**Newham Council’s Social Worker**

**Practice Standards**

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**Contents**

Key Messages from Newham Social Work Practice Standards

Standards

1. Assessments Newham
2. Investigation and Initial Child Protection Conference (Section 47)
3. Reports to ICPC
4. Working with children subject to a Child Protection Plan
5. Working with children in need(CiN)
6. Looked after children
7. The role of the Independent Reviewing Officer
8. Permanence
9. Care Leavers
10. Early Help and Targeted Services
11. Case recording

**Why do we need practice standards?**

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| So that all social workers, supervisors and managers have clear guidance on their roles and responsibilities |
| We have a consistent approach to the social work task |
| Clear expectations of what is expected of social workers and front line managers that they can measure themselves against |
| A confident professional service that is respected by families and other professionals that can champion the needs of children through their work and challenge others, where necessary, to promote the welfare of the child |
| A set of standards that quality assurance work can be measured against |

**“To enable social workers to exercise professional judgement… also… to improve their expertise”**

**Munro**

**Key messages from Newham Social Work Practice Standards**

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| An ambition to make sure that all children and families in Newham who access Children’s Services receive “Right Place, Right Time, Right Service” |
| High-quality social work services that begin from early and responsive intervention at the point of contact |
| Statutory social work services and Early Help and Targeted Services are under one deputy director to ensure that services for children and families are unified |
| The safeguarding and welfare of the child is the focus for all that we do as social workers |
| Families will be treated with respect and honesty, and kept informed throughout any social worker intervention |
| The strengths of families as well as concerns will be assessed and used to safeguard children |
| The work with children and families will be based on the achievement of identified improved outcomes that are measurable, so that the child sees an improvement in their circumstances and feels safer |
| The child’s voice is central to the work that we do |

**Every social worker should know the answer to**

* ***Does the child feel safe?***
* ***What does it feel like living in this family?***
* ***How is our intervention improving the child’s circumstances?***
* ***How do we know this?***

**For all open cases there must be:**

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| Manager to record on the electronic case management system at the point of allocation of the case issues, desired outcomes and tasks to be carried out by the allocated social worker with timescales set out |
| Child’s basic details recorded to include ethnicity, gender and disability/ communication needs where appropriate. |
| A safety plan, that has been completed with the child (where age appropriate) |
| An up to date assessment that is regularly reviewed and has been authorised by the manager |
| A chronology of significant events that is up to date (within a three month period) |
| A genogram to show trends and patterns in the family history |
| An agreed plan for the intervention with the child and their family that is reviewed in supervision and through multi-agency planning meetings |
| A record of supervision in accordance with Newham supervision policy and reviewed monthly; with regular management oversight |
| A case summary that clearly evidences the child’s lived experience; summary to be updated at a minimum of every three months  Due regard given to race, ethnicity, gender, disability, religion and the communication needs of the family and recorded where appropriate. |

**Newham County Council Social Work Practice Standards**

**Standard 1: Assessments**

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| Standard | Key area |
| 1.1 | The child (depending on age and understanding) and the family know about the assessment and are actively involved in any assessment. Their *informed* consent to undertake agency enquiries has been gained unless there is a clear safeguarding issue that makes this inappropriate (this decision will be recorded by the manager) |
| 1.2 | All assessments are completed in a timely way, in line with Newham Council procedures, statutory guidance and as directed by the manager recorded on the electronic system. Assessments should be completed in a timescale that is proportionate to the risks and needs of the child / children in the family; it is expected that this should take no longer than 25 days for most assessments with a limit of 45 days for all assessments. |
| 1.3 | The child is seen and spoken to alone, listened to/observed (age/level of development appropriate) with their views, wishes and feelings recorded. The child’s voice should underpin the assessment. |
| 1.4 | All children living in the home will be spoken to and included in the assessment. Unborn children will also be included. |
| 1.5 | All members of the household will be included, including those that spend significant periods in the home, or have child care responsibilities supporting the family. Evidence of identity should be sought. |
| 1.6 | Partners, estranged parents, i.e. fathers or mothers not living with their child, and extended family, will be identified and their role and involvement in the family understood and included in the assessment in an appropriate way. Analysis of this should be clear. |
| 1.7 | Due regard will given to race, ethnicity, gender, disability, religion and the communication needs of the family and recorded where appropriate. |
| 1.8 | Information from other professionals is obtained and recorded. The concerns of other professionals are listened to, clearly recorded and used in the assessment. |
| 1.9 | The history of previous involvement is read, understood and used to inform the current thinking and a chronology of significant events completed. |
| 1.10 | Assessment tools are used where appropriate, their use is identified in recordings and the resultant analysis is used clearly in the assessment. |
| 1.11 | Risk, strengths and protective factors are identified, analysed and assessed with rationale for the decisions made. A good assessment will include the child’s history, current behaviours and view of the world, and indications of what the future holds. |
| 1.12 | The assessment provides evidence for the findings, all sources of information are identified and there are clear recommendations, including future work or no further action, referral to other agency. |
| 1.13 | Assessments should be written in a way which makes them easy for the child and their family to understand. The child and their family should be able to see the professional judgment of the assessor and understand how they have reached the judgment. This should include the tools used to gather information, the evidence gathered and the knowledge used to inform analysis. |
| 1.14 | If the assessment is no further action (NFA) from the statutory children’s service, due consideration should be given to stepping down to Early Help and Targeted Services with a clear plan of work, an appropriate referral and introductions in a professional handover meeting. |
| 1.15 | Letters will be sent to families and professionals to inform them of the outcome of the assessment, if the case is to be closed or will be supported by other agencies, or if step down, who the contact or lead professional will be. |
| 1.16 | The assessment is read by the manager, and comments and feedback provided as part of the authorisation process |
| 1.17 | The assessment is shared openly with the child and family and their feedback sought and their views recorded. |
| 1.18 | The professional referrer is informed of the outcome of the assessment |
| 1.19 | A transfer or closure summary should be recorded on the child’s file and be authorised by the manager. |
| 1.20 | Effective case transfers will comply with the practice standards as set out in Newham Council transfer policy; a joint visit to the family by both social workers must take place and where possible prior to case transferring. The allocated Social Worker or Practice Leader also needs to attend the in-taking POD Group Supervision/Team meeting either before or shortly after the case transfers. The receiving team will ensure that their contact details are provided to the child; their family and all agencies involved supporting good communication. |
| 1.21 | Where it is assessed that a disabled child requires a statutory service, cases will follow the same pathway as any other child. Where it is assessed that a disabled child does not require a statutory plan but does require a level of support, this will be managed by a social worker in the 0-25 service in accordance with 0-25 service procedures.  Reviews of the assessment will take place at a frequency determined by the 0-25 service procedures. |

**Standard 2: Investigation and Initial Child Protection Conference (Section 47)**

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| Standard | Key area |
| 2.1 | The London Child Protection procedures are followed and referenced in records and decisions |
| 2.2 | Concerns of significant harm that indicate a Section 47 investigation is required have been recorded and fully discussed with the manager. The decision to undertake a Section 47 agreed and recorded on the electronic system by the manager. |
| 2.3 | Wherever there is cause to suspect that a child is suffering, or is likely to suffer significant harm, a strategy discussion is undertaken within 24 hours. This will be in the form of a meeting where possible. This should involve all relevant agencies such as police, health, education and other bodies such as the referring agency. The fostering service should be involved if the child is looked after. The plan for the enquiries and decisions from the strategy discussion will be recorded. If no face-to-face meeting is held, this needs to be recorded and authorised by the manager. |
| 2.4 | An interim plan will be considered and put in place that includes the plan for the enquiries, which must include arrangements for seeing the parents and child/ren. |
| 2.5 | A safety plan has been agreed and recorded |
| 2.6 | Contact being withheld for parents during Child Protection enquiries is assessed, reviewed and lawful |
| 2.7 | Checks with all relevant agencies have been undertaken and recorded |
| 2.8 | An assessment is the means by which the Section 47 investigation will be undertaken. |
| 2.9 | The child has been seen and spoken to alone and their presentation, views, wishes and feelings recorded. All siblings in the house will be seen and spoken to alone and their safety and needs considered as part of the investigation. |
| 2.10 | The history has been read, understood and used to inform the current investigation |
| 2.11 | Risks have been identified and analysed using recognised risk assessment tools e.g. Graded Care Profile, CSE risk toolkit. |
| 2.12 | The strengths of the family have been considered and used to inform decision making |
| 2.13 | The investigation concludes following evidence based assessments and a judgement about the level of risk of harm and whether it is significant in order to determine the action required to safeguard the child. |
| 2.14 | The outcome has been discussed with the manager and a management decision is recorded (with rationale) in relation to the next stage i.e. NFA, step down, CiN, ICPC, LAC, pre-proceedings or issuing proceedings. |
| 2.15 | The ICPC is convened within 15 days of the strategy discussion where the Section 47 was agreed |
| 2.16 | Where a child is unborn, the ICPC will take place no earlier than 17 weeks gestation; usually from 21 weeks gestation |
| 2.17 | Concerns are referred to the Local Authority Designated Officer where appropriate, due to the parent/carer being in a position of trust. |

**Standard 3: Reports to ICPC**

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| Standard | Key area |
| 3.1 | The report to ICPC must include a summary of the reason for referral and information analysed as part of the investigation |
| 3.2 | The report to ICPC must include a chronology of significant events including risks, strengths and protective factors |
| 3.3 | The report to ICPC must include the child’s current and past developmental needs |
| 3.4 | The report to ICPC must include the parents’ capacity and capability to keep the child safe from harm and to respond to needs |
| 3.5 | The report to ICPC must include the child’s voice, views, wishes and feelings |
| 3.6 | The report to ICPC must include analysis of the risk and protective factors, the impact on the child and the understanding of the parents in these factors |
| 3.7 | The report to ICPC must include a summary of what needs to change to keep the child safe |
| 3.8 | The report will be shared with the family at least 2 days prior to the conference and their comments recorded |
| 3.9 | The report will be sent to the CP chair at least 2 days before the conference. |
| 3.10 | The parents will be prepared and supported for attending the conference |
| 3.11 | Consideration should be given to whether the child should attend for at least part of the conference. If it is not considered appropriate for the child to attend then an advocate should be supported to attend to represent the child. |
| 3.12 | The CP chair will also independently seek the child’s views |
| 3.13 | The outline child protection plan devised as part of the Strengthening Families model at the conference will address what needs to change in order to protect the child and achieve the outcomes. |
| 3.14 | The CP chair will set the date of the next conference and the date of the core group, together with the membership. This meeting will take place within 10 working days of the conference. The CP chair will be responsible for escalating any non-engagement by partners in the child protection process to the Safeguarding and Practice Improvement Service Manager within the CP Conference Service in accordance with the escalation policy |

**Standard 4: Working with children subject to a child protection plan**

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| Standard | Key area |
| 4.1 | Following the ICPC, the outline child protection plan and the allocated worker are recorded immediately on the electronic system by the CP administrative team |
| 4.2 | The first core group is held within 10 working days of the conference and is used to put detail on the outline CP plan, agree outcomes to be achieved, set realistic targets to monitor progress, and ensure that the family and child understand the plan and what it means. No jargon should be used and the plan should be SMART (Specific, Measurable, Achievable, Realistic and Time-bound) |
| 4.3 | Visits to a child subject to a child protection plan will take place at least every 10 working days at the home and the child is seen and spoken to alone at each visit. Children can and should be seen more frequently if the case demands and there should be unannounced visits in addition. |
| 4.4 | Visits are purposeful, focusing on the identified risks and the recommendations in the child protection plan. The purpose of a visit is to safeguard the child, ensure the welfare of the child, meet statutory responsibilities, address specific issues, work directly with the child, assess the home environment and inform planning for the child. |
| 4.5 | Before a visit takes place, consideration should be given to whether the visit should be announced or unannounced. If the visit is to be announced, the time and date will have been agreed with the family or carer and the child. |
| 4.6 | Visits are underpinned by respect and trust. This means practitioners turning up when they say they will, being on time and not cancelling visits at the last minute. |
| 4.7 | After the visit, it is clarified what actions have been identified, the date it needs to be done by, who needs to be contacted and how to check it has been done. Any changes to a child’s plan are identified and recorded. A date is set for the next statutory visit within timescales. |
| 4.8 | Visits should be recorded on the electronic system within 3 working days. |
| 4.9 | If a child is not seen and/or not seen alone, the manager must authorise the reason for this and make an assessment with regard to risk, together with action to be taken. When a parent refuses access to a child on a CP Plan this must be escalated to a senior manager and consideration given to bringing forward the Review Child Protection Case Conference. |
| 4.10 | The child’s wishes and feelings are regularly ascertained using direct work tools and their perception about whether things are improving for them recorded. What is it like for the child living in this family? The child’s voice should be evident in all recordings of visits. |
| 4.11 | Work with parents is collaborative and not punitive. They should be helped to understand the risks and what they can do to reduce them. |
| 4.12 | The role of fathers, estranged parents and any partner living in the home continues to be properly assessed and understood |
| 4.13 | Home conditions are assessed at home visits and the kitchen, toilets/bathroom and bedrooms checked, especially where neglect is an issue. This is part of the child protection plan and should be clearly explained to parents at the first core group and reiterated thereafter. Clarity of acceptable standards is agreed with the social worker and the family. |
| 4.14 | Following the first core group being held 10 days after conference, core group meetings are convened at least six weekly thereafter |
| 4.15 | At each core group meeting the multi-agency plan is reviewed against the targets and outcomes set. The record of each core group meeting is shared with the family and all professionals involved in the plan. |
| 4.16 | Reports for a review child protection conference will be prepared at least 5 working days before the conference, shared with the parents and child and their views recorded on the report |
| 4.17 | Reports for a review child protection conference will be shared with the CP chair at least 5 working days before the conference. |
| 4.18 | Reports for a review child protection conference will outline the original concerns, the progress against the CP plan and concisely update the conference members on the current situation for the child and family. |
| 4.19 | Consideration should be given to whether the child should attend for at least part of the conference. If it is not considered appropriate for the child to attend then an advocate should be supported to attend to represent the child. |
| 4.20 | Progress of the CP plan is regularly reviewed in supervision and progress recorded. If progress is not being made, what is the barrier to this and what is the contingency and timescales? |
| 4.21 | Legal planning will be fully considered when a child becomes subject to a CP plan. If the required changes have not been met by the third conference, consideration will be given to presenting the case to a Legal Planning Meeting by the Practice Leader and Service Manager and the family informed. |
| 4.22 | Any child referred for a Legal Planning Meeting will be presented by their social worker and manager and a timescale agreed for entering pre-proceedings or issuing proceedings will be given where threshold is met |
| 4.23 | The timescale for pre-proceedings from the date of the Letter before Proceedings first pre-proceedings meeting is 12 weeks unless a further period is agreed through the review of pre proceedings process. |
| 4.24 | Consideration for an FGC should be made at the first review child protection conference |
| 4.25 | All children subject to a CP plan will have an updated C&F assessment at a minimum of 12 monthly |

**Standard 5: Working with Children in Need (CiN)**

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| Standard | Key area |
| 5.1 | An assessment has been completed that indicates that a child requires a CiN service to promote their safety and wellbeing or a child is no longer subject to a child protection plan but requires a CiN plan to continue the work to promote the child’s safety and wellbeing, and ensure sustainability in the future. |
| 5.2 | If a child protection plan is ended the chair of the CP conference will ensure that there is an outline CiN plan, identify the professionals involved, their roles and responsibilities and set a CiN meeting within 10 working days which will be chaired by the allocated social worker. |
| 5.3 | 5.3 If the first CiN meeting is convened following assessment the CiN meeting will be chaired by the assessing social worker. |
| 5.4 | Subsequent meetings to review the CiN plan will be chaired by the allocated social worker (unless an ASYE or student). The Practice Leader will chair 6 month reviews. The CiN meeting should be held in an environment that makes sure the family and child can easily attend e.g. family home, school, or children’s centre. |
| 5.5 | Consideration should be given to whether the child should attend for at least part of the CiN meeting. If it is not considered appropriate for the child to attend then an advocate should be supported to attend to represent the child. |
| 5.6 | The CiN plan should be SMART (Specific, Measurable, Achievable, Realistic and Time-bound) and focused on improving outcomes for the child. The plan should be multi-agency and be agreed at the first CiN meeting. Plans should also include a contingency in the event that outcomes are not achieved. |
| 5.7 | The plan will include working with the strengths in the family. Progress will be measured to help the family and professionals working with them understand how things are improving |
| 5.8 | Following the first CiN meeting, meetings to the review the CiN plan will be held at a minimum of every 6 weeks. At the 6 month review meeting chaired by the Practice Leader, consideration should be made as to whether escalation to child protection is required if satisfactory progress is not being made. |
| 5.9 | Decisions and minutes from the CiN meeting will be recorded on the electronic system by the social worker, within 5 working days |
| 5.10 | Everyone involved in the CiN meeting will receive a copy of the CiN plan within 10 working days |
| 5.11 | A child subject to a CiN plan will be seen at least every 4 weeks. Children can and should be seen more frequently if the case demands as directed by the Practice Leader. |
| 5.12 | The progress of the CiN plan should be monitored through supervision that takes place monthly. A supervision record of progress and barriers to progress will be recorded on the child’s file. |
| 5.13 | All children subject to a CiN plan will have an updated C&F assessment at a minimum of 12 monthly. |

**Standard 6: Children Looked After**

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| Standard | Key area |
| 6.1 | When a child becomes looked after, an up to date assessment of their needs should be in place (C&F assessment or UASC Age assessment). This assessment will inform the selection of a placement in meeting the child’s needs. Placement with siblings will be taken into account when planning a placement. If the admission into care is an emergency/unplanned, the assessment will be completed within 15 working days |
| 6.2 | Children will be placed in accordance with the Newham Council placement protocol and procedures, This includes ensuring all out of area procedures are followed when young people are placed outside of Newham. This should include obtaining the authorisation of the Director when the child is placed out of area. |
| 6.3 | When a child needs to come into care, a placement with family and/or friends will be considered and Regulation 24 Temporary Approval sought from a Agency Decision Maker, in line with Newham Council Connected Carers policy and procedures. A referral should be made to the Service Manager for Fostering and Adoption when a child is placed with a family member/friend. |
| 6.4 | Consideration of a Family Group Conference will be part of the assessment and planning; if this does not take place, the manager will record the decision with rationale |
| 6.5 | When a child is placed, the social worker will complete a care package form on the electronic recording system, within 24 hours of placement. This would also apply where there is a change or ending of a placement |
| 6.6 | The child will be visited within one week of coming into care or having a change in placement. Visit to be recorded on the electronic system within 5 working days |
| 6.7 | When a child is placed, all the information needed to care for the child (including family history and a view on the vulnerability of the child) will be shared with the foster carer or residential provider immediately at the point of placement |
| 6.8 | The placement meeting will be held within 5 working days to agree how the placement will meet the child’s needs |
| 6.9 | For older children, the risk of going missing and child sexual exploitation and/or the risk of criminal exploitation will be considered and a safety plan agreed and recorded to reduce the likelihood of this |
| 6.10 | The child’s needs in relation to race, ethnicity, language, communication, disability, gender, sexuality will be taken into account and recorded |
| 6.11 | Arrangements for contact with parents and other significant family members will be made at the time of the child coming into care. The child and the family will be provided with written information in regards to the contact arrangements |
| 6.12 | Contact will be in the best interests of the child, and supported and supervised as necessary |
| 6.13 | An initial health assessment will be requested and carried out within 20 working days of coming into care. The child will be taken to the dentist within one month of placement. |
| 6.14 | A Personal Education Plan (PEP) meeting will be arranged with the school/nursery (or NEET PEP where appropriate) within 10 working days of coming into care. Reviews of the PEP will take place termly thereafter. |
| 6.15 | The child will be visited within one week following placement and thereafter at intervals of no more than 6 weeks thereafter. After the first year in placement, where the child’s placement is assessed as stable, permanent and where the allocated social worker has been consistent in the child’s life; with the agreement of the child, carers and the IRO a recommendation may be made to the Head of Service to reduce the frequency of visiting to no less than three monthly. Visiting frequency would need to increase if the child’s needs required it or increased visits were requested by the child; carer or IRO. |
| 6.17 | There are exceptions to this visit frequency:   * If a child is placed with parents pending assessment, visits must take place at least once a week until the first review, thereafter at intervals of not more than 6 weeks * If the child is living with parents under an Interim Care Order, visits must take place at least once a week until the first review, thereafter at intervals of not more than 4 weeks * If the child is placed with parents under a Care Order, within one week of the Care Order, thereafter at intervals of not more than 6 weeks * If the child is placed with a Connected Carer under Regulation 24 Temporary Approval, visits must take place at least once a week until the first review, thereafter at intervals of not more than 4 weeks * There should be a statutory Review at least 4 weeks before temporary Regulation 24 approval ends, to ensure that the connected Person’s Assessment is progressing to timescale. * If a child is subject to a Placement Order is placed in an adoptive placement, the child should be visited within the first week of placement and then weekly until the first review, thereafter the frequency of visits will be determined by the Adoption Review, or if not specified, every 6 weeks for the first year, and after this if agreed through the LAC review process a frequency of no less than 3 monthly basis. |
| 6.18 | Visits may need to be made more frequently at different points in a child’s journey in care and should be based on developing a positive and meaningful relationship with the child. |
| 6.19 | An up to date care plan should be recorded on the electronic system within 10 working days of placement and will be SMART (Specific, Measurable, Achievable, Realistic and Time-bound). The plan should include the child’s needs, consider intended outcomes and placement, and service provision that is needed to meet the child’s needs. The plan must also include the child’s wishes and feelings and address how the child has experienced the process of coming into the care of Newham Council. |
| 6.20 | At the point of the second review (if not in proceedings) the child must have a permanency plan included in their care plan. If the child is subject to proceedings the permanency meeting should be held immediately following the first review. |
| 6.21 | The aspiration of young people in our care, including their interests, views on careers, and how they want their lives to develop should be included in the care plan from early teens. This should ‘grow with the child’. |
| 6.22 | A pathway plan will be started when the young person is 15 years and 3 months and will be reviewed by the IRO as part of the statutory review by the young person’s 16th birthday. |
| 6.23 | When a young person begins transitions into the care leaving stages, there will be:   * An up to date pathway plan * An updated key events chronology * A genogram * A birth certificate * A National Insurance number (applied for at 15 years old) * A passport * A bank account * Immigration status * Staying Put should be the preferred option; Liaison with Care Leaving services to consider future engagement and housing opportunities as an alternative. |
| 6.24 | Depending on the age of the child, they will be encouraged to participate in their Looked After review and planning for that review. If it is not considered appropriate for the child to attend the review then an advocate should be supported to attend to represent the child. The child will be given the opportunity to speak to the IRO on their own. |
| 6.25 | Parents will be encouraged to participate in the review process where possible and their views recorded |
| 6.26 | The IRO will contact the child between reviews to ensure progress is being made on the plan, to gather the child’s views and what is going well for them, and if there are any issues for the child to express (see also standard 7; role of the IRO. |
| 6.27 | If a placement is at risk of breaking down, a disruption meeting will be held and chaired by the principle IRO, to look at ways to maintain the placement or seek an alternative placement that will better meet the needs of the child. |
| 6.28 | In the event that a child is returned to their parents this placement must be part of the Care Plan, upon the recommendation of a Looked After Review. If the child has previously suffered significant harm when living with the parent and continues also to be the subject of a CP plan, the placement may only be authorised upon the recommendation of a CP Review Conference.  If the child remains the subject of a Care Order the Placement with Parents Regulations must be followed  <https://newhamchildcare.proceduresonline.com/contents.html> |
| 6.29 | The recommendations of the Looked After Review (and Child Protection Review Conference where applicable) will then be sent to the Director of Operations together with the Care Plan and proposed Placement Plan and written report. |
| 6.30 | The Director of Operations must be satisfied that:   * The child’s wishes and feelings have been ascertained and given due consideration; * The assessment of parents’ suitability to care for the child has been completed; * The placement will safeguard and promote the child’s welfare; * The IRO has been consulted.   If approval is given, consideration should be given to whether the Care Order is still required. Newham and the parents may agree to apply to discharge the Care Order, and if so, such an agreement must include the level of support and supervision to be provided by Newham. |
| 6.31 | The child’s social worker must visit the child in the placement within one week of the placement and thereafter every six weeks. If the child is placed with parents pending assessment, social work visits must take place at least once a week until the first Looked After Review, thereafter at intervals of not more than six weeks. |

**Standard 7: The role of the Independent Reviewing Officer (IRO)**

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| Standard | Key area |
| 7.1 | The IRO will ensure that the child is at the centre of all that they do, and ensure the child’s wishes and feelings are given full consideration |
| 7.2 | The IRO will be satisfied that the placement planning meeting meets the individual needs of the child |
| 7.3 | The child will know who their IRO is, and how to contact them |
| 7.4 | The IRO will ensure that at each review there is necessary information available to ensure that clear, robust and informed judgements are made regarding the progress of the care plan |
| 7.5 | All care plans and decisions will have a timescale attached that meets the child’s needs as well as a named person to implement the action. The IRO will proactively monitor the progress of the care plan and the implementation of review discussions |
| 7.6 | The IRO will challenge where there is drift in the child’s care plan and will escalate in accordance with Newham’s escalation policy. The IRO will undertake a mid-point conversation with the child’s social worker to ensure the plan is being progressed. |
| 7.7 | The IRO will be satisfied that the child has a permanence plan by their second review |
| 7.8 | The IRO will be satisfied that Newham are meeting care planning regulations and fulfilling their role as corporate parents |
| 7.9 | The IRO will determine whether a review should be convened when there is a significant change/event |
| 7.10 | The IRO will engage with the child’s Guardian in line with CAFCASS protocol |
| 7.11 | The IRO will provide both positive and constructive feedback to all stakeholders to achieve good outcomes for children |

**Standard 8: Permanence**

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| Standard | Key area |
| 8.1 | There will be no delay in securing permanence for a child |
| 8.2 | A permanency tracking meeting will take place following the first LAC review. The meeting tracks key activities that are required to achieve permanency through parallel planning for reunification, kinship placement (including the use of FGC), adoption or long term fostering. At each meeting timescales are set and the case is reviewed according to the needs of the case, i.e. where there is a concern about drift or delay cases may be discussed monthly and when there is evidence that tasks are in hand, a longer period between reviews is agreed |
| 8.3 | All permanency options have been explored and a permanence plan is in place for the child by their second LAC review. |
| 8.4 | Where the permanence plan is for adoption, a referral will be made to the adoption team in order that an adoption link worker can be allocated to support family finding and placement |
| 8.5 | The permanence plan will clearly identify timescales for achieving permanence and will be reviewed a minimum of three monthly and at each LAC review. |
| 8.6 | Permanency Panel will consider the case after the final hearing of court proceedings or to review long term section 20 arrangements. The panel will consider confirmation of permanence arrangements in long term foster care; Connected Carers placements; Staying Put arrangements; placement with parents and also where a change of care plan away from adoption is required. |
| 8.7 | A Best Interest decision will be made no later than 6 months from the date that the child started to be looked after, in accordance with the Court process |
| 8.8 | The child will be matched with a family no later than 10 months from the date that they started to be looked after, in accordance with the Court process |
| 8.9 | The child will move to their permanent home no later than 14 months from the date that they started to be looked after, in accordance with the Court process |
| 8.10 | Where the permanence plan is for adoption, the child’s permanence report (CPR) will be fit for family finding and providing information to the adopters to provide a forever family, and to enable the child to understand the reasons for their adoption in later life |
| 8.11 | Life story work will be undertaken in a timely and meaningful way to ensure that children who are adopted have a clear sense of who they are and the circumstances that led to their adoption |

**Standard 9: Care Leavers**

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| Standard | Key area |
| 9.1 | A young person’s pathway plan will be reviewed at their LAC review from their 16th Birthday until they are 18 years old. |
| 9.2 | In the event that a young person aged 16/17 returns home and becomes a relevant care leaver, this arrangement should be authorised by the Director and their Pathway Plan will be reviewed every 6 months until such time as they are assessed as successfully rehabilitated home. |
| 9.3 | The pathway plan will address:   * Accommodation * Education, Training and Employment * Finance * Health * Independent living * Identity * Family |
| 9.4 | Care Leavers will continue to have a qualified social worker with Newham until the age of 18. A Personal Advisor from the Leaving Care team will be allocated to work alongside the social worker from the young person’s 16th birthday |
| 9.5 | From the age of 18 years, contact with care leavers will take place at minimum intervals of 8 weeks, unless the frequency is changed and authorised by the manager and is meeting the young person’s individual needs |
| 9.6 | Social workers will support the Staying Put initiative and all young people who remain in their placement will have this reviewed at their LAC reviews together with any financial implications |
| 9.7 | All Care Leavers will be encouraged to engage with health services and will be supported in accessing any specialist services, including mental health, substance misuse and counselling |
| 9.8 | All young people who have physical/learning/mental health disabilities should be referred to Adult services for moderation at their 17th birthday |
| 9.9 | Where there are concerns about a young person’s individual needs arising from a disability or mental health problem but the case does not meet the criteria for a direct transfer to adults social care, the case will be presented to the Transition Forum for consideration and agency coordination to secure good outcomes for the young person |

**Standard 10: Early Help and Targeted Services**

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| Standard | Key area |
| 10.1 | An Early Help assessment will be completed with permission from the family. If the family decline the support offered, the case will be closed unless threshold is met for step up to statutory social care |
| 10.2 | The relevant manager/team leader will authorise all early help closures and any further actions |
| 10.3 | The Early Help assessment will be carried out within 6 weeks of referral, with a robust analysis of the issues. |
| 10.4 | The Early Help assessment will be shared with the family and their comments recorded |
| 10.5 | An action plan will be devised for and with the family and professionals. The plan will be SMART (Specific, Measurable, Achievable, Realistic and Time-bound) and will clearly identify the lead professional |
| 10.6 | Visits to the family will take place weekly |
| 10.7 | Early Help reviews will be held every 6-8 weeks and the plan updated. Updated plans will be shared with the family and professionals within 10 working days |

**Standard 11: Case Recording**

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| Standard | Key area |
| 11.1 | As part of the planning with children and families, any event or contact is recorded within 3 working days. However if the information is urgent it must be recorded immediately or within 24 hours, depending on the nature and urgency of the information and the need for it to be available to other practitioners e.g. out of hours. |
| 11.2 | Records will clearly show when a child has been seen, spoken to and their wishes and feelings included |
| 11.3 | The voice of the child should be central to all case recording |
| 11.4 | Any direct work or assessment tool will be uploaded to the electronic system with a summary/ analysis to inform assessment and planning |
| 11.5 | If interpreters, specialist workers or communication tools are needed/used, this is clearly recorded |
| 11.6 | Records tell the story of the child’s journey and the purpose and outcome of any contact is clear and analysed |
| 11.7 | Facts and opinion are distinguished in recording, and any relevant research or tools used identified |
| 11.8 | All records are respectful of the child and their family and their education, communication, language, cultural, gender, sexuality, disability and diversity needs |
| 11.9 | Where information is provided by other professionals, or family or friends, the records identify that person’s name and contact details and their relationship to the child |
| 11.10 | Management oversight is recorded on the electronic system, including case discussions, supervision, management decisions and authorisations, together with the rationale for decision making, in accordance with Newham Council supervision policy |
| 11.11 | A record is made when audits are undertaken and actions recorded on the electronic system with timescales for action and response |
| 11.12 | A case summary is recorded at a minimum of 3 monthly intervals with a management analysis of the case and outcomes achieved |
| 11.13 | A closure/transfer summary will be completed on all cases and authorised by the manager |