

Halton Borough Council

Early Help and Children's Services

Practice Standards



Revised: May 2023
Endorsed: 15/08/2023 SLT (DCS JW)
Review: July 2024

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Introduction

Halton has produced a set of standards that cover the core Early Help and Social Work activities and clearly sets out what is required and routinely practiced by our practitioners. These standards are based on the notion that our practitioners;

- Care about what they do and are passionate about achieving the best for our children and families;
- Employ professional judgment and expertise;
- Have a strong value base displaying care, compassion, and respect;
- Are confident, creative and disciplined;
- Develop themselves, learn from others, and effectively use their knowledge;
- Are natural advocates who think, act, and empower; reflect, adapt, and change, and; strive to be the best and bring the best out in others. Can raise concerns and risks where necessary so that resolved at the earliest opportunity .

What are Practice Standards?

Practice Standards are an agreed set of expectations that describe the service provided and practice that should be carried out by all practitioners across the services. Many of the standards are legally set through government guidance and legislation, or are based on valid and reliable research. They are the framework for supporting good practice.

Practice standards are also a useful guide to practice that can help support planning for continuous professional development. By applying practice standards, practitioners in Halton will be able to deliver a consistent and quality service to improve the lives of children and families within our borough.

These standards do not stand alone and should be viewed as part of delivering on service strategies in line with national standards, legislation and Halton's own policies and meeting procedural and operational requirements.

Links to:-

[Social Work England Standards for Social Work](#)

[Knowledge & Skills Statements Practitioners](#)

[Knowledge & Skills Statements Practice](#)

[HBC Policies and Procedures](#)

[Halton CS Procedures](#)

[Working Together 2018](#)

[Children Act 1989](#)

[Care Standards act 2000](#)

[Children \(Leaving Care\) Act 2000](#)

[Adoption and Children Act 2002](#)

[Children Act 2004](#)

[Children and families Act 2014](#)

[Child and Social work Act 2017](#)

[Human Rights Act 1998](#)

[UN Convention on the Rights of The Child](#)

Working with families to achieve change.

Our aim is to work with families, not 'do to' families. We are more likely to achieve ongoing change if we work with families using basic 'jargon free' language, empathy, detailed, and specific examples of behaviours. Using their own family and friend support network and resources to get to a clear, shared goal, keeping children safe from harm and providing them with good care to support their growth and development. We will work with families and multi agencies to understand the child's daily lived experiences and ensure that positive changes are achieved.

Halton has taken the positive decision to adopt the principles of systemic practice within its practice model.

So what is Systemic Practice?

Systemic practice is a way of working with families to make sense of the world through relationships, focusing on the whole family as a system rather than individuals. Through a systemic approach, change can be achieved through exploring relationship patterns and understanding how they impact on children. Families are worked 'with' rather than 'done to'. We as practitioners learn to be attuned to our feelings and be able to change

our behaviours towards others (reflexivity) and we consider our own values and beliefs and how this may impact on our practice (Social Graces).

What do we aim to achieve and what will be the impact of this?

- Children and young people will feel safe and listened to
- Children, young people and their families receive the right help at the right time and benefit from high quality reflective practice which creates opportunities for sustainable change for families and ensures that children and young people have the opportunity to reach their full potential whatever their lived experience
- A shared understanding of risk which is understood, responded to and managed well
- Practice which is consistently good with children and young person being central to all decisions
- Develop the use of consistent practice tools across the service, for example genograms and the

use of Social Graces in understanding privilege and experiences

- Embed strong effective partnership working
- As we model relationships with families, this will be mirrored within our teams, leadership, the organisation and our relationships with partners
- Embed a learning culture which is promoted throughout the service, from student social workers to newly qualified staff, experienced staff, early help workers, community support workers, personal advisors to senior management
- Support and encourage reflective and reflexive practice
- Develop a common language and understanding which will be promoted throughout the service and with our partners with the basis being jargon free and accessible.

Engaging Children, Parents & Carers

The basis for change lies within the child's family relationships and network. Relationship focused practice engages with existing networks to build resilience and capacity to resolve difficulties and end harmful behaviours. It is non-judgemental, respectful engagement that honours children's families and our own experiences, building on strengths and working together, with our partners, to develop empowered supportive and problem-solving networks.

- It is understood that our involvement with a child and family may be a source of stress, therefore, our presentation is respectful, professional and confident. Being mindful of how our interactions may impact future work with our service and other professionals.
- We exercise professional skilful use of authority, using the statutory authority of intervention when necessary to give families choices about how to work with professionals and finding ways that work for them. Ensuring the use of professional curiosity, taking a questioning approach to elicit behavioural

examples and ensure information is confirmed with families.

- We ensure to promote collaborative working relationships with all children, young people, parents/carers and their family and professional networks, through the use of systemic practice. Along with the right model or tools to promote partnering and participation.
- Respect parents/carers as experts in their own lives and encourage partnership by being professionally curious to gain the most relevant information from the family to understand and promote meaningful discussions.
- Ensure we get behavioural detail and examples so our assessments and interventions are evidence based, specific with tangible outcomes.
- Ensure visits are pre-planned, purposeful and beneficial to the child's wellbeing to inform an ongoing assessment in relation to the referral or child's plan. Ensuring to carry out direct work appropriate to the purpose of the visit and the ages of the child or young person and ability of family members that captures their voices.

- Ensure to review the plan with the parents/carers, ensuring they understand what changes they need to make and ensure appropriate support, as required, is in place for them to be able to do so.
- Understand that the plan is part of the continuous assessment process of the needs of the child and any changes, positive or negative, or lack of change, impacting on their safety and wellbeing are attributed to the right people, celebrated or challenged appropriately.
- Ensure to understand the role of all family members, including fathers and male partners, in or out of the household and ensure that new partners participate and are assessed.
- From the outset we ensure to promote autonomy and develop resilience with in families.
- We respect privilege and difference and ensure all needs arising from race, ethnicity, religion, language, gender, disability and any specific cultural issues are considered within our work and these are reflected in our assessments and plans.

Advice, Support & Consultation

In Halton community partners and families concerned about the safety and wellbeing of a child or young person will be able to access advice, support or guidance and discuss their worries with a qualified social worker in a timely manner and receive an appropriate response. In turn strengthening our partner relationships. Using sound professional judgement we will ensure that children and their families receive the right level of support and appropriate interventions at the right time, and our community partners are provided with quality advice, support and consultation at the first point of contact.

To ensure children and families are supported to build their resilience in the least intrusive manner possible at the earliest opportunity. When receiving a contact that a child may require our services and support, we talk to the person reporting using our best questions to gather the best information to understand their worries, what may be working well and to decide the appropriate next steps. During discussions with our partners we will ensure to:

- Obtain a full and detailed report of the incident or concerns that causes the person reporting to be worried about the child or

young person as well as understanding levels of consent obtained.

- Obtain information about the identities of all adults living in or visiting the home who may have access to or care of the child, all children believed to be in need of safeguarding, and the person alleged to have caused the need for protection or support;
- Obtain information about the functioning of the family and its individual members, particularly the child who is the subject of the concern;
- Obtain information about the child and family's support network including relatives, extended family, or community members who may be potential supports for the child and the family;
- Inquire about the family's ethnic origin, first language, religion and cultural context;
- Inquire about the current location of the child and the parent/caregiver to identify immediate risks.
- Information is also gathered from all sources i.e. supporting agencies, family members that are immediately available, including information held within our records such as

chronologies and partner agencies who support the family.

- When there is an open child protection plan and a new referral is received, the information is provided to the responsible worker on the same working day (or next working day by an after-hours worker).
- We ensure all contacts are screened for the presence of domestic violence through discussion with the referrer whether other risk factors may be present such as:
 - History of domestic violence
 - Offender history of violence
 - Actual or pending separation
 - Threatening (including prior threats to kill victim)
 - Obsessive or isolating behaviour displayed by perpetrator
 - Perpetrator depressed
 - Escalation of violence
 - Victim having intuitive sense of fear
 - Threats or attempts at suicide by the perpetrator
 - Mental health (victim or perpetrator)

- Pregnancy

It is best practice to allow survivors or non-offending parents to identify any current safety planning that they are actively

undertaking and encourage them to access further support. Where appropriate we should agree outcomes that the survivors or non-offending parents want to aim for and start the plan with them of how to get there.

- We ensure to provide information about how we may respond.

Quality of Assessments & Plans

Assessment Visits - The First Visit

Children and families will have a timely response with a first home visits focused on developing effective working relationships with children and families. The first visits are our opportunity to promote trust, effective partnerships with families. Employing empathic listening, respectful communication, open questioning, and reflection are all crucial in presenting as open, honest, fair and understanding. This is balanced with an 'eyes wide open', boundaries and authoritative approach that contains anxiety and ensures the child's needs remain central.

This requires being clear with the family of the reason(s) of our involvement and what it entails, involving them in assessment and

planning (unless doing so would place a child at further risk of harm as discussed as part of a strategy meeting).

- All children/families should be visited within 5 days of the referral being made, however, if the risks are significant or there are concerns for safety because of us visiting, our response will be informed through a strategy discussion (s47). If it is decided through a strategy discussion that a child is at risk of significant harm then a visit must be completed to the child within 24hours.

- The child must be seen within their home environment with 5 days of referral and every 20 working days during planning/intervention (every 10 working days for children on child protection plans). If the child is not seen within the home then it is not considered as a statutory visit.

- We are clear with the family what our worries are.

- We work together with all family members and are prepared with our best questions to ask and what is to be achieved during the first visits.

- We promote family ownership for the safety and wellbeing of children at the first visit by mapping the situation with parents to identify parenting strengths, their worries and are prepared to answer questions they may have as openly and honestly as possible.

Bottom Lines

- Social Workers will ask questions to the referrer and parents that enable us to under the strengths and the safety that exists in the family
- We will always feedback the outcome of the referral to the family and to the referrer

- We ensure to provide clear information to children and families about what is happening and processes in a format that is helpful to families. Interpreters, leaflets and other communication methods should be used where necessary to allow all families to fully participate in the process. Families are provided a copy of the complaints procedures and organisational contacts.
- We actively learn who is in the family network, living in the home or not, and the child's significant relationships to identify people who could support the child/family as part of a safety plan by developing/reviewing a genogram with the family.
- We will confirm the next visit/contact with the family and ensure the family have contact information for the visiting/allocated social worker and Practice Lead before leaving.
- Every effort is made to see and speak with the child(ren) alone and to understand their lived experience.
- If a child has made a disclosure or there is an allegation they are being physically harmed by their carer, abused, being exploited or has stated they will be harmed we always consult with a Practice Lead/Principal Manager to outline a plan of action before leaving the vicinity of the child's home.

Assessments

The child's safety and quality of life (happy, healthy and successful) is paramount in all assessments. Our practice in Halton is underpinned by our systemic practice model.

This is complemented by the use of other models and tools such as;

- Halton neglect tool to inform assessment where neglect is concern
- Assessing the impact of domestic abuse
- Adult substance questionnaire
- Assessing the impact on children of parental mental health
- Assessing the impact on children of parental substance misuse
- DASH
- Mental health screening tool
- Assessments will not be static but reflect a continuous process (assessment, analysis, planning, and re-assessment).
- Assessments are carried out and plans developed in collaboration with partner agencies and considering all the dimensions within the Framework for the Assessment of Children in Need and their Families. With

particular emphasis on parent/carer capability to promote the safety and wellbeing of the child or young person and to make changes where required.

- Management oversight must provide an independent review of assessments, keeping the focus on the child's needs and the adequacy of parenting over time, and promote a strengths based approach with families. All new child and family assessments will have a management check in at day 10 with oversight provided to prevent delay.
- Planning for permanence for children and young people begins at the point of assessment, having three particular aspects:
 - Legal permanence (ensuring whoever is caring for the child has Parental Responsibility or that there is somebody in a position to effectively exercise Parental Responsibility);
 - Psychological permanence (when the child feels attached to an adult who provides a stable, loving and secure relationship.);
 - Physical or environmental permanence (involves a stable home environment within a familiar neighbourhood and community which meets the child's identity needs).

All plans must be underpinned by robust assessment that provides behavioural detail about who is doing what to ensure a child is safe, happy, healthy and successful.

Assessment Planning

We strive to work jointly with professionals to promote more robust and efficient assessments, with less duplication for families, shared experience of the work and multi-agency ownership of outcomes. This involves assessment planning and preparation for how we will carry out an assessment and using the right tools or models in the right circumstances.

When carrying out assessments, the assessment process must begin immediately with a focus on:

- Information gathering - what are we worried about and what's working well;
- Analysis - with a judgement of risk and existing safety, and;
- Next Steps - actions and behaviours moving forwards/desired outcomes with clear timescales.

This ensures:

- We develop a plan for carrying out assessments, following a review of all current

and historical information known about the child and family.

Considering our next steps for engaging children and families by preparing our best questions and direct work tools to be used to promote the child, family and partner agencies participation in the process of completing assessments.

- The use of a systemic genogram and appropriate tools or resources are used at the right time in the best way.

- Management oversight is evidenced at all stages of an assessment, from the point of allocation through to completion, which provides guidance and direction on the plan for carrying out the assessment, and, records management decision-making and rationale.

- Assessments are reviewed by day 10 when a final date for completion is agreed if the assessment is not completed. While the assessment timescale is up to 45 days it not expected to take that significant length of time. There will be a clear rationale recorded by the manager as to why more time is required, what information/work needs to be

done to complete the assessment, with a clear date for completion.

Evidence Informed Assessments

“The evidence-informed practitioner carefully considers what research evidence tells them in the context of a particular child, family or service, and then weighs this up alongside knowledge drawn from professional experience and the views of service users to inform decisions about the way forward.” - Barratt and Hodson (2006).¹

As a professional organisation evidence based working is incorporated into our assessments to promote confident decision making, which is considered, transparent and appropriate to the child’s and family’s needs. Drawing on sources of evidence that include:

- Professional judgement from experience;
- Relevant policy and research, and;
- The views of children, young people and families themselves.

While we will listen to and record the views of families we also understand that accepting information at face value can lead to assumptions being made and we utilise professional curiosity to explore the reliability of the information provided, using triangulation; where different perspectives are sought about events or information to understand what is factual and what is not.

Assessments are multi-agency informed, completing checks with partner agencies and other local authorities, and information from them about the family is considered in relation to the safety and well-being of the child or young person.

We ensure to support our judgments and limit the influence of bias (such as over optimism, stereotyping, confirmation bias, fundamental attribution error, etc) through the use of:

- Appropriate measures and tools;
- relevant research, theory and knowledge;
- Individual and group supervision.

Analysis in Assessments

Analysis moves us on from information collecting to actionable planning.

what needs to change and basis for planning. Considers adult capacity for change and how this may inform plans for children or young people and what it may mean for the child/young person if change is not realised.

A good analysis allows us to be clear about:

- What is the assessment was for?
- What is the story?
- What does the story mean?
- What needs to happen?
- How will we know we are making progress?

We ensure our assessments provide informed judgements, considering all the information in relation to the concern(s) in the assessment, through a systemic lens.

- When recommending a child, adult or family for support service (i.e., parenting program, CiN/CP plan, CAMHS) we ensure to be clear

Every assessment we complete has an analysis that tells the reader about how the child's care or circumstance has impacted on their safety, wellbeing and quality of life, considering their physical, emotional, social how this is linked to the assessed harm or strengths and is evidenced, as well as, what the expected outcome from the service.

- The assessment must provide analysis of the parent's motivation to make changes to reduce risk and sustain them in future.

Writing up the Child's Assessment

We appreciate and value the history we hold about children and their families, realising that for some children, we will become keepers of their life story. We write our assessments with this in mind they are accurate, written in a language that is factual and non-judgemental and consider the impact of language upon victims/survivors of domestic abuse, young people who are exploited and people who suffer ill mental health.

and cognitive development; detailing who has done what when and how this has impacted upon the child being safe, happy, healthy and successful. Providing a clear understanding of

- We ensure assessments are well balanced, recording positive information, personal information and their wishes and feelings of the child/young person, including an explanation as to why their wishes are not acted upon if this is the case.

- We ensure that our written assessments capture behaviours specific to the family using language understandable to them, and in their own words as best as possible, and do not use sweeping statements and generalisations.

- We ensure accuracy in our assessments distinguishing facts from opinions with ensure sources of information referenced.

- We ensure that third party information is used with care, without jeopardising someone's safety or sharing information unnecessarily.

¹Barrat and Hodson (2006) Firm Foundations: A Practical Guide to Organisational Support for the Use of Research Evidence.

Re-assessment Timeframes

All children and young people should be reassessed to reflect a continuous assessment process, which should consider all family members and significant adults in the child's life and be clear about what has changed for the child, the family in terms of harm, complicating factors, strengths and safety compared to previous assessments. Taking into account the progress or lack of, made against the child's plan, the child's age and developmental needs.

In Halton re-assessment periods consider the child's situation and plan with a view of ensuring that the right support and plan is in place for the child or young person at the right time.

Re-assessment timeframes are:

- For children subject to CIN planning a reassessment of the child's situation, every 12 months.

- For those children in receipt of Short breaks every 6 months.

- For those children subject to Supervision Orders, 3 months prior to the Supervision Order expiring.

- For children subject to Child Protection planning, will be every 9 months.

- When considering if a child should be matched long term with their foster carer(s).

- Those children living in Foster Care, every 12 months.

- Those children living in Residential Care, every 12 months, or as determined jointly by the Team Manager and Independent Reviewing Officer.

- Other situations or events that trigger reassessment include:

- A child is deemed to be at significant harm - a section 47 enquiry is undertaken as part of a reassessment.

- For Our Children, when a child's placement is deemed vulnerable to breaking down and when a child moves to a new placement.

- Prior to a child returning home or when considering discharge of a Care Order.

- Prior to instigating a placement with parents under Placement with Parent Regulations.

- Where there is a proposed significant change to the care plan.

- A child is at risk of coming into care or they come into care in an emergency.

- Case closure.

Strategy Meetings

Whenever there is reasonable cause to suspect that a child has suffered or is likely to suffer significant harm a strategy meeting should be held.

Strategy meetings are valuable opportunities to share information and develop a multi-agency response to ensure children are safeguarded appropriately. It is recognised that many Serious Case Reviews have noted a lack of partnership working which has resulted in serious gaps in safeguarding. During Strategy Meetings consent can be overridden if significant harm has been evidenced or suspected.

The purpose of the Strategy Meeting is to decide whether a Section 47 Enquiry under

the Children Act 1989 is required and if so, to develop a plan of action to reduce risks of significant harm to a child.

- A Section 47 Enquiry must always be commenced immediately if there is a disclosure, allegation or evidence that a child is suffering or likely to suffer Significant Harm. This applies equally to new, re-referred and open children.
- We ensure strategy meetings are chaired by Practice Lead who take responsibility for the accuracy of the information recorded.
- Strategy meetings will involve a minimum of the Police, Health and where possible Education and other partner agencies that may be working with the child or family in accordance with Working Together.
- We ensure that the decisions and actions from the strategy meeting are recorded and based on all the relevant information shared during the meeting. If it is decided that the

threshold for a Section 47 enquiry is not met the rationale for this is recorded and what, if any, action will be taken.

- Strategy meetings will formulate SMART actions and outcomes and will include timescales, agency and individual responsibility for each agreed action, including the timing of police investigations and relevant methods of evidence gathering. The means and date for reviewing the completion of agreed actions (i.e. further strategy meetings). Actions should clearly set out what steps need to be taken during the s.47 enquiry to safeguard the child.
- We ensure that all agreed actions take into consideration diversity and equality issues relevant to the family.
- We ensure that when there are worries about a professional who works with children may have caused harm, there is consultation with the Local Authority Designated Officer (LADO) and complete a referral.

Section 47 Enquiry

This will be a focused and robust assessment of the safety of the child and the ability of those caring for the child to ensure their safety in light of the presenting identified harm, to determine what actions need to be taken to safeguard the child to protect them from harm and ensure their needs are met.

- Practitioners and Managers should be familiar with the policies and procedures for Conducting Section 47 Enquiries.
- A multi-agency assessment is the means by which a Section 47 Enquiry is carried out. It should be led by a qualified and experienced Social Worker.
- The Child and Family Assessment, under Section 47 of the Children Act, should begin by focusing primarily on information identified during the referral and Assessment and which appears most important in relation to the risk of Significant Harm. It should, however, cover all relevant dimensions in the Assessment Framework, including any previous specialist assessments before its completion.

- We ensure that the plan agreed at the strategy meeting is followed and if required the plan is updated to ensure that the children are safeguarded whilst the Section 47 enquiry is being carried out.

- We ensure that parents/carers are informed of the concerns and fully involved in the assessment unless it has been agreed at the strategy meeting that to do so would jeopardise a child's safety or undermine a criminal investigation.

A Section 47 Enquiry should be completed within 15 working days and conclude with :

- An assessment that clearly demonstrates the significance of risk of harm (as defined by the Children Act 1989).
- An appropriate recommendation, based upon sound analysis and rationale, of:
 - Not substantiated; although consideration should be given to whether the child may need services as a Child in Need;
 - Substantiated and the child is judged to be suffering, or likely to suffer, Significant Harm and an Initial Child Protection Conference should be called.

- The outcome of the Section 47 enquiry will be shared with the relevant multi-agency professionals and the parents or carers

- We understand that referring for an Initial Child Protection Conference is a process to organise a multi-agency meeting to decide if it is appropriate for the children to be subject to a child protection plans and does not increase safety for a child.

Therefore, we ensure there is a provisional safety plan that promotes the safety and wellbeing of the child and is understood by parents/carers and professionals.

- Where child protection planning is recommended this will be a next step to further develop this provisional safety plan into a robust plan, which will always strive to increase the safety for the child.

A section 47 enquiry must be completed within 15 days. If it is decided that initial child protection procedures are to be initiated the section 47 must be completed within 24 hours and a request made to the safeguarding unit.

Plans & Planning

Our intervention with families should be focussed on securing permanence for children, increasing resilience, empowering families and decreasing dependence. Ensuring children are safe, healthy, happy and successful.

Plans are developed in recognition and acceptance that the family and the family network spend the most time with the child and are therefore able to offer the highest level of protection and support. Developed in collaboration with the child's family network and focus on identifying clear expectations/ actions that address particular stressors, triggers or issues.

Plans are child relevant. Creating explanations and safety plans, together with parents, that are age appropriate and capture the issues without trivialising or minimising the seriousness of the concerns is the core skill of putting children in the middle of the safety planning work.

We are clear in understanding that one of the key functions of a child's plan (whether MAP, Child in Need, Child Protection of Care Planning) is to ensure that each child has

permanence. This can be achieved for children through the following ways:

- Staying with or returning to birth parent(s);
 - Placements with Relatives, Friends or other known adults;
 - Connected Persons via Private Fostering or a Child Arrangement Order or a Special Guardianship Order;
 - Adoption;
 - Long Term Fostering;
 - time limited Residential Care.
- We actively support families and their networks to utilise their strengths, promote healthy behavioural change, and develop resilience in families. Ensuring harmful behaviours are clearly addressed to promote the safety and well-being of children and young people.
 - We ensure to apply SMART principles (Specific, Measurable Agreeable, Realistic and Timely) to all our plans. With actions that are directly related to the risks and actions needed, to ensure plans are actionable and promote behavioural change.
 - It is the role of practitioners, managers, CP Chairs/ IROs (if involved) and other

professionals to ensure plans are not only multi agency informed and actionable but also our timescales for change are clear. Detailing what must be addressed and specific actions/tasks for the case to be stepped down or closed, or, a Care Order discharged in cases of family reunification.

- This relies on planning meetings, visits and reviews taking place within timescales; it also relies on the child being visited, seen alone and their views being heard and recorded throughout the duration of the plan. Visits should be focused on progressing actions agreed in the child's plan.
- Goals detail what it will look like and what will be in place when achieved, addressing particular vulnerabilities and utilises strengths, and the behaviours needed to ensure the child's safety and well-being.
- There is clear contingency planning in place for the child as part of the family's and services' contributions to any plan, which will clearly states what we will do if the concerns continue.
- There should be the same level of scrutiny applied to all plans whether a child or young person is being supported/ safeguarded through Child in Need planning, Child

Protection planning, or Care Planning with robust management oversight.

- It is expected that practitioners and managers will have read and understand the Social Work and Early Help Working Together guidance, which covers the Step up, Step Down processes and joint working between Social Work and Early Help services.

Family Network Meetings

As part of a collaborative approach, Family Network Meetings should be facilitated as part of all interventions to promote families owning their own plans and ensure the involvement of the child's and family's network of support. The central organising question to the family is 'what do you think needs to be in place to show everybody that the children will be safe and well looked after, and for Children's Services not to be involved?' Family meeting forms can be found in Eclipse.

- Therefore, we ensure our concerns are understood, being clear about the risks, goals and bottom lines and the family and network have a clear vision of what a meaningful safety plan might look like.

- We ensure to have thoroughly explored the family network with the child and parents so the right people involved.

- We ensure absent fathers and/or significant male figures in a child's life are involved appropriately.

- We will bring forward the family's ideas about how the issues can be addressed and what bottom lines need to be in place to address them.

- We ensure to support the success of the plan by helping them think SMART about their plan, including have appropriate contingency planning (Plan B).

- As part of an Early Help offer or a Child and Family Assessment we ensure a Family Meeting has occurred. A Family meeting must always be held:

- If the assessment is undertaken under s.17 of the Children Act 1989 and has a timescale of more than 20 days.

- If the assessment is undertaken under s.47 of the Children Act 1989 and a decision is made to progress the plan for an Initial Child Protection Conference (unless a management decision has been made not to).

Bottom Lines

- Family Network meetings take place within 15 working days of an assessment being started on cases where the initial visit has confirmed that there are worries about the child's safety

- Practitioners use the three houses tool or equivalent to carefully explore children's worries, the things they feel are going well and the things they want to be different

Child in Need Planning

Child in need planning should aim to support the family to not only meet the needs of a child, but also support the parents and their family/ professional network to develop a plan they will take responsibility for in to the future.

- It is expected that practitioners and managers will have read and understand the guidance and procedures related to Child in Need planning detailed on TriX which details the main deadlines in CIN casework and incorporates children in special circumstances:

- Private Fostering;
- Children with Disability;
- Short Breaks, and;
- Direct Payments for children and young people who have an Education, Health and Care Plan.

- The Family Network meetings, in particular, should be facilitated in all cases so that the best plan can be developed, and always before considering child protection procedures or requesting a Child in Care placement. Family Network Meetings should be used to explore and, if possible, plan family-based actions to reduce risk. Judgment will be used to decide when it is safe to take

this step rather than move straight to strategy discussions or seek an agreement for a child to come into care.

- We ensure that If a decision is made at an ICPC or a RCPC that the child should be made the subject of a CIN Plan the draft child in need plan developed by the CP Chair will be developed further and both the child and parents/carers are supported to participate in the development of the Child in Need Plan.

- Where a child subject to CIN planning transfers between individuals, teams or services we ensure relevant transfer protocols and procedures are followed.

- When transferring within social work services this is Halton's Case Transfer Protocol.

- When transferring between social work and Early Help services this is the Step up, step Down Processes between the CIN Teams and Locality Teams.

Child Protection Plans

All children subject to Child Protection Planning will have met the threshold to be at

risk of significant harm. Plans should be purposeful and clear at how safety for the child will be developed by the family with professional support.

- We ensure that children, families and professionals clearly understand our concerns and there is a clear trajectory for the work and activities to be carried out in developing a safety plan the parents and their family/professional network will develop, take responsibility of and carry forward after a period of monitoring.

- We ensure the first core group meeting will take place within 10 working days of the ICPC and within 7 days the Child's Protection Plan is updated, recorded and shared with the core group members.

- We ensure that if a family network was not identified at the ICPC that a family network meeting is organised, either as part of a core group meeting or as a separate meeting, in line with the family's views.

- We ensure the core group meets at a minimum of every 4 weeks, or more frequently to ensure effective communication, shared responsibility of management of risk and responsive to changes in the family

- At each core group meeting we ensure:
 - That the concerns, safety plan and goals for the family are reviewed to ensure they remain relevant and that they are understood by the, child, family and their network.
 - That the next steps and actions are reviewed through identifying what has been working well and what people are worried about to identify what the next SMART steps and actions will be;
 - That any significant family events that has happened since the last meeting and the impact upon the child, is discussed; - That the daily lived experience is for the child/young person and their wishes and feelings is considered;
 - That all core group members scale the current risk posed to the child as per child protection plan devised within child protection conference.
- It is ensured a Review Child Protection Conference (RCPC) occurs within 3 months of the Initial Child Protection Conference and subsequent RCPC's occur every 6 months.
- We ensure conference reports evidence the progress, or lack of, made against the child's

plan and these are reviewed with the family and shared 5 days before Review Child Protection Conference.

- We ensure our CP Chairs and IROs provides scrutiny of the progress and effectiveness of the child's protection plan between conferences. This

includes reviewing core group actions and the impact the planning has had to the child's daily lived experience.

- We ensure to continue to work with the family for a minimum of 3 months through Child in Need after a case is stepped down from child protection to ensure changes made are maintained, and this is supported by CP Chair oversight.

Child Protection Conferences

This is the opportunity to engage the family in the process of change to create safety for the child. Developing a trajectory with the family will be key to how we involve them to become the drivers of the safety plan. Child Protection Conferences may be challenging for families and we will work in partnership with families

to ensure the right people are involved in the right way. Ensuring it is a place where all involved feel able to have a voice and be heard.

- Working in partnership, we ensure to provide families with our assessment at least 3 days prior to the conference so they may read and have the opportunity to discuss this with the assessing social worker and/or Practice Lead.

- We ensure the family are supported to attend the conference, including the option to bring a professional advocate. We encourage parents to make alternative caring arrangements for babies and toddlers when attending conference.

- We ensure, the participation and contribution of children and young people in the conference and undertake appropriate direct work with them to ensure their voice is heard and considered. All children and young people will be offered advocacy support through NYAS.

- In cases where domestic abuse and/or controlling and coercive behaviour is present we ensure the conference does not re-victimise the non-offending parent or act as a forum for perpetrators to further exercise control or coercion. Instead that the

conference holds perpetrators to account and carefully considers their parenting choices, along with the non-offending parent/adult. This may mean having separate slots for parents.

• We ensure all child protection plans and trajectory is developed at the ICPC. That this is then updated into a detailed plan with a clear trajectory, applying the principles of SMART planning, at the first Core Group meeting (within 10 working days following the ICPC) with the family and involved professionals.

Bottom Lines

- A family network meeting will have taken place prior to conference and a contingency plan developed with the parents and wider support network
- Prior to an initial child protection conference, time will have always been spent with the child completing direct work exploring what they are worried about, what is going well and what they want to change. This will have been shared with their parents
- The child protection chairs summary report will demonstrate the decisions made at conference

The Child's Timeframe - Avoiding Drift & Delay

We must work openly and honestly with families prior to/throughout child protection planning, where the trajectory is defined, that if changes are not being evidenced during each review child protection conference, or if the level of risk is increasing or remaining unchanged, that legal advice may be sought through the process of a Legal Gateway Meeting and the Letter Before Proceedings may be issued. To ensure to prevent delay for a child and where the child's plan is not progressing in a timely manner, or, that if progress is not being realised, we ensure this is considered to explore the appropriate next steps, and, there is management oversight reflecting this.

Care Plans and Care Planning

Care plans are collaborative the children, their parents and other significant adults in the child's life are actively consulted about, and involved, in the child's plan for their care. Where the child or young person's families will be encouraged to take part in their reviews, expecting that their views will be listened to and will help shape the child's Plan.

For Our Children we ensure that their Permanence Plan is incorporated into the child's Care Plan and practitioners and managers are familiar with and understand Halton's Permanence Policy

As part of effective care planning, every child or young person should have access to advocacy and be informed of their rights while living away from their families.

- It is an expectation that the Permanence Plan includes one or more parallel contingency plans and we ensure parents are informed of the reasons why more than one plan is being made to meet the child's needs and prevent unnecessary delay. Where clarity is reached around which option is most likely for a child. This needs to be reflected in the Care Plan and arrangements confirmed as soon as possible.

- We ensure social work reports includes the views of the child, their parents/carers and multi-agency partners and evidences the progress, or lack of, made against the child's plan are available to the IRO 3 days prior to a child's planning review taking place.

Bottom Lines

- The Pathway Plan is written with the young person, capturing their voice, wishes and feelings
- Safeguarding is at the heart of everything we do. We support young people to make the right choices and we are there for them if they make a mistake
- We will always continue to support of children and young people to achieve their goals and aspirations and we will be aspirational for them
- If a young person loses their accommodation, Personal Advisors and their manager will work hard to support them in having a place to live
- Personal Advisors and their managers will work hard to support young people into education, employment and training

Working with Our Children's Carer's

Foster carers are key people in the lives of *our children in care*. All of *our children* deserve the best possible care when living outside of their family. When they are living with approved foster carers they can expect them to be appropriately informed, skilled and supported to ensure a child or young person is safe and their needs are met.

Foster carers are members of the child's network working with a child, and should be recognised and respected for the knowledge, skills and experience they bring to their role. While the child's social worker holds responsibility for specific advice or support in relation to the child and his or her Care Plan and Placement Plan, *our children* will be highly supported through the collaboration of the child's Social Worker, Supervising Social Worker and carers as a network of care wrapped around them.

- We ensure those applying to be Foster Carers are appropriately assessed, provided all appropriate information about the role, and are presented for full approval within 5 months of their application.
- Foster carers will have a suitably qualified Supervising Social Worker (SSW), who is

provided the necessary guidance, support and direction to maintain a high quality service, including safe caring practices, to work within the National Minimum Standards for Fostering and the agency's policies, procedures and guidance.

- As a rule of thumb, the carer's first port of call for advice, guidance and sharing information about the child will be their SSW. The SSW should facilitate a meaningful professional relationship with open communication and information sharing, a focus on meeting the child's needs and support for the carer's practical and emotional needs.
- Supervisory visits are undertaken by SSW with foster carers at least every 6 weeks, ensuring the foster carer's daily logs are reviewed.
- Ensure Foster Carers are encouraged to attend appropriate support groups and to contribute to the foster carer forum.
- The SSW will make sure meetings with their carers have a clear purpose and are recorded with the carers having a copy of these supervision notes. The agenda should cover the way the carer meets the child's needs, ensuring this achieves the required standards and develops the carer's skills which may include discussing children's behaviour and

relationships and changes in the household which may include a foster carer's new partner.

- Foster Carers are provided effective supervision. Ensuring they get the best possible feedback about what they are doing well, what may be worrying and what may need to change, and are supported to do so.
- Foster carers' have the right training and development opportunities are familiar and are made aware of new policies and guidance, and check in's during supervisions with them that they are incorporating their learning into practice.
- Ensure all compliance checks are completed renewed at appropriate timescales there is a foster care agreement and that this is renewed annually.
- The SSW's primary responsibility is to ensure children are safe and well cared for by monitor and supporting good fostering practice in the placement. In doing so they should get to know the child or young person. Equally, the child's social worker should provide the carer with advice and guidance about the care of the child or young person. The social workers and foster carer should

communicate with each other on a regular basis.

- Children’s participation in their reviews and care planning is encouraged by discussing their care plan and any changes with them and supporting them to attend, participate and contribute within their review meetings. If they do not wish to or are unable to attend their care planning review meeting we present their wishes and feelings, ensuring these are taken into consideration, at their review.

- We ensure significant change to a child’s or young person’s care plan are not made in isolation. Proposed significant changes to the child/young person’s care plan are always considered by the child’s IRO at their Care Planning review. (e.g., change of carers, contact arrangements, change of school).

- That unplanned events leading to a change of the child’s care plan (e.g., hospital admission, school exclusion, breakdown of care arrangements), the IRO is informed to agree these changes where appropriate as soon as possible

- We ensure our IRMs provides scrutiny of the progress and effectiveness of the child’s care plan between reviews.

- The Supervising Social Worker ensures that our children and their allocated Social Worker

Health Assessments

We ensure are child’s health needs are understood to inform the child’s care plan and our children have timely Health Assessments, with initial health assessments within 20 days of entering care or subsequent health assessments:

- Every 6 months for children 0 - 5 years of age;

- Annually for children and young people 5 years and older

Personal Education Plans

We ensure that every child from the age of 2yrs old up to 21yrs old has a PEP that clearly sets out how the child and young person will be supported in education and this informs the child’s care plan or Pathway Plan.

- We ensure our children have a Personal Education Plan (PEP) meeting with the school within 20 days of being accommodated, which is reviewed on a termly basis. With a copy of

are consulted when completing foster carers’ annual reviews.

the PEP is given to all relevant parties and that the PEP is uploaded to documents on the child’s file.

Placements

We will endeavour to place children in family placements unless there are clear reasons why an alternative type of placement is the better option. Siblings are placed together and ensure support to them to spend time with their birth family, except where this may not be in the child’s best interest. That children and young people are living in properly approved foster/residential homes that are suitable to meet their needs and will be supported to heal from any traumas and develop their resilience.

- We ensure to develop well informed, balanced and accurate Placement Requests to the Centralised Placement Team when seeking alternative care arrangements for those who are not able to be cared for within their family network.

- When a child/young person comes under the care of Halton Children Services the Safeguarding Unit is notified within 1 working day so that an IRM can be allocated to the child, a review of the child's care arrangements is convened in timescale and the IRM is given the opportunity to visit the child prior to the first Child in Care Review.
- Ensure that all other professionals involved in the child's or young person's life are informed of the child's legal status within 5 working days of the child becoming looked after including the host authority if placed out of county.

Pathway Plans & Leaving Care

If a young person remains in care until adulthood, Children's Services will ensure that they are supported when they leave care, including through remaining in their foster placement (Staying Put), at least until they are 21 (or 24) if in full time education, to give them a positive start to independent living. This support will include advice and support with living independently and with accessing

- Where an emergency/unplanned admission into care has occurred a Child and Family Assessment is completed within in no more than 45 days, in time for the child's second care plan review to consider the child's care arrangements.
- We always convene a Disruption Meeting in relation to children whose placement has ended abruptly or on an unplanned basis, or where this is an imminent possibility.
- Wherever possible, a child will be moved by their allocated social worker, and, if the child does not have appropriate suitcase to move their clothing and personal items we provide

and making the most of education and employment opportunities.

Social Workers, Personal Advisors and managers should be familiar with Halton's Leaving Care Policies.

When the young person reaches 15 years and 9 months of age, we ensure to start developing their Pathway Plan with them, and this is completed with the young person and their Social Worker.

this for them, ensuring Our Children do not move with their belongings in a bin liner.

Long-term Matching

- We ensure that there is management agreement and oversight recorded from the Principal Manager, Practice Lead and IRM where children/young people are matched to carers on a long-term basis.
- We ensure the match has been presented at Fostering panel for approval once the child has been placed for 12 months.

•Pathways Plans are informed through an up to date assessment of the child's needs and includes their future aspirations.

•We ensure that a young person's plan is reviewed every 6 months by the social worker until the young person turns 18 and the Personal Advisor thereafter.

Placement Planning Meetings

- Care Planning Meetings, will set out how the placement will meet the needs of the child,

and should take before the child moves to the placement, or if not possible, within 5 working days of the placement starting.

- We ensure the child's personal history, religious persuasion, cultural and linguistic background, racial origin, as well as, the child's health and education needs are taken into account and how these are to be met in placement to ensure careful matching.

- We ensure it will also include the arrangements for registering the child a GP, dentist and optician. Ensure that the Placement Plan is recorded and given to all relevant parties when the child is first placed.

- All of those involved in a child's care keep the child's wishes and feelings at the forefront and can clearly and accurately answer the question: What is life like for this child in their home and how can I help them understand what is happening and the decisions that are being made.

Bottom Lines

- We always work on the basis that children are best living with their families, so long as it is safe for them to do so. If we are thinking about applying to the Courts for an Order, we always consider the "no order principle"
- For all children/young people for whom care proceedings are issued, we will ensure that they understand why we are worried
- A Permanence plan is developed for every child by the Second CIC Review. The child is clear about the plan and it is reviewed at every CIC Review with every option being carefully considered, including the child returning home/or to someone within their network
- Where there is a plan for reunification, there will always be a clear, agreed timeline so everyone knows what will happen and when
- All children must have a copy of their plan
- Children and young people are encouraged to attend and even chair their CIC Reviews as this is their meeting and their voice is central to the Review.
We will always continue to support of children and young people to achieve their goals and aspirations and we will be aspirational for them

Case Recording

The recording of case notes, uploading of documents, accuracy of details for a child and involved professionals is key to multi agency working, timely decision making and a child's life story.

The importance of recording information is central to our practice so that a child may have a thorough understanding of their journey and that this contributes to their sense of identity and wellbeing, providing the basis of the life story for our children.

Our recordings should use language which does not blame families (this is something which has been unfortunately common amongst professionals when talking about victims/survivors of domestic abuse, young people who are exploited and people who suffer ill mental health).

There is clear evidence that an individual's recollection of events and ability to retain information declines over time, and, key pieces of information may be omitted or not recollected accurately. Therefore maintaining timely accurate, factual and non-judgemental case recordings is central to our work and the responsibility of everyone.

- We ensure that our visits to children and families, meetings with involved professionals, or decisions are recorded promptly, within 5 days of the event

- We ensure direct work is added to the child's file with a written annotation, being aware they could be called upon as court documents, to be used in life story work and for analysis and measuring the changes the family may have made and the effectiveness of support being provided to a family.

- We ensure to record all relevant information so children and families don't have to repeat themselves and where their stories are already on file take information from records.

- We cross-reference rather than duplicate records on the computer system.

- We ensure that case records reflect professional practice, in particular:

- Being in plain English, concise, non-judgmental, factual and clearly distinguish between a summary of an event, observations, and professional opinion.

- Demonstrating a commitment to the principles of equality and valuing diversity, ensuring they are respectful of the child/young person and his/ her family.

- Reflecting the words, views of the child and family members with the child in mind, expecting a child or young person would access their records at a later date.

- An analysis of the contact / visit / meeting and any further action to be taken arising from the contact / visit / meeting, and, the rationale for the actions.

- Where interpreters, specialist workers or tools and activities have been used to facilitate communication, this is clearly recorded.

Case Summaries

All children should have an updated Case Summary which reflects the journey of the child. This should be updated every 3 months (CIN, CP, CIC, Care Leavers and DCS) and when there is a significant change in the child's lived experience.

Case Transfers

Case transfers are led by the needs of the child to ensure that transfers of plans between workers or services are conducted seamlessly, with as little disruption or delay to

the child and family as possible, and with no interruptions in service.

Clear and effective communication will be a feature of all transfers between services. With the family and professionals in the network informed about the transfer between services as part of the next steps of support and service for the child and/or their family. This will also include the child in an age appropriate manner, as we know that children require healthy endings to professional relationships.

All practitioners and managers have a shared responsibility for how Halton shapes the experiences of a child, young person, and their family/carer when the focus of the work moves from the remit of one service to another and it is appropriate for a transfer. Our transfer process actively involves direct discussion and visits between transferring/receiving workers and managers to agree an appropriate way forward.

- It is expected that there is a joint visit between the transferring and receiving practitioners as this is an opportunity for the child and family to be introduced to the receiving social worker and to ask questions. During this visit the plan and trajectory should

be reviewed so there is clarity and continuity for the child and family.

The transferring social worker and Practice Lead will ensure:

- The new practitioner and manager have 10 working days notice of the transfer
- Case recordings are up to date and accurate.
- To inform the child, family and involved professionals of the upcoming change of social worker/service transfer.
- A Transfer meeting will be arranged and held where ongoing support is agreed through a multi-agency discussion (within a CIN or MAP meeting) and incorporates parent's views and consent.
- There is management oversight recorded that endorses the plan moving forward. Until the child is transferred, the transferring worker is responsible for managing the plan and addressing other case management issues.

The receiving social worker and Practice Lead will ensure:

- The social worker reads the case record (including the history of previous involvement) so as to have a thorough understanding of the

risks, needs, strengths and protective capacity of the family and its individual members as they relate to the current reason for our involvement and clear understanding of the plan or next steps to be carried out.

- There is management oversight recorded that endorses the transfer plan moving forward.
- The social worker notifies the family and professional network of their contact information within 7 days of assuming case responsibility if this has not previously been done.

Bottom Lines

- When families transfer between Teams, there will always be a Transfer meeting held and an introduction visit made

Case Closures

As part of relationship focused and strengths based practice, children and families are involved throughout the assessment and

planning processes, and case closure is no exception.

Partnering with the family regarding how and when to end support through children's social care begins from the outset of involvement and allows for a supportive, shared closure process. Case closure must be a carefully planned process, just like other phases of casework. Children and families are sensitive to inadequate preparation, which may result in frustrated feelings and anxiety. On the other hand, with good preparation, the case closure process helps the family to the next stage and can be a positive experience for everyone.

The goal of our involvement is not to prevent all problems but to help children and families to build on their strengths, develop skills and motivation to anticipate problems, avoid them when possible and deal with them effectively as they arise. Working with families to build an ongoing support plan (whether this is through universal or Level 1 services, or through their support network) after closure will likely increase their confidence in handling future difficulties.

Recording plays a key role in closure to evidence the efforts made by families, ourselves and partners and how this has

impacted on the child's quality of life.

Accurate and effective recording provides the foundation for partnering with families in the future should there be a need.

- We ensure that the child's file is up to date, which includes:

- All case notes being updated;

- The child's chronology being up to date;

- The child's genogram being accurate and up to date;

- A closure summary is completed that reflects the progress made against the child's plan;

- Clear management oversight and decision making. Including clear rationale in respect of their agreement to close the case including how risks to the child are now being

managed/reduced. Manager's oversight should review and evidence a clear contingency plan.

In addition, the closure process should:

- Resolve conflicted feelings about the end of service and the casework process. Children, families, carers, along with the social worker and other service providers may feel conflicted about the closure.

- Talk with the child and family about the specific accomplishments, emphasising the positive change in behaviours and conditions and impact for the child.

- Review the tasks completed and any challenges encountered ensuring to focus on the successes and learning.

- Problem solve for the near future. Future problems are always possible but views about their significance and impact can change with resilience. Review the child and family's strengths and the general steps in problem solving. Remind children and families of the strides made as well as the methods they can use when future problems arise.

The Child's Voice

Communication is the means through which we make friends and learn about ourselves, build relationships, express our feelings, thoughts and emotions, make choices and engage as part of our society. It is also the way

in which we indicate when we are not safe, feel scared or have been hurt. We will always strive to understand how best a child or young person communicates, verbally and/or behaviourally, understanding that a child of any age or ability has the means to communicate.

Through effective direct work with children and families we ensure active participation in the assessment and planning process, seeking out the views of each child and young person to understand what they may feel is working, they are worried about and what needs to change.

Our work reflects and considers a child's daily lived experiences, the care they receive, the significant events in their lives and how these have impacted them (negatively or positively), to understand who is, or is not, contributing to them being safe, happy, healthy, and successful.

Where children are too young or do not have the ability to verbalise their views, we will still strive to engage them, use observations between them and their family and seek the views of those who know the child best to capture their voice.

What does “see the child” mean?

Seeing a child or young person includes not only seeing them, but also the context in which they live. How the environment and people they interact with impacts upon them to build knowledge about the child's daily lived experience and how their parent/ carer is promoting their safety and wellbeing.

Seeing the child means being present in the moment with them, considering the child as an individual and what direct work may be best to undertake with them given their situation.

When seeing the child we consider:

- The child or young person's safety and wellbeing.
- Considering where the visit will take place and the child's worries or concerns;
- The child/young person's understanding of the purpose of the visit.
- A child's development and consideration of a support worker (not a family member) who can interpret and support communication (e.g. Makaton/sign language/specialist technology or images) when visiting a child who communicates through alternative means.
- The effectiveness of the child's current assessment or plan (MAP, CIN, CP, CIC, Pathway) and how this will be discussed with them. Ensuring that any actions involving the child are understood by them so they know how to keep themselves safe.
- Consider all children in the household and speak to them alone.
- Observe the child's behavioural communication and the interaction between the child and his or her parents/carers and siblings and other family or step family members.

- Speaking to adults in the home about the child and their views so that information may be cross referenced, confirmed or identify worries.

- Observe the child's presentation, home environment and sleeping arrangements. If harmful home environment is identified these, are addressed with clear expectations of what needs to happen. When a child is seen outside of the home it is not a statutory visits.

Direct Work

“A major aspect of direct work is listening for the child's perceptions. Until we do this, we won't know if we are to expand their information or correct their misperceptions” - (Fahlberg 1994)

There is strong evidence that working with children and young people wherever possible, instead of doing things to them or for them produces better outcomes and helps to build confidence and resilience. Therefore, we involve children and young persons in the work we do on their behalf.

Our work with children and their families can be their opportunity to unpack worries they may have been holding onto for some time. In our direct work we provide interventions that facilitate change and promote resilience.

- We understand it may be stressful and traumatic for children and young people to continually retell their story. Therefore, we ensure to have read and understood the information that is held on our records about what they have previously shared, the child or young person and their families, and provided by other professionals, to avoid children and young people from having to retell their story.

- Forming a relationship with a child is a process and it may take time for them to feel safe to speak openly. Therefore, where possible we take our lead from the child regarding pace and content when undertaking direct work with them and use the best resources with to enable them to share when they are ready.

- A child or young person needs to understand who we are, our role, why we are visiting, what the plans are to ensure their safety and wellbeing, and we are prepared to answer questions they may have as openly and honestly as possible.

- How the child or young person will be involved through appropriate direct work to provide them with the best opportunity for them to share their experiences in their own words, and, allow us to confidently

understand the situation from their perspective. Including how the child or young person's views will be recorded. Appropriate planning and preparation will be in place. This means getting a clear sense of what direct work needs to be done. For example:

- Establishing a trusting working relationship.
- Asking the child who their support network is and incorporating this into their genogram;
- Developing safety plans where the dangers are recognised by the child;
- Life story work from the beginning of our involvement;
- Family meetings- Helping develop individual and family resilience.

The Child in Assessments and Plans

The voice of a child and visibility of their experiences should be reflected in all our assessments and plans. This includes:

- Referencing the direct work tools we have used and using the child or young person's own words.
- Demonstrating how we have enabled children and young people to initiate discussions about things that are important to them and how we have continued these discussions with them over time. Showing how we have built up our understanding of their world.
- Analysing the information gathered during direct work sessions using professional knowledge and resources. Without incorporating your own feelings and what you think the child/young person might have meant. The child and family's own words will be more meaningful than our interpretation of them. The analysis should be written using the 5 anchor points which include; What is the assessment for? What is the story? What does the story mean? What needs to happen? And how will we know we are making progress?. We use these points to ensure that the

assessment is thorough and considers impact to the child, incorporating their views and experiences to develop a plan of support that has the child's needs as the focus point.

- Demonstrating how we have shared their views so the child remains central to our practice. With assessments, plans and interventions clearly linked to what needs to change for the child and how the child has been involved in our decision making. Including the child's views on how any changes being made are impacting upon them.

Chronologies & Genograms

Chronologies

Our work relies on understanding the links between incidents, events, behaviours and responses and what this means for the child in the short and long term (impact). The question being asked is: *Who has done, or is*

Life Story Work

We recognise and respect that children and young people need to be able to make sense of their history. Children and young people should be provided with the information and support to make sense of their life story and journey.

- We understand that we have a responsibility to capture a child's unique life experiences and journey. We do this by sensitively collecting information that is important to them about their family, friends and significant relationships. Ensuring life story work is considered from the point our initial involvement with a child and their family and reflected in the recording of our work, the quality of our assessments and ensuring

doing, what, when and how it impacts upon the child?

A well-developed child impact chronology and genogram is the foundation of a high quality assessment providing understanding of the immediate and cumulative impact of events upon a child. Done effectively, the child's impact chronology helps to place children at the centre of everything we do. With accurate chronologies underpinning the continual

children and young person's views are reflected in their plans.

- Along with maintaining accurate, up to date case records when we are supporting a child through CiN, Child protection, Care or Early Help planning, life story work should be completed with the child.

- Helping the child to address their feelings and emotions and allow them to discuss this in a secure environment with a trusting adult. Exploring past experiences in a sensitive manner to the child's perspective and understanding

process of assessment and planning, being used in our direct work practice to promote engagement from children and families.

When carried out consistently across agencies good chronologies can improve the sharing and understanding about a child's life so each professional may understand how to contribute to promote the safety and wellbeing of the child.

Therefore, as an organisation we:

- ensure a child impact chronology is reviewed, commenced, and/or updated, at the point of involvement.
- We ensure a child's chronology is factual, written in plain English, as brief as possible and with clearly recorded entries that detail where the information is from, the outcome or actions taken, or to be taken, and clearly reflects the direct/indirect impact upon the child from significant events.
- We ensure that all children have an up to date chronology (updated as significant events occur and otherwise updated at a minimum of every 6 weeks) that is multi agency informed.

To ensure the best outcomes for children and young people through effective assessment, analysis and planning it is expected all agencies working with children and families to maintain case chronologies on each child who is in receipt of services beyond the universal offer.

It is expected that the child impact chronology is used to inform decision making:

- At the point of referral;
- As part of an assessment;

- Within Step up/Step down processes;
- At Strategy Meetings;
- During Initial and Review Child Protection Conferences;
- During Initial and Review Care planning meetings;
- During Supervision (individual and group);
- At Legal Gateway Panels and other multi-agency panels;
- Within Court proceedings. As part of the continual assessment process the chronology should be used:
- To share information;
- Check for accuracy of information;
- Check child's and families' views and perceptions of the information and significant events.
- To consider the domains of the Framework for the Assessment of Children in Need and Their Families (2000), to help judge whether there is significant information or events relating to these dimensions.
- To aid analysis and planning, considering the relationship and relevance to individual entries in a holistic context identifying

behaviour patterns and how this positively or negatively impacts the child and family functioning.

- In direct work with the family and partner agencies the child's chronology should be used to assist in case planning and evaluating progress. For example, in preparation for reviews and other meetings, reviewing the chronology with family and professionals as part of assessments.

Genograms

Lessons from serious case reviews provide further confirmation of the importance of seeing, hearing and listening to the experiences of the child from the child directly, to enable a child to share the risks and safety issues within their lives.

A genogram is a visual tool which shows a family tree of at least three generations. It is used to give a pictorial representation of a family system. Genograms are a foundational tool used in systemic practice, where there's a focus 'on relationships' and a recognition 'that individuals are always embedded in their social context' (Burns, 2018). Genograms help us to be curious about relationships in the family from the perspective of different family members. Because they are pictures, they

enable us to engage with ideas and information about a family in a different way than if we had read a written report.

'Patterns of belief and behaviour which may give rise to problems in daily life, here and now, may also be tracked back through the generations. These patterns are strongly influential, the more so if they are unrecognised. They can also be a source of strength and resilience' (Burns, 2018).

Both the child's chronology and genogram will inform our work as part of our information gathering for assessments and analysis to understand a family's functioning and how the child may be impacted through as a result.

- As part of the assessment process the child's family genogram is mapped with the child and family to ensure all members of the child's family and household and significant adults (especially those who provide care, financial support) are identified and these people are fully considered/assessed in relation to:

- Any harm, complicating factors, strengths or existing safety in relation to the child.

- So an effective Family Network can be established around the child.

- To ensure we are able to develop effective contingency planning to promote permanence for children and young people.

- Through the use of the child's genogram we check that the family's details (e.g., names, spellings, relationships, and dates of birth) are correctly recorded.

- We continually review the child's genogram with the child and family, capturing any changes in the family structure, anyone the family has identified as possible supports to achieve the goals and review possible kinship carers for the child as part of ongoing contingency planning.

Management Oversight, Scrutiny and Supervision (Manager's Footprint)

The 'Managers footprint' refers to evidence of a manager's oversight, guidance and direction, quality assurance, analysis, supervision, and reasoned decision-making on the case record of a child or young person.

Collectively, this evidences the manager's footprint and impact they have had on the child; and in this sense is a key component of the package of support offered to practitioners, children and their families.

The manager's footprint is the primary way in which practice standards are upheld for each individual child. This needs to evidence the support they have provided, direction given and any challenge to the practitioner, direct while demonstrating understanding, insight and oversight of the critical issues for the child.

This requires the manager to focus upon:

- The service being provided to the child/young person/family;

- The progress of assessments and management of risk;

- The quality of case planning and care planning;
- Reviewing the child's action plan and ensuring it is carried out in a timely manner to prevent delay (previous, present and future);
- Child in need/child protection issues;
- The progress, or lack of progress of children's plans;
- The quality of case recording.
- The impact and progress and success of identified work
- We strive to get it right the first time for our children and ensure that there is case management direction and guidance on the file upon allocating a practitioner for a child, as part of management oversight.
- We ensure allocations are made with the best interest of the child, considering the composition practitioner's caseloads, their

professional capability and their requirement to gain professional experience. It is recognised that this will not be possible in every instance.

- Management oversight is evidenced from the point of allocation with guidance and direction for carrying out necessary work and case management duties.
- We ensure that when our involvement with a child or young person ends, that management decision making has been clearly recorded and rationalised, ensuring the child's journey is clear.
- Guidance and direction is evident at all stages of an assessment, from allocation through to the completion and management endorsement of the assessment.
- Rationalised management endorsement is evident on and through the duration of a child's or young person's plan.

- Clear recordings of reflection, direction and constructive challenge made to the social worker during supervision.
- The manager has ensured the line of decision making is clear, is captured on the chronology, and all-important decisions are accompanied by a 'manager's case note giving the reasons for any decision being made' Clearly written analytical insight from the manager on critical and key documents for the child; such as assessments, child protection plan and CIN plans, CPR's, court documents, placement plans, reports for panels, reports for children's reviews.
- Evidence of quality assurance activity including case audits and performance management and providing balanced feedback, ensuring good practice is identified and practice issues are appropriately responded to and actioned.
- We ensure that children and families do not unnecessary experience changes in social worker or multiple social workers.

Supervision

The work we do requires strength of emotions and character and stretches an individual's core skills and abilities. The role also places the person, uniquely, in the midst of the lives of children and families, to encounter many complexities and assume many responsibilities. Given this, practitioners and their managers can expect the best supervision and support to enable them to undertake their role effectively and with confidence.

Effective supervision will combine performance management with improving quality of practice, supporting the worker and ensure continuing professional development and contribute to the development of a learning culture. Providing a safe space it enable and supports practitioners to develop and engage in professional thinking and good practice, and exercise effective professional judgement and decision-making.

Applying systemic ideas in supervision and in work with families can help to balance the tensions between intervening to prevent harm and building collaborative relationships. It can help us to consider what other factors might be influencing our responses to risk.

- Both manager and practitioner share responsibility for carrying out their role in a collaborative process and preparing for supervision. With practitioners and managers draw upon the child's chronology, genogram, and direct work to facilitate effective discussions and decision making to develop next steps. Where managers are prepared they can focus discussion on the rationale for decisions that may be recommended by the practitioner and supporting them to formulate next steps in their work.

- Records of supervision will reflect our systemic practice model and be recorded within one week of formal supervision. Records of ad-hoc supervision and management decisions are the responsibility of the manager to add to the system within 48 hours of the discussion.

Quality of decision making and interventions

- Supervision should assess how practitioner values, beliefs and life experiences may be impacting on their interactions with, and ability to engage, effectively with children and families (Social Graces).

- The manager supports and facilitates assessments and ongoing work through

regularly scheduled supervisory process of collaborative reflective case review, analysis and decision making, as well as, providing strengths-based feedback, guidance, direction and coaching to practitioners. Including critical reflections of appropriate use of practice framework, models, questionnaires and other resources to ensure assessment, plans and interventions are evidence based and robust.

Line management and organisational accountability

This aspect of supervision involves the evaluation of the job and organisational effectiveness of the employee and includes appraisal. This is essential for all staff in the organisation, and is carried out by the line manager.

- Managers comply with Halton's Supervision Policy and ensure supervision is provided at the appropriate frequency as outlined in the Supervision Policy, and/or when practitioner needs requires, and, immediately rearrange supervision if it has to be missed.

Caseload and workload management

- Managers should ensure to carry out an analysis of caseload and workload management, and work collaboratively with practitioners to address any issues relating to time available to work directly with children,

Reflective Group Supervision

Reflective peer group supervision is the opportunity to use a peer model of supervision for casework. This provides an opportunity for multiple perspectives, honour complexity, enable learning opportunities and increase practice confidence.

Children should be selected for reflective peer group supervision where the multiple perspectives and systemic methodology of the reflective peer group reflection are likely to be an effective means of planning. This will include:

- Transfer cases

adults and families as well as meeting other demands with a focus on safeguarding,

Further personal learning, career and development opportunities

- Supervision considers the practitioner's' career development and learning needs and

- Escalated cases
- Situations where permanence has not yet been achieved
- High risk – for example CSE/repeat missing
- Poor placement stability
- Significant Court activity / complex care plan
- Potential CP re-registration for children where it appears a further CP plan is needed
- 16+ CP plans
- Where there has been a significant incident for a child

should identify training that is matched to their experience, skills and knowledge, and consider how the practitioner has transferred learning into practice.

- Supervision will support the health and wellbeing of social work practitioners and on building professional resilience and confidence.

- All children going to ICPC

- Situations where good practice has taken place and an appreciative enquiry would be beneficial

- We ensure each team holds group supervision monthly and this is recorded on child's electronic record. With clearly decision making, or next steps, in all records of group supervision.

Methodology:-

- Presentation of a children's situation by lead practitioner. This will ideally include: a genogram of at least 3 generations; family

history and dynamics; previous involvement with services; what is going well; what we are worried about; current services and plan; child development; parental capacity; known wishes and feelings of the child and the parents; environment; wider support networks (Guide time 15 minutes)

Or review the record of previous discussion: what was agreed; lead social worker reports on progress against actions – all related to the child's plan; update of significant events and new information. (Guide time 10 minutes)

- Practitioner sets out the current issue/dilemma they would find it most helpful for the group reflections to address. (Guide time 5 minutes) (Until this point other group members will not comment or ask questions).
- Questions to the presenting practitioner seeking clarification. (No reflections or hypotheses will be made yet). (Guide time 5 minutes)
- Reflective group discussion. The lead/presenting social worker will observe the group discussion without directly contributing, noting what they find helpful or are curious about. No further questions will be asked of them or comments made to them in this phase. The aim is to: share different ideas;

generate several hypotheses (focussed on patterns and relationships); consider questions and ideas that might be shared with a family with the intention of being useful; consider issues of risk and safety; consider possible solutions to dilemmas. (Guide time 15 minutes)

- Lead/presenting practitioner feedback, without interruption. What interested them in the reflection and how might they use this to support the plan for the child. (Guide time 5 minutes)
- Principal Manager or Practice Lead guides the creation of agreed actions – SMART, focused on improving child's outcomes and any identified risks, relating to the current plan, and arising from reflection and systemic hypotheses. (This may include identifying privileged hypotheses and how they will be included in the direct work with the family). (Guide time 5 minutes).

The timings suggested are a guide and can be changed according to need – they amount approximately to a 45 minute reflective discussion.

The use of group hypothesising in this way can help a family and practitioner to re-frame and unstick concerns and support a more open working relationship.

Reflective Group Supervision for Students and ASYE's

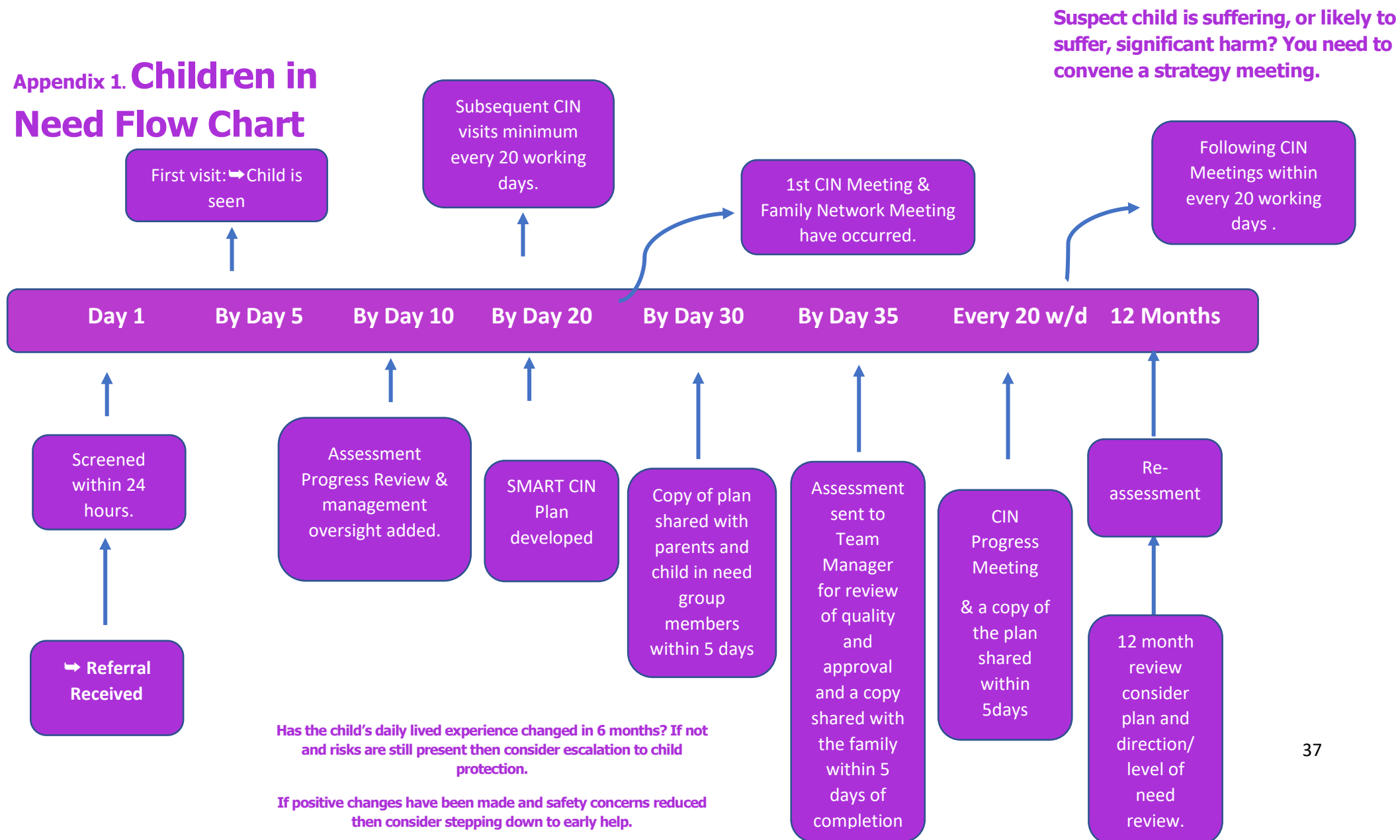
Reflective developmental group supervision is offered to students and ASYE's by the Practice Manager for Social Work Development as part of the ASYE offer. It is encouraged as 'good practice' within social work teams for developing worker resilience, shared learning and practice improvement.

- It is expected that students and ASYE's attend and are provided the space to attend reflective developmental supervision.

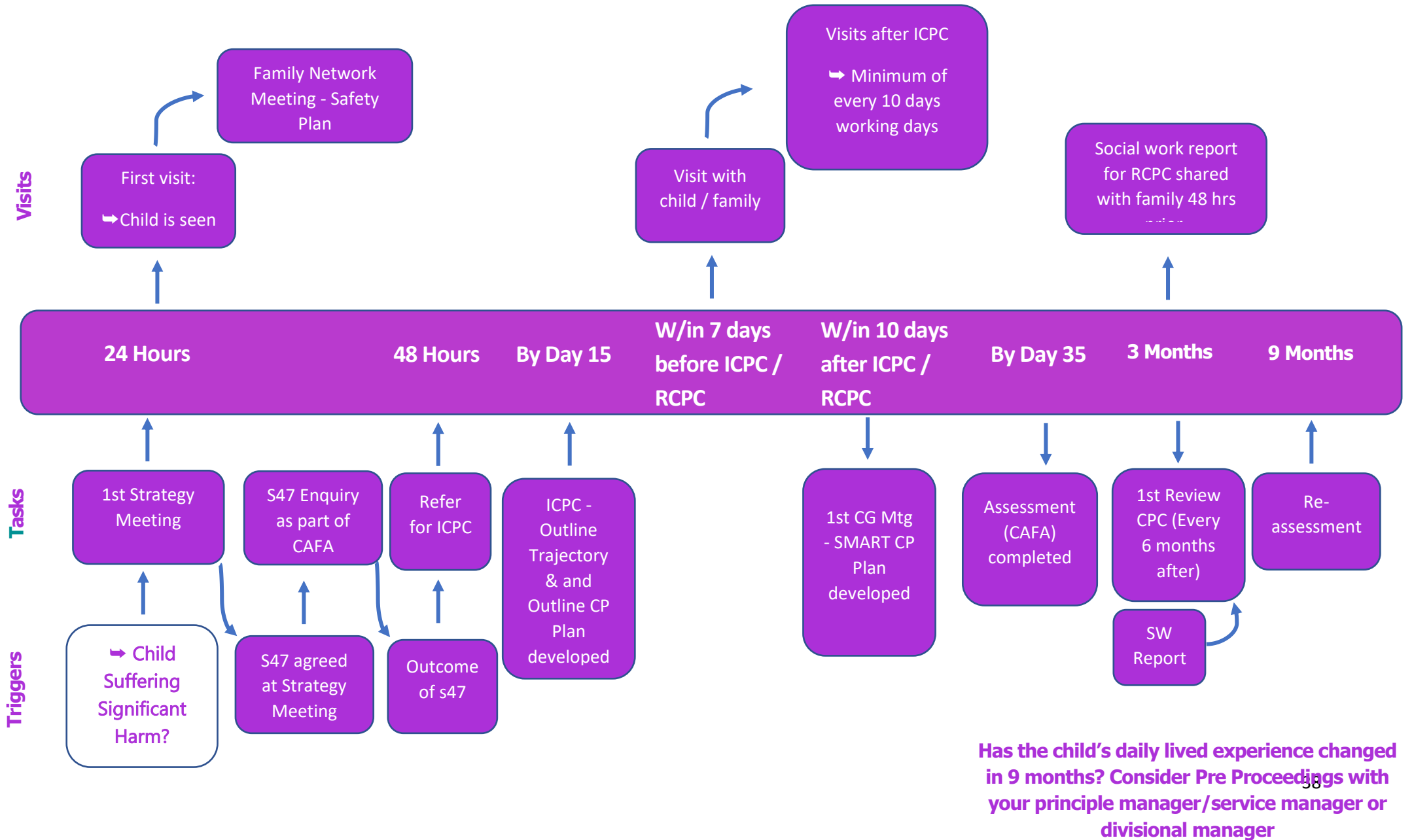
Research in Practice – PSDP – Resources and Tools: Using a systemic lens in supervision <https://www.researchinpractice.org.uk/children/publications/2017/april/reflective-supervision-resource-pack-2017/>

Halton supervision policy –

Appendix 1. Children in Need Flow Chart

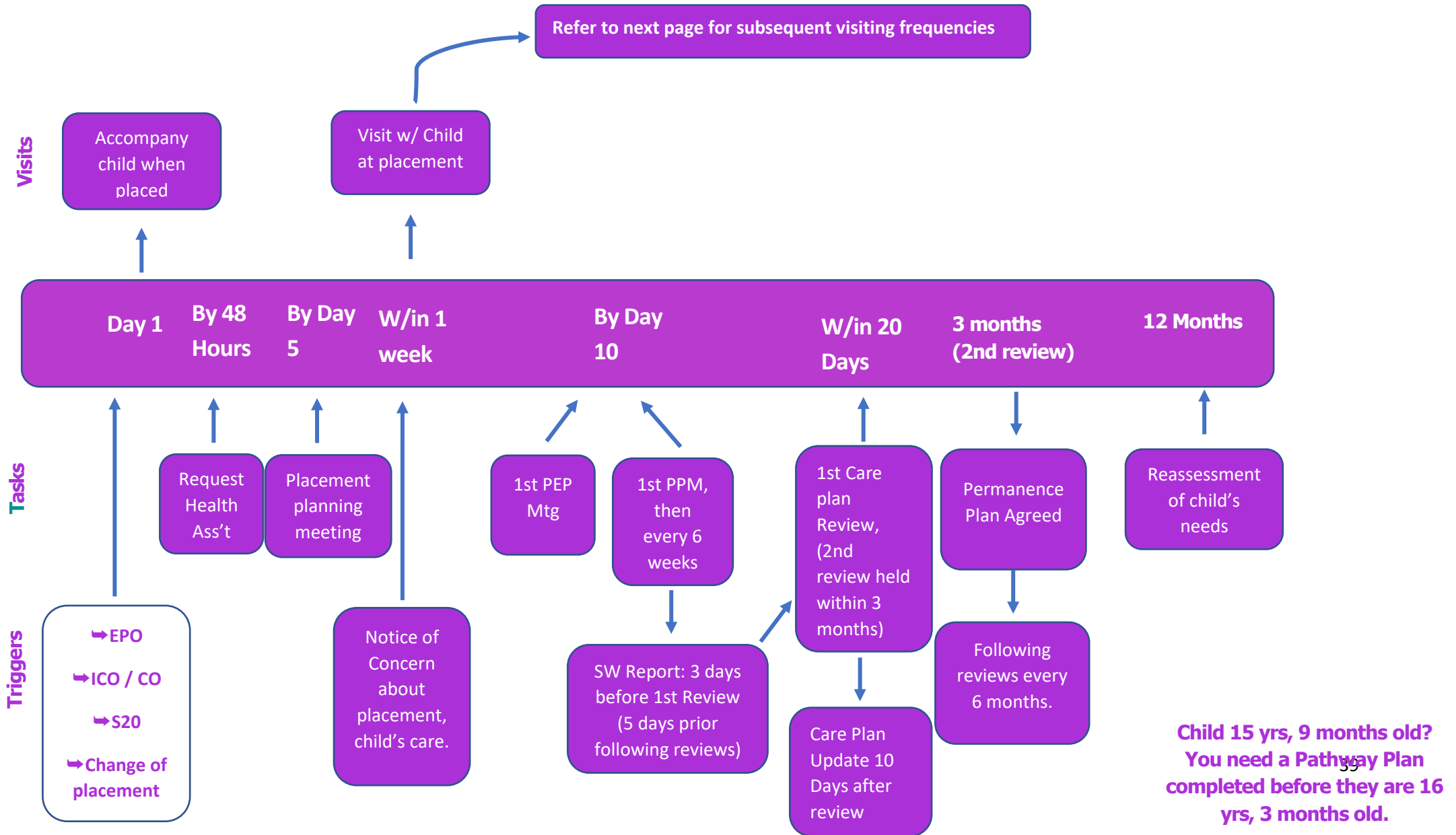


Appendix 2. Child Protection Flow Chart



Appendix 3.

Children in Care Flow Chart



Appendix 4.

Visiting Timescales at a glance * only working days where it explicitly states this.

Visiting frequency for all children must reflect their individual needs, risks and circumstances. The visiting frequencies below are a minimum standard, rationale for the visiting frequency decided upon for an individual child must be clearly identifiable on the child's file.

Children receiving support through Early Help (MAP)	<ul style="list-style-type: none"> To be completed a minimum of once every 20 working days 	
Children receiving a Short break service only	<ul style="list-style-type: none"> Short break support - visits to be completed a minimum of once every 3 months Statutory Visits to Inglefield are : initial visit within 1 day, second visit to be completed within 6 weeks and then every 6 months thereafter 	
Children being supported by a Child in Need plan	<ul style="list-style-type: none"> Initial visit to be completed within a minimum of 5 working days. Thereafter, a minimum of once every 20 working days. 	
Children subject to a Child Protection Plan	<ul style="list-style-type: none"> To be completed a minimum of every 10 days working days 	Proposal to end the plan there should be a supervision recorded within 4 weeks prior to CPRC
Children subject to Pre-proceedings	<ul style="list-style-type: none"> A minimum of once every 10 working days (in line with Child Protection planning) 	
Children subject to Care Proceedings	<ul style="list-style-type: none"> A minimum of once every 20 working days 	Frequency should continue for the duration of proceedings.
Children who are Looked After	<ul style="list-style-type: none"> Start of placement (this applies to all new placements including when, for example, a child moves from one placement to another) - Visit within one week 	

	<ul style="list-style-type: none"> • Thereafter - a minimum of once every 20 working days for all children who are: - • Child placed within residential care • Child placed with parents under a care order • Child placed with a connected person with temporary approval • Child Placed in Young Offenders’ Institution or Health Care setting • Children who are placed for adoption • Children placed in long – term foster placement • Child placed for adoption <p>(The above are minimum requirements. The frequency of visits should always be determined by the circumstances of the child and visits should be made whenever reasonably requested by the child, parent or carer regardless of the status. For those children who are living with ‘matched’, long term carers or placed for adoption; the IRO, via the statutory review process will agree visiting frequency; these will not exceed statutory timescales).</p>	
Children placed in private Fostering arrangements	<ul style="list-style-type: none"> • Following placement or date of notification - Visit within 5 working days • Thereafter, a minimum of once every 20 working days. 	Arrangements to follow CIN procedures.
Care Leavers	<p>Relevant up to age 21 - Move to new accommodation – to be seen at accommodation. These should be visits unless the young person does not want one - Visit within 7 days</p> <p>Subsequently- Minimum visit every 56 working days</p>	

	Care Leaver - Former Relevant aged 21-25 - This can be a 'contact' unless the young person wants to have a visit - Visit yearly	
Visits to Foster carers by their supervising social worker	<ul style="list-style-type: none"> Once x every 20 working days for temporary and approved carers 	Any carers subject to allegations management procedures (LADO) supervision once x monthly

Appendix 5. Panels and Their Function

