Getting things right for the child and family

January 2023

Quality Assurance

Practice Standards

Good quality practice in working with children and Families involves everyone working together to provide help and protection, the following standards provide a Framework for the expected quality that we provide in South Gloucestershire.

These standards are underpinned by research, legislation, and a clear vision of what good looks like.

They support our practice, they are a tool for practitioners to Self- evaluate their own practice and they are used by managers, IROs and CP chairs, and auditors to quality assure and support practice with children and their families.

The Practice Standards are underpinned by the Councils strategy for giving children the best start in life.

Practice Standards

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Practice Standard One: Children feel safe and can thrive where they are living.

* 1. Children have a safe place to live and are supported to remain connected to their network.
	2. Children are supported to form safe relationships.
	3. Children are provided with the best start in order that they are safe, thriving, achieving, and aspiring, ready for the future and have services which support their needs and promotes their welfare.

# Practice Standard Two: Children are seen, heard, and listened to

* 1. We see children in a range of settings, on their own, with their families and in their environment in order that we can understand their world and the relationships they have.
	2. We listen to children and are interested in what they have to say as well as that which is difficult to talk about.
	3. We encourage children to have a voice through play, observation, talking and doing activities with them.
	4. We are curious about how children present and what they have to say to others, we use all the information to form a picture of the child.
	5. Children’s voices are recorded in case notes, assessments, and plans.
	6. We ensure children have access to information in a way which makes sense to them.
	7. We work in a way which respects and promotes a child’s rights within the Family.

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# Practice Standard Three: The child’s lived experience is clearly documented; assessments are timely and

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analytical and lead to the right help, in the right way, at the right time.

* 1. The reason and purpose of the assessment is clearly set out.
	2. We use chronologies to help us understand history, patterns, strengths, and needs.
	3. Genograms help to identify Family networks, areas of support as well as areas of need.
	4. Assessments are completed in a timely manner in order that Families are not exposed to unnecessary drift and delay.
	5. The assessment conveys a clear picture of the child’s lived experience, risk and protective factors, child development, parenting capacity and environmental factors.
	6. The assessment incorporates the views of the child, their Family, and professionals who are known to the Family.
	7. The analysis triangulates all the information – what has been said, seen, read, and understood.
	8. Research and assessment tools are used to ensure there is a solid evidence base which informs the outcome of the assessment.
	9. Managers decisions and rationale linked to the assessment and next steps is clearly recorded.
	10. Assessments are shared with Families in a timely manner, their views and where appropriate their agreement/non agreement linked to next steps is clearly recorded.



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# Practice Standard Four: Risks are identified and harm to children is reduced in a timely way

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* 1. Risk is identified and clearly set out in a way in which the Family and child can understand.
	2. Decision making and rationale for next steps is timely and clearly recorded.
	3. Safeguarding enquiries are informed by a multiagency response – information is shared in order that harm to the child can be reduced.
	4. The impact of significant harm; now, in the past and possibly in the future informs the safety plan for the child.
	5. Children and their Families are involved in the formulation of safety plans, these are regularly reviewed and updated as risk is addressed.
	6. A coordinated muti agency response ensures the holistic needs of the child are considered.
	7. Risk assessment tools are utilised to inform the analysis of risk and subsequent response which is proportionate and necessary to the child’s presenting situation.
	8. Safety plans set out what action is required to reduce the risk, by whom and when.
	9. Case records are kept up to date to reflect recent events and views around these.

# Practice Standard Five: Children are supported to remain connected to their networks through active collaboration with parents/carers, extended family, and community.

* 1. We will work with Families to identify Family networks of support at the onset of the assessment.
	2. We will listen to children about who is important to them and how they support them to be safe and happy.
	3. Family views are integrated into plans.
	4. Family network meetings regularly take place in order that we can determine the effectiveness of the intervention.
	5. Where necessary we will ensure Families have access to advocates in order that their views are clearly understood.
	6. Children’s records will be kept up to date with key information linked to the Family’s views, wishes and areas of disagreement.
	7. All children regardless of where they live are supported to have relationships and maintain connected to key people in their lives.

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# Practice Standard Six: Co-ordination and collaboration with other agencies is effective and promotes good outcomes for children.

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* 1. We work collaboratively with partner agencies sharing information in order that children are kept safe, connected, and able to thrive.
	2. We ensure there is clarity on roles and responsibilities between partner agencies so harm For children is reduced.
	3. We hold each other to account and ensure the child does not become lost amidst systems and processes.
	4. We regularly review intervention with our partner agencies ensuring children receive the right help at the right time in the right way.
	5. Case recording, assessments and plans are kept up to date with key information from other agencies.

# Practice Standard Seven: Children and their families participate in plans which promote their safety, wellbeing, aspirations, and future independence.

* 1. Every child has an up-to-date plan which reflects their lived experience, needs now and those of the future.
	2. Plans are written in a way which makes sense to the child and their Family.
	3. Plans are made with Families/carers, children and other agencies ensuring there is a shared ownership and responsibility for the child’s safety and wellbeing.
	4. Plans set out what needs to happen, the desired timeframe and by whom.
	5. The plan has clearly identified outcomes that can be used to evidence progress and reduce drift.
	6. Plans are regularly reviewed and updated as necessary to ensure they reflect presenting and future needs, risks, and strengths.
	7. Outcomes For achieving permanence alongside contingency plans should concerns for the child escalate are clearly defined.
	8. There is evidence of forward planning linked to key transition points for children.

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# Practice Standard Eight: Children and families experience a service that is sensitive and responsive

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to disability, ethnicity, faith or belief, culture, gender, identity, language, race, and sexual orientation

* 1. We work collaboratively with children and their Families in order that there is meaningful inclusion and participation.
	2. We utilise a range of tools and resources (interpreters, advocates) to ensure that we work respectfully whilst promoting the child’s welfare.
	3. We listen and seek to understand the Family’s culture and what that means to the child considering their age, ability, ethnicity, Faith, identity, race, and sexual orientation.
	4. We ensure children and Families have access to advocates as and when this is requested or required.
	5. We are respectfully curious and seek to clarify information when it is not understood.
	6. We do not make assumptions about the child’s identity, self-perception or lived experience.

# Practice Standard Nine: Management oversight, decision making, and case supervision directly leads to better outcomes for children.

* 1. There is evidence of regular oversight and rationale for decisions which leads to children being safe, connected, and able to thrive.
	2. The child’s lived experience is kept central to reflection, professional challenge, and curiosity.
	3. Case records are kept up to date with timely supervision and clear management grip enabling plans to progress with pace.
	4. Actions are reviewed and updated in order that they support change and reflect the needs of the child now and into the Future.
	5. IRO and CP chairs Footprint is clear on children’s records indicating that they have oversight of the plan for the child, where drift and delay is identified the IRO/ CPC will use the escalation process to ensure plans and outcomes are back on track.