



Signs of Safety

Practice Framework and
Expectations Handbook



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1 | Introduction

Northumberland has adopted Signs of Safety as its practice model, which will be used across the whole of Children’s Social Care from April 2021. This handbook sets out what is expected of you, so that everyone is clear about what good Signs of Safety practice looks like.

This handbook follows Signs of Safety training being undertaken by the majority of staff and has been produced by and in consultation with practitioners and their managers across different service areas to make sure it is relevant, clear, and applicable.

The handbook sets out the vision of the service and what we want to achieve. It goes on to explain how the Signs of Safety model will fit across all our teams in our service, whether you work in Early Help, Leaving Care, or a Residential Service. It explains the different terms that are associated with the model that you will come across as you are using Signs of Safety or as you are working alongside practitioners that are using it on a day-to-day basis, so there is a common language and understanding amongst everyone.

The practice expectations and bottom lines for each service have been written by practitioners and agreed by their managers and senior managers. We

hope that this section will be used by practitioners and their managers as a working document to guide you in day-to-day practice. The practice expectations and bottom lines are aligned to the core principles of Signs of Safety as well as Northumberland’s Leadership Pledge.

It is important to remember that whilst Signs of Safety is the practice model that Northumberland has adopted across all areas of the service; this does not negate the statutory duties that we have. Signs of Safety is there to support practitioners to carry out their statutory duties in a way that brings to life the principles of the Children Act 1989, specifically that those involved in providing services and work “in partnership” with families and children who may need support.

Practitioners working in Northumberland using the Signs of Safety practice model are encouraged to think about children and their families rather than cases so should use language that reflects this.



2 | What we want to achieve

We want all our children and young people to be happy, healthy, and safe, and to be able to live a life that is full of fun and opportunities to learn and develop. Where possible, we want to support our children and young people to remain with their families within a loving, caring, safe and stable environment. When children are unable to remain in the care of their families, we want to ensure they are found a permanent home as soon as possible.

We want to always put children and young people first in everything that we do. Best practice is child-focused, solution-orientated, respectful, and inclusive of families, and this is what we want to achieve through adopting the Signs of Safety practice model in Northumberland.

We believe that using Signs of Safety will support us to improve our practice and make it better. Through working together in partnership with families and our partner agencies, we will be able to achieve strong and sustainable outcomes for children, young people, and their families, whilst empowering both our families and our professionals.

There is a clear evidence base that shows Signs of Safety is an effective practice model that can achieve better outcomes for children, young people, and families. The approach has been widely commended by Ofsted.



Qualitative and quantitative evaluation and research, and data from organisations which have already implemented Signs of Safety around the world, has shown that using the practice model can result in:

- Better and more focused relationships with families
- Families feeling more empowered, and are more able to understand and address the concerns of professionals
- Practitioners are clearer on what the worries or risks are, and what is expected of everyone, resulting in better decision making for families
- A more individualised approach for families
- Improved working between practitioners
- Reduction in the number of children brought into care
- Reduction in the time families are open to social care
- Increased job satisfaction across the social care workforce

3 | Glossary of terms

One of the issues within social care practice is the amount of professional jargon that we use. One of the Signs of Safety values is that clear, simple, and understandable language is used with families as this helps them to fully engage with the support offered. Signs of Safety has its own terms that you may not be familiar with so we have included a glossary to make sure that everyone understands and is using a common language, alongside other terms that you will be familiar with working in social care.

Appreciative Inquiry:	A line of questioning that purposefully focuses on what has gone well and brings about an understanding about how this has been achieved through reflective questioning in order to support learning and development for the future.
Bottom lines:	Create more flesh on the agency goals to set out the context and clear parameters to engage the family members and network in a realistic/fair conversation about what the plan looks like and what services will see that the plans need to involve. The easiest way to distinguish between what constitutes goals and what are professional bottom lines is think of the difference between what and how. The goal should articulate 'what' must be achieved; the bottom line requirements are the professional conditions of 'how' this must be achieved.
Care Team Meeting:	A meeting that brings together the family and their network and professionals, in order to review the impact of the Child in Need plan, or the child's plan if they are a child looked after.
Case Mapping:	A process where information is considered and analysed across the 7 Signs of Safety analysis domains (harm, danger, complicating factors, strengths, safety, safety goals and next steps).
Core Group Meeting:	A meeting that brings together the family and their network and professionals, in order to review the impact of the Child Protection plan.
Danger Statement:	A clear, jargon free statement setting out what we are worried about and what will be the impact on the child if nothing changes, where there are worries about the child's safety.
Direct work plan:	A plan detailing the direct work sessions that will be completed with the child and family in order to support them to achieve the goals.
EARS:	<p>The EARS process is a useful questioning model to help turn questions into conversations. Practitioners should use this questioning approach any time they are seeking information or to understand a situation more clearly.</p> <ul style="list-style-type: none"> E Elicit first question: allows the person to choose a situation. A Amplify behavioural detail uncovers the detail (who, what, when, where, and how). R Reflect meaning, helps the person process their meaning of the behaviour. S Start over: ask another question.

Family finding tools:	A set of strategies and tools, values and beliefs developed by Kevin A Campbell. The approach is mandated by United States Federal Law for all children and young people in foster care or at imminent risk of placement in the care system and has been recognised as best practice when using the Signs of Safety approach.
Family Network:	This is the people in the family's life that are important to them and to the children like grandparents, aunts, uncles, and close friends. All safety goals need to identify a safety network. This network of family and friends work with the family to provide ongoing support after the case is closed to Children's Social Care.
Family Network Meeting:	A meeting attended by the family's naturally connected network whereby the practitioner facilitates the family and their network to develop a safe plan for the child.
Fire Drills:	An effective way to make sure children, parents, and network members understand and follow the plan rules that have been created, to creatively rehearse the plan. These rehearsals might include having parents or children call network members to see if they really will come over as promised, having children move their safety object to see if parents and network members notice and respond, or having a network member or someone else ask a parent to break a rule in the safety plan (while also stopping them from doing so, if necessary) to find out if the parent has enough strength and support to follow the rule.
Genograms:	A visual family tree that is developed with the family, that explores relationships, history, values, and beliefs.
Group Supervision:	A facilitator, supported by an advisor, leads a practitioner and several observers/ participants through the process of developing a genogram, sharing information about the situation, and developing danger statements, safety goals and best questions. The purpose of this is to reflect, practice skills and develop next steps. This can be adapted to all areas of the service, using Signs of Wellbeing or Signs of Success.
Harm Matrix:	A tool used to help practitioners think through harm and analyse the impact on the child. The matrix can be used to record information and to create best questions to gather the information required to understand the situation better.
Mapping with a Family:	The assessment process whereby the practitioner engages the family by asking questions in order to gather information and consider and analyse this with the family, across the 7 analysis domains.
Picture Exchange Communication System' (PECS):	A tool that enables people with little or no verbal communication to communicate using pictures. It enables people to communicate a thought, request or anything that can reasonably be displayed or symbolised on a picture card.
Safety Circles:	A tool that helps parents or carers to identify people that could be in their network. This tool can be used with any family you are working with.
Safety Goal:	A clear, behaviourally specific, jargon free description of what we need to see to know the child is safe enough to end our involvement, and what the members of the family or network will be doing that will tell us that the child is safe.

Glossary of terms

Safety Journal:	The safety journal is a tool used to document the things that are being done to create safety. It can be a place for network members to document doing what they agreed to do, documenting whether the rules of the safety plan are being followed, or not followed, documenting that they have looked for triggers or red flags, and/or documenting that the safety object is in place, or not. The safety journal should be used every time when there is a family led plan in place.
Safety Plan:	The plan that the family develops setting out what everyone in the family will do on a day-to-day basis to keep the child safe, even when things become difficult.
Safety Planning:	The process of engaging the family and their wider network through a series of questions in order to support them to develop a safety plan for the child. The safety plan must address each danger or worry statement.
Scaling Question:	A question that asks someone to rate something on a scale of 0 to 10, where the 0 and 10 are clearly defined.
Solution-Focused questions:	A range of questions that enable conversations about problems/difficulties to be discussed in a way that opens possibilities for change by identifying the things that are working and the things that would need to be different for the problem to be resolved.
Team Around the Family Meeting:	A meeting in the Early Help Service that brings together the family and their network and professionals, in order to review the impact of the plan.
Three houses work:	A tool for working with children to help them identify their worries, the things they feel are going well and the things they would like to be different. This helps practitioners understand and explain the views of children and young people to the important people in their lives.
Trajectory:	The trajectory sets out where we start and where we want to get to. When practitioners can provide a clear, timetabled trajectory about the requirements they have and how long it will take, this typically makes a huge difference for parents and family members. The timetabled plan make the expectations more concrete and gives parents more hope.
Words and pictures work:	A specific piece of work that helps children understand what the adults involved are worried about and what everyone is doing to sort out those worries, in the form of a storyboard for the child. The words and pictures story board is developed with the parents and the parent shares this with the child.
Worry Statement:	A clear, jargon free statement setting out what we are worried about and what will be the likely impact on the child if nothing changes, where there are worries about a child's wellbeing.
Wellbeing Goal:	A clear, behaviourally specific, jargon free description of what we need to see to know the child is healthy and well so that our involvement can end. This will include what the members of the family are doing that will tell us that the child is healthy and well.

4 | Signs of...?

Munro, Turnell and Murphy (2006) note that one of the most important developments in the Signs of Safety innovations project was to expand the approach to fit across the whole service. In Northumberland we have talked about how some of the terminology e.g. Danger Statements and Safety Goals are not always appropriate, e.g. for children who are looked after or a child with a disability. The following tables show which phrases can be used instead, depending on the service area you are working in.

Area of work	Signs of...?
Early Help	Wellbeing
Child in Need	Wellbeing
Child Protection	Safety
Child looked after/Adoption	Success
Leaving Care	Success (or Stability or Independence)
Fostering	Success (or Belonging or Stability)
Children with disabilities <ul style="list-style-type: none"> ■ Short breaks ■ Child in Need ■ Child Protection ■ Looked After Children 	Wellbeing Wellbeing Safety Success

If there are safeguarding concerns relating to a child or young person, regardless of what team they are working with, there will need to be Signs of Safety practice within the child's plan.



Assessment Type	What Are We Worried About?			What's Working Well?		What Needs To Happen?	
	Past	Future	Complicating Factors	Existing Strengths	Existing Solutions	Goals	Next Steps
Signs of Safety	Harm	Danger	Complicating Factors	Existing Strengths	Existing Safety	Safety Goals	Next Steps
Signs of Wellbeing	Wellbeing Concerns (past)	Critical Worries (future)	Complicating Factors	Existing Strengths	Existing Wellbeing	Wellbeing Goals	Next Steps
Signs of Success	Worrying Behaviour (past)	Critical Worries (future)	Complicating Factors	Existing Strengths	Existing Success	Success Goals	Next Steps

5 | Types of meetings

The Signs of Safety approach emphasises the need to foster open, honest, and respectful relationships with families. This means practitioners and other professionals must have difficult conversations with families in a compassionate and respectful way.

In Northumberland, when we arrange meetings to discuss concerns or worries about a child or young person, we will always involve family members in these meetings. The only exceptions to this would be in relation to strategy meetings/discussions or legal planning meetings. In these instances, the family should be aware that a meeting is taking place, unless this would place the child at further risk. The outcome of the meeting should be discussed with the family as soon as possible, after it has taken place.

Thought should be given to the timing of meetings to minimise the number of meetings that family members and practitioners are attending. For example, a review family network meeting may take place at the start of a Team Around the Family Meeting (TAF), Care Team Meeting (CTM) or Core Group Meeting (CGM), with the professionals joining at a later time.



6 Northumberland practice expectations and bottom lines

Our practice expectations and bottom lines are based on the three Signs of Safety principles, which are reflected in our Leadership Pledge.

Signs of Safety Principles	Northumberland's Leadership Pledge
<p>Working relationships are at the heart of practice: being firm but incredibly kind, open, clear, and using clear and simple language to explain the worries.</p>	<p>We will develop and empower our staff: high support, constructive challenge.</p> <p>We will encourage accountability.</p> <p>We will have a clear rationale for decision making.</p> <p>We will provide visible leadership.</p> <p>We will build relationships.</p> <p>We will encourage confidence and humility.</p>
<p>Adopting a stance of critical enquiry: use a questioning approach to analyse, not just gather information.</p>	<p>We will be risk sensible, not risk averse.</p>
<p>Land great aspirations in everyday practice: taking time to understand what life is like for a family and the child or young person; what is their day-to-day experience and how can we build safety plans that build on real life.</p>	<p>We will make things better for children.</p> <p>We will identify opportunities.</p> <p>We will do our very best.</p> <p>We will strive to continuously improve.</p>



Early Help Service

Hub meeting practice expectations:

- We will work with families to make sure that they are supported to come up with their own plans/solutions.
- We will check it is convenient to speak with family members when we call.
- We will ask lots of questions to understand what is happening, to help us understand what support might be available, and record this as a mapping.
- We will always seek the consent of children, young people, and parents to make a hub referral or to speak with other professionals, unless to do so would place the child or young person at risk of harm.
- We will record any discussions we have accurately in our system, which will include a worry statement and a wellbeing goal. These will be shared with the family before the virtual hub meeting.

Short break practice expectations:

- We will identify an available playscheme and send the relevant information to our commissioning service.
- If we need more information, we will ask lots of questions to understand what is happening to help us understand what support might be available and record this accurately in our system.
- We will always check it is convenient to speak with family members if we call.
- We will record any discussions we have accurately in our system, which will include a worry statement and a wellbeing goal.
- We will explain to the family the next steps, so they know what to expect next.

Family team practice expectations:

- We will share the early help service leaflet when we first visit a family to enable families to understand and be clear about what the service offers and how we can provide help and support.
- We always respect confidentiality unless there is a safeguarding concern. We will always seek consent from families we are working with to work with them as well as to share information with their families, network, and professionals.

Family team practice expectations cont'd:

- We will always be respectful towards children, young people, and their families. We will use jargon free language and ensure that children, young people, and families understand the information we share.
- We will ask questions to clarify what we are worried about and what is working well, and the next steps that need to happen and how long for.
- We will complete a genogram and use network finding tools to learn about family relationships and be able to identify the support network for the family.
- We will use the Three Houses (or equivalent) with the child or young person to develop an understanding of their worries, the things they feel are going well and the things they would like to be different.
- We will use a variety of tools in our ongoing work with children, young people, and their families as part of the support we offer to enable the family to move towards their wellbeing goal.
- Words and pictures explanations will be developed with parents and used to help children and young people understand what the adults are worried about and how everyone is working together to help sort the worries.
- The family will be encouraged to involve their network in developing their support plan that will address each worry. We will ask questions to explore the strengths, worries and next steps to support the family to achieve their wellbeing goals.
- We will provide a clear trajectory which gives detail of what the steps will be to achieve the wellbeing goals.
- A case mapping that looks at what is working well, what we are worried about and the next steps will be completed for all cases being considered as a step-up transfer.

Team Around the Family (TAF) Meetings

- When an Early Help Assessment confirms that there are worries about a child or young person, a TAF meeting will be arranged within 6 days of it being allocated to a family worker and is attended by people who are connected to the family.
- We will encourage and support children and young people to participate in TAF meetings.
- We will revisit the family network to ensure that everyone who can support the family is included.
- At the initial TAF meeting, the draft worry statement and wellbeing goal are shared, and refined with the family and their network.
- Bottom lines are kept to a minimum.

Team Around the Family (TAF) Meetings cont'd:

- In each meeting, members of the TAF will be asked to scale the situation from 0-10 in relation to each worry statement/wellbeing goal. Scaling questions will be used to understand the views and experiences of children, young people, and their families to help understand how the support offered is helping to make a difference.
- Through attending TAF meetings, the family and their network will regularly review the family's plan.
- All TAF members will be given a copy of the TAF minutes and plan once these are completed by the lead professional.

Early Help Service Bottom Lines:

- We will consider all the information from what children, young people, parents, and professionals are telling us, in addition to what we observe the child, young person and parents doing in a mapping.
- We will ask the family lots of questions, so we get a clear understanding of the worries and strengths because they are the experts in their own lives. Assessment analysis will include a clear worry statement with a paired wellbeing goal and clear next steps.
- Appropriate explanations and words and pictures will be used to ensure that children and young people understand the worries and what the adults are going to do to sort these out.
- At every TAF meeting the progress and impact of the family plan is mapped with the family and professionals.
- We will use scaling questions with the child, young person, and their family members to consider and understand the child or young person's wellbeing and each person's view of the family situation/impact the TAF plan is having.
- We will carefully prepare our sessions with children, young people, and families by being clear about our aims and purpose.
- Visits and TAF plans will be clear, realistic, and measurable, and the work that will be completed, how and why will be recorded in the next steps.



First Contact

Triage practice expectations:

- When we receive a referral, we will look at the information and ensure, if this is in the child or young person's best interests, that the referrer has spoken to the family about the worries and referral to Children's Services.
- We will look at what we already know about what life has been or is like for the child or young person.
- If the family has been supported by a Social Worker recently, we will try to speak with the previous Social Worker and obtain their views on the referral.
- We will always check basic family details to make sure these are correct.
- We understand that the family may be shocked or upset when we phone them. We will be respectful to them and check they can talk freely when we call.
- We will always call families back if they contact us. We will not leave voicemails on a Friday afternoon which parents will be left to worry about over the weekend.
- We will discuss the worries in the referral with the family, try to understand their views and record their response accurately and fairly.
- We will explore who is helping the family and may seek consent from parents or carers to speak with family members.
- If we are unable to speak with the family, we will consider whether we need to write a letter asking them to call us to discuss the referral and share their views.
- Unless it would place the child or young person at harm, we will always seek consent before speaking with other professionals.
- When we talk to other professionals, we will ask questions that will help us clarify the specific concerns or behaviours we are worried about and try to speak with professionals that know the child or young person, and family best, so we understand the worries clearly.
- If we need to speak to others without talking to parents first, we will clearly record why we have chosen to do this.
- We will explore what supports the family may need to help them at this time, considering whether the family want support/a referral to Early Help services (consent will always be obtained for this).
- We always ask questions to find out about the strengths and safety that exists within the family.

Triage practice expectations cont'd:

- We will map the referral information into what is working well and what we are worried about.
- We will make sure we know what information is factual and what is opinion, and we will record these accurately.
- When a decision is made regarding the referral, we will always explain this decision to the family.
- If the worries mean that we feel a Social Worker needs to be involved to talk to the family further, we will always create a draft danger statement and safety goal, which will be shared with the family.
- We will always share with the referrer our next steps.

Bottom Lines:

- Social Workers ask questions to the referrer and parents that enable us to understand the strengths and the safety that exists in the family.
- Social Workers ask referrers questions that help us understand the past and current harm.
- Social Workers develop danger statements and safety goals for all families. If the family transfer for an assessment this explains the reason this is happening.
- We always feedback the outcome of the referral to the family and the referrer.

MASH (Multi-Agency Safeguarding Hub) practice expectations:

- We will seek to gain consent from parents or carers to speak to other people or professionals to understand what life is like for the child or young person, but we will consider the impact if we needed to override this.
- If we do override the consent of the family, we will record the reason for the decision and give a clear explanation to the family why this decision was made.
- We will explore the concerns with the family and child or young person to understand their perspectives and this will be recorded accurately.

MASH (Multi-Agency Safeguarding Hub) practice expectations cont'd:

- We will share the referral information with other agencies such as the Police, Safeguarding Health, Adults Services and Probation and ask them to share relevant information about the family, to understand what life is like for the child or young person.
- We will consider the information that other agencies share with us and decide if any action is needed, who needs to do this and when.
- All information is stored confidentially and only information we need to know will be requested from other agencies.
- Sometimes if we are really worried, we will have a Strategy Discussion or Meeting with other agencies to decide what next steps should be taken. This will decide if an assessment needs to be completed and who by. Families will be updated straight away with what is decided.
- If a duty visit is needed by a Social Worker, which is sometimes with the police, the time and place will be arranged with the parents or carers, but we would consider the impact of this on the child or young person and if this would put them at risk of harm.
- We will always ask parents or carers who is helpful to the family, and ask if we can share the worries, we have with them, to see if they can help make things a bit safer. We will help the family and their network of helpful people to think of a safety plan, through a network meeting.
- We will ask lots of questions so that we really understand the worries, and all the good things that might be happening. We will do this when we talk to families and when we visit at their home. We will record the things we are told as a mapping.
- We will use mapping to decide what next steps are needed to keep the child or young person safe.

Rapid Family Network Meetings

- In an emergency where the child or young person's immediate safety is a worry, a strategy discussion or meeting will take place. This will include professionals from at least two other partner agencies such as police, health, or education.
- Once the strategy meeting has taken place, the Social Worker will do their best to arrange a rapid family network meeting on the same day. The family network meeting will focus on what needs to happen to keep the child or young person safe for the next X days.
- The meeting will identify who will do what and when about the immediate worries, until a bigger plan can be identified together, later in the assessment.
- If the network is unable to identify a satisfactory safety plan, the Social Worker will explore alternative options including family members, possible people to join a network or a foster placement.

Family Network Meetings

- We use networking finding tools to help families think about the people they know that can help in different ways with the worries.
- The Social Worker will help the family to arrange all the helpful people they know to discuss the worries all together to see who what can do to help at a network meeting.
- At the family network meeting, the draft danger statements and safety goals will be shared with the family and the network, and people are invited to scale the situation from 0-10 in relation to each danger statement/safety goal.
- Bottom lines are the things the Social Worker think have to happen and are kept to a minimum.
- The network are invited to think about a plan that shows who can do what to help about the worries. The Social Worker will facilitate the process by asking questions to help find a solution and to test out the proposed safety plan.
- Everyone in the network will get a copy of the agreed safety plan.
- The safety plan will be incorporated into the Child in Need or Child Protection plan for the child or young person.

MASH Bottom Lines:

- We keep the child and young person and their experience at the centre of what we do.
- Sometimes the MASH Social Worker might have to have difficult conversations with families and referrers, and we will always be honest, clear, and respectful.
- We make sure families know why we are involved and what is going to happen next.
- Where an assessment or Child Protection enquiry is required there will be a draft danger statement, safety goal and scaling questions prepared by the MASH Social Worker, which will be shared with the family, to explain what we are worried about.

Child and Family Assessments

Initial Child and Family Assessment practice expectations (First Contact or a Locality Team):

- The first thing we do when we are allocated an assessment is to make time to read the child or young person's file and understand the history and the likely impact of this for the child or young person. A chronology of any referrals or significant events is developed to help us understand what has happened in the past.
- Before a visit or meeting, we will have made time to think through and be clear about what we are trying to achieve, how we will achieve it and how we will know we have been successful.
- We will visit the family within 5 working days of a referral or sooner. On the first visit to a family, we introduce ourselves and explain the way that we work with families in Northumberland and what they can expect from us; information will be provided about how we record information and our compliment/complaints procedures. The Social Worker will provide the family with their work mobile and other key contact information.
- On this visit we will share the draft danger statements and safety goals to explain why we are completing an assessment.
- We will complete or review the genogram to understand who is in the family and who the family feel are important people in their lives.
- If parents say they have no naturally connected network, we sensitively but persistently ask questions to explore this further, use the family finding tools and work with parents to help develop the naturally connected network of support around the family.
- We will ask the family lots of questions to find all the things that are going well and the things the family are doing that are keeping the child or young person safe, even when things are difficult. By asking lots of questions, we will be able to map the information across the 7 analysis domains.
- During the initial home visit the worker will ask to see where the child or young person sleeps and look at their bedroom.
- We will carefully plan and undertake direct work with the child or young person as part of the assessment to help us understand the things they feel are going well, their worries and the things they want to be different. This will ideally be alone with the child or young person at school or a neutral place, but sometimes within the family home. We will use open questions and talk about issues at the child or young person's pace. Sometimes we use words and pictures to help explain a safety plan to the child or young person. Where the child is very young, we will observe how they look, behave, and interact with others in order to understand how this makes them feel.

Initial Children and Family Assessment practice expectations (First Contact or a Locality Team) cont'd:

- If the child or young person has any additional needs or a disability, we may seek advice from the family or professionals as to the best way to communicate.
- Any work that we do with the child or young person will be shared with parents and recorded accurately in the assessment.
- We will consider all the information about strengths and worries from the mapping we complete with the parents, any information from professionals that know the child or young person and family well, the views of the child or young person and what we see and hear the family doing.
- Any assessments that are completed will be shared with the family. This can be posted, emailed securely or hand delivered to the home. Time will be spent explaining the details within the assessment and the reason for the outcome. The assessment will then be shared with any relevant professionals or people in their network.
- If the recommendation of an assessment is for a Social Worker to continue supporting the family, they will transfer to another team and worker.

Bottom Lines:

- A draft worry statement and wellbeing goal will be shared with each family when an assessment is required, so they are clear about why we are involved.
- Family Network Meetings will take place within 10 days of an assessment being started where the initial visit has confirmed worries about the child or young person's safety.
- Social Workers will use the 7 domains to analyse information.
- Social Worker will always carefully explore children or young people's worries, the things they feel are going well and the things they want to be different.



Child in Need

Child in Need practice expectations:

- Children and young people's safety will always be paramount; they will be seen, spoken, and listened to, to understanding their lived experience.
- A written plan will always be completed with the family when concerns for a child or young person's wellbeing or safety is raised and this will be translated into words and pictures for children or young people, so they understand what is happening in their lives and the reason Social Workers are visiting them and their family.
- For each child there will be a clear trajectory recorded, setting out the end point (case closure) and detailing work (including the direct work plan) that will be undertaken with the child and parents and the points at which the safety plan will be reviewed within family network meetings or care team meetings.
- Before visits or contact with family members, we will think through and be clear about what we are trying to achieve, how we will achieve it and how we know if we have been successful. For example, we will think about our best questions.
- Scaling questions will be developed with families and professionals to understand the views and experiences of children, young people, and their families to help understand how the support in the plan is helping to make a difference.
- Social Workers will always carefully explore the child or young person's worries, the things they feel are going well and the things they want to be different, by making sure they feel able to work with them and it will only ever be completed if the child or young person is comfortable working with the professional.
- When there is no further role for Childrens Social Care, the details of the family's safety plan will be recorded on the system to say how the family network will make sure the child is safe when services end their involvement and how or who they will ask support from if they need this in the future.



Care Team Meetings

- All members of the care team are expected to be familiar with the child or young person's plan, which everybody in the network will monitor.
- The network and professionals should attend the meetings, if they are unable to do so they should provide updated information in time for the meeting, so this can be shared and considered by the care team.
- Every care team will start by sharing the worry statements and wellbeing goals and use the scaling questions to review the progress of the plan.
- Families and their network will map any updated issues, worries and positives in their lives together with professionals to help identify if there is any additional support that could help them and the progress that is being made.

Child in Need Bottom Lines:

- A clear safety plan and timeline will be agreed and reviewed at every CiN Review, at least every 3 months, to help us understand how the child or young person is being kept safe. These will be family lead and facilitated by the Social Worker.
- Families will have the work mobile or direct line of the Social Worker and will have their calls returned within 24 hours. If they need to speak to someone other than the worker then they will be able to speak with a duty worker, Advanced Practitioner, Deputy Team Manager, or the Team Manager.
- In all assessments the analysis will include a reflection on the complicating factors, a clear worry statement with a paired wellbeing goal and clear next steps.



Child Protection

Preparing for an Initial Child Protection Conference (ICPC):

- Before the ICPC, the following will have been completed:
 - An up-to-date genogram
 - A mapping with the family as part of the Child Protection enquiry. The next steps will always include (if not already completed) a words and pictures version of the safety plan being developed for the child or young person, by the social worker and parents.
 - A family network meeting will have taken place. The Social Worker will work with the family and the network to look at all the things that they could be doing in the safety plan, setting the bottom lines, and working on the plan rules.
 - The next steps will always include (if not already completed) a words and pictures version of the safety plan being developed for the child or young person, by the Social Worker and parents.
 - Draft danger statement (s) and safety goal(s) and scaling questions which will have been shared with the family and the network.
 - Direct work with the child or young person. Their worries wishes and feelings will have been shared with parents and analysed within any assessments.
- Reports will be shared with the family 3 days before the conference, and time will be taken to explain the detail of the report and to answer any questions the family may have.
- Before a conference takes place, the CP chair will have a consultation with the Social Worker and/or the Team Manager to make critical inquiries about the threshold for the conference and being risk sensible. During this consultation, the CP chair discusses the information within the mapping and how it has been analysed (in the seven domains) to arrive at the judgement that a conference is needed. The CP chair will check there are clear draft danger statements, safety goals and scaling questions, and the plan rules have been started with the parents and their network(s).
- The CP chair will develop best questions for the conference based on the information they read and received through the Social Worker consultation.
- The CP chair has a pre-meeting discussion with the family before the conference starts in order to check their understanding of what is happening, what the next steps could be, why the conference is taking place and to understand their views.
- When children or young people attend the conference, the CP chair meets with them before the conference starts to find out what has been happening from their perspective, what might be worrying them, or what they might want to change (if anything).

During a Child Protection Conference (Initial or Review):

- Families will be supported to attend conferences.
- Families will always be spoken to respectfully.
- CP chairs will ensure that the child or young person's voice and lived experience is shared during conference; through the child attending, speaking with the CP chair before the meeting, with support of an advocate or via their direct work being shared by the Social Worker.
- The Social Worker will present the worries as well as the existing strengths and safety, and the draft danger statements and safety goals to the meeting.
- Any direct work the Social Worker has completed with the child, young person or parents will be shared and discussed.
- Using the existing mapping that the Social Worker has completed, information will be explored with people invited to add to and clarify points.
- The CP chair will always check the facts with the family and will support the family to provide evidence if they do not agree there is a problem. They will do this using a 'same but different' approach e.g. "would you be worried if you were me or your best friend? What can you do to show other people they do not need to be worried? "
- The CP chair will use a questioning approach to gain concrete evidence of the impact on the child of certain events. This will test that the assessment and judgement is fair, proportionate and risk sensible.
- The CP chair will use questions to explore the current safety plan (plan rules) for the child or young person and to gauge people's confidence in how well the plan will keep the child or young person safe from the dangers people are worried about.
- The time in conference is used primarily to test out the robustness of the safety plan (plan rules); questioning is used to help everyone to feel satisfied that it will work, especially at trigger times and stress points.
- The draft danger statements, safety goals, scaling questions and plan rules will be discussed and agreed.
- The next steps will always include (if not already completed) a words and pictures version of the safety plan being developed for the children by the Social Worker and parents.
- The following will be updated by the Social Worker prior to, and brought to any review conferences:
 - Genogram if there are any significant changes
 - Mapping, building on the previous/existing mapping with the family

Conference Bottom Lines:

- A family network meeting will always taken place prior to an initial child protection conference and a safety plan developed with the parents and the network.
- Reports for conference will always be shared with the family and any new workers; to give them time to read and understand the information that will be discussed in the meeting.
- A consultation between the Social Worker and the conference chair will always take place before a conference.
- The CP chair will support the family in their understanding of the child protection concerns.
- A clear safety plan and timeline will be agreed and reviewed at every conference to help us understand how children are being kept safe. These will be family lead and facilitated by the Social Worker.
- CP chairs will use scaling questions to understand the views of the family and to decide the level of help and support needed.
- The CP chairs summary report will use the seven domains to demonstrate the decisions made at conference.
- The SoS framework is used to keep focused within the conference; using the danger statement and safety goals to inform the process: moving from where we are now to where we all want to get to for the child or young person.



Child Protection practice:

- Before visits or contact with family members, we will think through and be clear about what we are trying to achieve, how we will achieve it and how we know if we have been successful. For example, we will think about our best questions.
- We will check the understanding and effectiveness of the safety plan when visiting children, young people, and their families.
- We will always make sure there is a clear contingency plan in place detailing what will happen if the family are not able to carry out or sustain the safety plan.
- We continue to bring together information from family members with information about harm, strengths and safety from professionals, with what the child or young person is saying and what we observe the family doing.
- In review family network meetings, the safety journal is reviewed, and questions are prepared and used to explore what the family have done well in order to keep the child or young person safe and to explore the detail of how they did this.
- In review family network meetings, we will explore any worries (family or professional) about the safety plan and what needs to happen to address them.

Family Network Meetings

- We use networking finding tools to help families think about the people they know that can help in different ways with the worries.
- The Social Worker will help the family to arrange all the helpful people they know to discuss the worries all together to see who what can do to help at a network meeting.
- At the family network meeting, draft danger statements and safety goals will be shared with the family and the network, and people are invited to scale the situation from 0-10 in relation to each danger statement/safety goal.
- Bottom lines are the things the Social Worker think have to happen and are kept to a minimum.
- The network are invited to think about a plan that shows who can do what to help about the worries. The Social Worker will facilitate the process by asking questions to help find a solution and to test out the proposed safety plan.

Core Group Meetings

- All members of the core group are expected to be familiar with the safety plan and engage with the safety journal or look for safety objects during visits to the family home, these indicators or risks should not be solely the responsibility of the Social Worker.
- Professionals should attend the meeting, if they are unable to do so they should provide updated information in time for the meeting, so this can be shared and considered by the core group.
- Every core group will start by sharing the danger statements and safety goals and use the scaling questions to review the progress of the safety plan.

Child protection bottom lines:

- We will always be honest and clear with families and only promise things we know we can deliver. We will tell families about their rights and what services they are entitled to.
- We expect every professional to treat families with respect, to be reliable and consistent and be prepared to listen to their views.
- We will listen to families and their networks, and build plans around them, specifically support them with their life and make sure they lead us in how to work with them.
- We will make sure the right people are there to support families and to make sure that only the people who really need to know about their situation do so.
- We will try to make sure the Social Worker and care team/core group remain stable, and we will not change any professional unless this absolutely must happen.



Children Looked After

Practice expectations:

- We always work on the basis that children and young people are best living with their families, so long as it is safe for them to do so.
- Making sure children and young people are safe, not at risk of harm and making sure their voices, wishes and feelings are heard and acted on will always be the centre of a Social Workers practice.
- For all children or young people for whom care proceedings are issued, we will work with the family to create a words and pictures explanation of why we are worried and what the safety plan is. This will be shared with the child or young person and their network.
- The family will be given time to understand why the Local Authority are seeking legal advice and they will be advised to seek their own legal advice. The Local Authority will not recommend solicitors for families to avoid accusations of bias.
- A permanence plan, which explains where and who the child or young person will be living with, is developed by their second looked after children's review. The child or young person will be clear about this plan and it is reviewed at every review with every option being carefully considered.
 - If the plan is for the child or young person to return home, the Social Worker will support the family and their network to develop a safety plan that will show how they will keep the child or young person safe once they return home, with an agreed timeline so everyone knows what will happen and when until the point of case closure.
 - A safety plan will always be developed through a family network meeting if there is a Supervision Order in place.
 - If the plan is for a child or young person not to return home, this will be explained using a words and pictures, that has been created with the Social Worker and the parents.
 - Family's will be involved in any adoption proceedings up to the point of a final contact. They will then be offered support from the post adoption service and each case will be treated individually, regarding future contact for adopted children.
- All safety plans should be developed with the family taking the lead and the Social Worker facilitating the process.
- All plans should be clear, jargon free, grounded in the danger statements and safety goals and should define what the family will do on a day-to-day basis to keep the children safe, as well as what professionals will do.

Practice expectations cont'd:

- For each child or young person there will be a clear trajectory recorded, setting out the end point (case closure) and detailing work (including the direct work plan) that will be undertaken with the child, young person and parents and the points at which the safety plan will be reviewed within family network meetings.
- The looked after review is central to the child or young person and they are the focus – what they want to say is the most important part of the meeting. A Social Worker may ask the child or young person what they want to share at the meeting.
- Contact between children, young people and their families will always be promoted and supported to make sure it happens and when it does take place the child or young person is always safe.

Bottom Lines:

- If there are concerns about a child or young person's safety which need to be escalated, then the case will be discussed at the legal gateway panel.
- Social Worker will always carefully explore children or young people's worries, the things they feel are going well and the things they want to be different.

IRO's consultation with children

- Independent Reviewing Officers (IRO's) primary task is to ensure that the care plan for a child looked after by the local authority fully reflects the child or young person's current needs and that the actions set out in the plan are consistent with the local authority's legal responsibilities towards the child.
- IROs must ensure that the child's current wishes and feelings have been established and taken into account, where appropriate.
- IROs will make sure that the child or young person understands how an advocate could help them and that they are entitled to have one.

IRO's consultation with children cont'd:

- The IRO will ensure they consult with the child or young person in the way they are most comfortable with – this could be by using Mind of My Own, WhatsApp or text message as well as the usual placement visit.
- The IRO will speak with the child or young person before their first review and every subsequent review and support them to understand what is happening and why.
- The IRO will also meet with or observe the child or young person in their placement so that consideration is given to its suitability to meeting their needs.
- Meetings should take place at a time convenient for the child or young person; not at a time that would result in the child being absent from school or college or an essential health appointment. It should take place in a setting in which the child or young person feels comfortable and relaxed.
- In relation to babies and younger children, it may not be necessary or appropriate to see the child alone. Observing the child, or interacting with him/her, for example in play or by reading with him/her, may be a more appropriate way of establishing the child's feelings and understanding.

Children looked after reviews

- The Social Worker will talk with the child or young person about their review ahead of the review and go through their worry statements, wellbeing goals and scaling questions with them.
- We ask the child or young person who they would like to attend their review and encourage them to chair their own review. Any family member that the child or young person has contact with will have the opportunities to share their views on what is working well or what they are worried about. If they are not able to attend, the IRO will contact them to obtain their views.
- The IRO meets with the child or young person ahead of their review to find out what has been happening from their perspective, what might be worrying them, or what they might want to change (if anything).
- The IRO is responsible for chairing the review. It is hoped that for many older children and young people, especially as they begin to plan for independence, the IRO will hand over at least part of the chairing role to them so that they can take an increased ownership of the meeting.
- The looked after review considers how well we are working towards the success goal; scaling questions are used to measure progress and gain views from everyone including the child or young person, people that are important to them and the social worker.
- The IRO will ask solution focused questions to explore how the care plan is helping the child or young person move closer towards their success goal.

Children looked after reviews cont'd:

- Changes to the care plan are based on information/observations from the carer, the family, the child, other professionals who know the child and the Social Worker. These changes could be about new worries, if there are any, or different ways of getting to the child or young person's success goal.

Bottom Lines:

- The looked after review is the child or young person's meeting; they are the most important person at the meeting and hearing what they have to say is central to the review.
- The pre-meeting report for the review is written for the child or young person and in a way they can understand.
- The IRO will help the child or young person to understand their plan and any changes made.
- The IRO will always provide a summary of the Looked After Review in writing or in a way that the child or young person will understand.
- Between reviews, the IRO will monitor the child's plan to make sure things are happening when they should be.
- The IRO will raise a challenge with the Local Authority if the child or young person's plan is not clear or if actions are not progressing and there is no reason. The IRO will keep the child and young person updated of any challenges that are made and the outcome.



Care Team Meetings

- We will always encourage the child or young person to take part in their meetings including looked after child reviews and care team meetings. However, should they not wish to we will always seek to gather their views for example by using Mind of My Own (MOMO).

Child looked after Bottom Lines:

- We will always be honest and clear with families and only promise things we know we can deliver. We will tell families about their rights and what services they are entitled to.
- We expect every professional to treat families with respect, to be reliable and consistent and be prepared to listen to their views.
- We will listen to families and their networks, and build plans around them, specifically support them with their life and make sure they lead us in how to work with them
- We will make sure the right people are there to support families and to make sure that only the people who really need to know about their situation do so.
- We will try to make sure the Social Worker and care team/core group remain stable, and we will not change any professional unless this absolutely must happen.



Children with disabilities

Children with disabilities

- When we first make contact with a family, we will be respectful to them and check they can talk freely when we call. We will explain what our role is and what the family can expect from us.
- We will talk to the child or young person to ask them what they may be worried about, or what they might like to change. We might do this by using three houses, MOMO or PECs etc.
- We will observe the child or young person interactions with their parents, peers, and significant people in their lives to understand how this makes them feel. This will include seeing the child or young person in different settings.
- We will approach and complete Children and Families assessments with curiosity and without assumption, by asking lots of questions, listening, and recording what families tell us.
- Every family open to the Disabled Children's Team will have a genogram, and where appropriate an ecomap.
- We will aim to gather information by using EARS and best questions. We will not only ask about worries, but we will also ask children, families, and professionals questions to establish what is going well, what the family are doing to meet the child's needs, even when things are difficult.
- We will ask children, young people, family and professionals questions so strengths will be the focus.
- We will always map the information we have gathered into the 7-analysis domain, by using either Signs of Safety or Signs of Wellbeing.
- When we work with children or young people with complex needs or challenging behaviour, we will use the harm matrix to inform our understanding of the past harm within the mapping to help analyse harmful/damaging behaviour in terms of the timespan, number of times concerns have existed about that behaviour, along with the severity of the first, worst and most recent incidents of behaviour.
- We will triangulate all information received from the children, young people family members, support networks and professionals.
- We will create a worry statement for each concern we have. The worry statement will be clear so the family understand why we are involved (this may be as simple as "we are worried that without some respite the family will be exhausted" - this does not have to be a worry about the parent's behaviour).

Children with disabilities cont'd:

- Every worry statement will have a clearly linked wellbeing goal; this is what we would like to see happen to not be worried anymore.
- We use information gathered at Child in Need reviews to work out what is working well, what we might still be worried about and what things we might need to change.
- If there are concerns about a child or young persons safety, we will refer to and follow the CIN/CP practice guidelines and bottom lines.
- Before visiting a family, we always consider what we want to achieve from this visit, what we need to know and how we will know we have achieved the goal for the visit.
- We prepare for meetings to make sure they are clear, concise, and intentional, with an aim in mind.
- We use scaling questions to measure progress/confidence in the child's care package.
- We will use appreciative inquiries to learn about what things worked really well and how the team can do things better.

Bottom Lines:

- Every family will have a worry statement, linked with wellbeing goals and a plan as to how these will be achieved.
- We will use scaling questions to see if the support and plan in place is helping, if it is keeping the child or young person safer or happier, or making the worries better.
- We will understand who is in the families support network, who is doing what, when and how that is helpful.
- We are always clear about the actual support being provided, the outcome we are aiming to achieve in providing this support and who will be providing the support. This is recorded clearly in the child's plan.
- Information will be provided to inform the child or young persons EHCP review, this will include the child or family's aspirations and goals.
- Group supervision will take place at a minimum of once per month, with everyone in the team taking part, to be on the rota to bring a case, acts as facilitator etc
- We will try to understand what every child thinks and feels about their lives and use direct work tools to do this. If this is not possible due to age or the child's disability, observations will be made, analysed, and recorded.

14+ Team

Practice Expectations:

- We want every young person to feel supported by their worker and be able to build a relationship with them. To do this, we will make sure that the new worker is involved at the earliest opportunity. For young people transferring to the 14+, we aim to allocate a Social Worker when they reach 13 ³/₄.
- We always speak with young people and their families respectfully and work on building a relationship around honesty and trust.
- We spend time with young people, getting to know them and ensure that the conversations we have with them help us to understand the things that are going well for them, the worries they have and the things they want to happen/change. This information will be considered and analysed, across the 7 analysis domains.
- When we tell a young person we will do something, we always ensure we follow through and do so in a timely way.
- We ensure young people are fully involved in assessments and their views are contained within these. We ensure that each young person is involved in completing and has a version of their care plan/pathway plan that they understand and that this is an active, living document that is regularly reviewed and updated.
- We see young people on a regular basis and have an open line of communication through phone calls, texts, WhatsApp, and email.
- If young people are reluctant to accept our help and support, we are creative in trying to engage them and try different ways to build a relationship with them and offer support.
- We listen to young people and what they say they need support with.
- We talk to young people about their relationships and the people in their lives who are important to them. We will link in with people who are important to young people, such as family, school/ college, substance misuse workers, youth justice workers and mental health support teams.
- We will be pro-active in contacting the Home Office in matters of immigration status.
- We will support and promote young people to join community groups such as Voices Making Choices.
- We will always ask children and young people questions that will help them understand what is going well for them.
- When there are worries about a young person, we will map these out with the young person and their care team. Clear jargon-free danger statements and safety goals will be created and shared with the young person and their network.

Practice Expectations cont'd:

- When other professionals are worried, we help them to be clear and specific about their observations, clarifying how often, over what period and how serious these worries are.
- We spend time preparing for our visits to young people and are clear about what we want to achieve from this visit, how we will achieve this and how we will know we have achieved this outcome.
- We always have high aspirations for every young person no matter what their experiences are. We will be persistent in encouraging young people to get into education, work, training, or apprenticeships. We will make sure young people know about opportunities available to them.
- We help young people identify their own goals in their care plan and pathway planning process.
- We have a clear trajectory/timeline of the direct work we are completing with the young person, that is linked to their individual care plan.
- Scaling questions are used with young people to monitor change and to explore their perspectives.
- We help young people come up with a plan for achieving their goals. This will include what they are going to do, what support they need, who is going to support them and by when.
- We ensure care plans and pathway plans are clear and jargon free and are written by/in the words of the young person.
- We will make sure our young people have equal opportunities to other young people their age.
- If there are worries about contact arrangements, kinship placements, a young person going missing or when there is a plan for a young person to return home, network meetings are used to develop a safety plan.
- If a young person's care plan changes, a trajectory will be developed by the network setting out what will happen and the supports available up to the point of case closure.

Network Meetings

- We will help young people to identify their network of people around them who can support them.
- At the network meeting, the Social Worker shares and refines the draft danger statements and safety goals with the family and their network and invites everyone to scale the situation from 0-10 in relation to each danger statement/safety goal.
- The network will come up with a plan to address each worry or actions that need to happen to support a young person.

Network Meetings cont'd:

- The social worker facilitates the process by asking questions to help test out the safety plan.
- Everyone in the network gets a copy of the safety plan, which shows who can help and when, and what information is shared based on conversations with the young person and their wishes.
- The safety plan is incorporated into the overall signs of success plan for the child.
- The safety plan is reviewed and refined through review network meetings.

Bottom Lines:

- We will never give up on a young person.
- We will try and see young people face to face at the very least every month or in line with their statutory visiting pattern and we will stay in contact by phone in between visits.
- We will make sure that all young people, their family, or carers have emergency contact details to keep themselves safe. This will include services like the police, mental health, Emergency Duty Team, and the crisis team.
- When there are serious worries about young people in relation to mental health, substance misuse, exploitation or domestic violence, the Social Worker and their manager will always work hard to support the young person and their network to attend a network or strategy meeting and come up with a safety plan.
- If a young person loses their accommodation or experiences a placement breakdown unexpectedly or has a money emergency, the Social Worker and their manager will always work hard to get their network together and help them to develop a plan.



Leaving Care

Practice expectations:

- We want every young person to feel supported by their worker and be able to build a relationship with them. To do this, we will make sure that the new worker is involved at the earliest opportunity. For young people transferring to the leaving care team, we aim to start working with them from the age of 17½.
- We will prepare for our visits so that we are clear about what we want to achieve before we meet the care leaver and how we will know that we have achieved what we hoped.
- We see care leavers on a regular basis and have an open line of communication through phone calls, texts, WhatsApp, and email.
- We spend time getting to know the care leaver and work on building a relationship around respect, honesty, and trust. We will always ask questions that will help them understand what is going well for them. This information will be considered and analysed, across the 7 analysis domains.
- We listen to care leavers and what they say they need support with.
- We talk to the care leaver about their relationships and the people in their lives who are important to them. We will link in with people who are important to the care leaver's, such as family, partners, substance misuse workers, probation workers and housing and mental health support teams to make sure young people are fully supported and have access to support or services they need.
- If care leavers are reluctant to accept our help and support, we will ask questions to try and find the best way to help them.
- We will be pro-active in contacting the Home Office in matters of immigration status.
- We will support and promote care leavers to join community groups such as Voices Making Choices.
- When there are worries about a care leaver, we will map these out with the care leaver; a clear jargon-free danger statements and safety goals will be created with them and their families to help them understand what we are worried about.
- When there are worries about a care leaver's safety or wellbeing, such as mental health, we will always consider a referral to adult safeguarding and other services. We use our danger statements/safety goals to explain to the care leaver why we are worried and why we are referring them for help from someone else.

Practice expectations cont'd:

- For each child or young person there will be a clear trajectory recorded, setting out the end point (case closure) and detailing work (including the direct work plan) that will be undertaken with the child, young person and parents and the points at which the safety plan will be reviewed within family network meetings.
- The looked after review is central to the child or young person and they are the focus – what they want to say is the most important part of the meeting. A Social Worker may ask the child or young person what they want to share at the meeting.
- Contact between children, young people and their families will always be promoted and supported to make sure it happens and when it does take place the child or young person is always safe.
- We always have high aspirations for every care leaver no matter what their experiences are. We will be persistent in encouraging young people to get into work, training, or apprenticeships. We will make sure care leavers know about opportunities available to them.
- We help care leavers identify their own goals in the pathway planning process and a plan for achieving their goals. This will include what they are going to do, what support they need, who is going to support them and by when.
- We use scaling questions to help care leavers assess their progress towards their goals.
- We ensure pathway plans are clear and jargon free and are written by/in the words of the care leaver.
- We will make sure care leavers have equal opportunities to other young people their age.

Network Meetings

- We will help young people to identify their network (people around them who can support them).
- When care leavers have a network, we will meet up regularly to talk about our worries, what things are going well and to scale how “on track” their life is.
- The network will come up with a plan to address each worry.
- Everyone in the network will have a copy of the plan, which shows who can help and when, and what information is shared based on conversations with the young person and their wishes.
- The safety plan is incorporated into the overall signs of success plan for the child.
- The safety plan is reviewed and refined through review network meetings.

Bottom Lines:

- We will never give up on a care leaver.
- We will try and see care leavers face to face at the very least every 3 months and we will stay in contact by phone in between visits.
- We will make sure that all care leavers have emergency contact details to keep themselves safe. This will include services like the police, mental health, Emergency Duty Team, and the crisis team.
- When there are critical worries about care leavers in relation to mental health, substance misuse, exploitation or domestic violence support workers and their managers will always work hard to support the care leaver and their network to attend a network meeting and come up with a safety plan.
- If a care leaver loses their accommodation unexpectedly or has a money emergency, support workers and their managers will always work hard to get their network together and help them to develop a plan.
- Each care leaver will have a worry/danger statement and wellbeing/safety goal.

Each care leaver will have a worry/danger statement and wellbeing/safety goal.



Transfers

Practice Expectations:

- We will always explain to the child, young person and their family why a transfer is happening, when it will happen and who will be their new point of contact.
- Before meeting the child or young person, the new worker will ask lots of questions so that they fully understand the things that are important and how to get things right and support the child or young person best.
- The child or young person and family will meet the new worker prior to any further meetings taking place, whenever possible. The new worker will introduce themselves to the child, young person, and the important people around them such as family, carers, partners, and services and explain their role.
- When we are worried that a transfer to a new worker might be especially hard for a child or young person, we will be creative and focus on building a relationship as early as possible, which will involve both the previous and new Social Worker to support the child or young person with the transition.
- A transfer meeting will be held. The child, young person, parents or carers and their network will be invited to talk through the danger statement(s), safety goal(s), scaling questions and bottom lines so everyone is clear about the next steps and timescales.

Bottom Lines:

- Children and young people will always know when they are getting a new worker, who this is and how they can contact them.
- We will always listen to children and young people's views about getting a new worker and where we can, we will change things if it is not working.
- Social Worker will always carefully
When children and young people transfer between workers, teams, or services there will always be a clear record of their plan, including a record of what has been achieved and what still needs to be achieved and when this will happen.

