CHILDREN'S SERVICES TOOLBOX

What good looks like

Created by Anthony Douglas CBE,
DfE Improvement Adviser and
Vikki Whild, Head of Performance,
Quality and Commissioning, in a
co-production with teams
throughout Children's Services
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Purpose

This toolbox aims to support rapid practice improvement and to set out 'what good looks like'. The toolbox describes '**the way we do things around here'**. Existing BCP policies, standards and the Tri.x procedures remain in force apart from the BCP Practice Standards which this Toolbox replaces. The toolbox will be updated quarterly, so it is always up to date.

This guidance was co-produced with staff and sometimes local organisations representing children, young people, parents and carers.

This first toolbox concentrates on Children's Social Care. Quarterly updates will progressively feature all Children's Services. In July 2021, we will add the following services to the Toolbox: school improvement, admissions, pupil place planning, educational psychology, NEET's, school finance and capital and safeguarding in schools. As well as this, the next update will include the Youth Offending Service, Aspire (the Regional Adoption Agency), the Pan-Dorset Safeguarding Children Partnership, the Family Contact Centre, the Family Information Directory, Family Hubs, Supporting (previously troubled) families and Workforce Development.

Value Base

1. The toolbox is written from a child-led and child-inclusive perspective. **So, 'assessment' is what a child needs. 'Care' is the care a child needs to experience. A 'plan' is the child's plan. Data is child-led data.** This **'think child'** practice is compatible with all Children's Services statutory and professional responsibilities.
2. The start and finish points are always **the child's story and lived experiences.**
3. Services are delivered within a multi-agency 'integrated children's system'. This uses the same principles as the statutory integrated care system (ICS) for adults. It takes a village to raise a child and **it takes a professional team working with safe family members to protect a child** – the team around the child.
4. Our work has to be diversity-conscious and must address inequalities. For example the over-representation of BAME children and young people in the mental health and youth justice systems, as well as educational inequalities. Black lives matter. Disabilities matter. Women matter. Children matter.

The questions we should ask ourselves

The first set of questions are in relation to a child's safety and well-being and are drawn from our Signs of Safety framework:

1. What are we worried about? – what are the risks to the child?
2. What's working well? – how is the child being protected?
3. What behavioural changes do we need to see and how long for, to know the child is safe?
4. How can protection be strengthened?

The second set of questions are in relation to our own performance during our work and at the end:

1. What did we do?
2. How well did we do it?
3. Is the child better off as a result?

Asking these questions routinely shows professional curiosity. This is part of a practitioner's self-regulation, not something done to them managerially. This is crucial as each child is unique, little can be taken for granted in our work and the purpose of our work is to keep children safe and to make their lives better. Managerial oversight adds value and a second opinion to self-regulation.

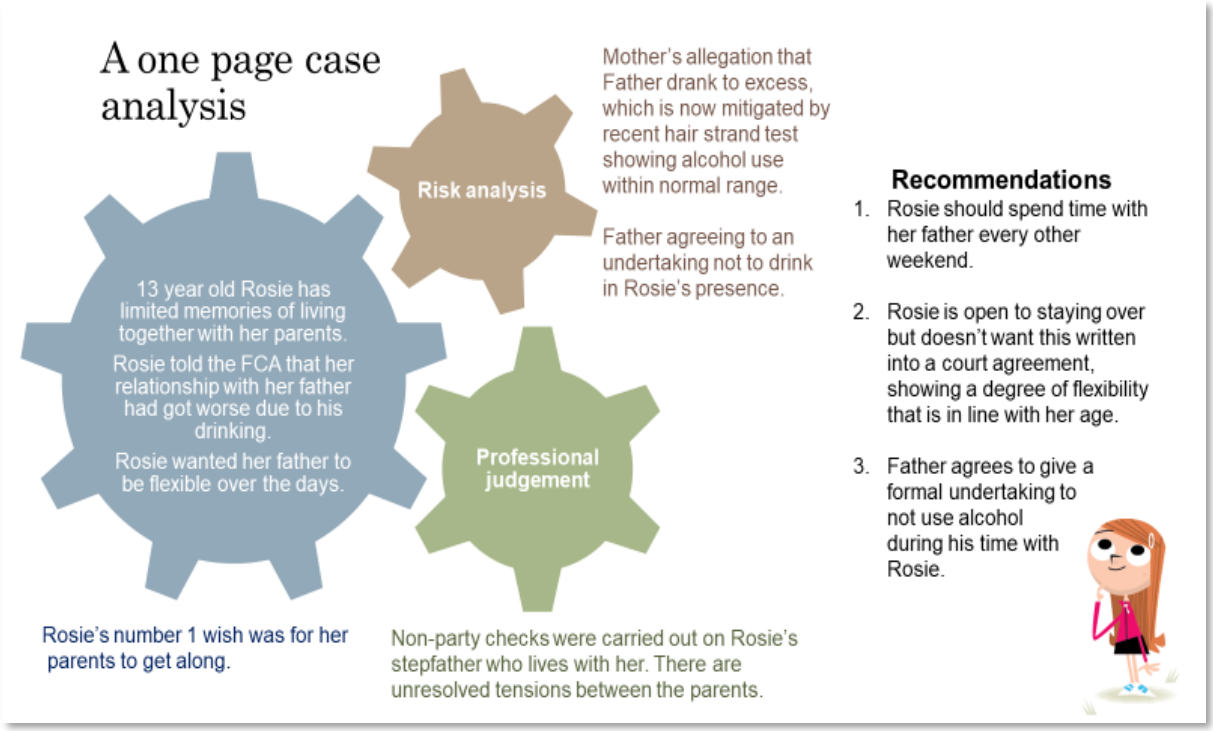
Contents

1. Child-centred practice

Echocardiographers in children's hospitals take and make films of a child's heart from many different angles, to build up a picture of what is going on in the heart. Children's services practitioners do the same with the emotional and experiential side of the heart.

The way we work around here

All services in BCP Council have to '**start with the child and stay with the child'**, whether our involvement is brief or lengthy. All members of staff, from the switchboard through to casework, must keep the focus on the child from the get-go. So, in child-centred practice, we assemble the evidence base about the child's lived experiences, especially the impact on the child of any adverse childhood experiences. From the start, relevant evidence about the child's experience must be recorded and built upon, in a continuous assessment, a cumulative fact-based and analytical record.



In child-centred practice, **assessing, planning and intervening are concurrent, not sequential.** Rapport with the child and important family members needs to be established straightaway, despite the difficulties at times when working with hostile or 'captive' parents or children – captive in the sense that our involvement is sometimes not their choice. Warmth, humanity and empathy should be communicated by us at all times. This is our '**culture of help'**.

Our involvement needs to be supportive of the child's journey through time. This is different from the way a referral is processed bureaucratically. Both are important to get right but what matters most is that we are aware of the child's starting point – the receipt of the referral is the child's starting point. A '**culture of urgency'** should also be initiated at this first stage. Staying with the child throughout the life of the case means keeping the child at the forefront of our collective mind as an organisation. This includes the closure

decision where the first consideration should always be whether the closure is in the child's best interest. Ask yourself, what would the child say about this decision. Even better, ask her, him or them.

Key points to bear in mind

- Seeing the child is crucial. This means understanding the child. This is done through either direct observation, direct work or indirectly through others who are safe and protective towards the child and know her or him well. This includes trusted interpreters and translators. Statutory visits and reviews are important, but they do not guarantee the child is 'seen'. The outcome of our work is that our plan for change directly follows on from 'seeing the child';
- Professional time is scarce and must be used well. It is better to spend proportionately more time with the child in depth than on the issues which matter to the parent/s – we must not be adult-focused – though sometimes the needs of the child are met through meeting the needs of the adult's around them. Our focus on the child needs to be communicated at the outset to parents, so that expectations can be managed. Getting it right for the child will use up most if not all of the time we have available;
- Focusing on the child's lived experiences means that issues like domestic abuse and neglect have to be understood through the lens and feelings of the child e.g. when did the child become affected by family breakdown and in what way? This starts to establish **the emotional timeline for the child;**
- All discussions and questioning with parents and carers should be child-focused;
- At times we need to advocate for the child whose voice is too often inaudible with 'noisy' adults;
- Children are 'active agents' in their own case. They are not passive recipients nor are they 'objects of concern'. The child is also a brother, sister and a friend – a real person;
- We must support children to determine their own futures. If they are part of the decision-making and if they can be supported to feel in control, this will be a major boost for their self-esteem and identity;
- Good social work is based upon an understanding of child development, so that adverse childhood experiences can be understood in the context of child development parameters e.g., the compromises to health brain development and solid brain architecture brought about by ACE's;
- There are few established facts in working with children and young people. Invariably, there are different options, different explanations and different suggestions – about the same incident or event. Practitioners need to be able to live with '**constructive ambiguity'** and to feel empowered to trust their professional instinct and judgment along with any hard evidence;
- All case notes and reports must be written in plain English using where possible the child's words, bearing in mind the child may return to scrutinise them in the decades to come. **The file is the child's record**;
- BCP Council will put in place sufficient child-friendly spaces to allow child-centred practice to flourish e.g., rooms for play and therapeutic work and spaces where children can feel relaxed;
- Consider the child impact of every situation (see the example below).

Possible child impact of domestic abuse

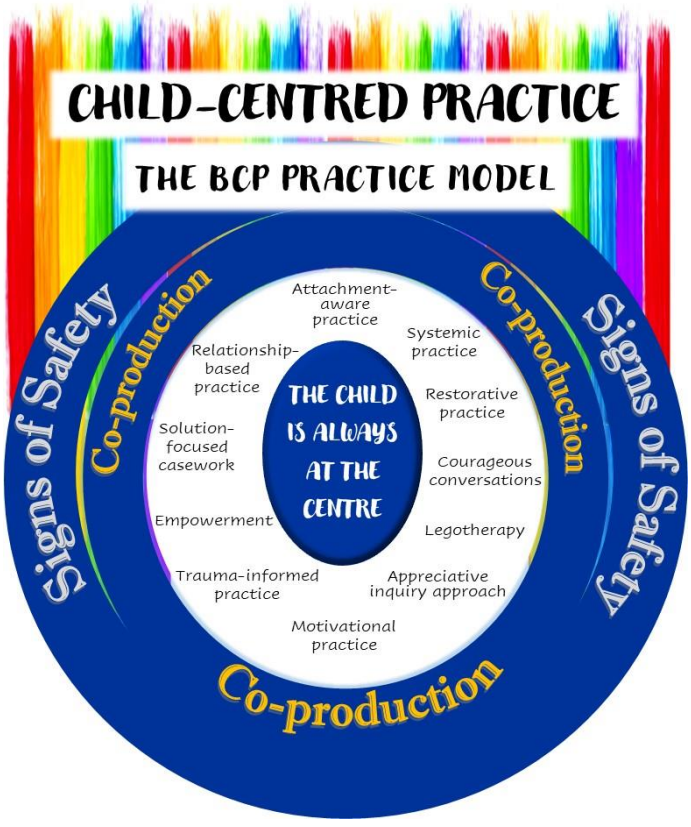
- *Risk or violence in pregnancy can lead to a low birth weight for the child, just as substance misuse by the parent can cause foetal distress or addiction;*
- *Witnessing severe domestic abuse triples the likelihood of a child having a conduct disorder (Meltzer, 2009) and experiencing domestic abuse within the family can cause lifetime harm to a child. 'Witnessing' implies passivity; the focus should be on what the child has experienced;*
- *Children can feel forced or obliged to adopt defensive strategies in the face of domestic abuse which risk becoming painful and lifelong defences against anyone getting close;*
- *Being around domestic abuse can cause the child to experience powerful negative emotions like anger, shame, and guilt as well as stress, anxiety or depression;*
- *Children can feel the same as vulnerable adults around domestic abuse; the child saying they feel they are walking on eggshells;*
- *Younger children aged six and under appear to be most affected by witnessing domestic violence (Meltzer, 2009).*

Good practice

- Whilst our interventions can be **transformative**, they will more usually be small yet significant – **marginal gains**. Make small plans for every week. The change you need to make for the child needs to be identified at or near the start of your involvement in a co-production with the child and any others who need to play a part in making that change. Above all, children need to be told what is happening, helped to understand any complex issues and involved in your work as much as possible – **not done to but done with**.
- The framework you use in your work also needs to be made clear so that those you are working with know what you are doing. This may be restorative practice including dispute resolution, trauma-informed practice, behavioural techniques like nudging or through relationship-based support (see below). Most successful interventions come because of the skill of the practitioner and the support they give - to make a change or changes;
- Performance management and measurement can support positive outcomes. A good example is the well-being indicators developed by the BCP Council's Young Carers Service (see the section on young carers).

THE BCP PRACTICE MODEL

The BCP practice model is child-centred practice. The frameworks to practice within are Signs of Safety and co-production practice. The degree to which these apply varies from service to service. In the same way, the interventions in the middle are child-specific and neither uniform nor universal. They are examples not a list.



AND FINALLY – it is for the child or young person to define whether your practice is child-centred.

And what about the parents?

We have to be child-focused without alienating the parents in the process. Below are some tips about this:

Being sensitive to parents, and keeping the focus on the child

- ✓ *Set high expectations for parents, including supporting the exercise of sensitive and child-centred parental responsibility;*
- ✓ *Parents can be desperate about their children and can find it hard to appreciate the brevity of our work. This needs acknowledging;*
- ✓ *Parents can fear their children will be removed from them or they will lose all contact with their children as a result of our involvement;*
- ✓ *Awareness and acknowledgement of such fears is important, especially as this is the reality sometimes;*
- ✓ *Parents who have been abused may be vulnerable so need to be seen and supported as such. This means being especially sensitive about language and tone used, and physical movements made – so that fear is not aroused or rekindled;*
- ✓ *Our practice is rooted in the tradition of compassionate social work.*

Good Practice Indicators ~ Child-centred practice

- ✓ Timely and proportionate visits to children
- ✓ Child-centred practice is seen in practice learning reviews

2. Relationship-based practice

"You can't grow roses in concrete", Eileen Munro, 2017

'They may forget what you said, but they will never forget how you made them feel', Carl W. Buehner (1971) and Maya Amgelou in 2003 who added, "I've learned I still have lot to learn"

'We often refuse to accept an idea merely because the tone of voice in which it has been expressed is unsympathetic to us', Friedrich Nietzsche

'Don't walk in front of me; I may not follow. Don't walk behind me; I may not lead. Just walk beside me and be my friend', Albert Camus

The way we work around here

A principle in this toolbox is that 'good' children's services are delivered through good relationships, inside and outside of the organisation. This means the following relationships must be good:

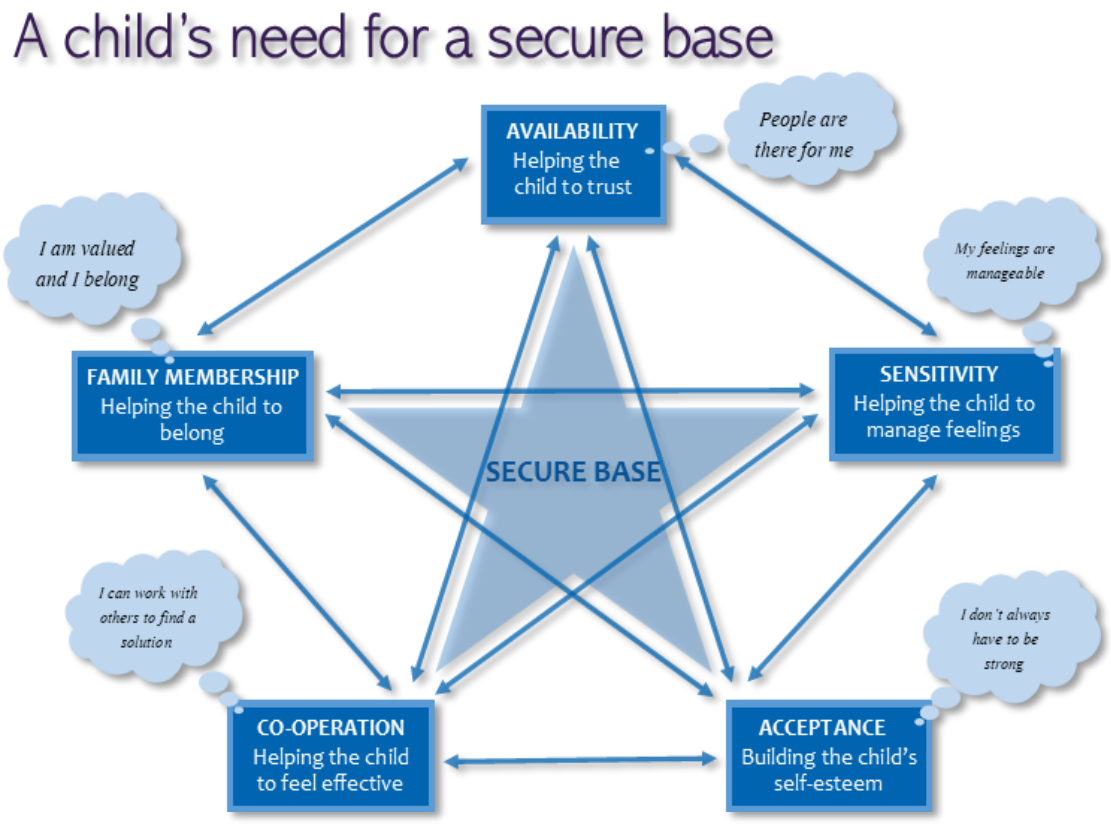
- Practitioners with children, young people and their families;
- Practitioners and managers with each other and with their colleagues in partner agencies;
- Between staff at all levels within BCP Council.

Relationship-based practice involves the continuous development of positive relationships and the continuous eradication of negative factors in personal relationships.

It is crucial to recognise and remember that there is always a power imbalance between professionals and those they serve. This imbalance can be mitigated through warmth, candour and communication skills.

However, brief the professional contact, instant rapport is a pre-requisite of successful practice. That first contact may be information-seeking or informative. There is usually not much time so '**get straight to the point'.** Take a solution-focus into every contact – '**sort it as much as report it'**. Always approach a situation with problem-solving in mind. Only extend involvement if the child in question has a clear need for such extended involvement. To **'get in, get on with it and get out'** is the responsible way to deploy scarce resources to an ever-expanding number of children and young people we are responsible for.

Finally, our work is emotional labour. It is hard. It can be painful at times and it can be isolating. Staff carrying out this work need a secure base inside their organisation in the same way that a child needs a secure base within their family (see below for children and in the section about culture for staff).



Key points to bear in mind

- Effective relationships are central to successful outcomes;
- Pay as much attention to relationship content as to casework content – both are important;
- Be motivational even when you have to be challenging – motivational social work, motivational interviewing, motivational management etc – a 360 degree '**culture of motivation' inside BCP Council (see the tips below);**
- Be mindful of your own and others' values and ethics and how they impact on relationships.

Practice tips about motivational interviewing

- *Listen actively to what you are being told, encouraging reflection, problem-solving and a solution focus – avoid roadblocks to listening;*
- *Relate each issue to the child's perspective.;*
- *Remember that children and families are experts by experience;*
- *Avoid over-questioning;*
- *Avoid 'fixing' the problem that seems obvious to the worker – it may not be to those you are working with.*

- Always be warm and inclusive - the enduring impact of being supported is often under-estimated;
- Go with the child's preferred way of relating in terms of pace, distance, content, non-verbal communication – remember, the child does not have a choice of which professionals are responsible for her or him – so you have to be super-sensitive to becoming their 'social worker of choice' through developing a customised relationship which works for them, not just you. This is emotionally intelligent practice;
- Brief contacts are standard practice for an agency given volumes and pressures – learn how to be '**successfully brief'.** Staff need support to work effectively to respond to complex issues in a short period of time;
- Fluency in the use of digital media and all social media platforms is now as important as fluency in face to face, phone and e mail when making and maintaining contact and trust with a vulnerable child, young person or their family.

Good practice

- People change due to the influence of other people, so the ability to persuade, negotiate, to be able to use authority, to impress and to inspire – they go together to make up high impact practice;
- Personal qualities and professional knowledge are equally important;
- One practitioner per child is likely to lead to a higher impact than a procession of social workers. Establishing stable high-performing teams of permanent staff is not just a sensible recruitment strategy, it is a pre-requisite of a good children's service which values stable relationships for vulnerable children and young people, especially as a corporate parent.

Good Practice Indicators ~ Relationship-Based Practice

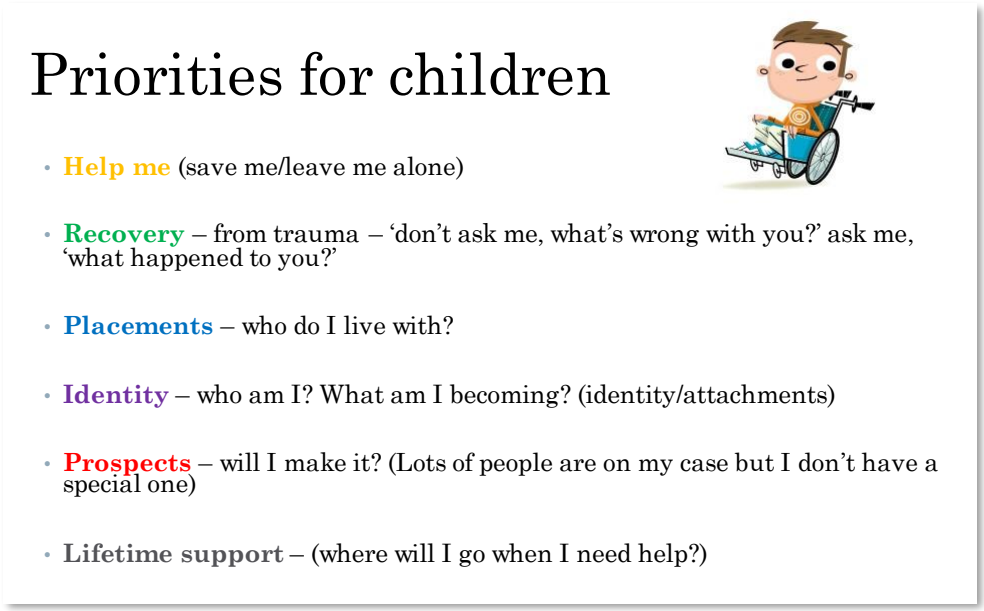
✓ Outcome of practice learning reviews

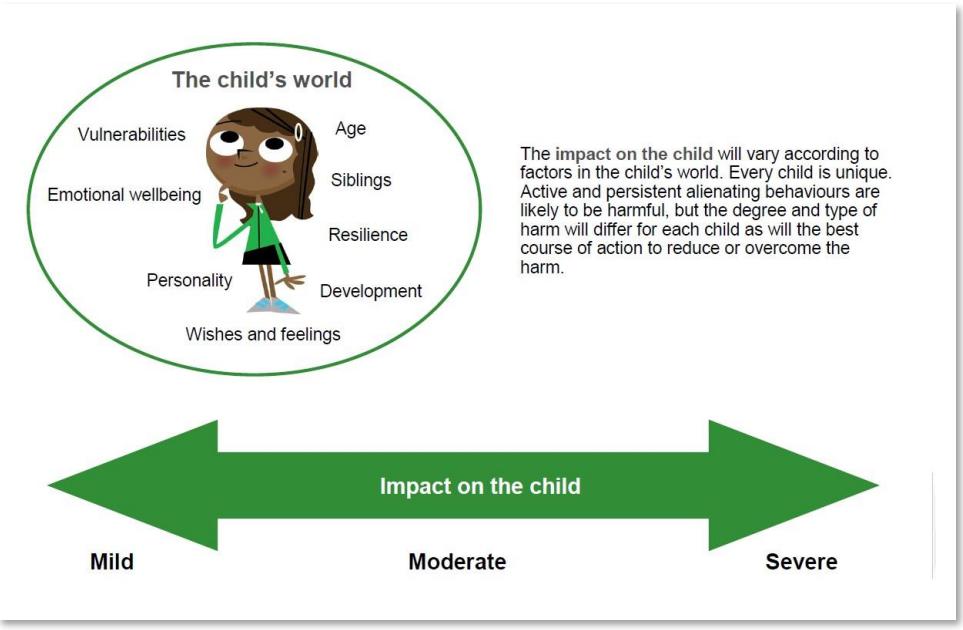
3. The importance of 'lived experiences'

The way we work around here

The **lived experiences** of the child and the team and family network around the child **matter**. This means that the day to day experiences of the child, her or his parents, carers, the wider family network if involved and foster carers if involved, should all be good. The team around the child includes the children's services practitioner as well. A practitioner who is not feeling 100 per cent cannot give their best. The role of the organisation is to support practitioners to feel and be that 100 per cent in their work. Positive lived experiences are only possible for a child to feel when those around them are also enjoying positive lived experiences.

Understanding **lived experiences** is crucial. This depends upon immersion in the child's situation, enough to understand it. Much abuse and neglect are 'hidden in plain sight'. As the great American photographer Robert Capa said; "If your pictures aren't good enough, it's because you're not close enough".



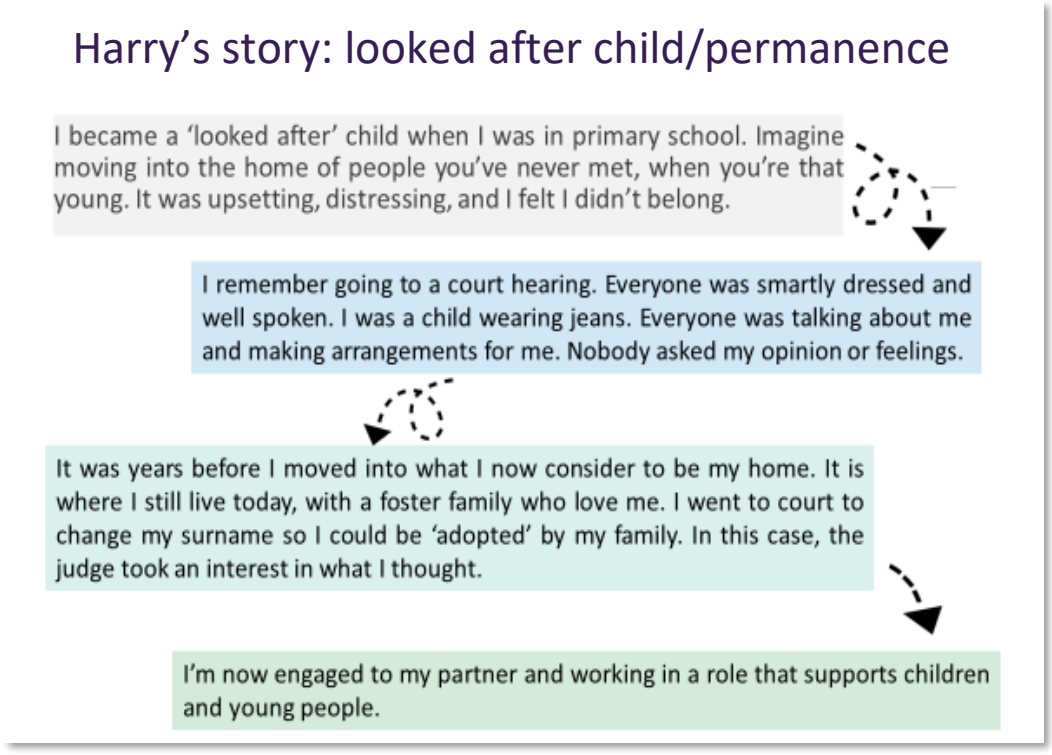


Key points to bear in mind

The importance of 'lived experiences' is best told by children themselves in relation to their needs and their experience of interventions. Each story invites searching questions. Some childhoods have been completely lost to trauma. This shows the importance of professional curiosity – as well as family curiosity and community curiosity. Each child and young person we work with has their own story. Our task is to bring their story to life and to influence their future story positively. Many children and young people say that our intervention is the first time anyone has listened to them and taken them seriously.

Olivia's story N.B. these stories are reproduced with the permission of the children and young people featured.

"I'm a care leaver. Two professionals who made a difference to me were firstly Renata, an advocate who showed me the power of communication and helped me when my needs were ignored by my corporate parents and, secondly, Sandy, a youth worker with whom I've explored politics with. Through this I have found passion and willpower."



My name is Jacob and I am 9 years old.

- My family have been in and out of the family Court system since I was 2 years old. I have no siblings and I have always lived with my mum.
- Over the years my dad kept taking my mum to Court wanting more and more contact, but I didn't want that.
- By the time I was 6 things were really bad. On one occasion I stood up to my dad in front of my family and said I didn't want to go with him.
- He never considered my feelings, my opinion didn't matter, so in the end I stopped trying to tell him how I felt. I had no choice but to become resilient, I would switch my ears off and get lost in a world of LEGO.
- My dad was very angry after contact had stopped. He caused a lot of trouble at my school and kept trying to take me out of school at various hours of the day.
- I kept thinking '*When are they gonna listen to me?*'

- I really wanted to talk to the Judge, and my case worker Rachael, helped arrange this for me.
- I felt important, I felt like finally it was MY chance to tell them what was going on. I felt like MY happiness mattered at last.
- Later that same day my mum phoned me from court to tell me what the Judge said. The result was that I didn't have to see my dad for two years. I was so happy that I screamed down the phone. Suddenly I felt like all those LEGO bricks I had played with for years, had been lifted off my shoulders!
- A year after contact stopped, I won **Star of the Year** at school. I am resilient and I found a way to cope. I wanted to tell my story so that other children are inspired to get their voices heard, to find that coping mechanism, and never give up!

Stories change over time, just like ours do. But the first and last questions in our involvement are '**What's the child's story?' 'What are the child's lived experiences?'** Hearing and acting upon stories are at the heart of reflective practice, putting yourself in the shoes of the child. Mentalisation techniques support this as they encourage those around the child to hear and act upon the child's story too.

These stories need to find their way into case notes, the case record and reports. Children and young people can be facilitated to upload recordings, drawings and opinions directly into their own case record.

- Chronologies, genograms and family network ecomaps should be considered as core tools;
- Evidence your understanding of the impact of the child's history, culture and experience within assessments, the supervision record and decision-making processes;
- Analyse the impact of key issues (for example, domestic abuse, parental mental health, parental substance misuse) on the child or young person, to inform planning, interventions and support;
- Ensure that you hear **and act** on the voice of the child/young person, using direct work tools (for example "In my shoes", "Three islands", "Three Houses", "My family"). Bournemouth University has characterised some voices as 'seldom heard voices'. Also understand the diversity of voices;
- Each case file should start with the child's story and lived experiences – their pen picture. This should see them in the round and not be a 'rap sheet' of bad behaviour or unrepresentative isolated incidents;
- Where a child is too young to give a meaningful view verbally, ensure that you engage them in effective communication in ways they can understand and observe their non-verbal interactions and what that might indicate – without generalising from too little observation;
- Ensure you hear the voice of children and young people with SEND through Total Communication and creating the opportunities through non-verbal cues to really understand what their lived experiences are. Adapt your communication where English is not their first language, using non-family interpreters where possible;
- Don't make promises you can't keep, however tempting this is;
- Ensure that children and young people have access to advocacy where appropriate or that they are supported to give their views by another trusted peer, friend or adult.

Good practice

Good practice tells the story of the child, their lived experiences and how they can best be helped in the future. Casework is seen through the eyes and emotions of the child. All aspects of casework from assessments to plans should be child-led and support the child's journey and improvements in their lived experience. It is important to understand **differential impact.** This means that the impact of the same situation will be different from child to child. Brothers and sisters will experience abuse or neglect at home or outside in different ways. There is no common lived experience. Good practice makes these distinctions.

Good Practice Indicators ~ The importance of 'lived experience'

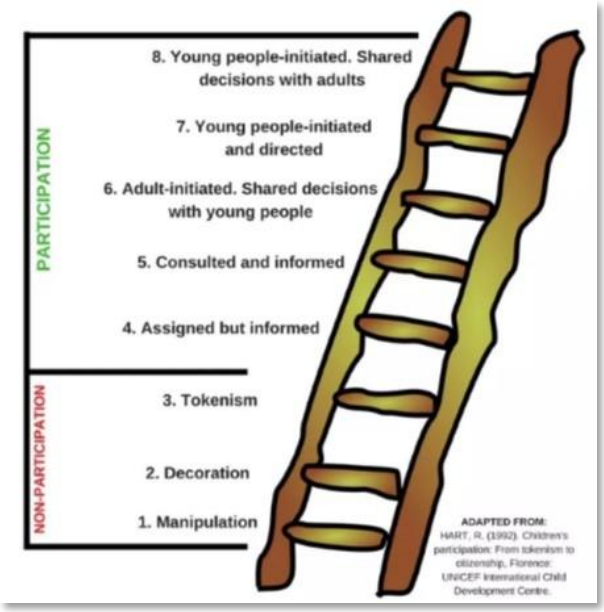
- ✓ Timely case supervision
- ✓ Outcome of practice learning reviews

4. Co-production in practice

The way we work around here

For co-production to be meaningful, the impact of Children's Services on children and their families must be clear, understandable and shared. It also means that the way Children's Services works and is organised makes sense to staff inside the service and partner agencies on the outside. Such clarity helps to stop vulnerable children from slipping through the net which can happen if service pathways are confusing.

Our approach makes use of Hart's Ladder of Children's Participation. This is a graduated approach, avoiding a one size fits all model. Sometimes children need to be in control, sometimes they need to be facilitated, sometimes they need to be consulted with a lower level of involvement and sometimes they need to have decisions made for them. It is best to use a presumption of co-production so that times not co-producing are kept to the necessary minimum.



An entire service can be grounded in co-production practice. See the SEND charter of co-production below.

Key points to bear in mind

- Aim to co-produce change, not a document or a strategy;
- Co-production takes longer. Involvement means spending more time with children and/or their families explaining what is going on, preparing them for significant events in their lives and feeding back to them issues they need to be aware of. It is harder to co-produce under pressure of time and other demands;

- **Thinking co-production** means the routine consideration of involving those we work with in just about every piece of work – auditing and training for example. Young inspectors can be trained and supported to carry out inspections of how child-friendly services are and how those services are being experienced by children and young people – just by asking them;

Good practice

Matthew's top tips, produced with support, is a good example of co-production. It can be used as supervision and training material. So, as well as t**hink child, think co-production.**

M's Top Tips

for professionals working with Children and Young People with Autism

1. I like professionals to talk to me calmly.
2. Don't talk over me, let me finish talking first and wait for me to answer your questions.
3. Don't treat me or speak to me like a baby.
4. Give me simple questions so I don't get confused.
5. Always use eye contact and ask me if I understand.
6. Never try to force me to do things I don't want to do.
7. Never make false promises. If you're doing something I will always think it's a promise.
8. I like it when I am given good feedback.
9. I don't tend to show much emotion if any at all.
10. I am a creature of habit and I like routine.
11. When I get upset I like to be left alone in a safe environment.
12. Make sure you always listen to me as sometimes I get frustrated and I can lose my temper.

GOOD PRACTICE INDICATORS ~ CO-PRODUCTION IN PRACTICE

- ✓ Proportionate involvement
- ✓ Evidence of seldom-heard voices being heard

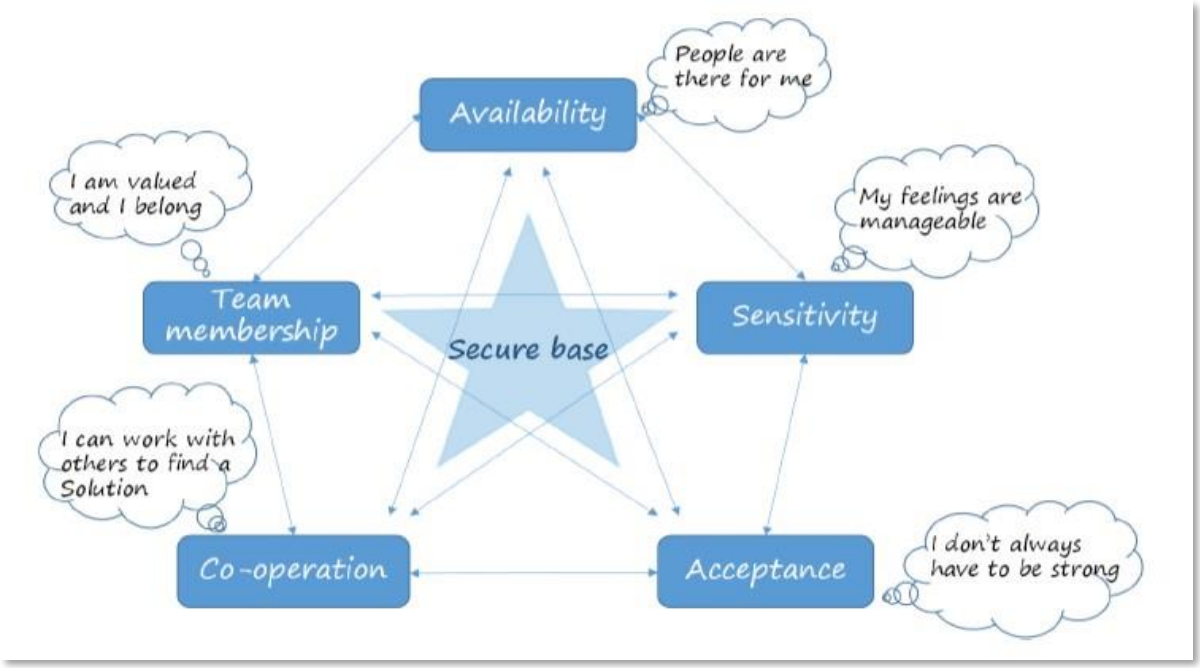
5. The culture of the organisation

'Culture eats strategy for breakfast', Peter Drucker, 1986

The way we work around here

BCP Council is committed to developing an open and inclusive culture for staff (see the 7 Obsessions and the BCP People Strategy 2019-23)). Improving the lived experience of staff is crucial to improving the lived experience of the children and young people we support. All staff in BCP Council are role models for the following essential attitudes and behaviours. The same applies to contractors working for the council:

- Valuing each other and showing respect, support and compassion at all times;
- Showing 'unconditional positive regard' for al staff, especially as some staff feel a loss of trust in the organisation and change fatigue;
- Contributing to a learning culture and environment, in which constant effort and emphasis is put on learning from mistakes rather than blaming the person who made the mistake (assuming the mistake is unintentional as it invariably is);
- Changes are kept to the essential minimum and, when necessary, they are communicated well – see the change management guideline below;
- The health and well-being of staff is viewed as a statutory responsibility – which it is, including taking steps to raise staff morale when that is needed- and to know when it is needed;
- The Children's Services structure and roles within it are crystal clear. Understand each other's teams;
- Developing high performing stable and permanent teams, with agency workers and interims only when necessary and unavoidable – interims must never treat permanent staff with disrespect as they (interims) are guests in the organisation. Similarly, 'interims' should be treated with respect;
- Being careful not to give airtime to fake news and certainly not spreading it – this is a personal responsibility;
- Pro-actively taking action to solve problems – a bias towards 'sorting it';
- Supporting teams in trouble and individual staff before they 'fall';
- Risks in the work being shared and the organisation being a 'secure base' for staff carrying out 'emotional labour' (see below).



Key points to bear in mind

- The organisation needs to work properly and to be ticking over in the background, not making a lot of noise – the more dysfunction, the more the noise – see the work of the Progress Forum below, including monthly Pulse surveys which are regular health checks about well-being in Children's Services;

What is the Progress Forum

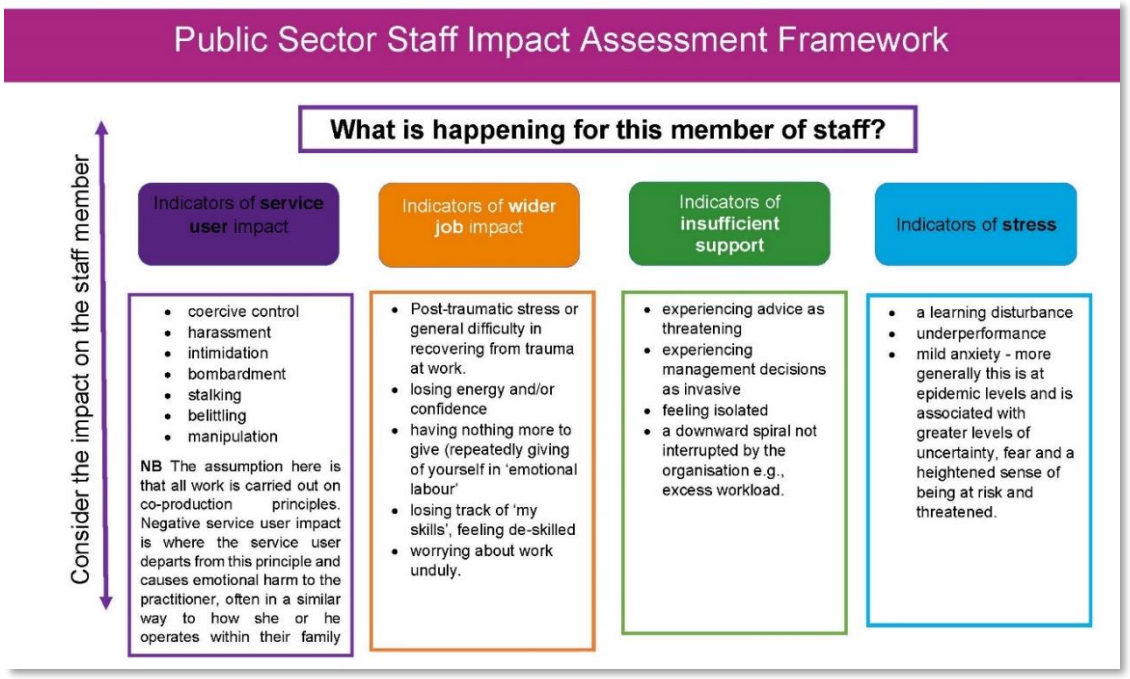
- The Progress Forum is a project being supported by BCP Children's Service's Directorate to enhance the way we work and improve the way we feel about the work we do.
- The Progress Forum wants to change the way we communicate by bringing workers, managers and senior management together in one space to collaborate and utilise the combined skills, knowledge and tools we have.
- The Progress Forum will identify areas within our services that need improvement – those areas will be identified by you. The way those improvements will be actioned, will also be shaped by you.

4

Objectives

- Listen to staff through a monthly survey to all Childrens Services staff
  - Track wellbeing against 4 questions
  - Staff identify issues to resolve and volunteer to be part of the solution
- Progress Forum meets monthly- run by staff for staff
  - Bringing workers, managers and senior management together
  - Review survey results plus wider information on wellbeing; use to assess impact
  - Review staff priorities for improvement; feed into existing work or create new projects
- Monthly communication to all staff on progress, including explaining if something can't be done
- Use the findings to report against impact for the Childrens Services Action Plan

- Too many staff have left BCP Council since the council was formed in April 2019. We will stop doing things that push staff away so that they gravitate towards another employer. In the same vein, we will pull potential new staff towards us by taking steps to be an 'employer of choice';
- Good supervision at the point of need underpins a happy and positive culture;
- Racialised and gendered practice must be challenged, confronted and stopped. Racism and sexism, whether conscious or unconscious, must be challenged, whether it is staff on staff or in relation to service delivery. 'Bystander apathy' helps neither the victim nor the perpetrator. The Public Sector Equality Duty (2010) applies;
- **To understand the relevance of an individual's diversity, you have to understand this through a conversation, not a tick box form;**
- The impact on staff of working for BCP Council and Children's Services needs to be understood and supported (see below).

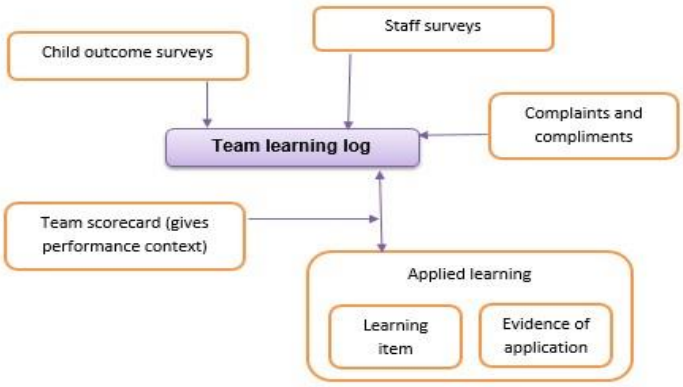


Good practice

Good practice is confirmed and validated if:

- 80 per cent of colleagues agree that Children's Services (CS) continuously strives to improve;
- 80 per cent of colleagues agree that senior managers convey their vision for CS well;
- 80 per cent of colleagues agree that senior managers create a supportive environment in which good practice can flourish;
- 80 per cent of colleagues agree that CS regularly monitors the quality of services we provide;
- 80 per cent of colleagues report that their managers provide child-focused leadership;
- 80 per cent report they get the right level of support from their immediate manager;
- 80 per cent of colleagues answer yes to a question about how well their team works and what it could improve;
- 80 per cent of new starters say their induction programme prepared them for their role in BCP Council;
- 80 per cent of practitioners report that the lived experience of children, including their wishes and feelings, are central to all of their work with children and families.

Characteristics of high-performing teams



With rights come responsibilities (all colleagues)

Rights	Responsibilities
the right to be treated with respect	respecting others
managers foster a culture of collaboration	supporting colleagues, attending team meetings
job satisfaction (professional pride; a sense of fulfilment)	readily adapting a personalised way of working to new circumstances
the right to management support	being able to self-regulate by ensuring work meets standards and is compliant with policy
the right to be engaged in all decisions taken about my job, my workplace, and the way I am required to work	to influence proposed change/s as best I can, suggesting realistic alternatives and solutions
the right to be seen for my strengths as well as my weaknesses, in balance and in proportion	to respond positively and quickly to anything I need to change
the right to reasonable adjustments so that I have equal opportunities to fulfil my role	to assess each case for any diversity factors and, if relevant, suitably analyse, report to court, and consider reasonable adjustments
to have a reasonable workload	to respond to the needs of the organisation
that BCP will take active steps to make my job manageable	to be as efficient and effective as possible, recognising limited resources, including time
the right to a transparent allocation process	to close cases promptly, and to be available and positive about taking on new work
the right to be fully involved in the work of my team or service area	to contribute to the best possible consensus and/or solution to any identified team or service area problem
the right to work flexibly	to ensure that flexible working is compatible with the operational needs of the service

A good practice change management guideline

1. Every time a significant change is proposed, it should have a short project plan with clear objectives and intended outcomes;
2. Every change needs a project manager – a leadership role in charge of the change, not necessarily a job;
3. Every change of some size needs an impact analysis, including what IT or systems changes are required and the impact on other services;

4. A change of some size always needs a rationale that shows how the benefits outweigh the risks and disadvantages.

GOOD PRACTICE INDICATORS ~ THE CULTURE OF THE ORGANISATION

- ✓ Progress Forum feedback
- ✓ Corporate staff survey
- ✓ Timely professional supervision and 1:1s

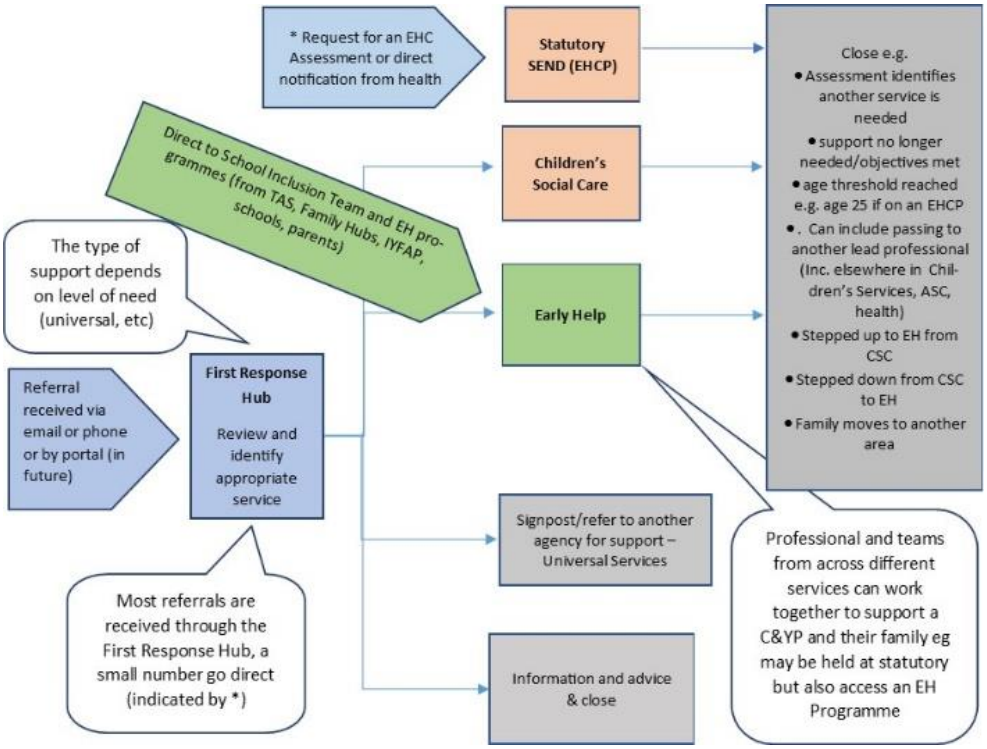
6. The MASH - Multi-Agency Safeguarding Hub

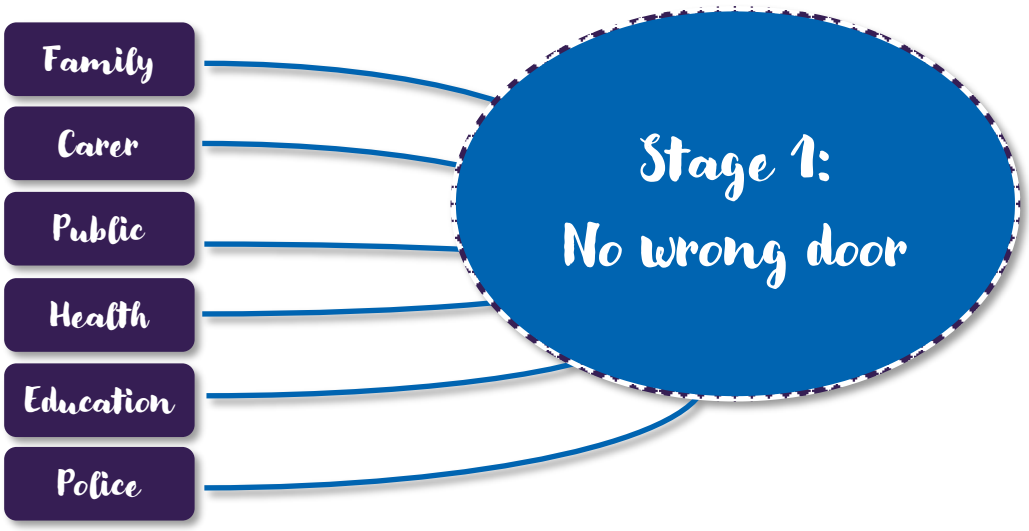
"These are children, they aren't stats", a MASH Manager
"We want MASH to be like Santa Claus – whoever visits should be able to take something positive away", the MASH Service Manager

The way we work around here

The first occasion when a child or adult at risk is spotted or identified may be the only opportunity to save their lives. The person who sees what is happening or what may be happening can be a family member, a friend or a professional. The closer a safeguarding system can get to the daily experience of a child at risk or a child in need in real time, the more chance that child and be supported and protected.

All referrals come through the Children's Services switchboard and First Response Hub, operated by business support officers. They are passed to the Multi-Agency Safeguarding Hub (the MASH) within 30 minutes. There is no wrong door to raise a concern (see below). All doors open into the MASH. The MASH's purpose is to screen and rag rate (red, amber, green) all incoming referrals. Social workers have to gather evidence in order for the right decision to be made – either to take no further action, to signpost elsewhere, to go into Early Help, also within Children's Services, or to be sent for either a social care or an early help assessment if there is possibility the child is in need (CIN) or there might be a serious safeguarding concern (CP). Operating these thresholds consistently and accurately is a daily measure of success.





The MASH uses a duty system. The core team is a duty pod, with social workers and early help practitioners sitting in the pod on a rota and co-located at Poole Police Station. An education worker, domestic abuse worker and a mental health worker will soon be joining the duty pod, making a total of six workers in the pod every day. The social work and early help practitioners rotate and the 3 new workers will be in the MASH every day. Early Help and the MASH are now integrated into the MASH hub which gives MASH practitioners a better understanding of the early help offer. The MASH is an integrated front door and a solid front door. It is becoming a genuine multi-agency hub and not just a co-located hub. In the same vein, there are transfer meetings and a transfer discussion group between the MASH and the Assessment Service, for the same reasons. The MASH aims to 'get it right first time' meaning referrals are triaged, assessed and transferred to the most appropriate team and service.

This requires athletic professionalism and agile management oversight – team managers oversee every contact within the working day and managers authorise significant decisions e.g., about accommodating a child or young person.

So as not to be excessively rigid about making a referral, referrers from health and education can use a consultation line which enables someone who is worried about a child to have a conversation with a MASH team member rather than to be forced into either making a formal referral or withdrawing. Many children's situations are complex and benefit from being talked through first. This is also crucial for building trust and confidence between professionals and with external partner agencies.

Call wait times are regularly tested. E-mails are colour-coded to give the suggested triage route.

High risk referrals go immediately to the duty manager. Three referrals about the same child or family within six months leads to an automatic assessment.

The MASH makes good use of resources like the Family Information Directory and the BCP Community Action Network.

Each MASH team member is an expert or champion in a specific issue e.g., a peri-natal expert who holds regular meeting with the local midwifery team.

Key points to bear in mind

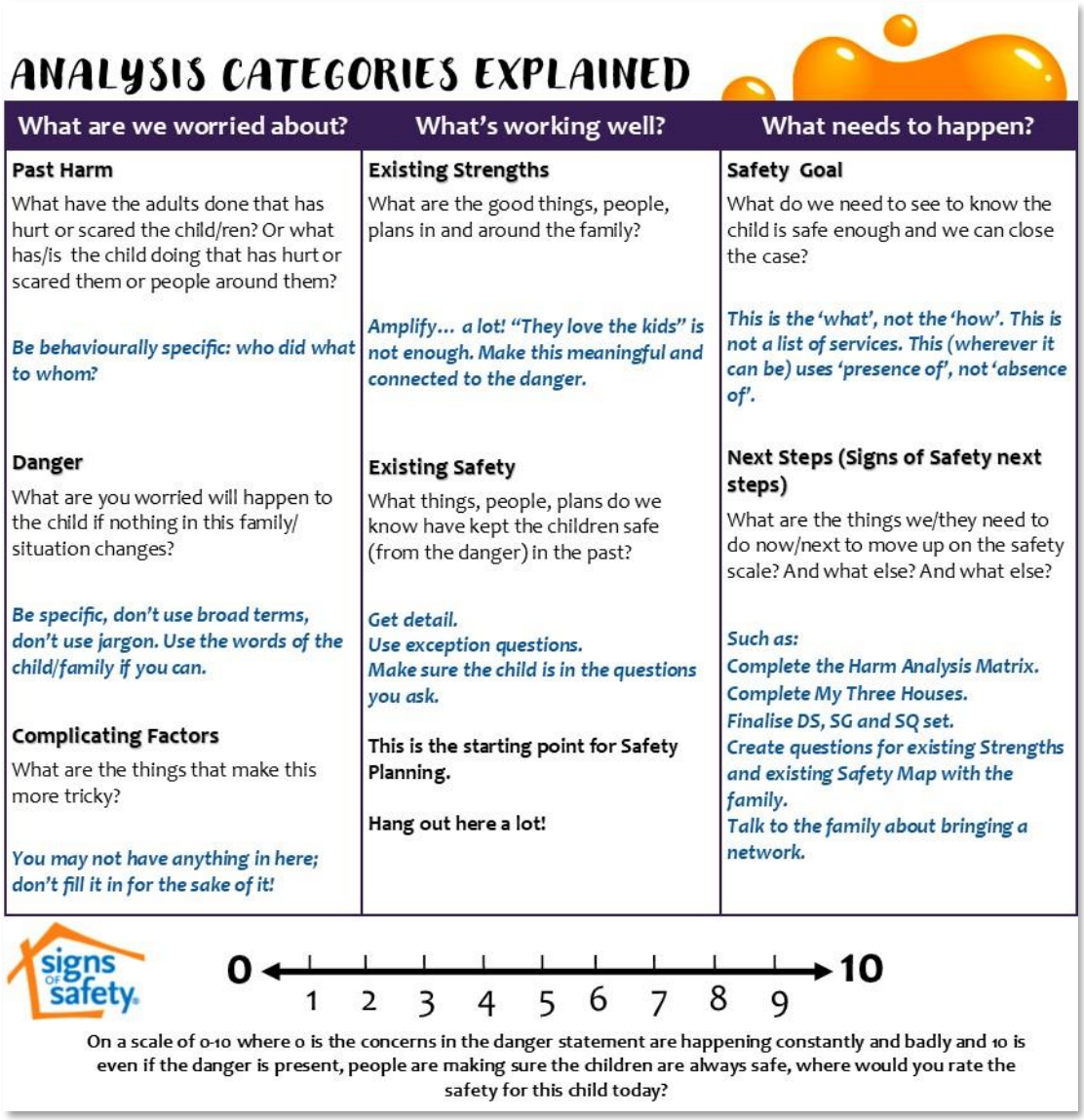
- MASH is a specialism in its own right;
- The amalgamation of the MASH and Early Help has enhanced their overall skill-set;
- Trust and confidence in the MASH leads to better early identification e.g., of unborn children where there is already a concern (the MASH uses a tracker for unborn babies and concealed pregnancies which come to light);
- It is important to offer consistent advice e.g., to homeless 16- and 17-year olds;
- From the outset, it is important to focus on the long-term needs of the child, not just processing the referral. Rigid processing leads to referrals being prematurely shut down and too high a rate of re-referrals;
- All referrals should be subject to an initial analysis within the triage process;
- Social workers should review the known history and any information on the child or family and complete a risk analysis to inform the threshold decision;
- Consent from the person being enquired about should be sought unless it is an immediate safeguarding concern when consent will be waived – otherwise, consent can only be dispended with by a family
- court;
- The police officers in and around the MASH should screen all Police Protection Notices (PPN's) for meeting the referral threshold;
- MASH is a specialist service – team members are specialists in screening, contact and initial analysis. It is important that the skill set needed is continuously refreshed and expanded. Weekly training, learning and de-briefing sessions are important, even if only an hour can be spared.

Good practice

- Holding daily risk meetings about the most complex safeguarding referrals and making consistent use of strategy meetings and a transfer for a s47 investigation (as in Hampshire County Council and in Waltham Forest Council);
- The Signs of Safety framework is most useful in the MASH and in child protection work where the use of danger or worry statements and safety goals is the best framework for assessing and responding to risk (see below);
- The routine involvement of health and education professionals at strategy meetings (strats);
- Practice learning reviews show that referrals are categorised accurately and passed to the right team with basic information collected and collated and through a smooth and coherent transfer process.
- The MASH should ensure a high-quality input into Education, Health and Care plans (ECHPs).

Good Practice Indicators ~ MASH

- ✓ Timely progression of contacts
- ✓ Conversion from contact to referral
- ✓ Percentage of contacts where consent is obtained



7. Early Help

The way we work around here

The new Early Help (EH) delivery model was launched in September 2020. Practitioners have been brought together from previous teams that worked separately with, for example, early years and teenagers. Early Help 1 (EH1) are the teams providing programmes and supporting school inclusion whilst in Early Help 2 (EH2), six family support teams and youth support services are based in locality hubs across Bournemouth, Christchurch and Poole. The direction of travel for Early Help is to prevent children needing escalation to social care and to work in support of the team around the school model for the 100+ schools and colleges in BCP, thereby reducing the sense of disengagement some young people feel which may at times lead them into conflict with their school or college.

Early Help is a 'distributed service', with some staff in the service sitting in the MASH, some in the locality-based family hubs and others providing specialist programmes designed to prevent children from being 'stepped up' to more critical interventions. EH team managers have access to locality ward profiles which

are updated each term. This helps them to target interventions proportionately and to those in greatest need, as individuals and as communities. In addition, the council's EH services link to a wider network of external Early Help providers which include schools, health services and voluntary and community providers.

Early Help family support

Early Help responds to concerns from pre-birth to the end of childhood through to the young person's 18th birthday. Interventions are limited to 16-weeks to ensure that resources can be available for new families needing support. At any one time there is capacity for approximately 600 children and young people to be supported in the family support teams.

Where dedicated casework is required, an Early Help Assessment will be completed within 15 days. Assessments use Signs of Wellbeing - a worry statement, well-being goal and a support network (the team around the family). An 'interest list' is operated, not a waiting list. An offer is always made within a term – otherwise it will often be too late.

The EH practitioner facilitates the support network to agree and deliver on the agreed actions that it is felt will secure sustainable improvements in the child or young person's outcomes. The ambition is for the support network to be working effectively enough for EH family support involvement to step back after no more than 16 weeks.

Signs of Safety, EH 15 days Assessment Timeline

Date	Steps/ Meetings/Monitoring	Tasks/Tools
Preparations – Week 1 **Information Gathering**	Professional Preparations – check referral is at the right service threshold. **Step 1** – Identify and respond to needs early and seek consent • Do the family know they have been referred to EH • Discuss with the family if they would like an Early Help Assessment. • Identify the most appropriate person within the service to act as the Early Help Worker. • The worker will be the person who the child has a trusted relationship with. • Determine if an assessment will help.	• Check with the Early Help Manager to establish if there is already a Children and Families Service assessment in place. • Discuss any support needed with the Early Help Manager. • Establish whether any other services are involved with the child and their family. • Is there a chronology, genogram and ecomap.
Week 1 – 2 **Analysis**	**Step 2** – Assess Need • Undertake assessment jointly with the child their family and any other services involved using the SofS approach. • Wherever possible, base comments on evidence, not just opinion and indicate what the evidence is. It is important to distinguish between fact, opinion and observation when recording the information. • Check if there is a current Genogram if not update this with the family. • Explore family networks and identify who may be able to give support and consider holding a Safety Network Meeting – (TAF).	Write your Worry Statement - **What is going well for the child and their family?** • Child and family strengths • Wellbeing factors **What are we worried about?** • What is happening now • Areas where needs are not being met • Presenting worries and concerns • Worries that are impacting on the child's health and wellbeing. The scaling question/s enables you to identify your level of concern and also opens up discussions by highlighting the best case and worst case scenarios and what needs to change to improve outcomes for the child. • Arrange if possible, a combine visit to see Family and Children separate at the same visit. • Complete Direct Work with Child
Weeks 2 – 3 **Judgment**	**Step 3** – Co-ordinate the wellbeing plan - What needs to change to improve the outcomes for the child and their family? (Make sure the child and families views are captured within this) • Arrange a Safety Network Meeting • Identify next steps, goals required and desired outcomes • Work with the family and relevant agencies to complete Wellbeing Plan. • Agree a progress review date.	Write your Wellbeing Goals - Consider each of the assessment areas from the whole perspective, starting with the strengths and then concentrating on the presenting issues/ concerns. • Agree Specific, Measurable, Accurate, Realistic, Timely (SMARTer) outcomes and record them on the assessment with the action plan and a review date. Remember to set clear timescales for each individual aspect of the plan. • Agree with family the sharing of information with other professionals involved in the plan. • If appropriate develop a Words and Pictures explanation with parents/carer to explain to child what the plan is • Child-centred Safety Plan presented • Close case or Step Up
Week 3 – End	The assessment must be completed with the child and their family to ensure their views are captured and they are at the centre of the assessment.	Access to reflective supervision so Manager can support and sign off final assessment.

Early Help Programmes

Early Help Programmes Teams work across the BCP Family Hubs to deliver Early Help services which are accessible to children/young people and families.

The Early Help Programmes Teams offer evidence-based programmes under four stands, these include Parenting, Young Parents and Volunteering, Communication Language and Literacy, Home Learning and Wellbeing and Brighter Futures which is a school facing service.

Where dedicated casework is not the only or not the most appropriate response, an alternative Early Help offer may be suggested. This may be signposting to an appropriate group or programme run by or through the service. These include:

- Welcome to the World/Bonding with your baby (an ante-natal programme);
- Triple P primary;
- Support with speech and language delay, based upon the Early Years Foundation Stage framework (EYFS) and tailored to an individual's child's needs;
- Triple P teen;
- Living with teens;
- Triple P stepping stones;
- Escape the trap – teen relationships for girls;
- Young Parents to be;
- Young Parents Trick Box;
- Trick Box – neuro-linguistic programming (NLP) skills for children and adults;
- The Parenting Puzzle.

The capacity for these programmes is 750 at any one time.

Young Peoples Services

Young People (aged 12-19) have access to:

- Youth Access Points. These are safe spaces where young people can ask for support with anything that is affecting them. The teams are made up of guidance and adolescent support workers who enable young people to build and access networks that make their lives safer and more fulfilled. The teams provide IAG (Information, Advice and Guidance) with the core goal of ensuring that all young people are able to access post-16 education, raising aspirations and building strong future pathways. Post-16 young people with more complex needs can access an Adolescent Support Worker who will provide assessment using EHA and Signs of Safety practice applying the overarching practice standards;
- Youth groups: Across Bournemouth, Christchurch and Poole there are a range of youth-led groups providing safe spaces with trusted adults using a peer-led model to develop their resilience through building resilience and social and emotional skills. These groups are informed by the needs of a locality area as well as the voices of the young people;
- Introduction to local provision can be a barrier to some young people. Youth workers will support young people to explore options to build on their support network within the community and enable them to build those relationships to strengthen their networks;
- Detached youth work in communities makes contact with young people across the area with the goal of contributing to a supportive safety network, offering information, advice and guidance with an awareness of the world the young people are growing up in. This work is informed by a range of partners, such as the Team Around the School feedback and the Community Safety Partnership.

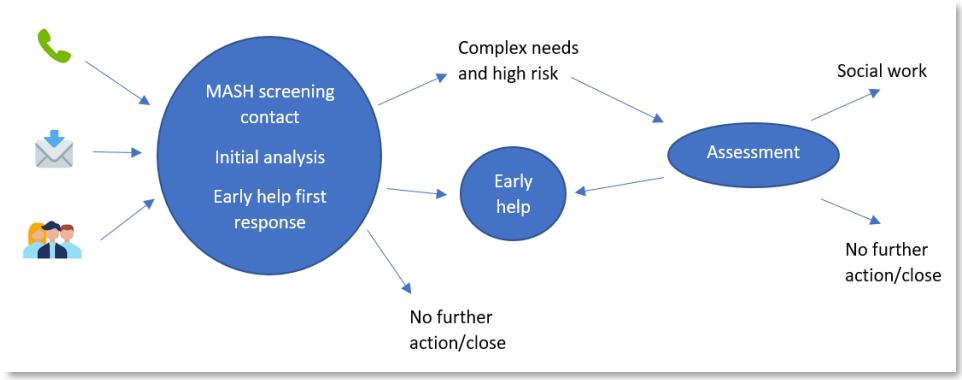
Work is developing alongside others, such as the Complex Safeguarding Team, to provide an Early Help response to very current concerns;

- Child centred practice extends across Bournemouth, Christchurch and Poole with support for young people to participate in a range of activities to influence the development of services and provisions locally. Young people are supported to be part of the local Youth Parliament. The views of young people help to shape future services. The Members of Youth Parliament (MYPs) are linked directly into the Overview and Scrutiny Panel, sharing their feedback, in order that Childrens Services can hear, understand and support young people.

Early help practitioners make use of all of the priority methods set out in this Toolbox, especially child-centred practice, relationship-based practice and conversation-based practice.

Key points to bear in mind

- Early Help is often a race against time, before an adverse childhood experience (ACE) is generated or an existing ACE multiplies. Some children say openly they needed help months or years before it arrived;
- Historically, too many cases that should have been passed to social care were either passed to EH or remained in EH. This boundary and threshold need constant attention to make sure this does not happen again;
- EH is part of a tri-partite and integrated 'Front Door' along with the MASH and the Assessment Service. They must work together as services within a whole system (see the diagram below);
- The EH offer must be updated and sent to external agencies on a regular basis, so that the services in place and how to access them become widely known;
- Forms across the 'whole system' need to be short and focused like the MASH information request form (of partner agencies);
- EH practitioners need training now their brief has widened.



Good practice

- Two cultures should be prevalent in the Early Help service – **a culture of help and a culture of urgency**;
- Support is in place for children at risk of exclusion from school, from mental health problems, from family breakdown and from other clear risks like the impact of domestic abuse where this falls short of the threshold for an assessment and potential CIN or CP status;
- The promotion of resilience and well-being are central to a children's outcomes framework.

GOOD PRACTICE INDICATORS ~ EARLY HELP

✓ Timely progression of contacts
✓ Timely completion of assessments

8. The Assessment Service

The way we work around here

Good assessments are a pre-requisite for a 'good' children's service. Continuous assessment is a constant feature of good practice from the referral through to case closure. During this journey, a child or young person may require any number of assessments in order to be kept safe and made secure – perhaps a risk assessment – or more than one risk assessment, a sensory assessment, an age assessment and possibly a viability assessment. No aspect of our work with children and young people is an assessment-free zone, for two reasons.

1. We may not get it right first time so we must always be prepared for the evidence to be pointing us in a new or different direction;
2. Children and young people's circumstances change frequently and rapidly so an assessment is only valid at the point in time it was carried out. The shelf-life of assessments varies – some can be benchmarks forever, others are only accurate for weeks or months.

Assessments are defined differently at different stages of the child's journey but essentially, they are all assessments of need, either for a social care service or for a multi-agency service. It follows that considerable support, training, supervision, leadership and management oversight must go into carrying out 'good' assessments.

BCP Council uses a Signs of Safety framework for assessing, based on the simple questions highlighted at the start of this toolbox – 'what are we worried about?', 'what's going well' and 'what needs to happen'? Assessments are professional judgments about an evidence base. Without the evidence base, an assessment of any sort is impossible. Without professional judgement, the decisions made and actions taken will lack a clear and convincing rationale setting out the best way forward.

Assessments should be proportionate and be completed in 20 days with exceptions only being made for a good reason. Proportionate means gathering just enough evidence to conclude an assessment. For example, if a child is being severely neglected, it is not necessary to cite more than a few illustrative examples. 3 well analysed examples are just as valid as sixty listed incidents. They should be brief and focused, and they should answer the Three Signs of Safety Questions.

The Assessment Service is being put on a more structured footing e.g., weekly meetings with Health to build stronger links both ways. The historic backlog is being cleared. Social workers sit in four pods with a four-weekly turnaround (the 20-day time limit on assessments). They facilitate family network meetings to help to bring the family's support network together. As we have highlighted elsewhere in this toolbox, assessment and help go together.

More about the Signs of Safety Framework as it applies to assessments

1. Signs of Safety is a framework. The framework applies to all of our work. However, it is not prescriptive at the level of the individual child and case. A pick and mix approach should be taken, in which particular Signs of Safety tools and processes are applied to the right children, young people and their families.
2. The Sign of Safety mapping tool – '3 columns, 7 analysis' should be used in first assessments (see below).
3. Use of other tools and processes such as family network meetings, genograms, ecomaps, Three Houses, Magic Wand, Worry Statements and Danger Statements are used on a child-by-child basis,

when completing these forms adds crucial value to the assessment – assessments are outcomes-driven, not formulaic. The requirement to use these in every assessment is removed. Proportionality is emphasised.

What are we worried about?	What is going well?	What needs to happen?
Harm	**Strengths**	**Safety Goal 1 (etc)**
Complicating Factors	**Existing Safety**	**Family Safety Goal**
Danger Statement		**Next Steps**

Key points to bear in mind

- Because of time pressures, innovative approaches to assessment are important. An example is an 'assessment day' in which a specific day is earmarked for carrying out the assessment, including meeting the child and family, gathering information from those with relevant evidence and talking to the 'team around the child' including family members and friends. This can be done with clear time slots and a strengths-based assumption that children and families can work in this structured way. This can also help children and their parents as we should not be going repeatedly into their homes unless it is strictly necessary. Online meetings can also help us to meet timescales;
- Write an assessment as if you were writing to the child;
- Assessments will be completed in partnership with all key agencies involved and with the child and family. The degree of involvement the child has will be based on a professional judgment about what is in their best interests;
- Information about a prima facie safeguarding concern must be shared between agencies. Not to do so immediately or to erect obstacles, can put a child at risk. If there is no prima facie safeguarding concern, the consent of the child's parent/s or carer/s must be sought and obtained for information-sharing;
- **Lived experiences must be included in assessment formats. The assessment is the child's story by another name**;
- Assessments will be updated as the child's circumstances or context changes. Some updates are a statutory requirement such as annual reviews or re-assessments of an EHC Plan, and in CHAD re-assessments;
- Assessments will be informed by associated tools - e.g. the BCP Council Child Exploitation Screening Tool. Whilst Signs of Safety is the framework, specialist tools have their place as well;
- Assessment will include the changes needed either by parent/s, professionals or the child themselves, to achieve safety;
- It is crucial to include siblings in a child or family assessment, to ensure they become real people too in the assessment at least enough to ensure they do not have significant needs which have not been reported;
- There is rarely a single clear conclusion to an assessment. It is a snapshot in time. It is best to characterise this snapshot as ' constructive ambiguity' or 'safe uncertainty'. 'Continuing professional curiosity' is vital;
- Assessments will only be signed off by managers when they meet the agreed standards, ensuring that all omissions are rectified;
- Assessments will demonstrate an understanding and analysis of the impact of cultural and diversity issues;

- Cross-reference this section of the toolbox with the section on analytical writing. For example, never write sensationally or pejoratively e.g. mother is lazy – think of a non-judgmental way of saying that such as …'mother finds daily living difficult due to emotional dysregulation, caused by recent traumatic events in her life' (the example is just to illustrate the point);
- Signs of Safety defined group supervision can improve practice through peer review.

Good practice

- A good assessment and plan are the staple products of a children's social care service. For example, courts are looking for a sound assessment and plan as soon as possible in a family court case, so they can structure active case management from then (usually at the 10-15 day point) through to the end of the case;
- Many plans are in fact assessments as well, for example pathway plans;
- All assessments must show a sound knowledge base, an understanding of how to secure and organise evidence and a compelling analysis about what is in the best interests of an individual child.

The grid below shows how to analyse the impact of parental conflict on children. It is included in the toolbox by way of example only.

How children are affected by interparental conflict psychological adjustment domains	
Sleep problems	Disturbed sleep patterns resulting from family stress, persisting into later life and linked to neurobiological functioning.
Externalising problems	Aggression, conduct problems, antisocial behaviours, temper tantrums in toddlers.
Internalising problems	Withdrawal, inhibition, fearfulness, sadness, shyness, low self-esteem, anxiety, depression, suicidality.
Academic problems	Lower scores in maths, language, verbal and non-verbal school ability scales, poor academic outcomes, classroom difficulties.
Social/interpersonal relationship problems	Impact on social and interpersonal skills, problem-solving abilities, wider social competence, more hostile relationships with siblings and peers, poor quality romantic relationships in adolescence, elevated future relationship breakdown.
Physical health problems	Reduced physical growth, fatigue, abdominal stress, headaches, increased smoking and substance misuse and early sexual activity.
Intergenerational transmission of psychopathology and relationship distress	The above outcomes can converge and accumulate across childhood and adolescence setting stage for replication across generations, including perpetration and being victim of domestic violence.

A complicating feature of parental conflict is often that the children themselves are the very object of the conflict. Thus, children exposed to such conflict may well experience divided loyalties to parents they see as at war, seeking to placate each parent by telling them what they expect to hear. They are likely to worry

about anxious and upset parents and seek to protect them. They may feel responsible for the conflict ("if it weren't for me, they wouldn't have to argue"), leading to low self-esteem and self-blame.
Harold and Sellars (2018)

GOOD PRACTICE INDICATORS ~ ASSESSMENT

- ✓ Timely completion of assessments
- ✓ Child seen during assessment
- ✓ Outcome of practice learning reviews

9. Safeguarding, including contextual safeguarding and transitional safeguarding

Terminology

A strat – a strategy meeting, held to decide the action needed on a child protection referral
s47 – a child protection investigation, either by Children's Services or jointly with the police
CP – child protection (used also to denote child protection plans which a child can be put on after a child protection conference
ICPC – the first (interim) child protection conference, triggered by a concerning 247 investigation
CE – child exploitation
CSA – child sexual abuse
CSE – child sexual exploitation
LADO – the local authority designated officer (oversees allegations against staff, across agencies)

The way we work around here

Safeguarding is everyone's business. Whilst there is a wide definition of safeguarding – wide so that nothing is missed - it is important not to confuse a range of other child impacts with the child protection threshold. For more than thirty years, this threshold has been set as **'significant harm, or the likelihood of significant harm, from physical abuse, sexual abuse, neglect, exploitation and/or emotional harm'.** These types of abuse and neglect frequently go together. For example, it is rare for sexual abuse not to cause emotional harm as well. Abuse and neglect have to be assessed and analysed for their impact on a child.

Safeguarding investigations must be prioritised. The risk of further harm and the need to gather evidence before it disappears are two of many drivers for an immediate response. The responsibilities of all agencies are set out in DfE guidance, ***Working Together***, which is frequently updated.

Most child protection investigations will be carried out in the MASH and the Assessment Service although some children in care and some children case worked in other teams like CHAD may require a child protection investigation and assessment.

Use should be made of other sections of this toolbox which are relevant such as evidence-informed practice and the use of rationales for decisions and action and the Signs of Safety framework (see below).

What is Signs of Safety?

The three principles of Signs of Safety (SofS) work:

- **Working relationships are paramount**: to enable honest and respectful discussions of concerns and worries. Research shows that, irrespective of the type of intervention, professionals see better outcomes when they have a shared understanding with the family of what needs to change, agreement on what they are aiming to achieve and the family feel an effective bond and working relationship with the worker;
- **Thinking critically**: to minimise error, a culture of shared reflective practice and a willingness to admit you may be wrong is needed. Risk assessment is a core task and requires constant balancing of the strengths and dangers in a family to avoid the common practice problems of drifting into an overly negative or overly positive view of the family;
- **Based on everyday experience**: assessment and safety planning are grounded in the everyday lived experience of the child.

SofS tools and language we use in BCP:

- The Mapping Tool
- Danger/Worry Statements and Safety Goals
- Voice of the child tools e.g. The Three Houses, The Three Islands, Wizards & Fairies, Safety Circles, All About Me, etc)
- Building Safety Networks
- SMART Safety Plans
- Clear bottoms lines and contingency planning

SofS expands investigation of risk to encompass strengths and existing safety as well as clarifying the concerns/worries we have about the child. These strengths are built upon to stabilize and strengthen the family's situation. SofS has clear purpose, focus and sense of direction. It is a framework to build partnerships and genuine co-production with service users in situations of suspected or substantiated abuse and still deal rigorously with the safety of the child. The safety of the child will always be our bottom line. The child is at the front and centre of all SofS practice all of the time.

The theoretical frameworks and values that underpin SofS include – Professional Curiosity, Systemic Practice, Solution-Focussed Brief Therapy, Restorative Practice, Motivational Interviewing, Trauma and Attachment Informed practice, Relationship based practice, crisis intervention and conflict resolution, having the difficult conversations and asking the tough questions in a humane and respectful way.

The degree to which the SofS framework and tools apply will vary from service to service in BCP Children's Services depending on the role and function of each team. The important thing to remember are the principles and values that underpin it, the core being child centred practice…the way we do things round here, reflected throughout this Toolbox.

However, experienced the practitioner, she or he needs oversight and supervision of child protection referrals and investigations. Many assessments are notoriously difficult because parents often fear their child will be taken away from them even though statistically this is rare as a percentage of the number of referrals. The information gathered in an investigation is frequently unclear and capable of more than one interpretation. Various systemic risks have been identified over the years including, for example, **disguised compliance**, in which a parent appears to be co-operating but isn't and **confirmation bias**, in which members of a multi-agency team echo the first hypothesis reached even when the evidence is starting to point somewhere else.

Complex Safeguarding

Complex Safeguarding is a term used to describe criminal activity (often organised) or behaviour associated with criminality, involving children and adults, where there is exploitation and/or a clear or implied safeguarding concern.

The context for Complex Safeguarding is that children and adults are targeted and subjected to serious harm, which is primarily, although not exclusively, outside the family.

This might include individuals planning, coordinating and committing serious offences – individually, in groups and/or as part of transnational networks – that involve activities such as:

- sexual exploitation and abuse and/or criminal exploitation and abuse;
- illegal drugs use;
- illegal firearms;
- modern slavery and human trafficking.

Radicalisation and serious youth violence, including knife crime, are also strongly linked to organised crime groups (OCG's) and dangerous criminality. Geographical borders are increasingly eroded, with individuals and networks operating across regions, countries and in cyberspace.

In the Council's Complex Safeguarding Team (CST), a specialist social worker is allocated alongside the child's existing social worker. The CST worker provides targeted interventions for complex safeguarding only.

Use the CE toolbox with the CE screening tool. For especially at-risk children and young people, an ETAC (Exploitation Team Around the Child) visit takes place every five days. The criteria for an ETAC is that the child is being actively exploited.

Whilst all safeguarding interventions are urgent, this is especially so with complex safeguarding as often the risk is immediate, and responses have to be within the 'golden hour' or 'golden few days' which is the short window to intervene where a young person may be 'reachable'. This urgency applies to all agencies.

Transitional safeguarding

Transitional Safeguarding recognises that many adolescents at risk are transitioning into young adulthood and services to them need to cross children's and adult care services seamlessly. This aims to prevent a cliff edge in the level of service provision on a child at risk's 18th birthday. Timely and effective liaison without a turf war between children's and adult social care services is needed if the young person is to be continuously protected.

What makes a good risk assessment?

A good child-focused risk assessment understands the harm or damage being done to a child and the impact this is having on them. It also includes foreseeable risks, even if no harm has yet taken place. A foreseeable risk includes a foetus whose parent or parents lack the capacity to keep a baby safe: a child in a household with a registered sex offender or in a group in the community where other children are being exploited; or where the level of neglect a child is experiencing is potentially or literally life-threatening or of such a magnitude that none of the child's basic needs are being met.

Assessing risk is usually complicated. A physical injury can have more than one explanation, or at least, more than a single suggested explanation. Most emotional harm is invisible, so it is easy to under-state or over-state its impact on a child. Neglect should not be confused or conflated with poverty. Poverty is by far the largest determinant of involvement with Children's Services, yet many children are being well looked after by their parents or carers despite the adverse childhood experiences poverty can bring with it. Indeed, children can be neglected in affluent families; adolescent neglect is an important and distinct type of neglect compared to the neglect of young children - neglect is an all-age adverse experience, with self-neglect the most common concern about vulnerable adults.

The complexity of risk shows why it is important to focus on evidence and often evidence which is supported by other evidence – triangulation. Assessing and analysing risk needs a combination of forensic risk analysis and relationship-based practice – usually you only find out about what is happening to a child by talking to the child or to those who know the child.

Key points to bear in mind

- Safeguarding training has three levels: Level one (Induction), Level two (Foundation), Level three (Multi-agency);
- Safety plans for children are important to put in place quickly, including e-safety plans;
- All assessed risk needs to be managed actively for as long as it assessed as threatening. Never make assumptions that things are fine. By definition, risks can materialise quickly hence the importance of a monitoring schedule in a child protection case which sets out how frequently the child needs to be seen, by who and in what way;
- Cases should be opened and closed taking multi-agency opinion into account – this goes for all agencies;
- Child protection work can be difficult and draining. This is why practitioners need a safe space in their own organisations in order to talk things through, take time out and to re-charge their batteries;
- The Channel Duty is the duty to prevent children and young people being drawn into or towards extremism or terrorism. We have a strengthened duty to co-operate and to prioritise these young people. The BCP Chief Executive has to write an annual assurance statement to confirm compliance with the statutory guidance. The Intervention Support Fund can be accessed to support young people;

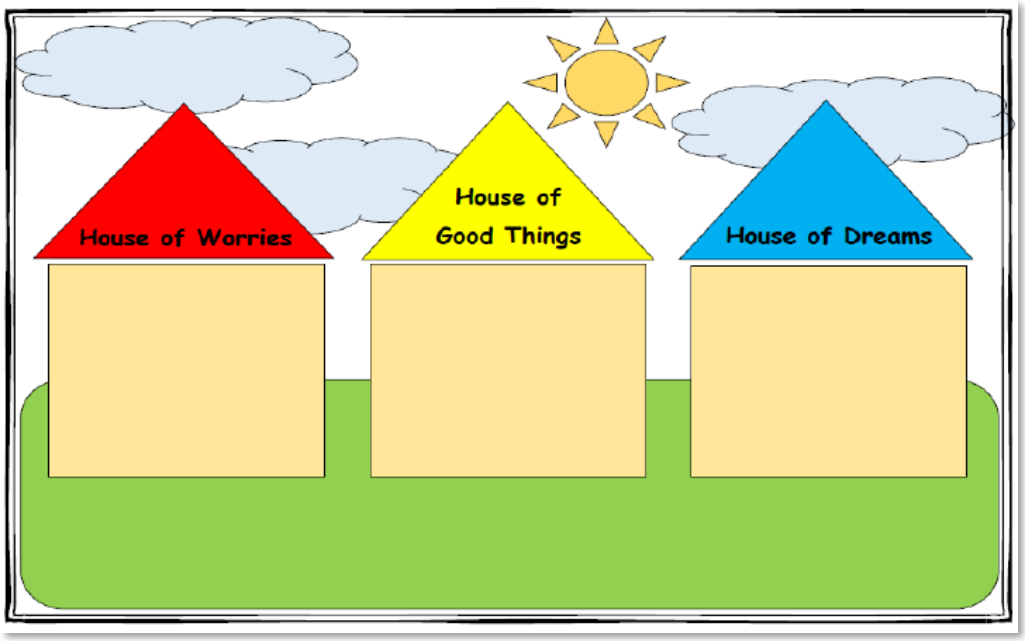
Good practice

The Signs of Safety tools are accepted good practice as BCP is a Signs of Safety Authority. 3 tools are reproduced below to give an indication of how to use Signs of Safety in everyday practice.

Simple Steps for Getting Started with the Signs of Safety Tools

Three Houses

1. If you don't have the children's words, get them as soon as possible.
2. Prepare a list of age appropriate, open-ended questions that might give you more clarity about what's happening.
3. Describe the three houses to the parents and get their permission. You can use the "My Three Houses" tablet app for this.
4. Bring paper and coloured pencils or crayons. Interview the children in a safe and private space.
5. Give each child a choice to start with the house of worries, house of good things, or house of dreams.
6. Use the paper, pencils/crayons, and houses to engage the children in the activity. Ask your prepared questions related to safety, care and supervision. Write down exactly what the child says.
7. Get the child's permission to share the things the child says with their parents.
8. Consult with others, as needed, to figure out what to do if the child describes existing danger or doesn't feel safe having their parents learn what they said.
9. Appropriately share the children's words with the parents.

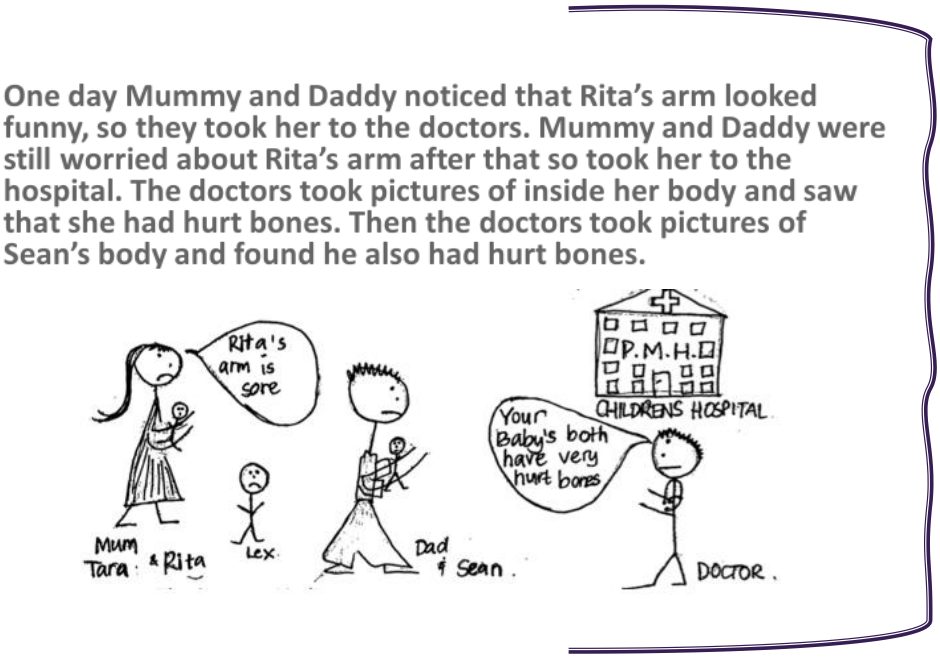


The Three Houses method mimics the three key assessment questions of the Signs of Safety Framework:

• What are you worried about? • What's going well? • What needs to happen?

Words and Pictures

1. If you don't have a Words and Pictures story, draft one;
2. Base the story on the map. Include a title, describe a time when things were going well, describe who's worried, tell what they're worried about, describe what's being done about the worries, describe any safety rules and plans that already exist;
3. Describe what's happened in the third person perspective without blame or shame;
4. Draw stick figures with word bubbles to illustrate the story. Avoid retraumatizing those involved by drawing people reaching out for help in place of illustrations of people doing scary things. Don't use clip art as it rarely helps tell the story or photographs that might have back stories we don't know about;
5. Explain to the parents how a Words and Pictures story can help the children understand what's happening, get everyone on the same page with the children, and clarify what needs to happen to keep the children safe in the family home. Review your draft story with the parents and make changes as needed until you have a story that they're happy to have read to their children;
6. Make reading the story to the children into a social worker led ceremony that opens up the secrecy that permitted maltreatment and elicits a commitment of future safety and good parenting from parents and network members. Allow the children to colour in the pictures, if they want. Let the children take breaks when the story is too emotional. You can give the children red and green stop signs to signal this. Encourage the children to ask questions. Have everyone sign the story the children coloured at the end of the ceremony. Make copies for everyone. You can take pictures with a smartphone or tablet if you want to leave the story with the children.



Safety Network

1. If the parents don't already have a strong enough safety network around the children, leverage them up to get one without delay. You can use safety circles to help them identify people to ask;
2. Accept parent's fears when they act as if they're scared to death to tell people what's been happening in their family. Many parents have more than their share of reasons not to trust the most critical people in their lives. We need to understand these reasons in order to best protect children and parents as they engage in our safety planning process;
3. Don't let fear win. Children do best when they're surrounded by safe, stable and committed adults. Parents who bring these people around their children are far more likely to do better themselves.

They're better and safer parents. It isn't fair to them or their children if we leave them stuck in their fear;

4. In most places the laws permitting or requiring a search for safe relatives on behalf of children at risk of foster care give agencies all the leverage they need to get parents to make sure children are surrounded by a strong enough safety network. We can use this authority with rigor and grace by giving parents the choice to either find network members they can work with or have us find network members for them.

Safety Plan

1. Safety planning involves distilling the rules for how everybody needs to behave around a child to keep them safe and to meet their needs. As much as possible, we want the rules and other parts of the safety plan to come from the family;
2. Safety planning involves getting the parents and network to figure out what they can and will do to keep the things we're worried about from happening in the future, starting with right now. This can seem hard because of our history of engaging parents in services to hopefully create some sort of change in the parents sometime in the future. It becomes simpler once we realise we don't need to change the parents. What we need are clear and effective external rules that ensure the safe care of children and network members holding parents accountable to the rules;
3. The most important thing is to see safety planning as a process. We get together and make a plan. We check with the children, safety network members, and parents to see if the plan's being followed and if it's working. We use relationship questions to ask participants what they think others have said about the rules being followed and the plan working well. We improve the plan. We check again. We improve again. We check again. We improve. We check…

Honour Based Violence: Key Considerations

- Abuse can occur in what otherwise appears to be a 'good family';
- Professionals may only have a small window of time in which to intervene before the risk disappears under the radar again or before the victim is removed from sight;
- Honour based violence often involves multiple perpetrators both within and outside of the immediate family;
- Disclosure issues must be considered carefully due to sensitivity of information and family and community exposure. Much is at risk for the child concerned and may mean the child risks losing contact with family members and their community, including close friends.

The other good practice example used by way of illustration is in relation to honour-based violence, a comparatively rare but potentially extremely dangerous safeguarding issue.

Alicia's story

When my parents separated, I moved to live with my dad and his partner in a new town. It wasn't what I thought it would be. There was lots of domestic abuse from my dad and I didn't feel supported by anyone. This continued for years. I had no spirit. I was so scared. I was thrown out of this house in the middle of my exam year and was dependent on the local authority for housing and support.

My dad's family completely blocked me out, they were ashamed to be seen with me because of so-called 'family honour'. I felt so alone.

After college I moved back to live with my mum where I am starting to find my feet now, with my family.

Good Practice Indicators ~ Safeguarding

- ✓ Rate and conversion of strategy discussions
- ✓ Rate and conversion of Section 47 Enquiries
- ✓ Timely visits to children

10. Thresholds

"I'm a dweller on the threshold. I'm waiting by the door!" Van Morrison, 1984

The way we work around here

Thresholds have a place, but they are no more than a guideline. It is more important to focus on child outcomes.

Children's Services operates numerous thresholds, some of which use specific threshold criteria (see below). A threshold can be defined as 'moving to a new level', as in the threshold for care proceedings: the threshold for triggering an Education Health and care Plan (EHCP); or the threshold for secure accommodation. A threshold is also sometimes a ceiling e.g., a threshold on the number of allocated cases a practitioner should carry for their own good. Whether a threshold is reached is usually a judgment which has taken into account the published criteria for passing beyond the threshold. Each crossing of a major threshold in Children's Services should have its own written rationale.

Below are examples of thresholds used, though the concept can be applied to many other transitions in our work.

Complexity

Complexity is the threshold to be guided by when a case leaves MASH bound either for the Assessment Service (social care) or for Early Help. Generally speaking, single issues, particularly in new referrals, go to Early Help. Repeat referrals with multiple issues go for a social care assessment. Complexity is also associated with gravity and danger. However, there is no prescriptive definition of 'complex' and it always has to be considered on a child-by-child basis.

EHC plan

All local authorities are bound by the same test which is set out in s36 (8) of the Children and Families Act 2014 when deciding to carry out an EHC needs assessment if this is requested by a parent, child, young person school or college. They must consider:

- Whether the child or young person has or may have special educational needs (SEN); and
- Whether they may need special educational provision to be made through an EHC plan

This also cross-references to complexity (see above). Only a small percentage of children with SEND will need an EHC plan. When a child's needs are complex, severe and long-term and when an education provider cannot meet their needs from within their own resources and they have exhausted all SEN support options, a statutory assessment of the child's needs must be undertaken. The BCP graduated response and toolbox are covered in the section on SEND in the toolbox.

Care proceedings

In order to justify making a care or supervision order, the court has to satisfy a two-stage test:
At **the first stage** – *the threshold stage* – there must be sufficient reasons to justify making a care or supervision order. This threshold can only be crossed if the court agrees:

- that things have happened which have already caused significant harm to a child;
- or pose a serious risk that significant harm will be suffered in the future;
- or which show that the child is beyond parental control;

If the child is not suffering or at risk of suffering *significant harm* there cannot be a care or supervision order. This is because the requirements of *section 31(2)* of the Children Act 1989 will not be met.

The second stage – *the welfare stage* – stipulates that even if the threshold is crossed, it must be in the child's best interests to make an order. It is not inevitable that a care order will be made every time a child has suffered significant harm. There are many children on child protection plans who might meet this test and where there are factors giving the social worker confidence a court application is not necessary.

Child protection (s47)

Working Together (2018) requires the local 'safeguarding partners' – BCP Council, Dorset Clinical Commissioning Group and Dorset Police - to publish a threshold document which sets out the local criteria for action in a way that is transparent, accessible and easily understood (see link to the pan-Dorset Safeguarding Children's Partnership 'Continuum of Need' with a clear level of need classification.

Caseloads

The threshold for a caseload becoming unmanageable is when a practitioner feels out of control and unable to manage the varying needs of children and young people on their caseload. A crude number cannot be set for this threshold as it depends on many factors. Without exception, everyone in Children's Services needs to have regular, high support, high challenge supervision to prevent a practitioner or any member of Children's Services 'falling over' or becoming unduly stressed – if this does happen, a support package must be put in place to aid recovery immediately.

Secure accommodation

Section 25 of the Children Act 1989 sets out the 'welfare' criteria which must be met before a Looked After Child may be placed in secure accommodation.

The 'welfare' criteria are that:

- The child has a history of absconding and is likely to abscond from any other description of accommodation; and
- If the child absconds, (s)he is likely to suffer significant harm; or
- If the child is kept in any other description of accommodation (s)he is likely to injure her/himself or others.

N.B. Only one of these two criteria above need be established. The welfare principle (established in Section 1 of the Children Act 1989), although it remains relevant, is not of paramount consideration under Section 25.

A basic threshold template using a short rationale.

Threshold	Criteria	Rationale
Transition to adult services	A continuing care and support need	X has a diagnosis of autism, moderate learning disability and complex needs showing themselves in challenging behaviour. X's care and support needs will continue for life.

Key points to bear in mind

- The application of thresholds is akin to a referee's decision-making in sport – players crave consistency. They experience a lack of consistency as confusing;
- Threshold criteria need to be clear and simple – avoid making threshold criteria over-complicated or excessively rigid – there is always a child at the threshold and it is more than a process – maintain fidelity to threshold criteria whilst being flexible about exceptions;
- Examine and record the evidence at the point of reaching a threshold;
- The application of a threshold is usually a two-way process i.e. the receiving team or agency will be operating their own eligibility criteria so both sets of criteria have to match if a threshold is to be successfully negotiated and the child in question is not to fall through a gap.

Good practice

- Commonly understood threshold criteria, correctly applied, putting the child at the centre of the transition;
- Flexible child-first thresholds;
- A conversation-based approach to thresholds rather than paper exercises;
- A warm handover or handovers from one team or service to another;
- Professional curiosity about a threshold – often it is not a line that is crossed forever. A child may move backwards and forwards around a threshold more than once. Application of threshold criteria should only be used when crossing from one level to another is likely to be permanent.

Good Practice Indicators ~ Thresholds

- ✓ Referral rate
- ✓ Re-referrals in 12 months
- ✓ Repeat Child Protection Plans

11. Plans

The way we work around here

Plans matter to children. The details of their plan matter. For a child we are responsible for, it is not enough to have a strategic plan or an outline plan. The plan has to support every aspect of the child's lived experience. For example, an optician's appointment for a child in care may be important for them and is not a minor issue. Constructing a plan is also a chance for a child to input to and control aspects of the plan. To have your life completely controlled at any age is disempowering. The more control, the more empowerment – then the more ownership, pleasure and satisfaction. There are many plans in Children's Services – care plans for children and young people: case plans (see below): safety plans; and service plans. Whilst each plan has a separate purpose, all plans have a similar framework – they are clear, they are deliverable, they have a timescale and they are measurable.

Key points to bear in mind

- A good plan for a child focuses on improving their lived experiences, not just providing services;
- The child's timescale is the most important time-scale to take into account when putting a plan together -this is often different from the organisation's timescale, a court's timescale and sometimes it is not the same as the time-scale of the child's parent/s or carers;
- All plans should be SMART (***S**pecific, **M**easurable, **A**chievable, **R**elevant and **T**imely*) and focused on **outcomes** for the child/young person, rather than the actions completed by carers or professionals. Ask yourself – what difference will this plan make to the lived experiences of the child?;
- All plans must be reviewed in a timely manner and be subject to professional scrutiny;
- All plans must be undertaken **with** and shared with children, families and partner agencies e.g., a family-owned safety plan;
- All plans should be written in language that the child and family can understand, avoiding acronyms and jargon;
- Managers are accountable for ensuring that any plan which is not fit for purpose is rectified;
- Plans should **not** be a long list of actions but should focus on three or four key areas at any one time. **Remember** - lengthy plans are like offering designer clothes to someone who is drowning!

CASE PLANNING

Managers should provide practitioners with the outline of a case plan as part of the allocation process;

Case planning is a way of structuring work and determining how to allocate finite resources according to the local prioritisation matrix;

Case planning can help a practitioner to maintain their focus when many around them are creating havoc and making it hard to concentrate and keep a focus;

'Pause and plan' is a key requirement, in order to re-define a plan including a change of direction if needed.

Good practice

A good plan helps to secure a child's safety and future. The team around the child, however many people this includes, should all be able to tell you what the plan is for the child. Proportionate to their age and stage of development, the child should be part of the plan, know what it is and to be in agreement with it. The steps along the way to delivering the plan should be mapped out and resourced along with clarity about how long it will take. This is true of any journey – a short journey or a long journey. And this journey is the child's journey.

Good Practice Indicators ~ Plans

- ✓ Timely CIN plan reviews
- ✓ Timely permanence plans

12. Edge of care

The way we work around here

In the last year, profiling of children in care shows a disproportionate number of 15-17 year olds have come into care for short periods. Many could have remained at home or in their wider family network if a good edge of care offer had been available to them in a crisis.

The North Tyneside 'Prevent' model for the edge of care has been adopted by BCP Council. The first stage, Prevent, is the focus of the new Edge of Care Team, made up of social workers and youth workers from the former Adolescent Hub. Prevent aims to get the crisis response right before implementing the other stages of the model at a future date.

Prevent	Stabilise	Reunification
Crisis response covering the first 72 hours	A stability plan for the next two to three weeks, without which collapse is likely	A sustainable care solution (developed over the next three weeks)

Edge of care means children and young people at imminent risk of coming into care as well as those **'edging towards the edge'**. Some of these children will be high end Children in Need, others will be new to Children's Services.

Key points to bear in mind

- Practitioners working at the edge of care need to be comfortable with operating at a high level of anxiety during which they will often feel intense pressure - either their own or someone else's - to take immediate action. Speed is sometimes essential. At other times it is premature or damaging. Decision-making should be multi-agency where possible so that all perspectives can be considered and a 'team around the decision' formed;
- 'Care entering' needs as much attention and resources as 'care leaving';
- Prevention of children going into care has been an important policy objective in our country for over 70 years. It is just as relevant today. Care can be transformative for children. Anyone who has seen a severely neglected child flourish in warm or therapeutic foster care knows how this can happen within a short period of time, whatever the level of trauma beforehand. However, care can just as easily lead to a profound disconnect for children from all of their main reference points, so it is not a step to be taken lightly. A good edge of care service makes sure that every viable family and

community option is considered and supported so that whenever and wherever it is possible, the child can remain safely in touch with their world;

- Some children need to be removed from home and kept safe from those at home. In these situations, every minute of delay can be harmful. The lived experiences of children who are the victims of trauma has to be thought about in terms of minutes and hours, not the weeks that organisations can slip into because of their internal processes or because of an external timescale;
- Some practitioners who worked in the equivalent service in Bournemouth Borough Council and Borough of Poole (the FAST team and Family Intervention Project) still work in BCP Council and can be sought out and consulted.

Good practice

- Staff are trained and experienced in delivering high value and evidence-informed edge of care interventions e.g. chairing or facilitating family network meetings, in restorative practice and in commissioning bespoke programmes for some children that will afford enough stability and respite to avoid family breakdown or placement breakdown;
- A 24/7 capability and capacity, in or out of area, so that the window for intervention, however short, is not an impediment to a good service. 'Reachable moments' or 'critical intervention moments' for children and young people rarely come at a convenient time, hence the need for 24/7 capability. This can be thought of as 'intervening strategically, especially at pivotal points and times in the child's life'.

Good Practice Indicators ~ Edge of Care

✓ Number of adolescents entering care

13. Children in care

"Your task is to deliver children to their future", Brian Relph, interim Service Director

The way we work around here

BCP Council is the corporate parent to around 500 children and young people at any one time. This figure rises when the needs of care experienced young people aged 18-25 who are transitioning out of care are included. The minimum standards for supporting each child and young person are set out below.

THE CORPORATE PARENTING STANDARD

1. Each child should be brought up in the way we would want for our own children or for the children of those we are close to or in the way we would have wanted for ourselves when we were young;
2. We never lose sight of the children and young people in our care. We know where they are, how they are doing and what help they need on a 24/7 basis. To be able to do this, we have to be accessible to the child or young person at all times and to reach out to them on the best basis for them, not for us;
3. We are an inclusive family. We give children in care equal status with ourselves and we put their needs first if there is a conflict between our needs as a corporate parent and theirs;
4. Equal status applies to all foster carers, special guardians, adopters and residential staff – anyone who is looking after a child in our care;
5. We will deliver on the annual pledges we make to our children in care and our care experienced young people.

Key points to bear in mind

- Most children in care (CIC) say that their experiences are good and that it was the right choice for them (Biehal et al, 2014);
- Because many CIC will have experienced trauma or exploitation and may still be in that space e.g., going missing in worrying situations, child protection interventions may need to be paramount;
- For others, early permanence will be the primary need – see section 14 of the toolbox;
- The health and educational needs of children in care are crucial to understand and resource;
- Many CIC and Care Experienced Young People (CIC) will have extra needs. Some will be SEND as well. These extra needs and what is being done to meet those needs must be recorded in the plan for each child;
- For CEYP, their pathway plan is the most important framework (see later section on CYEP);
- As one social worker said, "I think we need to get better at asking our children and young people what is working well and if we are improving their individual situations";
- All placements should be assessed for child-centred caring – we have a zero tolerance of unregulated placements for children under 16. From September 2021, these will be illegal;
- Return Home Interviews (RHI's) are commissioned out to an independent provider and must always take place as a core child protection requirement.

Good practice

- That BCP Council can say it is making the changes needed for each of their 500 children and young people in care at any given point in time. A tracking system is in place, which enables senior managers to be able to view and understand the CIC group individually and as a whole;
- That all aspects of the child's life and development are being actively supported, especially the following:
  - the quality of care the child is receiving;
  - where the child lives;

- the child's educational service;
- the child's health service;
- the child's identity, including attachments and relationships;
- the child's overall well-being.

These six measures all need to be ranked as 'good' by the child's social worker, the social worker's team manager and the child's Independent Reviewing Officer (IRO). Any rating below this for more than six weeks will be escalated to the relevant service manager for action. Any rating below this for more than three months will be escalated to the service director. Any rating below this for more than six months will be escalated to the Director of Children's Services (DCS).

GOOD PRACTICE INDICATORS ~ CHILDREN IN CARE

- ✓ Timely visits to children
- ✓ Placement stability
- ✓ Timely permanence plans
- ✓ Timely health checks

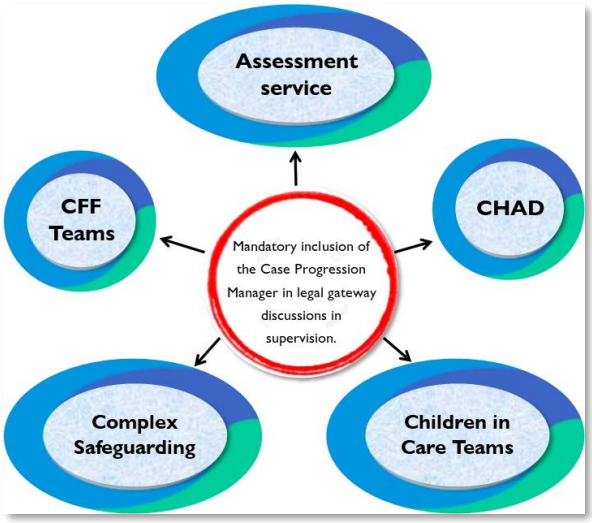
14. Early permanence

The way we work around here

Early permanence starts with the first referral. Permanence is a way of analysing the evidence in a referral about child impact. From the first contact, our analysis should have in mind every possible outcome – support at home which will be true in over 95 per cent of referrals through to the possibility a child may need care outside the home, by relatives or by state-approved carers. This is parallel or concurrent planning.

'Early' means now. For many children, the referral comes too late. For a child who has been living in an unsafe and harmful environment for a while, they may have switched off or adapted in such a way they are hard to reach and help by the time a referral is made. Early intervention is only a valid term if it comes at the very start of an adverse childhood experience. Otherwise the focus can only be on recovery and restorative practice, not prevention. Whatever the child's starting point, early permanence means achieving as much security, stability and growth for the child as possible.

Permanence takes on a more specific pathway and purpose at the edge of care. Access to this status is via 2 panels (Edge of Care and Legal Gateway Meeting). These panels are chaired by a service director and meet weekly. Once a child is made the subject of PLO (Public Law Outline) they are entered onto a permanence tracker and kept under continuous review and active case management by the case progression manager and team manager as well as by their social worker. The legal route to follow is through the Legal Gateway (Planning) Meeting (LPM), then a pre-proceedings letter to parent/s (PPL) setting out the local authority's concerns formally including what needs to change for the child and then a formal pre-proceedings meeting (PPM) before a formal application to court is made. A PLO tracker is in place. The social work evidence is submitted on a nationally endorsed Social Work Evidence Template (SWET).

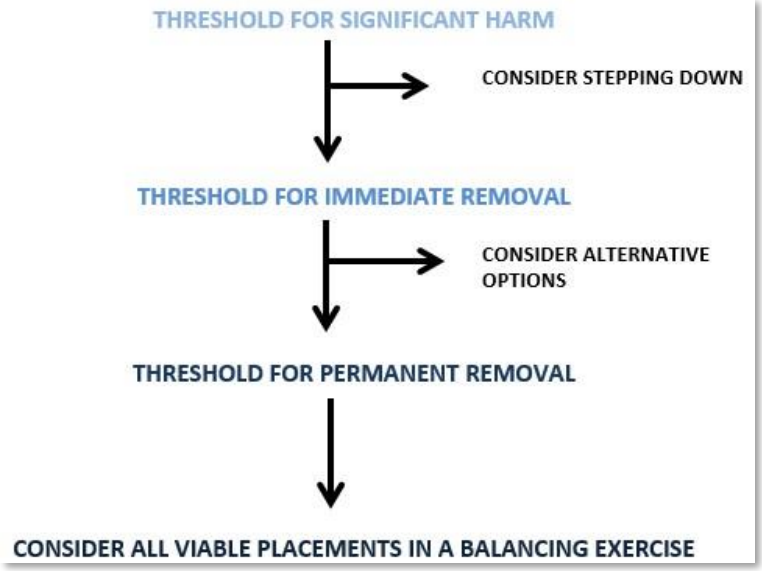


All social workers should be familiar with the legal principles involved. All documentation must be up to date, evidence based and well-filed. The case progression manager offers 1:1 coaching and conversations to support professional development. This helps to expand the skill-set in PLO social work by increasing an understanding of the basic principles of psychology and other relevant disciplines. This then helps to reduce the need to commission experts which often produce overlapping reports and leads to an unwarranted delay at the pre-proceedings stage or during court proceedings.

Delays in a permanence plan or its delivery will be escalated from the team manager to a service manager after six weeks, to the service director after three months and to the DCS after six months.

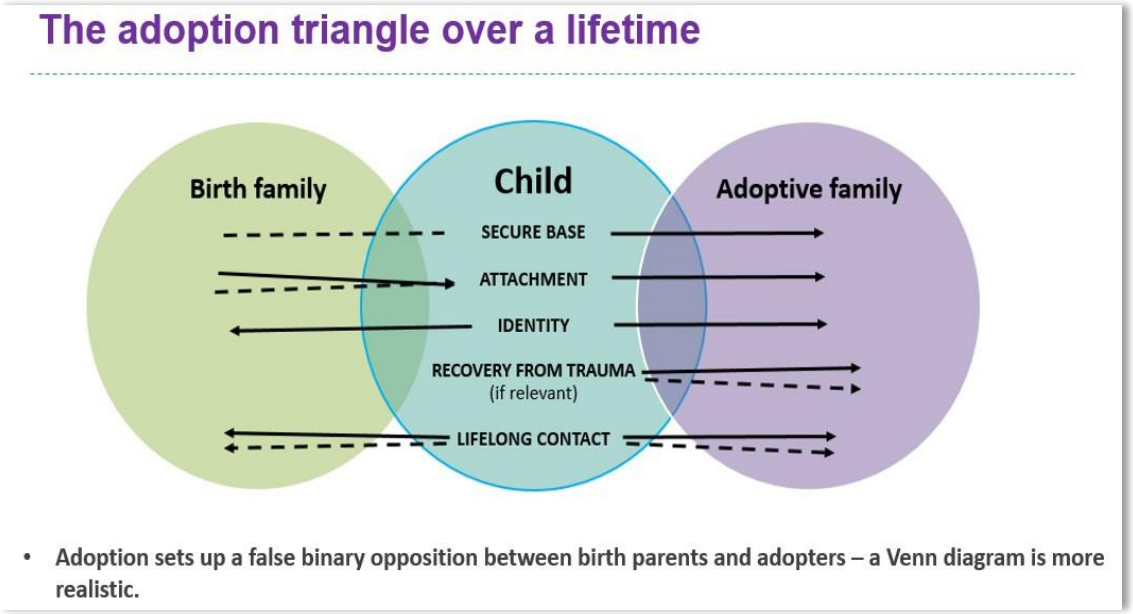
Key points to bear in mind

- There are three thresholds to consider: significant harm, immediate removal and permanent removal;



- Few PLO cases are clear-cut. It is best to use the social work evidence template (SWET) to set out the rationales for plans, based on the minimum number of assessments required. Unless the case is a complex medical case requiring specialist assessments, the court is usually looking for a single sound assessment and care plan as early as possible, so that decisions can be made at the Issues Resolution Hearing (IRH) and only at a final hearing if issues remain disputed;

- Be clear about the impact on the child of various scenarios, before and after the court case. The social worker must start with the child and stay with the child. The management system needs to get behind the social worker and to share the risks involved as court proceedings including giving evidence can be a bruising experience for social workers who are unprepared or whose work is not robust;
- Re-unification, kinship care and placement outside the family network must all be considered with a clear rationale for each option being either rejected or being taken forward;
- Where possible, a contested final hearing should be avoided and courageous conversations held with all concerned about next steps e.g. having another child (parent/s), an agreed contact schedule (parents and relatives);
- Adoption practice has changed from the time when adoption was seen as a healthy break with the past to the current framework of a more inclusive placement wherever possible with an emphasis on the child's development of an 'intersectional identity' (see below).



- Care proceedings are an option of last resort;
- The PLO pre-proceedings process represents a genuine opportunity to work closely with families by offering help and support to address their recognised needs in a bid to negate the need to issue care proceedings;
- Working in partnership with families requires a collaborative approach to identifying issues together and co-producing a plan to support change;
- The child's safety must always be maintained, and the voice of the child must be heard;
- Safely managing risk, while building on family strengths and energising wider family support, is critical;
- It is crucial that the parents clearly understand the PLO pre-proceedings process and what is expected of them;
- The family justice system and the child protection system work hand in hand. The IRO and the child protection chair should also consider whether a family should be recommended for pre-proceedings at regular child in care reviews/child protection conferences, and discuss their views with a senior manager.

Good practice

Early permanence planning is essential for all looked after children to avoid drift and to progress plans for security and attachment. The objective of planning for permanence is to ensure that children have a secure, stable and loving family to support them through childhood and beyond.

Permanence is a framework of emotional, physical and legal conditions that gives a child a sense of security, continuity, commitment and identity.

Permanence is a guiding principle for all services working with children and families and applies to all children looked after. Think Permanence.

Permanence is achieved through a number of routes – return to family, adoption (including foster to adopt placements for babies), special guardianship, connected person placement, child arrangement order or long-term fostering. All of these must be duly considered, starting with analysing the available information, then carrying out a viability assessment, or with the favoured option, a comprehensive assessment.

Each child in care (CIC) must have a good permanence plan in place and reached as early as possible in the child's journey. To avoid drift and delay, permanence plans must be progressed quickly. Whilst they are required by law to be in place by the child in care's second statutory review, it is good practice to construct and ratify the plan earlier. The team around the child, including the IRO, should work together collaboratively and effectively with the sum of the whole being greater than the sum of the parts – this is one of the definitions of 'good' partnership working.

Here are five top tips for progressing a 'good' permanence plan as quickly as possible.

TOP TIPS FOR TIMELY PERMANENCE PLANNING

1. Permanence has a different timescale and framework at different ages. A baby need[s] **family**. A 15-year-old may need stabilising for a few months or years with a resilience foster carer. However, both need – and deserve – **a lifelong carer/s**. It is never too late;
2. Carers of all ages need to be trauma-informed, attachment-aware and to be able to care for a 'wounded' child or children therapeutically;
3. The main threshold to consider is removal from the family. Think very carefully before applying to a family court for a Care Order at Home under Placement with Parents Regulations or a Supervision Order. For a child to still be at home after a potentially year-long adversarial process makes future working relationships between the family and Children's Services much harder to re-build and may leave the child less protected;
4. Permanence is hard to achieve, because circumstances change, carers can be hard to find and the clock is ticking. If a permanence plan needs to be changed, do this quickly so that children are not living under a framework of an out of date court order;
5. Never give up on permanence. There are too many teenagers in care without a main carer. Their permanence plans should always hold out that hope even if the next best alternative or the least detrimental alternative has to be pursued in order to be realistic.

Good Practice Indicators ~ Early permanence

- ✓ Timely permanence plans
- ✓ Children leaving care through adoption
- ✓ Life story work (including a digital record) for a child to keep for life – the fostering service hold some amazing good practice examples

15. UASC - Unaccompanied Asylum-Seeking Children

Thick and thin stories

UASC may start by telling you a thin story. They may say hardly anything, or they may be silent. This may be due to trauma in their own country or en route to the UK or both Or they may have been coached to give a false story, either as economic migrants or having been duped into believing they would have a better life in the UK whereas the trafficker's intention may be to exploit them. If they stay in our care- and some run off to a pre-programmed address or rendezvous – and if they are supported to feel safe and secure, they may tell their true story - their 'thick story'.
Ravi Kohli

Definition

An unaccompanied asylum-seeking child (UASC) is defined by the Home Office as a young person under the age of 18 making an application for asylum in her or his own right and who 'has no adult relative or guardian to turn to in this country'. These young people may have arrived in the UK by themselves or with an adult who later abandoned them or who does not present as a suitable carer or guardian.

UASC are supported within the framework of the Children Act 1989 as Children in Need, and this should be guided by the principle that they are "children first and foremost". However, there are also special circumstances facing these young people, particularly the fact that they are seeking protection under the 1951 United Nations Convention on the Status of Refugees, which defines a refugee as follows:

'Any person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable, or owing to such fear is unwilling to avail himself to the protection of that country; or who, not having a nationality and being outside the country of his habitual residence, is unable, or owing to such fear unwilling to return to it,' (Article 1).

The way we work around here

In early 2021, BCP Council is looking after 35 unaccompanied asylum-seeking children and twice that number are care leavers so over 100, around 20 per cent of our care population. The youngest is 14. Most are mid-to-late adolescents. The two main services these young people need are short-term stability to support recovery and longer-term independence.

At the point of referral to us by Border Force, the young person has a health and welfare check and goes initially into a commissioned quarantine bed as a Covid-related precaution. They are given a welcome pack including a sleep pack, met by an interpreter and briefly assessed so they can be placed in the most appropriate setting possible, usually with a supported living provider or a foster carer, depending on age. This can be difficult as there are not enough suitable places and some landlords will not take a young person unless she or he has a right to remain in the UK. This mainly poses a barrier for our care leavers who are ready to move on from supported living provision or foster care. The UASC team makes use of licence agreements as a stepping stone to a secure tenancy.

They also use a new arrivals house accessed through the International Care Network (ICN) in Bournemouth.

All young people have an education plan, access to college including their ESOL team and other education settings where required. Most UASC are eager to learn. We have a specialist IRO for UASC and links with the contextual safeguarding team as some UASC are at risk from trafficking, exploitation and modern slavery. UASC is a trauma-informed service.

Related Links

Relevant legislation and regulations

1. **Liaison with the Home Office (UVI)** - This relationship begins at the first point of arrival and starts with the notification to the home office that a new arrival has come to light. The working relationship then continues all the way through the child's journey into adulthood. It is needed to ensure that the child's safety and welfare is considered and that they are fully informed and aware of their asylum process.

2. **Age assessment process and guidance (ACDS)** - Statutory guidance on the care of UASC states that 'Age Assessments should only be carried out where there is significant reason to doubt that the claimant is a child. Age assessments should not be a routine part of a local authority's assessment of unaccompanied or trafficked children'. Age assessments should be used to ensure that appropriate services are offered. In order to be able to assess the needs of a child, the social worker must be satisfied that the individual is a child. A social worker should be clear what the 'significant reason' is to doubt the age before age assessment is convened.

3. **Referral to the National Referral Mechanism (NRM)** - The Council of Europe Convention on Action against Trafficking in Human Beings defines trafficking in human beings as: "the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs" Any child who is recruited, transported or transferred for the purposes of exploitation is considered to be a trafficking victim, whether or not they have been forced or deceived. Even when a child appears to have submitted willingly to what they believe to be the will of their parents or accompanying adults, it is not considered possible for a child to give informed consent. Where there are concerns that a child has been trafficked then a referral needs to be made which can be accessed online.

4. **The National Transfer Scheme** - The transfer protocol is intended to ensure that unaccompanied children can access the services and support they need. It forms the basis of a voluntary agreement made between local authorities in England to ensure a more even distribution of unaccompanied children across local authorities. This scheme is currently under review.

5. **Dublin 111** – It is EU legislation that establishes the criteria and mechanisms for determining which single State is responsible for examining an application for international protection (an asylum claim). It aims to prevent both 'asylum shopping', where an individual moves between States to seek the most attractive regime of protection, and the phenomenon of 'refugees in orbit' where no single State permits access to an asylum procedure. It reflects the principle that those seeking international protection should seek asylum in the first safe country they reach.

6. **DfE and Home Office joint safeguarding strategy for UASC and refugee children** - This strategy sets out the additional actions that the Government will take to safeguard and promote the welfare of these children, in recognition of the increasing numbers and specific needs of unaccompanied children in the UK, unaccompanied children arriving through a legal pathway and unaccompanied children arriving clandestinely.

7. **NRPF Network Practice Guidance for Local Authorities: Assessing and Supporting Children & Families and Former Looked After Children who have No recourse to Public Funds for Support from Local Authorities under the Children Act 1989** - NRPF Network Practice Guidance for Local Authorities: Assessing and Supporting Children & Families and Former Looked After Children who have No recourse to Public Funds for Support from Local Authorities under the Children Act 1989 – No recourse to public funds (NRPF) applies to people who are 'subject to immigration control' and, as a result of this, have no entitlement to certain welfare benefits, homelessness assistance and an allocation of social housing through the council register.

8. **Care of Unaccompanied Migrant Children & Child Victims of Modern Slavery 2017** - Local authorities have a duty to protect and support these highly vulnerable children. Because of the circumstances they have faced, unaccompanied migrant children and child victims of modern slavery, including trafficking, often have complex needs in addition to those faced by looked after children more generally. The support required to address these needs must begin as soon as the child is referred to the local authority or is found in the local authority area. It will be most effective where this support is provided through a stable, continuous relationship with the child. This guidance sets out the steps local authorities should take to plan for the provision of support for looked after children who are unaccompanied asylum-seeking children, unaccompanied migrant children or child victims of modern slavery including trafficking. Elements of this guidance will also be relevant for the care of looked after UK nationals who may also be child victims of modern slavery. **Please also refer to Statutory Guidance Modern Slavery: How to Identify and Support Victims.**

9. **Honour based violence and forced marriage guidance** - If any concerns in relation to this we refer to Karma Nirvana for advice and guidance and also from specialist worker within Dorset Police.

Key points to bear in mind

- Some UASC know where they want to be and have contacts whereas others arrive unaware they're in England;
- The first 72 hours of a UASC is when they are likely to go missing. This highlights the importance of risk assessments being in place alongside appropriate care planning and a placement search through ART;

- UASC generally have their own working definition of permanence – being able to stay in the UK and making progress educationally and economically – the same ambition of course as many CIC and care leavers;
- Young people will either be looked after under s20, s17 or s24, depending whether they need care (s20), support (s17) or planning for independence (s24);
- Mental health concerns are significant, so the team works closely with Early Help to access support;
- Trauma may present as a learning disability and needs assessing carefully, as does any confusion between whether a barrier is a learning barrier or a language barrier;
- Some older young people don't want to go to college, yet they are not eligible to work. Many find illegal work, even when they are granted 'leave to remain';
- Many UASC have support in the community, especially from community elders. It can be hard to distinguish between supportive contact and exploitative contact;
- More work is needed on supporting UASC prepare for college or recognising when UASC are not study-fit and cannot adapt to the local education system. Alternatives need to be considered outside of statutory education settings;
- The British Red Cross offers asylum seekers a family tracing service in the country they left behind;
- IROs need to be ready to take on an advocacy role for specific young people whose needs are not being met;
- It is often difficult to plan for the future without a decision from the Home Office about any asylum claim. The young person will be supported through Triple Planning as set out below:

TRIPLE PLANNING

1. Support the young person through the asylum application process e.g. enabling legal representation, attending hearings and appeals and finding a pro bono solicitor if legal aid is stopped;
2. Should the outcome be negative, supporting the young person to return home as safely as possible;
3. With a positive outcome, support the young person to obtain the Biometric Residence Permit and a Travel Document. Discuss options with the education and employment worker. Support the young person to get on the CEYP band of the housing register.

Good practice

- Having in place a bespoke framework for permanence for UASC (see above, this is also being strengthened);
- Having in place a specialist workflow for UASC (also being developed), including a transition pathway to young adulthood and any adult care services needed;
- Having a mental health professional in the UASC team;
- Groupwork can meet UASC needs effectively;
- Regional approaches work best so that resources are pooled across a region or sub-region.

GOOD PRACTICE INDICATORS ~ UASC

- ✓ Percentage of children in care who are UASC
- ✓ Placement stability
- ✓ Missing episodes

16. Care leavers/CEYP (Care Experienced Young People, soon to be the 16+ service)

If you have a bad day
Superhero Louise has something to say
Tell her your worries
She'll be there in a hurry
She'll throw the bad memories away

When you have a worry, big or small,
Even if you are small or tall
Superhero Louise's job
Will be done for all.

A care leaver talking about their personal adviser

"Up to 25, we will never turn them away", BCP Practice Standards (2020)

The way we work around here

Children who have been in care for at least 13 weeks since the age of 14 (not continuous) and who have spent at least one day in care since the age of 16 are entitled to a leaving care service. There are different levels of eligibility depending on the young person's current circumstances – qualifier, eligible, relevant, former relevant. As soon as you become aware that someone meets the criteria, notify the CEYP Teams via the transfer inbox CICCEYPtransfers@bcpcouncil.gov.uk. The service will then allocate a personal advisor. This is a statutory requirement, until the age of 25, even if the plan is not for long term care.

Personal advisor role

The Care Leavers Regulations 2010 set out the functions of a personal advisor for a relevant or former relevant child. This is:

- To provide advice (including practical advice) and support;
- To participate in assessment and preparation of pathway plans;
- To participate in the review of the pathway plan;
- To liaise with the responsible authority in the implementation of the pathway plan;
- To co-ordinate the provision of services and take reasonable steps so that care leavers make use of services;
- To stay informed about the care leaver's progress and wellbeing;
- To keep full, accurate and up to date records of contacts with the care leaver and services provided

A personal advisor will be allocated at aged 16 years, or as soon as possible or practicable after that.

Aged under 18

- The personal advisor (PA) will get to know young people between 16 and 18;
- They will visit a minimum of six to eight weekly; sometimes with the social worker and sometimes alone;
- The focus of the work of the PA will be to start to look at independent living and life skills;
- The PA will explore with the young person what the PA role will be like at 18 and will prepare a young person for turning 18 by talking about what might happen;
- The PA might be available to help a young person if the social worker is not available.

Aged 18 and over (until aged 25)

- Provide advice, support and guidance for young people in all aspects of their lives. Sometimes this might be practical support, at other times this might be signposting to another organisation;
- Support the young person to develop their support network in preparation for life beyond the CEYP team;
- They will visit a minimum of eight weekly, but this might be more frequently depending on assessed need;
- The PA will work jointly with other departments and organisations, including housing, mental health support, GPs, adult social Care.

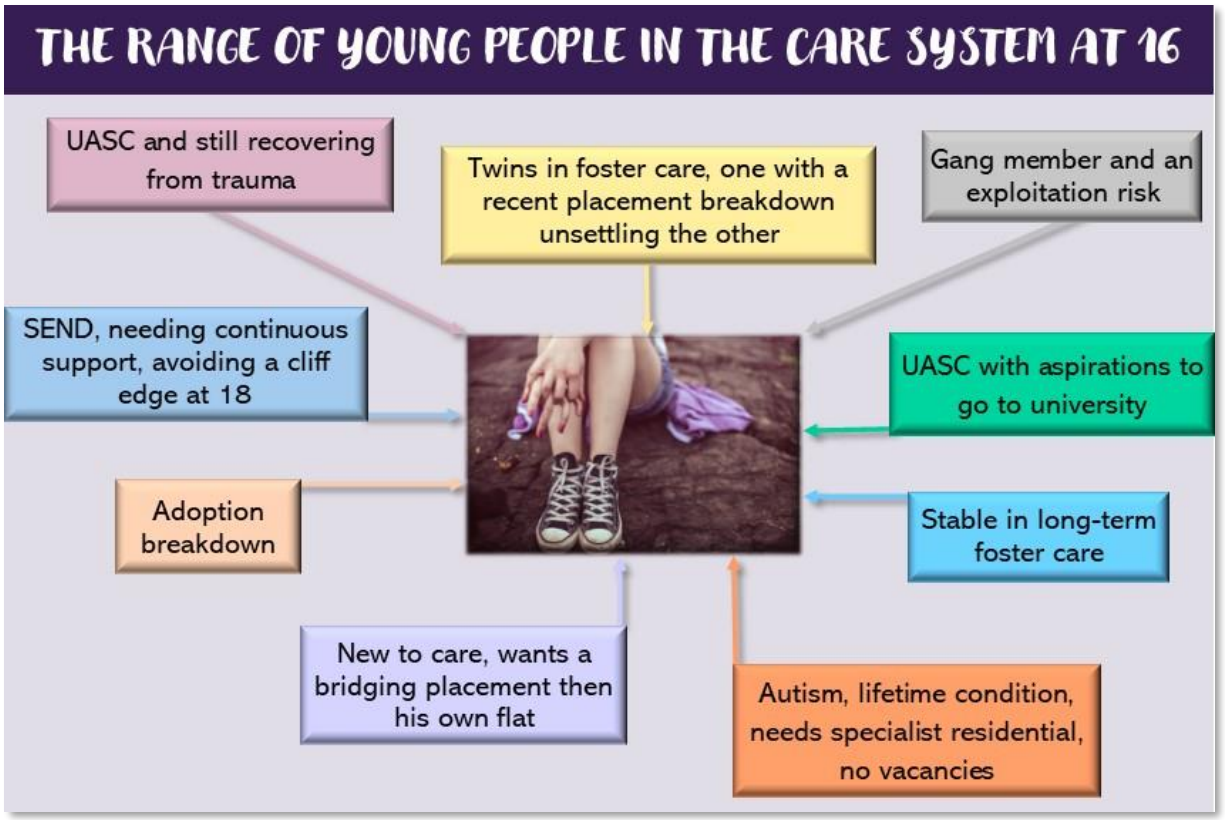
Personal advisors can work with young people up to the age of 25.

All children in care who are 16+ must have a Pathway Plan in law. The framework for considering this is 'Staying Put', which seeks to protect children in foster care and 'Staying Close' which is aimed at children in residential care where aftercare and support should always be offered to the child or young person.

We aim to deliver the Pledges our CEYP want us to make every year. This forms part of our local offer.

A hub is being developed for care leavers in the form of a one stop shop for CEYP, including housing and mental health support which are the two biggest current concerns of care leavers. Training flats or transition flats, preparing for independent living, are also available.

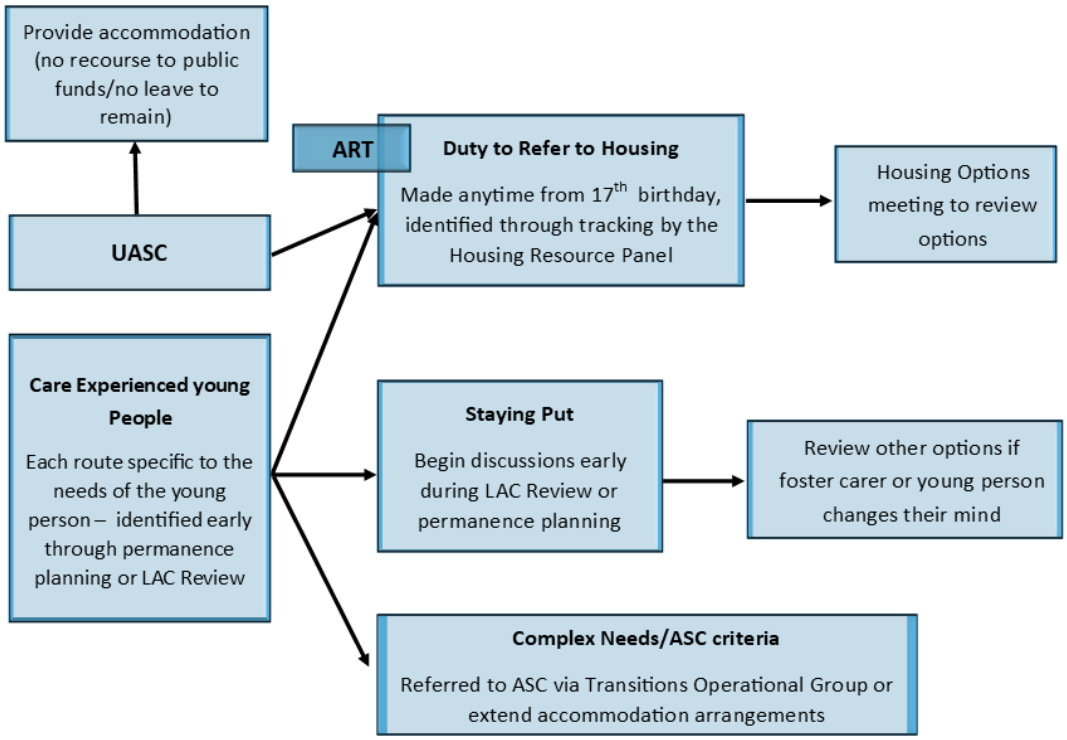
Not all CEYP are care leavers. At 16, some will only have recently come into care and may need to stay for a few years. Others will want to be independent as soon as possible. The range and diversity of 16+ children in care is illustrated below.



Key points to bear in mind

- The main positive impact with young people comes through relationship-based practice. This is at the heart of the work of social workers and personal advisers (PAs);
- A relatively high number of care leavers are Not in Education, Employment or Training (NEET) or they are accessing alternative provision (AP) or they remain on a school roll but only with a vastly reduced timetable. As BCP Council has one of the highest rates of school exclusion in the country, this data is of major concern. The role of social workers and PAs is to work with schools, colleges and employers to prevent or reduce disengagement because of the risks that follow;
- The legacy services for Bournemouth and Poole need to be harmonised into a single service for BCP Council. A start is being made with payments to young people becoming the same from 1 April 2021. Many young people still need support with handling money;
- A cliff edge impact is experienced at 18 by some care leavers whose resource reduces after their 18th birthday. Where this is not in the child's best interests, a transition meeting will be held with adult social care to explore continuing needs;
- The service's name will be changed from Care Experienced Young People to a name that does not mean care leavers have to identify themselves as such when they contact the service. 16+ or the 16-25 team will be better;
- Housing options are crucial – see the flowchart below to request a housing resource, including access to training flats to prepare a CIC who is 16+ for independent living.

ACCESSING HOUSING FOR CARE EXPERIENCED YOUNG PEOPLE AND UASC



Key points to bear in mind (continued)

- Some care leavers continue to experience emotional difficulties or mental health problems. They are especially vulnerable to services, already limited for children, being cut off completely at aged 18;
- Part of our corporate parenting role involves finding apprenticeships. The council is taking the lead on making some apprenticeships available. The entry requirement for an apprenticeship is a tough bar and needs to be relaxed for some care leavers who have lost ground to make up and who need that opportunity;
- An important internal link is with the preparation pathway co-ordinator working on the transitions of children with SEND.

Good practice

'Ultimately, what is integral to the development of high-quality services for care leavers is having active channels for listening to and working with care leavers themselves', Care Leaver Transitions, 2017, Research in Practice.

Providing high quality parenting and creating a sense of belonging are vital to young people's health and wellbeing and are the foundation for positive transitions (ADCS, 2012).

The test of good practice is from young people themselves, whether they feel supported by BCP Council, whether they have been given chances and opportunities between aged 16 and 25 and whether the council has prepared children in care for the rest of their life.

Regular collaborative audits with care leavers will be undertaken to test the impact of the 16+ service.

Good Practice Indicators ~ Care Leavers

- ✓ Percentage of CEYP with whom we are in touch
- ✓ Percentage of CEYP in suitable accommodation
- ✓ Percentage of CEYP in education, employment or training

17. SEND - Special Education Needs and Disability

The way we work around here

A child or young person aged from 0 to 25 years has special educational needs or disability (SEND) if they have a learning difficulty or disability which makes it much harder for them to learn than other pupils of the same age, or they require special educational provision to be made for them. Meeting the needs of children and young people with SEND and supporting them to achieve their aspirations takes all partners working together across education, health and care. Childrens Services works closely with health, education providers and adult social care, and others. Within Childrens Services we have a statutory SEND team (for children and young people with the most complex and highest level of need requiring statutory support) and a broader range of services that support SEND such as the Early Years Portage Service, Education Psychology Service (EPS), preparation for adulthood co-ordinator (PfA) and SENDIASS (the arms-length information and advice service); most of the services across Childrens Services provide support in different ways to children and young people with SEND and their families. The Local Offer provides information and guidance on local services and activities for children and young people with SEND.

The priorities for partners are set out in the SEND & Inclusion Strategy, a key focus is on inclusion both within education and the local community. There is also an emphasis in SEND is on co-production with children and their families (see the SEND Co-Production Charter in section 4 of the Toolbox). We work closely with all organisations supporting children, young people, parents and carers in BCP.

Identifying need early and responding

Health has a statutory duty to inform the Early Years' Service about SEND in a child's first two years. All children with SEND aged over two and in nursery or school have access to SEN provision. Schools and colleges receive funding for all children with additional needs. They have to put a bespoke service in place. In schools, provision is co-ordinated by SENCO's (Special educational needs co-ordinators). This provision is customised for each child and covers the full spectrum of extra needs, some short-term, some permanent. An important time is the transition into secondary school.

Around 18 per cent of children with SEN have complex needs which require an assessment for an Education Health and Care Plan (EHCP). This is carried out in the focused assessment team, part of the SEND service. The trigger or threshold for an ECHP assessment is that a child's needs are complex, severe and long-term and a pre-school or education provider cannot meet their needs from within their own resources and within the resources available through SEN support. At that point, a statutory assessment of the child's needs will be undertaken. This test if set out in s36(8) of the Children and Families Act 2014. A SEND panel considers whether each assessment meets the threshold for a plan. If the need for a plan is confirmed, it must be reviewed annually to see if circumstances and needs have changed.

BCP Council's Graduated Response

In BCP partners take graduated a response approach so that levels of support increase or decrease with a child or young person's level of need, as we do across the rest of Childrens Services. For SEND this is set out in the Graduated Response and is set out for three age groups: early years, school age and post 16; below is an overview.

The levels of support are:

Universal level

High-quality, differentiated teaching is the first step in our response to children and young people's needs at a 'universal level'. This includes; the robust use of the 'assess, plan, do, review cycle', rigorous early years practitioner/teacher oversight, the use of differentiation, the use of additional supports and resources such as small group work or visual resources and, close liaison between the setting and the family.

SEND support level

Where quality first teaching approaches have not been sufficient to meet the child's needs and the child or young person now requires more focused, targeted support, they will be identified as having SEND: 'A pupil has SEN where their learning difficulty or disability calls for special educational provision, that is provision different from or additional to that normally available to pupils of the same age.' Quality first teaching, including evidenced, robust use of the 'assess, plan, do, review cycle', rigorous early years practitioner/teacher oversight, and close liaison between the setting and family will continue. Depending on their level of need some children and young people may have a little extra support at SEND Support Level and others may have a great deal. Funding is given directly to educational settings from the government to provide up to £6,000 worth of support across a year for pupils with the greatest need at this level. The support could include:

- Additional adult support for particular lessons or at key times. This may be from a teaching assistant (TA);
- The use of a personalised work area;
- Structured activities to develop specific social skills in small groups;
- Assessment and advice from external support services and professionals;
- Adaptions to the physical environment;
- Support from a mentor or key worker.

Statutory level

Education, Health and Care (EHC) plans are for children and young people aged up to 25 who need more support than is available through Special Educational Needs Support. These children and young people have complex, severe and long-term needs. Quality first teaching, including evidenced, robust use of the 'assess, plan, do, review cycle', rigorous early years practitioner/teacher oversight, and close liaison between the setting and family will continue in addition to the provision that has been identified as being needed to meet the outcomes in their EHC plan.

At every stage within the graduated approach, all professionals will ensure that they work closely with and involve children, young people and their parents/carers. Section 19, part three of the Children and Families Act and the SEND code of Practice 2014 clearly states that all professionals must have regard to the views wishes and feelings of children and their parents/carers /carers, and that they must be involved in the decisions about their care and education.

The local offer for children and families is widely available here.

The in-house CHAD team provides specialist casework services for children with extra needs and with a defined threshold (see the section on CHAD below).

Early intervention in mental health through the ELSA programme is noteworthy.

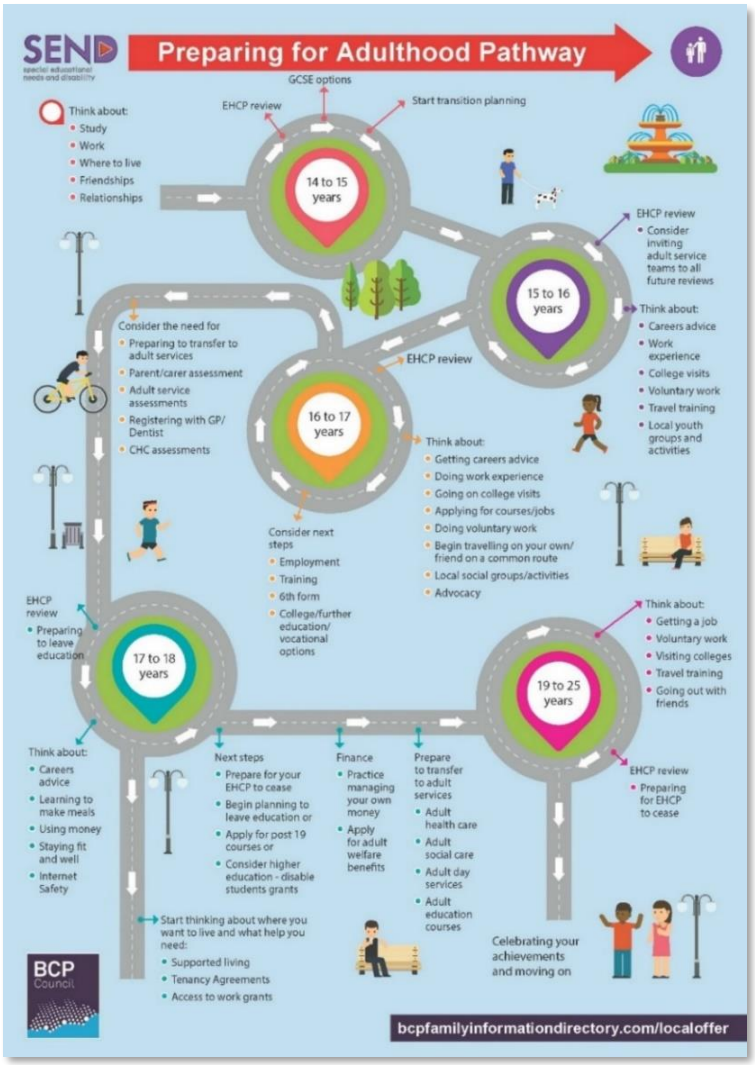
Into adulthood

Many children and young people with SEND have a lifetime condition and may need services into adulthood. This is a key transition to manage, especially if there are different eligibility criteria in adult care services. To avoid a cliff edge at the age of 18, we have a clear Preparation for Adulthood Pathway (see below). The transition planning group meets monthly and there is a preparing for adulthood team in adult social care, signalling joint responsibility-taking. In Children's Services, a transition navigator has been appointed.

We want young people who have SEND to develop the skills, confidence and resilience which prepares them for a positive and successful adult lie – referred to as Preparing for Adulthood (PfA).

Preparing for Adulthood means:

- Access to a variety of high quality higher or further education, training or employment opportunities;
- Living as independently as possible;
- Participating in the local community and society;
- Being as physically and mentally healthy as possible.



Portage

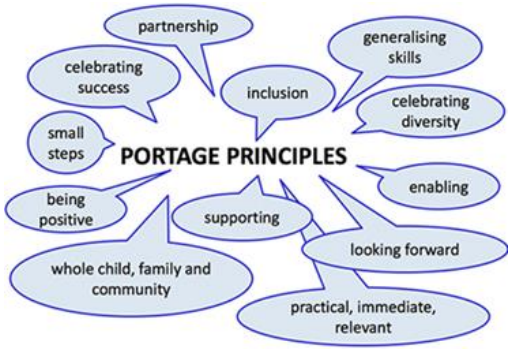
Portage is part of the SEND service. They support young children aged between 1 and 4 years with Special Educational Needs and Disabilities (SEND) whose development is severely delayed in at least 3 areas. This could be speech, language and communication; physical development; personal, social and emotional development; or cognition and learning. In the Spring term 2021, 43% of children on caseload had a diagnosis of Autism, although children do not need a diagnosis to be referred to the service as they work with children with other complex learning needs. Referrals come directly to the service mainly from Health Visitors, Paediatricians and Early Years settings. Parents can also make a self-referral for their own child. Supporting information is requested so that referrals can be triaged effectively and make sure the service is targeted at the right children and families.

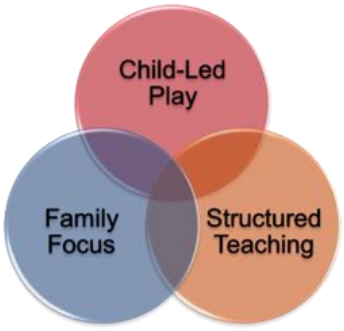
Portage aims to:

- Work in partnership with families to help them develop a quality of life and experience, for themselves and their young children, in which they can learn together, play together, participate and be included in their community;
- Play a part in minimising barriers that confront young children and their families;
- Support the development of inclusive services for children.

The service is registered with the National Portage Association (NPA) who provide initial training and all Portage Officers must access an accredited Portage Small Steps to Learning for children with SEND workshop and CPD. The Portage team manager is an NPA accredited trainer and delivers this training locally. The team access regular individual supervision with the team manager or senior Portage Officer and termly peer group supervision led by a Senior Educational Psychologist. The team also work closely with their equivalent service in Dorset.

The NPA also provides a Code of Practice including twelve Portage Principles which guide day to day practice, ensuring consistent and high-quality service provision.



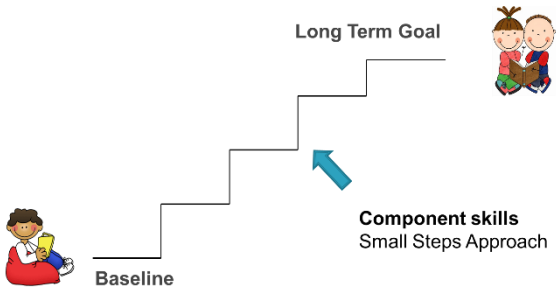


There are three essential elements to the Portage model, offering a framework of support that respects each family and their own priorities. The model is dynamic with different aspects taking precedence at different times, adapting flexibly to the needs of each child and family.

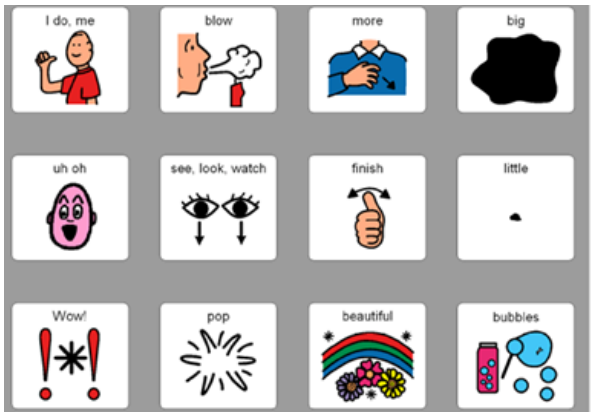
A positive small step to learning approach starts by looking at the individual child's skills, strengths, favourite activities and learning styles. Based on this information, and working in partnership with parents and other professionals, an Individual Learning Plan is co-produced. This includes unique fun play and learning activities that are modelled with the child and parent during regular Portage sessions.

A model of 'teach the parent, teach the child' is implemented and parents receive encouragement and coaching to increase their knowledge, skills, and confidence to implement this learning at home. Each play

activity is a small step towards learning a new skill/achieving a goal, with successes celebrated, challenges discussed, and next steps agreed during follow-up sessions.



Portage Officers hold cases initially for a block of weekly visits, which may then reduce to fortnightly/monthly for anywhere between 6 weeks and 6 months, depending on the child/family situation. The service provides a blended offer which includes home visits, live interactive and coaching video sessions, pre-recorded coaching videos and telephone consultations. Tapestry is on-line learning journal which is co-produced with parents has been launched over the last 6 months and is providing to be so successful that it will remain in practice post Covid.



The team are innovative and always looking for new ways of supporting children's learning and development. For example, they have recently accessed training in Pragmatic Organisation Dynamic Display (PODD). This is a visual communication strategy which starts by introducing single pages of pictures/words linked to a specific activity or routine. It enables the adult (parent) to use consistent and reduced language (single words) whilst pointing to the relevant picture. This aids the child's understanding of what is being said and supports them to communicate more effectively.

The single page visual prompts have been piloted in 2021 with strong results.

GOOD PRACTICE: THE BCP PORTAGE SERVICE IS A 5 STAR SERVICE

Our service has achieved a 5-star rating with the National Portage Association continuously since 2016. This is the top rating, given for exceeding norms on several measures like case management, training and the service offer.

Key points to bear in mind (all SEND services)

- Most special educational needs can be met without a statutory plan;
- Every EHCP needs to include what is important **to** the child and what is important **for** the child;
- Neither the graduated approach nor an EHCP should be used as a means, tool or route to exclude a child or young person from school. They should be used for positive reasons;
- It is crucial to protect children and young people with SEND who display challenging behaviour against abuse or neglect in any setting, such as prone restraint. Where restraint is necessary, a Deprivation of Liberty (DOL) authorisation must be obtained from a court;
- Every EHCP needs input from children's social care, not just health and education;
- Education, health and social care are equal partners for all children and young people with SEND;
- Children with SEND are over-represented in school exclusions so more support and a multi-agency focus is needed if there is a build-up or escalation towards a fixed-term or permanent exclusion;

- Children with SEND are also more likely to be out of school for a variety of reasons, so outreach work from schools is even more important to put in place;
- Young people with SEND are also over-represented in the youth justice caseload, which indicates the nature of their vulnerability in adolescence;
- A small number of children and young people need either specialist residential care or bespoke community provision with a team of carers supporting them;

- A key issue for all local authorities is sufficiency – sufficient specialist resources provided in a timely way: sufficient specialist placements; and sufficient school capacity locally. Services and support will need to be increased and localised in future years to meet ever-growing demand;
- Educational psychologists carry out valuable work in developing and ensuring individualised and inclusive support for SEND students in mainstream and specialist settings, as well as re-engaging and re-integrating students into suitable school provision.

Good practice

- Good practice means complying with the Statutory SEND Code of Practice (2014), covering 0-25 years;
- A three-year-old with a diagnosis of Autistic Spectrum Disorder (ASD) made eight months progress in a single term through targeted support;
- Care and support needs are identified early and we work creatively in partnership to meet those needs;
- Children, young people and their families are made to feel that services are their '**friends for life'**;
- Detailed transition planning and detailed enhanced transition planning is carried out at the best point in time for the child and family, not at the most convenient administrative point.

Good Practice Indicators ~ SEND

✓ Timely completion of EHC assessments
✓ Timely reviews of EHCPs

18. VSC - Virtual School and College

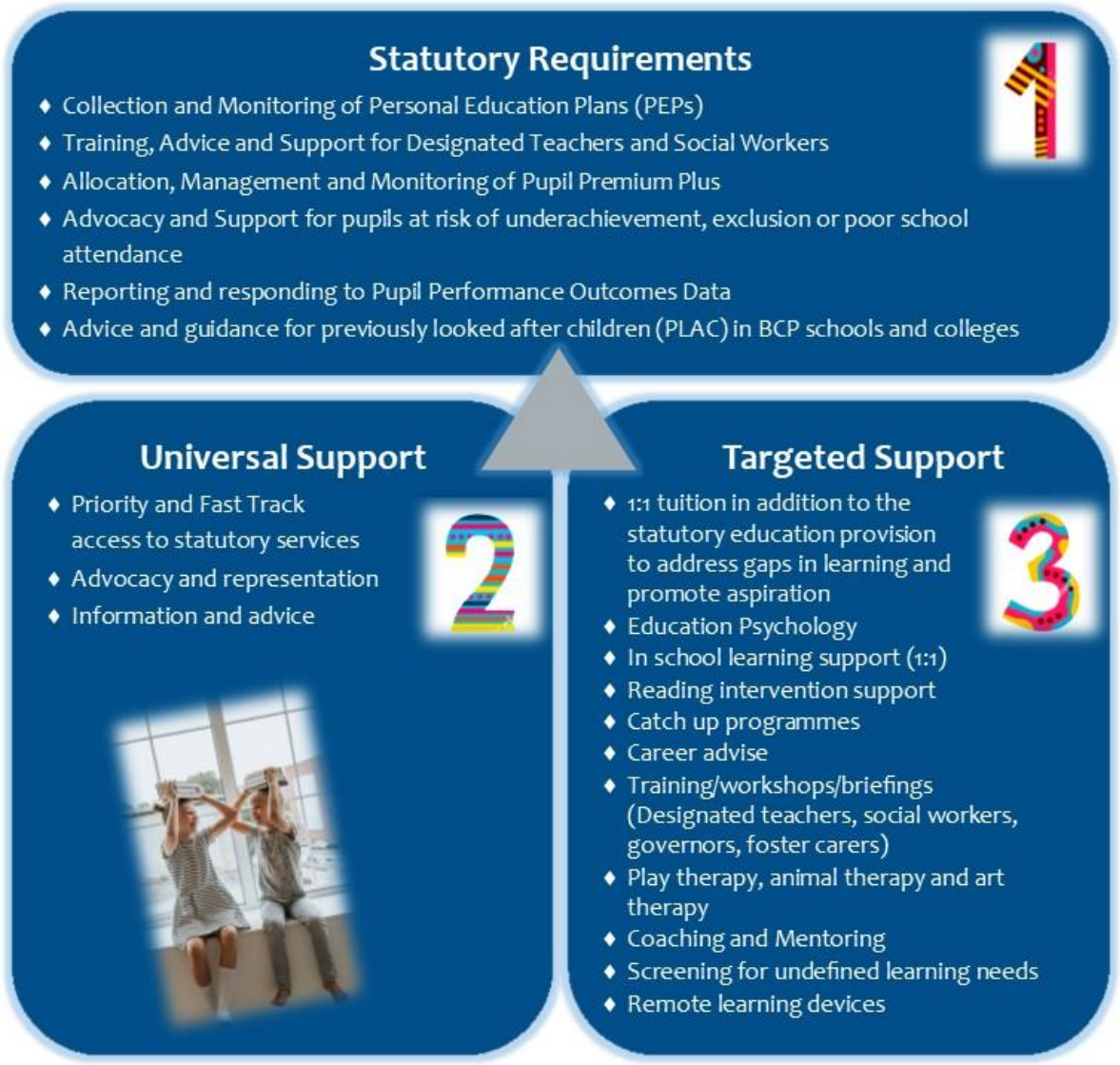
The way we work around here

The BCP Council Virtual School and College (VSC) provides a central point of contact for all matters relating to the education of Children in Care (CIC) and Care Experienced Young People (CEYP). The VSC also provides advice and guidance to those who are Previously Looked After. It safeguards and promotes the educational best interests of all CIC and CEYP to BCP from Pre-school years (starting from the term after the child is aged two although were appropriate support will be given regarding nursery placements for those younger than two) to Year 13 who attend in early years settings, schools, colleges or Alternative Provisions. This is **a proactive role, often carried out through assertive and challenging conversations, aimed at increasing the educational opportunities and life chances for CIC and CEYP.** This recognises the disadvantage they may well have experienced before coming into care or may continue to experience.

The VSC is a team led by the VSC headteacher and the assistant head who support all stakeholders across the education system. This includes everyone involved in the child's education such as foster carers, social workers, educational psychologists, youth justice team, SEND team and residential childcare staff.

The VSC holds monthly drop-in sessions for foster carers, termly designated teacher networks and regular training for school governors around the educational needs of CIC and CEYP. It also facilitates and provides training in attachment and trauma awareness for schools. The VSC are members of many representative groups to ensure that the voice of the child or young person is heard.

The VSC has the following statutory and non-statutory responsibilities:



Key points to bear in mind

- **Personal Education Plans** (PEPs) form an essential part of a child's care plan. The PEP is part of the child's official school record and the Designated Teacher has responsibility for overseeing delivery of the plan in school. The child or young person should be involved in the writing of the plan and has a section to complete. The following must be achieved:
  - Where a child enters care, PEP's must be initiated within 10 days;
  - For all children who enter care, the first PEP meeting should be held, and the plan finalised, in time for the child's first CIC review;
  - PEP's must take account of the emotional, mental and physical health needs of CIC and CEYP;

- PEP's require the same level of management oversight and quality assurance as the child's main care or permanence plan. PEP's have an equal status in this respect;

- **Pupil Premium Plus** (PP+) is a grant paid to BCP Council to enhance a child in care's educational experience and opportunities. Funding is made available as soon as a child enters care. Although PPG+ is only received for those children in school years Reception to year 11. The VSC head is responsible for ensuring it is distributed effectively and in BCP Council area, this funding is laid out in an annually published Pupil Premium policy. The majority of funding is passed to schools to support educational targets for named pupils. An amount is also centrally pooled and spent according to identified needs of named pupils or groups of pupils. The VSC head has the right to refuse payment to the school or college if the PP+ is not being used in line with its published Pupil Premium policy. All PPG+ spend for children should be explicitly linked to targets within the PEP that identify support beyond the universal school offer.
- The **Early Years Pupil Premium** (EYPP) is extra provision for disadvantaged three and four year olds in care, or who are adopted or where a Special Guardianship or Residence Order is in place. Locally, all children aged over two in care will have their own Personal Education Plan and this is the vehicle for providing a rationale for the EYPP. PPG can also be used in exceptional cases to fund additional hours, especially to support school readiness for CIC to access the 30-hour education offer when their carer is not eligible.
- The Virtual School and College can provide advice and guidance where there are concerns that any previously looked-after child attending school within BCP is not reaching their educational potential. Previously looked after children are defined as those subject to Adoption, Special Guardianship or Child Arrangement orders. The offer of advice and guidance extends to parents, guardians, schools and outside agencies as appropriate.
- The Virtual College supports all CIC / CEYP during Years 12 and 13 and oversees twice yearly Post-16 PEP meetings. The Virtual College also identifies and supports CIC / CEYP who are NEET in Years 12 or 13 or identified as being at risk of becoming NEET during Year 11 by coordinating and overseeing the planning and implementation of targeted interventions to get CIC / CEYP engaged with a suitable full-time education offer. The Virtual College works closely with a network of Post-16 education and training providers to ensure that their offer meets the needs of CIC / CEYP.
- The VSC works with admissions authorities (both in and out of borough) to ensure that CIC and CEYP are a priority for admission to a school or college rated 'good' or 'outstanding' by Ofsted. The school must of course be capable of delivering the child's PEP and PP+.
- The VSC promotes partnership working between schools and the local authority to avoid permanent exclusion and reduce the risks that the child or young person will experience as a consequence of an exclusion. **A multi-agency conference, chaired by the virtual head or assistant head, will be held when any CIC or CYEP is at risk of permanent exclusion.**
- The VSC works alongside the SEND service to ensure that the SEND Code of Practice is adhered to in the case of CIC and CEYP. The VSC meets fortnightly with the SEN team manager to discuss complex cases and ensure appropriate support is provided without drift and delay.
- The VSC supports BCP CIC and CYEP who are attending school or college outside of the area so they are not out of sight and to promote the importance of high-quality education and lifelong learning; for any BCP child in care, regardless if placed in BCP or another authority
- The VSC plays a vital role in monitoring the attendance and achievements of CIC / CEYP. It works alongside education providers and children's social care to identify and address any attainment gaps and other concerns that adversely affect a child's education. This includes playing an active role in placement planning, Annual Reviews, CIC Reviews and other multi-agency discussions as required.

Good practice

- Use of **attachment-aware and trauma-informed teaching strategies**;
- **Inclusion and re-integration casework** for CIC and CEYP on the edge of exclusion;
- **Children Missing Out on Education (CMOE) and Not in Education, Employment or Training (NEET) -** ensuring that young people who are CMOE or NEET are supported to re-engage without drift or delay
- **Transitions meetings which construct pathway** for CIC and CEYP experiencing difficulties in one of the many educational transitions they may face;
- **Virtual school advice and guidance to schools about best practice.**

P had a complex and difficult childhood culminating in her being sexually exploited. She was out of education since Year 8, resulting in a large measure of self-doubt and low self-esteem. The VSC produced a plan and a bespoke package that took this into account and with safety nets and alternatives in place if it didn't work the first time and if she needed to try again. The support aimed to keep her in education and on track with her hopes and aspirations for her future. It gave her the best possible chance of achieving her goals and also diverting her from exploitation. Education and job prospects are clearly the best route out of the lifestyle that exploitation drew her into. The VSC's support for P and to her ETAC meeting was recognised by the whole professional network.

GOOD PRACTICE INDICATORS ~ VIRTUAL SCHOOL AND COLLEGE

- ✓ Number of children in care not on school roll
- ✓ Number of children in care missing out on education
- ✓ Number of children in care permanently excluded
- ✓ Timely completion of Personal Education Plans

19. Fostering, including private fostering

Public fostering

The way we work around here

In line with national trends, over 70 per cent of children in care in Bournemouth, Christchurch and Poole are fostered. Whilst some local authorities deem therapeutic fostering to be a specialist placement, we believe that every foster care placement needs to be therapeutic and to provide a child with a healing environment. We are committed to developing and supporting our carers to provide the very best care to every child entrusted to our care.

The team are committed to offering high levels of supervision and support to carers. Foster carers are also supported through a number of support groups such as the Connections Support Group with Clinical Psychologist for connected carers, Support Group with Clinical Psychologist for mainstream carers, Resilience Support Group, Parent & Child Support Group, Drugs & Alcohol & Support Group & Supported Lodgings Carer support group. We also have a Funky Monkey (a group for all children in a fostering household), a Life Story Champions Group and a virtual running group and a bi-monthly fostering newsletter.

The model underpinning the fostering service is PACE – playfulness, acceptance, curiosity and empathy. Foster carers are developed and supported to help children with their 'big feelings' and also to have 'big conversations' when needed – to understand their past and to shape their future. Trauma-based care and

attachment-based care are essential. Carers are supported to understand what has happened to children, especially abuse and neglect. Training is provided within the National Standards Framework. The basic training for new carers is Skills to Foster (4/6 sessions), Attachment Care (one session with a clinical psychologist) and Safeguarding Training (one session), Safer Foster Care (one session) and Equality and Diversity Training (one session). Carers are required to take these courses before they go to the Fostering Panel which embeds our commitment to ensure that all carers have the skills and insight to provide high quality care to our children placed. Approved carers have access to a wide range of training courses and all carers have up to date Personal Development Plans.

There is significant competition in the local and national fostering market; recruitment and retention of carers involves maintaining a consistent and relevant presence in the recruitment market, but also the reputation we build locally as a fostering provider that offers a personal service to each carer, where there is a wide range of training and development opportunity and where carers feel part of a supportive fostering community.

All carers are invited to meet with the manager every month and with the Director of Children's Services every six weeks. Foster carers also meet every six weeks with the virtual school head teacher to have a channel to discuss any concerns they have about the educational needs of children in their care.

There are two Fostering Panels (Main Fostering Panel & Q&A Review Panel), each panel meets weekly so there is no delay to the approval process. The agency decision maker (ADM) is the service director and the panels have a dedicated panel co-ordinator and a dedicated minute taker. There is an experienced chair and three vice-chairs, one of whom is a care-experienced young person.

Supervision and oversight of foster placements are in accordance with the National Minimum Standards Regulations, including:

- Statutory visiting pattern
- Unannounced visits in the year
- Annual fostering review
- Allegations and Standards of Care Procedures

The voice of the child is essential in the review and monitoring of fostering families. We work creatively to ensure that the voice of the child is present in the carer's annual reviews and in work undertaken with our carers. The team have developed a number of tools to support children of all ages and abilities to tell us their views of how they are being cared for.

The views of childcare, health and education colleagues are actively sought in the review process for carers.

We aim to complete a fostering assessment within five months - compared to eight months nationally - and a family and friends' assessment in 16 weeks with an option to extend by eight weeks if necessary. Enhanced annual reviews of foster carers take place in the first and third year. Standards reviews take place in the second year and that cycle continues.

We are committed to matching the needs of children to the skill set of carers. We recognise this is key to placement stability and it starts from the quality and accuracy of the initial referral for the child.

Successful family-based care requires a holistically approach and the team is encouraged to think creatively in the development of bespoke support packages. The team works proactively to hold placement stability meetings with the wider team around the child in care to develop wrap around support at the earliest sign of placement instability.

Key points to bear in mind

- The biggest cohort of children within house foster carers are aged 11+

- Matching is essential in ensuring placement stability and good outcomes for children - The information in referrals for fostering placements are key in getting this right
- Joint working across services is key in placement stability, including education and health
- Foster Carers are the consistent adults in a child's life and are at the heart of the achieving positive outcomes for children in care
- We are a therapeutic fostering service; this includes supporting the fostering family holistically
- Within the fostering team there are members who are trained in Legotherapy, Theraplay, Life Story Work, and are skilled to coach NVR (non-violent resistance training)
- All Children in Care should be offered meaningful Life Story Work
- The fostering service is skilled at Life Story Work and can make good practice examples available upon request
- Specific recruitment underway to increase BCP's cohort of Shared Carers
- Whilst in some parts of the country, independent fostering agencies (IFAs) have over 40% of the local placement market, the numbers are much lower locally which reflects well on the in-house service. IFAs are only used when we cannot match a child with a carer in-house
- Keeping children local with in-house carers enables them to maintain links with their families, friends, school and community
- More work is needed for long-term carers considering a Special Guardianship Order (SGO). There are some barriers including financial barriers

Good practice

Throughout the Covid pandemic it has been hard for birth mothers to maintain contact with their babies. Some foster carers have given careful thought to how this can be safely and sensitively managed. One foster carer demonstrated empathy by arranging to feed the baby during contact, so that the baby could be positioned opposite the camera in a relatively still position, which allowed the baby's mother to see her clearly.

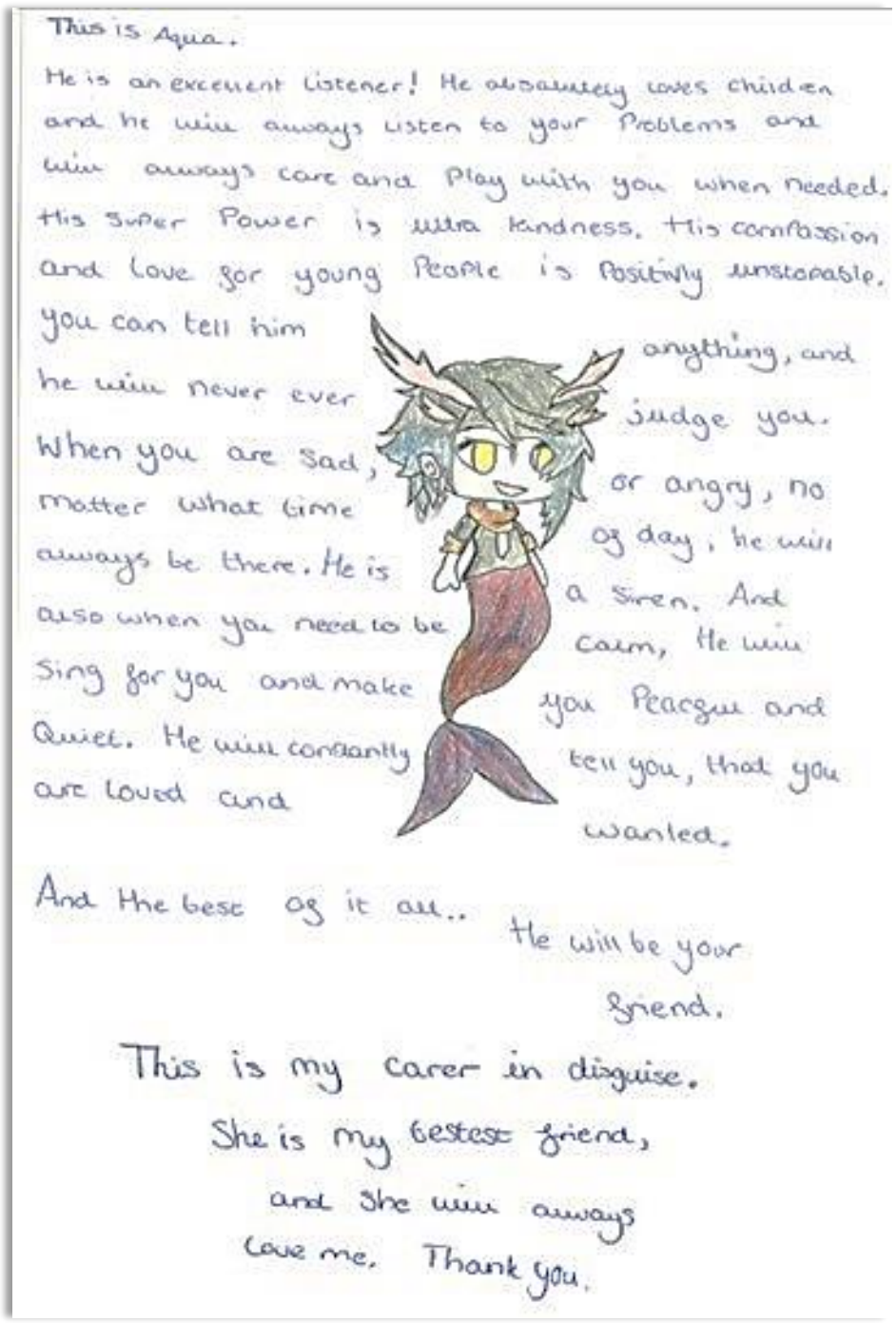
A 15-year old girl had experienced several placement and residential breakdowns and was deemed to be too high risk to be placed in a foster placement. The fostering team matched her to a skilled single carer who received support from the resilience scheme. The supervising social worker coordinated regular stability meetings to enable good joint working between the carer, fostering team and the wider team around the child. Throughout the challenges of lockdown, the responsive support to the carer and creative solutions for some of the challenges presented as enabled child to remain in her care.

A 10-year-old boy was deemed 'unfosterable' and had been placed in a residential placement. A residential worker at his last children's home applied to foster him as a single male carer. He had lots of support from the resilience fostering scheme. The boy has been stably placed for over six years with his carer, who continues to be committed to him and to offering 'staying put' beyond his 18th birthday.

After a trip to Moors Valley Country Park, a 4-year-old boy became agitated and distressed. The foster carer sat on the ground with the child and talked to him using PACE principles – 'I think you must be tired' and 'I wonder if you're sad because we have to go now'. The situation was de-escalated. The child calmed down and had a chat and a drink. The carer continued to use PACE to support the child who settled well in her care and the carer was able to support his successful move to his adoptive parents.

An older mum, who had previous children removed from her care was placed with Parent and Child carers. The carers worked as part of the professional team in assessing her parental capacity. They carer's skilled approach enabled mum to develop the confidence and the skills to parent and keep her child safe. Mum and baby have successfully returned home to the community together.

Baby was to return home to the community with dad, who would be a single parent. The foster carer went the extra mile in taking father under her wing in supporting him to develop his confidence. The carer helped dad prepare his flat for baby's return and to prepare the baby's room. The foster carer also helped dad build confidence in shopping, cooking and putting a routine in place. Baby was successfully reunited with dad in the community. Foster carer continued to offer support during the settling in period.



Private fostering

The way we work around here

Most private fostering placements are made by language schools and guardianship agencies for children from overseas. The British Council accredits language schools and AEGIS accredits guardianship companies. English UK sets safeguarding standards for language schools. The agencies find placements for the students, usually in supported lodgings. Since the Covid pandemic, the number has reduced so the private fostering team now holds children in need and child protection cases as well. This may change back to a private fostering-only caseload if the language schools re-open and numbers increase again. Boarding schools are also covered. The private fostering team also assesses and reviews children who are not living at home and who live with family and friends but not through the child in care route.

The BCP Council team also has a contract for supplying a service to Dorset Council in respect of children attending language schools in Dorset (and who live in Dorset).

Referrals to the team come through a generic inbox. Regulations cover the team's role and function and are set out in National Minimum Standards. The receiving agency like a language school must notify the council six weeks before a student arrives. A visit to the proposed adult carer is made within a week (a Regulation four visit). The worker visits the child or young person within seven days of their arrival (a Regulation seven visit). They then have 45 days in which to complete an assessment including all checks e.g., DBS and medical checks of everyone aged over 16 in a supported lodging. Regulation eight visits are six weekly – BCP does these every four weeks unless a child is in need (CIN) when visits are every two weeks. After a year, visits (non CIN) are every three months. If a language school or boarding school breaches standards, a Prohibition Notice can be issued if a child meets the CIN threshold. This rarely happens.

The team's main purpose is to raise awareness inside and outside of children's social care of the need to notify a private fostering arrangement so that children can be safeguarded if this becomes necessary.

Key points to bear in mind

- The future is uncertain due to Brexit and the level of the pound abroad;
- Any member of staff in a language school or boarding school subject to a safeguarding concern is referred to the LADO;
- Several young people attending language schools have been victims of hate crime in the local area;
- Some children caught up in county lines are technically subject to private fostering regulations if they are staying with adults – even though the focus of assessment and intervention would be the risks of child exploitation.

Good practice

It is important to remember that Victoria Climbie was living in a private fostering arrangement when she was killed. This is why a good private fostering service is fundamentally a child protection service.

Good Practice Indicators ~ Fostering, including Private Fostering

- ✓ Percentage of children in LA foster care placements
- ✓ Number of vacancies
- ✓ Timely completion of assessments
- ✓ Timely completion of visits

20. Young carers

The way we work around here

The Young Carers team is based in the Brighter Futures service within the Inclusion and Family Directorate. 458 young carers are currently known (March 2021) with many more young carers in the Bournemouth, Christchurch and Poole area not formally recognised. Referrals are direct to the team or through the First Response Hub and the MASH. The team does not case hold but instead assesses every new young carer for a range of services, hosts a programme of events and runs twice weekly Zoom sessions for young carers to keep in touch. Team practitioners work across the range of team activity and also specialise e.g., with 16+. The team works closely with charities including Adventure Pirates, the Bath Philharmonic and My Time, providing programmes which cover important areas like health and well-being through AFC Bournemouth, and counselling and support for the transition to employment or into adult care services for the young carer and the parent/s they look after – a Memorandum of Understanding (MOU) is in place. The Leonardo Trust provides laptops for young carers who need them. Carers as young as five are being supported. Much of the team's work is raising awareness amongst other agencies so that young carers who are 'hidden in plain sight' can be recognised and offered help. The direction of travel is for services to young carers to be linked into the locality-based family hubs. This has started with some e.g., in Branksome. The service has recently been widened to include brothers and sisters of a young carer.

The team uses a RAG-rated review system, depending on assessed need. The baseline assessment takes up to six weeks, using a nine-point well-being indicator. Red status means a review every six months. Amber means a 12-month review. Green is an 18-month review. Young carers at the highest level of need can be offered a six-week support package with one of the team. All young carers are registered with the service unless they ask not to be.

As one practitioner in the team said, "if a child or young person wants to do something, I never say no, I make it happen. I make memories with them".

The team's practice is solution-focused and relationship-based.

Key points to bear in mind

- Many children do not realise they are 'young carers' until they go to school and mix with other children;
- Most children know they can get in touch with the team direct or through school;

Good practice

The team is a high-energy child-focused team with a well-thought through programme of assessment and support for young carers in the area. The diversity of provision and joint working with the charity sector is a model of its kind and the team are always on the lookout for new partnerships to bring in resources and opportunities for young carers.

Good Practice Indicators ~ Young Carers

✓ Number of young carers who are electively home educated

21. CHAD - Child Health and Disabilities team

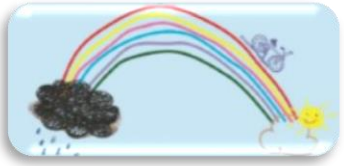
The Child Health and Disabilities team (CHAD) is situated in front-line Children's Services. The team caseload is 206 children (March 2021), who tend to have profound disabilities. Eligibility for the service is determined at a scrutiny board, based mostly on complexity. Cases are allocated due to a RAG rated system of need – red, amber and green. All children are children in need (CIN). Eligibility criteria are set out below. Children are visited at least ever six weeks. The team offer a consultation service to the rest of Children's Services. Care and support packages for children are agreed at the CHAD Resource Panel.

All case thresholds have been reviewed resulting in an increase of the number of children made subject to CP plans and LAC status.

The work undertaken within the team has significantly improved the working relationships with the Preparing for Adulthood Team and the SEND service. The CHAD Team is regularly represented at different forums including Special School Head Teachers meetings and Engaging with Parents during Covid meetings.

Criteria for CHAD

The criteria for services from the Child Health and Disability Team are:



- A significant visual impairment;
- A significant hearing impairment;
- A profound communication impairment;
- A severe learning disability;
- A significant physical disability;
- A life-threatening condition or significant chronic illness;
- Global developmental delay - This is a term which would usually apply to young children who have severe delay in all areas of their development.

The child/young person will have a permanent and substantial disability which significantly affects, or is predicted to affect, everyday functioning over the child/young person's development;
AND/OR
A severe or life-threatening health condition or impairment which significantly affects, or is predicted to affect, everyday functioning over the child/young person's development;
AND
Complex family circumstances which affect the child/young person's ability to reach their potential, resulting in their social functioning being significantly impaired without the provision of specialist services.

The child's disability must be the presenting concern for the case to transfer to CHAD. For cases where one or more children have a disability, but the presenting concerns are not related to their disabilities, CHAD will offer consultancy and advice to the social workers involved.

Any child diagnosed with Asperger's, ADHD, HIV or a psychiatric illness will only be eligible for referral to the Child Health and Disability Team if they also have other disabilities which meet the criteria.

A package of support is determined following an assessment. Packages of support must focus on individual need and the particular circumstances of each family. The Assessment of Need is assessed on the basis of two components: the level of disability and any social and parenting issues identified through a social work assessment.

The number of hours for short breaks allocated to a child and their family and the type of service offered, will be explored during the assessment and depends on:

- the level of the child's disability;
- the impact of the child's disability in being able to care for themselves and keep safe;
- the impact of the child's disability on family life;
- the ability/skills of the parents;
- any additional problems the parents might face - housing, finance, domestic abuse, physical or mental health problems and substance misuse;
- the wishes of the child and their family.

Carers' assessments

Parents or persons with parental responsibility for a child with disabilities have a right to an assessment of their needs as carers under section 6 of the Carers and Disabled Children Act 2000. The needs of carers will be considered within a Child and Family Assessment at the time that the request is made for a carers assessment if the Local Authority is satisfied that the child is a person for whom it may provide services under Section 17 Children Act 1989. The Child and Family Assessment is a holistic assessment that takes into account the whole family's needs and circumstances but primarily focuses on the child's needs and considers support for parents or carers based on the needs of their child.

If the parents or carers require support in their parenting role, due to their own disabilities, a referral will be made to Adult Social Care.

Children in Need Plans

The CHAD team will work with families (including siblings if required) where it is identified that support services are needed and are not available at the Universal or Early Help levels. This includes provision of short breaks away from home and help for those families who are at risk of breakdown without the provision of specialist support services. Level of support, including the visiting pattern, will be assessed on an individual basis but visits will be made no less than six weekly.

Safeguarding/Child Protection/Court

The CHAD team will respond to any child protection enquiries where a case is open to a social worker and any siblings that are not open would be considered in the initial enquiries and, if required, a referral to MASH will be made.

Any Child Protection referrals on closed cases need to be referred to the MASH – including those concerning families where the disabled child as defined above is part of a sibling group. The MASH team will make a decision based on the criteria outlined above as to whether the referral will be passed to the CHAD Team or the Assessment Team. In cases where there is a sibling group in which one or more child has a disability, consideration will be given to the presenting circumstance and how this impacts on the sibling group as a whole. For example, in cases of domestic abuse or neglect which affect the whole sibling group, the primary practitioner will be allocated from within Children and Families First Service, and a secondary practitioner will be allocated within the CHAD team to meet the needs of the child/young person with a disability.

Children/young people transferred from other local authorities

The principles outlined within the CHAD eligibility criteria will equally apply to cases being transferred from other Local Authority areas including those families with disabled children who are the subject of a Child Protection Plan. A transfer-in protocol will apply.

Looked After Children (Long term residential/educational placements)

The CHAD team will continue to support children and young people with disabilities (and their siblings if already open) whilst they are subject to care proceedings and until permanency has been achieved. At this point, the team will liaise with the Children in Care teams as per the transfer protocol to arrange transferring the siblings and, if appropriate, the child or young person with a disability. Children or young people with complex needs who are subject to a care order and Section 20 agreement and in an educational residential placement and in transition to adulthood will remain within the CHAD team, however a PA from the Care Experienced Young People's Team will be allocated after 13 weeks in care.

If a looked after child has any level of disability - even where the criteria for the team is not met - a social worker from the CHAD team will liaise with the allocated social worker during an assessment period.

Stepping down / Stepping up (signposting)

As any child, children with disabilities may be accessing support from different levels as their needs will change. However, all children accessing short break provision will be supported via the CHAD team.

Where a child or young person is supported through universal or early help services and new needs or concerns are identified, contact should be made with the MASH.

Escalation process

In any cases where issues are being raised, a specific case discussion with the relevant team managers should take place in relation to which team is best placed to meet the child's needs. Any disagreements in respect of this should be escalated to the Service Manager.

Good Practice Indicators ~ CHAD

- ✓ Timely visits to children
- ✓ Timely review of plans

22. The Children's Occupational Therapy Team

The team are 6 qualified OT's, including the Team Manager. All the OT's are registered with the Health and Care professions Council (HCPC). Approximately 70% of their 120 open cases are open to CHAD. They are part of the Inclusion and Family Services Directorate. They work with children and young people 0-18 who have severe physical disabilities and/or complex health needs. Their role is primarily to assess and provide recommendations to enable Children & Young people to safely access their home environment and to optimise their ability to participate and function in everyday home life. They have arrangements with housing to prioritise the most important adaptations, including a fast track system when needed. They may also support families to move to more suitable and accessible housing.

They assess and provide specialist seating, moving and handling and bathing equipment and advise and support minor or major adaptations to the home environment often through the Disabled Facilities Grant process. They are highly skilled in risk assessments and review equipment and moving and handling in line with clinical guidance. They meet with OT's across settings in BCP and Dorset to make sure their knowledge base is kept up to date and the OT Team Manager has clinical peer supervision every 8 weeks from a Hampshire Children's OT Manager as there is no one to provide this within BCP. The OT team receive monthly 1-1 clinical supervision from the Team Manager.

The team accepts referrals directly from parents or health professionals and has a specific referral form to capture all the reasons for the referral to ensure that they can prioritise the need most effectively. Like many others, the service does have a 20-week waiting list for assessments. This is continuously reviewed and if an urgent need is identified, the referral can be triaged and re-prioritised.

In the last year they assessed over 55 new Children & Young People and reviewed the moving and handling and equipment needs of over 70 children. Equipment comes via contracts, with recycled stock first and new purchases if nothing suitable is available.

Whilst the pathway for the service is clear, it runs in parallel with the health OT service at the Child Development Centre (CDC) who deal mostly with children with fine motor & functional difficulties with appointments mainly taking place at the CDC in clinic. The services are not as joined up as they could be. This is now in hand with commissioners.

The team are setting up an outreach service to schools as there is a service gap for many children in School who due to not having a formal diagnosis from Health are missing out on OT support and advice particularly in the area of sensory processing difficulties, which may be impacting on their education, attendance and learning opportunities.

Feedback received recently from parents and families

"The bed arrived today. It is amazing. The two men that delivered it were lovely. Our daughter drew them a lovely thank you rainbow picture. On Thursday we will be clapping for the 2 men and yourself who I don't think realise what a difference you make to us. In the middle of all this he still gets his bed , amazing. Thank you x"

"Morning, just wanted to say thank you for organising the door so J can't access the kitchen. Went to bed actually not worrying about him getting in there last night. We are very grateful for you doing this for us."

"On behalf of myself and my partner, thank you so much for all your care, professionalism, and help you have showed to our family over the years. You have the correct mix of care and work ethic that is so lacking sometimes."

"We are so pleased with the driveway and our son cannot wait till he is driving. It has made a massive difference in safety getting him into and out of the car independently."

Following provision of a specialist bath seat: *"He had a bath last night and absolutely LOVED it! Didn't want to get out, so lovely…Thank you so much."*

After the assessment and provision of a specialist bed: *"It was delivered and installed on Thursday. Makes a massive difference, even dressing in the morning goes twice as quick. Thank you soooo much"*

"His new bed has been an absolute godsend. It came a week before P arrived and has been a success from the start. We follow his bedtime routine as normal, but instead of laying with him, just give him a kiss, lay him down and zip him in. He'll rock for a few minutes and go to sleep. If he wakes in the night, he will rock for a little while and go back to sleep. He hasn't woken up properly before 7 o'clock since he's had his new bed. It's just been brilliant. Thank you for all your help."

The Children's OT's aim to make a real difference to the lives of the children and families they meet and help Children to achieve greater functional independence and participation in everyday tasks and home life.

23. School Inclusion Service

The infographic below illustrates the services within the overarching Inclusion Service.

Access to and positive engagement with a high-quality education is to key to children fulfilling their potential and achieving success in later life. We know that children who do not attend, or are excluded, from school are at an increased risk not only of social and educational failure but also, importantly, of physical, emotional and psychological harm. We also know that children from certain backgrounds and those facing challenges such as trauma or poverty are more likely to be excluded or persistently absent from school.

The School Inclusion Team works closely with schools and other professionals to ensure that children are not missing out on their education.

Inclusion Officers identify children that are missing out on education due to poor attendance, exclusion, reduced timetables, unsuitable elective home education, not having a school place and a range of other issues. They do not case hold but will support schools and professionals to use a signs of safety approach to develop and implement plans that enable these children to access a full-time appropriate education wherever possible. They will ensure that the plans fully consider the voice of the child and their family, supportively address underlying needs issues and if necessary, include the application of parental responsibility measures such as the issuing of fixed penalty notices and School Attendance Orders.

The service also works with schools to develop whole school inclusive policy and practice that reduces persistent absence, improves behaviour and decreases the number of children who are missing out on education.

Re-integration Officers work with children, their families and schools to re-integrate children that have been out of school back into education. Cases are referred to them from the In-Year Fair Access Panel, Schools and the wider inclusion Service. They case hold and use a relationship focused, signs of safety strengths-based model for assessment, planning, intervention and review and develop bespoke interventions according to the young person needs. They use trauma-informed and attachment-aware practice, to help schools understand the child behind the behaviour and restore what can be damaged relationships between the child and their family and the school.

The service also monitors children that have been placed within alternative provision and supports their return to a mainstream setting wherever appropriate.

Licencing Officers operate employment licencing processes that ensure that children who are working are safeguarded and that their employment does not negatively impact upon their education.

The Young Carers team and the "Brighter Futures programme team" also sit within the School Inclusion Service and play an essential role in ensuring that children are able to engage with their education (see section 7 and 20 for further details).

Key points to bear in mind

- Children and young people can miss out on education because they are a) not registered at a school and not receiving a suitable education otherwise (missing from education) or b) they are registered with a school or their education is the responsibility of the council, but they do not, or cannot, attend full-time education in the usual way (pupils missing out on education);
- Pupils registered with a school that have an offer of a suitable full-time education but whose attendance is below 90% are considered persistently absent (rather than missing out on education);
- The increasing number of children missing out on education, being permanently excluded and withdrawn by parents to be educated at home is of national concern and has been the focus of numerous Ofsted and Department for Education reports;
- Covid has led to a number of children 'struggling to get back into school' including some children who are younger than those normally starting to lose touch. This is part of a wider concern about children's mental health and the lack of suitable resources to prevent deterioration. Continuing difficulties accessing CAMHS is relevant here. The team are also seeing higher contact numbers by parents who are worried about their child for a variety of reasons. Covid related parental worries have increased, so there are new demands being made on the service, including offering advice and guidance to parents who are considering withdrawing their child to Elective Home Education;
- The difference between Reintegration Officers (RIO's) and Inclusion Officers (IO's) are that Inclusion Officers will work with schools to prevent child disengagement and school exclusion and to promote inclusive practice in schools. This will often require an initial meeting with the child, and parent/carer, to gain their voice followed by supporting and/or challenging school to create and follow an effective engagement plan. IO's do not case hold. RIO's will work intensively with a child if they need to reintegrate back into mainstream after being elective home educated or have been missing from education for a period of time, or if they are school refusers or have significantly poor attendance. IO's attempt to prevent children missing from their education so that behaviours are not entrenched.

Good practice

Trauma-informed and Attachment Aware Practice: From Despair to Hope

A school's relationship with a year six student had broken down. B was running out of school and defiant throughout the school day. B had been sexually abused and other early childhood traumas with significant attachment issues. CAMHS were involved. The school environment, especially loud noises, triggered a fight or flight response. Mum struggled with her interaction with school and felt that the needs of her son were not being met. The whole network was beginning to break down.

A member of the Inclusion team was able to establish a positive relationship with Mum, listened to her concerns and supported the communication between Mum and the school. Unfortunately, B's behaviour escalated where he became at significant risk of permanently exclusion, so a new plan was devised to avoid this. The Inclusion team offered B alternative provision of 1:1 tutoring for 8 hours a week and reduced the hours he attended school to preserve the relationship. There was a huge amount of work completed by the Inclusion team and the case was then handed over to the RIO team, as it was viewed that more intense ongoing work was needed. In a short period of time it was identified that B was not engaging as well with the AP as had been hoped and that a different AP should be considered.

It was agreed that the tutoring would be replaced with 2 offers with an organisation who had experience with a more therapeutic approach along with a tutoring service that has experience in working with highly vulnerable children. From the last review it was thought that this has been more successful. B has also been offered the Think Bricks programme which is being supported by the RIO team. An EHCP is in progress which all parties have been invited to contribute to. Mum says she has a much more positive relationship with all professionals and the school. The school are building up B's attendance and it is hoped that this will continue to positively increase, and B can be supported effectively until the outcome of the EHCP is decided.

SENCO's

The Area Special Educational Needs Co-ordinator (SENCO team) are experienced SEND practitioners who have the following key accountabilities:

- Discharging (and supporting the implementation) of the SEND code of practice;
- Ensuring that early years settings have the capability to deliver the requirements of the Early Years Foundation Stage (EYFS);
- Building confidence so the transition to school for a child is supported actively;
- Carrying out specific observations of children in order to understand their needs better;
- Providing both verbal and written guidance on the effective early identification of additional learning needs and using a graduated response approach to meeting a child's needs;
- Role modelling effective intervention strategies;
- Undertaking detailed assessments, using evidence-based tools, to identify learning needs;
- Delivering SEN practice workshops which includes sharing specialist expertise.

The team evaluate their work using the following framework:

- Termly monitoring of a child's progress against actions set by the Area SENCO for impact on the child's development;
- Partnership working with early years SENCOS in RAG rating SEN/inclusion practice, using the national early years sector SENCO job description.

The team are working on a Transitions Charter for Early Years, due to be launched in the autumn of 2021. The coach and mentor early years providers. They also make and administer SEND tier payment to early years providers. Area SENCOs and provider SENCOs work together to ensure effective provision for the child.

Termly Area SENCO target setting with SENCo works really well: children can make accelerated progress e.g:

a) Child being able to communicate using Picture Exchange Communication (PECS) system where 2 months earlier child had no form of reciprocal communication;
b) Child with bi-lateral moderate hearing loss with newly fitted hearing aid supported by childminder and group setting with guidance from Area SENCO on using WellComm Screening Toolkit to swiftly improve listening & attention and speaking skills: 26 months' worth of development achieved in 18 months in both areas;
c) Ensure child's voice using Widgit programme of picture vocab - for timetables. PECs and other general development of communication use - Area SENCO produce resources for early years providers/specific children.

Cause and effect toys are used from the very beginning of support for the child - centrally held resources are shared with settings.

The Child Performance and Licensing Service

This service is an important safeguarding check and balance on the care and protection of children working in the entertainment industry. This includes applications for work permits and the licensing of chaperones. If there are any concerns about a chaperone, this is escalated to the LADO.

Good Practice Indicators ~ Inclusion Service

- ✓ Percentage of children excluded from school (fixed term and permanent)
- ✓ Persistent absence rate
- ✓ Number of children missing out on education

24. The IRO service

The way we work around here

The service has two main roles – independently reviewing the lived experiences of children in care, including chairing their reviews; and independently chairing child protection conferences - ***IRO's as chairs of Children in Care reviews*** and ***IRO's as chairs of Child Protection Conferences*****.** They are part of the Quality Assurance Service. Allocations are informed by a caseload weighting system published every Friday. A RAG rating is in place. Each IRO takes on both main roles. Some visits to children are written up in the form of letters to children (see below). IRO's operate a presumption of a child or young person's involvement in their review or conference, with exceptions only being made where it is not in a child's best interests to participate. How participation works is discussed between the IRO and the child. In their role as conference chairs, IROs work hard to include parents in conferences and in encouraging and supporting them to sign up to child protection plans so their child is as protected as possible. IRO's sometimes commission and make use of the Independent Visitor service run by Action for Children.

Key points to bear in mind

- Children and young people must be seen by their IRO's on a proportionate basis – no child must remain unseen - IRO's must see children on a regular basis, proportionately to their needs;
- Independent conference and review chairs should use their independence to act upon the system on behalf of the child;
- IRO's are especially important or children if there is excessive turnover of social workers responsible for their case. They can represent stability and continuity;
- IRO's speak to the child and parents before the conference to support their involvement;
- IRO's must challenge unsound assessments and care plans and formalise their concerns in a review or conference if this cannot be done outside of a formal meeting;
- Their challenges should be without fear or favour and to anyone in the team around the child who needs to be challenged;
- The service has many examples of successful challenges in a child's best interests e.g., one child being allowed to 'stay put' to allow for an extended pathway plan rather than leaving care at 18;
- IRO's should refer a child about whom they have profound concerns to Cafcass in accordance with the statute, if their concerns cannot be resolved informally and internally. Positively, the number of dispute resolutions is increasing, and they have all been resolved in-house;
- A new service handbook is being produced, as part of harmonising into a single BCP IRO service;
- an integrated case management system will also make a positive difference;
- Occasionally, IRO's need their own independent legal advice – separate from the council;
- Problems with placement sufficiency and with a lack of educational provision are particular concerns when it comes to reviews;
- IRO's play a key role in minimising damaging Covid-related problems such as court delays in making Adoption Orders and foster carers being anxious about face-to-face visits in the home;

Good practice

IROs speak with several children before their reviews and conferences and represent their views to the conference. This is done sensitively e.g., if they have discussed how they feel about their parents but don't want their parents told. This ensures the child's voice is at the centre and the heart of conferences and reviews. The notes IROs take at meetings and indeed their case notes sometimes take the form of letters to children which is good practice as it means the child's needs, wishes and feelings take priority over which professional said what at a meeting. This is also a general point about the importance of writing down the key points made which relate to the child at any meeting and to use this as the reference point.

On behalf of a 17-year-old young man, newly in care, who did not want to experience multiple changes of social worker, the IRO facilitated him being allocated directly into the 16+ service. This example also shows a child-focused flexibility about eligibility criteria when they do not align with the child's best interests.

Good Practice Indicators ~ IRO Service

- ✓ Number of dispute resolution processes
- ✓ Timely reviews of plans (child protection and child in care)

25. Business Support

The way we work around here

"We see ourselves as an essential cog within a large organisation. We believe we are the enablers that keep the show on the road" , the Head of Business Support Services.

Children's Services Business Support (BS) was brought together as a single service when BCP Council was formed in April 2019. The service has 173 staff (March 2021). Turnover in permanent staff is 1 per cent per annum, the lowest (and the best) performance in the whole of Children's Services.

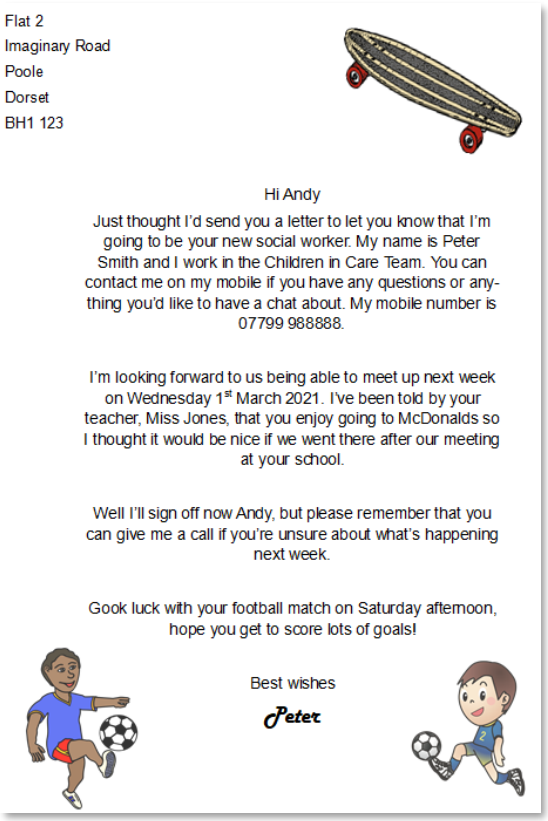
Business Support Services are commissioned to provide the following administrative support across the whole of Children's Services:

- Technical administrative support within teams, where BS officers teach the policies, procedures, statutory processes and standards to practitioners and managers;
- BS staff are experts in case management systems and have an advanced understanding of Microsoft and MS Teams applications. They also understand procurement and financial management regulations and advise all team members how to comply (if they are consulted);
- Technical support includes PA support to senior managers;
- BS have a centralised monitoring role in information governance (IG), including freedom of information requests, subject access requests, third party disclosures (police requests), data breaches, personal information sharing agreements, data protection impact assessments, preparation of privacy notices and the oversight and management of the Child Trust Funds and Junior ISA savings account for Children in Care. There are lead officers within each Service area, known as Information Asset Advisers (IAA), who deal with all IG concerns within Service areas;
- They provide HR administrative support to services, in order to reduce the time that front line managers spend dealing with the HR systems (E-Recruit and E-First). The Service supports with recruitment and operates a monitoring and auditing role for managers in terms of attendance and off-boarding procedures. The service also supports with training and development including supporting front line workers to familiarise and feel comfortable with the systems and processes used by their team, allowing them to get up to speed quickly and to focus their attention on the service they need to be providing;
- As part of their front-line facing role and work, they have regular contact with people using our services, including acting as the initial point of contact at many sites across the service;
- The service operates in an enabling capacity across Children's Services, and plays a key role in supporting initiatives such as accommodation moves, restructuring, new IT system delivery, such as MS Teams, MS Telephony and CPD on-line, systems thinking and streamlining processes and procedures to support new initiatives. The service acts as the key interface with IT Services corporately to ensure the smooth transition into teams of new technology and equipment;
- The service supports team managers to interpret and analyse and daily stats to provide key management information on the performance of their teams. They also carry out regular deep dives into the case management system to check quality standards and performance.

Key points to bear in mind

- The aim of the BS service is to form positive relationships with staff and children, young people and families in order to provide them with a secure, safe base about 'how things work, e.g. through the service's Microsoft Teams champions network and their support to manage moves well;
- BS operates a flexible working model and move their staff around to respond to business demands and to match staff with particular skills to areas of need;

- The work that many BS staff do is emotionally demanding. The information that they are exposed to can be hard to read and is often stressful. BS managers need to always ensure the appropriate level of support is in place at the right time;
- BS have been trialling new ways of working in some areas, including PA support to social workers, to support them to use their time to best effect in bringing about change for children. This trial is currently being evaluated;
- The service will be centralised as part of the Smarter Structures process and will join a central job family during 2021. How this will operate on the ground is yet to be determined;
- BS are specialists in onboarding and offboarding staff;
- BS organise new Safeguarding Conferencing Suites, which allow for conferences to be held face to face with Covid-distancing and also video/Teams involvement. Robotic cameras support the conference by zooming in automatically onto a whiteboard and also onto whoever is speaking, enabling a greater understanding of nuances in expression and emotion. Children and parents can also participate without a cost through being 'guest invited' via Microsoft Teams. This is important for anyone who lacks resources (money) and is the wrong side of the digital divide;
- BS have created templates for child-friendly letters (see the example below).



Flat 2
Imaginary Road
Poole
Dorset
BH1 123

Hi Andy

Just thought I'd send you a letter to let you know that I'm going to be your new social worker. My name is Peter Smith and I work in the Children in Care Team. You can contact me on my mobile if you have any questions or anything you'd like to have a chat about. My mobile number is 07799 988888.

I'm looking forward to us being able to meet up next week on Wednesday 1st March 2021. I've been told by your teacher, Miss Jones, that you enjoy going to McDonalds so I thought it would be nice if we went there after our meeting at your school.

Well I'll sign off now Andy, but please remember that you can give me a call if you're unsure about what's happening next week.

Gook luck with your football match on Saturday afternoon, hope you get to score lots of goals!

Best wishes

Peter

Good practice

We have 173 staff and we feel like one team (whole service statement)

We often act as the eyes and ears of the organisation. We are committed to having an open and inclusive culture within our service. We have very committed and dedicated staff. We don't always get it right, but we are always listening and evaluating and react quickly when change is needed. We are proud of the support we give, and we are committed to continuous improvement in what we do.

Rachel's story

BS resolved a long running issue about Rachel's relocation expenses, which had dragged on for months causing her considerable stress. This was resolved by BS helping her to fill in the right forms, to secure the right authorisation and to engage with the right corporate staff. This shows that apparently simple processes can be complex to the end user. BS can support staff through the hurdles of the average bureaucratic journey.

GOOD PRACTICE INDICATORS ~ BUSINESS SUPPORT

✓ Timely reviews and conferences

26. ART - Access to Resources Team

The way we work around here

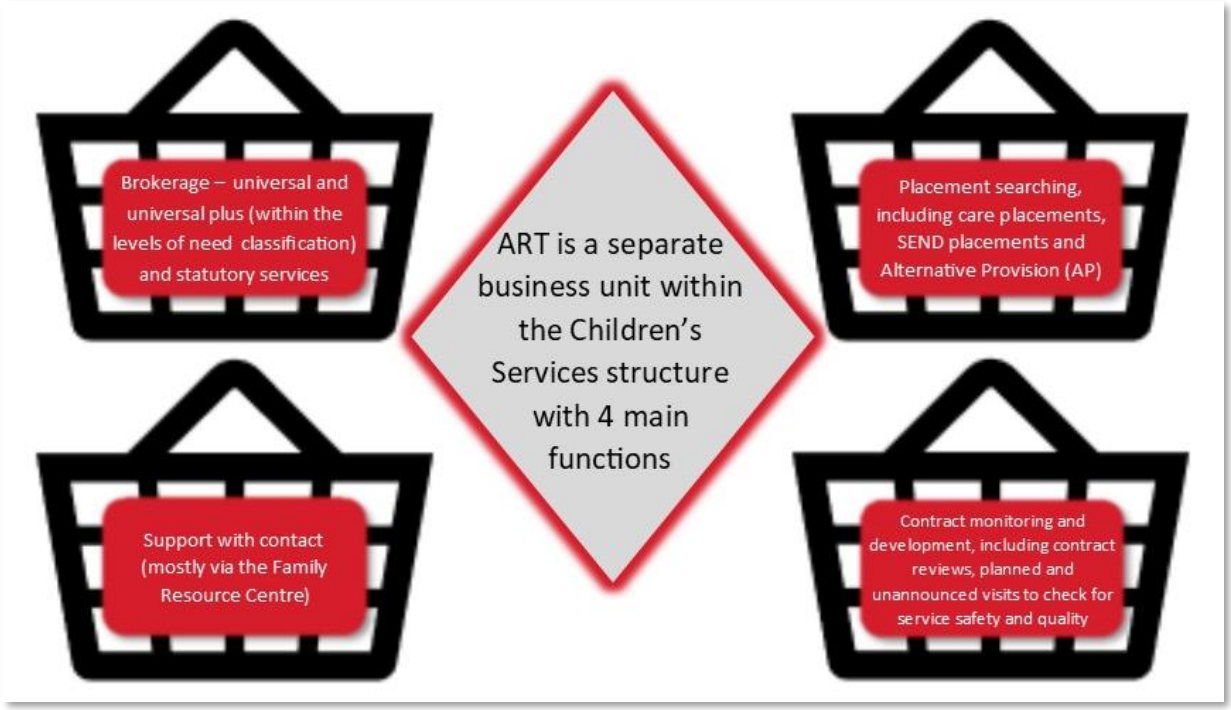
ART is the equivalent to an internet search engine or a supermarket for any resource that a child or family needs, if the need is identified within a care plan or EHCP and it achieves best value. ART ensures 'the shelves are stacked' with a diverse and wide range of commissioned services to meet all needs. Services include, for example childcare, translator, carpet cleaner, short break respite provision, as well as all statutory placement provision for children in care and educational provision for pupils with an EHCP.

When commissioning services, ART adheres to the local authority procurement and financial regulations. All services are accredited to ensure compliance with insurance, safeguarding and safer recruitment standards as a minimum.

ART follows the journey of the child, from providing services at an Early Help / Edge of Care stage through to statutory services when a child enters local authority care. ART's core functions are commissioning and

contracting – searching for the right resource or service and operating scores of spot purchased and block contracts (through Letters of Agreements (LOA), Service Level agreements (SLA) and Framework Contracts) either for one-off services, placements and education provision as well as support packages or services.

A fundamental aspect of ART's role is strategic commissioning to aid the process for understanding, planning, and delivering better health and wellbeing outcomes for children and young people. The analysis of service 'gaps' and the effectiveness of existing provision and developing plans and strategies to meet those needs with available service resources. Our strategic commissioning cycle is based on the cycle of analyse, plan, do, and review. This ethos exists and is embedded throughout ART.



The council has a CiC and CEYP sufficiency strategy in law and must produce an annual report regarding outcomes achieved. ART leads on producing this strategy. The sufficiency strategy is part of a broad suite of guidance and regulations issued and updated to improve outcomes for children in care and young people. Sufficiency in BCP is aided by two regional South-Central partnerships / consortia arrangements, procurement led by Southampton City Council. The frameworks are for independent fostering agencies (IFA) with 14 local authority partners and for children's residential care with 18 local authority partners. Regional frameworks are important as no single council can meet all of its sufficiency needs on its own. ART is responsible for the contract management functions for these consortia frameworks.

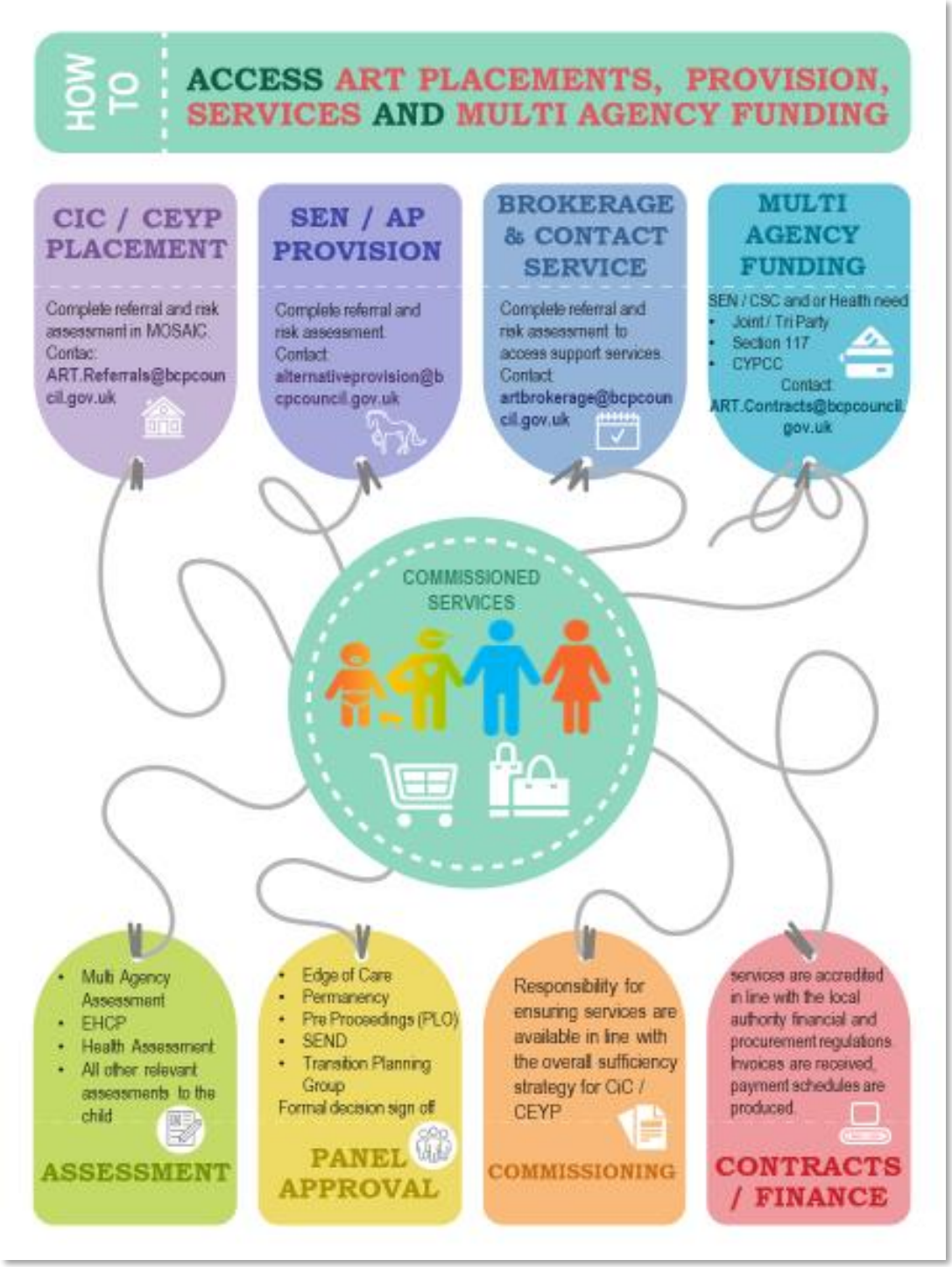
ART has been cited as 'good practice' in respect of its consortia contract management in reports by the National Association of Fostering Providers (NAFP) and the Independent Childrens Home Association (ICHA).

ART has a monthly induction programme so that all staff know what it does and how to access its services (via making a referral). These induction programmes support the service with detailed training provided in the 'initial health assessment process' for children entering care and how to access multi agency funding when required.

Key points to bear in mind

- In order to access services via ART a referral form documenting the identified needs of the child / young person or family is required to ensure that a range of services can be identified thus providing choice and transparency;
- The ART Contact Service aims to arrange and provide a child focused contact session for children in our care in a safe and secure environment for children/young people and their families;
- The Contracts Team is responsible for accreditation, monitoring and evaluating commissioned services through robust contractual arrangements and monitoring mechanisms. They are link officers within the council for external providers and support all service delivery, ensuring good quality and promoting partnership working;
- CIC / CEYP Placement Finding Team supports professionals to identify the best possible foster care, residential, semi-independent or respite provision for CiC or CEYP. Following receipt of a completed referral form and risk assessment, placements and/or resources are sourced to meet the individual needs of children and young people;
- From September 2021, no child under 16 can live in an unregulated placement (not registered with Ofsted or carers approved by panel) without the local authority breaking the law. This presents challenges in relation to semi-independent 'solo placements' specially devised to meet the needs of individual teenagers in care with very complex needs;
- Special Education Needs (SEN) Placement Finding Team source, commission, and contract with providers for children with an Education Health and Care Plan or who have been permanently excluded from school;
- The ART Finance team is responsible for the smooth, effective, and accurate payment of all commissioned service provider invoices, monthly payment schedules to schools and electronic BACS transfers to in-house foster carers and Direct Payment recipients;
- ART is also responsibility for project managing the timeliness and the quality of statutory paperwork required for the initial health assessments (IHA) for children coming into care, working alongside CC to improve timescales;
- A lead service commissioner is required to work in consultation with ART to produce a detailed service specification which is a pre-requisite of being able to commission and contract a service effectively, whether for an individual child or for a whole service (SLA);
- Contract reviews can be considered as 'annual conversations' – the Early Help service review some of their contracts like YMCA, children centre's in this way;
- Complex Placements should be considered through the 'Multi-Agency Resource Panel' (MARP). Key points about MARP are set out below:
    - The Multi Agency Resource Panel (MARP) considers children and young people who are eligible for funding under Section 117, Children, Young People Continuing Care (CYPCC) and those who may require services from health which are not available through universal or local services;
    - The Multi Agency Resource Panel (MARP) is a panel process to consider in partnership with all professional agencies the needs of children and young people who meet the above criteria;
    - To ensure that all agencies' approved resources are supporting these children and young people appropriately and that the service delivery is focused on outcomes for the children and young people;
    - To decide on the funding arrangements for packages of social care, education and/or health for each individual child and young person;
    - To ensure that all packages of social care, education and/or health provision are commissioned with clearly defined timeframes, quality requirements and outcomes. That they are reviewed regularly by Commissioning and at least annually by the panel to maintain best value and the best outcome for each individual child and young person.

The ART REFRRAL Processes in full ARE set out below:



Good practice

ART practices relationship-based commissioning and has positive working relationships with all of the key providers used by BCP. This enables placements to be made at short notice and to avoid unsuitable emergency placements. Key relationships include large scale national organisations, supported housing providers, other local councils like Dorset Council and small community providers.

One Friday afternoon…

It often happens like this. Two children with complex needs require emergency placements. A 6-year-old case-held in Aspire following an adoption breakdown. This child needed 2 therapeutically trained foster carers with no other children and no pets. This child went to respite carers with a follow-on planned move a few days later. A 17-year-old girl, nearly 18, subject to a Mental Health Act Order, whose placement also broke down and who caused damage in A and E was accommodated in an adapted property with some immediate changes like the locks and also through working with Adult Care Services to take on the case-holding responsibility as her needs will remain high beyond her 18th birthday. By the early evening, both situations were resolved.

Good Practice Indicators ~ ART

- ✓ A reducing percentage of children in care placed 20+ miles from home
- ✓ Placement stability
- ✓ Placement sufficiency without any drop in quality

27. Interventions

The way we work around here

Every contact is an intervention. It is wrong to think of a phone call, an email, a triage process, a visit or an assessment as separate from an intervention. Every contact is a chance to help a child, either through advice, signposting, reassurance or by giving timely and accurate information. Assessments have a dual purpose – to assess and to help during the assessment. For example, a good assessment of neglect includes talking to the child's parents or carers about stopping neglectful attitudes and behaviours. As an assessment of a complex case will take up to a month, this creates a focused period for the parent to be supported to change. So, it is best not to think of casework as sequential – a triage, an assessment then an intervention, but as concurrent. This means that improvements in every day practice have a positive benefit for all the work we do, including assessments and interventions.

Interventions need to deliver child benefit, often through delivering benefit to the child's parents or wider family. Benefits can be thought of as win-win – a win for the child and a related win for the Children's Services professional. A win-win equation can be contrasted with other outcomes such as mutually agreed destruction (MAD), in which both sides nullify each other's chances in a zero-sum game, in which one party wins but the other loses so that there is no overall gain or benefit.

Key points to bear in mind

- It is best to think of a solution as soon as you identify a problem. For example, SENCOs help children with ASD to meet specific speech and language targets. This is also an example where it is better to use professional time for helping a child once an initial assessment has been carried out. We should avoid over-assessing or repeatedly assessing or re-assessing problems we know already;
- Going straight to the help needed, or 'what can be done about it?', gives a child and their family more hope than being assessed over a long period of time. Working in this way is easier for experienced practitioners who can get to the nub of an issue quickly. It is important that they pass on these skills to ASYEs who are just starting out;

- An intervention is like a prescription, in this case a social prescription, a family prescription or a prescription for a child or young person. It has to be targeted and unique to that person or that family. Offering the same or a similar service to every child and family is hit-and-miss practice;
- An intervention needs to be set out in a case plan and will normally last a maximum of three months to achieve defined objectives. Some interventions take longer as some problems are deeper. Case plans should always build in a review every three months with attention paid to the risk of drift;
- Eclectic practice needs a strong learning and development function in Children's Services so that the intervention can be tailored to a particular set of circumstances. The frameworks we use in BCP Council are:
    - Signs of Safety as a framework, especially use of a danger or worry statement, a well-being or safety goal and a scaling question (see below about understanding and scaling the severity of impact);
    - Relationship-based practice underpinning every intervention – the allocation of a practitioner is an intervention and is often the most expensive intervention;
    - Child- centred practice every time;
    - All interventions are time-limited and solution-focused;
    - Trauma-informed practice and restorative practice when appropriate (see the infographic earlier in the toolbox about knowledge and skills);
    - Commissioned treatment programmes e.g., for drug abuse, alcohol abuse, counselling or domestic abuse perpetrator programmes;
    - Specific internal programmes, especially in Early Help, such as support programmes for new parents or parents finding their teenager hard to care for or hard to reach;
- Tools can be used to support a successful intervention e.g., the family engagement tool;
- Interventions can be systemic e.g., a 'nudge' to achieve behavioural change or acting upon a system to free up that system to support a child more effectively e.g., a pre-exclusion intervention with a school.

SCALING TOOL FOR CIN REVIEWS & CORE GROUPS TO MEASURE PROGRESS AND EVALUATE OUTCOMES OF PROTECTIVE ACTIONS IN PLANS

High Risk No Progress.	Initial steps taken but lots of work to do.	Work has started and signs that progress is beginning.	Start of the change process. Parent/ agency engaged in what needs to happen.	Parents accepting reasons for the plan and getting on with it.	Parents and Agencies can see the benefits of the work for the Children.	Parents and Agencies are all agreeing that positive change is in place but needs sustaining.	At this point it is agreed there is really good progress.	Nearly there. Maintain changes that are in place.	Outcome Achieved. The impact of risk on the child has stopped.
1	2	3	4	5	6	7	8	9	10
Child is powerless in this situation Child is suffering significant harm.	Child is still suffering harm.	Child is still likely to suffer harm.	The impact of the harm on the child of has started to reduce.	Child is experiencing some improvement in their life as a result of the plan.	The impact of the risk on the child is reducing. Child feels safer.	Child's needs are being more consistently met in all settings. Child's feeling of safety is maintained.	Child has continued to be stable in all settings. Childs world is much better.	The child's world is improved and evidence suggests this is highly likely to continue.	All agencies agree that there is good evidence that the Childs Voice is heard. Childs world is understood and been better for sometime.

Good practice

An intervention can be classified or graded as 'good' if it produces a benefit for the child. As the intervention might be direct or indirect, feedback from the child can come through discussion or observation, depending on the child's age and the context. At the end of each intervention, the intervenor or practitioner should summarise what she or he did and what the outcome was. Usually we make a contribution to change, we are rarely the whole story. We are one of a number of influencers which makes it hard to be sure that providing x or doing x led to y. The impact of an intervention should be analysed at the end and that information used strategically by service planners in Children's Services.

GOOD PRACTICE INDICATORS ~ INTERVENTIONS

- ✓ Repeat referrals
- ✓ Repeat Child Protection Plans
- ✓ Supporting Families – significant and sustained progress

28. Partnership working

The way we work around here

Children's Services develop and sustain multiple partnerships, some static (that last) and some dynamic (short-term). These include partnerships for a purpose with children and families: partnerships with external agencies like health, education and the police; and internal partnerships within teams and across teams.

Partnership working is a vital mainstream activity, not an add-on or an optional extra. Every successful outcome needs a team to make it happen. 'Working Together' is both defining government guidance about protecting children and also a message about what it takes to do just that.

Safeguarding operates through partnerships, so does youth offending, SEND, early help – with the midwifery service and in the family hubs for example – and of course the virtual school and college MASH is based upon every referral having the potential for a multi-agency consideration.

Partnerships work best through **'collaborative' advantage'** in which all participants in a partnership gain an advantage through co-operating. An example is Dorset Police's adoption of a child-centred policing model. This supports the police's push to improve their response to vulnerability and supports children's social care in the way that the social and emotional needs of children can be discussed with the police. The opposite syndrome, to be avoided, is a **silo mentality** in which agencies or individuals journey inwards, preoccupied with their own agendas, leaving no space or energy for a partnership.

At the heart of partnership working is a recognition of our **inter-dependence** with other agencies, namely that we cannot carry out our role successfully for a child unless others are doing the same.

As well as teams, networks are a powerful mechanism for partnership working. Examples are family network meetings, the virtual school and college network, head teacher and designated teacher networks and the way in which some services reach out to much wider networks e.g., the Family Information Service newsletter goes out to 7000 families weekly and Teaching School Hubs (TS Hubs) will in the future support a large number of schools through system leadership. Networking and network management are ways of keeping large numbers of people in touch with each other. Networks can also be global, put together for practitioners in a specialism so that best practice internationally is shared.

Key points to bear in mind

- Working together takes more time and is more complicated than working on your own which is why all staff need to understand its importance;
- Usually one agency makes a contribution to a successful outcome, but not the only contribution. It is rare when high impact is one person's or one agency's alone;
- A legislative 'duty to co-operate' with each other is being placed on the main statutory agencies in respect of an increasing number of services;
- It is important to put in place a range of in-principle agreements to some issues like joint funding for children and young people with the most complex needs. Strong local systems have a presumption of joint responsibility-taking and joint funding even if the details vary because of an individual child's unique circumstances. It is the responsibility of all agencies to keep multi-agency panels working well if this is the mechanism through which agreements are made and decisions are taken (see the section on MARP);
- Co-location can support a partnership working ethos, although it is still possible to work in silos with a great distance between you even if you are co-located;
- Often, partnerships work best because of chemistry between individuals irrespective of their roles;
- Partnership chemistry is an essential attribute for all Children's Services colleagues;
- Partnerships are sustained by individuals who keep in touch with each other. For example, named colleagues in Children's Services are relationship managers for individual schools and colleges. Their role is to keep in touch as frustrations can easily build in the absence of regular, reliable communication.

CHARTER FOR 'OUTSTANDING' PARTNERSHIP WORKING

1. That all partners will keep the safeguarding of children and young people at the heart of their decision-making and will seek to improve their lived experiences in the short-term and in the longer-term;
2. That all partners put time and effort into teamwork and working together effectively, aiming to establish and maintain a high-trust partnership, based upon respect and being solution-focused;
3. Outstanding partnership working identifies the collaborative advantage of working together and stays focused on those advantages;
4. That no partner takes a unilateral decision which affects other partners without prior consultation, except in rare cases where emergency action is needed, in which case consultation will still be carried out as soon as it is practicable to do so;
5. Open and transparent dialogue with partner agencies even if this means exposing areas of weakness to be addressed in one agency's own systems and processes;
6. Disagreements should always be handled through conversations which seek to arrive at a joint understanding and an agreed way forward. Avoiding communication, confrontational positioning or aggressive e mailing are examples of dysfunctional partnership working and will not be practised;
7. Respect when responding to the concerns of partners, even if one agency feels the concern is not a priority for them. This means that a priority for one is a priority for all;
8. Decisions taken will be evidence-based with a clear rationale, not subjective or ideological. This applies to all decisions, which will usually require professional judgment as well as the available evidence for sound decision-making.

Good practice

The following statement is drawn from the BCP Council Children and Young Peoples Plan for 2021/24.

"Doing this well requires outstanding partnership working. We will be role models for a new charter defining what this means and what it looks like. Examples we will include are sharing the risks around commissioning and decision making between children's social care, health and education, in particular on behalf of children and young people with the most complex needs. We will place equal emphasis on lifelong learning, beginning at birth. All rigid boundaries between services must be dismantled. The same applies to school exclusions. The children, young people and schools involved need the active support of partner agencies if they are going to be able to stay with each child throughout periods of difficulty."

GOOD PRACTICE INDICATORS ~ PARTNERSHIP WORKING

- ✓ Supported Families – significant and sustained progress
- ✓ Contact to referral conversion rate

29. Leadership

The way we work around here

The leadership of every Children's Services agency has to be motivational, inspirational and knowledgeable. As our work is complex and complicated, leaders have to be able to create an environment in which good practice can flourish. Nearly all colleagues in Children's Services love their work. That is why they do it. The task of leaders is to make sure their staff love the organisation too, because it inspires and supports them. They also have to know what they are doing as you cannot take risks with the most vulnerable members of society. Every time a service falls short of a 'good' level it must be restored to that level quickly as anything less is unacceptable to children.

Leadership in BCP Council has to be situational. The situation we face needs open, inclusive, stable and permanent leadership because of the instability that has gone before. Leadership in the council needs to be compassionate, intelligent, purposive and above all, conviction leadership – a conviction about what needs to be done and to achieve that in a straight line without being deflected.

To be credible, leadership needs to take action, not just talk about taking action. The ratio of words to action has been far too many words and far too little action.

Key points to bear in mind

- Leadership has to be simultaneously top-down for some things, ground up for others and above all **collegiate**. This can be helped by developing and modelling a value base of equal status between every colleague and with the children, young people and their families we support;
- Leadership has to build capacity, capability, resilience and authority – personal and professional - on a continuous basis so that services become stronger;
- Requests for feedback and help from anyone within an organisation need to be responded to and acted upon;
- The BCP Council culture should as soon as possible establish its own positive culture to replace the cultures of the legacy councils whilst incorporating the best of those legacy arrangements. This avoids a sense of year zero in which the past is either ignored or rubbished;
- Leadership should be strengths-based whilst bearing down objectively and without hesitation on poor performance;
- For most colleagues, the person who matters most is their immediate line manager. This is the relationship above all others internally that needs to be working and where checks are needed to make sure it is working;
- Issue-based leadership is also significant. All organisations need go-to leaders about specific issues – such as champions in practice. Ideally, all such key roles are built into the structure e.g., practice leaders, educators or champions for specific issues.

Good practice

Outcome-based leadership can be formalised in a revised approach to job descriptions. This a previous job description for the now DfE Improvement Advisor, re-worked in consultation with some young people we worked with (see below).

Values in each role

Good Practice Indicators ~ Leadership

- ✓ Progress Forum feedback
- ✓ Corporate staff survey
- ✓ Timely professional supervision and 1:1s

30. Management oversight

The way we work around here

Management oversight is carried out on the child's behalf.

Management oversight means having **management grip** of your area of responsibility. It means being all over your service 'like a rash' but in such a way that colleagues do not feel over-engineered or oppressed. Managers achieve this by scrutiny of data, daily conversations – sometimes discussing cases and issues with their colleagues and partners for the entire day every day – and applying their knowledge and experience to the whole system or systems for which they are responsible or accountable.

To hold and maintain an accurate overview, managers need to know what to look for and how to **'actively listen'**. They (managers) can only ever know a small percentage of what is going on, so it has to be right percentage. Examples are high risk work, extensive delays which need remedial action, performance concerns or the interface with the corporate centre. Inevitably this means that colleagues who just get on with it and where their work is of a high standard receive less attention. Successful management oversight is based on the prioritisation of long lists of tasks that need doing and the agility to be able to focus on the urgent issue that can't wait.

All managers have to act up, act across and act down on an everyday basis, because of people, 'stuff' and demands. It is easy to become confused or overwhelmed about your role as a manager, especially if you are in a sandwich between higher management and your own colleagues. At times like this, role clarity helps. The organisation can support this by setting out a clear delegation schedule, a high trust culture and a clear escalation policy – such an escalation policy takes the form of 'need to know briefings' prepared by team managers or service managers for senior managers. Knowing what to escalate is a crucial managerial attribute. Being able to do that depends on having positive trusting relationships with colleagues so they in turn do not worry about escalating and realise that they have to and that it is in their interests too.

Oversight without feedback or action is also dysfunctional. Oversight has multiple purposes and they need to be transparent and learning-based.

Those being managed can increase the quality of oversight by making their work up-to-date, readable and accessible.

Key points to bear in mind

- Steps must be taken continuously to ensure oversight is carried out by one manager, not several – a system based on multiple overlapping oversight is time-consuming and encourages upward delegation, which is a sign of a struggling organisation – everyone is a leader of their own work. The leadership model in Children's Services is 'distributed leadership';
- The average manager has over 20 main responsibilities, equivalent to a caseload, not all of which can be discharged at any one time. Responsibilities have to be constantly prioritised and re-

prioritised – this requires good diary management: prompt and speedy task completion; and political nous. Just as a social worker or an early help practitioner needs a case plan to structure their work, so managers need to plan their own work coherently like a military exercise if they are to be in the right place at the right time doing the right thing;

- Often managerial oversight is brief, nuanced and based on nudging people to change something or to behave differently. Effective oversight is sometimes time-consuming if the detail of a case or an issue needs understanding in depth, but oversight is usually most effective when it is approached systemically and thematically by working with parts of an organisation or the whole organisation. This is called tapping into 'the wisdom of crowds';
- Another way of thinking about management oversight is as a line of sight around the organisation. This is a crucial check and balance.

Good practice

- Good practice is defined by improved outcomes for the child. This can include intervention in a case, speeding up a process or adding value in another way. Oversight should never be oversight for oversight's sake. Like an intervention with a family, it should be targeted for a reason and with a plan;
- The best management oversight is when it is founded on a **culture of no surprises.** In successful cultures, you find predictability, stability and transparency – the toolbox promotes this culture. Managers oversee outcomes for children in every aspect of how the organisation is working – in our case, that incoming referrals are being routed properly, that assessments and plans are sound, that interventions are productive as measured through feedback and that early permanence is being achieved for children.

GOOD PRACTICE INDICATORS ~ MANAGEMENT OVERSIGHT

- ✓ Timely case supervision
- ✓ Timely professional supervision

31. Supervision

The way we work around here

There are standards and guidance in place for supervision. See our Supervision policy.

Supervision can be divided into situational supervision at the point of need and reflective supervision which takes place less frequently, featuring a broader and deeper conversation. Of these two, supervision at the point of need is the most important as it can make a profound direct difference to a child or a young person. This means either your supervisor or another manager who is available has to give the child's needs immediate attention. For some children, this can be a matter of life and death.

Reflective supervision is on a cycle of either two weeks for ASYEs to one month for most staff. The emphasis is on quality not quantity. Supervision can feel overcrowded if it takes place before the supervisee has had the chance to build up enough new experience to make the next supervision meaningful. Above all, supervision should be problem-solving and about quality assurance.

REFLECTIVE CASE DISCUSSION

(HELPS US TO MAKE LINKS AND CONECTIONS BETWEEN OUR BEHAVIOURS,THOUGHTS, FEELINGS AND BELIEFS AND THOSE OF THE FAMILY MEMBERS THAT WE ARE WORKING WITH, WHILST RECOGNIZING DIFFERENT CONTEXTS AND INTERNAL & EXTERNAL INFLUENCES)

1 min — **DILEMMA/QUESTION ISSUE/SUBJECT**

SW to decide (ideally before group supervision) what they might find helpful for the group to reflect on;

10 mins — **PRESENTING SW IS INTERVIEWED AROUND THE DILEMMA**

Interviewer asks SW questions which are relevant to SW's dilemma/question and will help the group to come up with hypothesis. Questions meant to help us to understand relationship patterns, internal and external influences of person's behaviour, feelings and beliefs, etc.

Remember to consider:

Social GGRRAACCEESS
Toxic trio (dv, substance misuse, mental health)
Learning needs/literacy/language
Transgenerational experiences of abuse (physical, sexual, emotional, neglect)
Family scripts (corrective or repetitive)
Life cycle and transitions
Relationship to help
Stories & narratives
Meanings & explanations

10 mins — **REFLECTING TEAM REFLECT ON THE DILEMMA & OFFERS DIFFERENT SYSTEMIC HYPOTHESIS (SW JUST LISTENS AND NOTICES WHAT COMES UP FOR HIM/HER)**

Systemic Hypothesis- *ideas that professionals draw together and which connect the behaviour of all the members of the system, recognizing their particular views of the context and providing an explanation for the presence of the symptom*
(R.Dallos&R.Draper, p. 336)

Main principles:

- Non judgemental
- Considers all relationships between people
- Considers connections between feelings, thoughts, beliefs and behaviours within specific context
- Not right or wrong but more or less helpful at this stage
- Focuses on what was shared by SW

5 mins — **SW REFLECTS ON REFLECTIONS/ HYPOTHESIS & CHOOSES ONE THAT HE/SHE WISHES TO TEST OUT**

Self reflections - SW to share what got triggered in them during group's reflections (feelings, thoughts, questions, etc) & to choose one of the hypothesis to test out.

5 mins — **ACTIONS:**

- HOW SW WILL TEST THE HYPOTHESIS (important to feedback how it went when you bring the case again)
- OTHER ACTIONS;
- STATUORY TASKS

SW to decide how she/he will test the hypothesis (group can help with ideas). Other case related actions to be also added.

REFLECTIVE CASE DISCUSSION

CASE UPDATE

LOOK UP NOTES FROM PREVIOUS SUPERVISION RE HYPOTHESIS YOU WERE PLANNING TO TEST OUT.

- **UPDATE ABOUT TESTING OF HYPOTHESIS FROM PREVIOUS SUPERVISION** (How did you do it? What was the response? Was it helpful or unhelpful? Do you want to choose another hypothesis from previous supervision to test out?)
- **UPDATE ABOUT ANY OTHER CHANGES SINCE LAST SUPERVISION**
- **ACTION (BOTH RE HYPOTHESIS & STATUTORY TASKS)**

FAMILY LIFE CYCLE

- A family system moving though time. It considers few generations of a family.
- ***Six family life cycle stages:***

1.Launching the young adult;
2. The couple; 3.Families with children; 4. Families with adolescents; 5. Launching children and moving on;
6. Families in later life.

SOCIAL GGRRAAACCEEESSS

- Gender
- Geography
- Race
- Religion
- Age
- Ability
- Appearance
- Class
- Culture
- Ethnicity
- Education
- Employment
- Sexuality
- Sexual Orientation
- Spirituality

TRANSITIONAL STAGES

Stages when life events make it necessary for a family relationship patterns to be redefined and renegotiated. (Burnham, 1986)

TRIGGERS:

- **Formation** (2 people or more committing themselves to relationship)
- **Exits** (death, divorce, imprisonment, going into care, working away from home, leaving to get married, going to college/ university)
- **Entry** (someone/something entering the existing system, i.e. stepparents, boyfriends/girlfriends, live-in grandparents)

TIMING:

- **Expected**

Physiological development - Birth, Growth, Puberty, Ageing
Cultural patterns - Socially prescribed events, characteristic for specific culture (Going to school/leaving school, Beginning work, Leaving home, Getting married, Retiring)
Family scripts - Set of rules and rituals that govern transitions (i.e. when daughter doesn't marry - she becomes a carer for parents)

- **Unexpected** (Discovery of an affair, Job loss)

After each supervision, the person should feel something like this:

'Supervision has made me feel safer'
'I have cleared my head'
'I feel more confident now my manager knows about this case'.
'I felt brilliantly supported'

The goal is high-impact supervision, not a routine canter through cases. That has its place but not if it is a tick-box exercise. Supervision should not be compliance-focused unless absolutely necessary – as it can be sometimes. It is important for practitioners to keep their recording up to date so their manager/supervisor can scrutinise the child's file and pick up any points that are needed in advance of supervision. This is a more dynamic approach than rushing through a list of cases to give routine updates. High impact supervision can take the form of 1:1 coaching: practice observation: inspirational and motivational supervision; and proportionate supervision tailored to the needs of the individual supervisee and which focuses on the most complex work they hold. Good supervision can help the worker to focus on the child's journey especially if the case brings with its dilemmas and pressure.

Peer supervision also has an important role to play. Most of us learn as much from colleagues at the same level as more senior colleagues. This is not an either/or observation. Both peer supervision and managerial supervision can be high impact. Group supervision as part of the Signs of Safety framework is also available through the Signs of Safety Champions in each team or service. Group supervision is a way of building shared learning and a shared practice culture.

Group Supervision Case Discussion

PGS Date	Family Name	Worker	Mosaic ID

Meeting Attendance (Delete as Appropriate):

Last Actions:
•

Case Summary:
Case Discussion (Update and Reflection):

Reflective Discussion/hypothesising:

Actions from Discussion – Actions relating to current plan and arising from systemic reflection/hypothesising:

Performance:			
Last Visit Date	**Recorded?**	**Next Due Date**	**Action?**

Next statutory tasks:	**Action Required:**
• CIN review • RCPCC • LAC review • Pre-proceedings meeting/review • Court hearing • other meeting or planning process (eg S47, FGC, Permanence Consultation) • Chronology on file? Update needed? • Genogram on file?	•

PGS Date	**Family Name**	**Worker**	**Mosaic ID**

Some work benefits from specialist supervision e.g., clinical supervision on particular situations facing children or facing practitioners. Psychological support is in place for some teams e.g., complex safeguarding, fostering and can be provided to others on request through their line manager.

Each supervisory process is based upon a supervision agreement between the supervisor and supervisee, setting out what they both want to achieve. This is a useful reference point if either goes off piste.

Both supervisor and supervisee should work hard to **bring the child's voice into supervision**. This can start by asking how the child is. From there, you can view everything through their lens.

Key points to bear in mind

- Supervisors must familiarise themselves with the cases they are supervising so they can avoid the numbness of one-sided updating and so they can move forward with the supervisee constructively;
- Always start a supervision session with the issues that matter most in case there is no time for anything else;
- It is usually best to focus on one or two cases or one or two pieces of work in depth than to look at every case or piece of work scantily and superficially;
- The supervisory relationship must be a trusting one. Confidences should not be breached unless a particular issue cannot be properly contained within supervision. Tolerance is also important as not everything can be done when it should be and sometimes what is said is clumsy or plain wrong. As long as it is not deliberate, forgive and move on. This is the responsibility of both participants;
- One supervisory session should take the form of a brief quarterly review, to look at what is working well and what needs to improve. Adjustments should be made to the supervision agreement afterwards;
- Supervision is a power relationship which should not be abused. An equal status value system is important to think about **and to feel**.

Good practice

- Both participants in a supervision, or the group if it is a group supervision, look forward to the session and find it rewarding on a number of levels;
- The supervision record or entries on the child's file following supervision adds value for the child;
- The culture of the organisation supports a positive supervision culture by demonstrably emphasising learning not blame when unintentional mistakes are made;
- Supervisors share risks with those they supervise which is important as social work and social care can be emotionally demanding and draining and practitioners should not feel alone with any of their cases.

Supervision and appraisals

Learning needs must be regularly discussed within **supervision and appraisals** with plans put in place to meet those needs. If BCP Council is to be a learning organisation, then this can only be achieved if the right training is identified and attended. Colleagues will be supported by managers to attend the training that has been identified and will ensure that teams are adequately covered to allow attendance without cancellation or disruption. Practitioners must also take responsibility for their own learning. Learning needs and feedback will inform the shape and development of the core training offer and the annual training plan. Learning is not only about attending training. **It is about applying learning to practice** and **sharing learning** with peers/colleagues. Ask yourself – how will what I have learnt inform my colleagues' and my own future practice?

Remember that 70 per cent of learning is by 'doing'. We learn through action, that is how we embed knowledge and skills. 20 per cent is reflecting on the 'doing'. This is where the learning magic happens!

GOOD PRACTICE INDICATORS ~ SUPERVISION

- ✓ Timely case supervision
- ✓ Timely professional supervision

32. Performance management and quality assurance

"Only do what it is possible to deliver"

The way we work around here

Whilst some staff have designated quality assurance roles, like practice reviewers and IRO's, self-regulation is the most important performance management and quality assurance. Performance management and quality assurance is everyone's business. Each individual colleague is responsible for regulating their own performance and to make sure it fits with the practice set out in this toolbox. Managers should performance manage their colleagues proportionately to need. Of course, everyone needs oversight. No one is immune from challenge and scrutiny. However, some colleagues have more needs than others and improvement efforts should concentrate on raising the floor of a service up before they seek to extend the ceiling.

Self-regulation needs to be backed up by a programme of audits or practice reviews, sometimes single agency, at other times multi-agency. Practice reviewing is a vital check and balance on the quality of an individual's work and that of a whole service. Practice reviews can also measure and track progress over time, so they are an important way of demonstrating continuous improvement.

Every individual and every service will self-regulate, take responsibility for the quality of their own work and make themselves subject to practice review on a regular basis. Practice reviewing is different from management oversight. It is a more in-depth analysis whereas management oversight covers the full range of Children's Services activity. One process does not fit all.

Performance management and quality assurance should be carried out with the individual being scrutinised or appraised, not done to them. The model we use is **collaborative auditing** or **collaborative practice reviewing**. Reviewed work will never be returned without a phone call, email or some other contact. That is plain courtesy.

Management information plays a crucial part in performance management. Dashboards of individual, team and service performance can show what is working well and what needs to improve. All colleagues must contribute to and learn from the management information made available to them.

As well as management information and practice reviews, the performance management and quality assurance functions make use of other sources of information about the quantity and quality of our work. These sources include complaints, compliments, exit interviews, practice observations, whistle-blowers and the key points made in everyday conversations taking place within Children's Services and outside.
The most important feedback of all is from children and young people giving feedback about the impact of our work on their lived experiences.

A summary of the results of performance management, quality assurance and feedback are produced in a quarterly newsletter for all colleagues. Bitesize briefings are part of this learning cycle.

Key points to bear in mind

- An annual programme of practice reviews should be set out in March every year, covering the April to March period in the following business year;

- To be credible, practice reviews must use a consistent methodology which in turn is moderated. This is the role of the Quality Assurance team;
- Practice weeks can highlight the learning about a specific issue;
- The templates for practice reviews have been pared down to the basics, so the process is not unduly burdensome;
- Some high-impact work should not be signed off until it is audited as at least 'good'. This includes a child's Education, Health and Care Plan (ECHP);
- Despite feedback fatigue always being a risk, we use a '**You Said, We Did'** response to feedback;

Good practice

Managing your own performance can be helped by effective diary management. This means reviewing your week retrospectively to see if you have spent the right amount of time on your top priorities. Too frequently, we come into work with a list of things to do and we end the day with an even longer list. It doesn't mean we haven't done anything. It just means we have been doing 'stuff' from the morning until the evening. This means responding to calls, e mails, emergencies and a host of practicalities. Effective use of time is a critical professional tool otherwise we end up trying to catch up in the evenings and at weekends. A certain amount of that is unavoidable but it can be a slippery slope to exhaustion. Use of time and the demands on all of us should be discussed reflectively in supervision.

33. Decision-making, including rationales

The way we work around here

Thousands of decisions are made by Children's Services every day. We have zero tolerance of poor decision-making and will learn from those poor decisions, in order to increase the quantum of sound decisions. This does not mean we will be scared of making the wrong decision. Most decisions we take involve a degree of risk. We have a good risk appetite and we are not risk averse. Taking calculated risks is everyday business in Children's Services. Those risks and the associated decisions must always be above the line defined as 'too dangerous' or 'too risky', meaning a child is exposed to too much risk or uncertainty or that there is insufficient reasoning behind a decision. Decisions are taken by people about other people. It is not a robotic or automated process and as such it is prone to human error. Decision-making needs confidence or 'bottle'. We will try as a service at all times to help our colleagues to feel confident to take good decisions.

Key points to bear in mind

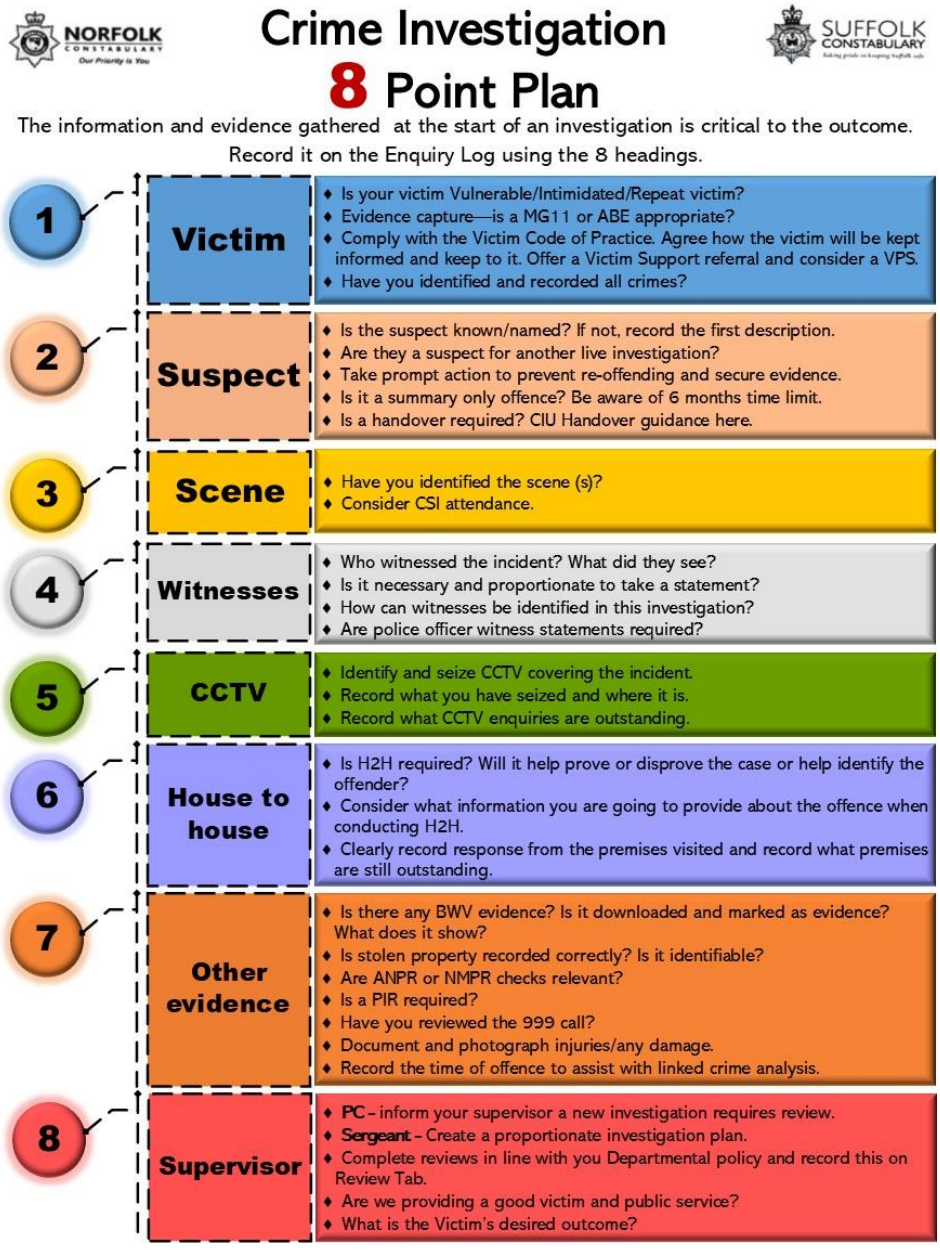
- Use data and evidence in decision-making where it is available – look out for it;
- Take defensible decisions, not defensive decisions;
- Decisions are best taken by using professional judgment to interpret an evidence base;
- Decisions should where be possible be taken jointly with those who the decisions are about;
- A decision usually implies a change of some sort. Change management principles should be followed – see the Change Management guideline in the section of the toolbox on the Culture of the Organisation;
- Many decisions are best evolved through a consensus, in a collegiate way. This can be done at family network meetings, at reviews, in operational services built on joint working like the MASH, at team meetings and in senior management meetings. Consensus decisions are often the best ones as they are reached in a balancing exercise taking into account all of the relevant factors. Confirmation bias must be avoided, in which individuals go along with blatantly wrong decisions, often because they are too afraid to challenge them. This is often due to a power imbalance. We operate a culture which welcomes constructive challenge;

- A 'grounded theory' approach is useful in which there are no pre-conceived ideas, just working with themes and issues as they arise.

Good practice

The National Decision Model used by the police and developed by the College of Policing is worthy of mention. Serious crime investigations can only proceed by writing down the successive rationales for steps taken during an investigation. These rationales must be authorised by a senior officer. This should apply equally to Children's Services where it is called management oversight of everyday practice or when decisions taken at child protection conferences or at reviews of children in care are independently chaired.

The example of a Crime Investigation Point Plan below indicates this method.



GOOD PRACTICE INDICATORS ~ DECISION-MAKING

✓ Timely case supervision

34. Analytical writing

"Always tell a story when you write, whatever your medium. Your reader is interested in your story. Always start with your strongest points. Use short sentences, each one saying something. You have to work hard to engage your reader. If you don't make it riveting, they will give up. And when you've got nothing else to say, stop, don't waffle."
Ruth Rendell, crime writer

The way we work around here

All forms of writing such as emails, case notes and reports will be as brief and analytical as they can be without omitting crucial facts, incidents, evidence and professional judgment. Style is personal but try to heed Ruth Rendell's advice. You score no points for lengthy, descriptive writing without a theme or a purpose. All writing about a child or young person should be done as if they were sitting alongside you watching you. They may well read what you have written in their later life so what you say needs to be accurate, easy to read and evidence-informed.

Indicators to use when you write are relevance and the contribution made to the child's story. As said before, telling the child's story is like piecing a jigsaw together. It is complex. You do not have all of the pieces. Steer conversations and meetings with those in the child's range and network into the evidence you need as well as acknowledging the concerns of others about the child or young person. The BCP Council template for a chronology encourages the recording of relevant and significant events plus trends in terms of their child impact (see below)

Servelec are developing an improved chronology to use within Mosaic. This will be available later in 2021 to Version 20.1. BCP Council upgraded to this version of Mosaic in February 2021. Chronologies should be forensic.

Child impact chronology

[NAME] [DOB] Child ref no:

Date of Event	Significant Event	Impact or Importance to the Child	Decision on Next Steps

At the right point, summarise where you are with your involvement, take stock and 'pause and plan'. And remember, if you don't record it, it never happened.

Key points to bear in mind

- Go deeper into the child's unique world and be careful of interesting distractions that do not in the final analysis make any sense to include;

- The case recording framework has at its heart a cumulative child impact analysis and the child's chronology;
- The child's voice should not be interpreted. It must be allowed to stand alone. If interpretation is needed, that should come afterwards through analysis;
- It is useful to measure potential evidence for its relevance and significance. Leave out irrelevant and insignificant material;
- It's crucial to keep case notes up to date and to write and file reports on time. The longer you leave a piece of essential information and evidence to write up, the weaker your recall will be;
- Include the child's view or perspective on as much of the material you brigade as you can;
- In terms of child impact, it is rare to find one single static factor. Mostly 'impact' is a combination of static and dynamic factors. The issues are nearly always about whether damaging factors for children can be mitigated. A root-cause analysis helps to identify the underlying problem, not just the symptoms of that problem. The underlying problem may be inter-generational as well;
- Avoid 'anchoring' or 'focalism' which is a cognitive bias that describes the common human tendency to rely too heavily on the first piece of information received when making a decision. During decision making, anchoring occurs when individuals use an initial piece of information to make subsequent judgments rather than remaining open to new information or a changed hypothesis;
- Always pay attention to correct sentence construction, grammar and spelling. If your work is littered with avoidable errors, your intended audience will not take your content as seriously;
- Upload a photo, drawings and direct quotes from the child into the case record. Mosaic enables this. The case file is an internal document, so you do not need specific permission to do this, but it is courteous and best practice to obtain consent. Very few children, young people or families refuse;
- Analytical writing supports defensible decision-making;
- Recommendations should flow from the body of evidence set out in the text of your case analysis or report. Each recommendation should have a clear rationale;
- A balancing exercise helps as facts and judgments rarely point in a single direction;
- Clearer and simplified templates are being produced to support this toolbox and its messages.

Good practice

- Analytical writing can be empowering for children and young people if their situation is recorded from their point of view. This is an important part of making sure the child is 'seen and heard'. Children and young people should be asked if they would like to see and approve their record so that if they disagree with anything, that can be recorded too;
- Leaving the child's situation, properly set out and analysed, on the record in a case file can be crucially important for adults who want to review their file under the Access to Records entitlement. The motivation for this is usually to understand why specific decisions were taken about them. As this may have affected them for the rest of their life, the rationale for why that decision was made in the first place in real time should be clear and evident. Written properly, this can have a huge positive impact for people, helping them to gain a clearer understanding of what happened to them and the reasons. Often children grow up with fake news about what has happened to them. Putting the record straight can have a significant therapeutic impact.

GOOD PRACTICE INDICATORS ~ ANALYTICAL WRITING

✓ Outcome of practice learning reviews

35. Case recording

"Lots of things happen in a child's life. Of course, not all of them have to be recorded in full. But the most significant events – for example, a placement move – should always be captured, so that the record properly reflects a child's experiences and progress. The record should clearly and succinctly explain what has happened to and for the child, both to inform the support provided to the child today, and, when they become adults, to help them understand what decisions were made during their childhood and why"', Yvette Stanley, Ofsted's National Director for Social Care (2020).

The way we work around here

Our aim is that the child will 'leap off the page' in their case file record. We will record everything significant in bullet points within 24 hours, so they are not forgotten. A completed record will be produced within two weeks. The emphasis will be on brief, relevant, analytical writing, proportionate to the issue for the child.

All documents should reflect different aspects of the child's story. For example, case notes tell the detailed story of events and incidents of significance in the child's life. Reports and case summaries reflect changes in the child's situation at regular intervals. A chronology covers the child's journey. Each has their part in a well organised and analytical case record. So, if you record a child's behaviour, you need to record not just what happened but, as far as you can tell, why it happened. As children themselves say 'don't ask me what I did, ask me why I did it'. A child's file should never be dominated by lists or a rap sheet of bad behaviour. All behaviour should be set in its context with an explanation. The same goes for parent's behaviour.

The case record should also cover input into the case from the practitioner and their manager. The various stages of assessment and intervention should be set out in the same short, analytical format.

Language should be as child friendly as possible. For example, see the suggested alternatives below:

LAC	Children and young people in care
CONTACT	Family time
SIBLINGS	Brothers, sisters, step-brothers etc
RESPITE	Short breaks
CASES	Families or children and young people
PLACEMENTS	Home, foster homes, 'where I live'

All writers must screen their language for any unconscious bias. This includes assumptions about girls, boys, women, men, people of colour and disability, to name just a few types that without care can become

stereotypes. Future-proofing your writing for decades to come before it might be read again by the subject of your writing means writing in an evidence-informed and unbiased way.

Key points to bear in mind

- Try to develop your own writing style which is 'easy on the reader';
- Remember to share what you have written with children and young people. As one practitioner said, 'one young person likes to see everything. Not everything is shared but what is not shared is explained why. Summaries of visits are always emailed to him. He's 14';
- Some workflows can hinder rapid recording – hand write as a work around;
- Use headings for discrete issues;
- Remember: 'it's not your case, **it's the child's case'**;
- Another child said in the sessions for the toolbox, in relation to keeping the child's file up to date, '**If something happens to me tomorrow, I want the person dealing with me to know'**. This is especially important for out of hours staff, who depend on accurate up to date records when they judge how to respond in a potential crisis;
- Writing your professional judgment down can help with forming and developing it.

Good practice

- Case recording should be seen as front-line work not a background bureaucratic task which you do when you can find the time. It should be done quickly whilst recall is at its best;
- Good case recording is well-written, easy to follow and brings the child's story and issues to light;
- Too often, practitioners do not do their work justice when they are recording. If they are asked to speak about a child, they do so coherently and with passion. It is rare the writing has the same quality. Try to bridge that gap.

Good Practice Indicators ~ Case Recording

- ✓ Timely visits to children
- ✓ Timely case supervision
- ✓ Timely reviews of plans
- ✓ Data quality errors in Annex A

36. Allocation of work

The way we work around here

We are all allocated work. How it is allocated matters. There is an inherent tension in the allocation process. If the allocator thinks capacity is n+3, the person being allocated probably thinks it is n-3! The allocator must get work allocated. The person being allocated the work often worries about being overloaded. The process can often be characterised as 'benign manipulation'. What matters more is that allocation is authentic and that it is a warm process. The allocator must describe the task or case being allocated honestly with enough information to help the worker make an informed decision, if she or he has a choice – this is not always the case. As with an audit, allocation is a process of engagement, however quick. Just as the result of an audit should be communicated personally rather than the person being audited finding out impersonally, an allocation should be done in person with an explanation, whether face to face remotely, by phone or by e mail.

Key points to bear in mind

- Allocating for a match is better than a cab rota system, though at busy times this in unavoidable;
- A realistic measure of existing workload must be taken into account when allocating new work and tasks. The impact of a workload varies from person to person and from time to time;
- Cross-reference this section of the toolbox to the good practice example in section 26. One visit may take a whole day, hence the importance of proportionate working, proportionate visiting and briefer recording in order to leave some capacity for taking on new work as well as taking care of your health and well-being;
- Requests to change the allocated worker should always be taken seriously, despite the risk this only comes if the worker is conveying to the child or family a difficult message or one they don't want to hear. This type of request is rare and often comes for a reason;
- Conflict-free allocation is usually correlated with a high-performing team with good well-being scores. These teams know the work has to be done and work together to ensure all demands are taken on board.

Good practice

Allocation works best when workers have confidence in their manager – confidence that risks will be shared: that the task will be accurately defined for them; and that they will be available if needed by the worker for advice or support. Equally, a manager who is unavailable or in meetings all of the time is unlikely to breed confidence. Walking the floor matters, even virtually.

Successful allocators show warmth, compassion and understanding. They also know their team members well. They know their skills and experience and they are in touch with how they are feeling in their own lives as well as in work. This enables them to push at times and to protect at other times.

Good Practice Indicators ~ Allocation of Work

- ✓ Average caseloads
- ✓ Vacancies rate
- ✓ Sickness rate

37. Reviews, conferences and other meetings

The way we work around here

Time spent in meetings, reviews and conferences needs to be tightly controlled if the maximum amount of time is to be protected for work with children, young people and their families which makes a difference. Issues arising should be dealt with when they arise, not weeks or months later at a meeting.

Reviews and case conferences are a statutory requirement, though this does not dictate the form they should take. Below are the principles we apply in BCP Council.

APPROACHES TO STATUTORY REVIEWS AND CONFERENCES

1. Where children and young people attend or co-chair the meeting, they should be facilitated to do so and should be given time and space to prepare;
2. Whether in person or conducted remotely, meetings should not exceed one hour;
3. Membership should be defined by who the child wants there. Other people's contributions can be sought outside of the meeting;
4. Exceptions to this child-focused approach are when a child or young person needs to be protected and where it is not appropriate for him or her to be in a particular discussion – having said that, we make a presumption of inclusion rather than a presumption of exclusion;
5. A decision about whether to co-chair, who to invite, where the review or conference is to be held, and the agenda, should be discussed with the child and family beforehand. Such **inclusive reviews and conferences** can empower the child or young person to own and drive forward their own plan;
6. It is a courtesy and respectful to the child or young person that if you are asked either to attend a review or conference, you make every possible attempt to get there or you send your apologies to the child;
7. A clear record of decisions taken should be produced as soon as possible.

Key points to bear in mind

- Meetings should generally be scheduled for either an hour or half an hour but should be finished when the business is done, even if that is earlier than the time allocated;
- An increasing number of multi-agency situations either need by statute or would benefit from formal conferences. Examples are pre-exclusion (from school) conferences, convened in order to ensure alternatives have been tried and considered, PEP reviews and EHCP annual reviews;
- A review, meeting or conference is generally best convened for a purpose rather than for a routine update when everyone present knows the situation and nothing knew is learnt or gained by the process – unless it is in itself an important process for the child;
- It is important to be guided by what the child wants and can best cope with. For some, face to face is best, for some it is a meeting by phone and for others it is to be de-briefed afterwards by someone they know and trust;
- Reports for conferences and reviews must come in on time so participants have a chance to read them;
- Reports should always be shared with those we are writing about;
- Conferences or reviews must never be opened and immediately adjourned just in order to say the timescale has been met – as it clearly won't have been met for the substantive issue.

Good practice

Good practice during the Covid pandemic shows the advantages of remote conferences and reviews for some children and for some situations. Some children prefer to communicate through social media platforms. Others need face to face contact to feel involved. It has proved easier for many professionals to attend remote reviews and conferences during the year of the pandemic as it cuts out travel time. It is also easier to give some of those attending a clear time slot. Professionals meetings should now all be held remotely, unless all concerned feel they have to meet face to face to consider the issue at hand properly.

Proportionality is crucial if meetings are to be successful. This means unnecessary meetings should be taken out of diaries as soon as it is clear they are either a waste of time or that business can be conducted more efficiently in another way. Care must be taken not to defer or re-schedule meetings which are necessary to keep to the child's timescale. Remember - for a child, everyday matters.

GOOD PRACTICE INDICATORS ~ REVIEWS, CONFERENCES AND OTHER MEETINGS

- ✓ Timely reviews and conferences
- ✓ Child participation in reviews

38. Data

The way we work around here

Accurate and reliable data **(data quality)** is at the heart of evidence-informed practice. Fluency in the use of data is as important as every other skill-set in Children's Services. **Data is everyone's business**. It is not a backroom function. For example, it helps to know that nearly one in five of the 117,000 children and young people in the BCP Council area (2020 data) have a special educational need or disability. Of those, around 2,500 have an Education Health and Care Plan. We have around 500 children in care. And so on. These numbers define Children's Services statutory responsibilities and also raise awareness of the scale of what Children's Services does and how important its services are in the community. This is child-level data.

Data is collected and collated using a number of software programmes like Mosaic and Care Director (children's social care) and Synergy, EIS and CCIS (Early Help and SEND) plus stand-alone spreadsheets for a purpose e.g., ART's Child Activity Spreadsheet (CAS). There is a continuous programme to increase and improve the functionality of Mosaic. The remaining data from Care Director will be migrated to Mosaic. A children's commissioning user group works with the Mosaic Team to define the most urgent changes needed.

Mosaic Navigation Training is accessed via an online form which then triggers the Mosaic eLearning introduction account to be sent to the worker. This training is an essential requirement before any access is granted as this gives the worker the basic knowledge about how to navigate Mosaic. Mosaic workflow training is then on offer. Whilst this is discretionary, it is useful.

Data quality can only be achieved if activity is inputted accurately. 'Garbage in, garbage out' is the descriptive soundbite about this. It is the responsibility of everyone to input their own data and it is the responsibility of data system leaders to make this as simple and easy as possible for busy colleagues. Inputting processes that are over-complicated act as a deterrent to compliance and accuracy.

Data quality is central to the service's reputation both locally and nationally through the returns we need to make to central Government.

Data sharing is important too, especially with partner agencies when joint services need to be commissioned and developed e.g., sharing CP-IS and the Dorset Care Record.

Key points to bear in mind

- Poor data quality adversely impacts children and young people and on their life chances – **think of data as the child's data;**

- Data breaches must be avoided where possible. They are potentially harmful and damaging for the person whose data has been compromised and they render the Council liable to stiff fines from the Information Commissioner;
- A data privacy notice is in place;
- Mandatory fields should be kept under continuous review;
- Colleagues must be informed on a regular process about how data is being used e.g., to develop better services.
- Children's Social Care currently has two case management systems – Mosaic and CareDirector. The project to migrate CareDirector data into Mosaic is a long-term one and colleagues are expected to have access to and use both systems in the interim period. Any new referrals are recorded in Mosaic, but for children with open referrals in CareDirector, all case recording must continue on that system.

Good practice

- Storage, archiving and retrieval arrangements are clear – in BCP Council, they are unhelpfully archived in multiple locations;
- Children and young people who wish to access their files, in real time or when they are older, are facilitated to do this with an easy-to-follow process;
- Our culture is 'data and understanding rich'.

GOOD PRACTICE INDICATORS ~ DATA

✓ Data quality errors in Annex A

39. Templates (with prompts)

40. Examples and demos