**Practice checklist**

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| **Risk is recognised in terms of safety or wellbeing; responded to and reduced** |
| **Risk is recognised:** |
| **Recording is accurate, names and addresses are up to date. Identity checked.** |
| **Chronology** up to date providing a simple summary of significant events, changes in circumstances |
| **What are we worried about: Assessment** up to date: captures risk and protective factors. Informed by **history**.  **Analysis**– summarise key risk and protective factors |
| **Additional risk assessment tools used – domestic violence – neglect – strengths and difficulties questionnaire – CSE risk tool.** |
| **Risk is responded to:** |
| **What needs to happen**: Assessment is reflected in a plan that is updated. Safety goals/ outcomes for the child reflect key risks and are captured in the plan which is specific; measurable; attainable; relevant and safety goals have timescales for delivery. In this way you produce a purposeful plan that gives pace to the work. Bottom line is clear and where appropriate there is a contingency plan  **Assessment and plans constructed with the child and family or carers and evidence they have been shared.** |
| **Chronology and assessment capture key messages from other professionals involved with child and family** |
| **Plan** informs work and an understanding of the child’s day to day experience in their family or placement tests progress of plan. The purpose of visits is to progress the plan. Visits are timely and record impact on plan.  **Specific safety plan** where children at acute risk because or risk of missing exploitation should cover who does what when risk behaviour apparent. |
| **Pathway plan** constructed with young person and up to date. Care leavers have national insurance numbers, birth certificates and passports. Consider driving lessons. |
| There is evidence of **direct work** which includes life story work.  The child’s lived experience is apparent and their views and wishes and worries.  There is evidence that the impact of identity; race; culture; religion; gender and sexuality is understood and taken into account in assessments and plans. |
| **Opportunities are taken to build the child’s resilience** – positive social opportunities – educational achievement – health and healthy living advice – care leavers have health passport – transition to adulthood – independence skills - readiness for work – employability |
| **Permanence Plan in place** to ensure children know where they will live whether this is with family or a permanent placement |
| **Adoption is supported by timely reports and life story work** |
| **Reviews** are supported by and up to **date assessment [this is PMR] and draft updated plan** for discussion. Children **participate** in reviews in a way that works for them at least complete participation document with SW or carers help.  The child’s need for contact with parents; grandparents; siblings or significant others is recognised and addressed. |
| **Feedback from children and families inform practice and service development** |
| **Reunification** with family or extended family is actively considered and pursued. Is supported by thorough risk assessment and CIN plan during and following return home. |