

# Better Together

BUILDING  
RELATIONSHIPS,  
STRENGTHENING  
FAMILIES

## OUR PRACTICE FRAMEWORK FOR SUPPORTING CHILDREN AND FAMILIES



One Minute Guides  
Basic Practice Expectations  
Children's Social Care

## Introduction

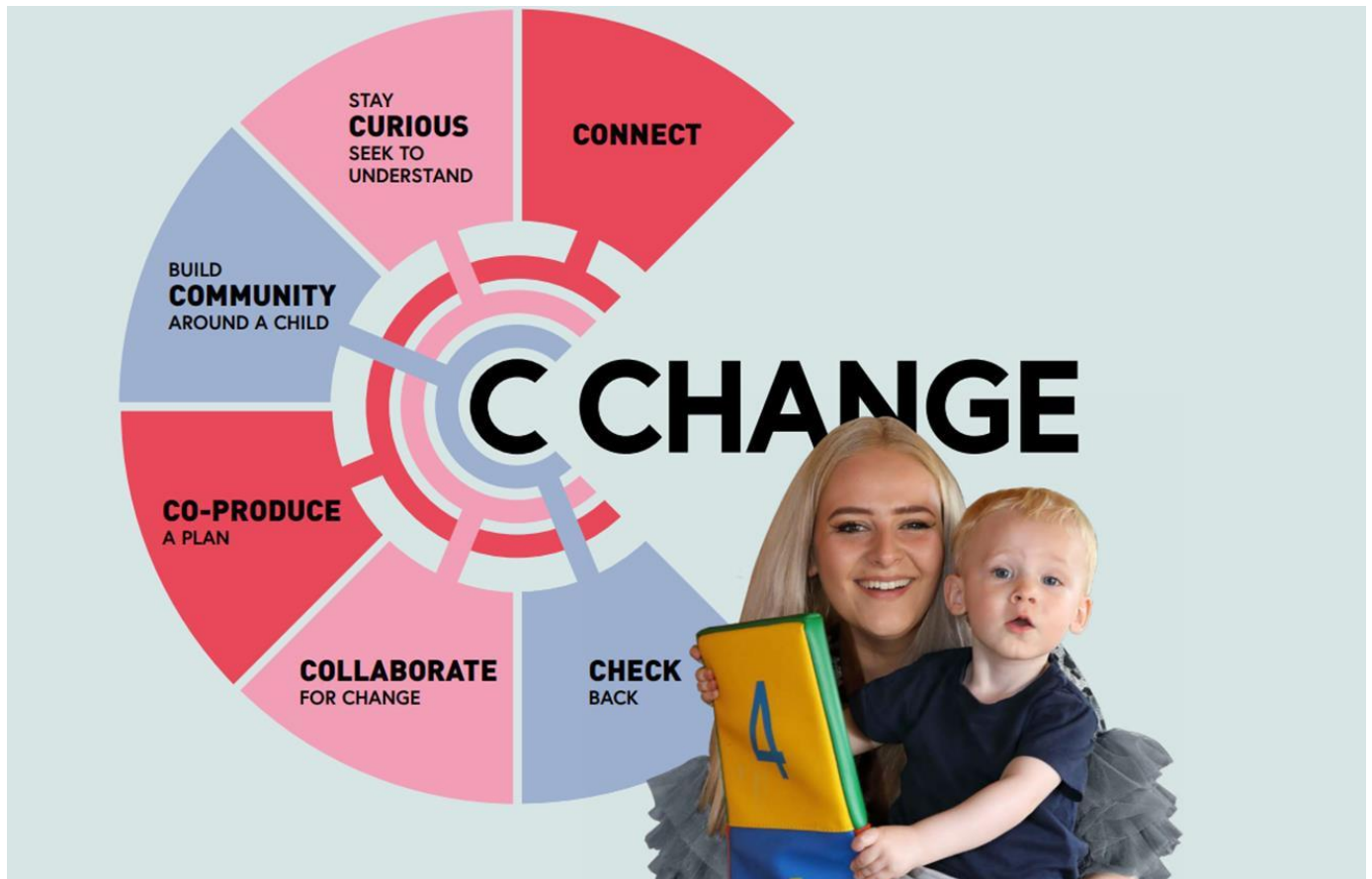
In line with the **Better Together Practice Guidance**, this manual sets out the basic practice expectations and standards that children and families can expect of Social Care Practitioners in Tower Hamlets. These practice expectations are informed by statutory regulation; the social work professional capabilities framework, knowledge and skills statement; standards of proficiency for social workers and the London Safeguarding Children Procedures.

### [London Safeguarding Children Procedures](#)

This document is an easy reference guide that outlines the basic expectations in relation to key social work tasks and processes. Please take time to read these One Minute Guides and ensure that you commit to them in your everyday practice.

This guide was last reviewed in August 2023.

More detailed information can be found on [Local Resources \(proceduresonline.com\)](#).



**Practice Standard 1:** Connection - Building connections and relationships with children and families is key to creating change

**Practice Standard 2:** Curiosity - To understand the child and family's experience

**Practice Standard 3:** Community - Culturally competent practice that enables children to live and thrive within caring communities

**Practice Standard 4:** Co-production - Enabling and engaging children and families to find their own solutions

**Practice Standard 5:** Collaboration - Working with children and families to achieve positive change, resolve conflict and repair harm

**Practice Standard 6:** Checking back - Promoting accountability, quality assurance and a culture of learning

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# Visiting timescales at a glance

## Practice expectation

- The child is visited in their home (whether they are living with birth parents or alternative carers) and should be seen alone. In circumstances where this has not been possible, the reasons must be recorded. Visits must take place at home at least once every 28 days wherever possible.
- Children aged 5 and over should be seen alone and their views sought; children younger than 5 years of age should be observed.
- The child's bedroom should also be seen during a home visit whenever this is possible.
- Visits when the child is not seen, are an important part of the social worker's/ practitioner's role, but do not constitute a statutory visit.

## Early Help

- The frequency of contact is set out in the child's plan, sufficient to enable assessment and intervention to be effective and to allow for a credible review of the child's progress.

## During the Single Assessment Process (A & I and Children with Disabilities)

- If an assessment is triggered, the post-referral visit is to take place within 5 working days.
- There is the expectation for a minimum of two visits to be completed to the child and family as part of the single assessment.

## S47 investigation (regardless in which service the child/ family is allocated)

- If a S47 is initiated, the presenting risk and need factors determine timing, and a visit must be completed no later than 2 working days.

## Children subject to a Child Protection Plan (regardless in which service the child/ family is allocated)

- A visit needs to take place within 72 hours following an Initial Child Protection Conference and the child becoming subject to a Child Protection Plan (CPP).
- Statutory visits need to take place at a minimum of 10 working days or at increased intervals as agreed in the CPP.
- If there is a need for regular unannounced visits, then this should be clearly written into CPP.
- Core Group meetings must not be regarded as statutory visits even if the child is seen/ is present.

## Children subject to a Child In Need Plan (regardless in which service the child/ family is allocated)

- As set out in Child in Need (CIN) plan
- CIN visits must take place at the frequency of every 28 days at a minimum unless agreed to be undertaken more frequently.

## Looked After Children (regardless in which service the child/ family is allocated)

- Visit must take place within 3 working days of coming into care or having a change in placement; intervals of no more than six weeks thereafter.
- If the child is in a long- term placement 3 monthly intervals of visits can be considered; this must have been ratified at their Children Looked After (CLA) review.
- If the child/ young person has been remanded into custody or receives a custodial sentence – the first visit must take place within 1 week, and at least 6 weekly thereafter.

## Children reported Missing

- The child must be visited Within 72 hours of child's return.
- The Missing Children Protocol must be followed thereafter.
- [TH MISSING CHILDREN GUIDANCE - December 2022.pdf](#)
- [One minute guide to missing 2022.pdf](#)

## Temporarily approved Foster Carers or with parents under ICO (Interim Care Order)

- Weekly visits must take place until first review.
- Every 4 weeks thereafter until carer is approved or final hearing completed

**Child subject of care order (S.31) and placed with parent**

- First visit must take place within 1 week; weekly visits until first CLA review.
- Intervals of no more than 6 weeks thereafter

**Privately Fostered Children**

- A visit must take place within one week of placement or date of notification.
- Thereafter: as set out in the CIN plan, and at least every 4 weeks.
- [Private Fostering presentation.pdf](#)
- [Private Fostering Multi-Agency Guidance.pdf](#)

**Children subject to a Supervision Order (regardless in which service the child/ family is allocated)**

- Children subject to Supervision Orders are subject to the Child in Need protocol unless concerns escalate and therefore require child protection intervention.
- Visits must take place as set out in CIN plan, but no less frequent than every 28 days at a minimum unless agreed to be undertaken less frequently.
- [Procedure on Supervision orders, October 2022.pdf](#)

**Adoption**

- A visit must take place once within the first 7 days.
- Weekly visits must take place until the first review.
- Subsequent visits are determined at the first and each subsequent review and need to be noted in the adoption placement plan

**Children on Short Breaks**

- Visit must take place within first seven days of placement and then within 3 months.
- Intervals of visits need to be agreed with parent(s) and IRO, at intervals no greater than 6 months.

**Young People Aged 18-25**

- The frequency and type of visit is to be determined with the young adult and recorded on their Pathway Plan.
- Keeping in touch by phone or email is based on YP's preference



# Direct work with children

## Practice expectation

- Practitioners are familiar and use a variety of direct work tools appropriate to the child's age, understanding and preferences.
- Practitioners understand that 'direct work' includes both, play materials/engagement tools and relationship building conversations.
- Every child knows who their allocated social worker/ practitioner is, why they are involved, how to contact them, how often they will see them and what their plan is.
- New workers will ensure that the history of previous involvement is read and understood, wherever possible before undertaking visits.
- Children & young people are seen alone, in a variety of settings, observed and communicated with according to their age, understanding & developmental needs, as part of the assessment or intervention.
- Practitioners arrive on time; if they are going to be late, they tell the child/ family/ carer as soon as possible to apologize.
- Staff make appropriate arrangements for the use of translators, interpreters and communication tools to meet any specific sensory or language needs, including the use of braille, sign language, hearing loops etc.
- When children express a desire not to see the social worker/ practitioner, the reason for this and how to overcome it is given careful consideration and unsuccessful attempts to see a child are recorded.
- Other than in an emergency (e.g., the worker is absent from/ leaves work unexpectedly), all children will be notified of a change in worker and the reason for it; they have the opportunity to be introduced to their new worker by their existing worker.
- Families & carers will be notified verbally and in writing (by letter or email) of the new worker's contact details and the date of the change.

# Recording Standards

## Practice expectation

- Children's records are kept up to date, with significant events recorded within 3 working days of the event occurring. In emergency and significant risk situations, recording is completed on the same day as the event or early next morning.
- Records clearly show when a child has been seen, spoken to and their wishes and feelings included.
- Any direct work or assessment tools used are identified and analyzed.
- If interpreters, specialist workers or communications tools are needed this is clearly recorded.
- Records tell the story of the child's journey, and the purpose and outcome of any contact is clear and analyzed.
- Language used in records is chosen carefully, respectfully and appropriately; practitioners commit to "having the child/ family in mind" when writing records and remember that children and families have the right to access their records.
- Facts and opinions are separated in the recording and any relevant research or tools used are identified with appropriate references.
- All records have an up-to-date chronology that contains a history of significant events in the child's and family's life in a succinct way; this also includes professionals' involvement, including decisions made, outcomes and actions taken.
- This will be helpful to identify potential patterns in a family's life and history.
- All records are respectful of the child and their family including education, communication, language, cultural, gender, sexuality, disability and diversity is celebrated.
- All key assessment/planning documents reflect the views of the child or young person including where a child declines to share any information. The reason why the sharing of information was declined is recorded.
- All children and young people will receive and have explained to them the procedure for making a complaint/representation

# Transfers

## Practice expectation

- It is important for all of us involved in the lives of children and their carers to acknowledge that transition points - where one worker's involvement with a family ends and responsibility for the support transfers to another part of the service - can lead to anxiety and stress.
  - In our Better Together Framework, where we encourage relationship building to occur from the first point of contact, it is inevitable that there could be all sorts of emotions for those children and their carers when they have to say goodbye to one worker and start a new relationship with another worker and their team; workers may also carry emotions regarding such transitions.
  - It is for this reason that it is really important for all involved in this process to try to increase the likelihood of a successful transition.
- 
- It is essential that staff and Team Managers ensure they are clear and informed about the transfer protocol. This will in turn enable them to provide open and transparent communication with those they are working with and secure effective transition points that reduce drift and anxiety for children and families who need support.
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- [Better Together Transfer Protocol July 2023.pdf](#)





# Management Oversight & supervision of practice

## Practice expectation

- Managers are committed to restorative approaches and make every effort to contribute to a professional environment that ensures high support and challenge, thereby bringing compassion and professional rigour into practice.
- Ensuring effective lines of communication across the organisation is a key priority. Managers will seek to ensure we are a 'Listening' organisation.
- Work is allocated to suitably trained and qualified staff, with the necessary skills and capacity to understand the task. The target maximum children allocated is 18 in A & I and FSP, 15 in CLA.
- Professional supervision takes place at a minimum of once every 4 weeks (2 weekly for Newly Qualified Social Workers in their first six weeks following the start of their Assessed and Supported Year in Employment [ASYE] and monthly after that; supervision with their line manager is complemented by reflective supervision at the same frequency with their Practice Assessor).
- Every child/ young person should be discussed in supervision once a month.
- A Supervision "case note" is recorded in respect of each child open to the supervisee, at a minimum of every 4 weeks.
- The frequency of supervision is determined by the complexity of the work, and therefore supervision may need to be more frequent than once a month.
- There is a signed Supervision Agreement, reviewed annually.
- Supervision encompasses wellbeing, health and safety, professional development and standards.
- Work shows evidence of reflection, impact of intervention and management oversight. It includes clear direction from the point of allocation, through to any transfers or closures; supervision is consistently and proactively used to drive forward the work with and outcomes for children and families.
- A record of supervision is available to both parties in respect of professional supervision, relevant sections of which are recorded in the child's file within one working day of supervision.
- Management Oversight is recorded at all stages of work with the child and there is a clear audit trail of decision making.
- Managers check performance data and audit children's records to ensure that identified action is taken to improve practice when necessary.
- Managers ensure that Social Workers/ Practitioners understand the purpose of regular file audits; ensure their file meet requirements and implement changes or outcomes from audits
- Group Supervisions are led by Advanced Practitioners (where there is one in the team) and takes place at a minimum of every 4 weeks within each team; if there is no Advanced Practitioner in the team, group supervision is led by someone who is confident and competent in facilitating groups supervision.
- Managers maximize opportunities for training and development, overseeing that staff attend mandatory training and participate in other agreed professional development as identified in supervision and appraisal.

- All staff have annual appraisals (MAR, My Annual Review). The MAR formally notes achievements in the past 12 months and records any actions needed to address developmental needs identified during ongoing supervision and discussions. The MAR sets goals for the coming year.

- [Supervision Policy Tower Hamlets 2022 .pdf](#)
- [Reflective Supervision Prompt Questions Template.pdf](#)
- [Supervision Recording Template.docx](#)
- [Supervision Contract Template.docx](#)
- [Group Supervision Guidance and Recording Template.docx](#)



# Assessment of needs

## Practice expectation

- When the decision is taken following the receipt of a referral that a single assessment is required, this needs to be completed within 45 working days at the latest; in Tower Hamlets we strive to complete the single assessment within 35 days; management sign off needs to also be included within those timescales.
- Every child open to a social worker has an up-to-date assessment (updated at least once every 6 months; every 12 months for children looked after or sooner if there is a significant change in circumstances) and it is clearly linked to the Plan.
- It clearly states why we are assessing this child's needs now and what questions this assessment is seeking to answer.
- Consent is sought to seek and share information, unless to do so could be likely to place the child at risk of harm.
- Each child's file has a chronology and genogram that has been clearly used to inform the assessment.
- The child is seen and spoken to alone with their views, wishes and feelings recorded. If the child is not seen alone the rationale is clearly recorded.
- All adults and children living in the home will be included; i.e., those who spend significant periods in the home or have child care responsibilities supporting the family.
- 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.
- Every family is offered a Family Meeting and a referral for an FGC. ([FGC leaflet.pdf](#))
- Due regard will be given to race, ethnicity, gender, disability, religion and communication needs of the family.
- The concerns of other professionals are listened to, clearly recorded and this information is used in the assessment.
- The history of previous involvement is read, understood and used to inform the current thinking and a chronology of significant events completed.
- Impact of harm, risk and protective factors and capacity to change are identified, analyzed and assessed with rationale for the decisions being made.
- The social worker is professionally curious and uses supervision for critical reflection to analyze and determine necessary interventions.
- Evidence based assessment tools are used and research cited where relevant, explaining how it is relevant for this child in this situation to inform analysis.
- Assessments are written in plain language and shared with parents/carers and the child (depending on age & understanding). Views need to be clearly recorded before the assessment is signed off by manager: The Team Manager must also clearly record their views.
- Assessment tools such as the neglect toolkit, Exploitation risk assessment/ DASH assessment as applicable to the family's circumstances are completed and inform the assessment.
- Single assessments completed in A&I: it is a requirement for the neglect toolkit to be completed as part of every assessment.

Please consult [Local Resources \(proceduresonline.com\)](#) for the relevant an up to date assessment tools in relation to Neglect, Harm outside the Home (HoH) and Domestic Violence and Abuse (DVA).

# Private Fostering

## Practice expectation

- MASH records the notification of any private fostering arrangement and will complete some initial screening once the child has been placed with the private foster carers.
- The child will then also be transferred to FSP for allocation.
- Once the private fostering arrangement has been in place for more than 28 days, a visit must have been completed and FSP will start a single assessment.
- An assessment of the adult/ private foster carer will also be completed by Fostering.
- Any child in a private fostering arrangement will be made subject to a CIN plan until the age of 16 (unless there are safeguarding concerns), or until the age of 18 if there are any significant disabilities; the CIN plan will also cease when the child returns to their parent/s.

## Definition

- “Private fostering is an arrangement whereby a child under the age of 16 (or 18 if the child has a disability) (S.66 Children Act 1989) is placed for 28 days or more in the care of someone who is not the child’s parent (s) or a ‘connected person’. A connected person is defined as a ‘relative, friend or other person connected with a child’” (*Regulation 24 (3) The Care Planning, Placement and Case Review (England) Regulations 2010*)

## Visits

- A visit must take place within one week of placement or date of notification.
- Thereafter: as set out in the CIN plan, and at least every 4 weeks.

## Additional documents

[Private Fostering presentation.pdf](#)

[Private Fostering Multi-Agency Guidance.pdf](#)

# No Recourse to Public Funds (NRPF)

## Practice expectation

- 'No Recourse to Public Funds (NRPF)' is an immigration restriction applied to many people living in the UK which prohibits them from accessing welfare benefits or services, such as Universal Credit and Housing.
- When a family with no recourse is referred to Tower Hamlets Children's Social Care, and where there is a risk of homelessness or destitution, a Child in Need assessment under S.17 of the Children Act (89) should be completed. This should be a holistic assessment of the family's needs and must follow the Tower Hamlets practice expectations for assessments.

- A **financial assessment** ([NRPF - Financial Assessment Guidance.pdf](#)) should be carried out to ascertain whether a family has the means to support themselves. If the assessing social worker believes that the family would be at risk of homelessness or destitution without support provided by Children's Social Care, a **referral** ([NRPF - Referral form for NRPF Panel - Childrens Social Care.docx](#)) must be made to the NRPF panel for ratification of the decision to support the family under NRPF. If the family requires financial assistance/accommodation prior to them being presented to panel, this is provided through Section 17.

- The NRPF two-minute guide ([NRPF 2 minute guide.pdf](#)) provides important information about responding to referrals where NRPF is a concern, including requesting immigration checks from the Home Office and referring to the NRPF panel.

- When a family is already open to Tower Hamlets Children's Social Care on either a CIN Plan or a CP Plan, and where a risk of homelessness or destitution emerges as the result of the NRPF restriction, the allocated social worker should undertake a financial assessment and follow steps for referring to the NRPF Panel.

- If any safeguarding concerns come to light whilst a family is supported on a CIN plan with the need being NRPF, usual safeguarding procedures need to be followed.

Other relevant documents:

- [NRPF - Declaration of truth and consent form.docx](#)
- [NRPF - Key Documents for NRPF checklist.docx](#)

# Planning – S47s, CIN, CP, CLA

## Practice expectation

- When there are concerns that a child is suffering or likely to suffer significant harm, a Strategy discussion/meeting is used to determine whether a Section 47 enquiry is required as well as Safety Planning. The timescale for the Strategy discussion meeting is determined by the level of risk and need, ideally within 24 hours and within a maximum of 3 working days.
- [CP3. Child Protection s47 Enquiries \(london safeguarding children procedures.co.uk\)](https://london safeguarding children procedures.co.uk)
- If a Section 47 investigation is triggered, the timescale for completion is determined by the level of risk and need. The enquiry will be completed within a maximum of 15 working days.
- The reason for and purpose of the Plan are clearly set out. The Plan flows from the preceding assessment made, including any risks identified through assessment tools such as the neglect toolkit, exploitation risk assessment or DASH risk assessment and/ or the earlier plan. The Plan clearly addresses needs and risks as well as builds on strengths.
- The Plan conveys the views, wishes and deemed outcomes of the child and other relevant parties.
- The Plan is based on evidence and research directly relevant to the child's circumstances and stage of development.
- Plans for children separated from parents/ brothers/ sisters or significant others include arrangements for how they will stay connected with important people in their life, utilizing Lifelong Links where appropriate; plans should also include how the child will have a consistent person/ people to look after them and meet their needs long term until they are 18 to achieve permanence.
- [Lifelong Links One Minute Guide V4.pdf](#)
- Plans include an analysis of risks and the benefits of all the realistic options for the child. Plans are child-centered and outcome based. It includes clear and considered contingency plans.
- Plans result in actions that are agreed by all parties. Each person is clear about the part of the plan they are responsible for. The Plan identifies intermediate outcomes that can be used to evidence progress and minimize drift. The Plan contains clear arrangements and timescales for review.
- There is evidence of management oversight of the plan to ensure the practice expectations are met before the plan is signed off.
- In reviewed plans, the progress in meeting outcomes is clear and evidenced.
- Children subject of **Child Protection Plans (CP)**: have an outline plan established at the 1st Child Protection Conference developed by the Core Group at their first meeting after the Conference, and reviewed and updated at every core group meeting every six weeks.
- **Children In Need Plans (CIN)**: are reviewed every 6 weeks.
- If there are significant changes in the family circumstances, there is clear consideration of whether an early review should take place.
- For children where the primary intervention is due to the family status being 'no recourse to public funds' with no other safeguarding concerns the frequency of CIN meetings will be every 3 months.
- **Children looked after (CLA)**: have an outline Care Plan established within 10 working days and reviewed within 28 days of the child being accommodated; Plans are thereafter updated in line with updating assessments and CLA reviews.
- **Care Leavers/ care experienced young adults**: have their first Pathway Plan reviewed within 3 months and thereafter within a maximum of six months.
- **Children Receiving Short Breaks**: have their plan reviewed within 3 months and thereafter at least every twelve months.

# S47 Enquiries and Initial Child Protection Conference (ICPC)

## Practice expectation

- The London Safeguarding Children Procedures are followed and referenced in records and decisions.
- Concerns of significant harm that indicate a S47 investigation is required have been recorded and fully discussed with the TM and the decision to undertake a S47 agreed and recorded on the electronic system in writing by the TM.
- A strategy discussion within 24 hours involving all relevant agencies is undertaken – face to face, wherever possible; the plan for the enquiries and decisions recorded and a record is sent to all participating professionals.
- An interim plan will be considered and put in place that includes the plan for the enquiries, arrangements for seeing the child and the requirement for any written agreement with the parent is fully recorded.
- Checks with all relevant agencies have been undertaken and recorded and placed in “documents” on the electronic system.
- The child has been seen and spoken to alone and their presentation, views, wishes and feelings recorded. All siblings in the house will be considered as part of the investigation.
- The history of previous involvement is read, understood and used to inform the enquiry and a chronology of significant events completed.
- Risks have been identified, analyzed and incorporated into a Safety Plan.
- The strengths of the family have been considered and used to inform any decision; Family meetings and Family Group Conferences are offered to every family and recorded on “case notes”.
- The enquiry concludes following evidence-based assessments, judgement about the level of the risk of harm and whether it is significant in order to determine the action required to safeguard the child.
- The outcome has been discussed with the Team Manager and a management decision is recorded in relation to the next stage- i.e. NFA; Step-Down; CIN; ICPC; CLA; Pre proceedings, issuing proceedings.
- The Initial Child Protection Conference (ICPC) is convened within 15 days of the strategy discussion.
- The report (and the preceding single assessment – where relevant) will be shared with the family at least 3 days prior to conference and their comments will be recorded.

- The report will be sent to the child protection chair 2 working days before the conference (unless convened in an emergency).
- The parent and child will be offered support through independent advocates (through the FGC service), especially when parents experience particular vulnerabilities, to support them in expressing their views at each conference.
- The parents will be prepared to attend the conference and consideration should be given to whether the child should attend at least part of the conference. If they are not attending the conference, they will be encouraged to contribute in an age appropriate way and their views recorded in the social work report if appropriate, providing there are no safeguarding issues that would prevent this.
- The child protection chair will also seek the child's views independently.
- The child protection chair will set the date of the next conference; the date of the core group will be set by the Social Worker, together with the family and core group members.
- Best Practice Guidance for Child Protection Conferences can be found in the London Safeguarding Children. [London Safeguarding Children Procedures](#)
- [Restorative Child Protection Conference - Feb 23.pdf](#)





# Pre-birth Processes

## When to refer:

- Referrals should be progressed for assessment in relation to unborn children where concerns or additional needs are identified by week 12 of pregnancy or as soon as a pregnancy is confirmed.
- The referral should (wherever possible) highlight existing or previous areas of concern, alongside areas of potential strength.

## What happens next?

- MASH will make a decision alongside partner agencies if the contact needs to progress to a Referral or to Early Help.
- For unborn children whose parent(s) have not been subject to previous court proceedings which resulted in the removal of a child, the Pre-Birth Assessment should be undertaken by the Assessment and Intervention Service.
- For unborn children whose parents have experience of care proceedings within the last 12 months in relation to another child, the pre-birth assessment should be considered to move directly to the CLA service.

## In situations where the decision is made to undertake an assessment:

- The allocated social worker should start the Single Assessment immediately.
- The Pre-Birth Assessment should be completed by 19 week point of the pregnancy in order to allow sufficient time for support plan to be implemented.
- In situations where pregnancy is confirmed later (i.e; beyond the 12 week point), the Pre-Birth assessment should be expedited to allow for the maximum opportunity to assess risk.
- All Pre-Birth Assessments must ensure that all reasonable and appropriate attempts are made to engage with the birth father. In addition, any new partner (or household member) must be included in the assessment process.
- A referral should be made to the Family Group Conference Service. This should consider wider family support available to the unborn baby and the parents or options for alternative placement or permanency
- In situations where there have been previous proceedings, or where concerns are so high that legal advice is being considered, the PAST (Permanency Assessment and Support Team) should be made aware so that planning for alternative permanency options are explored.
- A referral should be made to Eva Armsby for a family assessment where this is necessary.
- In situations where significant harm is identified following a strategy discussion and Section 47, a referral should be made for an Initial Child Protection Conference. This should take place (within 15 working days) by week 23 of pregnancy or as soon as possible for late referrals.
- Where assessments indicate that legal action may be required, a referral should be made for legal advice and authority to commence pre-proceedings/ issue care proceedings at the weekly Legal Planning Meeting concurrently with ICPC by week 23 of pregnancy to allow effective Pre-Proceedings intervention to support the expectant parents and complete relevant assessments in Pre-Proceedings. Initial Pre-Proceedings meeting should occur by week 25 of pregnancy, a review pre proceedings meeting by week 30 and a final review by week 35 of the pregnancy. We must be prepared for an early arrival of the baby and should be ready for an application to court at week 35 if the situation requires. An application needs to be made on the day of the child's birth or the first working day after the birth.

**Process overview:**

12 weeks	Contact/Progress to Referral
13 weeks	Post Referral Visit
19 weeks	Completion of Pre-Birth Single Assessment <ul style="list-style-type: none"> <li>• Referral to Family Group Conference (FGC)</li> <li>• Referral Permanency Assessment and Support Team (PAST) where appropriate</li> </ul>
20 weeks	Strategy discussion/Meeting (if required)
21 weeks	CIN review (if that's the progression pathway for the child/ young person)
23 weeks	Initial Child Protection Conference (CPC)/ Legal Planning Meeting (LPM) (if required)
25 weeks	Initial Pre-Proceedings Meeting (PPM) (see pre-proceedings chapter for more information)
25-34 weeks	Support/Assessments
30 weeks	Review PPM
34-35 weeks	Final PPM
35 weeks	Preparation to issue (if that is the care plan). Draft SWET to be sent to Legal
Day of Birth	Issue court application on first working day after birth

# Legal Planning Meetings

## Practice expectation

- All escalations to Legal Planning Meetings should be made with the approval of the relevant Head of Service or Group Manager. Pre LPM discussion must occur with the relevant Head of Service or Group Manager where this approval is gained. Pre LPM discussions will explore options that can avoid care proceedings.
- LPMs take place on Tuesday afternoons from 2pm onwards on a weekly basis.
- All referrals with accompanying documents must be sent to the panel clerk by 4pm on Thursdays which will allow sufficient time for panel members to consider the referral paperwork. SWs/TMs should ensure referral documentation includes all available documents listed in the LPM guidance.
- Children subject to Supervision Orders must be referred to LPM at least 2 months prior to the Order's expiry. A review by the CIRO must take place before the child/ family is presented to the LPM. Referrals to LPM must include a clear recommendation from the SW team and CIRO and a plan forward. If the recommendation is to seek an extension of the Supervision Order, an updated Supervision Support Plan should accompany the referral. If the recommendation is for Supervision Order to lapse, a clear step-down plan should be provided.
- Where children/ families are referred to LPM following the completion of a Section 37 report, this must happen at least 2 weeks prior to the filing of the Section 37 report. The referral should accompany a final draft of the completed section 37 report.
- Police protection matters - Social Work teams must immediately inform the duty legal and Courtwork Manager when children are police protected. Emergency legal advice should be sought on such children as soon as possible or within 72 hours.
- DOLS Review – A Secure Accommodation Review Panel Report should be completed by the SW, which has been approved by the social worker's manager and reflects the views of those consulted about the placement, the Children's Guardian and the DOLs provider. The report must include an exit plan.
- Emergency LPMs: There may be occasions when a child needs an urgent decision such as an application for an Emergency Protection Order/Short Notice ICO/Ex-Parte ICO/Forced Marriage Protection Order or when a child comes into care under Police Protection. In situations where a decision needs to be made urgently, the Head of Service for the Team will convene a LPM to which the duty lawyer and the Courtwork Manager will attend, together with Social Worker and their Team Manager. Convening an emergency LPM should be the exception and not the rule. The SW Team must invite the duty lawyer to any strategy meeting regarding these matters.
- All children/ young people progressing to LPM should be referred to a Family Group Conference.

## Relevant documents:

- [Revised Guide to LPMs Feb2023.pdf](#)
- [LPM referral.docx](#)
- [Child Impact Analysis LPM referral.docx](#)
- [Secure Accommodation and Deprivation of Liberty Procedure, August 2022.pdf](#) (including Secure Accommodation Review Panel Report)

# Pre-proceedings

## Practice expectation

- All children/ young people for whom the decision is made to commence Pre-Proceedings:
  - Letter before Proceedings should be served to parents within 3-5 days from the Legal Planning Meeting. The letter should outline the concerns of the Local Authority and include a recommended intervention plan under Pre-Proceedings. Along with the letter, a parents guide on Pre-Proceedings, a leaflet on our Family Group Conference offer, and a list of local family law firms that accept legal aid matters should be provided to parents.
  - Immediately after the LPM, referrals should be made to EAFC for parenting assessments, PAST for viability assessments of connected persons and a family group conference if this has not been done already.
  - Initial Pre proceedings meeting should take place within 10 days of the Legal Planning Meeting. At this meeting, parties will agree on all expert assessments, identified experts, Letters of Instructions and timescales within pre proceedings, set timescales for FGC and completion of viability assessments. Parents should be encouraged to put forward names of family and friends to be assessed as kinship cares at this meeting. Agreed minutes of the meeting should be shared with parties within 5 days of the meeting and uploaded on the child's record.
  - PAST (Permanency Assessment and Support Team) should be invited to the Family Group Conference so that they can explain kinship assessments to family members. Kinship assessments should be progressed in all Pre-proceedings matters.
  - Review Pre-Proceeding meeting should take place between 6-8 weeks from the date of Initial Pre proceedings meeting. Agreed minutes of the meeting should be shared with parties within 5 days of the meeting and uploaded on file.
  - Final Pre-Proceeding meeting should take place between 12 and 16 weeks of the initial Pre-proceeding Meeting. Agreed minutes of the meeting/closing letter should be shared with parties within 5 days of the meeting and uploaded on file.
  - If the outcome of the Pre-Proceedings is to Issue care Proceedings, a Care Planning meeting should be convened by the SW team prior to the final Pre-Proceedings meeting, so that LA's decision is conveyed to the parents at the final Pre-Proceedings meeting.
  - If Care-Proceedings is to commence at the end of Pre-Proceedings, an application should be made without delay – within 10 days. A Letter of Intent should be served to parents at the final pre proceedings meetings.

## Relevant documents:

- [Letter of Intent Sample Template August 2022.docx](#)
- [Letter Before Proceedings Sample Template August 2022.docx](#)
- [Pre Proceedings parents-pack.pdf](#)
- [List of Solicitors.pdf](#)
- [FGC leaflet.pdf](#)

# Care proceedings

## Practice expectation

- If a decision is made to issue care proceedings, a letter of Intent should be served to parents immediately or within 3 days of the LPM and an application must be made within 10 days (under normal circumstances). If short notice application needs to be made, this must be expedited, and all efforts must be made to serve the letter of Intent to parents (unless an ex-parte applications is made).
- FGC and PAST referrals should be if this has not been done already at this point and initial permanency planning meeting should be arranged (by PAST).
- Legal status on file must be updated once an order is granted. CPT and SQA should be notified so that initial CLA review/ Initial Supervision Order review can be arranged.

## Relevant documents:

- [Letter of Intent Sample Template August 2022.docx](#)
- [SWET-Full Initial Evidence.docx](#)
- [SWET-Final Evidence.docx](#)
- [SWET- Short version for emergency ICO applications.docx](#)
- [Care Plan Template - initial and final care plan.docx](#)
- [Procedure on Supervision orders, October 2022.pdf](#)
- [Supervision Support Plan template.docx](#)

# What to do when a Child/ young person comes into our care

**CARE PLAN to be completed**  
 (Within 10 days of a child coming into care)

**Has the child's assessment been completed?**

FGC as a priority – Think about Lifelong Links from the start

**Birth Certificate** – there should be a copy on file

**Delegated authority in Placement Plan Record**

**Life Story Work begins**

Don't forget **family time** for each child to be in place

**Referral to PAST** (especially babies)

Check which Panel you need to go to: IPOP or Resources

**Legal Planning Panel at 12 weeks for Section 20 cases**

**CPT notified**

**Child Placed**

**Placement meeting**  
 (5 working days)

**Statutory visit**  
 (One week – this is a separate visit from the placement date)

**Initial Health Assessment**  
 (Before becoming looked after or within 20 working days); **Foster carer/ key worker and SW to attend**

**PEP**

**Review**  
 (Within 20 working days)  
 IRO allocated within 5 days

Mosaic CLA status inputted by CPT within 24 hours. CPT to inform host authority when a child is placed outside of LBTH

**Placement information, record and consent forms completed.**

**Placement Plan Record completed**

**GP details on Moasic**

IHA referral paperwork to CLA admin in SQA within 4 days of becoming CLA

**Within 10 days if not in school or 20 days if in school**

**Each child should know about the complaint's procedure and advocacy**

Don't forget **dental and optician** appointments.

Are **immunisations** up to date?

# Children Looked After

## Practice expectation

- When a child becomes looked after an up-to-date assessment of their needs should be in place (Single Assessment or Age Assessment if appropriate). This assessment will inform the selection of a placement in meeting the child's needs. Placement with brothers and/ or sisters will be taken into account when planning a placement. If it is an emergency/ unplanned entry into care the assessment will be completed within 15 working days.
- When a child needs to come into care a placement with family and/or friends will be explored first, and a Connected Persons assessment completed if appropriate.
- Family Meeting and Family Group Conference will be offered to every family as a part of the assessment and planning and if this does not take place the reasons must be recorded and agreed to by the Team Manager. Invite PAST to attend FGC to discuss parallel and permanency planning. ([Permanency Pathway flow chart.pdf](#))
- When a child is placed all the information (including family history and a view on the vulnerability of the child) needed to care for the child will be shared with the foster carer immediately at the point of placement.
- And wherever possible, any significant or sentimental items from their home will be brought with them to their placement, for example photographs, security blankets, a favourite toy, etc.
- Consideration of Lifelong Links should start from the beginning of the child's entry into care.
- The placement meeting will be held within 5 working days to agree how the placement will meet the child's needs.
- For older children the risk of going missing and child sexual exploitation will be considered, and a plan agreed and recorded to reduce the likelihood of this.
- A risk assessment will be completed and authorized by the Team Manager.
- The child's needs in relation to race, ethnicity, language, communication, disability, gender, sexuality, religion and faith will be taken into account, and it will be recorded in the child's care plan how these will be met.
- Arrangements for family time with parents and other significant family members will be made at the time of the child coming into our care and regularly reviewed. Family time will be in the best interest of the child and will be supported. Consideration will be given whether it needs to be supervised and/ or if a community setting would be appropriate.
- The child will be provided with a coming into care pack, children rights leaflet and contact details for the social worker and Independent Reviewing Officer (IRO) as soon as possible but no later than the first visit to the child within 3 days. The IRO service will be informed immediately when a child becomes looked after for the allocation of an IRO. All other professionals involved with the child will be informed of the child's legal status within 5 working days.
- The following key processes must be initiated.
  - The forms to request an **Initial Health Assessment (IHA)** must be completed and returned within four working days of the child coming into care so that an appointment can be offered for the IHA.
  - A **PEP meeting** will be arranged within 20 working days and subsequently reviewed within the statutory guidelines at 6 monthly intervals.
  - All children in care will be **seen** within 3 working days following moving into care or following a change in placement, and then no less than six weekly thereafter. Visits may need to be more frequent at different points based on the child's needs.

- An up-to-date **care plan** will be recorded on the electronic system within 10 days of placement and this will include the child's needs, consider intended outcomes and placement and service provision that is needed to meet the child's needs.
- A **permanency meeting** must be held immediately following the first review. At the point of the second review the child must have a permanency plan included in their care plan.

- For young people in our care their aspirations for the future including their interest, views on careers and how they want their lives to develop should be included in the care plan from early teens.

- A pathway assessment will be started when the young person is 15 years 9 months and will be reviewed by the IRO as part of the statutory review.
- Thinking and planning for transition to adulthood should begin at this stage. The review closest to the child's 17th birthday should confirm the referral to the Housing Panel, any decision making around staying put and/or post 18 accommodation, allocation of a PA, transfer to the Throughcare Service (TCS) where appropriate, and that the following documents are up-to-date and available to the child:
  - An up-to-date Pathway Assessment/Plan
  - Key events Chronology updated.
  - Birth Certificate
  - National Insurance Number (applied for three months before their 16<sup>th</sup> birthday)
  - Passport (if appropriate)
  - Clarity around their immigration status and what support will be available for those young people who have not had their extended stay in the UK granted by the time they turn 18.
  - Health Passport
- Liaison with Housing to consider future engagement and housing opportunities

- Children will be encouraged to participate in their review and planning for that review in age-appropriate ways which will include where it happens, who is physically present, what is discussed, and chairing part or all of their meeting. They will be given the opportunity to speak to their IRO on their own before and in between their meetings. Parents will be encouraged to participate in the review process and their views recorded.

- The social worker and relevant other professionals will provide a written report for the review and this will be with the IRO 5 days before the review. The social worker will ensure that the review and care plan has been discussed with the child, family and/or carer 2 days prior to the review so they are prepared for the meeting. The IRO will be informed of any changes in the child's circumstances at the time they happen and a new CLA review will be set in accordance with the timescales where appropriate.

- The IRO will contact the child between reviews to ensure the progress of the plan and to gather the child's views about what is going well for them and if there are any issues for the child to express in line with the IRO role and responsibility.
- The IRO will ensure that children are aware of their right to access their record, have an advocate to support them in meetings or with a complaint, or be referred for an Independent Visitor where appropriate.
- The IRO will also meet with the social worker six weeks after the review to check on the progress of the recommendations made in the review and to be updated on any significant changes or incidents since the meeting.
- The IRO will escalate to managers, including senior managers, any delay in progressing the care plan for children or any decision making that is not felt to be in their best interests.

- Any significant changes to a child's care plan or legal status should not be made without first raising it with the IRO and discussing it at a review where it can be ratified.
- If a placement is at risk of breaking down a Placement Stability Meeting will be held and chaired by the Team Manager or Service Manager to look at ways of maintaining the placement or seeking an alternative placement that will better meet the needs of the child.

- [One minute guide for first into care timescales.pdf](#)



# Regulation 24 (Reg 24)

## Practice expectation

- When placing a child under temporary approval of a relative, friend or person connected with the child under reg 24 (whether this is a planned move or an emergency), professionals are committed to the safety of the child and that the connected person is able to meet their needs.
- [Family Friend Foster Carer Regulation 24.pdf](#)
- A “connected person” is any family member (whether immediate or distant) or friend or someone who has a pre-existing relationship with the child or family.
- This is different to a Private Fostering arrangement which is a private care arrangement made by the parents, without the involvement of the local authority.
- A viability assessment must be completed for consideration by the Agency Decision Maker (Divisional Director, Children’s Social Care) prior to the placement being agreed.
- The assessment shall be completed detailing the nature of the relationship between the person and the child/young person; the prescribed Viability Assessment template shall be used, [Viability Assessment Reg 24 Family Friends Carer \(blank template\).docx](#)
- The connected person must be approved as a foster carer for the child or be granted a Special Guardianship Order within 16 weeks of the child being placed with the connected person.
- The Social Worker must interview the person concerned and be satisfied that the person is a relative or a friend as defined by the term “Connected Person” and that they are prepared to look after the child/ren as foster carers.
- The Social Worker must inspect their accommodation using the Coram / BAAF Home Safety Checklist and other assessment tools used by the Fostering Team and PAST i.e., pet questionnaire, bedroom risk assessment etc.
- Police checks (DBS/PNC) must be requested on everyone over 16 living in or frequently visiting the household. Other safeguarding checks by searching and reviewing the Mosaic records is also completed. The outcome of the checks must be recorded under the “Connected Person’s” name and cross referenced on the child’s record.
- The child shall not be placed in a household with anyone who has been convicted of an offence against a child.
- If someone in the household has been convicted of offences of a sexual or violent nature against an adult or drug related offences, a risk assessment shall be undertaken to determine whether it precludes an immediate placement, or an assessment being undertaken and Head of Service approval is sought.
- The placement shall be considered only if the social work assessment recommends the placement as the most suitable way of safeguarding and promoting the child’s welfare and the “Connected Person” can provide safe and satisfactory care.

- If a child / young person has to be placed with a person who is not an approved foster carer under reg. 24 of the Care Planning, Placement and Case Review Regulations 2011, immediate approval shall be sought from the Head of Service (PAST) (Agency Decision Maker)
- A copy of the signed off temporary approval form shall be sent to the Fostering Team manager/s for allocation of a supervising social worker.
- The PAST assessor notifies the finance team of confirmation of approval of the placement to initiate fostering allowance. The Head of Service shall record the reason for the decision to place a child in a Reg 24 placement in the completed Viability Assessment that the PAST assessor uploads in Connected Person Workstep on Mosaic. .
- A Placement Planning Meeting shall be held within 5 working days of the child being placed, with the carer, child social worker and fostering supervising social worker.
- The procedures for Looked After Children, including the Placement Planning Meeting, CLA Review, medical, Personal Health Plan and Personal Education Plan shall be followed.
- Statutory Visits must be completed at least weekly for the first 4 weeks until the first review and thereafter every 4 weeks until the assessment is considered at the Fostering Panel. The Child's Plan must consider early permanence planning to make a decision about the child's needs and whether the child can return home.
- [Viability Assessments Flowchart.pdf](#)



# Care Leavers/ “Care Experienced Young Adults”

## Practice expectation

- A pathway plan will be developed with the young person at the age of 15 years and 9 months and will be reviewed by the IRO at the CLA reviews which will continue until they are 18 years old.
- When a young person becomes a relevant child and care leaver the pathway plan will be reviewed every 6 months.
- **A Personal Advisor (PA)** works with care experienced young people to make sure they receive the care, support and entitlements they need when they leave care. The PA is responsible for working with the young person to agree what support they need to prepare for independence this is reviewed in 6 monthly Pathway Plans. (Details below)
- The PA works with the care leaver until they are 21 years old however this can be up to the age of 25 if the young person is engaged in higher education or training,
- The PA is responsible for keeping an up-to-date record of their involvement with each care leaver, including the frequency of contact with them, confirming if accommodation provided is suitable and whether the young person is in Education, Employment or Training (EET). This informs the key information for statistical returns.
- All files should have 3 monthly summaries to evidence ongoing work with the young person and their current circumstances.
- **Networking:** PA is required to network and work in partnership with the young person’s allocated keyworker as well as other agencies involved in their welfare in the community including the Education Providers, YOS, Probation Service, Prisons, Counselling Services, DWP, Health Services, Substance Misuse Services, etc. The emphasis being on collaboration and community involvement.
- The **Pathway Plan** will address:
  - current education and further education, training and employment (ETE)
  - living arrangements in consultation with housing colleagues, including “Staying Put”
  - legal issues (particularly for Unaccompanied Minors seeking leave to remain (“Triple Planning”))
  - Health
  - Emotional wellbeing
  - Family and social relationships
  - Money management
  - Staying put policy
- **Visits** can require flexibility regarding frequency and location, some care leavers can be resistant to the PA visiting their placement or home; sometimes visits can occur in the community or the TCS office on occasions, but not as a substitute for meeting the young person in their place of residence on frequent occasions.
- A primary role for the PA is keeping in contact with the young person every 8 weeks up to the age of 21 years, on a face-to-face basis/ visits or 12 weekly post 21 years. These are minimum requirements this can also include phone calls, text and email.
- Any young person over the age of 18 years has the right to refuse contact with their PA, however the PA will endeavor to maintain and liaise with other professionals within the community that are working with the young person including their placement keyworker, in some situations outreach support worker as well as their family if the young person is in contact.
- There should be evidence on the files that the young person may only be available at certain times due to other commitments, for example they are working, and are not unable to meet with their PA.
- Some visits to prisons may be on an 8 - or 12-week cycle, depending on whether the young person has been sentenced. Whilst on remand 8 weeks is preferable.

- Social workers will support the “Staying Put” initiative and all young people who remain in their placement will have this reviewed at their pathway planning meeting together with any financial implications.
- 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, counselling.
- If young people are eligible for adult services a referral will be made to the adult team ideally 6 months prior to the young person’s 18<sup>th</sup> birthday and joint visiting should be undertaken prior to and subsequent to transfer to ensure a smooth transition between children and adult services. In some cases, this will involve ongoing joint/ partnership working following the 18<sup>th</sup> birthday. Those agreements to work in partnership will be determined by the young person’s level of need.
- All children of care leavers will be given priority places on activities running in the Children and Family Centres that they feel would be of benefit to them.

# Better Together

BUILDING  
RELATIONSHIPS,  
STRENGTHENING  
FAMILIES

