Luton Practice Framework

Children, Families and Education Directorate **Date: June 2022**

Putting children, young people and their families at the heart of everything that we do.

A Shared Guidance to help all practitioners working with children, young people, families and carers to provide additional and early help, intensive and specialist support.

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Version: 0.03 (published)

Last updated: 9th June 2022

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VERSION HISTORY

Version	Date Issued	Brief Summary of Change	Author
0.01	June 2020	Practice Framework Published	Allison Parkinson
0.02	September 2021	Update Glossary	Jack Markham
0.03	9th June 2022	Version Control Added	Jack Markham

DOCUMENT APPROVAL

Version	Date Approved	Description of Approval	Approver
0.01	June 2020	Practice Framework Published	DMT

DOCUMENT LOCATION

Document Location	File Name

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Introduction and how to use this document

Luton has adopted a strength/relationship based approach as its practice framework. The purpose of this document is to set out the practice expectations for each part of the service so that everyone is clear about what good practice looks like in Luton and everyone understands what is expected of them as they carry out their work with children and families.

The Luton Practice Framework has been developed with practitioners and managers, aligning with the ‘Practice Framework Reflective Tool’ (page 34) to enable discussion and reflection on what good practice looks like in their particular team.

Practitioners and their managers also work within the framework of The Children Act 1989 and must adhere to any associated statutory guidance.

“It is a child’s right to a family life. This means we will work with our children’s family and friends to help them do their best for all our children”.

We strongly believe that children belong with people that they know who love them and keep them safe within their networks. . We expect all practitioners and managers to prioritise this value, and to help children have safe permanent relationships as a basic right.

Glossary

Term	Description
Meaningful Conversations (Appreciative Inquiry):	Purposeful conversations that focuses on exploring the lived experience of the child and family looking at what has gone well, what are we worried about and what needs to change. Through reflective questioning to enable an understanding of the child's and family's needs in order to support learning and development for the future for the both the families that we work with and the practitioner
A plan of work	A plan detailing the direct work sessions that will be completed with the child and family in order to support them to achieve the safety goals.
Bottom line:	A set of conditions set by the social worker and their manager about how the safety goals should be achieved as an agreed starting point.
Contextual Safeguarding	Carlene Firmin, MBE, Principal Research Fellow, the International Centre.. researching Child Sexual Exploitation, violence and trafficking, speaks about the theory of Contextual Safeguarding informing policy (Working Together 2018) and says that this is an approach and not a model of work. It does not replace safeguarding. It means working in a different way when young people are not safe beyond their front doors. Carlene speaks of this approach being a staged approach to assessment starting with talking to the young people and getting them to assess the quality of their relationships and then involving the wider professional networks.
Danger statement:	A clear, jargon free statement setting out what we are worried about and what will be the likely impact on the child if nothing changes, where there are worries about the child's safety and to refer to the specific incidents of past or current harm to a child
Direct work with children tools including-Three houses work	A tool for working with children to help them identify their worries, their feelings and what they feel is going well and what they would like to be different.
Genograms/ Family Tree/Ecomap:	A genogram developed with the family that explores family relationships, culture, history, values and beliefs.(Which may include people who are not in the birth family)

Term	Description
Family Network Finding:	Family Network Finding ensures that all those connected to the child who can be a source of emotional, physical, mental, spiritual or cultural support are able to engage with workers and those caring for the child. This will provide opportunities to make a positive difference to the child's everyday life and give support where required, to have a relationship with the child where this would be in the child's long term best interests.
Family Network Meeting:	A meeting attended by the family's connected network whereby the social worker facilitates the family and their network to develop a safety plan or support plan for the child
Internal Case Mapping/ Supervision:	A process involving the case holding social worker, whereby information is considered and analysed across the 7 signs of safety analysis (harm, danger, complicating factors, strengths, safety, safety goals and next steps)
Mapping with a Family:	The assessment process whereby the social worker engages the family by asking questions in order to gather information and consider and analyse this with the family
No order principle:	Section 1 of the Children Act 1989 states (5) where the Court is considering whether or not to make one or more orders under this Act with respect to the child, it shall not make the order or any of the orders unless it considers that doing so would be better for the child than making no order at all
Picture Exchange Communication System' (PECS):	A tool that enables people with little or no verbal communication to communicate using pictures. It enables people to communicate or express a thought, wishes and feelings or anything that can reasonably displayed or symbolised on a picture card such as the big feelings cards.
Peer Supervision:	A facilitator, supported by an advisor, leads a case holder and a number of observer/participants through the process of developing a genogram, sharing information about the case and developing danger statements, safety goals and best questions. The purpose of this is to reflect, practice skills and develop next steps
Safety Planning and goal setting:	The process of engaging the family and their wider network through a series of questions in order to support them to develop a safety plan for the child. The safety plan must address each danger statement including a jargon free description of what we need to see to know the child is safe enough to enable the case to be closed.
Seven Domains of Analysis	7 signs of safety analysis (harm, danger, complicating factors, strengths, safety, safety goals and next steps)

Term	Description
Scaling Question:	A question that asks someone to rate something on a scale of 0 to 10, where the 0 and 10 are clearly defined
Solution Focused Questions:	A range of questions that enable conversations about problems/ difficulties to be discussed in a way that opens up possibilities for change by identifying what is working and what needs to be different for the problem to be resolved.
Trajectory:	A clear, agreed timeline of what will happen between ‘now’, case closure.
Wellbeing Goal:	A clear, behaviourally specific, jargon free description of what we need to see to know the child is healthy which includes mental health so that the case can close. Includes what the members of the family are doing that will tell us that the child is healthy and well.
Words and pictures work:	A specific piece of work that helps children understand what the adults involved are worried about and what everyone is doing to sort out those worries, in the form of a story board for the child. The words and pictures story board is developed with their parent(s)/ carer(s) and intern their parent(s)/carer(s) shares this with their child

Types of meetings

‘Nothing about us without us’

The relationship approach to social work emphasises the need to foster open, honest and respectful relationships with families. This means social workers and other professionals have to have difficult conversations with families in a compassionate and respectful way. In Luton, when we convene meetings to discuss worries about a child, we will always involve family members in these meetings.

The only exceptions to this would be in relation to strategy meetings/discussions, Contextual Safeguarding or legal planning meetings. There may be a need for a meeting to take place without the family when there are strong disagreements within the professional network that are impacting on interagency relationships and a meeting is needed to develop a more shared understanding of the worries and an improvement of working relationships. In these instances, the family should be aware that a meeting is taking place, unless this would place the child at further risk. The outcome of the meeting should be discussed with the family as soon as possible after it has taken place

Thought should be given to the timing of meetings to minimise the number of meetings that family members and social workers are attending. For example, a review family network meeting may take place at the start of a CIN or core group meeting, with the professionals joining at a later time.

Practice expectations and bottom lines

Practice principles	**Luton values**	Family Partnership Service **Practice Expectations and Bottom Lines**
Working relationships at the heart of practice	Child-centred Family led	• We share the service leaflet when we first visit a family to enable families to understand and be clear about what the service offers and how we can provide help and support. • We are always respectful towards children and their families • At the initial visit, the family are supported to complete a genogram, enabling careful exploration of the family's wider family/support network. • The family are encouraged to involve their wider network in developing the family support plan through a family network meeting and in reviewing it in ongoing family network meetings and/or family support meetings. • We use the three houses (or equivalent) during the initial visit with the child to develop an understanding of the child's worries, the things the child feels are going well and the things they would like to be different. • We use a variety of direct work tools from the direct work kit in our ongoing work with children and their families as part of the support to enable the family to move towards their goals. • Words and pictures explanations are developed with parents and used to help children understand what the adults are worried about and how everyone is working together to help sort out these worries. Family Network Meetings • 'Family finding' tools and techniques are used to help the family develop their naturally connected support network • When there are worries about a child, a family network meeting is arranged at the earliest point and is attended by the people who are naturally connected to the child and their family • At the family network meeting, the draft worry statements and wellbeing goals are shared and refined with the family and their network. Members of the family's network are asked to scale the situation from 0-10 in relation to each worry statement/ wellbeing goal • Bottom lines are kept to a minimum and shared clearly with the family

Practice principles	Luton values	Family Partnership Service **Practice Expectations and Bottom Lines**
		• Family members and their informal network are invited to develop a plan that will address each worry • We facilitate the process by asking questions that help to test out the support plan • Everyone in the support network gets a copy of the plan developed
Adopt a stance of curiosity	Evidence based Risk sensible	• We triangulate what children, parents and professionals are telling us, in addition to what we observe the child and parents doing • At family support meetings the progress and impact of the family plan is mapped with the family and professionals
Land grand aspirations in everyday practice	Solution focused Focused and purposeful	• We use scaling questions with the child and their family members to consider and understand the children's wellbeing and each person's view of the family situation/the impact the family plan is having. • We carefully prepare our sessions with children and families • The visits and family plans are clear about the next steps, the work that will be completed with the family, how and why.

Bottom Lines

- All Family Support Plans will include reflection on the complicating factors, a clear worry statement with a paired wellbeing goal and clear next steps
- The contextual safeguarding approach is looking at the extra-familial risks and mapping of peer groups. A staged approach should be taken beginning with working with the young person in a child centred way.
- Safety mapping with the child or young person should take place with regards to contextual safeguarding - where does the child feel safe and unsafe
- Words and Pictures explanations will be developed with all families to help children understand the worries and what the adults are doing to sort out the worries
- A case mapping will take place for all cases being considered for transfer to children's social care
- A brief case mapping will take place with the family during the family support meeting
- Family support meetings will use scaling questions to understand the views and experiences of children and their families to help understand how the support offered is helping to make a difference

Practice principles	Luton values	MASH Practice Expectations and Bottom Lines
Working relationships at the heart of practice	Child-centred Family led	• We look carefully through the history and consider what life is like for the child • We check it is convenient to speak with family members when they call • We always speak with family members respectfully • We don't leave voicemail messages on a Friday for parents to worry about over the weekend • We carefully go through each part of the concern with parents, seek to understand their view about this and record their response • We always ask for consent to speak with other professionals about the child/family, unless to do so would place the child at risk of harm. • We always consider carefully the implications to the child and to the parents if we are considering overriding parental consent to talk to other professionals. • When a decision has been made to allocate to the assessment team, practitioners in the MASH explain to parents that in Luton we will work with them and their wider network and will support them to identify solutions to the difficulties. The MASH practitioner will encourage the parents to start thinking about who in their network they would like to involve.
Adopt a stance of curiosity	Evidence based Risk sensible	• We always check the basic details to make sure they are correct and make sure we are aware of any previous addresses that the family have lived. • We map referral information into what's working well and what we are worried about. • We ensure that when we are speaking with professionals that we ask questions that help us to be clear about the specific, observable behaviours of the parents/ children/ others that we are worried about. • We ensure that we are clear about facts vs judgement • We always ask questions to find out about the strengths and safety that exists within the family. • We always speak to the people/professionals that know the child/family best. • If the case is going to progress to the assessment team, we always create draft danger statements and safety goals and share these with the parents in order to explain clearly to the parents why we are progressing to assessment. • We always share with the referrer our next steps.

Practice principles	Luton values	MASH Practice Expectations and Bottom Lines
Land grand aspirations in everyday practice	Solution focused Focused and purposeful	• We ensure we are clear about what information we need to get before we make contact with a parent or professional.

Bottom Lines

- Social Workers ask referrers questions that help us to understand the past and current harm; i.e. 'what specifically are the **parents doing', 'how often' 'how severe', 'when was the last time' 'what was the worst time' 'what is the impact on the child?'**
- Social Workers deliberately ask questions to the referrer and parents that enable us to understand the strengths and the **safety that exists in the family**
- Social Workers develop danger statements for cases that transfer for assessment and share these with the parents, in **order to explain clearly why we are progressing to assessment**
- We always feedback the outcome of the referral to the family and to the referrer
- The contextual safeguarding approach is looking at the extra-familial risks and mapping of peer groups. A staged approach should be taken beginning with working with the young person in a child centred way.
- Safety mapping with the child or young person should take place with regards to contextual safeguarding - where does the child feel safe and unsafe

Practice principles	Luton values	Assessment Practice Expectations and Bottom Lines
Working relationships at the heart of practice	Child-centred Family led	• On the first visit to a family, we introduce ourselves and the way that we work with families in Luton and what they can expect from us. On this visit we use the draft danger statements that MASH have developed to explain why we are starting an assessment. • From the first visit to a family, we complete a cultural genogram with the family and start to map out the worries/strengths and safety ,together with the family • We carefully plan and undertake three houses (or equivalent) with the children as part of the assessment in order to understand their worries, the things they feel are going well, and the things they want to be different • We spend time understanding the child and members of their family's' beliefs, values, religion, family history and culture and what these mean to them personally • The work we do with the children is captured in the assessment and shared with the parents • When children are very young, we observe how they look, behave and interact with others in order to understand what they are telling us • When parents say they have no one in their naturally connected network, we sensitively but persistently ask questions to explore this further, use the 'family finding' tools and work with parents to help develop the informal network of support around the family. • We will spend time talking to the family and agreeing a potential date for the Family Network Meeting, however on our first meeting with the family we will consider the need to put immediate safety plans in place in place until we can hold a Family Network Meeting. Family Network Meetings • 'Family finding' tools and techniques are used to help the family develop their naturally connected support network • When the initial visit to the family confirms that there are worries about a child's safety, an urgent family network meeting (FNM) is convened and is attended by the people who are naturally connected to the child and their family • At the family network meeting, we share and refine the draft danger statements and safety goals with the family and invite family members to scale the situation from 0-10 in relation to each danger statement/ safety goal • Bottom lines are kept to a minimum and shared clearly with the family • Family members are invited to develop a plan that will address each worry

Practice principles	Luton values	Assessment Practice Expectations and Bottom Lines
		• We facilitates the process by asking questions to help test out the safety plan • Everyone in the network gets a copy of the safety plan • The safety plan is incorporated into the child in need or child protection plan. • Everyone the family network meeting will get a copy of the minutes no later than 48 hours after the meeting. Rapid Family Network Meetings • In an emergency situation where the child's immediate safety is a worry, a strategy meeting takes place. Once the strategy meeting has taken place, the social worker and their manager do their upmost to convene a rapid family network meeting on the same day (which could be in the office/at a hospital). The family network meeting focuses on what needs to happen to keep the child safe for the next 7 days. • Contingency planning takes place to identify a foster placement in the event that the network are unable to identify a satisfactory safety plan

Practice principles	Luton values	Assessment Practice Expectations and Bottom Lines
Adopt a stance of curiosity	Evidence based Risk sensible	• The first thing we do when we are allocated a case is to make time to read the file and understand the history and the likely impact of this on the child. • A chronology is developed to support this understanding. • We triangulate information from the mapping with the family, with the information about harm/strengths and safety from the professionals that best know the child, what the child is saying and what we observe the family doing. • When other professionals are worried, we help them to be clear and specific about their observations, clarifying how often, over what period and how serious these worries are. • We purposefully ask family members and professionals questions to find the things that are going well and the things the family are doing that keep the child safe, even when things are difficult • We use research about what increases or mitigates the risks (e.g. in relation to domestic violence, mental health, attachment, drug and alcohol misuse, • CSE, sexual abuse) to inform the analysis and to provide evidence to support our thinking about how worried we should be. • In strategy meetings/discussions and legal planning meetings, information is considered and analysed. • We create danger statements that are clear, specific and jargon free and these are shared with families so they are clear about why we are involved. • Every danger statement has a linked safety goal that is clear and specific and describes what we need to see in order to close the case (or return the children to the parents care) and these are shared with families so they are clear about what they need to do.
Land grand aspirations in everyday practice	Solution focused Focused and purposeful	• Before a visit or meeting, we have made time to think through and be clear about what we are trying to achieve, how we will achieve it and how we will know we have been successful. • We prepare solution focused questions before mapping with families or facilitating family network meetings.

Practice principles	Luton values	Assessment Practice Expectations and Bottom Lines

Bottom Lines

- Social Workers use mapping with families as the basis of their assessment
- 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
- Social Workers always use the three houses or equivalent to carefully explore children's worries, the things they feel are going well and the things they want to be different
- The contextual safeguarding approach is looking at the extra-familial risks and mapping of peer groups. A staged approach should be taken beginning with working with the young person in a child centred way.
- Safety mapping with the child or young person should take place with regards to contextual safeguarding - where does the child feel safe and unsafe

Practice principles	**Luton values**	Transfer of Cases **Practice Expectations and Bottom Lines**
Working relationships at the heart of practice	Child-centred Family led	• When we are handing a family over to another team or worker, we will always explain to the child and the family why this is happening • When we are handing a family over to another team or worker we introduce the new worker to the child and family, go through the danger statement and safety goals with the family and new worker and invite the family to talk through the safety plan
Adopt a stance of curiosity	Evidence based Risk sensible	• The danger/worry statements, existing strengths and safety, safety/ wellbeing goals and the safety/wellbeing plan will be shared at transfer panel • The first thing the new we do when we are allocated a new child and family, before making contact with the family is to book in some time in our diary to read the file and understand the family history. This includes reading chronologies and previous assessments
Land grand aspirations in everyday practice	Solution focused Focused and purposeful	• When we are allocated a new family, we ensure that we are clear about the safety goal and how the plan aims to achieve this goal
Bottom Lines • When families transfer between services there will always be a safety plan that has been developed with the family and their wider network via a family network meeting • When families transfer between services, there will always be a clear trajectory of work that has been developed and shared with the family		

Practice principles	Luton values	Preparing for a child protection conference **Practice Expectations and Bottom Lines**
Working relationships at the heart of practice	Child-centred Family led	• The mapping we have completed with the family for the assessment/S47 enquiry is brought to the ICPC • Three houses (or equivalent) that we have completed with the child(ren) for the assessment is brought to the ICPC • A family network meeting takes place prior to the ICPC and a safety plan is developed. The safety plan is brought to the ICPC • We explain to the child and the family what a child protection conference is and what will happen in this meeting • The CP chair has a pre-meeting with the family before the conference starts in order to check their understanding of what is happening, why the conference is taking place and to understand their views • When children or young people attend the initial or review conference, the CP chair meets with them before the conference starts to find out what has been happening from their perspective and to understand their views
Adopt a stance of curiosity	Evidence based Risk sensible	• Social Workers and their managers always have a consultation with a CP chair, prior to convening a CP conference. In this consultation, CP chairs will always check that danger statements have been developed with the family, that the assessment (mapping) has been developed and shared with the family and that the Social Worker has engaged the network to develop a safety plan • The CP chair facilitates a discussion in the consultation about how the harm/danger, strengths and safety have been analysed in order to arrive at a judgement
Land grand aspirations in everyday practice	Solution focused Focused and purposeful	• The CP chair develops questions for the conference based on the case mapping (assessment), the family safety plan and the discussions with the social worker and their manager
Bottom Lines • A family network meeting will have always taken place prior to conference and a safety plan developed with the parents and wider network • Prior to an initial child protection conference, time will have always been spent with the child exploring what they are worried about, what is going well and what they want to change via the three houses worksheet, or equivalent. And this will have been shared with the parents • The contextual safeguarding approach is looking at the extra-familial risks and mapping of peer groups. A staged approach should be taken beginning with working with the young person in a child centred way.		

Practice principles	Luton values	Preparing for a child protection conference **Practice Expectations and Bottom Lines**
• Safety mapping with the child or young person should take place with regards to contextual safeguarding - where does the child feel safe and unsafe?		

Practice principles	Luton values	Child Protection conference **Practice Expectations and Bottom Lines**
Working relationships at the heart of practice	Child-centred Family led	• A safe, accessible, confidential setting is provided for the Conference to take place • We always speak respectfully with family members throughout the conference • We (CP chairs) ensure that the child's voice is clear in the conference, either through encouraging their attendance or through sharing the direct work that has been done with the child (3 Houses or other). • CP chairs ask questions that encourage the family to identify what they currently do to protect and look after their child • Parents are invited to show their understanding of professional worries • Next steps always include the social worker working with the family to develop a words and pictures version of the safety plan for the child (if this has not been completed already)
Adopt a stance of curiosity	Evidence based Risk sensible	• The case is mapped, building on the previous/existing mapping with the family • The Social Worker presents the harm statements and the existing strengths and safety, the current danger statements and safety goals • The CP chair checks the facts with the family • CP chairs use a questioning approach to probe for concrete evidence of the impact of events on the child in order to test that the assessment is proportionate and risk-sensible • Where families do not agree there is a problem, CP chairs use their authority skilfully to ask families to provide evidence that things are not as they seem e.g. by using a "same but different" approach: e.g. would you be worried if you were me? What can you do to reassure people/so other people are not worried? • CP chairs use questions to explore the current safety plan and people's confidence in the plan in keeping the child safe in relation to the dangers
Land grand aspirations in everyday practice	Solution focused Focused and purposeful	• The practice framework is used to keep focused within the Conference; using the danger statement and safety goals to inform the process: moving from where we are now to where we all want to get to for the child. • The time in Conference is used primarily to test out the robustness of the safety plan; questioning is used to help everyone to feel satisfied that it will work, especially at trigger times/ stress points. • A focus on the safety goals is maintained.

Practice principles	Luton values	Child Protection conference **Practice Expectations and Bottom Lines**

Bottom Lines

- Child protection chairs use scaling questions to understand the views of the family and to decide the level of help and support needed
- The child protection chairs summary report will demonstrate the decisions made at conference
- There will be a clear safety plan reviewed at every child protection conference to help us understand how the children are being kept safe
- The contextual safeguarding approach is looking at the extra-familial risks and mapping of peer groups. A staged approach should be taken beginning with working with the young person in a child centred way.
- Safety mapping with the child or young person should take place with regards to contextual safeguarding - where does the child feel safe and unsafe

Practice principles	Luton values	Family Support and Child Protection **Practice Expectations and Bottom Lines**
Working relationships at the heart of practice	Child-centred Family led	• We always speak with children and family members respectfully • We continue to listen and understand the situation from each individual family member's point of view. We spend time understanding the child and their family's beliefs, values, religion, family history and culture and what these mean to each of them personally • We spend time with children and seek to understand the things they feel are going well, the things they are worried about and the things they want to be different • We complete words and pictures work with families so that all children have a clear explanation of why we are involved and what the adults are doing to keep them safe/sort out the worries • When new assessments are started, we use case mapping with families as the basis of this assessment Family network meetings • 'Family finding' tools and techniques are used to help the family develop their naturally connected support network • We continue to work with the whole family network; the effectiveness of the safety plan is reviewed through regular family network meetings. Where possible, review family network meetings are arranged to fit in with core groups and CIN meetings (i.e. first half is family and their network with professionals to join) to minimise the number of meetings that families have to attend. • In review family network meetings, questions are prepared and used to explore what the family have done well in order to keep the children safe and to dig into the detail of how they managed to do this • In review family network meetings we explore any worries (family or professional) about the safety plan and what needs to happen to address these worries

Practice principles	Luton values	Family Support and Child Protection **Practice Expectations and Bottom Lines**
Adopt a stance of curiosity	Evidence based Risk sensible	• The first thing the we do when a child and family is allocated to us is to make time to read the file and understand the family history, including reading previous assessments • We continue to triangulate information from family members with information about harm/strengths and safety from professionals, with what the child is saying and what we observe the family doing. • When other professionals are worried, we help them to be clear and specific about their observations, clarifying how often, over what period and how serious these worries are. • We purposefully ask family members and professionals questions to find the things that are going well and the things the family are doing that keep the child safe, even when things are difficult • In CIN meetings and core groups, we use scaling questions to measure the progress towards the safety goal and the impact of the safety plan • In strategy meetings/discussions and legal planning meetings, information is considered across the 7 analysis domains • Danger statements are clear, specific and jargon free, and are shared with families so they are clear about why we are involved. • Danger statements are reviewed as the case progresses
Land grand aspirations in everyday practice	Solution focused Focused and purposeful	• We work with the family and professionals to develop a trajectory so everyone knows what will happen and when, up to the point of case closure • Before a visit or meeting, we have made time to think through and be clear about what we are trying to achieve, how we will achieve it and how we will know we have been successful • We check with the effectiveness of the safety plan when visiting children and their families • Scaling questions are used in all meetings to check our progress towards the safety goal • We always make sure there is a clear contingency plan in place detailing what will happen if the family are not able to carry out or sustain the safety plan
Bottom Lines • For each case there is a clear trajectory recorded, setting out the end point (case closure) and detailing work (including the direct work plan) that will be undertaken with the child and parents and the points at which the safety plan will be reviewed within family network meetings		

Practice principles	Luton values	Family Support and Child Protection **Practice Expectations and Bottom Lines**

- All safety plans should be developed with the family taking the lead and the social worker facilitating the process
- All plans should be clear, jargon free, connected to the danger statements and safety goals and should define what the family will do on a day to day basis to keep the children safe as well as what professionals will do
- For every family we work with the parents to develop words and pictures explanations of why we are involved and what the safety plan is, and these are shared with the child or young person and the wider network
- Group supervision takes place at a minimum of monthly
- The contextual safeguarding approach is looking at the extra-familial risks and mapping of peer groups. A staged approach should be taken beginning with working with the young person in a child centred way.
- Safety mapping with the child or young person should take place with regards to contextual safeguarding - where does the child feel safe and unsafe

Practice principles	Luton values	Children with Disabilities **Practice Expectations and Bottom Lines**
Working relationships at the heart of practice	Child-centred Family led	• When we first visit a family, we will always spent time explaining clearly to the family what our role is and what can be expected from us • We make use of observations of children in different settings; i.e. school and home, paying attention to what they are telling us through their behaviours and interactions • We observe children's interactions with their parents, peers and other significant people in their lives • We use communication aid tools such as 'Picture Exchange Communication System' (PECS) and Makaton for children with limited speech • We use team play and toys to help children communicate with us and to capture their voice • When there are worries about the safety of a child, a family network meeting is convened • We respond to the changing and emerging needs of the family/child • We work closely with colleagues from health and education to ensure we understand the childs holistic needs. Family Network Meetings • 'Family finding' tools and techniques are used to help the family develop their naturally connected support network • The family network meeting is attended by the people who are naturally connected to the child and their family • At the network meeting, the worries and safety goals are shared and refined with the family. • Bottom lines are kept to a minimum and shared clearly with the family • Family members are invited to develop a plan that will address each worry • The social worker facilitates the meeting by asking questions to help test out the safety or Child in Need plan • The effectiveness of the safety/wellbeing plan is reviewed through regular Child in Need meetings • Questions are used to explore what is working well for the family and to ensure the child is safe.

Practice principles	Luton values	Children with Disabilities **Practice Expectations and Bottom Lines**
Adopt a stance of curiosity	Evidence based Risk sensible	• Every case has a chronology that sets out the significant events and the impact on the child and highlights the patterns. • When a decision needs to be made on a complex case, we involve the family and closely connected professionals • We triangulate what professionals say, what parents say and what the child is saying (either verbally or through their behaviours and interactions) • We consider whether the child is enjoying and achieving and succeeding in line with their potential • We use research to review and make decisions about whether care packages/interventions should be amended • We consult with colleagues in health and education to fully inform our decision making. • We will always consider when making decisions; what is the risk, how can this risk be managed, what support is available and what will be the impact if we do or don't put this support in • We work with families to empower them in their caring journey.
Land grand aspirations in everyday practice	Solution focused Focused and purposeful	• We use scaling questions to measure progress/confidence in the care package and our intervention • Appreciative inquiry takes place regularly in team meetings in order to learn from good practice • Before visiting a family, we always consider what we want to achieve from this visit, what we need to know and how we will know we have achieved the goal for the visit. • We ensure we are aware of the childs communication needs • We are creative in our efforts to communicate with children to ensure we effectively capture their voice.

Bottom Lines

- Family network meetings take place for all new cases coming into the children with disabilities service where appropriate
- We are always clear about the actual support being provided, the outcome we are aiming to achieve in providing this support and who will be providing the support. This is recorded clearly in the assessment
- All active child in need cases have a plan that is developed in partnership with the family and other professionals (where appropriate)
- Every child should have a version of their plan that they can understand, in line with their age and level of understanding. For those children who are more able, a words and pictures version of the plan is developed with the parents and shared with the child
- We aim to capture the voice of the child using a variety of tools
- We ensure that all our short break care packages are regularly reviewed, in partnership with the family and (where appropriate) the child.
- We have bespoke feedback forms for young people accessing our Shared Care and residential respite unit.

Practice principles	Luton values	Children with Disabilities **Practice Expectations and Bottom Lines**
• We aim to ensure consistency of social worker for our children wherever possible to ensure that our children have the best opportunity to form trusting relationships with social workers that know them well. • Safety mapping with the child or young person should take place with regards to contextual safeguarding - where does the child feel safe and unsafe		

Practice principles	Luton values	Looked After Children's Teams **Practice Expectations and Bottom Lines**
Working relationships at the heart of practice	Child-centred Family led	• We always speak with children, young people and their families respectfully • We spend time with children, getting to know them and ensure that the conversations we have with them help us to understand the things that are going well for them, the worries they have and the things they want to happen/change • We spend time understanding the child or young person's beliefs, values, religion, family history and culture and what these means to them personally • When we tell a child/young person we will do something, we always ensure we follow through and do so in a timely way • We always ask questions that help understand the things that are going well • Where a child/young persion immigration status is unclear, we are pro-active in contacting the solicitor to clarify this • We ensure that each child/young person has a copy of their care plan that they understand and that this is an active, living document that is regularly used and updated • When there are worries about contact, family network meetings are used to enable the family to find solutions to these worries. Contact is reviewed on a regular basis • When there are worries about friends and family (kinship) placements, family network meetings are used to enable the family network to develop a safety plan • When we are planning to return a child or young person home, family network meetings enable the network to develop a safety plan • When there are worries about children/young people who are going missing, family network meetings are used to enable the child/young person's network to develop a safety plan Family Network Meetings • We help the family to develop their natural support network. • At the family network meeting, the social worker shares and refines the draft danger statements and safety goals with the family/carers and their network and invites everyone to scale the situation from 0-10 in relation to each danger statement/safety goal • Bottom lines are kept to a minimum and shared clearly with the network • Members of the network are invited to develop a plan that will address each worry

Practice principles	Luton values	Looked After Children's Teams **Practice Expectations and Bottom Lines**
		• The social worker facilitates the process by asking questions to help test out the safety plan • Everyone in the network gets a copy of the safety plan • The safety plan is incorporated into the overall signs of success plan for the child • The safety plan is reviewed and refined through the review family network meetings
Adopt a stance of curiosity	Evidence based Risk sensible	• When making any decision about a change in a child's care arrangements, we will map and analyse information across the 7 analysis domains • We continue to gather together (triangulate) information from carers/family members with information from professionals and with what the child is telling us (verbally and through their behaviours) • Court statements always spell out harm and danger statements, complicating factors and the existing strengths and safety. • When other professionals are worried, we help them to be clear and specific about their observations, clarifying how often, over what period of time and how serious these worries are.
Land grand aspirations in everyday practice	Solution focused Focused and purposeful	• We spend time preparing our visits to children and young people and are clear about what we want to achieve from this visit, how we will achieve this and how we will know we have achieved this outcome • We have a clear trajectory/timeline of the direct work we are completing with the child, that is linked to their individual care plan • Scaling questions are used with children and young people to monitor change and to explore their perspectives • When a decision has been made to return a child home, there is a clear time line (trajectory) setting out what will happen, up to the point of case closure • For children who are looked after long term, there is a clear time line (trajectory) for them through adolescence and into adulthood
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' (see glossary) and carefully ask ourselves and each other, 'what would be better for this child if an order was in place?' • For all children/young people for whom care proceedings are issued, we will work with the family to create a words and pictures explanation of why we are worried. We will also explain		

what is happening to them and try to sort out these worries and will share this with the children/young people. The words and pictures work will be filed with social workers statement

- A permanence plan is developed for every child by the child's second looked after children's review. The child is clear about this plan and it is reviewed at every Child looked After review with every option being carefully considered, including the child returning home/or to someone within their naturally connected network
- A safety plan will always be developed through a family network meeting when there is a plan for reunification. If a child/young person returns home by themselves unplanned, a family network meeting will always take place no later than 48 hours after they return home to support the family and their network to develop a safety plan
- A safety plan will always be developed through a family network meeting when there is a plan for a supervision order along with a clear, agreed timeline setting out what will happen from the point the order is granted to the point of case closure
- When there is a plan for a reunification, there will always be a clear, agreed timeline so everyone knows what will happen and when until the point of case closure
- All children must have a copy of their plan that they understand
- Group supervision takes place in every team at least one per month
- Children and young people are encouraged to chair their reviews IRO's check that family finding work is being done for all children and young people who are looked after so that we can be re-assured that we are prioritising children's right to be connected with their natural networks

PRACTICE principles	Luton values	Looked after children's reviews Practice Expectations and Bottom Lines
Working relationships at the heart of practice	Child-centred Family led	• We talk with the child/young person before their Looked After review (about their review ahead of the review) and go through their care plan with them • We ask the child/young person who they would like to attend their review and encourage them to chair their own review • The Independent Review Officer (IRO) meets with the child/young person ahead of their Looked After Review • Any family member or significant person that the child/young person has contact with has input into the review, if they are not able to attend we will contact them to obtain their views
Adopt a stance of curiosity	Evidence based Risk sensible	• The looked after review considers how well we are working towards the success goal; scaling questions are used to measure progress and gain different views • Changes to the care plan are based on information/ observations from the carer, the family, the child, other professionals who know the child and the social worker
Land grand aspirations in everyday practice	Solution focused Focused and purposeful	• IRO's ask solution focused questions to explore how the care plan is helping

Bottom Lines

- The pre-meeting report for the review is written primarily for the child/young person and is written in a way that they can understand
- The looked after review is the child's meeting; they are the most important person at the meeting and hearing what they have to say is central to the review
- The contextual safeguarding approach is looking at the extra-familial risks and mapping of peer groups. A staged approach should be taken beginning with working with the young person in a child centred way.
- Safety mapping with the child or young person should take place with regards to contextual safeguarding - where does the child feel safe and unsafe

Practice principles	Luton values	Transfer between looked after children and leaving care **Practice Expectations and Bottom Lines**
Working relationships at the heart of practice	Child-centred Family led	• From the age of 15 years and 9 month (at the latest) we start to talk with the young person and their carer about developing independence skills i.e. through learning how to cook basic recipes, managing money, helping with the shopping, using the washing machine and cleaning their bedrooms • Between the age of 15 and 18 years old, we talk with the young person to understand their aspirations for their education, career and housing. • We think carefully with them about what would need to happen for them to achieve these aspirations and plan for this in their pathway plan and then pathway plan • We pay particular attention to building and strengthening the young person's informal networks from the age of 15 years and 9 months. • The pathway plan is written with the young person, capturing their voice, wishes and feelings.
Adopt a stance of curiosity	Evidence based Risk sensible	• Pathway plans are unique and specific to each particular young person and are based on their individual needs, strengths, areas of development and aspirations • We have high aspirations for our young people and put everything possible in place during this transition period to support our young people to achieve in all areas of their life. • We discuss, agree and develop contingency plans with young people in the event that they don't quite manage to achieve what they were hoping in relation to their hopes and aspirations
Land grand aspirations in everyday practice	Solution focused Focused and purposeful	• We use scaling questions to help the young person identify the areas of independence they feel confident in and where they feel they need more support. (the things they feel they need more help with) • We facilitate the pathway planning process through a questioning approach but let the young person take the lead in developing their pathway plan • We develop a clear time line of what will happen throughout this transition period in order to support our young people to flourish and develop into a confident, independent, young adult

Practice principles	Luton values	Transfer between looked after children and leaving care **Practice Expectations and Bottom Lines**

Bottom Lines

- **The pathway plan is written with the young person, capturing their voice, wishes and feelings. (**Young people take the lead in developing their pathway plans and the pathway plan is written in the young person's own words)
- Safeguarding is at the heart of everything we do. We support young people make the right choices. (when they make a mistake we are there to help them)
- We never give up on someone . We will always continue to support our children and young people to achieve their goals and aspirations

Practice principles	Luton values	Leaving Care Teams **Practice Expectations and Bottom Lines**
Working relationships at the heart of practice	Child-centred Family led	• We see the young person/young adult on a regular basis and have an open line of communication through text/email and WhatsApp • We talk to the young person about their relationships and the people in their lives who are important to them • We spend time understanding the young person/young adult that we are supporting's beliefs, values, religion, family history and culture and what they mean to them personally • Where a young person/young adult's immigration status is unclear, we are pro-active in contacting the home office to clarify this • We support young people/young adults to link into local community groups to help them to develop their networks • When young people/young adults are reluctant to accept our help and support, we keep persisting and trying different ways to build a relationship with them and offer support • We help care leavers support each other by linking them in with other young people and adults who have 'positive life experiences' • Where there are worries about a young person/young adult, advisors work hard to engage the network around the young person/ young adult in a network meeting with the young person/ young adult's consent • We support young people to have contact with their families and their network as they wish. Network Meeting • At the network meeting, we share and refine the draft danger statements and safety goals and invite members of the young adult's network to scale the situation from 0-10 in relation to each danger statement/safety goal • Network members are invited to develop a plan that will address each worry • The personal advisor facilitates the process by asking questions to help test out the safety plan • Everyone in the network gets a copy of the safety plan • The safety plan is incorporated into the overall plan (see page 8)
Adopt a stance of curiosity	Evidence based Risk sensible	• We always ask questions that help us understand the things that are going well • When there are worries about a young person/young adult, personal advisors map these out with them. • When there are worries about a young person/young adult, a case mapping takes place and we map the information across the 7 analysis domains

Practice principles	Luton values	Leaving Care Teams **Practice Expectations and Bottom Lines**
		• When there are worries about a young person/young adult, clear danger statements and paired safety goals are created and shared with them • When there are worries about a young person/young adult about their safety or wellbeing, we will always consider a referral to adults safeguarding and make a referral if required. We use our danger statements to explain to the young person/young adult why we are worried and why we are referring to adult safeguarding
Land grand aspirations in everyday practice	Solution focused Focused and purposeful	• We help young people/young adults identify their own goals in the pathway planning process • We help young people/young adults develop clear timelines for achieving their goals • We use scaling questions to help young people/young adults assess their progress towards their goals • We ensure pathway plans are clear and are written in a way the young person/young adult can understand • We prepare for our visits so that we are clear about what we want to achieve before we meet the young person/young adult and how we will know that we have achieved what we hoped

Bottom Lines

- When there are critical worries about young people/young adults in relation to mental health, substance misuse or domestic violence, personal advisors and their managers will always work hard to support the young adult/young person and their naturally connected network to attend a network meeting and develop a safety plan
- If a **young people/young adult** loses their accommodation unexpectedly, personal advisors and their managers will always work hard to get their connected network together to help them to develop a plan
- When a young person/young adult that we are working with makes a mistake; we are there for them
- The contextual safeguarding approach is looking at the extra-familial risks and mapping of peer groups. A staged approach should be taken beginning with working with the young person in a child centred way.
- Safety mapping with the child or young person should take place with regards to contextual safeguarding - where does the child feel safe and unsafe

Practice principles	Luton values	Fostering assessment team **Practice Expectations and Bottom Lines**
Working relationships at the heart of practice	Child-centred Family led	• Fostering assessments are clear, straight forward and jargon free • Abbreviations are not used in our fostering assessments or literature • We carefully explore the potential carers support network • When we have worries about a potential foster carer/special guardian, we are honest and clear about these from the start so that people have as much chance as possible to make changes • When vulnerabilities or worries about a potential special guardian arise during an assessment, we arrange a family network meeting with the potential carer and their network to support the network to develop a plan that addresses these worries. • In family network meetings we share danger statements, safety goals and scaling questions, invite the network to scale and support the network to develop a plan. Bottom lines are kept to a minimum
Adopt a stance of curiosity	Adopt a stance of curiosity	• We explore how family members have parented their own children • We always observe the carers with the child when completing SGO assessments • We obtain references for potential foster carers and special guardians • We observe potential foster carers interactions with each other within the training group work to inform their assessment
Land grand aspirations in everyday practice	Solution focused Focused and purposeful	• We carefully prepare questions before we meet with the potential carers we are assessing • We explore and draw out strengths with potential cares and these are reflected in the foster carers assessment • We explore how potential carers have used strengths and resources to get through different situations • There is a clear trajectory from first visit to panel and carers know about this process • In the skills to foster training, we check in with the group regularly about any worries and seek feedback at the end
Bottom Lines • Assessment of potential foster carers and special guardians always analyses information • Special Guardian support plans are developed using the principles of safety planning • Group supervision takes place fortnightly • The fostering assessment team should keep in mind the contextual safeguarding approach when completing assessments being aware of extra-familial risks.		

Practice principles	Luton values	Fostering Support and Supervision team **Practice Expectations and Bottom Lines**
Working relationships at the heart of practice	Child-centred Family led	• We provide a Family Profile of the foster carer to the child's social worker to give to the child as part of the placement finding process. This provides information, mainly in picture form about the carers and their home • In all planned moves, we will speak to the child's social worker and foster carer to arrange a visit to the placement • We visit carers on 4 – 6 weekly basis. This frequency can change to 3 monthly for long-team matched placements after a period of a year, and this can be agreed (and recorded) as part of the CLA review process. • Whenever difficulties arise that might impact on stability, a placement stability meetings is arranged as soon as possible to ensure that these difficulties don't escalate • Placement stability meetings should involve the child when appropriate and involve their wider birth family wherever possible • Within permanency planning meetings, the option of returning home will always be considered • Foster carers birth children are appreciated through an annual event and have regular group activities to talk about fostering and how it is affecting them. • Birth children have opportunities to participate in developing forms such as the annual review feedback form • The team arranges an annual appreciation event for foster carers and provides regular coffee mornings • Foster carers are spoken with as part of the collaborative audit
Adopt a stance of curiosity	Evidence based Risk sensible	• All foster carers will have a chronology on their file that includes any allegations, placement breakdowns, significant events and changes of approval in order to notice patterns • Within the placement stability meetings, information is mapped and analysed with the carers, the child and the birth family whenever possible • Once the child is placed in a new placement, we develop a 'Placement risk assessment' plan with the child's social worker, foster carer and the child. We work through the individual Placement risk assessment, identifying any safety concerns and developing a plan with the foster carer about how these will be managed in the child's day to day care. • Whenever there is a stability meeting, we update the Placement Risk assessment to reflect this • Group supervision takes place monthly within the team meetings.

Practice principles	Luton values	Fostering Support and Supervision team **Practice Expectations and Bottom Lines**
Land grand aspirations in everyday practice	Solution focused Focused and purposeful	• We ensure that regular permanency planning meetings take place for all looked after children when they become looked after. • Visits are planned and have a clear purpose, linked to the child's care plan and fostering competencies. • We use scaling questions with foster carers in their visits to scale stability/ specific issues. We ask solution focused questions to identify what's working well and what we are worried about. • All placement stability meetings will have clear danger statements and stability goals that are stated in a way that children and carers can understand

Bottom Lines

- All placement disruption/maintenance meetings use the framework
- Supervisory visits to foster carers use a scaling question to scale the stability and explore the reasons for the number scaled at/what needs to happen to move up the scale. These visits explore what's working well and what everyone is worried about against the 5 outcomes
- Words and pictures work is used to explain transitions or disruptions
- Words and pictures work is always used to provide an explanation to the child of a change in their care arrangements
- Group supervision takes place at a minimum of fortnightly
- The fostering supervision team should keep in mind the contextual safeguarding approach when completing assessments and visits being aware of extra-familial risks. Foster carers need to be aware of the risks for young people beyond the front door.

Practice principles	Luton values	Adoption **Practice Expectations and Bottom Lines**
Working relationships at the heart of practice	Child-centred Family led	• We quality assure child permanence records and offer support to social workers to ensure the children's views and wishes are sought in respect of their birth family, contact and understanding of the care plan and these are included in the Child Permanence Report (CPR). • Adoption Panel Advisor Quality Assures the CPR alongside the social workers manager. • When placing a child in a foster to adopt placement, birth families are given a clear understanding of what this means; they are provided with the Fostering to Adopt birth family leaflet and given the opportunity to ask questions and meet the carers. • When assessing prospective adopters, we work alongside the family to build a relationship and create an experience that enables learning and sharing. We work with openness, honesty, respect and empathy, drawing together strengths and vulnerabilities in a safe setting. At the start of the assessment a plan is agreed between the family and the worker around areas for discussion and timescales. • As chair of all Permanency Planning meetings for children 10 and under, the adoption lead will ensure a full discussion is held within the meeting around the views of the child and their understanding of our involvement and record if this work is being carried out. • We support applicants to think about who in their network can support them and in what way. We also encourage applicants to consider who in the event of serious illness or death would take on the role of guardian for their adopted child the same as if it was a birth child. Family members will be seen and interviewed as part of the assessment process. • When a plan for adoption has been agreed for a child, we will ensure the birth family receive the Luton leaflet "has adoption been identified as a plan for your child ?" and offer independent counselling • We compile all words and picture explanations and any other direct work on file to use as basis for a life story book. The family finding social worker will liaise with the foster carer and the Life Story Worker will engage with the birth family to gather further information and photographs to produce a full life story book, • The life story worker prepares children for adoption by preparing individual sessions with the children over 3 years of age and by engaging with the foster carer to

Practice principles	Luton values	Adoption **Practice Expectations and Bottom Lines**
		reinforce the work that they are doing with the Child/young person. • It is a statutory requirement that adopted children have a life story book • All adopted young people at age 18yrs are provided with a “services for adopted adults who want to trace birth relatives” leaflet. • Post adoption support for the family can include therapeutic life story work which will provide the young person with a better understanding of their life history and their identity. • The team make referrals to the Adoption Support Fund for funding for therapeutic input. • The Adoption Team are statutory responsible for letterbox contact and organising ongoing contact with siblings and family members. • The Adoption Team have statutory responsibility to assesses annually the adoption allowances given to individual adopters and their families. • We make young people aware of the opportunity to attend the local • Adoption Team have coffee mornings for adopters and social events for adopters and their children.
Adopt a stance of curiosity	Adopt a stance of curiosity	• When assessing prospective adopters we use a range of tools to enable the family to share their personal experiences, reflect and gain an understanding of the impact of this experience on them and others. • When assessing prospective adopters, information is gathered from several sources to ensure the assessor gains a holistic view of the family’s strengths and vulnerabilities. • Prospective adopter reports will include information from a range of sources, applicants, family, friends, employers, health and other professionals. Tools used to gain this information will include literature from Coram BAFF and using such theories as Secure Base Model. • Prospective adopter report, genograms, eco maps and attachment style interview questioning. We will analyse information gathered and give a clear recommendation that will include strengths and vulnerabilities as part of the summary. • When there are complicating factors with adopter assessments or where issues have arisen during assessment, we explore this further through case mapping and group supervision. This helps to identify

Practice principles	Luton values	Adoption **Practice Expectations and Bottom Lines**
		strengths and vulnerabilities and highlight the area of concern which can then be shared with the family. • When working with prospective adopters we work in an open, honest and transparent way. If concerns arise before or through assessment, applicants are made aware of the concerns and discussions held on how the issues can be resolved • We do not look for perfect parents but adopters who are resilient, committed and open to learning. Assessing social workers will explore fully with adopters any negative experiences and the impact this has had upon them and others, how they managed this experience and how this will playout in their role as adoptive parents • If the prospective adopters is deemed unsuitable to adopt during stage one, we will hold a meeting with the prospective adopters and inform them of why we are discontinuing with the assessment. Should this be necessary in stage two of the process, we will call a meeting to discuss our views and concerns with the prospective adopters and inform them that although we do not intend to recommend them as adopters they have the right to attend panel. • They also have the right to refer their case to the Independent Reviewing Mechanisms
Land grand aspirations in everyday practice	Solution focused Focused and purposeful	• We complete a stage 2 agreement with families before starting stage 2 of the Prospective Adopters Report (PAR) this will include a predicted date for panel. This provides the applicants with a clear understanding of dates/times and what each session will entail. We ensure that we are being open and transparent with the family and explain the reason for any deviation from the existing plan or need for further exploration of a certain area • We are clear with prospective adopters from the very beginning around bottom line requirements, these can be found on our recruitment literature and sated again at open evenings. If these cannot be met then families will be informed immediately and given clear reasons why we are unable to proceed with their applications.

Luton Practice Framework Reflective Tool

The practice framework reflective tool is based on Marie Connolly's (2007) 'Practice Frameworks: Conceptual Maps to Guide Interventions in Child Welfare'. The tool is in two parts; the first is a poster that summarises the tool on a single page and can sit on the workers desk partition (pg. 35). The second is a more detailed outline that's links the principles, reflective questions and tools/ techniques in more depth.

It is anticipated that practitioners use this section to guide them to access the tools they need and reflect on the quality of their practice. It is expected that managers will use it to support reflection in individual or group supervision and to reflect on the quality of practice and decision making in their teams and services.

Connolly M (2007) 'Practice Frameworks: Conceptual Maps to Guide Interventions in Child Welfare' British Journal of Social Work (2007) 37, 825–837

Our principles	Engagement and assessment	Seeking solutions	Securing safety and belonging	Becoming an adult	Looking after myself
Child/ young person centred	Are we building a relationship with the child within which we are clear about their views and experiences?	Is the child clear why we're involved and have they been actively involved in identifying solutions?	Do we continue to obtain the child's views and understand their experiences as the case evolves?	Is the young person fully informed and making their own choices about their future?	Am I thinking about what I need from supervision?
Family led	Is all contact with the family respectful and do we understand the views of everyone in the family?	Is the family taking the lead in identifying the plan?	Do the plans recognise and make use of all the people who are naturally connected to the child?	Are we supporting the young person to develop their independent network of support?	Am I accessing work and professional networks to improve my practice?
Solution focused	Are we carefully crafting questions to enable us to be clear about the strengths and resources within the family?	Are we using solution focused questioning to help families reflect and build on existing safety?	Are we using solution focused questions to review safety, wellbeing and success and to reinforce positive change	Are we using solution focused questions to help the young person identify their aspirations and how they will reach these?	Am I clear about my own strengths, goals and what I need in order to achieve my goals?
Evidence based	Are our judgements based on specific, observable behaviours and is the weight given to the worries and strengths supported by research?	Are the safety plans rigorously tested out in relation to trigger points/signs of relapse etc?	Are judgements about safety, wellbeing and success based on specific observable behaviours and on the child's voice?	Are the young person's aspirations grounded?	Am I continuing to learn from research, from my own successes and mistakes and from others?

Our principles	Engagement and assessment	Seeking solutions	Securing safety and belonging	Becoming an adult	Looking after myself
Risk sensible	Do we have a clear and rigorous understanding of past harm, likely future danger, strengths and safety within the family?	Does the safety plan ensure safety for the child in those moments when parents make mistakes/ relapse/get things wrong?	Are we managing the tension between giving the family every opportunity vs the child's timeframe?	Are we managing the balance between independence and support?	Am I taking steps to maintain a healthy work/life balance?
Focused and purposeful	Are we clear about what we are trying to achieve each time we have contact with the family?	Is there a clear, understood trajectory setting out what will happen at every stage until case closure?	Are we continuing to ensure that all our activity is helping to drive things towards the child's safety, wellbeing or success goal?	Do we have a clear, agreed timeline for each young person's transition into independence and adulthood?	Am I clear about my personal work objectives and priorities?
Contextual safeguarding approach is used throughout the child's journey	The exploitation tool kit should be used if there is any risk the child or young person is being exploited. This should begin in the Assessment Team and throughout the child's journey.	Use the safety plan with the exploitation tool kit – where does the child feel safe and unsafe. Map the child's peer group.	We should review and plan every three months and use the context weighting tool	When the young person is reaching 18 years, the pathway plan or safety planning needs to include transitional work.	Am I safe, do I feel supported. What is my safety plan?

Engagement and Assessment: **Principles and Reflective questions**		**Tools**
How are we building a relationship with the child? How are we clear about the child's views and experiences? How have we understood how the child is making sense of their experiences? How have we considered the vulnerability of a very young child or a child with additional needs? Who has the child said are the important people in their lives and how do they help them? How do our recordings demonstrate that we have we kept the child as the primary audience?	Child/ young person centered	The three houses The fairy/wizard NSPCC solution focused practice toolkit Safety House
What are we doing to ensure we are respectful towards family members? How are we being clear with families the reasons we have become involved, what our role is and how we want to work with them? What have we done to encourage the family to involve their natural network of support? How are we seeking to explore and understand the experiences, views and perspectives of all family members? How have the family decision-making processes been utilised early? What are we doing to ensure we speak and write using language that the family speak and understand? How are we actively seeking to understand the family's cultural or religious beliefs and values and what these mean to individual family members?	Family Led	Family leaflet Completing genograms with the family Case mapping with the family and their network Family network meetings
What are we doing to rigorously explore strengths and existing safety with referrers? How are we making sure we are clear about how everyone in the family views the worries? How are making sure we are we clear about how professionals view the worries? What have we done to help us be clear about the strengths, resources and existing safety within the family?	Solution Focused	Scaling questions Alternative perspective questions Exception questions Appreciative Inquiry

Engagement and Assessment: **Principles and Reflective questions**		**Tools**
How are we helping the family to reflect and look at the worries from different perspectives? What are we doing to ensure we are 'enquiring more than 'requiring' What are we doing to enable our conversations to open up possibilities and create hope and opportunities? How do we know?		
How are we sure that our judgements based on specific, observable behaviours? How do we know that the judgements of other professionals based on specific, observable behaviours? How are we triangulating what the child is saying, what professionals are saying and what we are observing? How are we ensuring that the weight given to the worries and strengths is supported by what research says about what elevates and mitigates the risk in this child's situation?	Evidence based	Clear, behaviourally specific danger statements Research in Practice Using specific assessment tools wherever relevant: e.g. Luton's Neglect toolkit Barnardos DV risk matrix Exploitation Toolkit NSPCC Reunification Framework
How are we ensuing that strengths and existing safety as well as past harm and future danger inform decision making at the point of referral? How are we clear about the existing safety in the family; the times where the problems have been dealt with safely or when the children have been kept safe despite problems occurring? How is this informing our risk assessment? How is this being considered carefully in multi-agency meetings/strategy discussions? How is this reflected in our assessments/S47 enquiries Where past harm has occurred, how have we gleaned a clear and rigorous understanding of the adult behaviour that has caused the harm to the child; its severity, frequency, duration and impact on the child? How is this informing our risk assessment? How is this being considered in multi-agency meetings/strategy discussions? How is this reflected in our assessments/S47 enquiries? What have we done to carefully think through the likely future impact on the child both immediately and in the longer term if there is no change? How have we engaged other professionals	Risk sensible	Signs of Safety Assessment and Planning Framework 7 analysis domains Harm analysis matrix Group supervision Extra-familial risk safety planning

Engagement and Assessment: **Principles and Reflective questions**		**Tools**
in this thinking process? How is this reflected in our assessments/S47 enquiries? How do our bottom lines equally reflect the seriousness of the harm and the resources and existing safety within the family network? What have we done to help the family to be clear about our best hopes (safety goals) and worst fears (danger statement) for the child? How do we know they are clear?		
How are we ensuring we are clear about what we are trying to achieve each time we have contact with the family? What are we doing to ensure we spend time preparing questions/preparing the time we spend with families? What are we doing to carefully plan our direct work with children? How are we ensuring that the work we are doing with children is feeding into the work we are doing with the parents? Where there are other professionals involved; how do we know that everyone is clear about each other's role?	Focused and purposeful	Practice assessment and planning form Group case supervision to help the worker plan their next steps Coaching from individual supervision Direct work pack (flip chart paper/ pens/ etc...) Context weighting – working with parents

Seeking Solutions: **Practice Principles and Prompts**	**Mechanisms/Tools**
How are we helping the child to be clear about why we are worried and why we are involved? Child/ young person centered How do we know they are clear? How has the child or young person been actively involved in identifying solutions? Does the child/young person have an advocate or someone they can talk to? How are we helping the child's relationships with their key attachment figures to be maintained? How are the things that are important to the child being understood and recognised? How do our recordings demonstrate that we have we kept the child as the primary audience?	Safety house Words and pictures work Relationship building with the young person Assessment of the young person's peer group Extra-familial safety planning
What are we doing to attempt to work with all the people who are naturally connected to the child, right from the second visit to the family? Family Led Where parents are reluctant to involve family members, how are we respectfully but persistently exploring why, and helping parents to reflect on this and consider this from different perspectives? How are we sharing danger statements and safety goals with family members so they are clear about our worries? How are we spelling out bottom lines and then letting the family identify the 'rules' of the safety plan? How are we ensuring that the family and their network is considered as the most important people at the CP conference?	Family network meetings Safety planning
How do we know that the family is clear about what we need to see in order to be able to return the child home/end the CP plan/ close the case? Solution Focused How are we reviewing our progress towards the safety/wellbeing/ success goal? How are we continuing to notice and reinforce positive change/ success? How do we know that the worker has a relationship with the family that fosters change? How do our conversations open up possibilities and create hope and opportunities?	Safety goals linked to each danger statement shared with the family Scaling questions and appreciative inquiry

Seeking Solutions: **Practice Principles and Prompts**	**Mechanisms/Tools**
What have we done to help the safety network think through what will happen if key safety people are unwell or unavailable? Evidence based How have we helped the safety network to identify key trigger points (i.e. significant anniversary's/family occasions/stressful points of the day/other stressors) and account for these in the safety plan? How have we helped the safety network identify signs/red flags that the problem may be about to occur, how this will be noticed and who will do what? How have we helped the safety network identify that the problem is already happening, how this will be noticed and who will do what? How are we continuing to triangulate what the child is saying, what professionals are saying and what we are observing? How are we continuing to ensure that our judgements are based on specific, observable behaviours? How are we continuing to ensure that the weight given to the worries and strengths is supported by what research says about what elevates and mitigates the risk in this child's situation?	Family network meetings/safety planning Safety object Safety journal The three houses/safety house Extra-familial safety planning
How are we ensuring we perceive mistakes/ 'failures' by the parents as opportunities for reflection and learning? How do we know that mechanisms are in place in the safety plan to ensure that when parents make mistakes/'fail', the children are not harmed? Risk sensible How does the safety plan equally reflect the seriousness of professional concerns and the strengths and resources within the family network? How do we know that the child clear about the safety plan? How does our recording help us with our thinking and reflection? How are we ensuing that new information about strengths and existing safety as well as harm and future danger as the cas progresses informs our most current risk assessment/ decision making?	Safety plan Safety journal Safety objects Network meetings Words and pictures Harm matrix Extra-familial safety planning
How are we clear about what we need to see in order for the child to return home/ for the CP plan to be ended or for case closure?	Safety goals Network meetings Trajectory

Seeking Solutions: **Practice Principles and Prompts**		**Mechanisms/Tools**
How do we know that the family is clear about what we need to see in order for the child to return home/the CP plan to be ended/ or for case closure?	Focused and purposeful	
How are we being clear about our bottom line requirements?		
How do we know that the family are clear about our bottom line requirements?		
How do we know that everyone is clear about how the safety plan will be monitored?		
What have we done to set out/agree a clear trajectory setting out what will happen at every stage until either the child(ren) has returned home/the CP plan can end/the case can close? How has this been shared/agreed with other professionals? How has this been shared with the family? How does this feed into our multi-agency/ CIN meetings/core groups?		

Securing Safety and Belonging: **Practice Principles and Prompts**	**Mechanisms/Tools**
How are we continuing to obtain the child/ young person's views as the case evolves? Child/ young person centered How are the child's views informing our decision making? How have the full implications for the child/ young person been carefully considered in relation to their current and future care arrangements? How have we helped the child to understand the decisions about their care and what is happening? How do we know they have understood? How are transitions in care arrangements being carefully planned and supported? How do we know whether this child has a sense of belonging in their care arrangement? How does the plan address this child's care, safety, wellbeing and sense of belonging? How is the child actively involved in their care planning/the reviewing of their care plans? How do we know they feel an ownership of their care plan? What are we doing in order to keep the child as the primary audience for all of our recording?	Three houses Safety house Words and pictures Scaling questions in care planning work with children Extra-familial safety planning
What have we done to make every effort to keep the child safely within their naturally connected network? Family Led How have we made reunification a practice priority? How are we continuing to be respectful towards the family and how are we carefully working through resistance/challenges with them? Where a safety plan is in place for a child living at home; how are we enabling the family members to become the main people monitoring the plan? How are we viewing difficulties/challenges/resistance as opportunities to engage the family network in thinking more deeply about the worries? If the child/young person is in care; how are we enabling family members and key people in the network to have regular contact with the child/young person?	Clear safety/wellbeing/success goals Solution focused questions Network meetings Safety journals Safety objects Extra-familial safety planning

Securing Safety and Belonging: **Practice Principles and Prompts**		**Mechanisms/Tools**
How are the family's views continuing to be sought and influencing decision making? What have we done to ensure the child has family mementos such as photographs/letters?		
How are we reviewing our progress towards the safety/wellbeing/success goal? How are we continuing to notice and reinforce positive change/success? What are we doing to ensure that the way we engage with the family, gives them the best opportunity to learn and change? How do our conversations open up possibilities and create hope and opportunities?	Solution Focused	Scaling questions Appreciative Inquiry Safety journal Network meetings Extra-familial safety planning
How are we ensuring judgements about changes in safety, wellbeing and success are based on specific observable behaviours? How are these observations triangulated with what the child is saying and with what other professionals are saying?	Evidence based	Case mapping Scaling Harm matrix questions
How have we made every effort to involve the child's naturally connected network and give them every opportunity to identify and implement a safety plan Is trajectory for this work within this child's timeframe? Is there clear contingency planning in the event the family are unable to demonstrate safety for the child; is this transparent and clear to the family? Is placement stability being closely monitored? Where there are plans for transitions in care, has the impact on this child's wellbeing been fully considered, understood and accounted for?	Risk sensible	Family network meetings Trajectory Scaling questions Case mapping
If the plan is for reunification, how are being clear about what we need to see in order to know the child to return home? How do we know that the family are clear about this?	Focused and purposeful	Safety/wellbeing/success goals Scaling questions Trajectory

Securing Safety and Belonging: **Practice Principles and Prompts**	**Mechanisms/Tools**
If the plan is for the child to remain in care, what do we need that will tell us that the child feels settled and secure and has sense of belonging? How are we ensuring that each visit we make to the child or family has a clear purpose that is directly tied to the safety, wellbeing or success goal? How are we reviewing and monitoring activity on the case against the planned trajectory?	

Becoming and Adult: **Practice Principles and Prompts**		**Mechanisms/Tools**
How are we building a relationship with this young person/young adult? How do we know this young person/young adult's interests, aspirations, hopes and dreams? What are we doing to inform this young person/ young adult of their rights and opportunities? How is this young person/young adult being supported to make their own choices about their future? How are we helping this young person/young adult have a sense of ownership of their pathway plan? How do we know that they do have a sense of ownership of their pathway plan?	Child/ young person centered	NSPCC solution focused practice toolkit Scaling questions Solution focused conversations Appreciative Inquiry
What are we doing to support this young person/ young adult to develop their own independent network of peer support? What are we doing to reconnect this young person/young adult with their wider family? What are we doing to support this young person/young adult to develop their own independent support through relevant cultural/ community groups? Does this young person/young adult understand what healthy relationships look like? What are we doing to support this person/ young adult to foster healthy relationships in their life?	Family Led	Solution focused conversation/questions Extra-familial safety planning
What are this young person's strengths/ talents/resources? How are we helping this young person identify their strengths and resources? How are we helping this young person to identify their aspirations? How are we helping this young person to identify what they will do and what they need in order to reach these aspirations How do our conversations open up possibilities and create hope and opportunities?	Solution Focused	Mapping with the young person Solution focused conversations Appreciative Inquiry Extra-familial safety planning
How do we know that the plans this young person/young adult have are helping him/her to reach their potential? How do we know whether the young person's aspirations are grounded in his/her strengths/talents/abilities?	Evidence based	Mechanisms/Tools Mapping with young person Solution focused questions

Becoming and Adult: **Practice Principles and Prompts**		**Mechanisms/Tools**
How are the plans for this young person grounded in what research tells us assists good outcomes for care leavers?		
How are we managing the balance between independence and support? If there are worries about a young person/young adult; how are we clear about any harm that has been caused, the behaviour that has caused this harm, the severity, frequency, duration and the impact on the young person/young adult both immediately and in the longer term if there is no change? How are we clear about the strengths and resources of the young person/young adult? How are we clear about the strengths and resources within the young person/young adult's naturally connected network, including times where the young person has dealt with/been supported by people in their naturally connected network to deal effectively with difficulties?	Risk sensible	Case mapping Danger statements/safety goals
What have we done to ensure there is a clear timeline, created with the young person for their transition into independence? How are we ensuring moves/transitions are carefully planned with the young person/young adult? How are young people/young adults being prepared for these transitions How are we ensuring that each time we spend time with a young person, we are clear what we want to get out of this time and we are clear what the young person/young adult wants to get out of the time?	Focused and purposeful	Trajectory

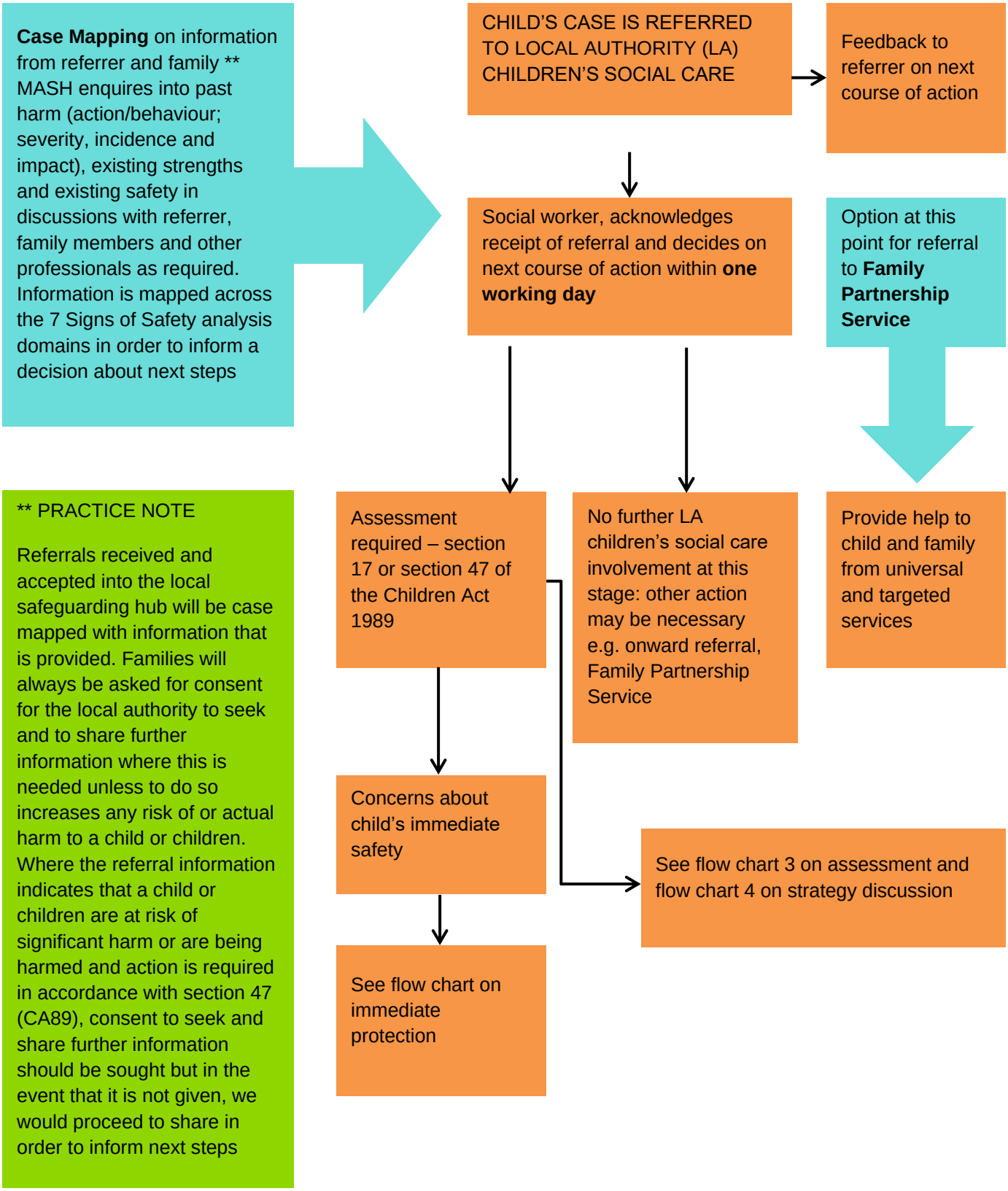
Using Luton’s Practice Framework alongside statutory guidance

Signs of Safety provides us with a relationship based approach to working with children and families that does not minimise or dismiss the harm that children have or may experience.

However, we must always work within the requirements of the law and its associated statutory guidance. Working Together to Safeguard Children 2018 is issued under the Local Authority Social Services Act 1970 and The Children Act 2004 and therefore must be followed. This chapter sets out how to use Signs of Safety alongside the statutory requirements of Working Together to Safeguard Children 2018. In essence, Working Together to Safeguard Children 2018 sets out what we must do and the Signs of Safety approach helps with how to do it.

Careful consideration has been given to how the two align and this chapter aims to help practitioners and their managers understand how to use Signs of Safety whilst also meeting the statutory requirements.

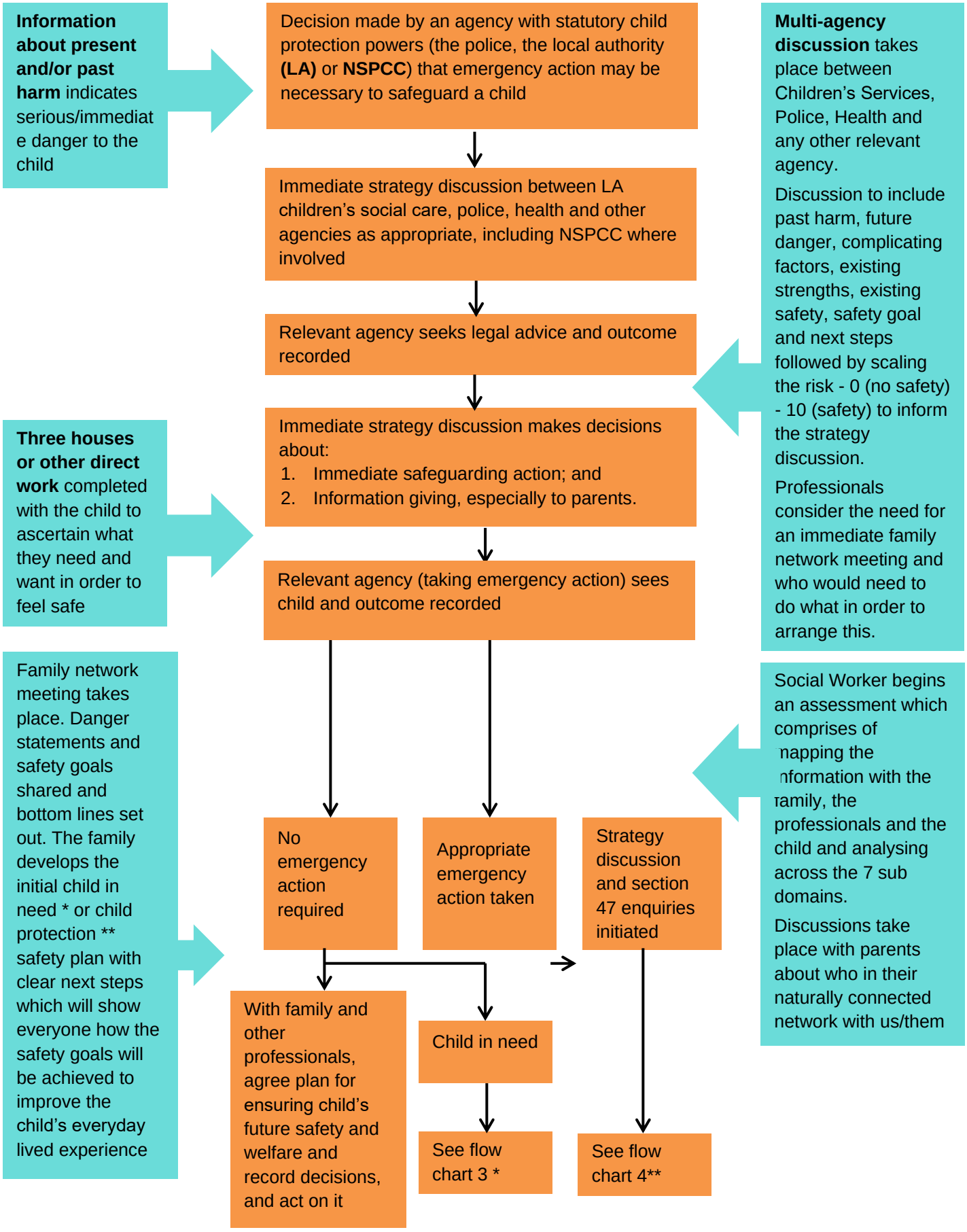
Flow chart 1: Action taken when a child is referred to local authority children's social care services



Box Colour Key:

Orange	– Statutory guidance (unchanged from Working Together 2018)
Blue	– Luton 4 C's Practice guidance
Green	– Luton Practice notes
Pink	– Exceptional circumstances
Purple	– Family Partnership Service1

Flow Chart 2: Immediate Protection



Flow chart 3: Action taken for an assessment of a child under the Children Act 1989

Social Worker begins (or continues from Section 47) an assessment. Information from the family, the child and other professionals is mapped and analysed across the 7 sub domains in order to make decisions about next steps (practitioners may also consider the three domains of the assessment framework 'triangle').

Assessment, led by a social worker, completed in line with the local protocol, including a decision on course of action within one working day of referral followed by a timely assessment based on the needs of the child within 45 working days** of the point of referral into LA children's social care

Feedback to referrer

** PRACTICE NOTE

In Luton, we work for timeliness in accordance with the presenting risk. Managers will agree accordingly but we aim to understand families through the assessment (case mapping) in a timeframe that is in

** PRACTICE NOTE

In Luton, following a serious case review in 2018, we learned that social workers and team managers must carefully consider how often a child in need plan is reviewed and that this must be in accordance with the degree of uncertainty about a child's safety and welfare.

No LA children's social care support required but other action may be necessary e.g. onward referral for help to child and family; referral for an early help assessment

LA children's social care support required

Three houses or other direct work is completed with the child to ascertain what they need and want in order to feel safe

No actual or likely significant harm

Actual or likely significant harm

Danger statement and safety goals (including for child in need) shared and further developed with the family. Discussions with family about wh in their network will work with them/us to develop a child in need safety plan

Social Worker discusses next steps including review/decision points*** with child, family and colleagues

See flow chart 4

Suspect significant harm

Assessment continues; services provided if appropriate

Family network meeting takes place; draft danger statements and safety goals and bottom lines set out and family develops the child in need safety plan to meet the safety goals
Words and pictures safety plan/house and/or explanation takes place with the child
Trajectory setting out timeline to case closure agreed with family and professionals

Social worker with family/other professionals agrees next steps within 45 ** working days e.g. could agree the Children in Need (CIN) plan or Child Protection (CP) plan. Coordinates provision of appropriate services

Review plan and outcomes for child and when appropriate refer to non-statutory services e.g. 'step down'; or refer for section 47 enquiries or close the case

Review Family network meetings review safety and scale 0-10 for safety against progress towards the safety goal

Flow chart 4: Action following a strategy discussion

**** PRACTICE NOTE** A strategy meeting only takes place after carefully considering the need to initiate section 47 enquiries and arriving at the judgement that there is likelihood of, or evidence of significant harm.

Multi-agency discussion takes place between Children's Services, Police, Health and any other relevant agency. Discussion to include past harm, future danger, complicating factors, existing strengths, existing safety, safety goal and next steps followed by scaling the risk - 0 (no safety) -10 (safety) to inform the strategy discussion. Professionals consider the need for an immediate family network meeting and who would need to do what in order to arrange this.

Strategy discussion is convened by LA children's social care to decide whether to initiate section 47 enquiries. Decisions are recorded

No further LA children's social care involvement at this stage, but other services may be required

See flow chart 7

Decision to initiate section 47 enquiries

Police investigate possible crime

Begin immediate assessment with the family, the professionals and the child to map the information analysing across the 7 sub domains and develop the danger statement and safety goals.
Consider the need for a rapid Family Network Meeting.
Social Worker shares assessment (mapping) and discusses with parents who in their network will help develop a safety plan for the children.

Decision to complete assessment under section 17 of the Children Act 1989

Social worker leads assessment under section 47 of the Children Act 1989 and other practitioners contribute. Assessments follow local protocol based on the needs of the child within 45 working days of the point of referral

**** PRACTICE NOTE**
In Luton, we work for timeliness in accordance with the presenting risk. Managers will agree accordingly but we aim to understand families through the assessment (case mapping) in a timeframe that is in the child's best interests.

Concerns about child not substantiated but child is a child in need

Concerns substantiated but child not likely to suffer significant harm

Concerns substantiated child likely to suffer significant harm

If concerns substantiated, child likely to suffer significant harm – Immediate family network meeting to develop safety plan. Family network meeting takes place for each of these three outcomes and family develops plan about what they will do on a day to basis to keep the child safe as part of the CP safety plan. Words and pictures version of plan developed and shared with the family.

Agree whether child protection conference is necessary and record decisions

**** PRACTICE NOTE** Child protection conference chair has a consultation with the social worker and team manager prior to the ICPC being convened. The consultation must review the trajectory (timeline) to conference and a date set for conference in line with the level of worry about the child. Team managers must ensure that conferences are convened wholly in accordance with presenting risks. No conference should exceed 15 working days unless HoS or DD sign off. Social work report/assessment (mapping) must be shared with the family 5 days before the conference.

CIN meeting reviews the assessment (mapping) and tests out and adds further detail to the CIN safety plan developed by the family.

No

Yes

With family and other practitioners, agree plan for ensuring child's future safety and welfare and record and act on decisions

Social Worker leads completion of assessment

Social work manager convenes child protection conference within 15 working days of the strategy discussion at which s47 enquiries were initiated

ICPC reviews the mapping, tests out and adds further detail to the CP safety plan developed by the family.

Child likely to suffer significant harm

Decisions made and recorded at child protection conference

Child not likely to suffer significant harm

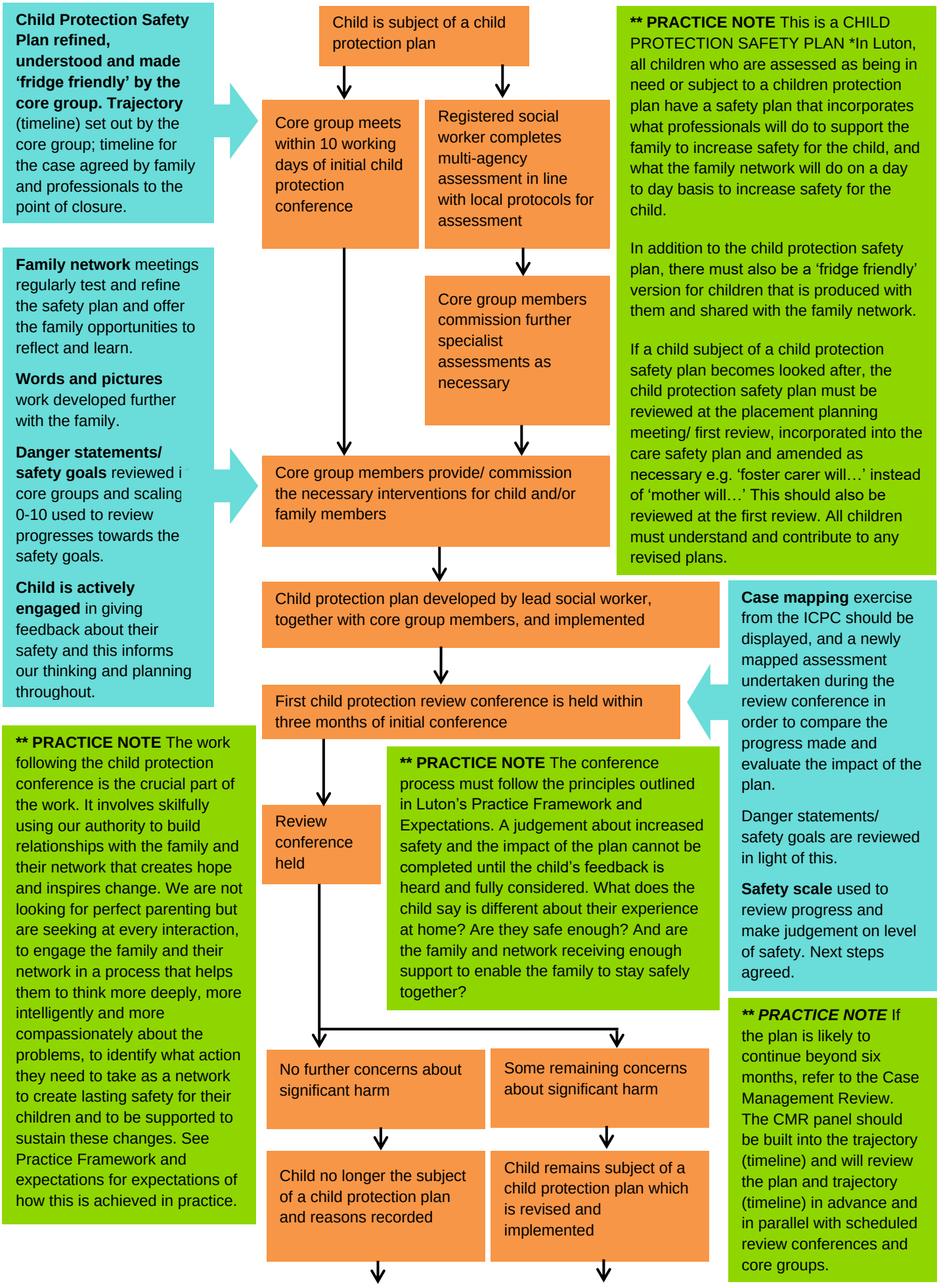
Child is subject of child protection plan; outline child protection plan prepared; core group established – see flow chart 5

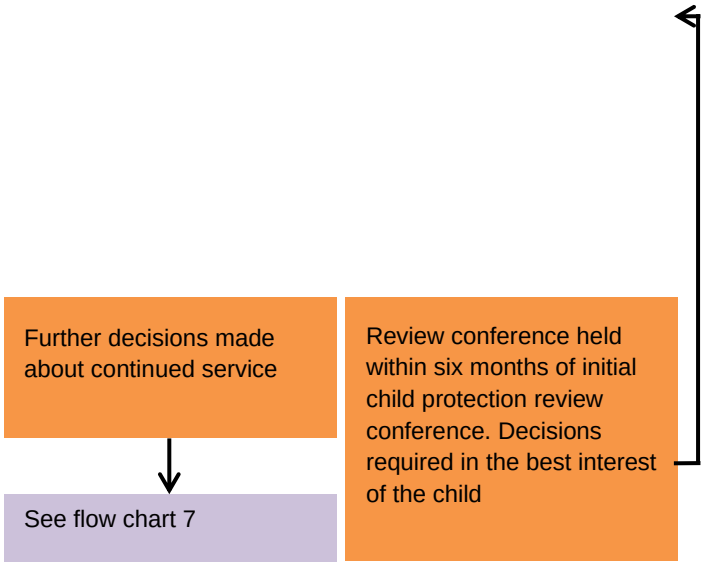
Further decisions made about on-going assessment and service provision according to agreed plan

At conference an initial trajectory (timeline) is developed with the family to increase safety and reach case closure.

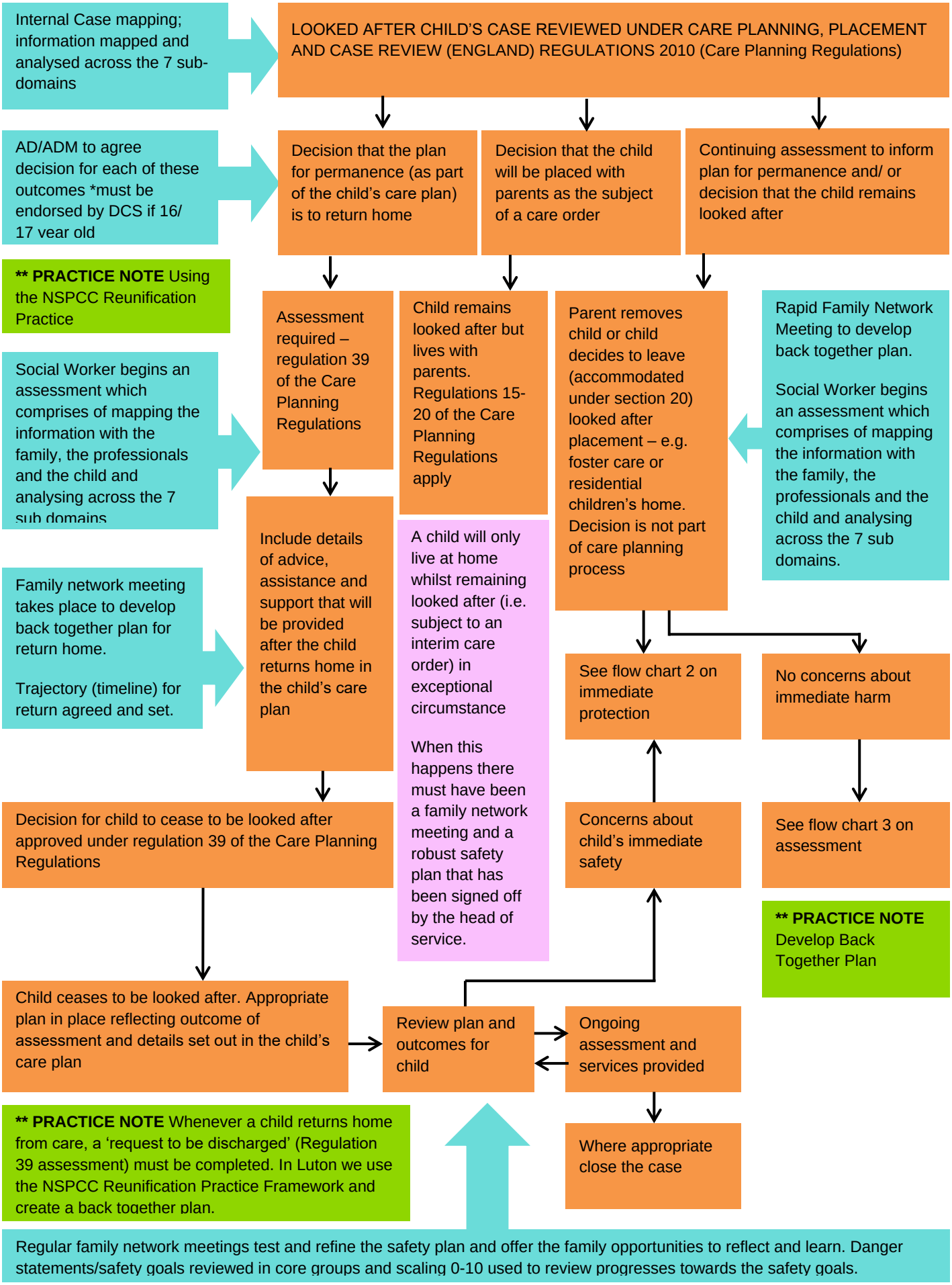
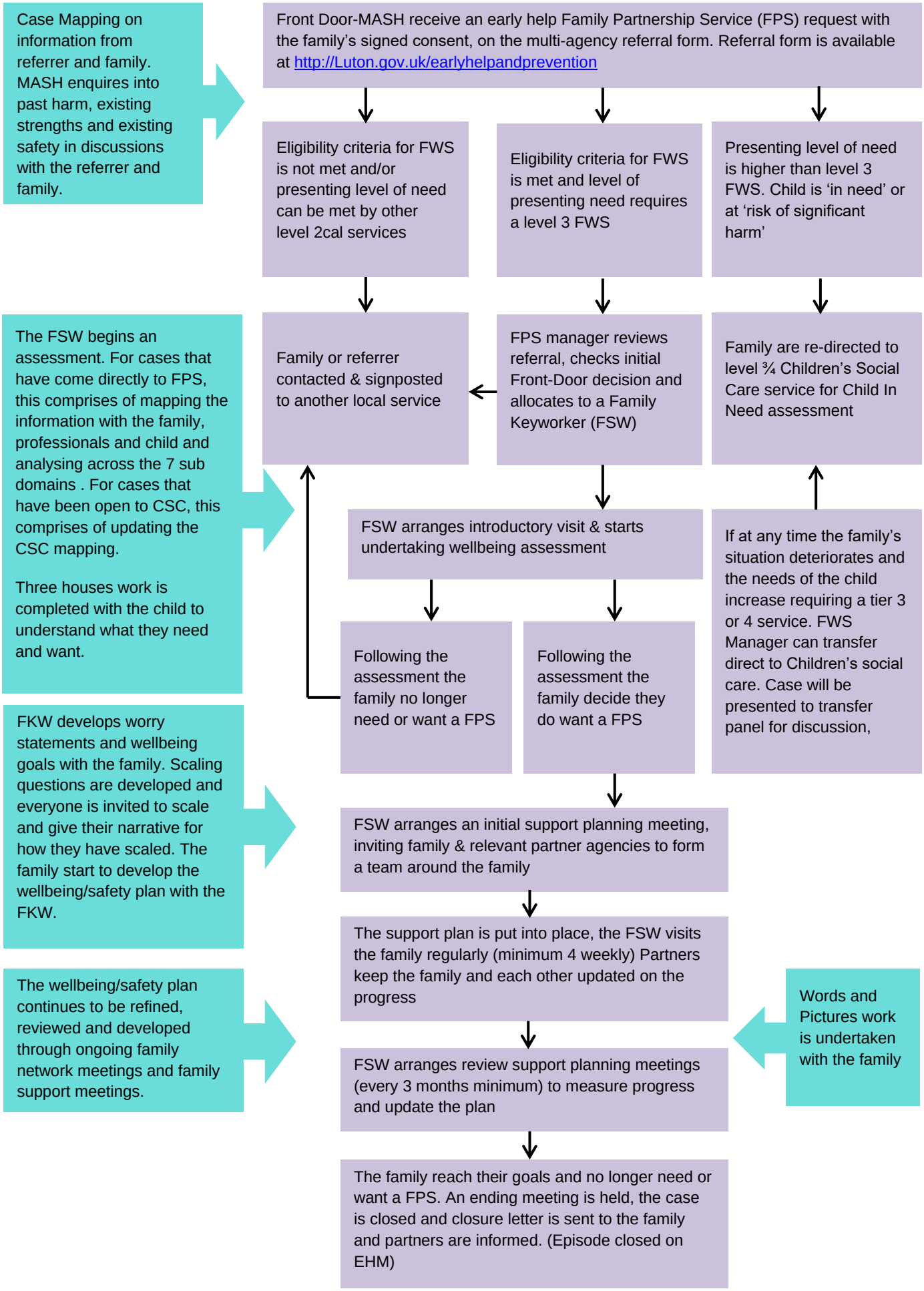
At conference an initial plan and trajectory (timeline) to reach case closure is developed. There must be a safety plan developed see flowchart 5.

Flow chart 5: What happens after the child protection conference, including the review?




Further decisions made about continued service
See flow chart 7
Review conference held within six months of initial child protection review conference. Decisions required in the best interest of the child

Flow chart 6: Children returning home from care to their families



Flow chart 7: Family Partnership Process