

1. Introduction

A commitment to embedding practice standards will play a vital role in making St Helens Council a child friendly community where children feel safe, where joint working to improve outcomes for the most vulnerable children, will improve, and where compliance is evidenced.

At the heart of this document is a new, restorative philosophy that seeks to work with children, young people and families, building on their strengths to better manage the risks and challenges they face.

Standards are the rules that describe the (minimum) service or practice that can be expected by the service user. Most of them are legally set through government legislation and guidance, or are based on evidence based research. They are mandatory for all workers. These standards are based on our legal responsibilities but set out the high quality expected of our staff through the continuum of need when supporting our families to be safe and achieve to their full potential.

St Helens practice standards are based on four key questions asked by workers prior to and after every decision they make:

- How does the child feel?
- What does it feel like living in the family?
- How is our intervention impacting on improving the child's circumstances?
- How do we achieve this?

2. Commitment to supporting and developing Outstanding staff

St Helens recognise that practice standards whilst forming the basis and expectations for staff working with children will not be achieved without;

- Exceptional leadership driven by passionate managers who strive for every child to be safe, receiving the right support at the right time
- Organisational commitment to reflective practice and learning

Have workers who are;

- passionate about achieving the best for our children and families
- Employ professional judgment and expertise
- Have a strong value base displaying care, compassion, and respect
- Are confident, creative and disciplined
- Develop themselves, learn from others, and effectively use their knowledge
- Are natural advocates who think, act, and empower
- Reflect, adapt, and change
- Strive to be the best and bring the best out in others

3. Standards

The child's journey *

The child's journey

- I understand that the needs and wishes of the child are paramount and influence all my actions and decisions
- I understand that children and families need timely support
- I understand that the child needs stable and secure relationships with adults
- I have read, heard about, and understood the child's history and what they have experienced
- I understand the impact that adversity can have on children and I have identified a clear direction of travel
- I know what the outcomes for the child will look like
- I am committed to achieving stability and security for the child as early as possible

<https://www.childrenscommissioner.gov.uk/publication/it-takes-a-lot-to-build-trust/>

A report for the Office of the Children's Commissioner for England commissioned by Jenny Clifton, 'It takes a lot to build trust' Recognition and Telling: Developing earlier routes to help for children and young people

Supervision *

Supervision

- Managers ensure that social workers are compliant with organisational codes of conduct and are registered and compliant with the HCPC standards
- Managers understand that the function of supervision is to enable agencies to develop a workforce that is confident, authoritative, assertive, supporting and challenging; with practitioners who know what is expected of them and who can critically reflect on their practice experiences and learn from them
- Managers understand this will lead to quality social work practice, improved service delivery, and better outcomes for children
- Managers understand that supervision is seen as a key component of the package of support and help offered to children and their families
- Each new starter (or returning worker) will have a comprehensive induction in accordance with St Helens Council's induction policy
- Supervision is provided as outlined in the supervision policy
- Supervision will be offered at a minimum of 1 ½ hours every four weeks; and more frequently for NQSW's and/or when service or practitioner needs require it
- Managers monitor their compliance with St Helens council supervision policy, and immediately rearrange supervision if it has to be missed; and notify senior leads if they are unable to comply with the requisite level of supervision for their team members
- All supervision is critically reflective and challenges practice, effectiveness of interventions and assumptions made by the social worker
- Supervision supports the health and wellbeing of social work practitioners, and is focused on building professional resilience and confidence
- Supervision addresses the Continuous Professional Development of social workers and ensures they receive ongoing training matched to their skills, experience and knowledge base
- There is evidence that the workers' progress and learning are regularly explored and the impact of training on performance identified

- Records of supervision are to be added to the system within one week of formal supervision.
- Direct observation of the Social Worker in action is regarded as an integral component of supervision and provides critical feedback relating to their direct practice with children and families
- There is a clearly articulated rationale for decision making in all records of supervision

Early Help

- **Early Help Workers**
- Early Help Workers will receive monthly supervision from the Early Help Team Manager as per guidelines of the supervision policy.
- **ASYE Early Help Workers**
- ASYE Early Help Worker will be supervised as per ASYE policy guidelines by the Early Help Team Manager.
- **Family Intervention Coordinators**
- Family intervention coordinators will receive monthly supervision from the Early Help Team Manager as per guidelines of the supervision policy.
- **Family Intervention Workers**
- Family intervention workers will receive monthly supervision from the Family intervention coordinator as per guideline of the supervision policy.

Managers foot print. *

Managers foot print.

- Evidence of supervision around assessment, timeliness and case progression
- Clear recordings of reflection, direction and challenge made to the social worker during supervision
- Manager's decisions to be clearly recorded, and to be well reasoned, logical and right for the child.
- Clear written analytical insight from the team manager on critical and key documents for the child; such as assessments, child protection plans, CIN plans, CPR's, court documents, placement plans, reports for panels, reports for LAC reviews.
- Evidence of escalation of concerns or dispute with other professionals internal and external.
- Evidence of quality assurance activity including case audits and performance management
- The manager has ensured the line of decision making is clear, is captured on the chronology, and all important decisions are accompanied by a 'manager's decision.'

In order to demonstrate an outstanding help and protection social care provision OFSTED highlight the key requirements within the management structure to be;

- a focus on getting basic social work practice right
- a consistent understanding and application of thresholds – essential for making good decisions.
- well-supported, confident and knowledgeable managers who understand the quality and impact of practice
- performance management and quality assurance arrangements that support managers in monitoring work and to take action where necessary
- manageable caseloads and a stable, knowledgeable and committed workforce
- a strong learning culture and a strong focus on practice
- effective working with other agencies
- a system that focuses on providing help early to children and their families and a “preventative” approach across all the levels of need, vulnerability and risk
- a child-centred system with robust arrangements and processes
- a focus on achieving sustained improvements in the lives of children and their

families

Case recordings *

Case Recordings

- As far as possible, I have recorded information as I go along; in any event case notes will be recorded within five working days.
- My recording evidences that I regularly see the child/young person alone (where it is appropriate to do so e.g. in relation to age, language etc).
- My recording reflects the complexity of the child's life and the interventions of key people in their life. My recording differentiates between observed fact, reported fact and interpretation/opinion. I have included relevant research in the analysis section.
- I have recorded where interpreters, specialist workers or tools and activities have been used to facilitate communication, this is clearly recorded.
- I have ensured that the child/young person's views are clearly identified in the case record. As far as possible I have recorded what the child/young person told me, in their own words and I have confirmed this with the child or young person.
- I have cross-referenced entries in ICS, where necessary and relevant, and where I have duplicated, across siblings/family members, I have ensured that the information is pertinent to each particular child, and is personalised as necessary.
- I have made sure that my recording is respectful to the child, young person and their family.
- I have ensured that where other professionals or family/friends have provided information, the case notes reflects the person's name, contact number and who they are.
- I have ensured that when I record a visit I specify the purpose of the visit, who it was with and provide an accurate overview of points discussed and impact on the child and the child's plan.
- I ensure that the Case Chronology is updated on a monthly basis and that the entries are relevant to the child/young person.

Good case recordings are clear, identify who the contact is with, purpose of the contact, impact of the contact on the child, impact on the plan, determine whether any additional action is required and if it is what it is;

Who

What

Impact

Additional action required.

First home visit *

First home visit

- I check that there is consent to see the family and that there is consent to speak to the child and partner agencies.
- I gather information parents, including fathers (present and/or absent), next of kin / significant people / emergency contacts. These are people that the parents use as support, who may already look after the children over night and who they'd contact in an emergency to care for the children. Ideally we need the name, date of birth, address and telephone number for each contact
- I develop my genogram on the ICS system with the information collected and record the visit on the child's record
- I address all the concerns noted in the referral and record the parent's views and responses to each one
- I ask basic initial information questions in reference to the Framework for the Assessment of Children in Need and their Families.
- I check the child's record reflects all professions involved and records health, education and detail information.
- I look round the house check sleeping arrangements for the child and ascertain living conditions are sufficient.
- I plan my next visit with the family and explain what the visit is for
- I provide the family with a copy of the compliments and complaints booklet along with my telephone number and what to do if they call me and I am not in.
- I meet the child and ask parents to introduce me, I explain my role and speak with the child alone where appropriate.

First home visits are an opportunity to create a meaningful working relationship with the family. It is the first opportunity to present our service to this parent, so being open, honest, warm, understanding and professional is crucial. You will need to explain the type of services that are available and what the role of the social worker is, carefully explaining that if the assessment concludes that a social worker is not required that they can still

receive support. You should explain about consent and record this. It can be helpful to follow up your initial visit with a letter so that they can remember what was discussed and include your contact details in case they were misplaced by the family after the visit.

First contact assessment through MASH *

First contact assessment through MASH

- I make sure that all referrals to front door team are reviewed within one hour of been received and oversight is added to identify the level of need and level of screening required as follows:
 - Level 2 screening - likely advice and signposting is required or EHAT to be initiated
 - Level 3 screening- screening required within 1 working day in order to identify if a statutory child and family assessment is required
- I make sure that if concerns are identified at level 4 and a strategy discussion/ meeting is required the referral is progressed to the duty assessment team within 4 hours of the referral been received
- I ensure that referrals which need to be progressed for an assessment are sent to the relevant team duty inbox within 24 hours
- I make sure that whenever possible, referrers have gained the consent of parents, carers and young people before making the referral
- I make sure that service request forms are returned to referrers for further completion if they have not been completed in full and if the level of concerns have not been made clear
- I make sure that re referrals within 12 weeks of the case closure progress to the previous social worker/ assessment team as opposed to the duty assessment team
- I make sure when recording my decision about next step I reference clearly the thresholds of needs as the evidence base for my decision making
- I record information accurately, so it allows good effective decision making about what support, advice or interventions will help a family
- I ensure I notify the referrer of the outcome of the referral within 5 days of the referral been received.

Multi-agency decisions in respect of referrals supports the principles of Professor Munroe's findings. Nationally serious case reviews, have a common theme in respect of failings to sharing information between partners in order to take decisive actions to protect children. The gathering of information at the point of referral supports all professionals to ensure a timely and appropriate response for children which will contribute to improved outcomes.

Good services understand that professionals sitting in the same room is not

a confirmation of working together. In St Helens we must ensure we build and maintain relationships with partners to ensure open communication and sharing of relevant information in order to inform our decisions around support and level of need.

Early help *

Early Help

- My team manager will respond to the referral within 24 hours
- My Manager will allocate the case to me based on my case load and child's level of need
- I complete actions allocated via the referral within 5 working days. This will be recorded on the system.
- I have consent from the family for sharing information
- I update the consent to ensure it includes all agencies
- If I cannot obtain consent I will discuss this with my supervisor / manager, I record this on the child's record
- I complete an EHAT assessment within 20 days of the agreement to complete the asses. I record this and my decisions on the EHAT system.
- I know that the EHAT system will populate the date that the assessment has to be completed by.
- As episode co-ordinator, I co-ordinate a Family Action Meeting where it is agreed and appropriate when I have drafted the Early Help Assessment action plan.
- I know that the Early Help assessment action plan identifies whether I need to signpost an unborn child / young person to other agencies.

Early Help Assessment Action Plan Review: *

Early Help Assessment Action Plan Review:

- If a family Action Meeting is not convened I record my review of the EHA action plan on the system.
- I review one month after completing the EHA and then every 3 months thereafter
- I know that if the Family Action Meeting is called within the review period, the Family Action Plan will supersede the EHA Action Plan
- I review the threshold within any meeting and assessment to ensure that children receive the right help at the right time

Family Action Meeting/ Plan *

Family Action Meeting / plan:

- I record my decision to convene a Family Action Meeting on the child's EHAT episode
- I convene the Family Action Meeting within 15 working days of the date that it was agreed to happen.
- If I cannot do this I write a case note to explain why.
- I circulate the Family Action Plan to all parties who do not have access to the EHAT system within 10 working days of the Family Action Meeting.
- I review the Family Action Plan within one month of the initial Family Action Meeting and thereafter a maximum of three months.
- I circulate any modified Family Action Plan generated from a Family Action Review, to those unable to access the electronic EHAT system within 15 days of the Meeting.

Child and Family assessment *

Child and Family assessment

- I have completed my assessment in 15 days or sought approval from my manager to extend the timescale of the assessment due to the complexity of need for example were a child has a disability or complex health needs.
- I have clearly recorded the reasons for the assessment with issues, risks and concerns evident.
- I have sought information from partner agencies and discussed with them any potential needs/risks and strengths which impact on the child.
- I have made it clear to parents and child/young person why Children's Social Care is involved, what we will be doing and the likely outcomes.
- I understand the identity, cultural and ethnicity needs of the family and consider them as part of the overall assessment.
- The family know I have conducted an assessment and their views and opinions are recorded within the assessment. I have seen evidence of the parent's identity, visa's, leave to remain.
- I have advised the original referrer and all relevant agencies what will happen next.
- I have arranged a Child In Need meeting prior to completion of the assessment but where I know it will exceed 15 days in order to ensure that immediate needs of the family are being met whilst a fuller assessment is being undertaken and to ensure timely sharing of information.
- I have seen the child/young person alone and where possible gained their views and separately recorded them (if I have not seen the child/young person I have recorded reasons why not).
- I have ensured that all children/young people in the family have been considered as part of the assessment. I have identified if there are any other children living in the household, (not from the family I am assessing) or connected to it, and ensured that their safeguarding needs are being met.
- I have paid regard to race, ethnicity, gender, disability, religion and nationality of the family and my assessment reflects these areas.
- I have identified all adult members of the household in my assessment

including those who may be temporarily absent (e.g. in custody, in psychiatric hospital).

- I have reviewed the family finances with the parents
- I have ensured that previous case history including past referrals and assessments (including early help assessments) and old case files in respect of any member of the household has been considered and incorporated into the assessment. I have ensured that the child's chronology is updated and included the case history of significant events for the child.
- I have ensured that risk and protective factors have been clearly identified and assessed. I have been careful to distinguish fact from opinion.
- My record clearly shows what I have found and what I think should happen next including the rationale for this.
- The child/young person is central to my assessment and my assessment identifies the needs of the child/young person (and family). I have included a realistic, detailed picture of the child/young person and what it is like to be a child in this family.
- I have used appropriate questionnaires, scales or other tools to inform the assessment.
- I have used risk assessment tools where necessary to identify and manage risk.
- My assessment evidences that research findings have been used to assess risk and inform my decision-making.
- In my assessment I have recorded a picture of the parents, their parenting strengths and weaknesses and any areas where they are not meeting the child/young person's needs.
- I have ensured that the child and their family know what will happen next.
- My analysis and decision making clearly evidences my findings, links back to the original concerns and any other issues, including history of all family/household members, and I have made recommendations for any future work within children's social care or early help.
- I have discussed my assessment, analysis and recommendations with my manager who has signed off my assessment.
- I have given a copy of the completed assessment to the family and young person where relevant, and have invited them to comment.

- I have undertaken a re-assessment when a significant incident has occurred or every 12 months.
- For Children in Care I have considered the past experiences of the child and what research tells us about the long term impact and used this to assess the current care provided and needed to ensure that the child reaches their full potential. My Assessment has informed my care plan.
- I have completed an assessment that evidences the family are no longer requiring support at level 3 on the continuum of need. This assessment demonstrates the journey made for the child and the impact services have had.

Good assessments provide the reader with a clear picture of what life is like for the child. It considers past current and potential needs/ risks and strengths to inform a plan that supports the family. Research is used in assessment to analyse the information and develop a plan. Good Assessments are multi-agency and involve carers and children. Good assessments use differing tools to draw out from children their; wishes, feelings, fears, positives all of which help practitioners determine the type and level of support required.

Child In Need Meetings *

Child In Need Meetings (CIN)

- I have checked that the family consent to support under the S17 process
- I have spoken to the family and explained what the meeting is for.
- I have given them a copy of the assessment and checked that they understand it.
- I have made efforts to involve the child and if they want to attend I have arranged the meeting for before or after the school day
- I have checked with the family the people who are invited and to make sure that no other agency is involved that has been missed
- I have explained how the meeting is run and asked them to think about what type of support they would want.
- I have ensured all present have introduced themselves
- I have contributed to the development of a plan that is SMART
- I have specified what outcome we want to see and I have been clear about what the impact on the child is.
- I have challenged where agencies do not contribute to support or where
- I have challenged professionals when parents/carers are given lots of actions to complete
- I have specified how frequently I will visit which will be no less than monthly and have discussed my schedule of visits with my manager. I have confirmed how frequently partners will visit
- I hold review meetings monthly
- I will communicate with agencies and the family between reviews to ensure that actions and support is progressing and parents/carers and children are able and supported to engage in services to reduce risks to children.
- I reassess the threshold within meetings to ensure that children receive the right help at the right time
- I will circulate the notes from the CIN meeting within 10 days but will circulate the Plan within 5 days

Good practice within child in need involves a plan that is Specific,

Measurable, Achievable, Realistic and Timely. Partners communicate and work well with each and the family to meet the needs of the child. Reviews consider progress to the actions, amend where required and assess risk and strengths.

Strategy meeting *

Strategy meetings

- I always ensure strategy meetings are covered where there are concerns that a Section 47 investigation may be needed.
- My manager or my Advanced Practitioner will chair the strategy meeting.
- I liaise with all professionals and ensure at least health, police and I attend the strategy meetings.
- I usually try to ensure strategy meetings are face to face meetings but where this is impossible telephone strategy meetings will take place.
- Strategy meetings are recorded by the team manager or Advanced Practitioner who chairs the meeting and circulated to professionals involved within 24 hours.
- I know how important it is to hold a strategy meeting before stage of Section 47 as the strategy meeting will agree the thresholds and multi agency Section 47 assessment to be undertaken.
- I will ensure that any immediate safeguarding action required is taken
- I will make sure that timescales for actions are clear

S47 *

Section 47 Enquiries

- I have undertaken a multi-agency strategy discussion and my manager is in agreement to proceed to S47.
- As part of section 47 enquiries I have seen the child within 24 hours or as directed by my Team Manager and spoken to them alone (where appropriate) within the first week.
- Any decisions about where children should be, whether children are safe at home, or what contact they should have with any people I have concerns about, is a joint decision between myself and a team manager.
- I know what 'significant harm' is and what factors can create it
- I have identified all concerns regarding significant harm including **likelihood**, and I have identified all potential risks, including those posed by frequent visitors to the household.
- My S47 assessment is multi-agency and recognises the potential needs and safety of siblings and any other children in the household (and other households where relevant).
- I have made sure that protective factors (and potential protective factors) have been identified and recorded.
- I have updated the child's chronology having fully interrogated the case history on all members of the household and the investigation is informed by this perspective.
- I have identified the key agencies involved with the child, completed all checks and information from those agencies and incorporated their information and views into the assessment.
- My investigation concludes with an evidence judgement about "harm" or the "likelihood of" and whether or not it is considered "significant" (as defined by the Children Act 1989).
- I have clarified what action is required to secure the safety of the child/young person concerned.
- I have checked back on the S47 referral details and I am certain I have investigated all the allegations made, and followed all the instructions given

by the Team Manager.

- I have made a decision regarding next steps such as Child Protection Conference, I have clearly recorded my rationale on the system
- I have recorded the impact on the child of the alleged abuse and this has informed my assessment on continuing harm
- I have shared my S47 assessment with my manager who has agreed the next steps with me.

Good S47's will include contact with the child, appropriate and swift investigations including the multi-agency partnership, clear analysis and rationale around findings and demonstrate impact on children. Professionals will be actively involved in the sharing of information including observations and impact statements. Managers will not only have oversight but will demonstrate their views and identify actions.

Child Protection conference *

Child protection Conference

- I will request the conference ensuring that agencies have at least five working days notice and that the conference is convened within 15 days of the initial strategy meeting agreeing the S47
- My Children and Families assessment report for the ICPC summarises and analyses all information from the assessment to date and all pre-existing records relating to the child, family and any other household member.
- I have met with the family and child and explained what the conference is for and prepared them for the meeting
- I have shared with them the Children's and Family assessment that I will present at the meeting at least 2 days prior to the meetings
- I have advised the conference chair of any disagreements the family have with the assessment information
- I have spoken to the child about their attendance at conference and contribution and shared this with the conference chair
- I have advised the child that they can have an advocate and explained what this service does
- I have highlighted the strengths / concerns / and impact on the child within my assessment
- I have identified the support to be offered to the child and family within my assessment.
- I will present my information in conference in a way that the family understand

Good Child protection conferences will demonstrate parental involvement and child involvement. The strengths / risks and impact on the child will be discussed, the child's experiences on a daily basis will be known and the decisions made will be clearly evidenced through a concise rationale. The outcomes to be achieved will be clear and the impact to be achieved specified. Challenge will be evident and what needs to happen to remove the plan specified.

Core groups *

Core Groups

- I have ensured that the first Core Group meeting takes place within 10 working days of the ICPC.
- I take my copy of the outline CP plan with me and encourage agencies to bring a copy also.
- I have ensured at the initial Core Group that parents/carers know what change/s need to be made by them, including timescales in order for the child protection plan to be removed.
- I have ensured that minutes of the Core Group are produced and circulated to all members of the Core Group within 5 working days.
- I have ensured that a detailed SMART multi-agency Child Protection Plan is developed by the initial Core Group, that this is reviewed and updated following every subsequent Core Group and is recorded on the child's record.
- I ensure the core group update on progress to their actions and advise of the impact that the plan is having for the child.
- I ensure that the strengths of the family are identified and built upon by the core group.
- I ensure that agencies including myself update on visits to the child and family and agree frequency of visits until the next core group.
- The focus of all my work is to maximise the safety and well-being of the child/young person and I have undertaken both announced and unannounced visits to the child/young person. Each of my visits adds to the knowledge about the child/young person and what life is like for them and helps in further understanding and achieving the outcomes needed.
- I regularly ascertain the child/young person's wishes and feelings and keep the child/young person up-to-date with the child protection plan and any developments or changes.
- I continue to assess and re-assess the needs of the child—I can answer the question "What is it like to be this child in this family"?
- I ensure that I understand the role of fathers and male partners in the household and ensure that new partners or new household members are properly assessed.

- I have ensured the core group meets regularly (as a minimum monthly) and progresses the implementation of the child protection plan. If the outcomes required are not being delivered through the plan, I will ensure the core group agrees actions to address this.
- I have ensured that the core group have prepared the report for the CP Review Conference at least 48 hours before the Review Conference and share it with parents, carers and children/young people in advance.
- I use supervision to explore my feelings about the case and to ensure that I am putting the child/young person first in my considerations.
- If I identify anything in my work with the child/young person or family, or household members, that gives rise to additional concern for the safety of the child/young person I discuss it immediately with my manager, or a covering manager and agree actions to be taken.
- I ensure I challenge partners who are not providing support agreed to the family in order to reduce risks, improve outcomes and prevent drift.

<https://learning.nspcc.org.uk/research-resources/learning-from-case-reviews/hidden-men/>

Learning from SCR's in respect of the hidden male in the household is found on the above link.

Good core groups see practitioners working together and with the family to develop and respond to the presenting risks for the child but also to consider the reason for the abuse and plan to address the root cause. Core Group, whilst being co-ordinated by the lead social worker is a multi-agency planning process and social workers must be wary of assuming actions that can be undertaken by other members. Good core groups ensure that the plan in place is individual for each child and includes direct work and wishes and feelings as appropriate for each child.

Working with children subject to Child Protection planning including Statutory visits *

Working with children subject to Child Protection planning including Statutory visits

- I visit children subject to child protection plans weekly for the first month where it is approved by my manager I will reduce my frequency of visits to fortnightly, they will never be further apart than 4 weekly. I have included my visiting frequency in the plan
- My visits to children are purposeful and I am clear about what direct work I am undertaking during that visit. I record each session on the child's file and include a brief analysis of the impact it is having.
- I always use my visits to understand their wishes and feelings and how it feels for them in the family home.
- I ensure that the child's experiences, wishes and feelings inform and develop the Child Protection Plan.
- My visit to the child assesses the impact of the child protection plan, identified developing strengths and increase or reduction in risk. I respond accordingly.
- I ensure I see the child on their own where appropriate and my intervention with them includes observation of their interaction with the family
- I have a clear purpose and focus for visits and use them to build knowledge about the child's life and what outcomes need to be achieved
- I keep the child's wishes and feelings at the forefront and will involve them in updates to the child protection plan and any developments or changes
- I can clearly and accurately answer the question "what is life like for this child?"
- I ensure that parents and carers understand what changes they need to make and are supported to do so; this is evidenced in my recording and in the child's plan
- I explain to the parent or carer why I must undertake a check of all the rooms within the home. The check includes kitchen cupboards, toilets, bathroom and bedrooms and (especially where neglect is an issue) and I am clear about what constitutes an acceptable standard
- I take a copy of the child protection plan with me on all statutory visits and I discuss the plan with family, I ensure that they have opportunity to talk

about what is working well and what progress needs to be made.

- I understand the toxic trio and risks associated to hidden males. I am vigilant, inquisitive and demonstrate professional curiosity.

<https://academic.oup.com/bjsw/article-abstract/48/6/1508/4604651?redirectedFrom=fulltext>

<https://www.actionforchildren.org.uk/media/5287/child-neglect.pdf>

Direct work support sheet appendix

Good Statutory Visits include the social worker having a clear understanding of the purpose of their visit. The child should be seen alone, direct work should be undertaken with the child to support the understanding of the social worker in knowing what life is like for the child. Social workers should attempt to answer the following questions:

What are the child's views?

What is it like for the child?

Is there increased risk?

What impact am I having?

The role of the IRO in chairing Child protection conference's *

The role of the IRO in chairing Child protection conference's

- I ensure that I make contact with the family and offer them the opportunity to meet/speak with me prior to the day of conference
- I promote child participation through attendance at the conference, written form, and or advocacy representation
- I make sure that all conference attendees are aware of the threshold of significant harm and the likelihood of significant harm, so that they can make informed decisions regarding the appropriateness of a child being made subject to a plan
- I ensure that all agencies provide their information in a manner that reflects the family's strengths, areas of risks and impact
- I ensure that decisions made at conference are explained and the outcome to be achieved is clear.
- I ensure that the child's Child Protection Plan is fully focussed, SMART, fully reflects the current risks and circumstances of the child and each child has an individual plan.
- I complete Child Protection Plans within 24 hours of the CPC
- I challenge professionals in meetings where decisions made are not reflective of the risks or strengths of the family and I inform my manager so work around thresholds can take place.
- I ensure that I monitor the progress of core group in developing the plan and working together with the family to reduce risks.
- I ensure that the child's overall needs are met to a good standard and that the risk of harm is reduced
- Where risks are not reducing I ensure that agencies reflect on their involvement and the support provided to families in order to reduce the risk of drift and delay.
- I make sure that Child Protection Conference minutes are amended and ready for distribution within 15 days of the Child Protection Conference
- I make use of the escalation procedure to improve outcomes of children subject to Child Protection Plans.
- I am outward facing understanding that improved outcomes for children is

| |
|-------------------------------------|
| driven by good partnership working. |
| |

Transfer between teams. *

Case transfer between teams

- I will have updated my chronology
- I will have ensured all contact details for the child / family and significant others is up to date
- I will have updated my case summary
- I will have agreed timescales with my manager
- I will have a joint meeting with the newly allocated social worker and the child
- I will have confirmed with my manager whether the case should be co-worked for a period of time specified by my manager
- I will have uploaded all the direct work
- I will have updated all relevant assessments
- I have arranged a visit to the child and explained why a new worker is becoming involved
- I will have arranged a good bye visit before ceasing my involvement

When I take over a case

- I have read the chronology, case summary and all relevant assessment
- I have introduced myself to the family/carers child and left my contact details for them
- I provided them with a copy of the compliments and complaints procedure
- I have contact all agencies involved and provided them with my contact details
- I have scheduled meetings in my diary for CIN/CP/Core Group/ Care Planning/PEP/ Health Assessment
- I have discussed the case with my manager and we have agreed my involvement/ visiting frequency/direct work

Families and children can be anxious when their case is transferred to a new worker, good practice demonstrates a worker who has read all the child's

information so that the child parents/carers do not have to re-tell their stories. It maybe appropriate in some instances for co-working to take place for a period of time to reduce anxieties, develop relationships or as a consequence of the complexities of the case.

Looked after children *

Looked after children

- I have notified the Safeguarding Unit so that an IRO can be allocated.
- I have arranged to see the child/young person within the timescales relevant to the type and duration of the placement.
- I have arranged a multi-agency care planning meeting within 5 working days of the placement.
- I have made sure contact between a child/young person and his or her family and friends is actively promoted and facilitated, provided that this is in their best interests. (Ensure planning clearly outlines all contact, and the venue is in the child/young person's best interests).
- I have clearly explained to the child the reasons for coming into care. I have explored possible family and friends placements and discussed the foster placement, carers and contact arrangements with parents, siblings and friends, and endeavoured to answer all the child/young person's concerns.
- I have ensured that all the requisite CIC paperwork, including the risk assessment and placement plan is completed to a high standard and that the carer/residential unit have a copy. If the child/young person is accommodated under S20 of the Children Act 1989 I have obtained the signature of a parent who has parental responsibility. I have ensured that the parent has the capacity to consent and have used an interpreter if necessary.
- I have made the necessary arrangements for a health assessment.
- I have regularly seen the child/young person in accordance with procedural requirements.
- The child/young person has my contact details and knows how to get in touch with me if they need, or want to. (This includes email address and mobile telephone number, as well as office number and number if I am not available.)
- I have seen the child/young person alone (if not I have recorded the reasons why not), and I have taken account of their views and feelings, and where this is not possible I have explained why in an appropriate way.
- I have completed the 'my goals' work with the children/ young person.
- I have given the child/young person information regarding advocacy and independent visitor services and encouraged them to utilise these services

where appropriate.

- I have ensured that the parents have the relevant written paperwork regarding their child coming into care that they understand the reasons why, and what might happen next. I have kept in regular touch with them and involved them in assessments and plans as appropriate. Where necessary I have used an interpreter or advocate ensuring that they understand what is happening.
- I have made sure that children / young people, their parents or carers are aware of the complaints procedures.
- I have promoted the child's identity through life story work (where planned) and by ensuring that they have personal possessions, information, photos and material relating to their family.
- There is an assessment completed for the child/young person in care at least every 12 months.
- I have ensured that a PEP (Personal Education Plan) planning meeting takes place and that I have recorded on the child's file it is completed and can be viewed through the portal.
- I have consulted health, education and other agencies/individuals involved with the child/young person (or their family) as part of the process of assessment and care planning.
- I have taken account of the child/young person's needs in relation to race, ethnicity, language, disability, gender, sexuality and placement with siblings.
- If the young person is 16+ I have ensured there is an up-to-date Pathway Plan recorded on the child/young person's case record.
- I have consulted with the child/young person about who is in attendance at their children looked after review meeting and they know they can be accompanied by a relative, close friend or advocate to enable them to participate and provide them with support.
- The child/young person has been encouraged and assisted to participate in their review meeting either directly, or by other means (e.g. video recording, written submission etc).
- I have encouraged parents to participate in the review process.
- I have shared and discussed The Care Plan and additional information to be shared at the child's review with the child/family in advance of the review.

- I have ensured that all relevant consultation documents have been completed and provided for every review (child/carer/parent).
- I have ensured that I have recorded fully the achievements of the child/young person and that these are included in their Life Story work where appropriate (e.g., swimming badges, youth awards, school team membership etc).
- I will ensure that all children looked after have an SDQ within 20 days of coming into care and annually.
- I am aware of and actively promote the local offer for young people approaching 18 years old
- I have discussed with the IRO whether the young person wishes to continue to have IRO involvement past 18 years

<https://learning.nspcc.org.uk/children-and-families-at-risk/looked-after-children/>

<https://learning.nspcc.org.uk/research-resources/2015/achieving-emotional-wellbeing-looked-after-children-whole-system-approach/>

Early Permanence *

Early Permanence

- I understand that adoption is a good plan for children who cannot live within their birth families and that adoption can lead to good outcomes for children
- I will contact the service Manager for adoption when I am working with unborn children and infants where the plan is to issue care proceedings and remove the child from the parents' care.
- Where possible I will consider 'fostering for adoption' or 'concurrency' at the earliest possible opportunity.
- I ensure that my assessments prior to planning are discussed with my manager and approved
- I ensure that my rationale for my decisions are clearly recorded on the child's file

Permanence *

Permanence

- I understand that there are three aspects to permanence, legal, emotional and physical
- I understand the merits and differences between each permanence option
- I ensure that the child has a plan for permanence by the 4-month review
- I have developed the permanence plan with the child, and parents/ carers views, wishes and experiences at the heart of the plan even when there is not agreement between the LA and the family.
- I have developed the plan of permanence having assessed the needs of the child and the capacity of the parents/carers and extended family members.
- I understand what the child needs to be safe and achieve in the future and this has informed the plan and the support plan to both achieve the permanence and ensure stability for the child now and in the future
- I have offered an advocate to the child to ensure that their views are fully reflected within the plan and decisions made
- I have discussed the outcome of my assessments with my manager who has guided and supported me, we agree on the plan
- I have clear timescales to support the plan to be achieved in a timely manner to reduce delay for the child
- I have discussed the plan with the IRO
- I have had the plan agreed by the permanence panel / exit from care meeting and it is approved by the Assistant director.
- I know what type of placement the child needs and what the support plan will be.
- I have presented the plan to the IRO for ratification at a formal LAC meeting.
- I have recorded my direct work sessions and wishes and feelings work on the child's record
- I understand that the frequency of visits can change for children who are permanently matched, I always discuss this with my manager and include in the care plan for ratification by the IRO.
- I have developed a contact plan for the child with their family/ significant

others and it is informed by what is in the best interests of the child.

<https://www.gov.uk/government/publications/children-act-1989-care-planning-placement-and-case-review>

Working with Children in Care, including Statutory visits *

Working with Children in Care, including Statutory visits

- I visit children weekly for the first month they come into care and reduce my visits to fortnightly where it is approved by my manager. I ensure that my visiting schedule is discussed with the child and agreed by my manager, I write the agreed frequency of visits in the Care Plan for the child.
- My visits to children are purposeful and I am clear about what direct work I am undertaking during that visit. I record each session on the child's file and include a brief analysis of the impact it is having.
- I always use my visits to understand their wishes and feelings and how it feels for them in their home/placement. I use this to inform the C&F assessment which I complete each year.
- I ensure that the child's experiences, wishes and feelings inform the Care Plan.
- My visit to the child, assesses the impact of the care plan, identify areas of further direct work or support needed.
- I ensure I see the child on their own where appropriate and my intervention with them includes observation of their interaction with the home.
- I have a clear purpose and focus for visits and use them to build knowledge about the child's life and what outcomes need to be achieved
- I know what aspirations my child has and I encourage those by supporting their carers to engage in activities that develop and grow the child's sense of what they can achieve.
- I keep the child's wishes and feelings at the forefront and will involve them in updates to the plans for their education, health and care.
- I can clearly and accurately answer the question "what is life like for this child?"
- I ensure that parents and carers understand what is happening for their children not living in their care and I provide additional support to parents so that they may come to terms with the loss of the care of their child, contribute effectively and in a meaningful way to the care of the child and or to prepare for the child's return to their care.
- I ensure that when I visit the child I am aware of their surroundings and interactions with the carers which is used to; assess whether their needs are being met, contribute to the foster carers annual review and identify any

areas of support required.

- I consider the child's developmental presentation against the age expectations and encourage carers to develop a sense of self and support age appropriate independence skills in preparation for them moving to university or work based education.
- I consider the appropriateness of any legal orders in place for the child and assess whether they remain appropriate and whether the child could return home to their family
- I notify the LADO in respect of any allegations a child makes about their carer or other professional and support the child through the process and afterwards to overcome any negative experiences.
- I notify the IRO of any significant incidents

www.socialworkerstoolbox.com

Good Statutory Visits include the social worker having a clear understanding of the purpose of their visit. The child should be seen alone, direct work should be undertaken with the child to support the understanding of the social worker in knowing what life is like for the child. Social workers should attempt to answer the following questions:

What are the child's views?

What is it like for the child?

Is their increased risk?

What impact am I having?

Good Direct work reflects on past experiences and presenting needs to ensure the right support is offered at the right time. The impact of the care we provide is known and understood, we strive for more for our children and promote aspirations celebrating successes and allowing learning from mistakes.

IRO Practice standards for Looked after children *

IRO

- I am compliant with the IRO handbook and all of my statutory responsibilities
- I record contact with children within 5 days of the contact but strive to do this immediately where possible
- I involve children in their reviews by holding a series of meetings, by direct attendance, by written contribution, by electronic means, via an advocate
- I address concerns with the partnership to improve outcomes for children
- I track recommendations to promote positive care and support for my children
- I challenge the virtual head when children are not achieving in education
- I promote the aspirations of children in care and challenge agencies that do not
- I observe children in placement to understand what their experiences on a daily basis are
- I follow up significant incidents and quality assure the partnership response
- I consider the continuing appropriateness of any legal orders in place and whether returning home to family members is appropriate
- I contribute and report to the awareness of the partnership and their performance by completing 6 monthly reports
- I face outwards as an IRO and understand my role in improving the quality of services locally.
- I listen to the requests of the Children In Care council and strive to ensure they are met
- I engage with Children in a number of different ways in order to understand their needs, experiences and ensure the Care Plan meets their needs.
- I use independent legal advice when required to ensure the rights of children are met
- I know how to refer a case to CAFCAS and will do so in order to ensure the rights of the child

- I will request legal representation for a child were I believe this is in their best interests.
- I send out my recommendations within 5 days of the review
- I send out my minutes to professionals and where appropriate children within 20 days of the review.
- I ensure that all care placements for children support the child to develop age appropriate independence skills in preparation for them living independently / going to university so that they are prepared naturally and have the skills required.
- I contribute to the local offer and speak to a young person about whether they wish for me to continue to remained involved past their 18th birthday
- I am tenacious, committed, passionate and challenging in order to ensure children's needs are being met.

<https://www.gov.uk/government/publications/independent-reviewing-officers-handbook>

Adoption Assessment *

| Adoption Assessment |
|--|
| <ul style="list-style-type: none">• I know that St.Helens is part of Together for Adoption, which is a Regional Adoption Agency.• I understand that TFA is responsible for the recruitment, assessment and approval of prospective adopters.• I will ensure that I refer any enquiries from prospective adopters to TFA• The know where to access TFA policies and procedures concerning adoption assessment. |
| <i>Include hyperlink here</i> |

Supporting Adoptive Placements *

Supporting Adoptive Placements

- I prepare a plan of introductions prior to the child being placed with adopters and will consult with the child, the foster carer and the adopters to inform the plan of introductions
- I provide the child with a 'welcome book' from the adopters prior to introductions commencing and I will support the child to understand the plan of introductions
- During the period of introductions, I will visit the child with the adopters at least once and will contact the adopters and the foster carers daily to receive an update on the progress of introductions
- Before the child is placed for adoption I will ensure that the adoption agreement has been signed and that the adopters have a copy of the child's birth certificate
- I inform the child's birth family when the child has been placed for adoption
- I visit the adoptive placement within the first week then every week thereafter until the first LAC review
- I support the adopters to lodge their adoption application when the child has been placed for ten weeks
- I prepare the Annexe A report to be filed in Court alongside the adopter's application
- I ensure that the child and the adopters receive a copy of the life story book and later life letter at the final adoption hearing.

https://www.coram.org.uk/sites/default/files/resource_files/Adopters%20Life%20Storybooks%20Research_0.pdf

Adoption Support *

Adoption Support

- I know that St.Helens is part of Together for Adoption, which is a Regional Adoption Agency.
- I understand that TFA is responsible for therapeutic adoption support.
- I know that St.Helen's is responsible for assessing and providing adoption support allowance and have read the relevant policy concerning 'Financial Support To Adopters'.
- I will ensure that the adoption support needs are considered for all children with a 'likely plan' for adoption.
- I will ensure that plans for adoption support form part of the 'should be placed for adoption' decision.
- I will consult with the adoption team when completing adoption support plans.
- When profiling 'harder to place' children I will ensure that an adoption support social worker attends the meeting, so that adoption support needs form part of the child's profile.
- I know that adopters can access therapeutic support from the 'adoption support fund' (ASF) and I will seek support from an adoption social worker to make an ASF application.

Adoption Family Finding *

Adoption Family Finding

- I know that an adoption advice meeting should be convened for all children with a 'likely plan for adoption'.
- As an Adoption Social Worker undertaking the role of 'family finder' I understand the importance of 'family finding' as soon as a 'likely plan for adoption' is identified.
- I will convene a profiling meeting for all children with a 'likely plan for adoption' following the LAC review at which the plan for adoption has been ratified.
- Within two weeks of the profiling meeting I will ensure that an anonymised profile of the child is created on 'link maker' and shared with TFA.
- I will attend all 'linking meetings' held by TFA at which the details of all prospective adopters are shared.
- Following a child's 'Should be placed for adoption decision' I will share a copy of their CPR with 'Together For Adoption'. I will also place the child's details, on the national adoption register.
- I will identify 'harder to place' children at the earliest possible opportunity and will immediately seek agreement to 'family find' outside of TFA for these children.
- For 'harder to place' children I will make good use of a range of 'family finding' activities including adoption activity and exchange events.
- When 'family finding' I will update the Service Manager for Adoption and Fostering on weekly basis to ensure the adoption tracker is updated.
- I will ensure that children are consulted concerning their views around their 'future family' and that their views are included in the profile.
- I will ensure that children and their carers are regularly updated concerning the progress of 'family finding'.
- I will work with carers to ensure that all children with a plan for adoption are appropriately prepared to move into their adoptive placement.

Non Agency Adoption *

Non Agency Adoption

- I understand the difference between agency and non-agency adoption, the implications for the child placed including their access to adoption support.
- I understand that all requests for non-agency adoption assessments will be completed by the adoption social workers
- I will undertake a 'screening visit' with applicants for non-agency adoption and am confident in discussing the legal process of non-agency adoption with applicants.
- My role is to complete the court directed Annexe A assessment and I will ensure that I adhere to all court directions when completing the assessment.
- I will ensure that statutory checks on all non-agency adoption applicants are completed in a timely fashion
- My Annexe B assessment will evidence the voice of the child.
- I will ensure that if I identify any safeguarding concerns as part of my Annexe A assessment, that I will share these with the 'Front Door' team immediately.

Relinquished Babies *

Relinquished Babies

- I understand that if a parent wishes to relinquish the care of their baby that the adoption team should be notified immediately
- I understand that the parent/s should engage in a series of counselling sessions with an adoption social worker in order to fully understand the legality and procedures around relinquishment.
- I understand that until a parent has signed a formal consent their decision to relinquish their baby may be withdrawn.
- I will ensure that I collect information for the child's life story, including photographs is collated when a parent wishes to relinquish the care of their baby.
- I have recorded all of my discussions with parents on the child's file
- I have updated the child's chronology

Fostering Assessing Social Worker *

Fostering Assessing Social Worker

- I have a good knowledge of Fostering Regulations and Standards along with an understanding of St. Helen's recruitment strategy.
- I will respond to enquiries from prospective foster carers promptly, with a warm and welcoming approach. The aim should be to 'screen in' rather than 'screen out' prospective foster carers.
- I will ensure that fostering assessments, are progressed to panel within five month, for recruited foster carers or in accordance with court directions for kinship foster carers
- I will ensure that my fostering assessment contains good analysis around the strengths and deficits of each prospective carer.
- I will work closely with prospective foster carers to ensure their matching criteria reflect their skills/abiltiies.
- Foster carers I am assessing will receive a copy of their assessment report to comment on prior to it being presented to panel.
- I will ensure that prospective foster carers are fully informed around the requirements of fostering panel and are supported to attend fostering panel.
- If my fostering assessment is not recommending that foster carers are approved, I will communicate this promptly to the prospective foster carers and share options for appeal with them.

<https://www.thefosteringnetwork.org.uk/policy-practice/research/state-nations-foster-care-2018>

Support To Foster Carers *

Support To Foster Carers

- I ensure that I work within the fostering regulations and national minimum standards.
- As supervising social worker I undertake formal supervisory visits to my foster carers at least every six weeks and will also undertake an unannounced visit annually.
- In addition to carrying out supervisory visits, I also ensure that I provide regular telephone support.
- I ensure all foster carers have a foster care agreement.
- I am aware of the requirements in respect of statutory checks and will ensure these are completed and renewed as appropriate
- During supervision I will support foster carers in accessing relevant training and if needed will undertake coaching with foster carers to ensure they develop their skills and knowledge.
- I praise my foster carers when they evidence good practice and offer constructive challenge when concerns arise.
- I ensure that all my foster carers are aware of the range of support available to St. Helen's foster carers.
- My foster carers will be provided with full information on the children to be placed with them and are fully aware of their delegated decision making in respect of each child to be placed.
- When meeting with foster carers I am child centred and will always consider the impact of my foster carer's practice on the children placed with them.
- I notify my Manager immediately should any significant events occur with any of my foster carers.
- I ensure my foster carer's records on ICS are updated promptly following any contact with them
- All of my foster carers will be paid promptly for the work they undertake and receive the appropriate equipment
- I refer to the LADO in the event of allegations and consider with my

manager any immediate safeguards required to protect the child

- I ensure that carers are promoting independent skills at an age appropriate pace with children and young people so that when they leave care for university or independent living they have the skills and confidence to continue to achieve.

Direct work support sheet

This template is designed to support you to think about what you need to record when you undertake a direct work session with a child. It does not replace the recording requirements and should be used as a prompt rather than a script.

It has been designed to allow you to write on the support sheet and pass to admin staff for typing.

There are lots of work sheets that practitioners will find useful to complete with children and young people, a link for this can be found in the practice standards. Try and use creative ways to engage with young people, provide a brief description of what tools you used and ensure you upload those to the child's file. You should be able to answer the following questions during or after your visit.

- How does the child feel?
- What does it feel like living in the family?
- How is our intervention impacting on improving the child's circumstances?
- Is there anything that needs to be offered to support the change?

| | |
|---------------------------------|--|
| Name of child | |
| Date of visit | |
| Worker undertaking visit | |

PURPOSE OF VISIT

Provide a summary of the purpose of the visit. For example; direct keep safe work, self- esteem building, safety planning wishes and feelings

AREAS COVERED

Provide bullet point of areas covered including whether you summarised the information from a previous visit.

SUMMARY OF THE WORK

This should be your description of the child's views, understanding, responses to questions or activities completed, Has the child given an indication of how they feel ie safe, unsafe, upset, scared. What do they think is better, good, safe, what do they want to change, happy.

IMPACT

Was the child insightful, risk reduced, increased, not changed. What is the impact outside of their home, impact inside the home, developing strengths noted, Risks identified increasing / reducing.

Next session plan

Discuss with the child what you want to do on your next session and what they may want to do in their next session, date you are going.

General observations

State of the property, interactions of the child, observations of the child with others, any additional action needed.

Home Visit

This template is designed to support you to cover progress to plan visits to family. It is not a step by step guide and you do not need to follow it in its entirety, it is a guide.

It has been designed to allow you to write on the home visit sheet and pass to admin staff for typing, if this is helpful to your way of working.

Good social work practice is about engaging with families, supporting them in a time managed way to improve outcomes for children. Our practice standards should be referred to in respect of home visits to support the quality of your intervention but the key principles of them are:

- How does the child feel?
- What does it feel like living in the family?
- How is our intervention impacting on improving the child's circumstances?
- Is there anything that needs to be offered to support the change?

This means that after every visit you should be able to answer the above questions and record your visit utilising the 4 questions as a guide.

YOU MUST TAKE A COPY OF THE CURRENT PLAN TO CHECK IMPACT AND OUTCOMES

| | |
|---------------------------------|--|
| Name of child | |
| Date of visit | |
| Worker undertaking visit | |

PURPOSE OF VISIT

Provide a summary of the reason for your visit, ie to check progress to the plan and assess strengths, risks and outcomes

AREAS COVERED

This relates to the plan, seeing child on own, wishes and feelings and updating assessment

SUMMARY OF plan and visit

This should be your description of the child's views, understanding, whether outcomes are being achieved what the impact of the plan is. Parental work should be to hear from them what is working well, any areas they are struggling with, challenging lack of engagement progress, re-evaluating the strengths, risks and impact- REMEMBER IN YOUR WRITE UP TO DISCUSS PROGRESS AGAINST THE PLAN

| |
|---|
| |
| IMPACT <i>What is the impact of the plan, is the child feeling safe, has there been a change, emotionally, physically, educationally, health. What needs to happen to move the plan forward, are any changes needed are the child's experiences changing.</i> |
| |
| Next Visit <i>Plan your next visit be clear about the reason for the visit, direct work or progress to plan or both. Advise you will let agencies know about the visit and reiterate the next meeting date and how this contact will inform the decisions</i> |
| |
| General observations State of the property, interactions of the child, observations of the child with others, any additional action needed. |
| |