 7.12 | I will engage with the child's guardian in line with the Cafcass protocol in order to ensure effective communication about the child's care plan. |
| 7.13 | I will provide both positive and constructive feedback to all the stakeholders in order to achieve good outcomes for children. |
| 7.14 | I will ensure that all Looked after children on my caseload have an opportunity to meet with me prior to their LAC review should they wish to do so. |
| 7.15 | I will ensure that the views, wishes and feelings of the child are shared and discussed within their meeting and this is reflected within the minutes of the meeting and on their case file. |
| 7.16 | I will ensure that all looked after children have access to an advocate should they so wish and that they are aware of how to make a complaint. |

8 Care Leavers – Practice Standards: Checklist

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| 8.1 | I have read and understood Children Act 1989: Transition to adulthood or care leavers, Care planning, Placement and case review, Children (Leaving Care) Act 2000, the Care Leavers (England) Regulations 2010, and I understand that this statutory guidance represents the minimum requirements of my role. |
| 8.2 | I have read and understood the policies and procedures relating to the care leaving service, including those relating to meaningful contact, in touch, missing and pathway plan completion and will ensure that I comply with the policies and procedures. Anything I do not understand I will discuss with my line manager. |
| 8.3 | I have read and acknowledged the care leavers charter. A charter is a set of promises that help in decision making but do not replace laws. The principles in this charter have been developed by young people leaving care. By signing up to it, local authorities promise to provide a range of support for care leavers into their adult life and I will ensure that I know the Trust's charter and adhere to its principles |
| 8.4 | I understand that supporting care leavers to prepare for independence is a key part of my role and I will work with all care leavers using the preparation for independence programme to ensure that they are ready to transition to independence effectively. |
| 8.5 | I understand that securing appropriate, aspirational and meaningful education, training or employment is a key aspect to preparing young people for independence. I will actively seek out support information, advice and professional guidance and ensure that young people get the help, advice and guidance they need to be successful |

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| 8.6 | I understand my role as a corporate parent and in everything I do with care leavers I will adhere to the corporate parenting principles and I will always use the threshold of 'would this be good enough for me or my child' when I make decisions about issues which impact on a care leaver's life. |
| 8.7 | I will try and understand the young person's lived experience and ensure that interventions, support or advice and guidance I give in relation to a young person takes account of their experience, expectation and levels of understanding and ability. |
| 8.8 | I will make sure that I fully consider any diversity needs the child or family may have, particularly around speech, language and communication issues, acquired brain injury, special educational needs, ethnicity, sexuality, gender fluidity and religion; and I have adjusted my approach accordingly. |
| 8.9 | I recognise that young people joining the care leaving service may have had a variable experience of care. I will treat with them with the respect and dignity they deserve and ensure that they know that care leaving services is a safe place for them where they can share their thoughts and feelings, but I will make sure that they know if they tell me anything, which I assess puts them or others at risk of harm, I will share that information with other agencies to ensure that they are kept safe. |
| 8.10 | I will ensure that I capture the voice of the child, young person and family in all my recordings and that I use their thoughts, wishes and feelings to inform my assessments and plans. I will make sure that interventions are done with, and not to, children young people and families. |
| 8.11 | I will recognise that sometimes care leavers can be mistrusting of professionals, hard to engage and motivate and can present behaviour which may appear challenging. I will be mindful that all these issues are as a result of their lived experience and because of that I will be thoughtful, creative, tenacious and dogged in my efforts to build a meaningful relationship with them, because I know that the relationship between me and the young person is the most important factor in preparing them for independence and supporting them to become successful, healthy, happy adults. |
| 8.12 | I will ensure that if I believe that any care leaver is at risk of harm or has suffered harm then I will escalate this to the relevant safeguarding panel. I will ensure that any plan or actions coming from the panel will be implemented and reviewed. |
| 8.13 | I will endeavour to support all young people within our service to access suitable housing; I will work with the SAILS panel to facilitate this. I will make sure that young people are not placed in housing that does not meet their needs because of a shortage of provision. |
| 8.14 | I will ensure that I promote and encourage the young person to make contact and spend time with their family and significant people where it is deemed to be appropriate and beneficial to them. |
| 8.15 | I will ensure that the child's views are always recorded on Care First, using direct quotes (where appropriate). |

9 Foster Care recruitment - Practice Standards – Checklist

| | |
|------|---|
| 9.1 | I will ensure that I respond to an enquiry regarding fostering recruitment within five working days of receiving the information and send the relevant information out. |
| 9.2 | I will contact prospective foster carer(s) and arrange an initial visit within five days of receiving the request to visit. |
| 9.3 | I will take due regard of the identity, race, ethnicity, gender, disability, religion and communication needs of the family when arranging any visit. |
| 9.4 | I will clearly explain to the prospective foster carer(s) the purpose of my visit and how the assessment process will be undertaken. |
| 9.5 | I will ensure that the assessment clearly evidences my findings, and I will discuss them with my manager and make recommendations for future planning and assessments. |
| 9.6 | I will give prospective carers contact details of the fostering team manager so they can get in touch with them at any time if they have concerns about the progress of their assessment. |
| 9.7 | I will fully respect confidentiality and keep secure all information provided with regards to personal information |
| 9.8 | In the stage one process I will ensure that I undertake checks with the disclosure and barring service (DBS) authorities with details of where prospective carers have lived, personal references, medical and contact significant previous partners or any adult children within two months. |
| 9.9 | I will ensure that all the information I receive is shared with the prospective foster carers appropriately so they are aware of the plans to progress to stage two. |
| 9.10 | I will endeavour to keep the prospective foster carer informed of any delays we experience in obtaining the information needed to complete the required checks. |
| 9.11 | I will meet with prospective foster carers at least once during stage one to discuss progress and offer additional support where required. |
| 9.12 | It is expected that this assessment will be completed within six months. Where there are delays on behalf of the agency I will give reasons for any delays verbally and in writing and take all reasonable steps to minimise the length of these delays. |

10 Foster Carer support and supervision – Practice Standards – Checklist

| | |
|--------------|---|
| 10.1 | I will ensure all placement options are explored so that the best placement matches can be made. |
| 10.2 | I will ensure child/children are given the opportunity to meet with the fostering family prior to their placement starting whenever possible and appropriate. |
| 10.3 | I will ensure that a placement planning meeting will take place within five working days to agree how the placement will best meet the child's needs. |
| 10.4 | I will ensure the child has an individual safe in care plan appropriate for the child/ young person's needs and taking into account their wishes and feelings. |
| 10.5 | I will ensure the household safer caring policy meets the needs of each child placed. |
| 10.6 | I will complete a health and safety checklist on a foster carer's home every year to ensure good standards are maintained. |
| 10.7 | I will complete at least one unannounced visit every year, to ensure the fostering household is providing a safe home environment for the child/ children in their care. |
| 10.8 | I will request DBS and medical renewals every three years or sooner if required. |
| 10.9 | I will visit the foster family on a regular basis; at times when need is higher this could occur more than once a month and at times of placement stability will be no less than 8 weekly |
| 10.10 | I will endeavour to be available as and when needed for additional support to promote the best possible fostering experience and outcomes for the child/children. |
| 10.11 | The child and their foster carers know how to contact me and also know who to get help from when I am not in work. |
| 10.12 | I will ensure the child and their foster carers have all the relevant telephone numbers to be able to access support at any time. |
| 10.13 | I will assess how foster carers meet fostering standards through the annual review process. |
| 10.14 | I will submit report to fostering panel for the first review for approval. |
| 10.15 | I will support foster carer in completing their training support and development standards (TSDS)-work book in their first year of fostering. |
| 10.16 | I will review foster carers training needs and support them in their own professional development. I will complete a personal professional development plan (PPDP) with foster carers in line with foster carers agreement. |
| 10.17 | I will ensure my case recording is up to date and critical incidents are recorded within one working day. |
| 10.18 | I will attend LADO meetings to represent the fostering service and investigate any concerns raised against foster carers. |

11 Case Recording after Visits – Practice Standards – Checklist

| | |
|------|---|
| 11.1 | I have ensured that my recordings are up to date and accurate. |
| 11.2 | I have evidenced that I regularly see the child/young person alone where it is appropriate to do so. The Child’s Voice is evident in my recording. |
| 11.3 | I have ensured my record reflects the complexity of the child’s life. My record differentiates between observed fact, reported fact and interpretation/opinion. |
| 11.4 | I have clearly recorded where I have had the use of interpreters, specialist workers or tools to enable communication with the child/young person. |
| 11.5 | I have clearly identified the child’s views in their case record. I have recorded what the child has told me, in their own words. I have confirmed this with the child. |
| 11.6 | I have made sure that case notes record the identity and contact number of other professionals or family/friends I have spoken to. |
| 11.7 | I have ensured my case recordings demonstrate an analysis of the child/young person’s experience and conclusions. |
| 11.8 | I have ensured the child’s chronology and genogram is up to date (in preparation for any reviews). |

12 Outcome Focused Planning - Practice Standards – Checklist

An outcome is a positive change we can expect as a result of interventions we plan for children/young people and their families.

Outcome Focused Plans create meaningful, measurable and clear outcomes with families.

| | |
|------|--|
| 12.1 | I have ensured the plan is well written and presents a comprehensive, evidence-based assessment of needs and risk. |
| 12.2 | I have included the actions required to achieve the outcome (or outcomes). I have made it clear how actions are expected to bring about improved outcomes. |
| 12.3 | I have ensured that all outcomes are SMART to help avoid drift and delay. |
| 12.4 | I have ensured the plan is child focused. |
| 12.5 | I have developed the plan together with the family. |
| 12.6 | I have ensured the plan is holistic in approach, bringing together appropriate contributions from assessments and other professionals. For example, I have ensured child care plans include the contributions from the PEP and health plans. |

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| 12.7 | I have ensured the plan and the planning process show evidence of progress on agreed actions and interventions that are meeting the child's needs, and how the child is benefitting. |
| 12.8 | I have ensured the plan focuses on the full range of issues. |
| 12.9 | I have specified the resources required. |
| 12.10 | I have ensured that the timescales for progress are clear. Provision has been made for the plan to be routinely reviewed and updated. |
| 12.11 | I have ensured the plan has been written, discussed, agreed and circulated within statutory timescales. |
| 12.12 | I have ensured that sufficient discussion has taken place on proposals before the meeting. |
| 12.13 | I have ensured the responsibility for the actions and timescales for delivery are recorded. |

13 Court Orders – 8 Day Filing Procedure for Evidence – Practice Standards Checklist

| | |
|-------|--|
| 13.1 | I have recorded orders made at court, particularly filing dates for LA evidence. I have arranged Decision Making Meeting and booked in with agency decision maker (if required). |
| 13.1a | I have ensured that the filing and subsequent hearing dates are recorded correctly and <u>if I am unable to meet a deadline, I have informed Legal Services (who will notify the court).</u> |
| 13.2 | I have blocked out time in my diary to complete and check my evidence. |
| 13.2a | I have spoken to my manager about this and agreed a day or days to complete evidence. |
| 13.3 | I have ensured that the evidence is with my manager 3 working days before the filing date. |
| 13.3a | I have ensured that all other documents are available and ready to be sent to legal (i.e. adoption and birth certificates, medical report). |
| 13.4 | I have ensured statements and chronologies have been quality assured by my Team Manager. Care Plans have been counter signed by my Team Manager and Service Manager. I have ensured the Care Plan has been sent to the Service Manager 3 working days before the filing date. |
| 13.4a | I have ensured that I, or my Team Manager, have notified the Service Manager in advance of them receiving a Care Plan. |
| 13.5 | I have ensured that evidence is with Legal no later than 2 working days before the filing date. |
| 13.5a | I have sent evidence to the LA solicitor. |
| 13.6 | OUTCOME- I have updated admin re the outcome of any hearings. |

14 Core Group Meetings – Practice Standards

Core Group Members

Members are professionals or family members who have a significant role in the life of a child who is at risk of significant harm; their inclusion in the group is vital to help protect the child. Members must respect confidentiality and not discuss information shared at the group meeting elsewhere: the only exception is when information needs to be shared to protect a child.

Parents have a right to know what professionals are saying about them and their children. Conversations within Core Group meetings should be full and frank and recorded. Where appropriate for their age/stage of development, children should be invited to attend and contribute.

Key Responsibilities

| Social Worker | Group Member | Team Manager |
|--|---|--|
| <ul style="list-style-type: none"> • Arrange and Chair the meetings. • Record agreed updates to the CP Plan. • Summarise the discussion and allocated tasks. • Circulate the plan after meetings | <ul style="list-style-type: none"> • Develop and implement the plan. • Appoint another representative from their agency if unable to attend. • Take notes of tasks allocated to them | <ul style="list-style-type: none"> • Sign the initial plan and all updated versions. • Record management decisions and recommendations for RCPC. |

The First Core Group Meeting

| | |
|------|---|
| 14.1 | Agree and clarify actions in the outline Child Protection plan – and challenge the plan to make sure it is robust enough to cut, and eliminate, identified risks. |
| 14.2 | Challenge the actions to make sure they are SMART (specific, measurable, achievable, realistic and with set timescales) |
| 14.3 | Ensure all actions are allocated to the people responsible for them. |
| 14.4 | Record decisions taken and actions agreed. |

Subsequent Core Group Meetings

| | |
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| 14.5 | Review the situation using the current CP Plan. If a member has not been able to complete an action set at a previous meeting, they should explain why and a new timescale set if the action is still appropriate. |
| 14.6 | Monitor progress against outcomes in the Child Protection Plan. Any failure to meet targets should be acknowledged to the family. |
| 14.7 | Amend and update the plan as required; the social worker will present any recommendation for change to their TM |

14.8

Identify appropriate actions to take where risks have escalated. Any member may contact the social work TM if they believe the group is not providing effective protection for the child and/or use their own agency’s escalation policies.

15 Child in Need Care Team Meetings – Practice Standards

CiN Care Team Meeting Members

CiN meetings are arranged when a child/family is assessed as needing support under Section 17 of the Children Act 1989 and are multi agency meetings where professionals involved work together with the family to review the child’s needs and agree and update a CiN plan.

Where appropriate for their age/stage of development, children should be invited to attend and contribute. CiN meetings may take place in a variety of locations to support full attendance.

Discussions should be recorded.

Key Responsibilities

| Social Worker | Group Members | Team Manager |
|---|---|--|
| <ul style="list-style-type: none"> • Arrange and Chair meetings • Update the plan within 3 working days • Circulate the updated plan to the family, children and professionals within 5 working days. • Record the updated plan on the child’s record. • Where appropriate, raise any unresolved issues with the Team Manager. | <ul style="list-style-type: none"> • Develop and implement the plan. • Appoint another representative from their agency if unable to attend. • Take notes of tasks allocated to them | <ul style="list-style-type: none"> • Sign the initial plan and all updated versions. • Record manager’s decision making on Child’s File. |

CiN Care Team Meeting

| | |
|------|--|
| 15.1 | The initial care team meeting must be arranged within 10 working days of the decision that a CiN plan is required. |
| 15.2 | The frequency of subsequent meetings should be agreed at the initial meeting: this will normally be every 6 weeks but they may be held every 12 weeks in certain circumstances. |
| 15.3 | A list of attendees and non-attendees should be kept and the list of invited members should be reviewed; the meeting should consider whether to invite anyone else (i.e. professionals or other family members). |

| | |
|-------------|--|
| 15.4 | Meetings should discuss, review and challenge the progress of agreed actions. Any written information provided by professionals not at the meeting should be shared. Updates to the plan and any issues which cannot be resolved should be noted. |
| 15.5 | The updated CIN plan must be shared with the family during and after meetings. Simple, jargon free language should be used to ensure the family fully understands the plan. |
| 15.6 | If the meeting agrees to step down to a Early Help assessment or opt for a single agency response, it must identify and agree a lead professional to lead this process. Early Help needs to be invited to the meeting to agree a plan to step down. |
| 15.7 | When members of the meeting agree that the case should be closed to Children’s Social Care, a closing summary should be recorded on the Child’s record. It should include reasons for the closure, the views of professionals involved and the views, wishes and feelings of the child/young person and their parents/carers. It should outline the agreed plan going forward. |

16 Early Help: Effective Casework by Early Help Staff – Practice Standards Checklist

16a Early Help: First/Initial Contact – Practice Standards Checklist

| | |
|--------------|---|
| 16.1 | I have checked the service history/chronology before a first visit |
| 16.2 | I have read/reflected on previous assessments and/or plans (CAF/CIN/other) |
| 16.3 | I have made telephone contact with the family no later than 2 working days from the date of allocation or recorded clear reasons where the first visit is outside of this timescale |
| 16.4 | I have made personal contact with the family within 5 working days from the date of allocation and recorded clear reasons where the first visit is outside of this timescale |
| 16.5 | I have escalated newly allocated cases to a line or duty manager where I have been unable to contact the family within 2 working days from the date of allocation |
| 16.6 | I have completed the Early Help Consent Form and Medical Information Form with the family and have ensured that they have understood the contents of each |
| 16.7 | I have seen the sleeping arrangements of the child/ren on initial and subsequent visits |
| 16.8 | I have started the Common Assessment Framework (CAF) process where a new assessment is required |
| 16.9 | I have properly assessed new partners or new household members |
| 16.10 | I have started/updated a chronology and will add to this as casework progresses to the point of closure |

16b Early Help: Common Assessment Framework (CAF)

| | |
|--------------|---|
| 16.11 | I have clearly recorded the reasons for the assessment and ensured all issues, risks and concerns are evident |
| 16.12 | I have made it clear to the parents/carers and child/young person why the Early Help Service is involved |
| 16.13 | I have seen the child/young person alone and, where possible, gained their views and separately recorded them, using direct quotes (where appropriate). |
| 16.14 | I have considered and incorporated any previous case history into the CAF assessment |
| 16.15 | If I have not seen the child/young person, I have recorded why this has not been possible |
| 16.16 | I have considered all family members as part of the assessment |
| 16.17 | I have identified all adult members of the household, including those temporarily absent (hospital, prison, etc) |
| 16.18 | have contacted all significant family members and recorded their views, including co-parents who live elsewhere |
| 16.19 | I have contacted all agencies involved with the child/young person – their views are part of this assessment |
| 16.20 | I have included a detailed/realistic profile of the child/young person – ‘what it is like to be a child in this family’ |
| 16.21 | I have clearly identified and assessed the risks and identified the factors protecting the child/young person |
| 16.22 | I have included a profile of the parents – their strengths and weaknesses |
| 16.23 | I have identified the factors which may impact on parenting capacity |
| 16.24 | I have considered any needs arising from race, ethnicity, culture, gender, disability, sexuality, nationality |
| 16.25 | I have ensured that the child/young person is central to my assessment |
| 16.26 | My assessment clearly shows what I have found and what I think should happen next and why. |
| 16.27 | I have considered the thresholds for work by both universal (step-down) and statutory (step-up) services |
| 16.28 | I have made sure that the child/young person and their family know what will happen next. |
| 16.29 | I have told parents and other agencies involved the outcome of the assessment and the plan for the family. |

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| 16.30 | I have personally given a copy of the CAF document to the family and, where relevant, the child/young person. |
| 16.31 | I have completed the Common Assessment Framework (CAF) process within 30 working days from the date of allocation where an assessment was required. |
| 16.32 | I have reviewed updated the Common Assessment Framework (CAF) at the 6-month stage and/or where there has been a change in family circumstances/composition. |
| 16.33 | I have used specific tools and resources to support the assessment process. |

16b Early Help: Team Around the Family (TAF) and Support Plan

| | |
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| 16.34 | I have ensured that the first Team Around the Family (TAF) date is within 30 working days from the date of allocation or clear reasons have been recorded for a first TAF date outside of this timescale |
| 16.35 | I have ensured that TAF meetings take place every 6 weeks (8 weeks max), recording clear reasons when TAF meetings occur outside of these timescales |
| 16.36 | I have made sure that the child/young person and family understand the plan |
| 16.37 | I have made sure that the TAF addresses lack of progress in the plan, proposing new actions/timescales |
| 16.38 | I have made sure that plan is SMART and avoids drift and delay |
| 16.39 | I have made sure that the TAF helps to re-assess the child/young person and family |
| 16.40 | I have encouraged/helped the child/young person to take part in the TAF meeting/process and have documented clear reasons where this has not been possible |
| 16.41 | I have made sure that the child/young person and family are prepared to participate in a TAF meeting/process |
| 16.42 | I have ensured that the plan uses plain language, understands and names needs/risks, details what the family is going to do to make the agreed changes, shows what it will look like when the need is met or risk reduced and details what each professional agency is doing to support the family |
| 16.43 | I have made it clear how actions are expected to bring about improved outcomes |
| 16.44 | I have ensured that the plan focuses on the full range of issues and has a clear action on establishing the views of children and young people on the content of the plan. |
| 16.45 | I have ensured that the plan is holistic in approach |
| 16.46 | I have ensured that the TAF meeting minutes and CAF Support Plan are shared with the family and relevant agencies 15 working days from the TAF date |

16c Early Help: Providing family support

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| 16.47 | Each of my open cases has an identified Lead Practitioner and there is evidence of regular family visits and effective partnership working, including timely information sharing with consent where needed |
| 16.48 | All of my open cases include evidence of regular and timely management oversight and management direction |
| 16.49 | Visits are undertaken at least once every 20 working days and clear reasons are recorded where visits have taken place outside of these timescales |
| 16.50 | I have made a combination of announced and unannounced visits to the home address |
| 16.51 | I have spoken with the child alone unless child (a) refuses (b) age/understanding prevented this (c) child was unavailable – at school, etc |
| 16.52 | I have been alert to the possibility that there may be a hidden need for support |
| 16.53 | I have offered help and advice to the child/young person and their parents/carers |
| 16.54 | I have recorded the visit clearly, setting out concerns with evidence and detailing the response/intervention provided |
| 16.55 | I have checked cupboards, fridge, toilet, bathroom, bedroom where there are concerns about home conditions, using the Home Conditions Checklist where appropriate |
| 16.56 | I have escalated concerns about safety of the child/family members to a line or duty manager |
| 16.57 | I have informed parents/carers about visits to see children in school/other setting unless this compromises safety |
| 16.58 | I have regularly found out what the child/young person wants and how they feel |
| 16.59 | I can answer the question ‘What is it like to be this child in this family?’ |
| 16.60 | I have understood the role of fathers and male partners in the household |
| 16.61 | I have ensured my case recordings are updated within 2 working days of occurrence |
| 16.62 | I have evidenced that I have seen the child alone where appropriate |
| 16.63 | The child’s voice is evident in case recording |
| 16.64 | I have used the ‘Child Seen’ record, as per service guidance |
| 16.65 | Case recording differentiates between observed fact, reported fact and interpretation/opinion |
| 16.66 | I have recorded where I have used tools, resources and evidence based interventions in direct delivery work |

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| 16.67 | I have considered a range of intervention methods and approaches which draw on evidence, research and best practice in delivering family support |
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16d Early Help: Management oversight and supervision

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| 16.68 | Supervision and case review takes place on a regular (monthly) basis and covers each child in the family |
| 16.69 | My supervisions are reflective, promote opportunities to hypothesise and consider whether the approach being taken with the family is the right approach and whether our working assumptions are supported by observation and evidence – supervision should directly consider the effectiveness of the family’s plan |
| 16.70 | All of my open cases include evidence of regular and timely management oversight and management direction |

17 Summary of Minimum Visit Requirements – Practice Standards

| Category of Children’s Services Involvement | Minimum Visit Requirement |
|---|---|
| Child subject to Child Protection Plan | Every 3 weeks (15 working days) |
| Child subject to Child in Need Plan | Every 4 weeks (20 working days) |
| Looked After Child – Short Term | Every 6 weeks |
| Looked After Child – Placements intended to last until the CYP is 18 | May be reduced to 1 every 3 months but dependent on circumstances |
| Child subject to a Care Order (e.g. in custody, detained under the Mental Health Act) | Within 1 week of start, every 6 weeks for 1st year, then 1 every 3 months |
| Privately Fostered Child – placement under 1 year | Every 6 weeks |
| Privately Fostered Child – placement longer than 1 year | Every 12 weeks |
| Adopted Child | Every week until 1st review, then agreed at each review until Adoption Order is granted |

18 Emergency Duty Team (EDT) – Practice Standards Checklist

18a EDT: Social Work Visits

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|-------------|--|
| 18.1 | Where a visit is made to the child at any placement or home address (and unless evidenced as inappropriate within the context of the visit) I have seen the child's bedroom as well as the wider property. |
| 18.2 | I have made sure the child/young person has appropriate care, advice, support and help. This includes making sure that: <ul style="list-style-type: none"> • arrangements for the child are appropriate for the child's age and understanding; • the child/young person knows how to seek appropriate advice, support and help from Children's Services (as far as is reasonably practicable given the child's age and understanding). This includes knowing how to contact me between visits. |
| 18.3 | On each visit I have spoken to the child alone unless: <ul style="list-style-type: none"> • the child refused, and was of sufficient age and understanding to do so; or • I considered it inappropriate to do so, bearing in mind the child's age and understanding; or • I was unable to do so (for example, because the child was out). <p>If I have not seen the child alone I have recorded why.</p> |
| 18.4 | I have ensured that social work visits to a looked after child also had an element of safeguarding. I have observed the standard of care and have checked the child's bedroom on visits. I have been alert to the possibility that there may be a need for further support. |
| 18.5 | I have discussed with the child (subject to their age and understanding) what information about the visit should be shared, with whom and why. |
| 18.6 | I have ensured that, although the visit should concentrate on the child, I have also offered advice and help to the child's carer (parent, foster carer or residential staff). |

18b EDT: Visits / Analysis and Recording

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|--------------|---|
| 18.7 | I have made a record of each visit setting out the main issues covered, any issues of concern and immediate actions necessary. |
| 18.8 | Unless it was inappropriate, I have informed the parents of visits and the information arising from them. I have understood that parents and carers should always be told of visits to see children unless this is contrary to the child's plan or compromises the child/young person's safety. |
| 18.9 | If I have had any concerns about the suitability of the placement/home environment, I have clearly recorded these on the outstanding actions section of the EDT contact recording, which is actioned by allocated worker. |
| 18.10 | I will ensure that all visits are recorded on Care First using our EDT contact form. I will ensure that the child's views are always recorded, using direct quotes where appropriate. Where a child is seen we will always use 'child seen in observations'. |

18c EDT: Assessment of children and young people

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| 18.11 | I have adhered to the Department of Health Working Guidance 2015. |
| 18.12 | I have clearly recorded the reasons for the assessment and ensured all issues, risks and concerns are evident. |
| 18.13 | I have made it clear to parents and the child/young person why children’s social care is involved, what we will be doing and what is likely to happen as a result. I have ensured consent from correct person has been given to complete further assessment where required. |
| 18.14 | I have seen the child/young person alone and, where possible, gained their views and separately recorded them, using direct quotes (where appropriate). If I have not seen the child/young person, I have recorded why not. |
| 18.15 | I have considered all children/young people in the family as part of the assessment. |
| 18.16 | Where able I have identified any other children living in the household, or connected to it, and made sure they are safe, where difficulties to in completing are encountered they are clearly recorded. |
| 18.17 | I have identified all adult members of the household, including those temporarily absent (for example, in custody or psychiatric hospital). |
| 18.18 | I have contacted significant family members and recorded their views (including the views of fathers/mothers who live away from the children). Where this has not been fully possible (due to the time of any encounter – ongoing work elsewhere) the needs are clearly recorded in Outstanding Actions of EDT document. |
| 18.19 | I have where able included a realistic and detailed picture of the child/young person and what it is like to be a child in this family. |
| 18.20 | I have clearly analysed the immediately identified and assessed risks – and the factors protecting the child/young person from those risks. In doing this, I have been careful to distinguish fact from judgement. |
| 18.21 | Where appropriate and available I have considered how to incorporate relevant up-to-date research into my assessment to inform analysis and decision making. |
| 18.22 | I have included a picture of the parents, their strengths and weaknesses as parents and any areas where they are not meeting the child/ young person’s needs. |
| 18.23 | I have as far as practicable considered factors which may impact on parenting. |
| 18.24 | I have considered any needs arising from race, ethnicity, religion, language, gender, disability, nationality or any specific cultural issue. |
| 18.25 | Where able and appropriate to the task in hand EDT have considered – and analysed significance of – any previous case history (including past referral/s, assessments and files on any member of the household). Where this has not been possible the reasons are clearly recorded on EDT contact. |

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| 18.26 | I have ensured the child/young person is central to my assessment, which clearly identifies the needs of the child/young person (and family). |
| 18.27 | My record of my involvement clearly shows what I have found and what I think should happen next. It includes why I think this and is noted on within EDT contact document or similar. |
| 18.28 | I have considered the triggers ('thresholds') for Child in Need/Child Protection and evidenced these in the assessment. |
| 18.29 | My analysis and decisions refer to the original concerns raised with us and any other issues, including the history of household members. |
| 18.30 | I have personally given a copy of the completed assessment to the family, and the child/young person where relevant. I have invited them to comment so their views from part of the record. I will ensure that the child's views are always recorded, using direct quotes (where appropriate). |

18d EDT: Case Recording - all contacts

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| 18.31 | I have ensured that my recordings are up to date and accurate. They are all complete before I end my shift, where this is not possible my manager is made aware and the reasons why and a plan to do so. All contacts are appropriately reassigned in a timely manner. |
| 18.32 | I have evidenced that I have seen the child/young person alone where it is appropriate to do so. The Child's Voice is evident in my recording. |
| 18.33 | I have clearly identified the child's views in their case record. I have recorded what the child has told me, in their own words. I have confirmed this with the child. |
| 18.34 | I have clearly recorded where I have had the use of interpreters, specialist workers or tools to enable communication with the child/young person. |
| 18.35 | I have ensured my record reflects the complexity of the child's life. My record differentiates between observed fact, reported fact and interpretation/opinion. |
| 18.36 | I have made sure that case notes record the identity and contact number of other professionals or family/friends I have spoken to. |
| 18.37 | I have ensured my case recordings demonstrate an analysis of the child/young person's experience and conclusions. |

18e EDT: Working with Children and Families Supported by a Child in Need Plan

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| 18.38 | Each of my visits added to what we know about the child and what life is like for them. Each visit helped us to understand more about the child |
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| 18.39 | I have regularly found out what the child/young person wants and how they feel. I have made sure the child understands the plan. I will ensure that the child's views are always recorded, using direct quotes (where appropriate). |
| 18.40 | I have continued to re-assess the needs of the child. I can answer the question: "What is it like to be this child in this family?" I can identify what needs to be different. |
| 18.41 | I have understood the role of fathers and male partners in the household. I have properly assessed and understand the significance of new partners or new household members and any concerns this presents. |
| 18.42 | I have made sure that the care team meeting is held every 6 weeks and reviews the CIN plan. If the plan has not achieved what it should, I have made sure that the group agreed what to do to about this and the timescale. I have asked myself if the plan is SMART. |

18f EDT: Working with Children and Families Supported by a Child Protection Plan

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| 18.43 | Where working with Children and families supported by CP plans Each of my visits added to what we know about the child/young person and what life is like for them. Each visit helped us to understand more about the child and had a clear plan and focus as part of the planning process. |
| 18.44 | I have regularly found out what the child wants and how they feel. I have made sure the child understands the plan. I will ensure that the child's views are always recorded, using direct quotes (where appropriate). |
| 18.45 | Within the context of EDT engaging I have understood the role of fathers and male partners in the household. I have understood the significance of new partners or new household members and any concerns this presents. |
| 18.46 | Where home conditions are an issue, I have checked the kitchen cupboards, fridge, toilet, bathroom and all bedrooms as needed. |
| 18.47 | I have used supervision to reflect upon and explore my feelings about EDT contacts, making sure that I am putting the child first. |
| 18.48 | I have seen the child/young person alone and, where possible, gained their views and separately recorded them, using direct quotes (where appropriate). If I have not seen the child/young person, I have recorded why not. |

18g EDT: Undertaking a Child Protection Enquiry

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| 18.49 | I have a sound understanding of all concerns about significant harm to the child (including how likely this is) and I have identified potential risks to them (including those posed by frequent visitors to the household and people in the community who may wish to exploit the child). |
| 18.50 | My Section 47 (S47) assessment recognises the potential for harm to the safety of siblings and any other children in the household (and other households where relevant). |

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| 18.51 | I have identified strengths, areas of concerns and protective factors and have recorded within S47 assessment. |
| 18.52 | I have followed the Gateshead Safeguarding Children Board Procedure for a S47 assessment . |
| 18.53 | Within context and limitations, I have looked at the case history of members of the household and connected persons. I have used what I found there to help inform my assessment. |
| 18.54 | I have completed all necessary checks with other available agencies. I have included information from Police in this assessment and used this information as part of my analysis. |
| 18.55 | My assessment ends with a judgement (based on evidence and analysis) about ‘harm’ and whether it I consider it ‘significant’ (as defined by the Children’s Act 1998) – i.e. a Statement of Risk. |
| 18.56 | I have made clear decisions about what needs to be done to make the child safe. |
| 18.57 | I have developed my hypothesis and action plan and shared it with my on-call where necessary. |

18h EDT: Looked After Children (Children in Care)

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| 18.58 | I have read or completed an Assessment for the child/young person in care. |
| 18.59 | Where EDT have responsibility, I have arranged for EDT to see the child/young person within 72 hours of them going into care. I will ensure that the child’s views are recorded, using direct quotes (where appropriate). |
| 18.60 | I have clearly explained to the child/young person why they are coming into care. I have explored the possibility of placing them with family and friends. I have discussed with the child/young person the foster placement, careers and contact with parents, siblings and friends. I have tried to answer all the child/young person’s concerns. I will ensure that the child’s views are always recorded, using direct quotes (where appropriate). |
| 18.61 | As reasonably practicable as possible I have made sure that all LAC paperwork, including the risk assessment, is complete and that the career/residential unit has a copy. If the child/young person is accommodated under S.20 Children’s Act 1989, I have obtained the signature of the parent/s who has/have parental responsibility. I have made sure that the parent/s has/have the capacity to consent and have used an interpreter if necessary. If I am unsure I have discussed with my manager and with Legal. |
| 18.62 | I have made sure that the parents have relevant paperwork on their child coming into care, and that they understand why this is happening and what might happen next. I have kept in regular touch with them and involved them in assessments and plans as appropriate. Where necessary, I have used an interpreter or advocate to ensure the parents understand what is happening. |

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| 18.63 | I have identified any difficulty the child or carer may be having and what extra support and services may be needed from EDT prior to handing over the event to day services via EDT contact document. |
| 18.64 | The child/young person has EDT contact details and knows how to get in touch with our service if they need or want to. As well as this, I have made sure that any YP has access to details for Advocacy Services such as NYAS and MOMO. |
| 18.65 | I have taken responsibility for making sure that the child/young person gets an initial health assessment from appropriate services where known concerns are highlighted. |
| 18.66 | Where necessary to continue uninterrupted education, I have made plans for transport and expectations in terms of school attendance following a placement out of hours |
| 18.67 | I have taken account of the child/young person's needs including race, ethnicity, language, disability, gender, sexuality and placement with siblings. As necessary, I have completed siblings' assessments together and/or apart. |
| 18.68 | Following contact with EDT I have where appropriate encouraged parents to take part in the review process. |

18i EDT: Care Leavers

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| 18.69 | I have read and understood Children Act 1989: Transition to adulthood or care leavers, Care planning, Placement and case review, Children (Leaving Care) Act 2000, the Care Leavers (England) Regulations 2010. |
| 18.70 | I have read and understood the relevant policies and procedures relating to the care leaving service and EDT, including those relating to meaningful contact, in touch, missing and will ensure that I comply with the policies and procedures. Anything I do not understand I will discuss with my line manager. |
| 18.71 | I have read and acknowledged the care leavers charter. A charter is a set of promises that help in decision making but do not replace laws. The principles in this charter have been developed by young people leaving care. |
| 18.72 | I understand that supporting care leavers to prepare for independence is a part of my role and I will work with all care leavers positively when approached for help. |
| 18.73 | I understand that securing appropriate, aspirational and meaningful education, training or employment is a key aspect to preparing young people for independence. Where necessary to my role I will actively seek out support information, advice and professional guidance and ensure that young people get the help they need. |
| 18.74 | I understand my role as a corporate parent and in everything I do with care leavers I will adhere to the corporate parenting principles and I will always use the threshold of 'would this be good enough for me or my child' when I make decisions about issues which impact on a care leaver's life. |

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| 18.75 | I will try and understand the young person's lived experience and ensure that interventions, support or advice and guidance I give in relation to a young person takes account of their experience, expectation and levels of understanding and ability. |
| 18.76 | I will make sure that I fully consider any diversity needs the child may have, particularly around speech, language and communication issues, mental disorder, special educational needs, ethnicity, sexuality, gender fluidity and religion; and I will adjust my approach accordingly. |
| 18.77 | I recognise that young people joining the care leaving service may have had a variable experience of care. I will treat with them with the respect and dignity they deserve and ensure that they know where appropriate EDT is a safe place for them. If they tell me anything, which I assess puts them or others at risk of harm, I will share that information with other agencies to ensure that they are kept safe. |
| 18.78 | I will ensure that I capture the voice of the child, young person and family in all my recordings and that I use their thoughts, wishes and feelings to inform my assessments. |
| 18.79 | I will recognise that sometimes care leavers can be mistrusting of professionals, hard to engage and motivate and can present behaviour which may appear challenging. I will be mindful that all these issues are as a result of their lived experience. |
| 18.80 | I will ensure that if I believe that any care leaver is at risk of harm or has suffered harm then I will respond appropriately. |

18j EDT: Foster Carer support and supervision

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| 18.81 | I will ensure all placement options are explored so that the best placement matches can be made. |
| 18.82 | I will ensure child/children are given the opportunity to meet with the fostering family prior to their placement starting whenever possible and appropriate. |
| 18.83 | I will endeavor to be available as and when needed for additional support to promote the best possible fostering experience and outcomes for the child/children. |
| 18.84 | The child and their foster carers know how to contact me and also know who to get help from when I am not in work. |
| 18.85 | I will ensure the child and their foster carers have all the relevant telephone numbers to be able to access support at any time. |
| 18.86 | I will ensure my case recording is up to date and critical incidents are recorded before the end of shift and transmission of EDT recording to day services. |
| 18.87 | I may attend LADO meetings to represent EDT and investigate any concerns raised against foster carers where necessary. |

Appendix 1: Regional Assessment Framework

