

Practice and Case Recording Standards for Havering Children's Services

September 2024



Foreword

Welcome to the Havering Children's Social Care Practice and Case Recording Standards. In line with the [Vision and Corporate Plan for Havering](#), our aim for Children's Social Care (which sits within the Starting Well Directorate of the People Pillar) is to provide the very best services to *enable our children, young people, and families to lead happy, safe, and healthy lives.*

This practice guide has been developed with feedback from staff, children and young people, to set out the standards we expect of all staff who work with children and families. Evidence shows that good quality social care practice is key to safeguarding children and young people, enabling opportunities to create appropriate change and improve outcomes. In Havering, our Face to Face systemic model of practice informs how we work with our children, young people, and families to help achieve positive outcomes.

Our Ofsted inspection in December 2023 confirmed what we already knew; we have several areas for practice improvement, including our ability to evidence a consistent application of our practice model, quality of management oversight, and case recording.

That is why we are relaunching our practice standards to support staff in knowing the expectations required in these areas. We have made a commitment to our children and young people about the way we will work with them, and have developed a pledge which we are determined to consistently deliver against.

We are hopeful that through developing and embedding our robust quality assurance framework alongside high quality supervision, we will steadily raise the standards of our practice and recording. This will ensure we can evidence the impact of our interventions with children, young people, and their families and learn from what works well and what doesn't.

By meeting our expectations and standards we can ensure that when our children and young people wish to view their case files later on in their lives, they will find a clear, concise and accurate record of what happened to them and why key decisions were made.

Thank you for choosing to work in Havering and supporting us to meet our aspirations in enabling children and families to stay safe and well. We hope you find this guide useful.

Tara Geere

**Director of Starting Well
Statutory Director of Children's Services**



Andrew Blake-Herbert

**Chief Executive
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Councillor Oscar Ford

**Cabinet Member for
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Contents

Foreword	2
1. Why do we need Practice Standards?	4
1. Our aspirations are:	5
2. Core Practice Standards	6
3. Standard One - Deliver timely, high quality, child-centred services	7
4. Standard Two – Ensure our practice is inclusive and anti-discriminatory	13
5. Standard Three – Ensure effective management and voice of the child.....	15
6. Standard Four – Provide support and training	17
7. Your life, your record (Our pledge to you)	18
8. Roles and Responsibilities	19
9. Recording Timescales – Children’s Social Care.....	22
10. Recording Timescales – Early Help	25
11. Recording Timescales – Youth Justice Service	26
12. Recording Timescales – Targeted Youth Support.....	28
13. Recording Timescales – Children Placements Team.....	29

1. Why do we need Practice Standards?

We know from the feedback we have received from our children, young people, their families, and our partners that the way we deliver our work can be the most important factor in achieving positive outcomes. We have developed these standards to underpin how we provide our services so that:

- All Social Care Staff and Managers have clear guidance on their roles, responsibilities, and the behaviours and actions expected of them to guide their decision making and the delivery of their work.
- There is a consistent approach to the way we work with children and their families across all services.
- There is a clear understanding of what is expected of practitioners and managers that is in line with current legislation and reflected in the Post Qualifying Standards.
- We deliver a confident, skilled, professional service that is respected by children, families, and other professionals.
- All services champion the needs and voices of children and young people and parents and include these in their plans.
- Social care practitioners can challenge others and escalate matters where necessary to continue to promote the welfare and safeguarding of children.
- We deliver good quality practice that our quality assurance can measure against the consistent high standards and allow us to address any issues with the quality of practice.

The following resources support these Children's Social Care Practice and Management Standards:

- Quality Assurance Practice Briefings
- Performance Development Review
- TRI-X
- Systemic Practice Model
- Social Work England Professional Standards
- Working Together
- London Safeguarding Procedures

We believe that every Practitioner no matter where they sit within Children's Services should know the answer to the following questions:

- What are the current presenting issues and how does the child feel about these issues?
- What is the individual child's lived experience i.e., what does it feel like for each individual child living in the family/ current arrangement?
- What is the current plan for the child?
- How is our intervention impacting on improving the individual child's circumstances?
- How do we know this?
- Is all this knowledge evidenced in recording?

1. Our aspirations are:

- To provide high quality, effective early help, targeted support and statutory social work services to children, young people, and families so they receive the right level of support at the earliest opportunity.
- That we understand individual children's / young people's lived experiences so that we can work with them and their families to create outcome focused plans where they are at the centre of our thinking and decisions, with clearly recorded rationale that underpins plans that are robustly measured.
- Services remain continuously focused on reviewing our plans and interventions ensuring the safeguarding and welfare of children and their families in all we do as Practitioners and Managers.
- To focus on developing meaningful relationships with children, young people, and their families, as we work in partnership with them, treating them respectfully, fairly and with compassion.
- To always work honestly, openly, and encourage high support and high challenge with a clear line of sight on practice by managers and senior leaders.
- To work with the whole family network to identify the strengths and areas where additional help and support is needed. Our aim is to work and engage with the whole family to keep children safe and promote their wellbeing.
- To ensure past events in a child's / family's history informs our current and future planning.
- For our management standards to help Managers provide high quality oversight that influences practice to become consistently good quality and to achieve improved and sustained outcomes for all children.

Delivering Care Services



2. Core Practice Standards

Havering Children’s Services have developed 4 core practice standards with corresponding pledges to our children, young people and their families and our workforce to:

Standard 1	Deliver timely, high quality, child-centred services, evidenced in accurate, up-to-date, accessible, and meaningful case recording for all we do.
Pledge 1	We will listen to you and your family and make sure your voice and views are included in your written records.
Pledge 2	We will record important events, discussions and decisions quickly and only write in your file what we need to, so that the reasons for decisions are clear.
Standard 2	Ensure our practice is inclusive and anti-discriminatory, making use of our understanding of the social GRRRAACCCEEESSS to deliver services that are respectful and honest to meet the needs of all children, young people, and families.
Pledge 3	We will work with you to understand your individual needs and make sure these are properly recorded and considered when decisions are being made.
Standard 3	Have effective management and leadership oversight which combined with feedback from our children, young people and their families, members of the public and our partners helps us develop services and processes that drive continuous improvements which we robustly quality assure.
Pledge 4	We will explain clearly why we are working with you and your family, what the plan is for you and how we will work with you and others as needed to achieve this.
Standard 4	Support and training to our workforce to deliver good services (Supervision).
Pledge 5	We will make sure everyone who works with you has the right training and support to do a good job

3. Standard One - Deliver timely, high quality, child-centred services

Pledge 1

- We will listen to you and your family and make sure your voice and views are included in your written records.

Pledge 2

- We will record important events, discussions and decisions quickly and only write in your file what we need to, so that the reasons for decisions are clear.

To do this we need to ensure every child, and their families has the following on their electronic case record:

Case summary

Every child open to services on EHM, LCS and ChildView must have an individual case summary using the appropriate summary template. This must be updated at least 3 monthly or when there is a significant event by the allocated worker outlining:

- a brief pen picture of the child
- a brief description of the child's history and our involvement to date
- the present situation including the family members linked to the child's genogram
- any risks and strengths or progress for the child against the current plan
- critical analysis of the child's situation and the impact our interventions
- parallel planning/contingency planning
- details of involved partners / professionals
- contingency plans for the child

Demographics

- All information received will be recorded onto the electronic case recording system in a manner that is respectful of the child and their family and gives information up-to-date information including addresses, contact telephone numbers, family relationships, education provision attended, ethnicity, and any linguistic requirements, gender, and disability diversity.
- If information is provided by other professionals or family/friends the case record gives the person's name, contact details and their relationship to the child.
- Records should be cross referenced on the case recording system so that it is clear where records are held in full if there are siblings. But individual children's records should hold all information pertaining to them.

Assessment

Every child must have an individual assessment which is up to date and regularly reviewed (at least 6 monthly or if circumstances change for the child). The assessment will be allocated to a worker within 24 hours of the referral being accepted, with the management decision and rationale recorded giving clear case direction. **All children must be seen within 3 working days of allocation /or sooner if risks direct.**

The assessment will be reviewed at 2 points by the allocated manager: **10 and 20 working days**. These reviews must be recorded on Liquid Logic with clear case direction from the Team Manager

All assessments must be completed within statutory timescales or in line with Havering's procedures by the allocated worker and must be authorised by the allocated Manager within 48 hours. For Early help assessments these should be completed within 25 days and for single assessments within 45 days, including sign off from the manager. However, we are aiming where possible to complete it within the national average of 26 days.

Following a single assessment being completed, which has concluded that a package of family support is required to meet the child's needs under Section 17 of the Children Act 1989, the Social Worker should convene a Child in Need Planning Meeting within **10 working days of the assessment** to agree a Child in Need Plan.

It is essential that we take all appropriate actions to routinely include parents not living in the family home and the wider family network in assessments for children.

Chronology

Each child should have a chronology of significant events recorded on their record that includes risk and protection factors, which is updated at least every 2 months.

Genogram

Each child should have an up-to-date genogram/family tree/relationship map with the date completed and this should be updated as part of any review but at least 6 monthly.

Pledge 1

- We will listen to you and your family and make sure your voice and views are included in your written records.

Pledge 2

- We will record important events, discussions and decisions quickly and only write in your file what we need to, so that the reasons for decisions are clear.

As part of our commitment to standard 1 we have developed our first two pledges to ensure the voice of children, young people and their families are included in all our work and evidenced in all case recording and that they know that they are *part* of the recording process, not just the subject of it. The professional requirement to keep records must be explained to children, young people, and their families at the start of the relationship / allocation of the case, including what information is collected, how it is used, who it might be shared with and how long it will be kept for.

We want our standards and pledges to improve our work with children, young people, and their families.

To ensure that our 'PPF' model of practice is visible in *all* our recording, so that just like our face-to-face practice, our recording is always:

Purposeful - With a clear purpose as to why we are recording, what we are recording and how it will help things move forward

Planned - So that all recordings are carefully considered, in agreed formats and completed to agreed timescales

Focused - Recordings should be focused on what *needs* to be recorded so that we do not record unrelated information or too much unnecessary detail - and equally we do not omit important and salient information.

The next few pages set out in more detail exactly what is meant by each of the five standards in our commitment.

We must ensure that all individual children / young people are continuously encouraged to provide their own views, wishes and feelings. Workers should ensure that the child/ young person's voice and views are not only captured, through the use of the tool Mind of My Own (MOMO), but understood and recorded in a way that is child-focused and uses appropriate plain language, always remembering that the child/ young person may wish to view their file in the future. For the same reason, the use of technical or professional terms, acronyms and abbreviations should be kept to a minimum and explained.

There will be occasions when it is not possible to act on a child/ young person's wishes, but these must still be captured in their record, and the reasons for the decision being made must be explained to the child/ young person.

Children should be offered a wide range of approaches to fully understand their views, lived experience, including direct work that is appropriate to their learning, age and stage of development, linguistic need, and communication needs.

These standards apply equally to direct work and to recordings written directly in the system (e.g., records of visits) or in attached or scanned documents. Where the child / young person has written their own views, or when tools such as MOMO have been used, steps are to be taken to ensure that copies are attached to the child/ young person's record in an appropriate place and clearly titled, so that they can easily be located and viewed. Where possible, the child/ young person should be able to keep the original version of any written materials they have provided for their own records.

Children and young people must also have access to any support they need to contribute and share their views, such as an advocate, an interpreter or access to Mind Of My Own which can be used in a child/ young person's own language. Where a child/ young person's views change over time, their record will be updated to reflect this, particularly where there has also been a significant change of circumstances and / or there is a change of the plan for the child/ young person. This applies from the point of referral through to case closure.

Our responses to children, young people and their family's needs are to be at the right time to meet needs. We expect our interventions to be undertaken in a timely manner that meets the statutory and individual child's needs and then be recorded within expected timescales.

Recording which speaks directly to the child

In our practice, actively listening to children and incorporating their views is essential and vital for evidence-based practice. This guidance outlines the standard for staff to ensure that the child's voice is recorded effectively in our work. When writing and recording about children we are working with, we should write in a manner that places the child at the centre, and in a style which speaks directly by;

- Using language that is respectful, empathetic, jargon free, age-appropriate and is factually accurate
- Including the child's own words as direct quotations
- Avoiding generic or routine entries and focusing on the child's unique experiences, needs, and wishes
- Clarifying the rationale behind decisions, detailing how the child's input shaped our choices
- Separating facts and professional opinion
- Capturing the child's expressions, whether through words, art, facial expressions, gestures, or actions, acknowledging these as vital forms of communication
- Recognising children have a right to see and read what is written about them and may have access to their files in the future.

When writing key documents, while ensuring the above, practitioners should write in a style as if you are speaking to the child, for example;

- When we met, you said that you found it difficult to trust me
- Your mum said that she stopped drinking and smoking
- You are not being cared for at home. When I visited your home there was no food in the fridge.

Throughout the child's journey, there are several opportunities where recording can be tailored in a style that talks directly to the child. This will help to keep the child at the centre of our thinking and means that when they view their record later in life, children and young people will be able to see how they were involved in the decisions that were made. Such opportunities include:

- Case summaries
- Assessments
- Plans
- Reviews

It is the expectation that these documents should be written directly to children.

Visits

Every child must be seen individually as part of our interventions and assessments, in line with Havering's procedures and statutory requirements. In Havering we believe that **children must be seen at least twice through their assessment** and then at regular intervals to meet their individual needs. The child should be seen and spoken to alone, and their views, wishes and feelings recorded. If the child is not seen, the reason should be recorded and management agreement sought.

For Safeguarding concerns children must have an initial visit to children undertaken within 24 hours of contact notification then they must receive regular visiting at least 4 weekly until their Initial Child Protection Conference.

For non-safeguarding concerns children must have an initial visit – an initial visit to children must occur within 3 working days.

In all visits, each child must be seen and spoken to separately and alone (with parental consent if required). *N.B.* In line with legislation and learning from Serious Case Reviews / Learning reviews all statutory visits must take place in the home where the child/ren live and all living areas must be reviewed.

It's the little things that count

We often receive feedback from children and young people, sometimes positive and sometimes negative. In our work with them it's important that we take onboard their views and incorporate their voices in our work.

"Please reply to emails my foster carer and I send."

"Listen to our voices when we try to tell you something important."

"You gave me so much reassurance and made me feel like I was doing a good job. Thank you so much."

"You really inspire me to be a successful person and do well in life no matter where you come from.....Thank you for every piece of advice and support that really made me change in my life."

As part of developing and reviewing these standards, children and young people have told us that what really matters to them is feeling recognised during the big moments of their lives, as well as knowing there's a helping hand during the tough times.

They have told us how important it is to them to be kept in the loop about changes that affect them, and to be able to reach out to their worker and get a prompt response. If their worker isn't available, knowing who else they can talk to and contact is just as important. They've also expressed that waiting for professionals to make decisions can be really stressful and cause them extra worry.

Through these standards we are taking on board the concerns of children and young people and asking all workers to do the same. Please tell the children you are working with when you are not going to be available due to annual leave, and ensure they know who they can speak to in your absence. Consider the impact of any delays in decisions being made – however small – on the child, and keep them up to date, replying promptly to phone calls and emails even if you don't yet have an answer for them.

Strategy Meetings

Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm there must be a Strategy Discussion involving local authority Children's Social Care, the police, health, and other bodies such as education the referring agency. This might take the form of a multi-agency meeting or phone calls, and more than one discussion may be necessary;

A strategy discussion can take place following a referral or at any other time, including during the assessment process. The discussion should be used to:

- Share available information between the partners;
- Agree the conduct and timing of any criminal investigation; and
- Decide whether enquiries under Section 47 of the Children Act 1989 should be undertaken;
- Where there are grounds to initiate an enquiry under Section 47 of the Children Act 1989, decisions should be made as to what further information is needed if an assessment is already underway and how it will be obtained and recorded; what immediate and short term action is required to support the child, and who will do what by when; and whether legal action is required;
- The timescale for the assessment to reach a decision on next steps should be based upon the needs of the individual child, consistent with the Havering Threshold Policy, and Statutory guidelines and should take no longer than 45 working days from the point of referral into local authority Children's Social Care.

Section 47 Investigations and Initial Child Protection Conferences (ICPC)

To safeguard children and young people subject to or at risk of harm the Havering Child Protection Procedures must be followed and the following referenced and evidenced in records and decisions;

- Concerns of significant harm that indicate a Section 47 investigation must be recorded and fully discussed with at least the Service Manager who will agree any decision to undertake a Section 47 and ensure the decisions and rationale is recorded on the case recording system within 12 hours;
- Ensure that any decision regarding consent or contact being withheld for parents during Child Protection enquiries is assessed, reviewed and lawful and rationale for decisions are recorded within 24 hours;
- A Child Safety Plan must be considered and put in place prior to any pending conference, including the plan for the enquiries, minutes, arrangements for seeing the child and the requirement for any written agreement with the parent and is fully recorded on Liquid Logic within 48hours;
- Checks with all relevant agencies have been undertaken within the prescribed timescales but no later than 24hours and considered before any final decisions in relation to the investigation are made;
- The Section 47 must be led by a qualified and experienced social worker allocated by the manager within the first 24hours;
- A single Assessment is how the Section 47 investigation will be undertaken in Havering and will be presented at the Initial Child Protection Conference as the 'Conference report' within 15 days of the Strategy discussion at which the decision was taken to initiate Section 47.

As far as possible, information is to be recorded as quickly as possible within 48hrs and not recorded later - as that can result in gaps in information for the child/ young person. Decisions and timescales for actions should be recorded in the child/ young person's file at the time they are made, and managers should use supervision to ensure that the case record is being maintained.

All professional meetings must be properly recorded. Minutes should be shared with all those involved within agreed timescales and a copy attached to the child or young person's record (attachments must also be clearly titled so that they can easily be located within documents). Comments and disputes between, or regarding, other professionals must not appear in a child/ young person's case record. Where disputes arise, these are to be raised with your line manager or using the dispute resolution process.

Chronologies are to be constructed around the child/ young person's significant life events such as birthdays, success at school or achievements, moves, changes in schools etc. Dates and details of allocated worker involvement are important markers but *for the child / young person*, these will be secondary to what else was happening in their life at that time. Should the child/ young person view their record in later life, the link between significant events and our involvement with their family should be clear.

Genograms / family trees / relationship maps should be dated to indicate as to what point in time they were completed and who contributed to its content as well as what the purpose was of completing it (e.g., as part of assessment to identify patterns in relationship such as domestic abuse, or to identify family strengths and support systems).

All staff are accountable for their own recording and adhering to the timescales set out within service procedures. These timescales should be reiterated within training and all managers should review compliance with these as part of on-going supervision and quality assurance activity. Given the vulnerability of the children, young people, and families we work with, recording cannot be considered accurate if it is not also completed in a timely fashion.

Having up to date information is not only important for decision making on individual cases but also in relation to strategic decision making, understanding local need, and the planning of services to meet that need. We are required, statutorily, to report much information to central government, and this is used to compare local authorities and inform decisions around funding.

4. Standard Two – Ensure our practice is inclusive and anti-discriminatory

Pledge 3

- We will work with you to understand your individual needs and make sure these are properly recorded and considered when decisions are being made.

An important part of our practice model and working systemically is thinking about how social difference and power organises and influences (overtly or otherwise) our work with children/ young people and their families.

We need to consider our interventions and the impact this has on us as practitioners and the impact on the child/ young person /family of the Social GRRRAACCCEESSS (Gender,

Gender identity, Geography, Race, Religion, Age, Ability, Appearance, Class, Culture, Caste, Education, Ethnicity, Economics, Spirituality, Sexuality, Sexual Orientation) when making all decisions for a child/ young person and their family. Ensuring that

- The safeguarding and welfare of each child and young person is the focus for all that we do and the strengths of families as well as concerns will be assessed and used to safeguard any child;
- Families are treated with respect and honesty and kept informed throughout any social work intervention;
- The work with children and their families will be based on the achievement of identified outcomes that are measurable;
- Our services will be delivered in partnership with families and young people and other agencies.
- We strive identify, respond to and challenge racism, inequality, and discrimination

Pledge 3

- **We will work with you to understand your individual needs and make sure these are properly recorded and considered when decisions are being made.**

Pledge 4

- **We will explain and record clearly why we are working with you and your family, what the plan is for you and how we will work with you and others as needed to achieve this.**

We will ensure our thinking and how it contributed to decision-making is evident in case recording. As workers, we need to consider how our own personal lived experiences and social GRRRAACCCEESSS might be influencing our recording and challenge our prejudices and assumptions as part of it.

This also means ensuring that basic demographic data and personal relationships are recorded accurately (including spellings of names etc.) and kept up to date. Key documents that capture the child/ young person’s needs, such as any Education, Health and Care Plan, Health Assessment or Personal Education Plan, should be properly recorded and maintained.

We want to ensure that practice is always child/ young person specific when writing consolidated assessments, plans or reports and takes care in respect of siblings’ information becoming available on each other’s case summaries. We need to record information about each child/ young person in the family and respect that they are individuals with needs, which may be different to the needs of their siblings and parents.

We need to consider the implications of what has happened to each child/ young person and what this means for them, ensuring that each child/ young person’s lived experience is properly captured within their records to inform any decisions being made.

Good recording demonstrates the purpose of the interventions taking place: the purpose of each step taken, the decisions made and the resulting action (remember: Purposeful, Planned and Focused).

Case recording often becomes the major source of evidence for investigations and enquiries,

so we need to remember; a child's record is our tool to help answer the following basic questions:

- Have we attained consent?
- What is this child/ young person's story (both their history and their current life)?
- Why is the local authority involved with this child/ young person?
- What is the local authority doing to help?
- What difference is it making?
- What are the child/ young person's hopes and aspirations?
- Who is making the decisions and what is the rationale?

It is important that we ensure all relevant and significant information is included and we are clearly able to differentiate between fact and opinion. Records should always state the purpose of the contact with the child/ young person and must indicate whether the child was seen alone, what views were expressed by the child/ young person and how the child/young person's voice was fully considered in implementing the plan.

It can be easy to fall into the mistake of linking quantity with quality, but the best assessments and plans are always 'SMART.' This means being:

- **Specific**; identifying the reasons for involvement and the concerns for the individual child/ young person.
- **Measurable**; how or when will we know the circumstances for the child/ young person have changed?
- **Achievable; Focus on strengths (including both the short- and longer-term changes needed to build on these), while also addressing the risks identified and how these will be reduced.**
- **Realistic**; are the areas of work / intervention achievable?
- **Timely**; our work with families is assessment-led, therefore we must identify what needs to change, plan for and review the changes, in a timely way.

5. Standard Three – Ensure effective management and voice of the child

Pledge 4

- **We will explain clearly why we are working with you and your family, what the plan is for you and how we will work with you and others as needed to achieve this.**

This means that the following needs to be in place:

Allocation decision

When allocating a child to a practitioner the Team Manager's / Allocating manager's recording on the casefile must evidence:

- the current reason for our intervention linked to the contact and referral and a brief summary of any previous/ historical information
- what is currently happening for each individual child
- the desired outcomes of our outcomes
- the actions to be carried out by the allocated practitioner with clear timescales including the first visit to the child within 5 working days or sooner depending on individual risks

Reviews

Children's plans must be regularly reviewed with the child and their family and with the allocated Practitioner in supervision and partner agencies as part of a review process. The review must consider if the plan is meeting the child's current needs, and if so, how. If the plan is not working, the plan must be updated to show changes required that must be shared with the child, family, and other involved professionals. Managers must record in regular supervisions and through regular Management oversight case recording on progress of the child / young person's plan.

Supervisions and Management oversight

Case recording should evidence a record of supervision at least 6 weekly depending on the legal status of the child this could be 4 weekly. This should include any changes for the child, analysis, comments, and evidence of audit activity.

There must be a record of management oversight when new information is presented that outlines the circumstances for the child, what needs to happen, when and by who.

To better understand the child/ young person's journey and story, records must be concise and provide an overview of the contact with the child/ young person and their family. Descriptions of events, conversations and behaviour are important but rather than being detailed accounts these should be a summary, followed by the worker's professional analysis: What has happened and what is this telling you about the child/ young person and family? Such analysis must be reflective and clearly distinguish facts from opinions. Actions should be informed by this professional analysis, which is shared/agreed with the family to ensure buy-in.

Decisions will [rightly] be informed by a variety of sources and good practice shows that you should not cut and paste emails, e.g., from other professionals, without entering some information about why it is relevant. Emails between colleagues and partner agencies are not to contain any personal information, or information that is not relevant to the child/ young person's case. Records must also distinguish between first-hand information and information obtained from third parties.

Records of decision-making are to clearly highlight both the reasons for and the outcome of the decision. This should include an assessment of need and risk and why other options were considered but rejected. Decisions and recommendations should be evidence-based and clear to determine the most appropriate services for vulnerable children and young people. Structure your recording and use headings if this is helpful. This will also ensure that other professionals involved with the family can get a clear picture of what is happening and why. Should a case be transferred to another practitioner, this will help ensure a seamless service can be provided.

Management oversight must be clearly labeled as such and state clearly what the decisions are, with clearly defined timescales.

Again, always remember that the child/young person may read their record in the future, so make sure all records are honest, balanced, and respectful, to give confidence that decisions were taken appropriately. Children/ young people may have an opinion on the way that your conversations with them are summarised and this must be taken into consideration. This might mean, for example, showing the child/ young person what you have written, or reading it back to them to check that they are satisfied, and that language is agreed upon.

6. Standard Four – Provide support and training

Pledge 5

- We will make sure everyone who works with you has the right training and support to do a good job.

At Havering, we take pride in equipping our social work and social care staff with the necessary tools to ensure their safety, confidence, and adherence to compliance. Our goal is to deepen their understanding of how their work positively impacts the wellbeing of those they serve, at any point in the individual's journey.

Our commitment extends to providing comprehensive training that upholds the highest standards of practice, knowledge, and skills. This training is responsive to legislative shifts in social care and tailored to our local community's needs. We also promote both professional and personal growth, aiming for the very best outcomes for Havering's residents.

"Choose Havering" represents our drive for an organisational culture shift, integrating all aspects in a manner that is clear and supportive. At its heart, Choose Havering is about building an exemplary organization, and we encourage our colleagues to commit daily to positive actions that will help us fulfill our collective goals.

Under the "Bright Future" initiative of Choose Havering, we introduced "My 10 Days of Learning." This program reflects Havering Council's dedication to offering ten days of learning and development annually to all permanent staff, fostering continuous growth across the Council.

In addition, the [Havering Social Care Academy](#) is a testament to our investment in staff development, providing access to training, a research hub known as [Care Knowledge](#), and career advancement opportunities. Our aim is to nurture our workforce, thereby enhancing service stability, retention, and overall quality for Havering's residents.

We expect all staff to maintain and own their personal development plan that mirrors the council's and department's strategic goals. This plan will track training and development while also prioritising personal well-being.

Your life, your record

(Our pledge to you)

We will:



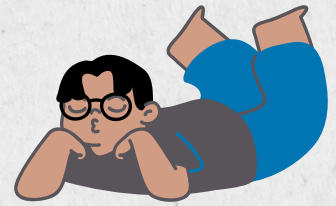
1.

Listen to you and your family and make sure your voice and views are included in your written records



2.

Record important events, discussions and decisions quickly and only write in your file what we need to, so that the reasons for decisions are clear



3.

Work with you to understand your **individual needs** and make sure these are properly recorded and considered when decisions are being made



4.

Explain clearly why we are working with you and your family, what the **plan** is for you and how we will work with you and others as needed to achieve this



5.

Make sure everyone who works with you has the right **training and support** to do a good job

Signed by worker:

Signed by child / young person:

8. Roles and Responsibilities

Staff at all levels in the Council will recognise that contributing to good data quality is everyone’s responsibility and a part of all our roles. The table below provides a summary of the data quality expectations on us all, from the services that support us through to frontline practitioners, senior managers, and elected members.

Role	Responsibilities
Senior Leaders and Corporate Parents	<p>Senior leaders, such as the Director of Children’s Services (DCS) and both the Assistant Director for Safeguarding and Corporate Parenting and the AD for Early Help and Partnerships rely upon accurate performance data and management information to aid their decision-making. They will therefore act as ambassadors for high quality and timely recording, driving a culture of continuous improvement in this area.</p> <p>The DCS has ultimate responsibility for statutory reporting to central government departments such as the Department for Education and the provision of data to bodies such as the Association of Directors of Children’s Services (ADCS) and London Councils. Such data supports discussions with others in the sector and with central government, including funding requirements.</p> <p>The corporate parenting role of the local authority means that everyone, from the Chief Executive and elected members to frontline staff, are concerned about looked after children and care leavers as if they were their own.</p> <p>Among the 7 principles that local authorities must have regard to when exercising their corporate parenting functions are:</p> <ul style="list-style-type: none"> • To encourage children and young people to express their views, wishes and feelings; and • To take into account the views, wishes and feelings of children and young people. <p>Corporate parents are responsible for ensuring case recording takes place in line with these principles.</p>
Principal Social Worker	<p>The Principal Social Worker (PSW) plays a key role in developing and monitoring the competency of social work staff. With strategic responsibility for learning and development, quality assurance and the independent reviewing function, the PSW has uniquely independent oversight of the quality of practice, of which case recording is a fundamental part.</p>

<p>Service Managers inc. Heads of Service, Service Manages and Team Managers</p>	<p>Service Managers are responsible for assuring the quality of services provided in their respective areas through routine monitoring, including case file auditing and the review of performance data and management information. The overall responsibility for ensuring records are maintained appropriately rests with line managers (although responsibility may be delegated to other staff as appropriate). As such, supervision of staff should include regular review of the quality, timeliness, and accuracy of recording and where standards are not being met, this should be managed through the agreed processes.</p> <p>Managers have defined responsibilities within individual procedures and processes in the case management system, which contributes to continuous improvements in recording quality. Managers should decline to sign something off if it is not of the standard required.</p> <p>Within the quality assurance framework, everyone from team manager level upwards must undertake monthly case file audits. Service managers are responsible for ensuring that actions identified from audits are implemented. Managers are also responsible for ensuring that any learning from complaints is addressed, including where this relates to the quality or timeliness of recording.</p>
<p>Children and Young Person's Workers</p>	<p>Children and Young Person's Workers includes social work qualified roles, EH family practitioners, leaving care personal advisors, family support workers, life story workers, family therapists, YJS practitioners, etc. Practitioners in all parts of the service are responsible for the day-to-day maintenance of accurate, up to date, and relevant case recordings for all children and young people on their caseloads. This should be undertaken in line with the standards in this document and with relevant departmental guidance and procedures.</p> <p>As well as maintaining an up-to-date assessment, plan and reviews for all cases, practitioners should ensure that all demographic information held on the child/ young person is accurate, as well as personal and professional relationships, contact details, etc.</p> <p>Reports should be up to date, of a high quality and submitted according to agreed timescales.</p>
<p>Independent Reviewing Officers (IRO) and CP Chairs</p>	<p>IROs (Independent Reviewing Officers) oversee children and young people's plans and act on their behalf to challenge the Local Authority on their legal responsibility towards the child/ young person. They ensure that the views of children and young people are heard and acted on and that they can participate in meetings.</p> <p>IROs will raise concerns with the Team Managers where they identify case drift or issues with practice, which includes the quality of case recording or reports provided to meetings. Where an IRO enters a dispute with a responsible officer, the informal dispute resolution process will be followed to resolve this issue and where necessary, the Dispute Resolution Procedure will be instigated.</p>
<p>Family Therapist</p>	<p>Family Therapists offer flexible support tailored to individual, family, and group needs, including outreach work in various community settings. They provide evidence-based approaches like Systemic and Psychodynamic Psychotherapy, Social Learning, and Attachment Theory for short to long-term interventions. Specialising in assessments and interventions for a spectrum of issues and needs.</p>

<p>Administration Team</p>	<p>Throughout the service we have a number of administrative roles that provide clerical, organisational and strategic support to all of the teams. This includes responsibilities for recording both within and outside of the electronic case management and financial systems. Administrators may also have quality assurance responsibilities, such as completing spot checks to ensure that key information within children’s records is not only present but accurate.</p>
<p>Performance Team</p>	<p>The Performance and Business Intelligence Team provide performance data and management information to support service planning and delivery. This includes monitoring levels of activity and demand upon the service (including demographics of service users); indicators associated with the timeliness of services; and outcomes for children, young people, and families. The team undertakes analysis to identify trends and themes and to benchmark performance against other local authorities. They are also responsible for the collation and submission of statutory reporting to central government and work with services and the Systems Team to ensure that the Council remains able to meet its statutory obligations in this respect.</p>
<p>Social Care Systems Team</p>	<p>The Social Care Systems Team is responsible for organising and delivering training on the electronic case management systems and for on-going maintenance and improvements to systems and processes, as required. Ensuring data quality is a key objective of both training and systems development.</p> <p>Trainers will identify areas where data is missing or incorrectly entered on systems and initiate data cleanups with the Performance Team. The Performance and System teams are not responsible for ‘cleaning’ data up - it is the responsibility as owners of a record to ensure that it is up to date and accurate – but will play an active role in highlighting issues so that action can be taken by the service.</p>
<p>Children’s Placements Team (All Age Brokerage Team)</p>	<p>The children’s placements team are responsible for the commissioning of external placements: residential, independent fostering agencies and semi-independent provision.</p> <p>The team is also responsible for the commissioning of Short Breaks (SEND (Special Educational Needs and Disability)), welfare checks and contact visits, therapies, and home to school transport.</p> <p>The team is responsible for engaging with providers and for ensuring that contract and individual placements agreements are in place in respect of each child or young person.</p> <p>The team will circulate movement notifications and lead negotiations with the provider to extend, terminate or alter the terms of a placement.</p>
<p>Havering Social Care Academy (HSCA)</p>	<p>The Havering Social Care Academy equips the workforce with the necessary tools to fulfil their duties effectively and offers training aligned with the latest best practices, service needs and legislative requirements. The academy is responsible also responsible for promoting opportunities for both professional and personal growth, with the goal of elevating the standard of service provided.</p>

9. Recording Timescales – Children’s Social Care

All recordings must be finalised within **3 working days** of the event unless a specific endorsed procedure includes a different timescale (please see examples below). Where a process requires management authorisation, adequate time should be allowed for this to take place. All safeguarding issues must be recorded and reported immediately.

Process or event	Liquid Logic process / activity	Timescale for completion
Contact or referral	Contact / referral episode	Within 24 hours of receipt
Child and Family Assessment	Single Assessment	Within 45 working days of referral date
CIN (Child in Need) Meeting	Child In Need Plan	5 days before scheduled meeting
Chronology	Chronology Form	To be up to date upon transfer. Updated at least quarterly and after any significant event.
	Case summary	12 weekly updates
Initial Strategy Discussion / Meeting	Strategy Discussion/Meeting	Within 24 hours of meeting
Review Strategy Meeting	Review Strategy	Within 24 hours of meeting
Initial Child Protection Conference	Initial CP Conference Social Work Report	To Chair and family 24 hours before meeting
	CPC Report - Decisions & Recommendations	Within 48 hours of meeting
	CP Conference Record	Within 15 working days of meeting
	Core Group Meeting Minutes	Within 5 working days of the core group meeting
CP Review Conference	CP Review Social Workers Report	5 working days before meeting to Chair and family
	Review CPC Report – Decisions and Recommendations	Within 24 hours of meeting
	CP Conference Record	Within 15 working days of the meeting
LAC Plan	Child Looked After/Young Person's Care Plan	Within 10 working days of becoming Looked After
Placement Planning Meeting (to include Delegated Authority)	Child / Young Person’s Placement Plan	Within 5 working days of meeting
	Initial Health Assessment	BAAF form to be completed within 5 working days of child becoming looked after (allowing 15 working days for Health to undertake the IHA). Once undertaken, IHA to be uploaded within 72 hours of receipt.

Process or event	Liquid Logic process / activity	Timescale for completion
LAC Health Assessment	Review Health Assessment	RHAs (Review health assessments) take place annually for LAC aged 5+ and 6 monthly for under 5s. Paperwork to be sent to Health 12 weeks before RHA (Review health assessments) is due and once undertaken, uploaded within 72 hours of receipt.
	Refusals	Where young people refuse a health assessment this should be discussed with them again every 3 months and the outcome of the discussion recorded within 5 working days.
Personal Education Plan (PEP)	PEP	To be completed within 10 working days of becoming looked after and PEP meeting to take place within 20 working days.
	PEP review	To be completed termly
LAC Review Meeting	Child / Young Person's Care Plan	Within 5 working days of meeting
	Child in Care Review	Social work Review Report to be shared with the child and IRO 1 day before an initial child in care review and 5 days before a review.
	CYP (Children and Young People) LAC Review Record of Meeting	Decision/recommendations to be completed within 5 working days and full record of the meeting to be completed within 15 working days
Pathway Plan	My Pathway Plan	To be in place by age 15 years and 9 months Reviewed and updated every 6 months
Care leavers needs assessment	Care leavers needs assessment	To be completed within 35 working days of the young person turning 18
Visits (CIN / CP / LAC / Care leaver / foster carer)	Record of Visits	Within 72 hours of visit
Case notes (general)	Case notes	Within 72 hours
Supervision	Forms - Supervision	Within 72 hours of supervision
	Forms – Group Supervision	Within 5 working days of supervision
Management Decisions	Case notes - Managers Decisions	Within 24 hours of decision
Return home interview (missing children)	Return home interview	To be offered within 72 hours of child returning and recorded within 72 hours of interview taking place
Legal Planning	Record of Meeting to include actions agreed	Within 3 working days of LPM being convened

Process or event	Liquid Logic process / activity	Timescale for completion
Pre-Proceedings	Pre-proceedings Letter	Copy of signed Pre-Proceedings letter to be uploaded within 1 working day of the letter being sent to parents and carers
	Record of Pre-Proceedings Meeting	Within 3 working days of the meeting being held
Care Proceedings	Letter of Intent to issue Proceedings	Signed Letter of intent to issue to be uploaded on file within 1 working day of the letter being sent out to parents/carers
	Social Work Evidence - Statement and Care Plan	Within 2 weeks of the decision to issue
	Court Orders	To be placed on system within 2 working days of receipt
	Expert Assessments	To be placed on system within 3 working days of receipt
Private Fostering	Notification	To be recorded within 24 hours
	Assessment	To be completed within 35 working days of notification
	Visits	Initial visit within one week of the placement, or the date when notification was received if later, and to be recorded within 72 hours. Visits to then be made every six weeks in the first year and at least 3 monthly in subsequent years.
Adoption	Later life letter	The expectation is that the letter will be given to the child at an appropriate time after the Adoption Order is made - usually within 10 working days of the adoption ceremony
	Life story book	To be handed to the adoptive parents, together with Later Life Letters, within 10 working days of the adoption ceremony
Alerts and escalations (to be fully concluded within 20 working days)	Informal / stage 1	To be resolved within 10 working days
	Stage 2	To be resolved within 13 working days
	Stage 3	To be resolved within 16 working days
Case Closure	In Assessment, following decision to close	3 working days

Process or event	Liquid Logic process / activity	Timescale for completion
	Safeguarding Service	3 working days

10. Recording Timescales – Early Help

Unless otherwise stated, all recordings must be finalised within **3 working days**.

Process or event	Liquid Logic process / activity	Timescale for completion
Case allocation	Initial case direction (case note) to be created by manager	Within 24 hours of allocation
	Initial contact with family-by-family Practitioner	Within 24 hours of allocation
	Initial contact with key professionals by family Practitioner	Within 24 hours of allocation
Case recording on EHM (LL (Liquid Logic)) Case recording for safeguarding	Case notes to be added to LL Case recording for safeguarding to be added to EHM (LL) on the same working day to ensure EDT are sighted if needed.	Within 72 hours Same working day
Initial home visit	Early Help visits	Within 5 working days (1 week) of allocation
Case supervision	Case Supervision to be held and recorded on EHM (LL)	Every 4-6 weeks. Supervision case notes to be updated on the system within 5 working days.
Early Help Assessment	Early Help Assessment complete by Family Practitioner and signed off by manager	By 20 th day after allocation
Plan	Draft plan to be completed by Family Practitioner and signed off by manager	By 20 th day after allocation

Process or event	Liquid Logic process / activity	Timescale for completion
Team Around the Family (TAF) and confirmed plan	Initial TAF meeting to be held and TAF plan agreed	Initial TAF by 6 weeks of allocation for families having an EHA For step down families within 2 weeks of allocation
Team Around the Family (TAF) reviews	TAF review meetings held, and plan reviewed	To be held every 4 weeks. Case notes to be added on day of review and plan to be updated and authorised within 72 working hours
Case closure	Closing summary	Within 3 working days once closure is agreed.
Return home interview (missing children)	Return home interview	To be offered within 72 hours of child returning and recorded within 72 hours of interview taking place. Case recording for safeguarding to be added to EHM (LL) on the same working day to ensure EDT are sighted if needed.

11. Recording Timescales – Youth Justice Service

Unless otherwise stated, all case note recording must be finalised within **1 working day**

Process or event	Child View / Liquid Logic process / activity	Timescale for completion
Case allocation TUESDAYS following: - Barking Youth Court - Friday Community Resolution (OOC (Out of Court Disposal))- Friday Barking Youth Court- Monday	Pre-Sentencing Report (PSR) (AssetPlus assessment) OOC light touch assessment Referral Order Report	Within 15 working days
First contact	Initial Home visit/Induction (Tuesdays)	Within 1 week
Systemic Case consultation	Case discussion /Chronology	Within 15 days (For PSR/RO/OOC reports) and recorded within 3 working days

Process or event	Child View / Liquid Logic process / activity	Timescale for completion
Referral Order Panel	Panel Meeting	Within 20 working days, decisions recorded within 24hrs, reviews every 3 months
Stepdown from CSC (TSW)	Teen Star Assessment (LL)	Within 15 working days
Risk Management Panel (RMP)	Multi-Agency Meeting	Within 6 weeks of a young person leaving custody/In discussion with management on increase of risk factors
Case Notes	Recording conversations/contacts with YP/ Family/Carer/Worker	Recorded within 24hrs
Case Notes (general)	Emails, general updates etc.	Recorded within 72hrs
Case Supervision	Supervision	Every 4 weeks and recorded within 24hrs
	In-depth Case reflection	Every 6-8 weeks recorded within 24hrs
Management Decision	Case note - Management decision	Recorded within 24hrs
CAMHS (Child and Adolescent Mental Health Services) and SaLT screening	Case note Child View	Within 14 working days
Victim Contact	Once victim details provided (141 form from police)	Contact within 48hrs of a positive 141 form
Transfer to NPS (national Probation service)	Transfer meeting	No later than when the young person reaches 17 years and 6 months
Youth Cautions	Youth Cautions	Arranged with YOS Police Officer within 10working days of decision.

12. Recording Timescales – Targeted Youth Support

Unless otherwise stated, all recordings must be finalised within **2 working days**.

Process or event	Liquid Logic process / activity	Timescale for completion
Referral and Case allocation	Initial case direction (case note) created and introductory email sent to professionals advising on outcome of referral by IASS duty manager	Within 48 hours of allocation
	Case history checked and initial case direction readied for IASS case Allocation meeting every Wednesday by IASS duty manager	By 5 pm every Tuesday, unless urgent referral response required and agreed with HoS and decision made outside the weekly meeting
	Cases sent to allocated practitioner by line manager	Within 24 hours of allocation decision
	Allocated practitioner makes initial contact with CYP/family and agrees initial meeting	Within 48 hours of allocation
Initial meeting	Initial TYS meeting	Within one working week of allocation and recorded within 48 hours, along with case note of initial discussion (post visit) between TYS Practitioner and their line manager
Early Help Assessment (TYS) initiated with the young person/family.	Early Help Assessment (TYS)	By 10 th day after allocation and recorded within 48 hours
Outcome Star Assessment authorised and case note added for young person and any siblings worked with	Outcome Star Assessment	By the 20th day after allocation.
TYS Plan agreed with young person/family and signed off by line manager	TYS Plan	By 20 th day after allocation
TYS Plan reviewed and updated	TYS Plan	Every 4 weeks. Case notes to be added on day of review and plan to be updated and authorised within 48 hours

Process or event	Liquid Logic process / activity	Timescale for completion
Case closure	Closing summary	Within 5 working days of agreement with line manager (evidenced with case note)
	Closing summary, plan closure and ending of involvements	Line manager approves closing summary, copy to siblings, end involvements, end EH case status (and adds a closed status) and close plan, then close on the Outcome Star site after checking all documents are saved.
Group work sessions	Group work	Groups to be set up on EHM and attendance, content and any concerns recorded post each session (with clear escalation of high concerns) within 48 hours
Personal supervision		To be held every 6 weeks and emailed to Family Practitioner within 48 hours
Return Home Interviews	Return Home Interviews	All missing referrals acknowledged within 48 hours and first attempt to complete RHI (Return Home Interviews) within 72 hours of referral allocation.

13. Recording Timescales – Children Placements Team

Unless otherwise stated, all recordings must be finalised within **2 working days**.

Process or event	Liquid Logic process / activity	Timescale for completion
Placements	Placement searches recorded as a case note on LCS. Evidence of all work carried out as part of a placement search to be recorded. Planned placement move/search to be supported by a placement plan, and evidence provided where a placement stability meeting has been held in cases where the move is not in accordance with the care plan or of a safeguarding matter. AD approval is in place for search to commence. Retrospective placement plan required in all cases of emergency placement. AD approval in place as required.	Within 24 hours of search and search response
		Open searches to be reviewed every 2 weeks with social care lead, planned placement searches to be closed. Refreshed after 8 weeks. Withdrawals to be closed within 24 hours

Process or event	Liquid Logic process / activity	Timescale for completion
		Ensure placement plan is received within 24 hours, so that IPA can be issued within 24 hours of placement being commenced and notification can be circulated.
	Placement Offers - letter confirming acceptance of the proposed offer, and approval (including breakdown of costs) to be completed for each case and filed in LSC documents.	Within 24 hours of offer and acceptance of placement
	Notifications -- Commencements/Terminations – confirm placement commencement in accordance with proposal offer letter. Notice/termination given to provider as instructed by social care and in accordance with contracted notice period/duration of placement.	Notification of commencement/termination/move circulated within 24 hours.
	<p>Making placement - When placing children at a distance - send a notification and consult with the Borough BEFORE placing the c/YP. Information to be shared with AD/Senior Manager as required for approval to place. In emergency (same day or weekend by EDT) carry out the consultation and share information with AD/Managers as appropriate.</p> <p>Evidence to be recorded as case note on LCS.</p>	<p>Within 24 hours of the offer being accepted by social working and prior to AD sign off.</p> <p>Emergency placements consultations to be carried out within 5 days.</p>
Contracts & IPA's	<p>Copies of fully completed issued IPA to be uploaded as a case note.</p> <p>IPAs include breakdown of costs and any partner contributions.</p>	Within 4 days of placement commencing