

CHILDREN'S SOCIAL CARE



Social Work Practice Standards

Children, Young People and Family Services

Volume 4 - May 2025



A words and pictures explanation of the practice standards



Hull City Council wanted to find a way to make sure all their children and young people got the best possible help they could when they needed it.



They listened to their children and families and their social workers. Everyone worked together and created a guide that would help social workers and practitioners to provide the best help and support when families needed it most.



This guide has been created to help everybody who works with children to make sure they do the best they can to help families, and to use the signs of safety model so that everyone is working together to build on strengths, address worries and work towards safety and belonging for our children and young people.



By using this guide, our social workers and practitioners will make sure that every child and young person has the same opportunities to achieve positive outcomes. By using the standards and expectations within this guide, no matter what is going on in a child or young person's life they will always receive the consistent support and the right help.

Right support, right time, right place.

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OUR PRINCIPLES

KEEPING CHILDREN SAFE AND GIVING THEM A VOICE

Children and families in Hull, deserve the highest standards of practice, from compassionate and skilled practitioners, who can support them to address the challenges they face. To do this we have a shared ambition for children and their families to live in an 'Inspiring City'.

In Hull, we want to be ambitious for all children, so they feel safe, happy, healthy, and able to achieve whilst ensuring children are protected from abuse and neglect. We are committed to helping whole families to bring about change.

In Hull Children's Services we have implemented the Signs of Safety (SofS) practice model for how we work with children, young people and families. SofS is a way of working which is collaborative, strengths based, solution focused and involves including families. It is relationship-based, and implementation requires us to make a cultural shift in how we think about our practice and provide support and intervention.

We embrace the Signs of Safety model and need to ensure that children and families understand:

- What we are worried about
- What is working well
- What needs to happen, and
- That we will listen to and take action to what they are saying

Information on the SofS model can be found at <https://www.signsofsafety.net/>, in the SofS Workbook or within the Social Work Academy Sharepoint Practice Hub where you will find toolkits to enhance and support your practice.

The Signs of Safety Knowledge Bank is an online library of learning resources for workers and managers to develop their understanding and practice. The Knowledge Bank can be found at <https://www.signsofsafety.net/knowledgebank/>

The overriding purpose of our approach to Signs of Safety in Children's Social Care is to

Create a service in which the conditions for outstanding practice are assured and the best outcomes for children and families are achieved.

CHILDREN'S SOCIAL CARE NATIONAL FRAMEWORK (DECEMBER 2023)

The National Social Care Framework is statutory guidance from the Department for Education and is central to setting direction for practice in children's social care. This is part of the reform set out in 'Stable Homes, Built on Love' (2023).

Our principles are informed by our vision for social work and underpin any work with children and families in Hull, these are:

Children, young people and families stay together and get the help they need

Children are best brought up in families, with local based support. Where children cannot be brought up in their birth family, timely alternative permanent arrangements for them will be secured

Children and young people are supported by their family network.

We will support families to find their own solutions to their problems, building on strengths to improve family life and outcomes for their children. Children who need protection will receive it and, wherever possible, early help will prevent the need for statutory intervention in family life.

Children and young people are safe in and outside of their homes.

We will listen to each other and work together (children, young people and families, providers and commissioners). We will work in partnership and collaborate to meet the diverse needs of Hull's children and families, always focusing on improving outcomes and life chances. Together we will manage risk confidently

Children in care and care leavers have a stable, loving homes.

We are the corporate parent for children and young people looked after and care leavers. We are ambitious and have high aspirations for each and every one of them. As responsible parents we care deeply about our children and young people's safety, health, their education and their leisure interests, their friendships and their futures. Fundamentally, as for any other parent, we want our children and young people to be the happiest they can be. In everything we do, we are guided by the question: "Would this be good enough for my child, grandchild, niece or nephew?"

We will do this by:

- Ensuring children's voices and experiences are kept at the centre of all our work.
- Practitioners will take a whole family approach.
- Work collaboratively with our partner agencies to ensure multiagency working is the foundation of practice.

INFORMATION SHARING

Consent should not be seen as the default lawful basis for sharing personal information in a child safeguarding context, as it is unlikely to be appropriate in most cases.

Information sharing is essential to enable early intervention and preventative work for safeguarding and promoting welfare, and for wider public protection. A key factor identified in many Child Safeguarding Practice Reviews has been a failure by practitioners to record information, to share it, to understand its significance and then take appropriate action.

Seven golden rules of information sharing:

1. Remember that the Data Protection Act 2018 and Human Rights Law are not barriers to justified information sharing but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared with, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice from other practitioners if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Share with informed consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
5. Make your information sharing decision after considering the safety and wellbeing of the individual and others who may be affected by their actions.
6. Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is accurate and up to date, is shared in a timely fashion and is shared securely.
7. Keep a record of your decision and the reasons for it- whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

Further advice on information sharing is available online at:

[DfE non statutory information sharing advice for practitioners providing safeguarding services for children, young people, parents and carers \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/672812/dfe-non-statutory-information-sharing-advice-for-practitioners-providing-safeguarding-services-for-children-young-people-parents-and-carers.pdf)

Consent to Receive Support

Early help is a voluntary approach, requiring the family's consent to receive support and services offered. This may be provided before and/or after statutory intervention. If a family does not consent to an early help assessment, practitioners should seek to understand why the family do not give consent, so that they can provide reassurance to the family about their concerns. They should ensure the family has understood the consensual nature of support, and range of services available to meet their needs. The child and their parent/carer must understand what will happen to any information about them during the period they are receiving Early Help support. This should include how it will be stored and who will have access to it. If a family does not agree to an Early Help Assessment, or stops engaging with a current plan, the lead professional determines if this results in a higher level of risk to the child that would require a referral to Children's Social Care. If necessary, they should speak with their respective manager or agency safeguarding lead/team for advice. It is important to note that if consent is not obtained, this does not stop the need to information share if you are worried about a child(ren).

Practitioners should be tenacious in their attempts to engage parents/carers to give consent to Early Help. The purpose and benefits of the process should be explained clearly, emphasising that it is a process to determine the most appropriate type of support required for a child or family.

The family should be made aware of the referral to the Early Help and Safeguarding Hub (EHaSH), unless to do so would place the child at increased risk of significant harm, prior to referral. Where a professional decides not to seek parental permission before making a referral to children's social care, the decision must be recorded in the child's file with reasons and management oversight. In the event that the parent, carer, or child cannot be made aware of the referral, professionals should determine if the concerns justify making a referral without making the family aware. Practitioners should speak with their respective manager or agency Safeguarding Lead/Team for advice, if necessary, contact can be made with Early Help and Safeguarding Hub (EHaSH- 01482 448879) for consultation if you remain unsure.

16 and 17 year olds are presumed in law to be competent, which means they are assumed to have capacity and can give consent in their own right if they can understand information given to them, retain the information given to them long enough to make a decision, can weigh up the advantages and disadvantages of the proposed care/service in order to make a decision, and can communicate their decision. In circumstances where we are working with consent or if consent is required to access services, for young people, aged 16/17 years, consideration should be given to the Mental Capacity Act (2005) and consent sought directly from the young person themselves where appropriate.

The Mental Capacity Act (2005) tells us:

- You have the right to make your own decisions if you have capacity and are aged 16 or over.
- You'll be assumed to have capacity, unless you've had an assessment showing you don't.
- You should receive support to make your own decisions before anyone assumes you don't have capacity, especially from health and social care professionals. You shouldn't be labelled as lacking capacity just because you've made a decision that others don't agree with.

Any decisions made for you must in your best interests and restrict your freedom as little as possible

WHAT ARE PRACTICE STANDARDS?

- These practice standards replace the February 2024 V2. Practice Standards. They have been developed collaboratively with practitioners and managers and are based on statutory guidance, regulatory duties and good practice.
- The standards, principles and expectations we set out should be viewed as part of an approach to ensure that all services are consistently delivered to an agreed quality standard. They do not stand alone, but are an integral part of achieving service strategies and policies and meeting procedural and operational requirements.
- Practice standards, policies and procedures together ensure consistency across the organisation in how we carry out our work with children and families.

THE FOLLOWING DEFINITIONS HELP SHOW HOW STANDARDS, POLICIES AND PROCEDURES ARE RELATED AND DEPENDENT ON EACH OTHER:

Practice Standards: These are the mandatory rules that describe the (minimum) service or practice, that can be expected by every service user and underpin our person centred philosophy. The values of social justice, integrity, trust and respect are a professional commitment and are at the core of our Standards. Most standards are legally set through government guidance and legislation, or are based on evidence based research from the Acts, guidance, frameworks and Case Law detailed below:

- Legislation such as the Children Act 1989 and Leaving Care Act 2004
- Statutory guidance such as Working Together to Safeguard Children and Care Planning Regulations for children and young people in care
- Case law from court decisions that help interpret and clarify how the law should be applied
- Professional and ethical standards set out by the regulatory bodies of our profession, such as Social Work England
- Professional Capabilities Framework (PCF) for social workers by the British Association of Social Work (BASW)
- The Knowledge and Skills Statements (KSS) for Child and Family Social Workers by the Department for Education
- The Independent Review of children's social care (2022)
- Children's Social Care National Framework

Policies: These provide the strategic context for shaping the standards and procedures, and answer the question of why the service is delivered in a particular way and why the service is important. The delivery of the policy requirements, as set out by Hull City Council, is the responsibility of all staff.

The practice standards in this manual are designed to improve consistency in practice across the service, to drive up the quality of the service provided to the vulnerable children and young people of Hull and their families and to lead to better outcomes.

Procedures:

These are the steps that describe the actions needed to deliver that service or practice. They are mandatory and can be found on the following link; <http://hullchserv.proceduresonline.com/index.html>

These standards apply to all the children and young people we work with, inclusive of children in need of help and protection, children looked after, children with disabilities and young people leaving care. When considering the standards, practitioners should take into account the needs of families in relation to their ethnicity, culture, heritage, religion and belief, race, sexuality, disability and any other diversity issues which may be important to them.

WHY IS THIS IMPORTANT?

Being a child or adult involved with children's social care services is likely to be both worrying and stressful. It is vital that, at the earliest stage of our involvement, we treat people with respect, work in a transparent way and are accessible to service users. A poor start to the working relationship is more likely to lead to poor outcomes for children.

HOW WE COMMUNICATE WITH PARENTS, CARERS, CHILDREN, YOUNG PEOPLE AND FAMILIES

- We will treat families respectfully and behave professionally through building positive relationships with them and working in a way that shows that we care.
- We will talk with, not at our families, asking them to tell us about their lives using their own words. We will listen to them with a quiet and focused mind, really listening to what they tell us and asking questions that matter.
- We will speak with our families using simple and clear language, using words that we can all understand. We will avoid using professional jargon and will explain the meaning of any words they do not understand.
- We will listen to their strengths, best hopes and worries in order to help create a better and safer home environment and improve relationships.
- We will be honest and transparent with our families about our role and what we can and cannot do, and will work to earn their trust by doing what we say we will do.
- We will get to know our families for who they are, and not judge them based only on what is recorded about them.
- We will listen to our families about what they find helpful and what they need, so that we can get them the best help from us and other support services.
- We will share some of our own experiences with our families when we think it will help us work together by finding some common ground.
- We will use Signs of Safety and other tools like doing drawings, words and pictures and other communication methods such as PECs and Makaton to help our families to talk about their life and let us know their wishes and feelings.
- We will be creative in our approach, because we work with a lot of different people who communicate in different ways. We will consider each person's own individual needs and disabilities, and will use different ways to speak with then or give information. This could be using sign language or Makaton, or using an interpreter.
- If anyone we work with struggles to speak or understand English we will use an interpreter to make sure they are able to be involved fully in meetings, visits and any other environment to help them communicate their views.
- We recognise for some children and their families it is important to be able to communicate with their social worker by text, phone, email and facetime. We will always ask our families what their preferred method is.
- We will explain to our families other ways that they might wish to share information with us. This could include Advocacy Services, the Mind of My Own (MOMO) App, or the Care Leaver App 'Hull Connect 16-25'
- Feedback is important to us and we will always listen to the views of children, young people and their families. We will work with them to find a suitable solution wherever possible, and make sure our practice is informed by what they are telling us.

HOW WE WORK BOTH INDIVIDUALLY AND COLLABORATIVELY

- All social work staff will be familiar with and work in accordance with the Professional Capabilities Framework, the principles of Social Work England standards, and the Knowledge and Skills Statements in relation to their role. Every child and adult will receive in writing the contact details of their social worker and an alternative telephone number should they not be able to contact them. In addition, they will receive the telephone number for the out of hours service.
- Every child and adult will receive details of how to give feedback or make a complaint. Children and young people will receive details of how to access the complaints service and an advocate, should they need this.
- Social workers will ask adults and young people for written consent (using the standard consent form approved by Hull City Council) in respect of information sharing and ensure the consent is placed on the child's file.

Information will be written and stored in accordance with Information Sharing Protocols and with the 8 principles of the Data Protection Act:

- Fairly and lawfully processed
- For a clearly defined, legitimate and limited purpose
- Adequate, relevant and not excessive
- Accurate and where necessary kept up to date
- Kept no longer than necessary
- Processed in accordance with the data subject's rights
- Stored with appropriate technical and organisational security
- Not transferred to a country outside the European Economic Area without adequate protection.

WHAT PRACTITIONERS CAN EXPECT FROM HULL CITY COUNCIL TO HELP US PERFORM AT OUR BEST

It is important as a Service to balance our responsibility to maintain the health of our staff with our responsibilities to safeguard, protect and promote the wellbeing of the most vulnerable children in Hull. Our staff are our most valuable resource and as such we will continue to focus on their well-being and continuous development.

TO ENSURE OUR WORKFORCE IS KEPT SKILLED, WE WILL:

- Be clear in what we expect
- Provide regular supervision in line with the Supervision Policy
- Provide Annual Personal Growth and Development Reviews (PGDR)
- Hold regular Team Meetings
- Provide learning and development opportunities bespoke to individual development needs
- Provide regular 'Stop the Clock' learning opportunities

LEARNING AND DEVELOPMENT

We know that to improve outcomes for our children and families, we need to ensure that our workforce remains confident with access to continuous learning and development opportunities. As such, and to ensure that support is in place to develop additional skills and knowledge, the service offers ongoing training through the 'in house' Learning and Development Team. The team is made up of specialist trainers and trainers from the safeguarding partnership which Ofsted recently graded as GOOD. Here you will find easy access to the vast range of learning and development opportunities, some of which are mandatory and others which are additional. Training and development should be discussed at every Supervision to promote a growth mindset and ensure that any identified learning needs can be fully met.

Training

Training is blended, facilitated through e-learning to taught classroom/virtual sessions. There is a broad range of 'In house' training courses, such as Safeguarding Children (introductory, targeted and specialist), in addition to commissioned training which they will be aligned to the Social Worker Academy team.

Refer to the [Learning and Development Website](#) and 'Whats On'. Email SocialWorkAcademy@hullcc.gov.uk to receive a copy.

Continuous Professional Development

We ask that staff:

- Keep a record of their CPD.
- Make sure CPD is a mixture of different kinds of activities.
- Aim for CPD to improve the quality of their work
- Aim for CPD to benefit our children and families.
- Are proactive in the development of their Personal Growth and Performance Record (PGPR)
- Learning via Hull Children's Safeguarding Partnership

Aspirant Leadership

Leadership and Management are key to leading the practice system in creating the conditions for excellent practice.

There are a number of specialist training opportunities available to leadership and management within Hull City Council in partnership with Research in Practice. Hull City Council are further developing their own Aspirant Leadership Programme and this will link with the strong commitment to 'growing our own'; we are determined to put in place the right support and learning environment which will help to develop strong, passionate and resilient social workers committed to making a difference for children in Hull.

Registered Social Workers

Social Work professionals need to apply the following to satisfy their registration

- The principles of Social Work England standards which can be found on Social Work England website. www.socialworkengland.org.uk
- The Post-qualifying standard: knowledge and skills statement for child and family practice practitioners (May 2018) and practice supervisors (May 2018)

WE ARE REALLY PROUD OF OUR SOCIAL WORKERS

Hull aspires to be the best place to practice social work and to make a positive difference to the lives of children, young people and their families. We recognised that to achieve this we needed to bring together all the learning and development opportunities for social workers prior to and post their qualification, so we have developed the Hull Social Work Academy.

We recognise that our workforce is our most valuable resource and we need to achieve ambitious standards of practice for children, young people and families. This supports our overall vision of more children living safely at home within their families, wherever possible.

We know it is absolutely crucial for our social workers to have continuous professional development so the Academy framework is to support all learners to inform and inspire social workers in their continued professional development. The team within the Academy will wrap around the workforce to provide nurturing, enjoyable and innovative ways of learning; it will highlight Hull as a place where practitioners can find enriching long-term career opportunities.

The Social Work Academy in Hull will enable practitioners to deliver excellent services that will make a positive difference to families by reducing risks, and increasing safety and belonging for children and young people. Hull are already welcoming more people starting out on a career in social work. Hull are committed to providing an excellent learning environment, so that more people begin their career with the Local Authority, and stay with us in Hull. By winning the Gold Newly-Qualified Social Worker of the Year Award 2021 and Silver Newly-Qualified Social Worker in 2018, it has shown that Hull can be a rewarding place to learn and develop as a Social Worker.

Recruiting and retaining more social workers is a priority. One of our elected members stated “We are well on our improvement journey with children’s services in Hull. The latest Ofsted monitoring visit was clear that we are making real, measurable progress. “One of the main focuses is to make sure we have enough social workers, who are supported with ongoing training and career progression, and that we retain our social workers in the long term. “We’re really proud of our social workers and wider children’s team; they are a huge asset to this city. Our staff have the ability to improve the life chances of some of our most vulnerable children.”

Social work is a challenging career, but no other job in the world could compete with the personal rewards you get from knowing you’ve helped keep a child safe or a family together.

MANAGEMENT OF PRACTICE



Our children and young people will have social workers who get effective support and guidance from their leaders to help the families they are working with achieve positive outcomes in their lives.

The Independent review of children's social care notes that leadership is a critical factor in improving children's social care, and every other public service (MacAlister, 2022) - Further reference is made in 'Stable Homes, Built on Love' 2023, Children's Social Care National Framework 2023 and Working Together 2023.

This section is intended to assist managers in providing and evidencing consistent oversight of practice, support and supervision and to ensure decisions are made in the interests of children, young people and their families. It will help practitioners to understand the manager's role and what to expect from them. The child will always be at the centre of our decisions.

Management Responsibilities

- Manager's responsibilities will be carried out in line with the standards set out.
- The service is effectively managed: staff members are effectively supported to achieve optimum outcomes for children and young people.
- All children and young people's records include evidence of management scrutiny of practice at regular intervals.
- Managers ensure that good quality assessments are undertaken, leading to analytical and evidence based action.

- Managers ensure that plans are in place on all children's files and are reviewed.
- Managers ensure that other relevant national Minimum Standards relating to their area of work are met.
- Managers use the DASH Board daily to make sure that children receive a good service.
- Audits are completed, embraced and actions followed up.
- Oversight and supervision is completed that ensures the children and young people are at the centre of decision making.



Practice Expectations

- Managers should always consider during allocation that children are allocated to suitably trained and qualified staff, with the necessary skills and capacity to undertake the work.
- Professional and personal supervision should take place monthly.
- Case supervision should take place at a minimum of every 2 months, and more frequently, dependant on the threshold of risk. The decisions and outcomes from case supervision should always be clearly recorded. There is a table at page 19 which will provide frequency expectation based on the level of need.
- Managers should audit children's records on a regular basis and ensure appropriate action is taken to improve practice when this is necessary in accordance with any audit recommendations
- Management oversight should be recorded at all stages of the child's journey in accordance with the guidance set out within the practice standards ensuring that there is a clear audit trail of decision making.
- Managers are responsible for developing their staff and must ensure that all new staff have a thorough induction.
- All staff must receive an appraisal, called a Personal Growth and Performance Review (PGPR).
- Managers should consider the offer of the Social Work Academy in terms of growth, development and career opportunities and liaise appropriately when there are identified needs and the Academy is able to support a practitioner's learning and development.
- Managers will ensure that they follow the Council's guidance in terms of staff absence and improving employee performance, so that practitioners have the appropriate support in place. Absences need to be recorded on Oracle and any meetings in relation to supporting practitioners need to have SMART objectives and clear recordings of what is being done in regards to support.

Recording

All individual supervision sessions will be recorded in two ways. Whilst the format is not rigid, for all individual children or young people have been discussed supervision recordings should demonstrate:

- Review of previously agreed actions;
- Critical reflection, analysis and challenge (incorporating what we're worried about and what's working well);
- The child's voice and understanding of their lived experience;
- Progress made against the plan, including direction of risk;
- Management direction, decisions and actions to drive the plan forward (incorporating what needs to happen), including timescales for completion.

This should be recorded by the Supervisor on the child's record in Liquidlogic. Supervisors are required to ensure that all cases are subject to their regular oversight and thoroughly discussed at a minimum frequency of bi-monthly. Those children who are identified as particularly vulnerable should be discussed at least monthly and professional judgement will be required to determine which children and young people fall within this cohort. Supervisees and supervisors will also need to be alert to changes in vulnerability that will increase the need for more frequent supervision.

This is the guidance on case supervision recording extracted from the supervision policy which can be found on Tri-X



SUPERVISION

Providing high quality supervision is at the heart of Hull's improvement to high quality professional practice and to improve the outcomes for children and young people.

1) Supervision will be held regularly and will be uninterrupted. It will provide an opportunity for critical reflection and high level of scrutiny and challenge. Our supervision will help the social worker to manage complex and emotionally challenging situations that can arise when working with families.

2) Practitioners will receive supervision that helps to identify and address any issues in relation to their health, wellbeing and performance at an early stage to support professional development.

3) Supervision will encompass wellbeing, professional development and standards, and casework supervision to ensure practitioners are supported in all areas of their personal and professional development.

4) Practitioners will receive supervision that is relational based and promotes equality, diversity and anti-oppressive practice.

5) Supervision will always be tailored to the individual needs of the practitioner and conducted in a way that reflects their personal and professional development needs, considers their learning style preferences and gives them the best opportunity to grow.

6) Signs of Safety terminology will always be used within case supervision to further embed the terminology within our practice and to promote case mapping as familiar language in our case discussions.

7) Peer supervision is embedded in practice to reflect the Continuous Professional Development requirements of Social Work England and to allow our practitioners to grow and learn from each other's expertise and experiences.

8) Case Supervision should always reflect on the progression of children's plans and consider previous actions.

9) Management Oversight, supervision and decision making is always timely, clear and transparent

10) Supervision will always consider risk and the safeguarding of the child.

11) Management oversight will review the quality of information sharing, decision making and application of threshold and will be held at regular interviews, including monthly intervals for cases within the Public Law Outline (PLO).

12) Management oversight must consider the child's voice and lived experience and will reflect the child's circumstances ensuring that the safety planning and contingency planning has been 'done with,' rather than 'done to' families.

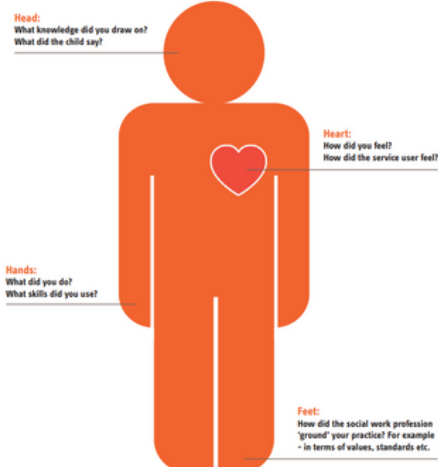
13) There will always be management oversight when critical events impacting a child's plan , or events impacting a child's safety or daily lived experience take place.

14) Decision making for each child will be reflective and proportionate to the circumstances of what is happening in a child's life. Any action taken will be realistic and set to SMART objectives.

15) Management oversight on the circumstances surrounding each child or young person's lived experience will provide challenge and scrutiny to ensure the appropriate support is being put in place within realistic timescales.

16) There will be regular oversight from senior management on the consistency, timeliness and quality of case supervision to ensure high quality support and intervention is being provided for children and their families.

Head, heart, hands and feet



There is a range of reflective supervision tools and resources available within your Research in Practice account which are accessible to all practitioners.

The Siobhan Maclean 'Head, Hearts, Hand and Feet' and Kolb Cycle of Experiential Learning both feature in the 'RIP Reflective supervision resource pack'.

The practice cycle and supervision cycle based on the Kolb cycle



17) Management decision making will always be shared with Senior Management within the relevant panels, (such as CIN, CP, LGP and Best Practice Forum) to ensure management at all relevant tiers can see critical decision making and rationale for action taken in the best interests of children and their families.

19) Appreciative Inquiries will be regularly utilised to develop our workforce and celebrate practitioner's success and growth in their practice.

Diagram of what Case Supervision should encompass:

The risk and the safeguarding of the child will always be paramount

The quality of information sharing, decision making and application of threshold.

Managers will regularly and routinely review casework and this will be evident within children's records

Any oversight will clearly reflect the child's circumstances including the review of safety and contingency planning

Management decision making will be proportionate to the circumstances of what is going on in a child's life.

Decision making will be realistic and will include tangible and achievable actions and timescales to ensure the best outcome is achieved

Management decision making will always be SMART, to ensure action can be taken in the best interests of children and families.

Management oversight will be evidence informed and will always include analysis to support the child's voice and lived experience

Oversight will be visible at the point of critical events within a child's plan on situations that impact upon the child's safety lived experience

APPRECIATIVE INQUIRY PROMPTS - E.A.R.S

Elicit

- What have you done recently in your practice that you are proud of?
- Can you tell me one thing that is a little bit better for this child because of something you did since we last spoke?
- Tell me something you have done recently in your work where you have gone the extra mile?

Amplify

- What Who did what, where and when
- What happened that made this piece of work important?
- What made this different? How did you make this happen?
- What else did you do?
- Who else was involved? How did they help to build this success?
- What would supervisor/ child/parent/judge or anyone else who was involved) say you did to contribute to achieving these outcomes?
- How did you know what you were doing was working?

Reflect

- When you think about this piece of work what was the most important thing you learnt?
- What is the thing you feel proudest about in this situation?
- On a scale of 0 – 10 where would you rate this practice (0 being 'It was my worst effort ever' and 10 being 'It's as good as I can do'). Why would you scale that?
- What meaning has this piece of work brought to your practice?

Start Over

- Begin the process again and ask more questions about the child/event/theme.

When the enquiry is finished, feedback to the interviewee what you liked about what they had done. Use the strengths gained from the appreciative enquiry to develop next steps in regards to learning and development.



Practice Expectations

- Regular Supervision is a requirement of Hull City Council's children's social care. This is defined as the following:

1) Newly qualified social workers in their ASYE year will have weekly supervision for the first 6 weeks, weekly then fortnightly until their 6 month point. It will take place as a minimum of monthly for the remainder of their first year.

2) Social workers who have undertaken a major change of role in transferring to a different team and practitioners returning to work following a career break or other long term absence will have supervision fortnightly for the first 3 months of their return and then a minimum of monthly thereafter.

3) Supervision will be held at a minimum of once per month for other practitioners.

- The frequency of supervision sessions will also be determined by the level of experience and the complexity of the work being undertaken. Additionally, supervision for practitioners involved in Initial assessments may need to be more frequent due to the regular changes in complexity. There should be a clear record when this is required.
- Supervision must discuss the outcome of any quality assurance that has been undertaken in respect of a child's record. Reflection on learning, celebration of achievements and plans for service improvement should always be included when appropriate.
- Any actions that have been identified from an audit should be completed within the timescales set. If this is not possible, managers need to seek advice and support at the earliest opportunity.
- There should always be a mutually drafted supervision agreement in place that is reviewed on an annual basis. This should demonstrate how supervision will encompass wellbeing, professional development and standards, and casework supervision for the individual practitioner.
- Following supervision there should always be a supervision record that is available to both parties within 5 working days. Case Supervision should be recorded on the child's record within 5 working days of the supervision. Issues not relating to children should be recorded in the relevant section of the practitioner's Oracle record.
- A supervision episode should be recorded on Liquid Logic in respect of each child open to the supervisee at a minimum of every 2 months, this is a minimum and each child should be considered on an individual basis when agreeing the frequency of supervision. See table at page 19.
- Children and young people supported by child protection planning and Public Law Outline, supervision needs to take place monthly. The Team Manager should always consider risk and safeguarding of the child when considering the frequency of their oversight.
- Other forms of supervision such as Reflective Case Discussions, Signs of Safety mapping, peer supervision and appreciative inquiry should be recorded on the child's file when discussion has been held in respect of that child.
- A formal observation of practice should be undertaken and recorded in supervision twice a year and inform the supervisee's Personal Growth and Performance Record.
- Practitioners need to have undertaken an annual peer reflection to meet their CPD requirements for Social Work England. Supervisors are responsible for promoting opportunities for this to take place within their individual team.
- It is the responsibility of each practitioner to be accountable for their own conduct, development and delivery of a high quality service. This includes being prepared for supervision, bringing evidence of progress, and seeking appropriate assistance when needed and using a range of learning opportunities.
- Supervision should include analysis from DASH performance data and Liquid Logic in terms of a social worker's performance.
- Supervision for children who are receiving short breaks will take place with the practitioner at a minimum of Bi-monthly.
- Supervision for children receiving short breaks through LAFFS, disability payments under the early help Framework will receive supervision as a minimum of every 3 months.



Personal supervision	Monthly
Allocation and assessment period	Allocation discussion and supervision undertaken prior to transfer
CIN	Bimonthly
CIN 10+	Monthly
CP	Monthly
PLO	Monthly
Secure/DoLs (safeguarding)	Monthly
Children in care	Bimonthly
Children Looked After who are parents	Monthly
Children with a disability: end of life care	Monthly
Unregulated PWP with temporary approval	Monthly
Secure Accommodation	Monthly
LAFFS, disability payments under the early help framework	Bimonthly
Foster Carers	Monthly

PERSONAL GROWTH AND PERFORMANCE

Learning is a requirement of Social Work England's registration and a Core Value for Hull City Council's Social Workers to ensure that our children and families have practitioners who grow thorough all stages of their journey.

- 1) Learning is seen as a core value for practitioners in all areas of their progression. Practitioners are nurtured to help them grow and be the best they can be when supporting our children and families.
- 2) The individual learning and development needs of our practitioners is reflected within their team and service plans so that everyone learns from each other and the services we provide to children and families are enriched as a whole.
- 3) Personal Growth and Performance Reviews are promoted for all our practitioners, and there is a tailored approach to supporting our workers to grow and develop in their roles that is regularly reviewed.
- 4) We will gain the voice of children and families in relation to staff appraisal so we know what they are worried about, what they think is working well and what they think we can do better, to ensure we are developing our services to the needs of those we support.
- 5) Learning and Development opportunities are tailored in respect of the identified needs of our workforce to allow practitioners to grow and develop in an environment that enriches their practice.
- 6) Learning and Development is fluid and does not only encompass formal training. Social Workers are supported in their development through a multitude of formats including mentoring, bespoke workshops and tailored one-to-one and team support sessions through the Social Work Academy.

PLEASE REFER TO OUR PGPR PRINCIPALS THAT ARE ON DISPLAY IN OUR OFFICES AND ON THE ACADEMY SHAREPOINT

[illegible][illegible][illegible]



Practice Expectations

- Employee development is part of our pledge to invest in people. It is therefore mandatory that one-to-one supervision meetings and the Personal Growth and Performance Review (PGPR) meetings take place and are recorded.
- Oracle needs to be updated with the date of the review and a check will be made to ensure all employees have a record of a review. The timing of the annual review (appraisal) is between October and November each year, to allow for any learning required to be reflected in the annual learning plan.
- PGPR sessions will formally note achievements in the past six months and record any actions needed to address learning and development needs identified during ongoing supervision and case discussions. The PGPR will set goals for the coming six months.
- As part of preparation for the PGPR session, the manager will directly observe the practice of the member of staff (on a home visit where appropriate) and will provide constructive feedback and record this on the PGPR documentation at a minimum of 3 direct observations per year.
- In preparation for the PGPR, the member of staff will complete the self-assessment tool, including evidence about their role, and how it relates to the relevant Knowledge and Skills Statements.
- As part of preparation for this appraisal the manager will seek feedback from children and families. This feedback will be recorded on the appraisal and inform development goals.
- The social worker will also have a duty to complete CPD for Social Work England. A peer reflection is required and will take place at a minimum of once per year in accordance with the standard. There are various ways a peer reflection can be undertaken including observed practice. Please refer to the Social Work England Website for requirements.
- The Care Review has noted the importance of supporting and growing the leadership pipe line. We will continue to invest in the existing leadership programmes at every level. Hull will introduce their own Aspirant Leadership Programme and this will be linked to PGPR.

PGPR Format questions extracted from the PGPR record which can be found on the intranet

PGPR Meeting Format

- What has been achieved in the last 6 months? What has gone well?
- What could have been done better/differently or has not been achieved during the last 6 months?
What has not gone well?
- What are the objectives/personal growth activities for the next 6-12 months? How will these be supported/delivered?
- What are your career plans for the future?
- In order to achieve personal growth, what does the employee need to stop doing / start doing / continue doing?
- In order to achieve personal growth, what does the manager need to stop doing / start doing / continue doing?
- What development has been identified for the coming year to enable the employee to gain personal growth, to do their job better and help them fulfil their broader career aspirations?

EARLY HELP AND SAFEGUARDING HUB - CONTACT, REFERRAL AND NEXT STEPS

A timely response is crucial to ensuring children's safety and wellbeing.

Right Support, Right Time, Right Place

1) Early Help is a way of thinking and working together between services with families who have additional, multiple or complex needs. We are all Early Help. Early Help is not a service. Anyone working with children or families is part of Early Help at the point the need for extra help and support is identified. The wellbeing of children, young people and families is everyone's responsibility. Early Help is simply the collection of all services available in Hull and how they work together with families when there are additional or more complex needs before the need for children's social care (CSC) and safeguarding procedures. (Guidance is held separately for Early Help)

2) When an initial contact is received, children and their families can expect a prompt response to ensure any worries are dealt with, and their needs met in a timely manner. This will always be done in the interests of the child and family as to whether support is required or the child and family need information or advice inclusive of signposting to other agencies.

3) We will always work in partnership with the professionals and agencies involved with the family to inform decision making and gain a full picture of what life is like for children and young people.

4) Consent is a paramount consideration within EHASH, and the permission from parents and carers and young people (when appropriate) will always be sought to share information when this does not increase the risk to a child or young person. Consent can be dispensed with if seeking it places the child at risk of significant harm, or if it is refused and the child is at risk of significant harm.

5) Referrals will be considered with a critical eye, looking both at the things we are worried about, but also what is working well for a family, to inform our decision making and ensure the appropriate support can be offered to children and their families.

6) Analysis and decision making on referrals will always be evidence based, and practitioners will consider the Threshold of Needs in relation to all referrals to ensure the most appropriate support is provided by the right service in a timely manner.

7) The Signs of Safety 7 sub analysis categories (see diagram below) will always be used as a mapping assessment tool by social workers in EHASH when gathering information to help them to make the best decisions on what needs to happen.

8) Social workers in Ehash will always consider complicating factors that make situations for children, young people and their families harder to deal with, and will always have courageous conversations and apply professional curiosity by considering the wide range of issues that children, young people and their families may be dealing with (see below).

Complicating factors could be..

- Poverty
- Child Exploitation
- Drug/Alcohol Use
- Disability
- Neglect
- Physically dependant on others
- Young Carers
- Social Isolation
- Asylum Seeker and Refugee Status



THE SIGNS OF SAFETY 7 SUB ANALYSIS CATEGORIES

What are we worried about	What's working well	What needs to happen
<p>Harm (Evidence/info about what has happened)</p> <ul style="list-style-type: none"> • Behaviours (<u>adult and/or teenagers risk taking behaviour</u>) that has been harmful / damaging to the child. • Chronicity – When did it start? When was the last time? How often? • Severity – What is the worst behaviour you have seen? What is the worst impact on the child? • Impact on the child – how the harmful behaviour has effected the child? <p>Danger Statements (Future risk to the child)</p> <ul style="list-style-type: none"> • Who is worried? • What has happened already to make them worried? <p>What do we think will happen if nothing changes?</p> <p>Complicating factors (Evidence /info about what has happened)</p> <ul style="list-style-type: none"> • Who or what is making this problem harder to deal with? 	<p>Safety (Evidence/ info about what has happened)</p> <ul style="list-style-type: none"> • The danger was present = Tested • Something/ someone kept the child safe = Proven <p>Strengths (Evidence/ info about what has happened)</p> <ul style="list-style-type: none"> • Things that people have been doing to try and get the worries sorted out. • Who has been helping? <p><i>This column is the one you use to develop the safety plan</i> <i>Safety plans are behavioural not services</i> <i>From examples of existing safety you identify good and build on that to do more of it or something else that adds value.</i></p>	<p>Safety Goals</p> <p>What will the day to day life of this child need to look like for us not to be worried?</p> <p>Should describe mostly behavioural changes.</p> <p>Next Steps</p> <p>What needs to happen next to get these worries sorted out?</p>
<p>Scaling Question (provides Judgement about level of risk- safety)</p> <p>On a scale of 0-10 where 10 means the child/ teen is safe enough and we are confident that the family network can consistently protect them and meet their needs and zero means that the child is not safe and the family network are unable to consistently protect the child from harm and meet their needs where would you score things at this time?</p> <p>Let each person in the support network score including what does the child say?</p>		



Practice Expectations

Contact and referrals

- As indicated in the standards, consent should be gained whenever possible and appropriate by the parents or carers who hold parental responsibility for the child or young person in question. When gaining consent could increase the risk to a child or young person, or consent is refused and not overriding could place the child at further harm, a discussion should always take place with a team manager who will make the decision for consent to be dispensed with, and will record this within the referral.
- The EHASH Social Worker will consult with the Team Manager and a decision will be made (and recorded) on how to respond to the initial contact within a minimum of one working day. The decision to accept a referral is made by the Team Manager (see note above).
- For each referral made to EHASH the following protocol should be followed as directed within the Tri-X guidance;
 1. A discussion with the referrer should take place;
 2. There should be consideration of any existing Liquidlogic records to establish whether the family is previously known, including whether the child is the subject of a Child Protection Plan, or a Child Looked After;
 3. The referral should involve other agencies as necessary.
- Each referral should use the 7 sub-analysis category tool and should establish:
 1. The nature of the concerns;
 2. How and why they have arisen;
 3. What appear to be the needs of the child and family;
 4. Whether the concern involves Significant Harm;
 5. Whether there is any need for urgent action to protect the child or any children in the household.
- Decision making should always be evidence-based and clearly distinguish between fact and professional opinion in the way that it has been recorded.
- When a formal referral is made to children's social care, the social worker dealing with the referral should send a letter to the referrer informing them of the outcome of the decision making. This might include: progress to further assessment; no further action on the part of children's social care; or contain information about recommendations.
- Non-professional referrers will be informed of the outcome consistent with respecting the confidentiality of the child and family concerned.

Strategy Discussions

- Whenever there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm there should be a strategy discussion/meeting. A strategy discussion may take place following a referral or at any other time. The timing of the strategy discussion will depend on the nature and urgency of the referral but should take place as soon as possible after receipt of the referral / decision that there is reasonable cause to suspect significant harm.
- The initial strategy discussion takes place between the designated co-decision makers. In children's social care this is the team manager (or above) and in the police this is the Vulnerability Hub detective inspector or detective sergeant. Health professionals should ALWAYS be consulted. Other agencies working with the child or family should always be considered and involved as appropriate.
- More than one strategy discussion or meeting may be required. These can take the form of a multi agency meeting or phone call. More than one discussion may be necessary. Team managers are to chair all strategy meetings. In certain situations Conference Chairs or Independent Reviewing Officers (IRO) may be required to chair a strategy discussion when it is in the best interests of the child.
- Out of hours strategy discussions ONLY include EDT and the Police. The allocated social worker, or any social worker who is working with the child or family are responsible for sharing details of the strategy discussion with other professionals within the next working day and need to record on liquidlogic within a case note that they have done so.

Strategy Discussions (Continued)

- If an allegation is made against any person who is suspected to have placed a child at risk of significant harm, they should always be notified of this. The decision as to what information will be shared, and who will share it, with the alleged perpetrator will always be agreed in the strategy discussion and recorded within the minutes.
- If there is suspicion that a crime may have been committed including sexual or physical assault or neglect of the child, the police must be notified immediately. A strategy discussion will take place between the police and children's social care designated decision makers and a health representative as a minimum. It should also include other involved professionals with information and insight to the child and family. For example Education, DAP. Renew and Probation. In children's social care it is the Team Manager who consults with police/commences section 47 enquiries
- If a strategy meeting takes place, a recording of all the discussions including the decisions and recommendations made, should be circulated by the chair within one working day to all parties to the discussion.
- If a strategy meeting involves an allegation against a professional, carer or volunteer, the record of strategy Meeting - professionals/carers/volunteers record is used.
- The outcome of a strategy discussion and details of any further actions (such as whether an achieving best evidence interview is required) should also be recorded, as part of the strategy discussion and section 47 enquiry.
- The one page principles for achieving best evidence (see page following practice expectations) should be read in conjunction with these standards and adhered to whenever an ABE interview is required.
- Where there is a risk to the life of a child or a likelihood of serious immediate harm the team manager should act quickly to secure the immediate safety of the child.
- Professional referrers should always be informed about what action is to be taken by children's social care, including if no action is to be taken and the reasons why. Feedback on the outcome of the Referral should also be provided to non-professional referrers in a manner consistent with respecting the confidentiality of the child
- Good communication between professionals is one of the essential features of effective safeguarding and is the responsibility of all professionals working with children and families.

section 47 Enquiries

- If it is decided to initiate section 47 enquiries, then the team manager should create the appropriate records on Liquidlogic in accordance with the Tri-X Guidance.
- Where a section 47 enquiry is being conducted as part of the children's social care assessment and the parents or child withdraw their cooperation or move away, the assessment cannot be considered to have been completed unless the team manager is satisfied that arrangements are in place to safeguard the child concerned. The response may include:
 1. Seeking legal advice about the need for an emergency protection order or child assessment order;
 2. Negotiation with the local authority into whose area the family has moved.
- A section 47 enquiry should be carried out through completion of a children's social care assessment. children's social care has the lead responsibility for completion of the assessment under section 47 of the Children Act 1989. When joint enquiries take place the police have the lead for the criminal investigation.
- The social worker, when conducting a section 47 enquiry, must assess the potential needs and safety of any other child in the household of the child in question. In addition, section 47 enquiries may be required concerning any children in other households with whom the alleged abuser may have contact.
- In determining who should be involved in a section 47 enquiry, consideration should include with whom the family is most likely to cooperate, and whether there are any risks. In all situations where there is a known propensity to violence within the family household, consideration should be given to the strategy to be adopted, with police advice/assistance if appropriate, about how to reduce the risks before any visits take place.

section 47 Enquiries (Continued)

Voice of the child:

- Children are key sources of information about what has happened to them. Records of what children have shared should be accurate and complete to assist with their safeguarding and in relation to any police action as a result of a crime. Social workers should be mindful that all discussions with children are conducted in a way that minimises distress and maximises the likelihood that they will provide accurate and complete information.
- The child's wishes and feelings should be ascertained and regard given to their age and understanding. The child must always be seen and communicated with alone in the course of a section 47 enquiry by the lead social worker, unless it is contrary to his or her interests to do so.
- Dependent on the age and understanding of the child, the child should be provided with the information leaflet "Understanding child protection procedures - the enquiry - a child or young person's guide" and the enquiry team should ensure that the child understands the contents and the processes involved. The child can also be offered an advocate.

Meetings and Recordings

- The Liquidlogic record for the child should set out the dates on which the child was seen by the social worker during the course of the enquiries, if they were seen alone, and if not, who was present and why.
- The strategy discussion / meeting will include a plan for how the enquiry should be carried out including how the child and family will be interviewed and for what purposes and by whom. E.g. whether the child's interview will be recorded on DVD and by whom; and whether information supports the need for the child to be medically examined.

Consent

- The consent of an adult with parental responsibility should always be sought prior to interviewing a child, only rarely should this consent be dispensed with, for example:
 1. If the child is of sufficient age and understanding to give informed consent and does not wish the parent to know the interview is to take place;
 2. If seeking the consent of the person(s) with parental responsibility would place the child at further risk of significant harm e.g. the child may be intimidated or threatened etc.; or
 3. If the situation is of an emergency nature and no-one with parental responsibility can be located in time.
- The decision not to seek parental consent should be taken only by the co-decision makers from children's social care and police and should be recorded, with reasons.
- If parental consent is sought and refused, the social worker should inform their team manager immediately. The co-decision makers must discuss and review whether there is a need to apply to the court for either an emergency protection order or child assessment order to continue the enquiries. The decision whether to apply for either of these orders is made by the group manager with approval from the head of service.

Partnership Working

- children's social care are always the lead agency undertaking a children's social care assessment but there is a statutory duty on health, education and other agencies to help the local authority in carrying out its social services functions under Part 3 of the Children Act 1989 and in undertaking section 47 enquiries.

section 47 Enquiries (Continued)

Outcomes of a section 47 enquiry

- At the conclusion of the enquiry, the social worker should collate the following information for discussion with the team manager:
 - All information collated during the children's social care assessment to date;
 - Detail of the allegation of harm / suspected harm;
 - Content of interview with the child;
 - Outcome of the medical examination of the child, if carried out;
 - Wishes and feelings of the child;
 - Content of any interview / meeting with the parents or carers;
 - Content of any interview with significant others e.g. other family members, other agencies;
 - Whereabouts of alleged perpetrator.
- Following the discussion, the team manager will consult with the police co-decision maker, to conclude the section 47 enquiry and decide whether there is a need for any further action to be taken and the reason for that further action. Further action may include:
 1. Further action by children's social care only;
 2. Further action by another organisation only;
 3. Further action by police and children's social care;
 4. Further action by police only;
 5. No further action.

Reasons include:

1. Criminal investigation and child / young person in need;
 2. Criminal investigation only;
 3. Concerns not substantiated;
 4. Concerns are substantiated and the child / young person is judged to be continuing to, or be likely to suffer significant harm.
- The team manager should record this final discussion with the police co-decision maker on section 47 enquiry record. The outcome of the section 47 enquiry is also logged in the children's social care assessment (for section 47 enquiry) record, which is then shared with the parents.

Unsubstantiated Concerns

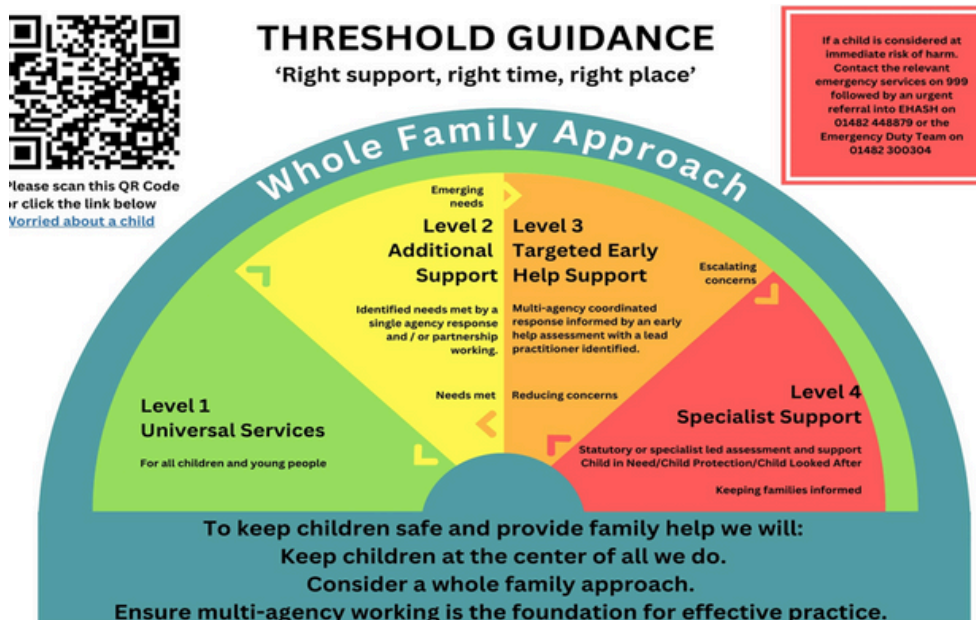
- In circumstances where child protection concerns are not substantiated, the social worker who has been part of the team undertaking the enquiry informs the family of this as soon as possible. This is usually done in a visit by the social worker to the family, though sometimes it is appropriate for the team manager to write to the family to confirm this. The family and child (given age and understanding) should be given a copy of the children's social care assessment (for section 47 enquiry) which includes the outcome of section 47 enquiry section at the end.
- The feedback to families should acknowledge the distress which may have been caused but also explain the statutory duty on children's social care to investigate allegations of harm to a child. Consideration should be given to the child and/or family's needs for further support or counselling and appropriate information given for sources of help.
- Where concerns are not substantiated the child may be a child in need and further support and services may be offered under section 17 of the Children Act 1989. In this case a child in need plan should be developed from the recommendations of the children's social care assessment and the process for the planning and review for a child in need should be followed.
- If the enquiries have revealed that there are no causes for concern, then no further action will be taken and the family may be signposted to another agency if appropriate.
- The person who made the referral and any agencies working with the family should be informed of the outcome by the social worker or the team manager.

Concerns are substantiated and the child is judged to be continuing to, or be likely to suffer significant harm

- Where agencies judge that a child may continue to suffer, or to be at risk of suffering, significant harm, children's social care should convene a child protection conference. The request to convene the conference must be decided by the team manager, and discussed with an Independent Reviewing Officer. Wherever possible, the initial child protection conference (ICPC) should take place within 15 working days of the strategy discussion, or the strategy discussion decided to initiate the section 47 enquiries if more than one has been held. However, the timing of the ICPC should reflect the balance between allowing time for adequate identification of the child's needs and circumstances, ensuring that all relevant agencies are able to attend and at the same time avoiding drift. It is recognised that this is not always possible within 15 days in which case it should take place as soon as possible afterwards and the delay should be authorised together with the rationale by a team manager.
- The aim of the conference is to enable those professionals most involved with the child and family, and the family themselves, to assess all relevant information and plan how to safeguard the child and promote his or her welfare
- If an ICPC is arranged, the social worker should send the children's social care Assessment report, as far as it is completed at that point. It should set out and analyse what is known about the child and family and the local authority's recommendation. It may be that there is further work to be undertaken to complete the in-depth children's social care assessment which (given the 45 day timescale) may need to be completed after the ICPC. The report **MUST** be shared with parents/carers and the Case Conference Chair at least 3 days before the ICPC
- Where immediate protective action is required, the advice of Legal Services should be sought.

Information gathering for the section 47 Enquiry and Children's Social Care Assessment






- Throughout the assessment the focus must remain on the child, it helps to think about these key questions:
 - 1.What is likely to happen if nothing changes in the child's current situation?
 - 2.What are the likely consequences for the child?
- The children's social care Assessment should be undertaken by the social worker. The team manager should authorise the assessment.
- The section 47 enquiry record is also completed and closed by the team manager at the end of the section 47 enquiry.



ABE Interviews

- When it is established an ABE interview will take place, discussion should take place as to who should be the lead interviewer. This will most likely be the police unless there are exceptional circumstances. Careful consideration needs to be made to ensure this is the best and most qualified. Only ABE qualified social workers are to conduct ABE interviews in either the first or second interviewer role.
- When a child or young person makes an allegation, the person whom the child has made the allegation to should be careful not to ask leading questions when they are seen, and that an free dialogue takes place. This needs to be listened to actively and allow the child to speak freely without interruptions or leading questions and the information recorded verbatim. The child should not be asked to constantly repeat the allegation they have made. The information is then recorded and immediately rang in to the EHASH Team if the child is not open to a social worker already.
- Any written notes need to be kept. They also need to be written up and recorded within 24 hours on the child's file. The child should not have the social worker visit them to discuss the allegation the child is making at this point.
- When a Joint section 47 investigation is agreed between children's social care and the police, all notes from the investigation are to be recorded accurately and within 24 hours and shared with all professionals.
- Detailed planning should take place between the investigating officer and social worker. The Victim/Witness Pre Interview Booklet should be used (available from the police) and workers should consider the ABE Pre interview checklist and to determine the objectives and techniques required to achieve best evidence and the police points to prove. The name, age and individual needs of the child need to be established. Discussion should plan the child's enhanced rights and as to whether an intermediary or advocate is required to meet the child's needs. Consideration should be given for other speech and language needs such as an Interpreter or any other communication aids needed to be used to allow the child to explain. The child's attention span and the need for breaks should also be considered.
- Consent from the child and parent needs to be gained for the interview to proceed. The child's ability to give consent needs to be assessed by the social worker, police or intermediary if necessary. A parent may withhold consent for the ABE interview and a court order may need to be obtained. Parents and carers can be informed that there has been an allegation made by a child but no further information should be shared. They need to have enough information to decide if they are consenting to an ABE video or not. In exceptional circumstances a child can be interviewed without the knowledge of the parent/carer if they are being threatened or if the child is competent to make the decision to not have their parent/ carer involved.
- An explanation should be given to the child of what doing an interview will look like and what the day may look like for them to support any worries or anxieties they may have. The child needs to understand that they may have to go to court to answer further questions in the future, but if that happens they will be offered help and support.

Our Ambition- Hull's Bottom Lines

-  The investigation of child abuse is a crucial stage in protecting children, therefore practitioners involved in joint Child Protection investigations **MUST** be trained in accordance with Best Practice, detailed in the ABE Guidance.
-  All social worker, team managers and practitioners in Hull to receive quality training in terms of ABE **before** undertaking any ABE interview with a child. Training accessible on OLM accredited by Humberside Police.
-  We want all team managers to have a understanding of the ABE Principles and The Cleveland Enquiry, so that children get the very best service.
-  We want all social workers to deliver impactful interventions that increase safety and reduce harm.
-  We want our practitioners to feel confidence when giving evidence and our submissions to the Court to be balanced and evidence is not contaminate due to failure to adhere to the ABE Guidance.

Allegation 'v' Disclosure

- The Cleveland Report forms Achieving Best Evidence:
- **Disclosure-** Only when proved to be true or accepted as truth- Using Disclosure is saying that you are starting at a point of where you assume abuse has occurred.
- **Allegation-** Despite your personal beliefs you are showing you are prepared to consider all the evidence before you give your view.



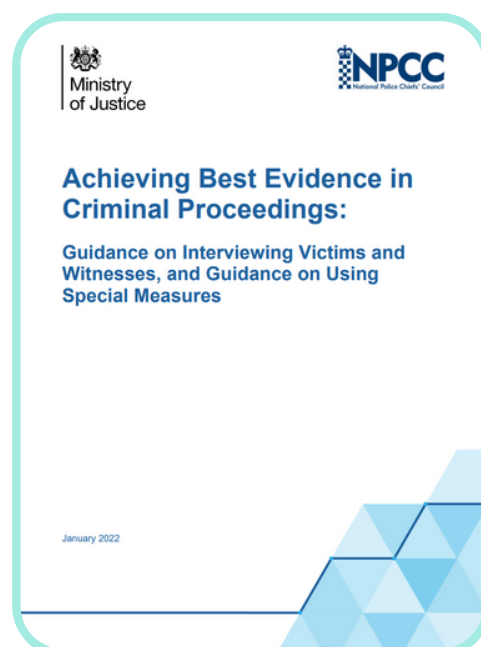
ABE Interviews

- Conducting an interview with a child is a phased approach and the time needed depends on the child, age, development and individual needs. The phases are:
 1. Establishing rapport- Ground rules for the interview must be established, exploring the child's understanding of truth and lies.
 2. Free narrative recall- Open ended questions are to be used- 'tell me all you know about...' Prompts can be used but only to discuss the information already shared.
 3. Asking questions- Open ended, specific, closed, forced choice question and leading questions can be used at this stage, but the best evidence is obtained from encouraging the child's narrative through open ended and specific questions. Social workers should try to use the 'TED' approach wherever possible using open questions. **Tell - Explain - Describe.** Open questions allow for the child to expand on what they have already said. For example, 'so you said that your daddy hit you, tell me more about that?'.
 4. Closing interview- This always must take place and the evidential part will be checked with the child in their own words, not a summary by the first interviewer. Check with the second interviewer if there is anything further that needs to be asked or anything that has been missed. Praise or congratulations should not be given to the child/ young person for doing the interview, but they should leave in a positive state of mind.
 5. Evaluate- The investigating officer and social worker should ensure that the objectives have been achieved from the plan, and whether the legal points were proven and discuss next steps.
- The after-effects of the situation on the child and on the carers of the child- support needs to be offered. Parent/ carers need to be advised on what is going to happen next, School need to know what has happened and support for the child and any other relevant professionals and support they can offer the child.
- All hand-written notes should be retained and interview planning recorded. Full notes on preparing the child for interview, and the comprehensive written notes should be kept by the second interviewer during the interview with the time, date, page numbers, people present and what was said. This is to be recorded along with the 3 copies of the ABE interview kept securely by the police after the interview. A team manager must authorise ALL DECISION MAKING and end the section 47 investigation. The voice of the child needs to be heard in these recordings. All specialist reports will be recorded as part of the investigation and recorded on the child file and shared with the relevant professionals.

Achieving Best Evidence in Criminal Proceedings was updated by the ministry of justice in January 2022 and should be read in conjunction with the standards.



Remember
TED
 T - Tell
 E - Explain
 D - Describe



Our Principles

Achieving Best Evidence

"Think Children, think Young People & Families"

ABE interviews should be led by the police and only social workers who are ABE trained should be the secondary interviewer. In exceptional circumstances it may be relevant for the social worker to lead the interview, but this should be discussed with the police, team manager and clear planning to have taken place around this.

When a child has made an allegation, there should be no leading questions asked of them and they should be encouraged to have a free narrative. Any notes made of an allegation should be retained and scanned on the system.

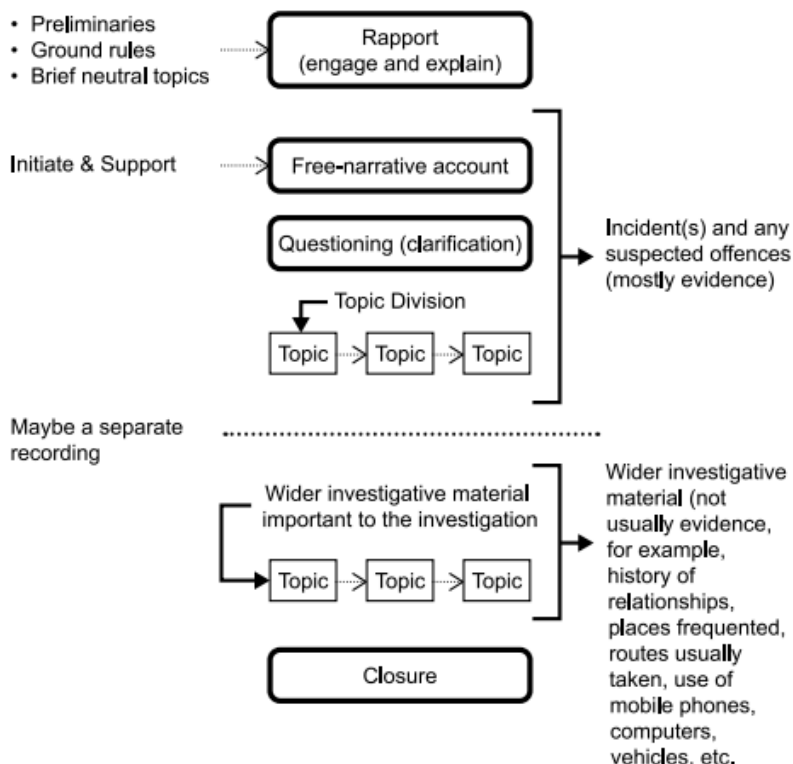


Rapport: Social workers and the police should establish rapport with the child/young person and be really clear about what is going to happen within an ABE interview, what the interview suite looks like and make any necessary adjustments to meet the child's needs by using the victim/witness assessment

Best practice mandates that the Victim/Witness Assessment should be used in the pre-interview planning for all children and young people. The police should provide a copy and social workers should request one when this has not been made available.

Interview structure from ABE (2022)

Figure 3.1: Typical interview structure



Consent is a legal requirement and the consent of the child/young person as well as the parents/carers of the child should be sought in every circumstance. An ABE interview cannot go ahead without parental consent, and a court order may be required if parent/carer does not give consent for the interview to take place.

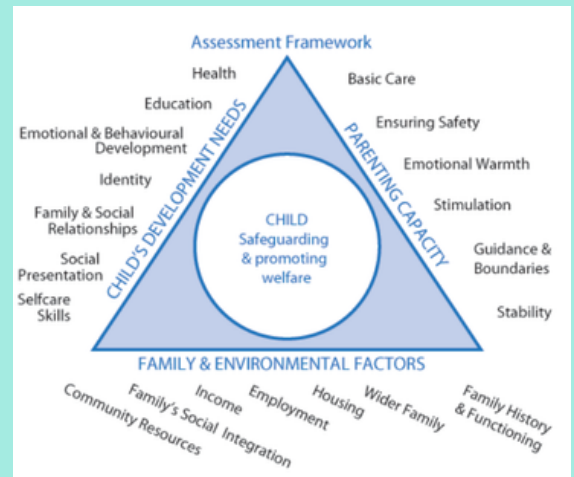
Post Interview support should be considered for the child/young person and their family following an ABE interview taking place. The child and their family should know what is going to happen next and be kept up to date in relation to any investigation.

ASSESSMENT

All of our assessments will be inclusive and explore every area of a child or young person's life and be a clear and true reflection of their lived experience.

1) We will use the Signs of Safety model to help guide our assessments, working with the appropriate pathway within the signs of safety model.

Assessment Type	What are we worried about?			What's working well?		What needs to happen?	
	Past	Future	Complicating Factors	Existing Strengths	Existing Solutions	Goals	Next Steps
Signs of Wellbeing	Wellbeing Concerns (past)	Critical Worries (future)	Complicating Factors	Existing Strengths	Existing Wellbeing	Wellbeing Goals	Next Steps
Signs of Safety	Harm	Danger	Complicating Factors	Existing Strengths	Existing Safety	Safety Goals	Next Steps
Signs of Belonging & Success	Worrying Behaviour (past)	Critical Worries (future)	Complicating Factors	Existing Strengths	Existing Success	Success Goals	Next Steps



2) Assessments will always be completed in partnership with parents and carers and consent gained prior to an assessment taking place wherever possible.

3) Children, young people and their families will be made aware of the reason for children's social care's involvement in regard to what we are worried about and how to address the worries. This will be evidenced by our danger/critical worries statements. They will also be aware of what we will be doing and what is likely to happen as a result, this will be evidenced by our next steps and safety and success goals.

4) An interim safety plan will always be created with the children/young person and their family at the earliest possible opportunity. This safety plan will include the family safety network and will detail who will do what to safeguard the child when the danger is present or support is needed. This will include practical steps as to who will care for the child in the event of an emergency or other situation which requires a child to be looked after by someone other than their main carer(s).

5) Assessments that have been initiated by a section 47 enquiry will clearly focus upon the significant harm a child is suffering or likely to suffer to determine whether protective action is required. This information will always be triangulated with partner agencies to ensure their views and information assist safety planning with next steps.

6) The views of children, young people and their extended family network will always be considered as a part of our assessments. We will work with the family to identify their safety network. This includes those that are absent from the home, such as absent parents, a family member in custody or hospital and anyone else significant to the family. The family safety network will be reviewed regularly.

7) Assessments will be holistic and consider all aspects of children and young people's lives and include Information from partner agencies. Multi agency working ensures a holistic picture is built.

8) Assessments will always be informed by an up to date chronology and genogram and always consider the family's history and the impact this has had on the child or young person's journey.

9) We will always consider all needs arising from race, gender, disability, ethnicity, language, sexuality, nationality or any specific cultural issue and ensure that the appropriate support is offered to address any inequality.

10) The child or young person's needs will always be kept at the centre of assessments and decision making and their experiences, wishes and feelings will be an accurate representation of their lived experience, allowing us to see life through their eyes.

11) Assessments will include the use of evidence-based tools and research specific to the needs of each family that we are assessing. We will maintain professional curiosity and seek advice from other professionals when a specialist response is needed. All assessments will be strengths based with an analysis of identified risks and existing safety. This analysis will assist in identifying what needs to happen as a part of the trajectory and planning to ensure the safety and well-being of the child or young person.

12) Children and young people will be seen alone (unless this is not appropriate) as well as in the presence of their parents/carers to gain their wishes and feelings. In respect of babies and non-verbal infants, observations of them and their attachments to their parents/carers should be included where they are awake and interacting with their carer.

13) All assessments will be written in a way that the families we are working with can understand. Appropriate steps will be taken when there are barriers to this (including advocacy and interpretation services). Words and pictures explanations will be used to ensure that the child/young person and their extended network have a clear understanding about the reasons why they have a social worker and the steps being taken to ensure children's safety and well-being.

14) The assessment will make clear recommendations about what needs to happen next to ensure the safety and well-being of a child. Plans and trajectories will be continually reviewed as part of an ongoing process. These will help families to understand what their social worker needs to see to no longer be worried about the child or young person and for their support to no longer be required.

15) When working with pregnant mothers the pre-birth pathway will be followed in line with our procedures. Pre-birth assessments will start at the earliest opportunity and must and be completed by week 32, unless the pregnancy has been concealed.

16) Where it is proposed that a child subject to a care order be placed with a parent or parents, an assessment of their suitability to care for the child will be carried out in line with Placement with Parent Regulations.

17) A Safe Lives DASH risk checklist will be considered where there are concerns around domestic abuse to evidence whether the risk is standard, medium or high. If it is high then a MARAC referral will be completed and a safety plan formulated with the family to ensure that children are safe when danger is present. Social Workers will always consider using the risk assessment toolkit when appropriate.

18) We will remain mindful of issues regarding the Mental Capacity Act for both parents and young people of age 16 and over and will consider the Deprivation of Liberty for all children and young people and will use the revised guidance around this.

19) All assessments will be reviewed and signed off by an appropriate team manager. Assessments will be reviewed at 20 days.

20) We will share verbally and give a copy of the assessment and plan to the parent/carer with parental responsibility. We will also share this with the child when appropriate, in a way in which they are able to understand, taking appropriate measures when someone has a learning need. We will always welcome feedback from the parent and carer regarding the assessment and will ensure that their views are clearly recorded on the child's record. We will inform professionals and relevant agencies on the outcome of the assessment and what will happen next. If the original referrer was a professional, we will send a letter confirming the outcome of the assessment.

21) We will consider the Mental Capacity Act (2005) for parents and children when assessing need. For those young people age 16 and over, we will consider deprivation of liberty safeguards (DOLS).



Practice Expectations

- For a newly allocated child or young person, they must be seen within five working days of the referral being completed under child in need. If this visit is under a section 47 enquiry, then it is good practice for the visit to be completed within 24 hours or in conjunction with what was agreed within the strategy meeting. Professional judgment should also be exercised. If this is not possible, a discussion will be held between the social worker and manager with the rationale and the next steps will be clearly recorded.
- Workers do not need to wait 45 working days to evidence how a child has been kept safe and assessments should be completed in accordance with managing the risk and developing the plan. The maximum timescale for completion is 45 working days, however it is expected that the social worker and team manager will review assessments at 10 working days.
- Assessments which progress to initial child protection conference through a section 47 enquiry must be undertaken within 15 working days.
- Social care assessments for children subject to child protection plans must be reviewed prior to each child protection review report provided for initial and review child protection conferences. These must be shared with family members three working days before the conference.
- Children who are looked after must have an assessment report completed prior to every review.
- In some situations, managers will set earlier deadlines.
- We will ensure that a new assessment is undertaken in relation to any significant event, such as:
 - A S47 enquiry being initiated
 - In preparation for a change in placement if a child is looked after
 - Prior to a child who is looked after returning home to family under placement with parent regulations
 - When an application to discharge a care order is being considered and/or a child is becoming accommodated under S20
 - When a child is subject to care proceedings or has become Looked After
 - A significant life changing event
 - When a manager considers this necessary
 - When a order is due to expire,
- Assessments must be completed every 12 months as a minimum for any child open to children's social care.
- The social worker will review the progress of the assessment with their team manager within 10 days of its start date. If the assessment exceeds 10 working days, then the team manager is responsible for adding their oversight to demonstrate the need for further time.
- An assessment will be undertaken when a supervision order is due to expire prior to the order review meeting. This assessment will inform future decision making about the need to make a further application for an extension to the order, or as to continued support for the child/young person and family and the social worker will book a consultation with their head of service prior to the expiry of the order who will then add a management oversight case note to the child's file.

For each child or young person we need to consider the characteristics of diversity that shapes their experience and are critical to the formation of identity. Diversity is multi-dimensional and includes race, disability, class, economic status, age, sexuality, gender, faith and belief, and the intersection of these and other characteristics. Don't leave this part blank or record 'no issues related to diversity or identity' - we all have issues related to diversity.

Consider a child and young persons characteristics do they make a child more or less vulnerable to harm. In thinking about self-identity how might the young person see, describe and define themselves. Consider how a child or young person might view their own identity within their very own specific context, e.g. as a member of a well-known local family, as a resident of a particular housing estate in Hull, or as child whose parent or sibling is in prison. We should be mindful of ascribed identity (the identity other people or society might impose on someone) and the impact of this, e.g. stereotyped characteristics of care experienced young people.

Have you fully considered diversity issues?

For each child or young person we need to consider the characteristics of diversity that shapes their experience and are critical to the formation of identity. Diversity is multi-dimensional and includes race, disability, class, economic status, age, sexuality, gender, faith and belief, and the intersection of these and other characteristics. Don't leave this part blank or record 'no issues related to diversity or identity' - we all have issues related to diversity.

Do these characteristics make a child more or less vulnerable to harm? In thinking about self-identity how might the young person see, describe and define themselves? Consider how a child or young person might view their own identity within their very own specific context, e.g. as a member of a well-known local family, as a resident of a particular housing estate in Hull, or as child whose parent or sibling is in prison? We should also be mindful of ascribed identity (the identity other people or society might impose on someone) and the impact of this, e.g. stereotyped characteristics of care experienced young people.



PLANNING AND REVIEW

Every Child and Young Person will have their own plan that sets out what is being done to help them achieve positive outcomes in their lives and how long this will take.

1) All of our children will have a plan, regardless of what services they are receiving that will explain what needs to happen and give the child or young person and their family a vision on the next steps in language that they understands and describes them in an appropriate way.

2) Good quality planning prevents drift and ensures the children's best interests are kept under constant review. Planning for children is solution and outcome focussed, and is completed with our children, young people and families, with them seen as the experts in their own lives.

3) When children cannot live with their birth families, plans should always set out clearly their living arrangements, and family time. Children and young people should always be consulted about the most important people in their lives and how they can continue to see or remain in touch with them.

4) We will always ensure that children and young people and their families understand about decisions that are being made for all the years children are growing up. When it is not possible for children to live with their birth family, we will work and include them in plans in accordance with their wishes and feelings.

5) Plans will always consider permanency options in the best interests of children and young people with their timeframe. Family networks will be explored as a priority to ensure every opportunity to keep a child within their family is considered and is at the heart of everything we do.

6) Plans will always have the child at the centre, and will reflect their views, feelings and lived experience. Work will always be completed with children and young people and their families so they are included as much as possible within the planning process and are told in accordance with their age and understanding what needs to happen and any next steps. Wherever appropriate, Children looked after will always be invited to and consulted before child looked after reviews to discuss who they want to be there, what they want to discuss, what is important to them and will always have a chance to talk to their IRO before their review.

7) Signs of Safety will be embedded within plans, considering safety, wellbeing and success in relation to each child's individual needs. The plan rules, bottom lines, and who is involved in the plan will always make up the child's plan in its entirety to explain what needs to happen to achieve the safety, wellbeing or success goals, and who will do that.

8) Every child should be given the opportunity to use the Mind of My Own App when it is appropriate to do so to share their views.

9) The trajectory for each child sets out all the tasks that need to be undertaken to work towards and achieve the safety, success and wellbeing goals. It should include tasks for the family, their network, the lead practitioner and other professionals. This will lead to SMART (specific, measurable, achievable, realistic and timely) and flexible plans that work towards safety goals that meet the changing needs of children and young people. These will help families to understand what their social worker needs to see to no longer be worried about the child or young person and for their support to no longer be required.

10) All trajectories and safety plans will be regularly reviewed in accordance with the needs of the child or young person. Any meeting undertaken to review (whether this be at home with the family network or with other professionals) should always check the plan is on track and working towards safety, wellbeing or success goals and making a positive difference to the child.

11) When reviews indicate the plan is not making a difference to the child or the situation changes, this will always be reflected on within review meetings, and families will be clear about what we are worried about, and the next steps that will be taken to ensure a child or young person's safety. Prior to this there should always be a contingency plan created with the family network that will show how the child will be kept safe if their needs alter or if their parents/carers are unable to offer safe care.

We want to ensure that families understand the contingency planning always ensure that you have considered this when explaining contingency plans to parents, children and families:

A contingency plan is always needed so everyone is clear what will happen if the co-created family and network safety plan is deemed by children's services to not be keeping the child/young person sufficiently safe, and/or if the child/young person's circumstances do not improve or they get worse.

What are the actions or behaviour that would trigger the use of the contingency plan?

What is the contingency plan?

Have you explained the contingency plan and the actions/behaviour that would cause children's services to use the contingency plan to the parents and their network?

when was this done, who was present and who led the discussions?

When is this going to happen and who will lead the discussion?

Signs of Safety Planning Breakdown – This is the Child's Plan			
	Timeline	The Child's Plan 'Who is in the plan?'	Plan Rules
What is the purpose?	To provide a timeline and a vision for the family and professionals based on their own individual needs from the current point of involvement (Danger Statement), showing the signs of safety tasks that need to be completed to reach closure (Safety Goal).	This is a maintenance plan showing who will do what daily tasks to keep the child safe. It will review the key tasks of each family member and professional and include agreed dates to avoid drift and delay and to promote safety for the child/ren.	This plan shows everyone involved who will specifically do what when the worries escalate and the danger is present.
What does it include?	Week: This is a timeline not a timetable and may be subject to change so we do not include specific dates, rather an estimate of the amount of weeks it will take from the start to end of involvement with week by week tasks. Tasks: The core tasks or steps that are articulated in Safety Planning Roadmap (2nd column). <u>We do not include the CIN/CP tasks</u> (see column to the right for an explanation of these tasks). Meetings and monitoring: (family meetings, visits, telephone calls, CIN/CP meetings, court hearings) Changes: Any changes to the family time or who is involved in the family network.	How often each person within the family and professional network will see the child/ren, what the specific tasks are of that person and a date of when those tasks will be completed (e.g. Rachel will attend the chemist once every day to collect her 30ml of methadone and will take this in the chemist - every Thursday at her allocated time)	The key issues arising from the danger statement, existing safety, stressors and triggers in relation to the worries, the red flags and who will do what when the problems arise.
Where is it stored?	Liquid Logic (within the C&F, assessment, core group/CIN reviews minutes and as a stand alone document)		
How is it reviewed and by who?	SW, the family, professionals during CIN/CP reviews – only be updated if the overall trajectory changes (e.g. Court proceedings are issued) or significant delays occur.	SW, the family, professionals during CIN/CP reviews – every four/six weeks minimum and updated dependant on progress against the plan.	



Practice Expectations

- All plans should be written in a SMART format that contains clear arrangements for review and with timescales. These should always be shared with families. The Trajectory should be clear, using the signs of safety road map to evidence the steps to take throughout the plan.
- Actions should always be agreed by all parties and each person is clear about the part of the plan they are responsible for.
- The plan has clearly identified outcomes that can be used to evidence of progress and to minimise drift.
- In review plans, the progress in meeting outcomes is clear and evidenced by the use of scaling questions.
- A trajectory/timeline is not necessary for a child open to the disability service if support is only in place because they are receiving direct payments. However if short breaks are being provided to meet an identified need, a timeline would be required as it would show how this fits in with the success planning. Short breaks might be in the timeline to show this will continue for next 3 years.
- Social workers should ensure the minutes for reviews and plans are updated and shared within 5 working days of the meeting taking place.

Child in Need:

- On any new referral that is being assessed, a meeting should be arranged to review any existing interim safety planning or to develop a new plan/trajectory. This will be completed within 20 working days of referral and chaired by the allocated social worker and will be recorded on 'meeting outside of work flow'.
- Subsequent child in need Meetings will be held at a minimum of six weekly or more frequently if required. They will be chaired by a social worker. At 3 months the child in need meeting will be chaired by either a team manager or advanced social worker, in accordance with CIN policy.
- Child in need meetings should have minutes shared by the social worker within 5 working days.
- Following assessment, an initial child in need planning meeting will take place in accordance with the child's needs and in alignment with what is set out in the child's trajectory. This should not exceed any longer than 15 days from the assessment being completed and subsequent reviews should also be consistent with this time frame but focused on risk/needs if reviews need to be more frequent.
- A order review meeting will be chaired by an allocated independent reviewing officer within 20 days of the order being granted. Child in need reviews will then be held in accordance with the policy. The IRO will then chair a Review Meeting at 3-6 monthly intervals and ensure that at 3 months prior to the end of the Court Order, consideration is made as to whether the order should lapse or a new application is made to extend the supervision order. If this is appropriate we will follow the process for legal gateway agreements and ensure that the Head of Service for that area has been notified.

Child Protection:

- For children subject to child protection plans, the plan should be reviewed and updated at every core group meeting. Core Group meetings take place at a minimum of every 4 weeks.
- Core group meetings should have minutes shared by the social worker within 5 working days.
- The first core group meeting should take place within 10 working days of the initial child protection case conference. Dates for future meetings should be agreed at core groups. More regular meetings may be required according to the risk and the needs of the child.
- Child Protection Review Case Conferences will take place at 3 month and then 6 month intervals following the initial Child Protection Case Conference. These time frames are negotiable in terms of the risk and needs of the child. Discussions should take place with Case Conference Chairs and Team managers when concerns are raised that impact on the safety, success or wellbeing of the child.

Child Looked After:

- Where a child becomes looked after, an Independent Reviewing Officer (IRO) should be allocated within 5 days. A planning meeting should take place before placement or, if the placement was urgent, within 5 working days of placement, chaired by the child's social worker. Wherever possible, the child/young person's parent/s should be involved in this. A looked after review must take place within 20 working days of a child becoming looked after, and in accordance with the statutory guidance thereafter. At each review the plan will be reviewed by the IRO and actions discussed to ensure that steps are being taken to achieve permanence and to ensure a child's needs are being met whilst in care. All endeavours should be made for the permanence plan for children to be agreed at the second review.



Practice Expectations

For Children accessing Short Breaks or Direct Payments over 20 hours

- There will be a CIN review held for children receiving short breaks at a minimum of every 6 months. Any multi agency meeting can be recorded as a CIN Meeting, including those for a child's health, education or development, where some of the same people will already be together (for example a EHCP Review).
- Children being supported with a child in need plan who receive short breaks through LAFFS will have a review every 6 months through the short breaks disability panel which takes place every week.
- As per the CIN policy, the child's plan will be updated after every CIN meeting. The plan should be clear as to trajectory and support package to address the child/young person's needs
- A Children's social care assessment will be completed a minimum of every 12 months, and this will be completed in the statutory 45 working days. This assessment is to review the package of support being offered via Short Breaks scheme and ensure that the offer being made available to the family remains at the appropriate level.
- Those children in receipt of direct payments through LAFFS will be supported and their circumstances reviewed through the disability reviewing officer.

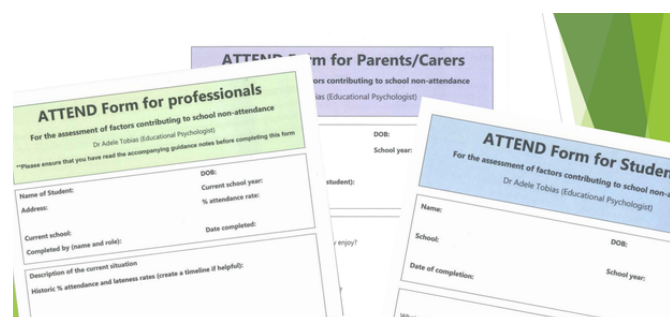
Preparation sheet for core group meetings/conferences/CIN/CLA reviews

This sheet includes some helpful prompts and definitions to support you to prepare for the above meetings in line with the Signs of Safety model.

What are you worried about?	What's working well?	What needs to happen?
Danger/Harm: The past and current hurt, harm, injury or abuse to the child (likely) caused by adults or those around them. This also includes risk taking behaviour by children/teens that indicates harm and/or is harmful to them. <ul style="list-style-type: none">▶ What has happened and/or what have you seen, that makes you worried about this child/young person?▶ What words would you use to talk about this problem so that (the adult, child, young person) would understand what you're worried about?▶ How often has this harm occurred since the last meeting?▶ When you think about what has already happened to (the child or young person) what do you think is the worst thing that could happen to them because of this problem?▶ How bad has the adult behaviour been?▶ What has the impact of this adult behaviour been on the children/young person?	Strengths: The things that are positive for the child and their family but do not keep them safe. <ul style="list-style-type: none">▶ What would (the child or young person) say are the best things about their life?▶ What do you like about (the child or young person)?▶ What are his or her best attributes? Who are the people that care most about (the child or young person)?▶ What are the best things about the way that they care for (the child or young person)?▶ What are the best ways that the family have tried to address the worries?▶ Tell me about the times the child is looked after okay?▶ What do parents do well (or well enough) as parents?▶ What would parents say are the biggest problems they have faced and dealt with? How would they say they did this?▶ Has there been a time when parents have acknowledged the impact of the harm (violence, drugs alcohol etc.) on the children?▶ Who do the children/parents say are there to support them the most? What do these people do to support?	<ul style="list-style-type: none">▶ What do you need to see happen for you to move one point up the scale?▶ What would (family member, professional) say needs to happen to keep the child safe and to know the plan is working?
Complicating factors: Who or what makes it more difficult to deal with the problems? <ul style="list-style-type: none">▶ What are the things the family and the child/ren would share were the things that make the problems harder to deal with?▶ How does this make things harder for the child/ren and their family?▶ What are the things that the professionals would share are the things that make the problems harder to deal with?	Safety: Actions taken by parents, caring adults and children to make sure the child is safe when the danger is present. <ul style="list-style-type: none">▶ Has there been times when this problem has been dealt with or was even a little better? How did that happen?▶ Can you tell me of a time when the family or someone in the network took actions to keep the children safe from the identified harm? Who did what? How did that help to keep the child safe?	

Attend Framework

If a child hits 90% on their school attendance, this is a trigger and we should start looking at the contributing factors, and start the Attend Framework process.



WORKING WITH CHILDREN & YOUNG PEOPLE

The Voice of the Child will always be at the centre of our practice and decision making.



1) Every child and young person will be listened to and treated with respect regarding the issues going on in their lives to ensure that their lived experience is at the heart of all our decision making when it comes to making plans about their future. Hull City Council encourages our practitioners to think creatively in their direct work with children and families to try new things and develop ideas in practice.

2) Children and young people will have the opportunity to develop a relationship with their social worker so they can gain their confidence and trust to talk about their lives. Children and Young People will be seen alone whenever possible to give them the opportunity to share their lived experience and talk about what is important to them.

3) Some of the conversations we have with children and young people can be difficult. Dependant on their age and stage of development we will ensure we talk with them about confidentiality, explaining when we can keep information private and when we cannot in regard to their safety. We will record any information gathered in a manner that reflects each child and young person's views, using their words and is appropriate to be shared with them.

4) When communicating with children and young people, this will be done with consideration to their age, understanding and developmental needs. Every child will have their care plan recorded and communicated to them in a way that takes account of their views and understanding of the world and is written in language they understand so they know what needs to happen.

5) We will respect and establish the wishes of children and young people we are working with and take them into account when making decisions about their future. When we are unable to uphold their wishes (e.g. when a child wants to return home from foster care, and it is not safe for them to do so) we will always explain this to the child or young person.

6) Children and young people's views will always inform decision and plans in relation to their lives to show them how we listen to them and take action.

7) We will take the time to get to know our children and young people through visits in a variety of settings to their home, their school (if appropriate) and other places where they feel safe and comfortable talking about their lives in regard to what is working well, what they are worried about and what they want to happen. When possible, we will always visit children away from their family home or setting to give children and young people every chance to express themselves. We will identify a child or young person's safety network to find possible environments they may feel more comfortable in to talk about their lives.

8) All contact with the children and young people we are working with will be meaningful and purposeful. We will take time to plan direct work sessions and visits that take into account the interests, wishes and feelings of the children and young people we work with. This may also include keeping in touch via email, the Mind Of My Own Platform and text as well as face to face contact. Children will always know how they can contact their worker and be provided with an introductory letter that will include age appropriate words and pictures explanations.

9) Information gathered from contact and direct work from children and young people will contribute to assessment, planning and review of children's needs. We will use the Signs of Safety approach that will identify who is most important in their lives, what is working well, what they are worried about and they want to happen, and their lived experience will be documented within the assessment in relation to any direct work that has been undertaken.

10) Babies and pre-verbal infants will not be able to articulate their wishes and feelings. On visits we will make sure these children are seen awake and that observations of them in their family setting are undertaken that allow practitioners to see the quality of their attachment to their family carers. We will be creative in our use of direct work tools when working with young children, including play and interaction.

11) The Bright Spots Survey (2021) told us that children have said that Social work practitioners may not always be the best person to obtain their wishes and feelings. Each child and young person can identify an appropriate person they want to talk to about their lives and what they want to happen. This could be someone at school, a care officer or a foster carer for example. We will make sure we work in partnership with whoever is identified so that they understand the duty of the social worker and the importance of communicating the wishes and feelings of the child or young person, being transparent with everyone about how this information will be shared.

12) We value and respect the importance of advocacy and will ensure that we always consider the need for an independent visitor (for all children) or advocate (for our children and young people looked after) when appropriate and will review this regularly.

13) When there are concerns that a young person may be at risk of domestic abuse, we will ensure we have used the young person's version of the Safelives DASH Risk Checklist. We will ensure that safety planning has been done with this young person.

14) Appropriate arrangements will always be made to ensure all our children and young people can share their wishes and feelings in light of their communication needs. We will use translators, interpreters when required, as well as the use of any communication tools to meet any specific sensory needs such as braille, sign language, hearing loops etc. We will ensure any safety plans and words and pictures explanations completed also take this into consideration.

15) We will ensure that a child's culture and identity and any additional physical or emotional needs they have are always considered when they are contacted or undertaking direct work with their social worker to ensure that their potential and their need for social inclusion are paramount.

16) We will ensure that all our children and young people have a clear understanding of the reasons they have a social worker, and that any explanation given to them is free from jargon and communicated to them in a way they can understand. Every child and young person should receive a words and pictures explanation as to what people are worried about, and what the people around them are going to do to ensure they are happy and safe. A child/young person's version of any safety plan should also be shared with them so they know what the people around them will do when danger is present, or problems arise.

17) We will always listen to our children and young people when they have concerns and will work with them to find a suitable solution wherever possible. When a child or young person still does not feel satisfied with a response they will receive and have explained to them the procedure for making a complaint, and who can support them with this. We will ensure children and young people know how to use the Mind of my own App to do this individually or will be provided with our complaints leaflet.

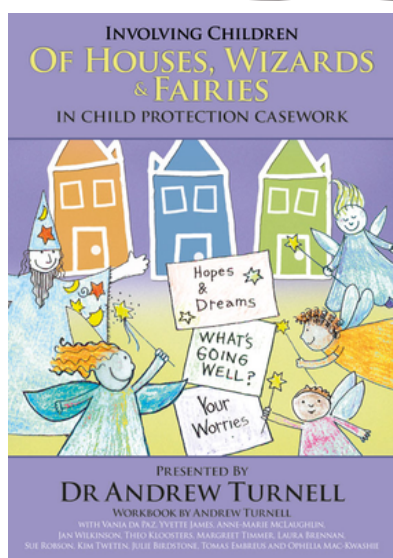
18) Social workers will use a variety direct work tools that consider the child's needs and interests. Every child should be given the opportunity to use the Mind of My Own App when it is appropriate to do so.



Practice Expectations

- Every child or young person will be provided with an explanation as to the reasons they have a social worker. This will be done in partnership with parents and carers using a words and pictures explanation. A draft will be created by the social worker who will support carers and parents to create the final document.
- A family network meeting will take place where the words and pictures explanation will be shared with the child or young person by their parents and carers and the informed family network.
- A child/young person's final version of the safety plan will be created that will provide them with a jargon free explanation on what their carers and network will do when danger is present or concerns arise.
- Social workers will utilise Signs of Safety direct work tools in their work with children and young people when appropriate to do so, including the wizard and fairy tools, the safety house and the three houses. They will also utilise a range of other tools and methods that reflect the child/young person's interests wherever possible, utilizing Hull City Council's Direct work toolkit.
- Social workers will ensure that all direct work is scanned and uploaded onto the system and the child will receive a copy. The child's wishes and feelings from any work undertaken is clearly recorded within assessments and case-notes.
- Children and young people should always know how to provide feedback, and be signposted to the council website or the Mind of my Own platform.
- When working with children with disabilities, workers should consider appropriate tools that are accessible for each child or young person's individual needs.
- When working with young people leaving care, consideration should be given to how wish to share their views, wishes and feelings in light of their age and understanding.

There is a downloadable book on the signs of safety knowledge bank on how to use the direct work tools within the approach, such as the wizards and fairies, safety house and 3 houses. Further direct work tools are available via www.socialworkerstoolbox.com and through Hull's Social Work Academy.



The Social Work Academy will provide all social workers with a direct work bag which further resources will be sent to them to add to throughout the year on a regular basis.

Free social
work resources
for direct work



www.socialworkerstoolbox.com



VISITS

Children and Young People will always be seen within a timeframe that ensures their needs can be met.

1) All children and young people will be seen regularly by their social worker in accordance with their plan. Social workers will be flexible in their visiting frequency to ensure the best outcomes for children and their families, increasing the number of visits to children and young people when this is needed.

2) Children and young people will be central to any visits undertaken and will be seen alone unless this is inappropriate. We will ensure parents and carers have been informed of our visits to see children and young people, whether that be at home or in school unless it was inappropriate to do so as part of a safeguarding enquiry.

3) We will always listen to our children and young people on visits, and consider what a child is telling us through both verbal and non-verbal communication. Steps will always be taken to ensure the child's voice can be heard, and workers will use a range of direct work tools that are personalised to the age, background and ability of the children and young people who we work with.

4) Children and young people build up trusting relationships with workers over a period of time. In exceptional circumstances, when an allocated worker cannot visit within the set time frame, rather than the visit being undertaken by a worker not known to the child, consideration should be given to the impact on the child and family, the level of risk and whether the timescale could be exceeded providing there is a clear rationale and manager oversight is agreed.

5) Visits will always be undertaken within the required timescales of a child's plan, but increased where necessary in accordance with the plan of each child or young person so that risk is proportionate, managed, and children feel their wishes and feelings are acted upon. Social workers will always link the child's plan to visits so that children and families can see the vision and feel included in decisions.

6) Social workers will always prepare for visits by thinking about the purpose of the visit and what safety, wellbeing and success goals are trying to be achieved, and ensure children and their families understand the vision for social care involvement through the trajectory and identified goals.

7) Evidenced based practice is paramount to working towards the best outcomes for children and families. Our visits will always include observations of the child's environment (including seeing children's bedrooms), parenting, attachment and wellbeing.

8) Social workers will always use professional curiosity and courageous conversations in their practice on home visits to truly understand a child's lived experience.

9) Visits will always be typed up in a structured format and the observations and discussions will be analysed to ensure the next steps towards achieving positive outcomes for the child and their family are identified. These visits will always be written up in a timely manner in accordance with the standard on recording and reporting (page 59).

10) All visits will comply with any health and safety and Public Health England advice that is relevant at the time of visiting. .

What is Professional Curiosity?

Professional curiosity is where a practitioner explores and proactively tries to understand what is happening within a family or for an individual, rather than making assumptions or taking a single source of information and accepting it at face value. An example of where practitioners were seen to have taken information at face value was in the case of Daniel Pelka.

It means:

- Testing out professional assumptions about different types of families;
- Considering information from different sources to gain a better understanding of family functioning which, in turn, helps to make predictions about what is likely to happen in the future;
- Seeing past the obvious; and
- Questioning what is observed.

It is a combination of looking, listening, asking direct questions, checking out and reflecting on ALL of the information received.



Professional curiosity is a recurring theme within safeguarding reviews, highlighting the need to fully understand a family's situation. Therefore professional curiosity is important, as it enables a practitioner to have a holistic view and understanding of what is happening within a family and what life is like for an individual and use this information to fully assess potential risks. Being professionally curious enables practitioners to challenge parents/ carers, in order to understand a child or young person's vulnerability or risk, while maintaining an objective, professional and supportive approach.

How can practitioners be professionally curious?

Here are some considerations when seeking to be professionally curious:

- As practitioners, you should not presume to know what is happening in the family home and should ask questions and seek clarity if you are not certain.
- Don't be afraid to ask questions of families, and do so in an open way, so they know that you are asking to ensure that children are safe, not to judge or criticise.
- Look to use the Rethink Formulation Model as a framework for asking questions and exploring the issues you are curious about.
- Think about using tools to understand the daily lived experience of the child such as A Day in the Life (adapted from the work of Jan Horwath).
- Be open to the unexpected, and incorporate information that does not support your initial assumptions into your assessment of what life is like for an individual.
- Seek clarity, either from the family or other professionals.
- Be open to having your own assumptions, views and interpretations challenged, and be open to challenging others.
- Consider what you see as well as what you're told. Are there any visual clues as to what life is like, or which don't correlate with the information you already hold?
- Use supervision as an opportunity to explore cases and exercise professional curiosity, for example by: playing 'devil's advocate'; presenting alternative hypotheses; and presenting cases from the child, young person, adult or another family member's perspectives.



Practice Expectations

Child in Need visits

- The frequency of contact to be agreed with the manager/supervisor on the individual needs of the child and form part of the CIN plan agreed with the child/family and other agencies.
- As a minimum, visits the child will take place not less than 4 weekly. The visiting frequency must be that plans in place are working and ensuring children's safety and wellbeing. Good practice is that fortnightly visits to the child will take place when children's situations are more complex.
- Children who are open to disability services and in receipt of direct payments may have alternate visiting timescales in accordance with the level of need. These will be detailed within their plans.

Child Protection Visits

- At a frequency of not less than every 10 working days. The lead worker should be a qualified and experienced social worker.
- Depending on the level of risk/harm, and the frequency at which the child is seen by other professionals, visits may need to be more frequent if indicated in the child protection plan or necessary for the purpose of ongoing assessment or intervention.
- The minimum visiting requirement may be reduced if the child becomes looked after. This decision must be made by the group manager and recorded on the child's file

Child Looked After Visits - Children in foster care/children's homes

- Visits to children who are looked after should not be neglected because a placement or plan is going well. The ongoing review of the care plan requires that visits take place at least as often as the regulations require. This helps to ensure the social worker is equipped to identify and help with any difficulties because care has been taken to establish a relationship with a child and carer, and it helps to assess long term situations fully.
- Within one week of the start of the child's first placement and within one week of the start of any subsequent placement. Thereafter, at intervals of not less than six weeks for the first year of any placement. This applies to every placement that child experiences and is not restricted to the first placement.
- Visits during subsequent years must also take place at intervals of not more than six weeks unless the placement has been formally agreed as a permanent placement. Visits at intervals of not more than six weeks must continue until it has been agreed, at a child looked After review, that this placement is permanent which is intended to last until the child is 18: in those circumstances, the intervals between visits in the second and subsequent years of placement must not be longer than three months. This frequency must be approved by the group manager and IRO and reviewed regularly in accordance with the needs of the child.
- The authority must arrange a visit whenever reasonably requested by a child or foster carer regardless of the status of the placement. The social worker must visit the placement if there is any proposal to remove the child from the placement where there are concerns about welfare.

Visits for children and young people who are placed in a series of short breaks (e.g. respite care arrangements, or short stays with relatives away from the main placement)

- Children receiving short breaks must be visited within the three months of the first placement date with subsequent visits at intervals of not more than six months but this should be endorsed by the team manager.
- The frequency of visiting should be agreed with the IRO (Independent Reviewing Officer) and the child's parent(s). Children only have an IRO if they have a short break of over 75 nights per year. These should be recorded in the Short Break Plan before the start of the placement (Reference; Short breaks, statutory guidance on how to safeguard and promote the welfare of disabled children using short breaks).
- The child's social worker must visit the placement if there is any proposal to remove the child from that placement where there are concerns about the welfare of the child/young person.
- There must be at least one unannounced visit each year.
- The child's sleeping arrangements will be seen at least annually.



Practice Expectations

Placements with a temporarily approved foster carer or a child living with parents under an interim or final care order

Children who are placed with a Connected Person foster carer or with parents under an Interim Care Order (Section 38 Children Act 1989).

- In these circumstances, the child's social worker must visit the child at least weekly until the first child looked after review and subsequently at intervals of not more than 4 weeks until either the carer is approved; or the final hearing has been completed.

Children living with parents pending assessment.

- Social work visits must take place at least once a week until the first child looked after review, thereafter at intervals of not more than 6 weeks.

Children who are living with parents under an Interim Care Order.

- Visits must take place at least once a week until the first child looked after review, thereafter at intervals of not more than 4 weeks.

Children who are living with parents, where a Care Order (Section 31 Children Act 1989) is in place.

- In these circumstances, the child/young person must be visited within one week of the making of the care order then at intervals of no more than 6 weeks. If the assessment of parents (under Regulation 17) has not been completed, the child must be visited at least weekly until the first child looked after review and subsequently at intervals of not more than 6 weeks

Visits for children placed with an adoptive family:

- Arrangements for and frequency of visits for seeing children with their adoptive family must be made at placement planning meetings and set out in the adoption placement plan This will involve at a minimum:
- The child's social worker visiting the child within the first week of them moving and then weekly until the first review;
- Thereafter, the frequency of visits will be determined at the child's adoption review or, if not specified, every six weeks for the first year and after this, on a three-monthly basis. Where there are any concerns, additional visits should be arranged.
- The adopters' link worker will also carry out visits at intervals agreed in the adoption placement plan - and more frequently if circumstances require. The visits should continue until an adoption order has been made or until the placement is terminated;
- Visits must be made by suitably experienced qualified social workers or social workers/student social workers who are supervised by suitably qualified and experienced social workers.

Young people remanded to Youth Detention Accommodation

- Whenever a court refuses bail to a child/young person (aged 10-17), the child will be remanded to local authority accommodation unless certain conditions are met, in which case the court may instead remand the child to youth detention accommodation.
- Every such child (whether remanded to youth detention accommodation or to local authority accommodation) will be treated as looked after by their designated local authority. As a result there will be a statutory requirement for them to have an allocated qualified social worker and be visited in line with Hull's best practice expectations and the statutory requirements for children looked after (i.e. visited within one week of placement, then a minimum of 6 weekly after that).



Practice Expectations

Visiting children in school

Practitioners should be guided by the wishes and feelings of the child as to whether they want to be visited in school or not. Exceptional circumstances are that children placed in residential school, and who are in foster care or a residential home, must be visited at the school at least once in every term, and be seen in both settings, whilst ensuring that the statutory minimum visiting requirements are met. The Bright Spots Survey (2021) has indicated children do not want to be identified as different from their peers in school settings. This should not deter professionals from seeing children in school if there is a need, but this should be thought through in terms of the impact and discussed with the child.

Private Fostering

Visits by a social worker must be made to the child and the private foster carer within one week of them moving to their new home or the date when notification was received if later, and then visits will be made at least every six weeks in the first year by a social worker. In subsequent years, visits must be at least three monthly

Visits should always consider the signs of safety approach, and when having discussions with children and families workers should plan in advance what information they need to find out so they know what children and families are worried about, what is working well, and what families want to happen. The below question types are examples that practitioners can adapt for their own cases.

Types of Questions Used in the Signs of Safety (With Example Questions Across all Three Columns)

Type of Question	Question Examples
Self-focused Questions <i>Asking the subject about themselves</i>	<i>What is the worst thing for you when Colin shouts at and hits you? (Worries)</i> <i>It must be very difficult when the fights like that happened and you get hit.</i> <i>After that has happened what are the things you do to calm down? What are the things you do to comfort Sally? (What's Working)</i>
Other-focused Questions <i>Asking the subject about the actions or perspective of another person</i>	<i>Who notices first when Jill feels scared? (Worries)</i> <i>When there has been a big fight and Colin has hit you, what would be the best thing he has done to try and address the problem? (What's Working)</i> <i>If your best friend was doing just what you need her to do to help you look after Jill, what would she be doing? (What Needs to Happen)</i>
Relationship or Circular Questions <i>Explores the subject's perception of how another person might see the situation and see them</i>	<i>Who would your brother say notices first when Jill becomes scared? (Worries)</i> <i>Who would Jill say she would feel able to talk to about the fighting, yelling and her Dad hitting you? (What Needs to Happen)</i> <i>What would Colin say he has done to control his anger so that he doesn't lash and hit out when he's angry? (What's Working)</i>

Visit Format for Case recording

Persons present: (Record everyone present in the home, including professionals.)

Purpose of Visit: Give details of the purpose of your visit and any objectives/planning

Observations: (Evidence based) - Record your observations and discussions that took place on the visit.

Child's Views: Record any direct work and discussions with the child or young person using their words.

Carer's Views: Record any discussions with the parent or carer using their words.

What are we worried about? (Analysis)

What's working well? (Analysis)

What needs to happen? (Actions)

OFFICIAL VISITS TO CHILDREN IN SECURE CUSTODIAL SETTINGS

1) When working with a child or young person in a secure custodial setting there needs to be effective joint working happening between the social worker and the Youth Offending Team (YOT) either in the setting or in the community.

There needs to be good and clear communication between the social worker and the custodial staff to support regular and timely visiting for the child or young person.

If there are issues with visiting these need to be escalated through the correct process to ensure wider management oversight and accountability.

2) Visiting Rule:

Social Worker Visits:

The Care Planning, Placement and Case Review (England) Regulations 2010 state that looked-after children in custody (including those who are looked after by virtue of their remand) must be visited by a social worker:

- Within a week of the child entering custody
- Every six weeks for the first year
- Every three months after that

Additional visits should also take place if reasonably requested by the child, custodial establishment, YOT or where there are particular circumstances that require a visit (e.g. attending a meeting).

Children who have been looked after before being in custody must be visited by a social worker within 10 working days of them entering custody to complete an assessment of their needs. The child needs to then be visited within statutory timescales for children who are looked after. This is to continue to offer ongoing support whilst they are in custody or following release from custody.

3) YOT visits

YOT visits states that all children in custody should be visited in-person by their YOT case manager at least every month, with regular contact in between by phone and video visits.

YOT case managers are also expected to attend and chair resettlement planning and review meetings. While there may be overlap between these visits, YOTs attending and participating in a child's formal resettlement planning meetings should not be a substitute for visits to assess the child's wellbeing and safety.

4) Expectations on custodial sites:

Custodial sites must work closely with community professionals to enable access to visits in a timely manner and to help resolve any issues.

This includes:

- Ensuring that YOT case managers are familiar with arrangements for booking visits and maintaining contact with children in their care.
- Monitoring the visits received by children and following up on overdue visits.
- Working proactively with community professionals to resolve any barriers to visits.

Escalation Processes:

What to do if a social worker or YOT worker is having issues accessing sites for visits and/or meetings?

1. YOT worker/ social worker seek to resolve any issues through the usual visits booking system in place for site or by contacting the local custody legal visits coordinator.
2. Notify YCS Resettlement Practitioner and raise with the local custody security / operations teams. Notify the central YCS Resettlement and Reducing Reoffending Team.
3. Formal concern raised with Governing Governor, notifying the YCS Reducing Reoffending Team. The YCS Reducing Reoffending Team should log any issues escalated to them.

What to do if there are concerns that a child is not being appropriately visited by their YOT worker?

1. The YCS Resettlement Practitioner should raise with YOS worker and notify the Head of Resettlement. See if additional support is required to prioritise a visit.
2. The YCS Resettlement Hub Manager is to raise with the YOS Manager, notifying the YCS central Resettlement and Reducing Reoffending Team.
3. Formal concern raised with the YCS Reducing Reoffending Team and the YJB regional Head of Oversight

If a child is not visited by their YOT worker in a month, this should be recorded. The YCS Reducing Reoffending team should be notified each month of the number of children who did not receive visits from their YOT worker.

What to do if there are concerns that a looked after or formally looked after child is not being appropriately visited by their social worker?

1. Custody based social worker or the YCS Resettlement Practitioner should raise worries with the local authority social worker and their manager and see if additional support is required to prioritise a visit. The YOT worker should also be notified.

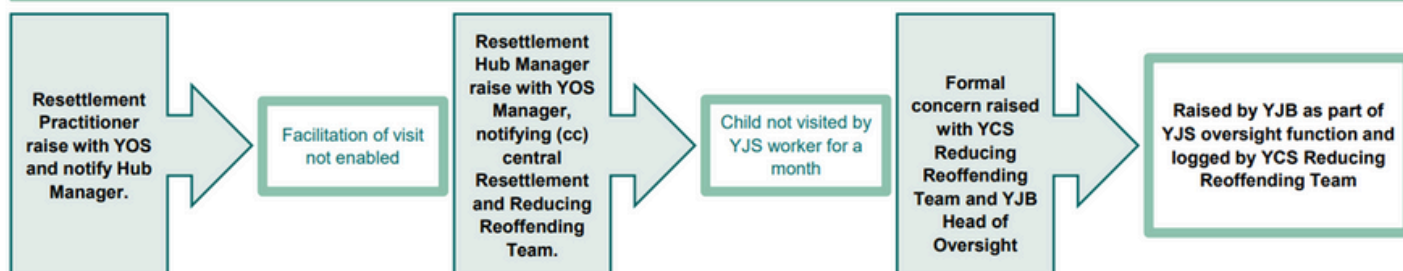
2. The YCS Resettlement Practitioner/ custody based social worker notify the YCS Head of Resettlement and raise with YOT manager, who should work with relevant social work colleagues to resolve the issue.

3. Formal concern raised with the YCS Reducing Reoffending Team and the YJB regional Head of Oversight.

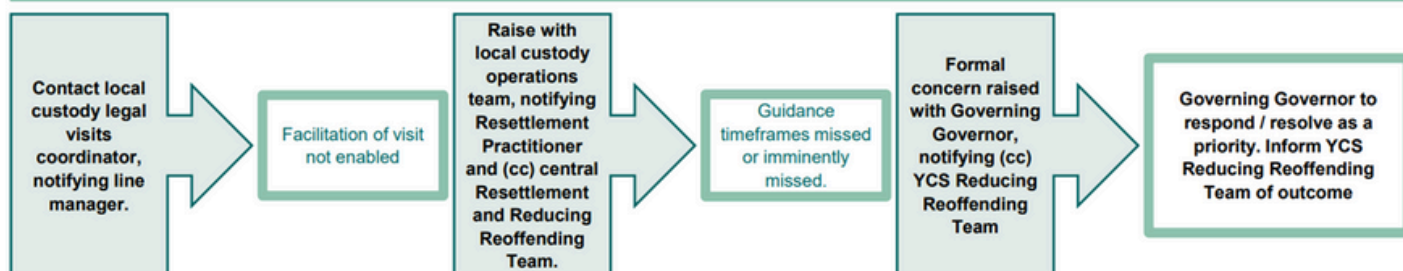
If a child is not being visited by their social worker in line with statutory intervals, this should be recorded. The YCS Resettlement and the Reducing Reoffending team should be notified each month of the number of children who are overdue visits from their custody social worker.

Flowchart for compliance of visits and concerns for booking official visits:

Concerns with Compliance of Visiting a Child



Concerns with Booking Official Visit



CHILDREN EXPERIENCING A CHANGE OF SOCIAL WORKER

Children and their families will be informed as soon as possible when there is to be a change of social worker.



1) There is a level of worry for children and young people whenever they get a new social worker which can cause uncertainty. Our children and young people told us through the recent Bright Spots Survey (2021) that "When social workers have to change there should be a really good reason why, we need a proper explanation as we have a lot of things going on and worry about things"

2) We recognise that there is no guarantee that a social worker can work with a child for the duration of their plan. Therefore, from the first time a social worker meets a child or young person they will explain their role, and be honest about the limitations as a practitioner and what the contingency would be if they were not able to keep working with a child and their family.

3) When a child or young person is allocated a new social worker, we will always ensure the transfer policy and procedure is followed.

4) We will ensure that children, young people and their family are given as much notice as possible, (unless that cannot happen as the worker is absent from/leaves work unexpectedly) and that if additional support or preparation is needed that this is in place and led by a team manager.

5) We will always ensure that any child or young person receives a written explanation when they have a change of social worker, and that wherever possible a handover visit with the original worker takes place.

6) All families and carers and any professionals working with the family will always be notified both verbally and in writing when a change of social worker takes place and provided with the contact details of the new worker.

7) Any new social worker will read the child or young person's file before meeting the child and their family, so that children do not have to re-tell their story.

8) Our children and young people have told us that goodbyes are important. We will always ensure our workers say goodbye to the children and young people they have worked with.



Practice Expectations

- A words and pictures explanation or letter (age dependant) for a child or young person should always be used by a practitioner when they are new to working with the family. This should provide a clear explanation to their role, and if a previous worker has left, a rationale so children and young people never think it is their fault.
- When it is identified that a child or young person will be getting a new worker, management oversight should be recorded on the child's file within 24 hours about how this will be communicated to the child and their family. The new worker will be introduced to the child and their family at the earliest opportunity to avoid drift and delay of the plan, support and intervention.
- When a social worker is absent due to sickness, their team manager should arrange for a letter to be sent to the child and their family, with an explanation and contact details for the worker who will be supporting in their allocated worker's absence.
- A letter from the social worker can provide more details than can be included in the words and pictures. This should provide the child and young person with details on how they can contact their social worker and should be tailored to the age and understanding of the child. Workers should consider:
 1. Whether Mind of My own (MOMO) can be used
 2. Providing their mobile number or email address.
 3. Identifying people who the child can go to if they want to speak to their worker. For example, a family member or a professional.
- Before going out to meet a child or young person, workers should always prepare for visits by reading the child's file and getting a really good understanding of the child, their lived experience and learning as much as possible about them. Our Bright Spots Survey has shown us that our children feel unheard when they have to repeat themselves to different workers.
- Goodbyes to our children and young people are very important. They need to understand the reasons why a worker is no longer involved with them. This should be tailored to the needs of the child, and their level of understanding. Workers should be creative and make time to celebrate the time they have shared. Our young people at YVIC have suggested taking them out and doing something fun.
- All workers should ensure they have tailored templates created so they can use them to introduce themselves and provide their details when necessary. Support for this can be accessed from the Social Work Academy. Examples can be seen below.



Our Principles

Change of social worker for Children and Young People "Think Children, think Young People & Families"

We are all one service working with children and families, and whilst different parts of the service have different roles and responsibilities it is important that we are all working together in the best interests of children and families. The following set of principles should inform practice when children for whatever reason have a change of social worker.

Having a new social worker can cause worry and uncertainty for children and young people. Social workers should always give children and young people an explanation when this takes place.

We know that there is no guarantee that social workers will remain as the key worker for children and young people for the duration of their plan. Social workers will always be honest with children and young people about the limits of their role and the contingency if they were not able for whatever reason to keep working with them.

Every child or young person should have a written explanation or words and pictures explanation when they have had a change of social worker

Social workers should always read a child or young person's story via their record before going out to meet them for the first time. Children and Young people have told us how frustrating it is having to repeat themselves.



"When social workers have to change there should be a really good reason why, we need a proper explanation as we have a lot of things going on and worry about things"

Children and their families should be given as much notice as possible when it is identified a child or young person will have a new social worker, or what the contingency will be if a worker is temporarily unavailable.

Social Workers should always follow the transfer policy that is set out within the practice standards when a child or young person is to have a new social worker. When a worker is unavailable, the team manager should take steps as soon as possible when a new worker is identified.

All families, carers and any other professionals working with the family will be notified as soon as possible when there is to be a change of social worker and provided with the details of the new social worker.

Goodbyes are very important to children and young people. When a social worker is no longer working with a child or young person they should ensure a goodbye visit is arranged.



PUBLIC LAW OUTLINE

The Public Law Outline (PLO), or pre-proceedings process, offers an important and final opportunity to explore with families how best to resolve concerns about the care and safety of children, without going to court.

The PLO process is a formal and serious process, with parents being entitled to free legal representation. PLO letters and agreements are explicit about what the worries are and what needs to change to avoid proceedings. PLO meetings are official meetings, attended by parents with their legal representative, in which the worries are addressed and plans agreed about the way in which improvements can be made.

Except in the most dangerous situations/ emergencies, the PLO intervention period should be considered for every family to get that final chance to make changes before proceedings are issued.

The PLO process is meant to focus on trying to prevent care proceedings by way of planned and agreed intervention. This means that it should be a period of increased social work activity and management oversight.

1) Hull has a PLO framework which structures the PLO / pre proceedings period over 16 weeks (although this can be extended if deemed necessary). The framework timetable commences when the social worker and team manager attend legal gateway panel and it is agreed that the PLO period should begin. Dates are agreed at panel when families can expect to receive PLO letters and when the PLO meeting will be held.

2) At the initial PLO meeting the plans for the intervention are agreed between the Local Authority and the family. The PLO process is reviewed at legal gateway panel within agreed timescales and also reviewed with the family and their legal representative. There may be changes to the PLO agreement during the process, should additional worries arise or alternative arrangements are needed.

3) Consideration of the need for PLO will be through discussion between the social worker, team manager and Group Manager who will consult with the relevant head of service.

4) PLO is most often considered for children who are the subject of child protection plans but sometimes for children who have become looked after with section 20 agreement. It is also used for unborn babies where a prebirth assessment has identified risks of significant harm when the baby is born.

5) The PLO process is meant to try to help parents/carers to care safely for their children and prevent the need for care proceedings by way of planned and agreed intervention. This means that it should be a period of increased social work activity and management oversight e.g., such as a higher level of visiting, more regular case supervisions.

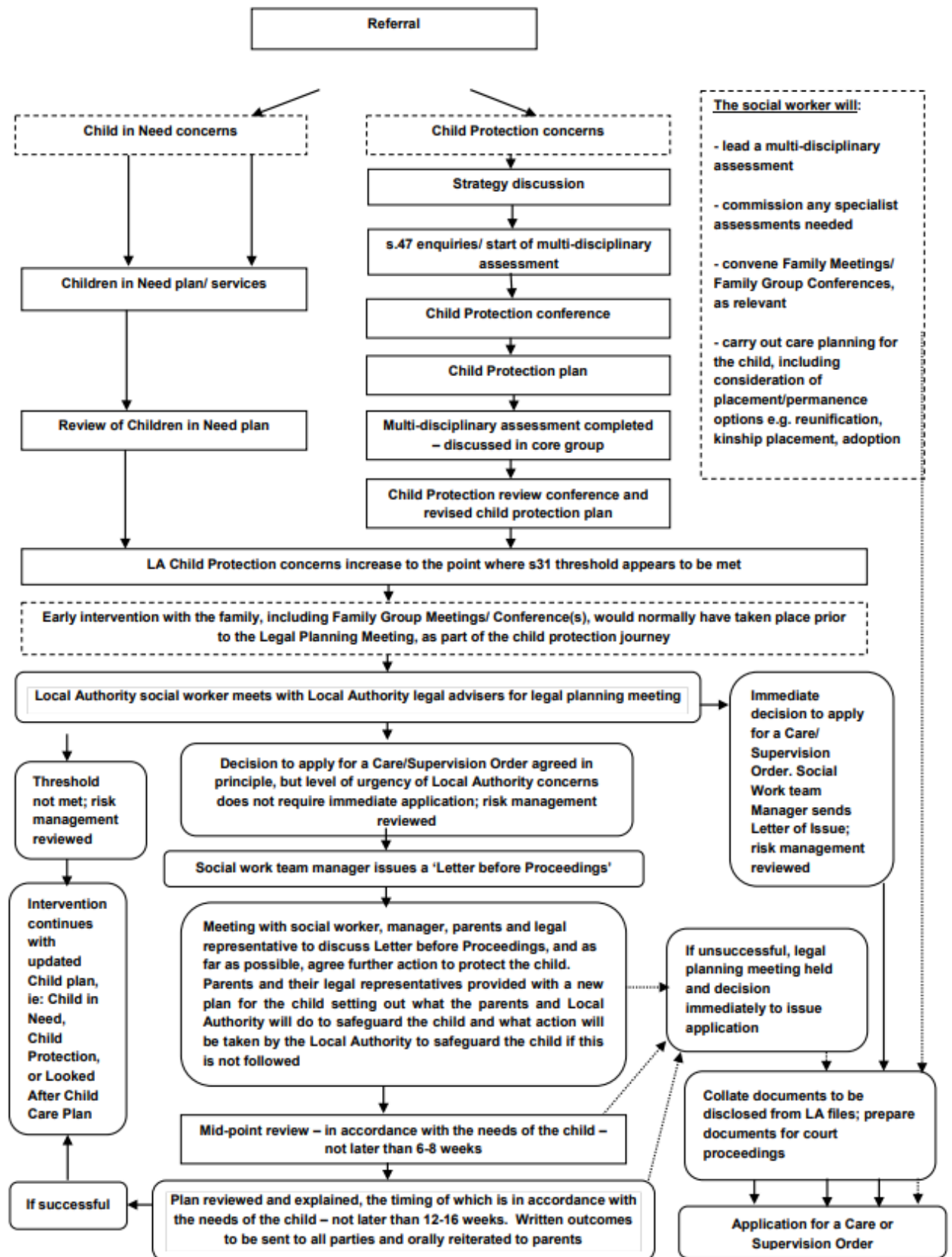
6) Actions within the PLO agreement need to be SMART to enable the Team Manager, social worker and family to be clear about what actions need to be taken, by whom and by when to quickly improve outcomes for the child. SMART actions and clear safety goals help everyone to measure if progress is being made.

Top tips for completing PLO letters and Agreements

- Be very clear about what all the worries are. Specify them individually – include incidents/ examples (with dates) as evidence of these.
- If the letter is about a sibling group, there may be some worries that relate some children but not others- clarify this.
- If parents are separated the letters will need to be personalised so that the general worries about the child/ren are in both but if there are specific worries that relate to that parent it should be in their letter.
- State in the letter all support that has been offered already and any that has not been taken up by parents
- Be explicit about the 'bottom line'- what is non negotiable in terms of keeping the children safe.
- For every 'worry' detailed in the letter ensure that in the agreement there is a way in which this will be addressed.
- In the agreement make sure that dates/ times are given about when it expected particular tasks are completed by. Make sure that they are 'measurable' so that at times of review, it is clear what has happened and what still needs to happen.
- Remember that these are legal documents and the legal team are there to give advice and constructive feedback about making sure they are worded accordingly.

PRE-PROCEEDINGS FLOW CHART TAKEN FROM COURT ORDERS AND PRE-PROCEEDINGS FOR LOCAL AUTHORITIES (DEPARTMENT OF EDUCATION 2014)

Annex A: Pre-Proceedings flow chart





Practice Expectations

The legal gateway panel form should be completed following consultation with the team manager, group manager, and head of service). Draft PLO letters should be attached.

If Legal gateway panel agree that PLO process should start, PLO letter and draft agreement should be sent to parents within agreed timescales to give parents the opportunity or time to seek legal representation before the PLO meeting.

Parents should be encouraged to seek legal representation during the PLO process.

The legal representative can offer independent legal advice before and during the PLO meetings.

PLO meetings

Team managers will chair these and the local authority will be legally represented by a legal officer. Minutes will be taken at these meetings.

Children's social care assessments

Children's social care assessments should be completed/updated during the PLO period. These assessments can be completed in a variety of ways, such as home visits, direct work with children, sessions with parents about particular areas of relevance e.g. the impact of domestic abuse on children. It is expected that the assessment will be completed within a prescribed time frame which will be set within the PLO meetings by the team manager.

Cognitive assessments

Cognitive assessments should be arranged for parents who are considered to have learning needs. Should this assessment identify the needs for a PAMs assessment, a PAMs trained assessor should be identified to complete this. An advocate should be offered to parents who are identified as having a learning need. Should the assessment identify that the parent has a learning disability, a referral must be made to Adult Social care for an assessment.

Family/ Network meetings

Family network meetings should be held with consideration given to all those in the family and friends network who can support the safety planning for the children. Family members and friends need to understand the degree of worry for the children and what is expected during the PLO period.

When parents suggest they have no support, 'finding a network' tool should be used to help identify potential a network of support people.

Viability assessments

Viability assessments should be completed for all connected people who are able to offer to care for the children if parents are unable to do so safely.

Direct work with children

Work should be undertaken with each child individually and they should be seen alone when possible. The social worker should work with parents/carers to develop a words and pictures explanation which should be shared with the child. Any additional support identified for the child (e.g. CAMHS, pastoral) should be considered at this time.

Consider whether specialist assessments are needed

Social workers need to consider the need for assessments such as Antenatal reports, paediatric assessments, psychiatric assessments or whether reports from health visitors, education providers, midwifery, and the Community Paediatrics Network will suffice.

Birth certificate

A birth certificate needs to be correctly located on file for all children who are part of the PLO agreement. This identifies who has PR for children. All parents with PR need to be involved in the PLO process. Social workers should consider if DNA testing is needed to establish paternity



Practice Expectations

Engagement in support from other agencies

Social workers should consider whether specialist support will assist in mitigating the risk and evidencing parent's/carer's capacity to change.

Parents where domestic abuse is a feature of the relationship:

- Engagement with DAP, Purple House, Strength to Change.

Parents where drugs/ alcohol is an issue:

- Engagement with RENEW & drug / alcohol testing. Permission will need to be sought from the Group Manager for hair strand testing when testing by RENEW is not thought to suffice.

When there are concerns in respect of parenting:

- Support with parenting by engagement with family practitioner, health and development practitioner, Early Help support, such as parenting programmes.

Visits to family and children should be increased during the PLO period

Visits should reflect the level of worry there is for the children's safety and wellbeing. The visiting should be at a minimum level of weekly visiting by the social worker, with plans being made with other agencies about additional visiting.

Case supervision should take place monthly

Monthly supervision should take place during the PLO period, with a clear focus on the plans within the PLO agreement and whether the intervention is promoting improvement in the lives of the children. Additional management oversight is also needed by the team manager & group manager.

Reviews at legal gateway panel should take place in agreed timescales

PLO review forms should be completed 3 working days before panel.

Reviews of the PLO process with the family.

The family should be fully included in any reviews of the PLO process. Updated letters and agreements are required to be provided to parents/carers.

Case summary

The case summary should be clear that the PLO period has commenced and the reasons for this.

At conclusion of PLO period

Either :-

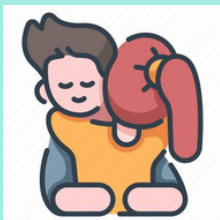
- Write an 'End of PLO letter' explaining that the situation for the children has improved including the way in which monitoring will continue. Hold a PLO meeting to explain and honour the progress made.

Or :-

- Send an 'Intention to initiate proceedings letter' explaining the reasons why this is deemed necessary.

Legal tab should be opened when PLO process is agreed

The Legal Tab on Liquidlogic should be opened and consolidated for all the children in the family who are part of the PLO agreement. The legal planning and pre- proceedings fields should be kept up to date. All PLO documents (letters, agreements, minutes of PLO meetings) must be stored in the legal tab. The legal episode should be ended if the PLO period concludes. If, however, the conclusion is for proceedings to be issued it should remain open and the public law tab on Liquidlogic should be completed .



CONNECT FAMILY SERVICES

Wherever possible, steps should be taken to keep children and young people safely with their families and in their own community.

1) Our children/young people and their families will have the best possible outcomes when intervention is targeted early and well before they need Specialist levels of support. It is demonstrated that the best outcomes are realised for children and young people who live with their parents and/or birth families when compared to those who are brought up in the care system.

2) We will focus on keeping children/young people at home whenever possible and to exhaust all other family and friends options prior to considering bringing a child/young person into care, and on a continuing basis once children have become looked after.. To do this, we will use the resources within Connect Family Services who are our multi disciplined team that offer specialist help at a time when families need it. Using a relational and family led approach with a range of support options available for families will maximise the children having a sense of belonging.

3) We are focusing our actions on early identification of those whose outcomes are not improving at home to enable appropriate and timely intervention by using signs of safety to identify our worries and the safety/success/wellbeing goals that will enable children and young people to stay at home whenever possible.

4) Our thresholds are clear and workers know and understand them so that the right resources are targeted at the right time to meet the needs of children, young people and their families. Workers recognise that this is a crucial starting point in a child/young person's journey and endeavour to ensure that for those children/young people and their families that meet our threshold of intervention that they will be offered an assessment and the right support.

5) There is a critical time factor for returning a child/young person home and thus it is necessary that if a child/young person is in the care of the local authority, support must be put in place early to facilitate the return of the child/young person home when it is safe to do so and in their best interests. When it is right for a child/young person to enter into our care, we will be robust in our assessment and planning for the child/young person. This will be done by establishing what is going well in a child/young person's life and identifying the safety in their support network to allow the appropriate next steps to be identified for them so they know what needs to happen and what safety goals need to be achieved so they have stability and permanence in their lives.

6) We will always talk to children and young people about who is important in their lives as we understand the importance of their connections to people. Even if it is not possible for a child or young person to return home, we will always establish for the people who will love and care for them when we are no longer working with them.



Practice Expectations

(These expectations are under review by the children's home services manager and are subject to changes)

- 'Edge of Care/Care' refers to children/young people who either: - are being considered for care but have not entered into local authority care - have not entered into care as we have assessed and chosen to support them and their families through alternative provisions/services; or - who are already in the care of the local authority and where permanence has not been identified and secured.
- When Immediate support is needed, social workers can request assistance from the connect family edge of care team who will assist with joint visits when required. This is also available outside of office hours.
- When a child is eligible for support from connect family services, a joint visit will always be undertaken between the social worker and connect family services.
- Connect family services hold a multi agency weekly panel to offer advice and support and form agreements to joint work for children on the edge of care. When a child/young person has been assessed as potentially being on the edge of care, the social worker should have a discussion with their team manager and group manager where a decision will be made to present the child's story to the edge of care panel for approval for joint working with Connect Family Services.
- Once it is agreed that the child or young person is eligible for the support, the following timeline will commence:

Intro: weeks 1-2

- Joint working with partner services agreed at EOC panel & reflective discussion held
- Relationship building with family
- All voices heard
- Goals identified & next steps agreed

Next Steps – weeks 3- 7

- Work together through agreed intervention
- Visits at time that suit family
- Reflective discussion
- Identify ongoing/universal services

Ending Weeks 8-12

- Review at edge of care panel
 - Reduce frequency of support
 - Reflect on learning, family situation
 - Reflective ending discussion with family
-
- Any child or young person who is working with a connect family services worker will have their plan reviewed at 8 weeks.

The difference it will make

More Children
living safely with
their families

Children have the
choice to stay in
Hull

Fewer Placement
Moves

Better
Partnership
Working

Better outcomes
for children

Joint Working Protocol to Prevent and Resolve Homelessness for young people aged 16 and 17 years old

Day 1

1) Risk of homelessness established – Targeted Youth Support refers young person to EHASH with consent, clearly stating they are homeless or have additional needs. Targeted Youth Support will commence a Personalised Housing Plan considering dimensions of need and will evidence their initial screening of discussions/meetings already held with the young person, parent/carers and any wider family network discussions which has established the homelessness.

2) The 'Homeless Advice Leaflet' Information on Support for 16- and 17-year-olds is to be used during the joint visit by Children's Social Care as the lead agency and Targeted Youth Support to explain the services the young person may be entitled to receive to help them make an informed decision.

3) If a young person is deemed at risk of homelessness and approaches Children's Social Care, they will contact the Targeted Youth Service with consent and the young person to start the joint assessment (Children Social Care Assessment and the Personalised Housing Plan), which must be started on day one, with the social worker reaffirming and explaining the services the young person may be entitled to receive from Children's Social Care.

4) A joint visit with the young person will take place between a social worker and Targeted Youth Support the same working day– day 1 and only by exception will this take place on day 2 and will then take place at the accommodation provided on day 1. This includes a visit by the EDT worker if a young person has presented on the Friday evening or Saturday.

5) The Social worker will make immediate contact with the family to begin discussion about the young person returning home or to extended family/friends.

6) If a return home is not possible and/or homelessness is established on day 1 following initial discussions with the young person and their family, emergency accommodation will be provided if this is required to promote their safety and wellbeing. Targeted Youth Support will assist Children's Social Care by referring to HRS Commissioned Supported Housing Provisions to secure suitable accommodation including a range of suitable accommodation options to be considered that would include regulated or non-regulated provision such as supported lodgings and other options via placement team'. Discussion is needed with the Assistant Director in order (via Head of Service) to be satisfied that the young person is homeless at that point and therefore has rights and entitlements under section 20.

7) As a young person they have the right to consider whether they want to be accommodated under Section 20 of the 1989 Children Act at the point of being deemed homeless and therefore interim accommodation will be provided pending further assessment of need. Only if they decline Section 20, accommodation will they be provided under Section 17. There should be a joint discussion with the young person, Children's Social Care and Targeted Youth Service regarding their rights and entitlements, these choices must be presented as neutrally and impartially as possible.

Days 2 – 10 (working days)

1) Following point 1 above and if the young person is not immediately homeless or has additional needs Children's Social Care contact the Targeted Youth Support and Young Person to start the Child and Family Assessment, with the social worker reaffirming the services the young person may be entitled to receive from Children's Social Care.

2) The social worker on day 2 will refer the young person to be discussed at the next Edge of Care Panel to look at additional support required to either enable the young person to remain with their family or reunify alongside any other additional support that can be provided. A referral for instant access to an Edge of Care/ Connect team worker will also be made for family work to commence prior to the panel. Edge of Care Panels are held every Tuesday afternoon.

3) The Targeted Youth Support worker on day 2 will refer the young person with their consent to an independent Advocate to ensure rights and entitlements are understood and the young person's wishes and feelings are taken into consideration. The social worker within their assessment should ensure a referral has been made.

4) A family network meeting should take place within 5 working days, this will be part of the children's social care assessment and the social worker will be the lead. Should the young person/family refuse, further attempts for mediation should be the focus of intervention.

5. The Head of Service will review the actions above, assessment information gathered so far, and family network meeting on day 6 to ensure that there is no drift and delay in the intensive work required in this initial period to maximise the possibility of the young person returning to live with their family and to determine if the young person remains homeless.

6. The single assessment where possible should be completed and signed by a Team Manager within 10 working days to avoid delay and a clear plan being in place. The young persons rights and entitlements will be revisited with the young person to ensure they understand the options.

7. The social worker will share the outcome of the Child and Family Assessment to Targeted Youth Support and the young person stating the reason for the decision in writing.

8) Communications between the two agencies will continue the next course of action if a duty is owed under the 1989 Children Act with Children's Social Care leading the planning.

9) If accommodation is to be provided under Section 20 (CA1989) a signature from the young person for Section 20 consent should only be sought by the Children's Social Care social worker when approval has been given by a Head of Service.

10) Should the young person become looked after under Section 20 then this will need to be referred to the next Legal Gateway Panel for ratification.

11) Where no safeguarding concerns are identified, and the young person could return home to parent/carers/family/friend network then all efforts should continue for this to be the outcome and exit plan.

12) If the young person remains homeless and is accommodated under Section 20 following completion of the assessment there will be a handover discussion from the Children's Social Care Assessment Service to the receiving Locality Team, this will include the Group Managers and Heads of Service so that senior management oversight continues to ensure that reunification work continues to be progressed.

13) If at any point that the young person is deemed not to be homeless either during or at the outcome of the assessment, then there is no right or entitlement under Section 20 and the young person will cease to be looked after (if they have been looked after up until this point as a result of their initial homelessness).

LEAVING CARE

All our young people with care experience will be safe and supported and know where and who to go to for advice and support when they need it.



1) The Leaving Care Service will support young people with care experience so that they can live successful lives. They will reach that point at a different age and there will be no assumption that those with care experience will require statutory support until up to age 25.

2) Hull City Council has a legal duty to support young people making the transition from care to adulthood and make sure that care leavers know about all of the services and support that is available to them. We will help care leavers grow at a pace which is right for them, and will be there for them when they need us.

3) We will make sure young people have the information about the help and support that is available to them as they move forward towards independence as mandated by The Children and Social Work Act 2017 and that they are aware of the published local offer from the local authority.

4) We want those with care experience to feel safe and secure in their home. They will have access to an enhanced housing offer with the council. When ready for their own home, we will support bidding on Band B properties with Hull City Council or help to access other accommodation that meets their needs and is of a suitable standard. This includes the availability of deposits to access the private rented sector.

5) We will make sure that their first home with Hull City Council is decorated and equipped so that it feels like home. We will pay the first two weeks rent and help with moving and pay for removal costs where it is agreed that this is needed. They will be entitled to a £3000 setting up home cost allowance; budgeting advice and support will be provided to get the most from the allowance.

6) Young people with care experience will have suitable internet access in their home, and this will be at a reduced cost. They will be provided with a laptop or tablet to enable them to take up education, employment and training and to support them to access safe and secure online services.

7) We will pay those with care experience council tax whilst they live alone in Hull or any area where the council do not give care leavers council tax exemption. Hull City Council will do this up to the care leavers 21st birthday. If a care leaver lives with someone, they will be entitled to a reduction.

8) Young People with care experience will have access to driving lessons where it is agreed that this is appropriate. Hull City Council will match a care leavers own contributions to driving lessons and will pay for a maximum of 10 lessons. We will pay for the theory test and first practical driving test.

9) We will help young people to get into their chosen employment, education or training and will pay for any items they need to access their course, training or employment. (For example, interview clothes, hair dressing equipment or training specific clothes). For those with care experience who are going to university we will pay their accommodation costs.

10) Young people with care experience will have financial support for training and education enrolment fees and practitioners will explore with them how we can help them get into employment.

11) We will support young people with care experience into an apprenticeship with the council if that is what they want and will pay a living wage. Hull City Council will ensure that they are not financially worse off by being an apprentice.

12) We know that when things are difficult young people with care experience may need extra help with how they are feeling. A personal advisor will always support and help, but if they need specialist help we will work with other health services and make sure that they are able to take up the offer of support.

13) We will make sure young people with care experience have help around their health and support them with dental, prescription and optician costs where this is needed.

14) Children and young people with care experience who have a disability of complex health need will be identified a personal assistant who will attend their looked after review and identify an adult social worker. They will ensure continued support in terms of the transition to any new homes, carers or providers.

TOP TEN

Local offer for Care leavers

We are your Corporate Parents. We will always listen to you about your ambitions, when things are not going well, or when your circumstances have changed. As your Corporate Parents we will always seek to provide you with the most helpful emotional, practical or financial support when you need it and make sure that we are there for you.



1

We want you to feel safe and secure in your home. As a Care Leaver you have access to an enhanced housing offer with the council. When you are ready for your own home, we will support you to bid on a Band B property with Hull City Council or help you to access other accommodation that meets your needs and is of a suitable standard. This includes the availability of deposits to access the Private Rented Sector.

6

We will help to get into your chosen employment, education or training and will pay for any items you need to access your course, training, or employment, for example, interview clothes, hair dressing equipment or training specific clothing advised by college. For those going to University we will pay your accommodation costs.

2

We will make sure that your first home with Hull City Council is decorated and equipped so that it feels like home. We will pay your first two weeks rent for you. If you move home, we will help you do this and will pay for removal costs where we agree with you that this is needed. You will be entitled to a £2000 setting up home cost allowance and we will help and support you to budget to get the most from the allowance.

7

We will pay for your training and education enrolment fees and explore how we can help you get to work.

8

We will support you into an apprenticeship with the Council if that is what you want and will pay you a living wage. We will make sure that you are not financially worse off by being an apprentice.

9

We know that when things are difficult you may need extra help with how you are feeling. Your PA will always support you and help you, but if you need specialist help we will work with other health services and make sure that you are able to take up the offer of support.

3

We will make sure that you have suitable internet access in your home, and this will be at a reduced cost to you. We will provide you with a laptop or tablet, if you do not have one, to enable you to take up education, employment and training and to support you to access safe and secure online services.

10

We will make sure you have help around your health and support you with dental, prescription and optician costs where this is needed.

4

We will pay your council tax while you live alone in Hull or in any area where the council do not give care leavers council tax exemption. We will do this up to your 21st birthday. If you live with someone, you will still be entitled to a reduction, and we will talk to you about this.

5

We will support you to access driving lessons where we agree with you that this is appropriate. We will match your own contributions to your driving lessons and will pay for a maximum of 10 lessons. We will pay for your theory test and first practical driving test.

For guidance around how to access the above, and a range of other support that is available, please see the Local Offer Website or talk to your PA.



Hull
City Council



Practice Expectations

Corporate Parenting Principles

All care leaver's plans need to consider the corporate parenting principles of the Children and Social Work Act 2017 and all practitioners should ensure the following are considered in their practice:

1. They work in the best interest of young people and promote their physical and mental health and wellbeing.
2. Care leavers are encouraged to express their views, wishes and feelings, and that these are taken into account by those working with them.
3. Care leavers are able to gain access to, and make the best use of services provided by the local authority and the organisation it works with.
4. They have high aspirations for young people and help them to achieve the best outcomes they can.
5. Actions are taken for young people to be safe, and to have stability in their home lives, relationships, education, work and finances.
6. That they prepare young people for adulthood and independent living.

Statutory Timescales

Leaving Care 'Signs of Success' Assessment of Needs

- All young people - Eligible, Relevant or Former Relevant - must receive a pathway needs assessment as to the advice, assistance and support they will need when leaving care.
- The young person's social worker will be responsible for coordinating the pathway needs assessment.
- This assessment should be completed no more than 13 weeks after the young person's 16th birthday or after the young person becomes Eligible or Relevant if this is later. The timetable must take account of any forthcoming exams and avoid disrupting the young person's preparation for them.
- The young person's pathway plan together with information from the most recent assessment will form the basis of the needs assessment.
- The young person's social worker will be responsible for recording the assessment information and conclusions as well as the outcome of any meetings held. The young person must be invited to any meetings held in connection with the pathway needs assessment.
- All parties, including the social worker's manager, should sign the completed pathway needs assessment record. The young person should be provided with a copy in a format that is accessible to them within 2 weeks. The social worker is responsible for ensuring that the outcome of the assessment is explained to the young person.
- The pathway needs assessment will inform the development of a pathway plan which will be based on and include the young person's care plan.

Needs Assessment for those aged 21 and up to 25

- The government guidance Extending Personal Adviser Support to All Care Leavers to Age 25: Statutory Guidance for Local Authorities (February 2018) highlights that at this stage of their lives young adults needs will vary considerably. Some may need considerable continuing support with transition, whilst others will not take up the offer for continuing support. Therefore there should be a proportionate response, with some benefitting from a continued and full assessment of needs, whilst others who seek help for specific issues have a more focussed assessment which responds to their particular need and level of requested help (Refer to Section 6.1, pathway Planning for those Aged 21 and up to 25).



Practice Expectations

Visits and Reviews

- Practitioners should aim to complete face to face visits every 8 weeks (or according to the contact pattern agreed with the young person and recorded in their pathway plan). Visits should have purpose, focus on the concerns and needs identified for the young person as well as the identified strengths. We will see the young person on their own and during our visit we will explore what they want and how they feel. We will ensure that they understand their plan of support being offered. Our recording will be clear as to where we have visited with a young person
- If it has not been possible to complete the visit within the statutory timescale due to the unavailability of the young person, we will record the reason for this and discuss this with our manager for their oversight
- Each of our visits adds to what we know about the young person and what life is like for them. Each visit helps us to understand more about the young person and what they want. Our visits will use the signs of safety/success model and we can answer the question of "What is life like for the young person?" We can identify what is going well for the young person, what we are worried about and what needs to happen next
- Visits for 16/17 year old young people who are eligible for care leaver support services will be seen by their social worker every 6 weeks. After the young person has reached 16 years and 6 months the Personal advisor will work alongside the Social Worker allocated to ensure that visits are paced and that we work to the same plan.
- Where a relevant or former relevant Young Person enters custody, pathway planning must continue. The young person must be visited on a regular basis and it is good practice for the first visit to take place within 10 working days. The role must not be fulfilled by a youth justice worker. The local authority must liaise with youth justice or National Probation Service to support the young person emotionally, practically and financially while in custody. A review of the pathway plan should be carried out at least a month before the young person's release to give sufficient time to plan for their resettlement, including identifying suitable accommodation where the young person's placement had to be given up or has been lost.
- Young people over 21 will be seen in line with the agreed visiting frequency as recorded in their pathway plan
- All personal advisor visits will be completed face to face.
- If we encounter on a visit any identified issues of concern we will discuss this immediately with our manager. We will agree what we need to do about the extra concerns, including any involvement of other professionals, and our manager will ensure that the oversight is added to the electronic file within 24 hours.
- If the young person moves to new accommodation, we aim to make contact with them to discuss the accommodation or speak to another professional if they have visited the young person at home (if appropriate), within 7 working days of the move.
- If the young person experiences a significant event, we will make contact with them to discuss the event and offer support, within 5 working days of being notified. This timescale may decrease depending upon what the event is. Professional judgement should be used about when to respond.
- We will attend all relevant meetings in relation to the young person and family at the care leaver's request if they are over 18.
- Although there is no requirement to proactively keep in touch with all young people aged over 21 up to age 25 throughout the year, there is a duty which requires local authorities to make care leavers aware that they can continue to request personal adviser support when the person turns 21, and on at least an annual basis thereafter.



Practice Expectations

'Signs of Success' Pathway Planning

- All young people will have a pathway Plan in place within 3 months of becoming Eligible and, wherever possible, a pathway Plan will be in place by the time the young person is 16.5 years of age..
- The pathway Plan will be based on and include a young person's care plan and any personal education plan or careers advice service will inform and complement the pathway Plan. A multi-agency response is integral to creating a clear plan for young people.
- Each young person will be central to drawing up their own pathway Plan setting the goals and identifying how the local authority will help meet them. It should be written in a way that meets the needs of the young person, capturing their aspirations and key messages. Young people with particular language or communication needs should be provided throughout the process with appropriate interpretation, translation or advocacy support.
- We aim to ensure that their plan encourages them to reflect on their journey and make sure that they have personal possessions, information, photos and material about their family and history
- The pathway Plan must clearly identify the roles of each person who has a part to play in supporting the care leaver.
- pathway Plans must be updated at least every 6 months, or after a significant change in circumstances, for example, a change in accommodation, education or a significant concern. All young people will receive a written copy of their pathway plan within 2 weeks. If they have not received a written copy then the rationale for why will be clearly recorded on the electronic file.
- The reviewed pathway Plan will incorporate the assessment and therefore will include up to date information to inform the assessment, and then also the identified actions for the plan.

Transitions

- Care leavers will be allocated a personal adviser from the leaving care team from the age of 17 years and 6 months. This may be earlier if the young person has a disability or complex health need. The personal adviser is there to help to prepare care leavers to live independently and to offer advice and support after they leave care. They should talk to the young person about what support they need and record this information in their pathway plan.
- Attempts should always be made to enable care leavers to keep the same worker, though this will not always be possible. The amount of support that a care leaver receives from a personal adviser will depend on what they want and their individual circumstances.
- The "Introducing your Personal Adviser" booklet should be used for all of our allocated young people. Every young person will have their personal advisor's contact details and know how to get in touch with them if they need or want to. This includes their email address and work mobile telephone number, as well as an office number for when they may not be available. The personal adviser booklet will be used for any change in personal advisor.

Eligibility

- Young people who are aged 16 or 17, have been looked after for a period or periods totalling at least 13 weeks starting after their 14th birthday and ending at least 1 day after their 16th birthday, and are still in care. (This total does not include a series of pre-planned short-term placements of up to 4 weeks where the child has returned to the parent, or if a young person has successfully returned home for a period over 6 months). There is a duty to support these young people up to the age of 18, wherever they are living. The statutory definition and requirements are under Regulations 42, 43 and 44 of the Care Planning, Placement and Case Review (England) Regulations 2010.
- A young person is also "Relevant" if, having been in care for 3 months or more, they are then detained after their 16th birthday either in a hospital, remand centre, young offenders' institution or secure training centre. There is a duty to support relevant young people up to the age of 18, wherever they are living.

RECORDING AND REPORTING



Children and young people's records will be accurate, recorded in a timely way and reflect each child or young person's lived experience, wishes and feelings.

1) The written records of our children and young people should clearly, accurately and fairly record their journey and their involvement with children's social care. As adults, people may wish to look at their records and for some, this may be their only link to their early life and family experiences. It is therefore vital that it is written in a way which they can understand.

2) All recordings are clear and easily understandable to a degree that if a child/young person came to read their records in years to come, they could understand easily what has happened and why decisions were made. They should avoid jargon and abbreviations and be well written. Language is important, and children will not be described as 'cases'.

3) Social work reports will be well written, accurate and timely, with sound assessments of strengths, needs and risk. Evidence-based recommendations are essential in determining the provision of the most appropriate services for vulnerable children.

4) Supervision will be used to discuss the outcome of any quality assurance that has been undertaken in respect of the children and families we are working with and reflect on the learning arising from this to celebrate where we have set out what we aimed to achieve, or improve our services

Example of a Danger Statement, Safety Goal and Scaling Question

Danger Statement

Amanda, Social Worker from Hull City Council is worried that mum has been using drugs like Heroin and Amphetamines since before Ann was born and that since she moved to England she does not appear to have many people around to support her now she is a single mum. We worry that if mum is spending her hard earned money on drugs then she will not have a lot of money left to pay for things for Ann and we also know that people who use heroin can sometimes lose focus on caring for themselves and their children. We are not sure if it's because of mum's heroin use or because of the way she was brought up in Latvia, or the fact she has to go out to work for long hours but what we do know is there have been times when the home has not been clean and tidy, Ann has had to cook for herself or has watched adult things on the TV when her mum has not been around to keep an eye on her and has spent long periods of time alone without an adult caring for her and already we see that Ann stayed out after going ice skating until 11pm at night without her mum knowing where she was or who she was with and when she tried to call her the phone was dead.

We worry that if nothing changes then even if mum would never intend for something bad to happen to her beautiful daughter she could get hurt, either by accident or on purpose and at worse could grow up without her mum around to love and care for her if the drugs kill her.

Amanda, Social Worker from Hull City Council can tell how much Mum loves Ann because she does spend some of her hard earned money on buying nice things for her daughter like the times she has bought her a mobile phone and given her money for the bus so she can go dancing and has gone to meet her off the bus stop and I would want this to continue.

Safety Goal

For us not to have a worry and to be willing to close the case Amanda now needs to see that mum finds at least three people who she knows and trusts and who will come to some meetings, talk about the worries and the good things they have been doing to try and get these things sorted out. Amanda will ask lots of questions so they can all work together to make a plan with clear rules that will show everyone that even if mum is using drugs, feeling unwell, or maybe just having a bad day like all parents do, how Ann will always be kept safe and well cared for.

To help Ann understand why everyone is worried about her and what the adults are doing to get the worries sorted she will work with mum to make a story to explain these things to Ann. Once the story is finished and the plan rules are made, the social worker will help mum to read this to Ann.

Safety Scale

How safe is Ann right now in the sole care of her mum where:

10 means that even if mum is using drugs or having to go out to work, there is a plan in place and people who are making sure that Ann has safe adults around her who are not drinking alcohol and not using drugs and they make sure she is watching age appropriate things on the TV, she is getting fed, living in a home that is clean and they know where she is and who she is with if she is going out with friends and they make sure she is kept safe if they have any worries.

0 means that even if there is a plan and people who say they will help it simply is not working. Ann is still being left alone in the house whilst her mum is out, she is still having to cook and care for herself and watching things only adults should be seeing and is out in the community doing things where she could get seriously hurt or in trouble with the police. It is just a matter of time before she is hurt or her mother ends up dead and there is no one to love and care for Ann.



Practice Expectations

- Our records are kept up to date within five working days. However in emergency and child protection situations recording should be completed on the same day as the event or early the following day.
- The child and young person's voice is clearly readable in the child/young person's record. We will record what a child/young person's has said, in their own words
- Recorded information should always record when information is observed fact, reported fact and interpretation/opinion. Practitioners will note any differences in opinions in the support network and multi-agency group
- We will ensure that we clearly record where the use of interpreters, specialist workers or tools to enable communication with the child/young person or their family have been used
- Information will only be added to the relevant child's life and not copied across all siblings unless this is relevant.
- All records must conform to the principles of the Data Protection Act.
- Reports must be written on the approved template, address the areas specifically requested, and be completed within the agreed timescales. In some cases these will be set by the Family Court. Likely difficulties in ability to comply with timescales must be discussed with a team manager at the earliest opportunity.
- Case Summaries should provide a clear account of the child's lived experience in a succinct way, so that any reader can know what life is like for that child and what there contingency and safety planning is. These should be structured using the appropriate format and must be updated every 3 months or if the child's circumstances change.

Case Summary Format

The Case Summary will follow the guidance to include the following key points:

You can find copies of Case Summary Templates on Liquid Logic Useful Links

- **Why are children's social care currently providing care, help and support?**
- **What are the things you need to know are important to the child or young person** (The name they like to be known as, how I identity, health needs, language, disability, how I communicate and any additional needs)
- **Who does the child consider to be their family and who can help and support them and their family or look after them when their main carer cannot?** (including relatives and family friends) (also include who lives in the home and who has PR)
- **What is the child's permanency plan?**

Family network

- Has there been a recent family network meeting? What are the child's family time arrangements?

Professional network

- Who are the main sources and what are they doing right now?

- **Other important things people need to know?**

(This can include any details about people the children should not be having contact with – and any family time arrangements if in place. If the child is at risk of missing / exploitation, any known associates – reference to RIT's and missing plans etc. Dates of importance i.e. next reviews / meetings. If child has an EHC etc. Is the child a young carer?)

- **What is the contingency plan?**

QUALITY ASSURANCE & AUDITS



1) Keeping the child at the centre of our decision making is what drives improvement in our practice. As part of a quality assurance framework, audits should adopt a strengths based approach that recognises good practice as well as areas for development. It is in place to ensure that the practice standards in this document are consistently met or exceeded and to highlight themes or patterns when practice needs to change.

2) Audits will be driven by the quality assurance policies of the Improvement and Quality Service to ensure that the quality of work undertaken with our children and families is responsive, needs led and that children and families have been included throughout their involvement with services.

3) Social workers and personal advisors will ensure that details and recording for the children and families that they work with are always accurate and up to date and these will be reviewed regularly.

4) Signs of Safety is Hull City Council's practice model. This approach will be utilised throughout all the work we do with children and families and is a strength-based approach. The approach should be visible throughout all the interventions we do with children and families.

5) Case file audits will be undertaken collaboratively between the auditor, social worker, relevant professionals and family where appropriate to drive improvement, share success, and offer opportunities for reflection and continuous professional development. Input from the team manager and IRO should be sought when appropriate by the auditor to gain a full picture of practice within the child's life.

6) The case audit process will never delay immediate action being taken to safeguard a child. If any immediate concerns are identified, the auditor must notify the team manager immediately so that corrective action can be taken.



Practice Expectations

- An impact chronology and genogram should always be up to date and present on each child's file.
- The voice of the child should always be clearly recorded and evidenced throughout their electronic case file.
- There is a birth certificate correctly located on file for all children who are looked after.
- The child's most recent assessment, plan and review minutes are on the system and use the signs of safety/success/wellbeing approach in accordance with the road map. Each child's record should have:

1. Clear case mapping
2. Danger/Worry statements with matched safety goals and scaling questions
3. Clear use of the signs of safety approach with case notes and visits
4. A safety plan created with the family
5. An identified family network.
6. A word and pictures explanation for the child

And when appropriate:

7. A clear timeline/trajectory detailing the work to be completed and those involved
8. A harm analysis matrix
9. Bottom lines

- When worries about a child are presented in court, the legal pathway on Liquidlogic should be updated and all documents scanned and uploaded onto the system.
- The safety/wellbeing/success goals should be evidenced through SMART plans which evidence clearly when positive outcomes are being achieved for that child.
- Managers and practice supervisors' supervision records for the child are filed with the case recording in line with Signs of Safety processes (with consideration of appreciative inquiry) and the practice standard for supervision.
- Case summaries should be updated every three months or where there are any significant changes to the child's life which require someone at a glance to understand the child's life.
- We will ensure that all children open to children's social care over a month have a Case Summary. The Case Summary will follow the guidance to include the following key points:
 1. Brief reason for involvement
 2. Danger/Critical Worry statement
 3. Safety/Wellbeing goal
 4. Brief summary of the safety plan
 5. Agreed frequency of visits
- Social workers, personal advisors and their team managers should always ensure that any actions and feedback from the audit are tracked in their subsequent supervision to ensure that improvements are made for the child or young person.
- In accordance with GDPR only documents that are relevant to the child in question are retained, and they are not kept longer than is necessary.
- Audit outcomes should be available to workers and managers for the purpose of supervision, staff development and, in the case of potential capability issues, to identify the additional support required.
- Where a case-holding worker, team manager or IRO does not respond to requests for a meeting with the auditor then after two attempts the auditor is expected to escalate this to the group manager to resolve the issue.



Practice Expectations

In all case recordings of visits we will be clear in our recording of:

1. The purpose of the visit
2. Who was seen
3. What was observed
4. Was the child seen awake? Alone?
5. What strengths and safety there are for the child/young person/family
6. Any worries or risks identified with a clear plan of what the next steps are to mitigate these (and if they have had to be escalated)
7. What support the family need, e.g. food parcels, assistance with housing

Audit Grading

Judgement	Outcomes for Children
Outstanding	The requirements for 'good' are fully met, plus outcomes for the child demonstrate that they have received effective multi-agency services that contribute to significantly improved outcomes. The voice of children, young people and their family is clear in the recording and they have taken an active role in formulating their plans. Their progress exceeds expectations and is sustained over time. The work is exemplary and offers best practice examples to other workers.
Good	Outcomes for the child demonstrate that effective multi-agency services of help, protection and care for the child or young person and those who are looked after or care leavers have their welfare safeguarded and protected in a timely manner. The child and family voice is clear in the recording. There is good evidence of reflective supervision and management oversight.
Requires Improvement with elements of good practice	<p>The welfare of the child is safeguarded and promoted. Minimum requirements are in place. However, case management is not yet fully delivering good outcomes for the child/young person and family.</p> <p>However, within the case there are specific elements of good practice that need to be highlighted and where if the deficits were fewer or less severe the case would have been graded as good. Examples might include:</p> <ul style="list-style-type: none">• When the child's voice or lived experience has been captured and understood via good direct work or good relationship building.• A case in which there have been previous delays or practice concerns and where this has now improved but where the improvement is recent and needs to be maintained for longer <p>Auditors need to be specific about which elements of practice in the case are good in order that the allocated worker is able to understand what is working well but what needs to improve.</p>
Requires Improvement	The welfare of the child is safeguarded and promoted. Minimum requirements are in place, however case management is not yet delivering good protection, help and care for the child/young person and families. Some limited drift and delay may be present. The presence of the child and family voice is limited. Compliance with statutory and organisational requirements is limited.
Inadequate	Outcomes for the child demonstrate that in the services provided to them their welfare has not been safeguarded or promoted. This may be indicative of widespread and serious failures that create or leave children being harmed or at risk of harm or result in children looked after or care leavers not having their welfare safeguarded or promoted. The voice of children, young people and families is not apparent. There are <i>multiple examples</i> of failure to comply with statutory and organisational requirements.

- Following the completion of the domains and giving the overall judgement, the auditor is responsible for completing the improvement plan at the end of the audit. The plan needs to be SMART and robust to enable the team manager and practitioner to be clear about what actions need to be taken, by whom and by when in order to quickly improve practice standards and outcomes for the child.
- Once the audit has been completed, the auditor must return the completed audit to the quality assurance team and also share their findings with the team manager and practitioner. It is at this point that any areas of disagreement should be resolved.
- **For cases that are judged Inadequate** the team manager and allocated worker will discuss the audit findings and the improvement plan within 5 working days. **For cases judged to be Good or Requires Improvement** this discussion will take place within 10 working days. It is the responsibility of the team manager and practitioner to ensure that this is done. Following discussion with the practitioner, the team manager must record agreed actions and timescales on the child's files on Liquidlogic under management oversight.
- On receipt of the completed audit, the quality assurance team is responsible for checking the audit to ensure that the audit has been appropriately completed. Any audits that need to be amended will be returned to the auditor who then completes and sends back to quality assurance team within 3 working days.
- In situations where cases are judged to be inadequate the case will be re-audited the following month by a senior manager. If the judgement remains the same, the case will be re-audited until improvements have been made. Such cases will be flagged up in the monthly audit highlights report.

FAMILY TIME 'CONNECTIONS & BELONGING'

The safety and welfare of children and young people should always be your priority when considering Family Time. The views of parents and wider family members are important, especially as they hold parental responsibility for their children, but the law requires that the safety and welfare of the child is paramount, and you must make sure this is the loudest consideration. (Family Justice Young People's Board (FJYPB)). The Families First Partnership programme guide, illustrates the importance of family decision making.

Family Time that feels safe and beneficial is important and helps to build and maintain relationships with significant people in children and young people's lives. Young Voices Influencing Care (YVIC) and FJYPB advocate that family time can help young people to heal and learn to trust and is beneficial for them, even when they have previously experienced harm.

Children, young people and their families need to be clear about their family time arrangements. For instance, what this looks like and whether this works with other arrangements such as school, college, seeing friends, managing hobbies and interests and their downtime. The arrangement the local authority make should not be exhausting or tiring for the children and should be done in conjunction with their wishes and feelings.

Preparing children and their families is essential to ensure that any worries that they need to share can be acted upon, so that they enjoy the time with their family. Reviewing the arrangements is of equal importance therefore they should be asked how they feel and whether there should be any suggested changes that will make a difference to them. This should be done inline with family time reviews and visits to the children.

Family Time for Children in Care

'I get to see my mum on my own, it feels good. I also get to see my sister separately because my foster carer and social worker have listened to what I needed.' (2024-YVIC)

'Arranging contact takes too long, we don't know enough about why we can't see certain family. Family time can help us cope.'
(YVIC Feedback 2022)



(Dream On)



Practice Expectations

- Ensure that when you are considering family meetings that we understand the relationships between parents, child and extended family. If for instance either parent is a victim of domestic abuse, we must ensure that we DO NOT ask the perpetrator of domestic abuse to supervise family time or compromise the victim further by expecting them to attend the family meeting together. We need to consider the extended family's understanding of the relationship and any coercion and control that may exist. This should be explored from the outset of any family decisions making arrangements.
- We DO NOT at any time ask a perpetrator of domestic abuse to provide supervision of family time for the victim.
- The Local Authority need to ensure that when we plan meetings and send invites we have considered domestic abuse and the appropriateness of joint attendance or holding a separate meeting.
- Family Time should only be supervised where it is necessary to ensure children are safeguarded and their welfare promoted.
- Where family time needs to be supervised then this is better if it can be undertaken by someone familiar to the child, an extended family member, friend or a key worker / care giver wherever possible.
- The role of the foster carer or Kinship carer in family time should be carefully considered in the planning stages of family time. Wherever possible foster carers should transport.
- Family times should take place in venues that are appropriate for children and young people; Office buildings should be that last resort.
- Children and young people have a choice about who they wish to have family time with and have the right to change their minds about this over time. This should be regularly reviewed.

Different types of Family Time

- Face to face meetings and visits (direct family time) will generally be the best way of maintaining relationships, but other means such as emails / letters, text messages, video calls, photograph exchanges etc. (indirect contact) should be borne in mind.
- Social Workers and care givers should work together to explore how electronic media can support positive relationships for children and young people.

Cancellation, Suspension or Termination of Family Time

- Family Time should never be cancelled unless there is a very good reason, e.g. it is deemed that it would not be safe for it to take place or the child/adult/sibling attending is too unwell for it to take place or the child is not wishing to attend.



Practice Expectations

Unsupervised, Loosely Facilitated or Supervised Family Time Family time will be **unsupervised, loosely facilitated or fully supervised.**

- Unsupervised family time: means that the sessions take place with no-one else there with a specific role to facilitate, support or supervise the sessions.
- Loosely Facilitated Family Time: is where some support is provided for the sessions such as a room in a Contact Centre or a Children's Centre; and where possible, staff might greet everyone beforehand and pop in to ask if anything is needed.

Quality of recording

- It is important as with any other recording about a child and their family that the person recording adheres to the following principles:
- They must be clear about why they are doing it: the purpose.
- They must be clear about who is going to read it
- Language should be accessible and able to be read by the child (and grown-up child) and their family.
- The parents are informed that the family time is being recorded. The parent/s have a right to have a copy of the recording as soon as it has been written up

Key Considerations

Family Time can be triggering for children and young people. Consider their experiences they've had and what actions need to be taken to ensure they get the help they need to spend time with family and friends. Which will help them to manage and overcome their emotions.

"Easing into it would be the best-case scenario for me. You can't expect a child to be okay with consistent 50/50 time straight away especially in the context of domestic abuse. Children and young people can be extremely influenced from what they see, memories can come back and then having to see that parent can cause concerns."

"I don't want to be seen as on a parent's time and hear the phrase 'you're on Mums time now/Dad's time now' as I am the one having to move in between homes" Language Matters, YVIC have told us to ask them how they would like to describe the time they spend with the people that matter to them.

"I hadn't seen them in a really long time and they just didn't know me and we struggled to get to know each other".

PRIVATE FOSTERING



Children and their families will know what support is available when a child is placed under private fostering regulations.

1) Private fostering is the term used when a child or young person is cared for by someone who does not have parental responsibility for them, is not a parent or a “close relative”. This applies to a child or young person under the age of 16 years or under the age of 18 years if the child is disabled. Private fostering regulations apply when a child or young person is cared for on a full-time basis for 28 days or more. A private fostering arrangement is one that is made privately by the parent or person with parental responsibility and the council are responsible for checking that the arrangements are suitable for the child.

2) Close relatives are defined as:

- ✓ Grandparents
- ✓ Brothers and sisters
- ✓ Uncles and aunts, or
- ✓ Step-parents (if married to the partner or in a civil partnership)

3) There are many circumstances in which an unmarried partner becomes the carer for a child. A parent's unmarried partner is not a step-parent in this context. In this situation there is a legal requirement to notify the local authority of a private fostering arrangement.

4) Private foster carers can include a person who is part of the child's wider family, a friend of the family or the parents of a child's boyfriend or girlfriend.

5) Practitioners will understand the circumstances where a child or young person is considered living in a private fostering arrangement and will ensure the guidance and protocols are followed so that children and young people can have their needs met when they cannot for whatever reason live at home.

6) Practitioners will make sure the child has appropriate health, education and other services are notified of the arrangement and most importantly make sure the child's needs are being met.

7) Every child or young person who is considered as privately fostered will be offered an advocate via the National Youth Advocacy Service and their carer will be allocated a fostering social worker to support any of their needs.



Practice Expectations

- A social worker will be allocated to assess private fostering arrangements within 24 hours of a notification to the local authority of a private fostering arrangement.
- The social worker will obtain written consent to checks with the Disclosure and Barring Service (DBS) for all members of the household over 16, and gain an understanding of the young person's views and experiences. Family time will be discussed and a family network meeting will be arranged within 10 days.
- Two personal references must be undertaken. These must be done by visiting the referees in person.
- The private fostering assessment must be completed within 42 days or as soon as the outcome of the DBS check(s) is known, whichever is the sooner and must be approved by the responsible group manager and the designated head of service who is lead for private fostering.
- The assessment will be undertaken taking into account Working Together to Safeguard Children, including parenting capacity, child's developmental needs and family and environmental factors. All aspects of the initial visit (identified in Section 4, Initial Visit to Private Foster Carers) must be fully explored and documented in the assessment.
- Children in private fostering placements will have differing needs so visits will be done at a minimum of one within seven days of the arrangement or within 7 days of the Local Authority being notified of the arrangement if the child has already been placed. Visits should be no less than every 6 weeks for the first year and should take place every 12 weeks thereafter. It may be the case that the child may need seeing more frequently. This should be established from the initial assessment sessions. They must be seen alone unless this is not appropriate. The bedroom should be seen at a minimum of every 12 weeks. In subsequent years, visits can take place every 12 weeks. More visits should be offered if the carer needs support. An annual review will be undertaken of arrangements and must be chaired by the team manager.
- All children and young people will be visited and spoken to within seven working days of the notification of the arrangement. The social worker will speak to the private foster carers and all members of the household; check the suitability of the accommodation; ensure that the parents are in agreement with the arrangement; establish whether the child's needs would be more appropriately met through the provision of services at home.
- Children will be central to the visits and the social worker should explain the assessment process, where possible with words and pictures.
- Consideration should always been given to a child's culture, and private foster carers should be given advice in relation to resources/facilities which could assist in meeting the child's racial, cultural, religious and linguistic needs.
- Social workers should explain to carers they will need to notify Children, Young People and Family Services in the event of a change in circumstances such as a change in family dynamic, employment or anything that may affect the child living with them.
- After the first visit the social worker will begin their assessment using the private fostering arrangement record. At the conclusion of this assessment decisions must be made in terms of a continuation of arrangement and must be authorised by a team manager, group manager and the designated head of service for Private Fostering . The notice of the arrangement will be shared with the designated lead in Hull for Private Fostering.
- The social worker must then discuss the decisions and send this in writing to the private foster carer and the parents, including any requirements, exemptions or prohibitions imposed.



Practice Expectations

- A privately fostered child is not automatically deemed to be a child in need. Where it is assessed that a child living in a private fostering Arrangement has additional needs that would warrant intervention by children's social care then the child should be made subject to a child in need plan.
- The social worker will ensure that the private foster carer will reach an agreement with the child's parents in terms of financial arrangements for the child's care and maintenance. These arrangements should be addressed in the assessment and put in writing.
- The social worker should acknowledge that some 'qualifying children' will be as vulnerable and have similar support needs as those who are eligible, relevant or former relevant. Support may include advice, befriending and discretionary financial assistance where the young person has no other means. It will be provided at the request of the young person on the basis of assessment of need and can continue up to the age of 25 or beyond if the young person is in higher education, up to the end of the course. Note that in these circumstances, it is possible also for the local authority to also provide vacation holiday accommodation.
- When a private fostering arrangement ends the social worker should complete the termination of private fostering arrangement form.
- The maximum number of children privately fostered in any one household must not exceed 3. Any application for exemption from this limit must be made to the designated head of service for private fostering.
- The social worker should review the private fostering arrangements annually, this should be reviewed by the designated head of service for private fostering. The team manager should also be present. Should the child be subject to a child in need plan the review should take place 3 monthly, chaired by a team manager.
- Unless a young person has a disability, private fostering ends at 16 years of age. Children's services will review the young person's circumstances and future plans with them as they approach 16. Where a young person remains with the private foster carers after the age of 16, but requires continuing support, they should be assisted as a child in need. Where the young person moves to independent living, support can be provided to them as they will fall within the definition of qualifying young people.
- When a private fostering arrangement ends, the social worker should complete the termination of private fostering arrangement and ensure that a plan has been developed to consider endings and saying goodbye in person.

PLACEMENT WITH PARENTS

1) Placement with Parent Regulations

This is where a child or young person is placed with parents by the Local Authority following placement with parent regulations. Children or young people may also be placed with their parent through placement with parent regulations that have become children looked after following a remand to Local Authority accommodation through the Courts.

2) The purpose

The purpose should be to work with the parents and support them, to achieve agreed improvements, with the overall aim of the discharge of the Care Order.

The management of the trajectory and plans should be focused on strengthening and enhancing the parent's role, supporting family relationships and network and parent-led decision making. There is high support within the placement for the family and stringent planning and oversight once the child(ren) are placed.

The arrangement should be regularly reviewed to ensure that it continues to be in the child's best interests; and that it is still appropriate and safe for the child to be placed with parents, via a continuous assessment and interventions.

Placement with parents is not an arrangement that is long term. This should be viewed as a short term, temporary arrangement.

3) The Assessment Criteria:

Placement with parent assessment criteria must follow the Placement with Parent Regulations. The assessment needs to be completed on a C&F assessment on the child(ren) file and the regulations needs to all be followed and completed as part of the assessment.

The parents' state of health (physical, emotional and mental), the parents' medical history, including current or past issues of domestic violence, substance misuse or mental health problems.

The state of health (physical, emotional and mental) of other adult members of the household and their medical history, including current or past issues of domestic violence, substance misuse or mental health problems

Ensure the child(ren) wishes and feelings are the golden thread through-out the assessment and planning.

The Placement with Parents Regulations and how to complete the C&F assessment, along with the documents needed can be found on Tri- X.

4) What documents are needed?

The documents that are needed to be seen by the approving Head of Service as part of the assessment are;

- References and Consultations.
- DBS and Police Checks.
- Agreement with parents.
- C&F assessment following the Placement with Parent Regulations that can be found on Tri-x, along with all forms.
- Head Of Service sign off/Management oversight
- Care plan/placement plan to reflect.
- Child's Wishes and Feelings.
- Child Looked After review when change/proposed change.



PRACTICE EXPECTATIONS

5) Visiting Expectations:

Until the parent(s) is assessed the child(ren) should be visited within 7 days of the placement and every 7 days thereafter.

Once the assessment has been completed and Head of Service has signed the assessment off, the child should be visited every 7 days, up until the first Child Looked After Review following the placement, and then every 4 weeks thereafter. (Arrange a review so the change in Care Plan can be ratified).

If a child is placed under Placement with Parents Regulations with someone without parental responsibility for the child(ren) the child should be visited within 7 days of the placement and every 7 days thereafter.

There are 4 different criteria for Placement with Parents:

1) Planned Placement:

- Consider whether, in all the circumstances and considering the services to be provided by the Local Authority, the placement will safeguard and promote the child's welfare and meet his/her needs set out in the Care Plan.
- Before a child(ren) are placed, consultation must take place with the child(ren), their parents (including a parent who is not the proposed carer of the child), any other person with parental responsibility and any significant family member of the child as part of their network. Consultation must also take place with any professionals involved with the child.
- Assess the suitability of the parent(s) to care for the child(ren), including the suitability of the proposed accommodation and all other members of the household over 18.
- A Child Looked after Review must be held to endorse the placements and plan.

2) Placement of a Child with Parents before the Assessment has been completed:

- Where the Head of Service considers it necessary and consistent with the child's welfare, the child may be placed with parents before the Assessment of Parents' Suitability to Care for the Child has been completed, provided that:-
- Arrangements are made for the parents to be interviewed to obtain as much of the assessment information as can be readily ascertained at that interview.
- The assessment and the review of the child's case are completed within 10 working days of the child being placed the decision on placement is made and approved within 10 working days of the assessment being completed; and
- If the decision is to confirm the placement, the Placement Plan is reviewed (and if appropriate amended);
- If the decision is not to confirm the placement, the placement is terminated.
- Practitioners should also seek to meet with all other members of the household before placing the child. This is particularly relevant to identifying issues such as domestic abuse and substance misuse which may impact on the child's safety.



PRACTICE EXPECTATIONS

3) Immediate Placement:

- The Head of Service can approve an immediate placement without the necessary consultation and checks having been made provided that:

There are exceptional circumstances which justify an immediate placement, and it is consistent with the child's welfare;

There has been an interview with the proposed carer who agrees to the placement;

The accommodation has been inspected; and Information has been obtained as to the other people in the household.

- The reasons for a decision to place a child on this basis must be fully recorded, signed by the Head of Service and placed on the child's case record. In these circumstances, the Care Plan should be amended at the time or within a maximum of seven days of the placement.
- A Placement Plan should also be completed prior to the placement, but the Head of Service may authorise that this be completed up to 7 days after the placement starts.
- The required consultation, assessment and inquiries for planned placements, must then be completed and presented to the Head of Service within six weeks of the placement. A 'Working Agreement' should be completed by the practitioner with the parents to clarify the expectations of the parent(s) and ensure the child is safeguarded and their needs are met during this temporary phase before the Statutory Review.
- The social worker should inform the Independent Reviewing Officer (IRO), within 24 hours, of the circumstances leading to the immediate placement with the parents. The IRO will then decide whether to hold an early review to discuss and agree a change of care plan.

4) Short term Placement:

Where the relevant plan provide for a series of short term placements of a child with a parent, the requirements as to consultation, inquiries and checks can be carried out once only rather than every time a placement is made, provided that:

- All the placements take place within a twelve months period;
- No single placement is for a period of more than four weeks; and
- The total duration of the placements does not exceed 90 days.
- Consultation needs to happen between other agencies
- A Child and Family Assessment should be undertaken to assess the suitability of short-term placements and overnight stays, in addition to the completion of the Approval of Placement with Parents
- If a series of short-term placements is part of a longer-term rehabilitation plan, further consultation and approval must be obtained before the rehabilitation plan is extended and/or the child is returned to the parent's full-time care.

5) Approval of Placement

- A decision to place the child with the parents must not be put into effect until it has been approved by the Nominated Officer (Head of Service) and the Placement Plan prepared.
- The Nominated Officer (Head of Service) must be satisfied that:
- The child's wishes and feelings have been ascertained and given due consideration;
- The assessment of parents' suitability to care for the child has been completed;
- The placement will safeguard and promote the child's welfare;
- The Independent Review Officer has been consulted.



PRACTICE EXPECTATIONS

Ending of Placement with Parents

- Wherever possible the decision to end a placement should be made at a Looked After Review and the ending should take place in a planned way. This plan should be endorsed by the designated Head of Service. In *Re DE (A Child)* [2014], the High Court ruled that not less than 14 days' notice of a removal of the child should be given to the parents, even in an emergency.
- The Court further stated that any removal of a child in circumstances where the child's welfare does not require immediate removal, or without proper consideration and consultation, is likely to be an unlawful interference with the rights of the parent and child under Article 8 of the European Convention on Human Rights.
- In emergencies, the social worker must discuss the case with his/her manager, who will make the decision. Legal advice should always be sought. The Care Order gives the local authority power to enable the child to be removed by the social worker, but this power should only be used after obtaining legal advice; the use of other orders (e.g. a Recovery Order) might be appropriate in some circumstances.
- A letter should also be sent to the parents and child explaining why the decision was made.

Discharging the Care Order

Placement with parents' arrangements can also be ended because the arrangement had worked well, the child(ren) are safe and supported in the care of their parents and there is no evidence of significant harm and the Care Order is no longer necessary.

When a care order is being considered being discharged and no longer required this should be discussed with the parents, agencies and IRO and a Child Looked after Review held. If it is agreed at the Child Looked after Review for the discharge of the care order to happen, children's legal services need to be informed and a discharge of care order report needs to be completed.

Following the discharge of the Care Order, the child(ren) need to open to Hull children young people and family services under a Child in Need plan for a minimum of 6 months (consent from parents to work with the service needs to be gained). This is to further support the family and is in line with best practice guidance.

YOUNG PEOPLE AT RISK OF HOMELESSNESS



1) Young people at risk of homelessness are likely to be vulnerable and will often be at risk of harm in the absence of intervention. As such, it is of paramount importance that children's social care work in partnership with housing services when there is a concern that a young person may become homeless. The starting point should be consideration of their immediate family and all efforts to mediate should be made between the young person and their families to negotiate a return home where this is safe to do so as stated in the 'connect family services' standard.

2) We will follow the council's policies and procedures that are in place that work to prevent homelessness or to provide accommodation for young people between the ages of 16 and 17.

3) When there is a young person who is at risk of becoming homeless, we will support children, young people and their families to reach out to their safety networks, create safety plans and work to ensure every opportunity is explored so that young people can be cared for by their family, whenever it is safe to do so, and that they can leave in a planned way avoiding a crisis when this is not possible.

4) We will ensure that social workers supporting young people who are at risk of homelessness understand the duties of local authorities under section 20 of the Children Act 1989 and ensure that the appropriate procedures are followed to ensure the safety and wellbeing of young people, and that they are working transparently with those who have parental responsibility.

5) We will work in accordance with the Homeless Reduction Act (2017) and refer any young person between the ages of 16-17 who may be homeless or threatened with homelessness to the housing options team and will consider the specific protocols for care leavers are adhered to.

6) Young people who are at risk, or may become homeless may have other contributing factors in their lives that have affected their living arrangements such as mental health, contextual safeguarding and domestic abuse. We will work closely with other partnership agencies to create plans that provide services that include the wishes of the young person and are centred around the needs of young people and their families.

7) Family safety plans will ensure that any triggers or red flags that could result in a young person becoming homeless will be identified and that families are supported to identify people in their network wherever possible to do so to prevent young people being passed back and forth within services when they could be cared for within their own family and friends network.

8) We will ensure that all young people are at the centre of the decision making process and that their consent has been gathered prior to any referrals being made.

9) When young people may be working with the youth justice service or may have been placed in custody, we will follow our protocols so that children who may require accommodation by children's services, are supported and advocated for, including children who may be homeless on their release from custody. A clear plan is in place that will prevent children from becoming homeless when crime and offending behaviour has been identified as a contributing factor, and there will be close joint working with the Youth Justice Team in respect of this.

10) When a young person has been identified as missing, or at risk of going missing we will follow the policies, procedures and protocols of the local authority in respect of this and ensure we work closely with the police and the vulnerable, exploited, missing team (VEMT) to ensure the young person's safety, and identify suitable accommodation if it is identified that their current living arrangements are putting them at risk of harm.



Practice Expectations

- The guidance on Tri-X for the protocol for homelessness in respect of young people who are homeless must be followed. There are specific protocols for care leavers who are at risk of, or who are homeless that need to be adhered to.
- When homelessness has been established, children's social care will undertake a same day joint visit/assessment in partnership with Targeted Youth Services (TYS). The assessment will continue to be undertaken jointly to meet the needs of the young person involved.
- Connect Family Services should be considered as an intervention as this is more likely to lead to sustained and better outcomes for the young person and family.
- Any young person between the age of 16-17 who may be at risk of homeless or threatened with homelessness must be referred to the neighbourhood and housing service team when consent of the young person has been gained within 5 working days.
- A young person over the age of 16 can ask to be supported under the Children Act 1989 section 20 at any point in this process.
- When a young person age 16-17 does not consent to accommodation under section 20, they should have a CIN plan setting out how their needs for safety, success and wellbeing will be met, providing a young person gives consent. Should the young person not give consent, capacity and cognitive ability of the young person needs to be considered by the social worker as to whether they can make an informed decision and independent advocacy should be accessed.
- Social workers should be mindful of the case of R (G) v Southwark [2009] in relation to homeless young people 16-17 years old and the correlation with the Children Act 1989.
- When there is a young person of any age who is at risk of becoming homeless, all attempts to explore the family network must be undertaken to ensure every opportunity is explored so that young people can be cared for by their family, whenever it is safe to do so. This must be clearly recorded on the system.
- The young person's network's contact details must be recorded on the system. There should be a genogram created that identifies their network, and who are important to them and any safety plan should clearly set out what the network will do when there is the risk of the young person becoming homeless.
- When working with children where contextual safeguarding is highlighted as a factor, there should be clear recordings of the places the young person may frequent and people that the young person may associate with.
- If a young person is reported as missing, the procedures and guidance for missing children must be followed, and there must be clear risk assessment and planning in place when going missing is highlighted as a risk.
- When a child who has been reported missing from care returns, a visit to see the child will be made within 72 hours by their allocated worker and the "missing from care" procedures followed. This will include a return home interview being conducted within 72 hours of the child/young person's return..
- If the young person is receiving services this visit is normally done by the designated practitioner. In other circumstances, the interview may be carried out by a worker from EHASH. The care provider should never undertake the return home interview.
- The Homeless Reduction Act places a duty on children's services to notify (with consent) the housing authority (THS) when they consider someone is or may be homeless within 56 days.
- When a young person is accommodated under S.20, a bed and breakfast is not deemed suitable accommodation.

FOSTERING



"Being in care has changed my life and has made me feel better as a person"

"I wouldn't change anything for the world. I am extremely happy with my placement and I love the people I am living with."

"Nothing would make it better because it is great and i'm doing fantastic"

Quotes from Bright Spots Survey for Hull City Council 2021



1) Our social workers will work in partnership with our foster carers to deliver high quality care to children looked after by following the practice expectations of Hull City Council's Fostering Service. We listen to our children and young people and consider their own standards when they are cared for by foster carers.

1) Our foster carers will be supported to implement the signs of safety model into their caring role to ensure that everyone working with a child or young person has a shared vision of what needs to happen to keep children safe, and achieve safety, success and wellbeing goals.



Practice Expectations

Foster Carer Recruitment and Assessment

- Initial enquiries will be responded to within 2 working days and an information pack will be sent via post or email.
- A home visit will be undertaken within 2 weeks after initial contact or at a time suitable for applicants.
- The assessment process should include a minimum of 8 sessions face to face.
- All applicants will be expected to undertake relevant statutory checks, DBS, medical, references, employment as well as undertake all pre-approval training as set out by Hull Fostering.
- All assessments will be undertaken in accordance with the stage 1 and stage 2 process as required in the fostering regulations.
- The assessing social worker will support and assess potential foster carers until approval.
- Upon successful approval, foster carers will be allocated to a fostering social worker who will attend foster panel and then arrange a handover visit with the assessing social worker.
- Fostering panel will be booked in advance and applicants will receive invitations in good time.
- All assessments will follow an assessment plan agreed between the assessing social worker and applicant at the initial visit. The provision foster panel date will be agreed at this point.
- All assessments will be quality assured by the assessment team manager before being shared with applicants to gather their feedback prior to submission to panel.

Viability and connected person assessment

- The childcare social worker will make initial referral for viability assessment. The fostering service will respond to an initial viability referral within 2 working days.
- The fostering service will support and collaborate on viability assessment in terms of advising the childcare team, co working and submitting to the ADM and the courts in accordance with any required timescales.
- The fostering service will ensure that temporary approval is managed in accordance with regulation 24 of the 2010 Care Planning Regulations and will provide advice and guidance to locality teams throughout the process.
- The legal team will submit any filing dates to the fostering assessment team at the earliest opportunity.
- The fostering assessment team will be responsible for arranging panel dates and ensuring all relevant documents are available to fostering panel within 5 working days of the panel meeting.
- Connected person's assessments will be quality assured by the fostering assessment team manager before being filed with the legal team.
- The fostering service will work with the childcare social worker to discuss a child's situation and needs in order to ensure that the carers are able to meet the individual needs of that child.
- The child's social worker will complete the child and family sections of the Coram BAAF form C- connected person's assessment.
- The fostering service will discuss any stage 1 or 2 rule outs with the prospective foster carer and the childcare team. A professionals meeting or case discussion will be held to discuss worries and agree actions. This will include the legal team and a statement provided if the child's situation is being discussed in the court arena.
- Any ruling out at stage 1 or 2 will be done in accordance with the national minimum standards for fostering and the Fostering Regulations. This will include letters informing foster carers/prospective foster carers of any decisions made within 10 working days. This will include any appeals/complaints information



Practice Expectations

Placements, planning, matching and concerns

- Hull fostering will ensure that all placement options are explored so that the best matches can be made.
- Where possible, placements will be planned, foster carers profiles will be shared with children and introductions will be carried out. In an emergency as much detail as possible about the carer will be shared with the children,
- Hull fostering will ensure that children's referral information is balanced and contains full details of the children's needs
- Children's placement planning meetings will be held prior to or, at the latest, within 5 working days of their placement commencing.
- At the placement planning meeting or as soon after as possible, all foster carers will receive the placement plan, delegated authority and any other relevant documents for the child.
- Foster carers will be provided with core documents needed to support good quality care and outcomes for the child – e.g. birth certificate, passport, copy of legal order, care plan, health documents, EHCP.
- Foster carers will be provided with an up to date history of the children to be placed with them prior to or as soon as possible after placement
- Children's carers will be key members of the team around the child, their views obtained and considered, and they will be informed /consulted on key changes for the child.
- Any difficulties, instability in the placement or any concerns will be resolved together with carers unless to do so would put the child/ren at risk.
- Annual or end of placement feedback on children's experiences and quality of care will be completed by the child's SW or PA within 2 weeks of placement ending or on request from IR service to inform the foster carer's annual review.
- The fostering social worker will ensure the case recording is up to date and critical incidents are recorded within one working day.
- The fostering social worker will arrange a maintenance meeting if there are any worries about stability within the placement.
- If a child's placement ends in an unplanned or unexpected way, the fostering social worker will arrange a disruption meeting that will involve the foster carer.
- Planned changes of social worker or Personal Assistant will be kept to a minimum for children but when they do occur, these should be notified to the carer as soon as possible.
- When children leave foster placements, maintaining contact with the carer should be considered, taking into account their age/wishes, how significant the carer is to them, length of time in placement and how this would fit with their permanence plan.



Practice Expectations

Managing Allegations

- Allegations will be referred to the Local Authority Designated Officer (LADO), by the fostering social worker or child's social worker within 1 working day of receiving the allegation. It should be clear who will be consulting with the LADO initially to share the concern.
- An informed representative from the fostering team and the team responsible for the child should attend LADO meetings to share information, to gather information about concerns raised against foster carers and to be part of the decision making process.
- Foster carers will receive appropriate support if an allegation/complaint is made. This will include an allegation information pack, and the independent advice and support information.
- Regular support will be provided from the fostering social workers throughout the allegation. Support and supervision during the allegation process will be agreed at the start of the process and reflected in the initial allegation letter. There is an expectation that supervision will continue at a minimum of monthly visits throughout the allegation process.

Foster Carer Support and Supervision

- All foster carers will receive monthly supervision from their fostering social worker.
- The fostering social worker will ensure that the second carer and any birth children are visited six monthly and children looked after visited every 3 months.
- The fostering social worker ensures the household safer caring policy meets the needs of each child placed, and is updated annually or after any significant incident.
- The fostering social worker will complete at least one unannounced visit every year, to ensure the fostering household is providing a safe home environment for the child/children in their care.
- A fostering social worker will be available as and when needed for additional support to promote the best possible fostering experience and outcomes for the child/children. This may be done via visit or support call.
- The fostering social worker will assess how foster carers meet fostering standards through an annual review. The review report will be completed and shared with the foster carer 2 weeks prior to the review meeting being held.

Training and Development Standards

- The assessing social worker will support foster carers to complete all pre-approval mandatory training prior to attending the fostering panel for approval.
- The fostering social worker will support foster carers in completing their training support development standards (TSDS) work book in their first year of fostering.
- Training and development plans will be updated on a yearly basis for each carer in the household.
- The learning and development department will coordinate the training diary and update annually
- There is an expectation that foster carers will attend and participate in training throughout their fostering career. Training will be discussed with the fostering social worker, through supervision and fostering reviews.
- The payment for skills structure acknowledges foster carers and connected person carers skills and identifies areas of improvement to meet the needs of children looked after by Hull City Council. By completing training and evidencing their skills, knowledge and experience, carers can work through levels 1-3, receiving additional payment for each level
- Hull Fostering will support attendance at training. As part of supervision with the fostering social worker/ supported lodgings worker any barriers for training will be discussed. Hull Fostering will assist in helping by arranging day care or other means of support if this is required.

LOCAL AUTHORITY DESIGNATED OFFICER (LADO)

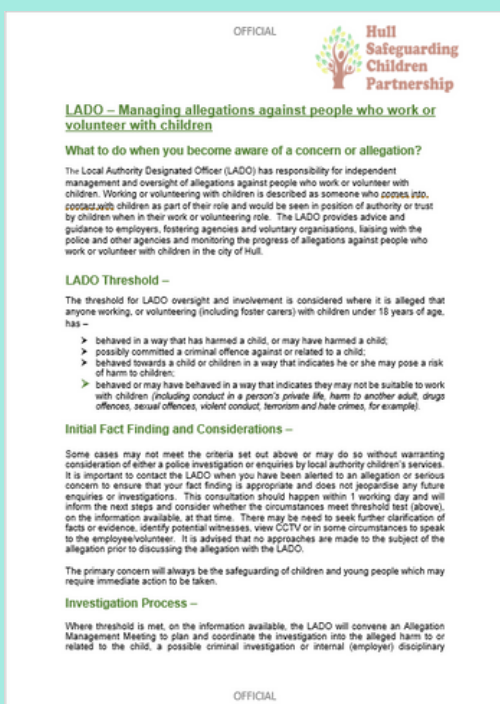
The Local Authority Designated Officer (LADO) has responsibility for independent management and oversight of allegations made against people who work or volunteer with children.

1) The safety and wellbeing of children and young people is a priority, and will always be paramount when concerns about the professional conduct of an individual who works with children has been called into question.

2) The LADO protocols for managing allegations against people who work or volunteer with children will always be followed when a social worker becomes aware of a concern or allegation.

3) We will always work in partnership with the LADO and seek advice and guidance when a concern has been raised.

All information in regards to the LADO role and processes can be found at <https://www.hullscp.co.uk/professionals/safeguarding-professionals/lado>





Practice Expectations

- The LADO 'One Minute Guide on managing allegations' should be followed when concerns have been raised
- Social workers will always consider the threshold for LADO oversight and involvement where it is alleged that anyone working, or volunteering (including foster carers) with children under 18 years of age, has:
 1. Behaved in a way that has harmed a child, or may have harmed a child;
 2. Possibly committed a criminal offence against or related to a child;
 3. Behaved towards a child or children in a way that indicates he or she may pose a risk of harm to children;
 4. Behaved or may have behaved in a way that indicates they may not be suitable to work with children (including conduct in a person's private life, harm to another adult, drugs offences, sexual offences, violent conduct, terrorism and hate crimes, for example).

Initial Fact Finding and Considerations

- Social workers should liaise with their team manager and contact the LADO when they have been alerted to an allegation or serious concern to ensure that fact finding is appropriate and does not jeopardise any future enquiries or investigations. This consultation should happen within 1 working day and will inform the next steps and consider whether the circumstances meet the threshold test (above), on the information available, at that time. There may be need to seek further clarification of facts or evidence, identify potential witnesses, view CCTV or in some circumstances to speak to the employee/volunteer. It is advised that no approaches are made to the subject of the allegation prior to discussing the allegation with the LADO.
- The primary concern will always be the safeguarding of children and young people which may require immediate action to be taken.

Investigation Process

- Where threshold is met, on the information available, the LADO will convene an allegation management meeting to plan and coordinate the investigation into the alleged harm to or related to the child, a possible criminal investigation or internal (employer) disciplinary investigation.
- Review allegation management meetings are held throughout the course of the allegation, to share information between the relevant parties including, the employer or voluntary setting leader, Children's Services (where involved) and with the police (where a potential crime has been identified).
- When the information about the investigations reaches a point that it would appear that there is sufficient evidence on which to determine an outcome, the allegation management process can be concluded using the outcome categories below:
 1. Substantiated - There is sufficient evidence to prove the allegation;
 2. False - There is sufficient evidence to disprove the allegation;
 3. Malicious - There is sufficient evidence to disprove the allegation and there has been a deliberate act to deceive or cause harm to the person subject of the allegation;
 4. Unsubstantiated - There is insufficient evidence to either prove or disprove the allegation. The term, therefore, does not imply guilt or innocence;
 5. Unfounded - The additional definition of 'unfounded' can be used to reflect cases where there is no evidence or proper basis which supports the allegation being made.
- To make a referral to LADO in Hull you can call **01482 790933** or alternatively complete the referral form which is available on the Hull Children Safeguarding Partnership Website:

<https://www.hullscp.co.uk/professionals/safeguarding-professionals/lado>

ADOPTION STANDARDS

1) The Adoption Standards for Hull City Council are legally set through government guidance and legislation, or are based on evidence based research or our agreed One Adoption North and Humber (OANH) arrangements. The practice standards are designed to improve consistency in practice across the whole of OANH with the intention of improving the outcomes for children and their families.

2) The Standards are set into 5 areas:

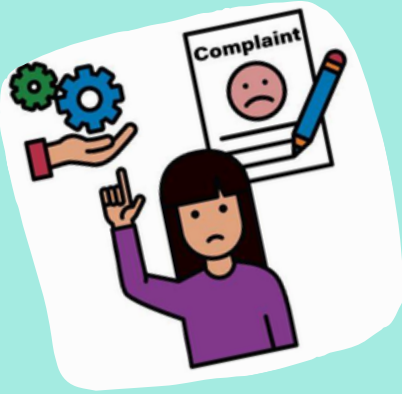
- Agency standards of OANH
- Adoption Social Workers
- Post Adoption Support Social Workers
- Family Finding Social Workers
- Early Permanency Placements
- Adoption Managers

3) The Adoption Standards are located separately to this document as they were created in partnership with OANH. These can be found upon Tri-X:

<http://hullchserv.proceduresonline.com/index.htm>



COMPLAINTS



Children, young people and their families need a complaints system that ensures their voices are heard and issues are resolved fairly and swiftly.

1) The interests of children are placed at the heart of the complaints process, as the Children Act legislation intended, and ensure that as a local authority, we maximise our learning opportunities from complaints, in order to improve future service delivery.

2) When someone wishes to give compliments, provide feedback, or make a complaint they can expect the Local Authority to deal with their feedback in line with the social work standards.

3) Children and families have described to us that they have confidence in the complaint process when their complaints are resolved quickly, and they are offered support with the complaint process from an advocate, when they want one, who is independent of Hull City Council.

4) We will always ensure the inquiry officer meets face to face with children and families to discuss their concerns, and through this they are treated in a fair manner, with respect, and are not discriminated against, or looked upon unfavourably for making a complaint.

5) We will ensure that all of our complaint responses do not say what children and families think they want to hear but are truthful and factual.

6) We will always ensure every step is taken so that children and families feel their voices have been heard, that wrongdoing is accepted, and not defended.

7) Where appropriate, a personal and meaningful apology will always be provided to a child/their family and that this apology is reinforced when poor practice is not repeated.

8) Extensions will not be added to children and family's complaints, unless there are exceptional circumstances, as we have been told how frustrating it is when a response is not swift and that they feel their voice is valued and their concerns are being taken seriously when we react quickly.



Practice Expectations

- ‘Acting on Compliments, Feedback and Complaints - Practice Guidance when responding to complaints, for social care practitioners in Hull’ should be read in conjunction with the practice expectations.

Ways that Children and Families can make a complaint:

- Children and Families can make a complaint in a variety of ways. Further information and printable leaflets can be found at <https://www.hull.gov.uk/help/childrens-and-families-feedback>
- Mind of My Own (MOMO) also has an option for children and young people to choose called ‘sort a problem’ which gets sent directly to the complaints department.

The most appropriate person to deal with the complaint will be identified quickly by the complaint service. The complaint timescales are designed to ensure complaints are handled effectively, fairly and swiftly throughout the process. The complaint timescales are written in to statutory guidance and are standards against which the council is monitored.

Timescales

All Stage 1 Complaints

- The complaints service will contact the responsible team manager within 3 working days of receiving a complaint and agree who is going to undertake the complaint inquiry. This will usually be the team manager, or advanced social worker within the team.
- The complaints service liaises with the team co-ordinator to ensure a complaint resolution meeting is booked swiftly between the inquiry officer, and the family.
- The inquiry officer will investigate the complaint and provide a response within 10 working days. A further 10 working day extension can be requested in exceptional circumstances.
- The reasons for this must be submitted to the complaint service on or before day 5 of the complaint, and then a decision will be made as to whether this extension will be authorised.
- For complaints from children and young people, there is an expectation complaints must be responded to within 5 working days. It is good practice to contact the young person the same day to confirm receipt of the complaint.

Alternative Dispute Resolution (ADR)

- An ADR's purpose is to try and resolve complaints swiftly, so that children and families feel their concerns are being heard and acted upon.
- The family has 20 working days from the date they receive their stage one response, to request escalation of their complaint to ADR.
- The Complaint Service will allocate a more senior manager to meet with the family to discuss resolution to their complaint, and liaise with the team co-ordinator who will be responsible for booking this meeting with the family. The meeting with the family must take place within 10 working days of the ADR request.

Statutory Stage Two complaints

- The family has 20 working days from the date they receive their stage one response to request a stage two formal investigation.
- This stage of the complaint process is undertaken by two people who are independent of the local authority. The investigation should be completed where possible, and the response letter sent to the family within 25 working days.
- The 25 working day time scale may be extended up to a maximum of 65 working days.



Practice Expectations

Corporate Stage Two complaints

- The family has 20 working days from the date they receive their stage one response, to request escalation of their complaint to corporate stage two.
- The Complaint Service will allocate a more senior manager to meet with the family to discuss resolution to their complaint, and liaise with the team co-ordinator who will be responsible for booking this meeting with the family.
- The meeting with the family must take place within 10 working days of the escalation request.

Corporate Stage Three complaints

- Are undertaken by a members panel

Statutory Stage Three complaint panel reviews

- Are undertaken by an independent complaint panel of three people with the local authority in attendance with the complaint investigating officer and independent person who undertook the stage 2 complaint.

When Complaints fall outside the Local Authority's Remit:

- In circumstances where complaints fall outside of the local authority's remit, the complaints service will signpost children, young people and their families to the most appropriate service to support them in achieving a resolution, for example, seeking independent legal advice.

If you require any further guidance, support or advice when handling a complaint, the Children, Young People and Family Service Complaint Team can be contacted on 01482 616143.



Sort a problem

You can register for a Mind of my own account at <https://workers.mindofmyown.org.uk/#/signup>

CHAMPIONING KINSHIP CARE



The National Kinship Care Strategy was published in December 2023. It is the first ever national kinship care strategy. Kinship care can transform outcomes for some of our most vulnerable children and Hull are committed to moving towards a children's social care system with Kinship at its heart so that more children can thrive.

Why is this important ?

Kinship care (sometimes known as family and friends care) is the most prevalent form of alternative care for children worldwide. In 2021, there were more than 130,000 children living in kinship care in England. Children who grow up in kinship care often have better outcomes than children who grow up in other types of non-parental care.

Evidence shows that, compared to these groups, children in kinship care:

- Are more likely to have stable, permanent homes;
- Achieve higher levels of employment later in life;
- Have better social and emotional wellbeing and better long-term physical health compared to children in foster or residential care;
- Are more likely to be kept with their siblings compared to those in foster care;
- Are more likely to report that they feel loved. Kinship carers provide love, protection, and stability to our most vulnerable children.

Practice Expectations

The National Social Care Framework is statutory guidance from the Department for Education and is central to setting direction for practice in children's social care.

Our principles are informed by our vision for social work and underpin any work with children and families in Hull.

Children, young people and families stay together and get the help they need: Children are the best brought up in families, with local based support. Where children cannot be brought up in their birth family, timely alternative permanent arrangements for them will be secured.

If you are making decisions linked to Kinship Care, please click on this link for more information about Hull's offer.

[Hull Fostering Website](#)

Practice Expectations

Current Offer:

Financial Offer:

Hull City Council operates a no detriment policy to enable foster carers; both mainstream and connected person carers in securing a permanent order for the children in their care. This means they will receive the same amount of money that they currently receive

The financial package is as follows:

- Carers will continue to receive a financial payment this will be equivalent to the fostering rate for their child less child benefit. The payment will be based on the age of the child; with carers receiving the age banding allowance as the child gets older.
- If the foster carers is in receipt of a Payment for Skills this payment will continue on their existing level; even if they no longer continue to foster.
- Carers will receive the annual inflation increase when this is awarded.
- Carers will receive a Festival allowance- equivalent to 1x week Fostering Allowance, a Birthday Allowance- equivalent to 1x week fostering Allowance, and a Holiday Allowance- equivalent to 2x weeks Fostering Allowance.
- The Council will also assist with legal fees to obtain the Special Guardianship Order, Child Arrangement Order or Adoption Order
- The financial support will cease on the young person's 18th birthday when the legal order ends, unless they cease to be cared for by the carers at an earlier age. If the young person is in full time education, financial support can continue until the end of the academic year in which the young person becomes 18 years of age
- Any additional ad hoc or additional regular payments being paid to reflect the specific circumstances of the child will be considered on an individual basis and will be outlined in the Support Plan; including how these payments will be reviewed.

Leaving Care Offer

For children who are in secondary education when the permanence order is made; they will also be entitled to the following:

- Funding for University accommodation costs
- A setting up allowance up to £2000 when they leave the carers home

Post Order Support

When the order is made the Connected Persons Team will continue to offer support to carers for three months as part of the permanency arrangements. When Carers request a post order assessment, a social worker will be allocated within 10 working days. They will look at what are the issues and what help can be provided.

Sometimes carers need help with contact with the extended family; the Post Order Team will help facilitate family meetings to look at solutions for contact, review contact arrangements and help the carers reassess whether contact still needs to be supervised. The Post Order Team will provide advice and assistance to carers to continue with the child's life story work and provide advice and support to carers on Education issues; for example advice on how to apply for an EHCP.

Support from other agencies:

Housing - If carers live in a Council property help is available to look at carers moving to a larger or more appropriate property.

Education - For children who become subject to a Special Guardianship and Adoption Order who have previously been looked after support is available from the Virtual School, who can provide information and advice.

Legal - in the event of parents applying to court to vary the contact or living arrangements of the young person; Children, Young People and Family Services would offer support to the carers. The payment of legal costs may be considered if legal aid cannot be obtained and as long as the actions are considered to be in the best interest of the child.

JARGON BUSTER

A&E	Accident and Emergency
ABE	Achieving Best Evidence
ACM	Assistant City Manager
AD	Assistant Director
ADHD	Attention Deficit Hyperactivity Disorder
ALG	Allegation
ASB	Anti-social behaviour
ASC	Adult Social Care (within the Community and Housing Department of Merton Council)
ASD	Autistic Spectrum Disorder
ASPD	Anti-social personality disorder
ASSET	Youth Justice Assessment Tool
ASYE	Assessed and Supported Year in Employment
AWS	Army Welfare Service
BAME	Black, Asian and minority ethnic
BESD	Behavioural, emotional and social difficulties
BLA	Becoming Looked After
BME	Black and minority ethnic
BPD	Borderline personality disorder
BPF	Becoming Privately Fostered
CA	Children Act (1989,2004)
CAF	Common Assessment Framework
CAFCASS	Children and Family Court Advisory and Support Service
CAMH	Child and adolescent mental health
CAMHS	Child and Adolescent Mental Health Services
CAO	Child Arrangement Order
CASH	Contraception and Sexual Health Clinics
CBT	Cognitive behavioural therapy
CC	Children's Centre
CCE	Child Criminal Exploitation
CCG/CCGs	Clinical Commissioning Group(s)
CDOP	Child Death Overview Panel
CEOP	Child Exploitation and On-line Protection Centre
CIN	Child in Need
CLA	Child Looked After
CLA review-	Child Looked After Review
CLDT	Community learning disability team
CMHT	Community Mental Health Team

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CO	Care Order
COPD	chronic obstructive pulmonary disease
CP	Child Protection
CP CO	Child Protection Coordinator
CPA	care plan approach
CPP	Child Protection Plan
CPS	The Crown Prosecution Service
CQC	Care Quality Commission
CSA	Children's Social Care Assessment
CSC	Children's Social Care Services
CSCA	Child Social Care Assessment
CSE	Child Sexual Exploitation
CSO	Child Safety Order
CSP	Community Safety Partnership
CWD	Child with a Disability
CYP	Children and young people
DA/ DV	Domestic Abuse/Violence
DAP	Domestic Abuse Partnership
FGM	Female Genital Mutilation
DASH	Domestic Abuse, stalking & harassment (risk assessment tool)
DBS	Disclosure and Barring Service
DCSF	Department for Children, Schools and Families (now replaced)
DfE	Department for Education (previously the DCSF & DfES)
DH	Department of Health (referred to throughout)
DLA	Disability Living Allowance
DNA	Did not attend
DoH	Department of Health
DOLS	Deprivation of Liberty Safeguards
DPA	Data Protection Act
DSC	Director of Children's Service
DVPN	Domestic Violence Protection Notice
DVPO	Domestic Violence Protection Order

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DWP	Department for Work and Pensions
EDT	Emergency Duty Team
EH	Early Help
EHA	Early Help Assessment
EHAM	Early Help Action Meeting
EHM	Early Help Meeting
EHASH	Early Help and Safeguarding Hub
EHCP	Education, Health and Care Plan
EHM	Early Help Module
EOC	Edge of Care
EPO	Emergency Protection Order
ESOL	English for speakers of other languages
ETE	Education, training and employment
EWO	Education Welfare Officer
EYFS	Early Years Foundation Stage
EYFSP	Early Years Foundation Stage Profile
FASD	Foetal Alcohol Spectrum Disorder
FE	Further Education
FF	Families First
FGC	Family Group Conferencing
FGM	Female Genital Mutilation
FII	Fabricated and induced illness
FSW	Fostering Social Worker
GM	Group Manager
GP	General Practitioner
GW	Group Work
HA	Housing Association
HB	Housing Benefit
HBV	Honour Base Violence
HDC	Home Detention Curfew
HE	Higher Education
HO	Housing Officer
HWA	Hull Women's Aid
HYJS	Hull Youth Justice Service
HZD	Hazard
I	

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CO	Interim Care Order
ICPC	Initial Child Protection Conference
IRO	Independent Reviewing Officer
ICS	Integrated Children's System
ICT	Information and Communication Technology
ILAC	Integrated Looked After Children
IRO	Independent Reviewing Officer
ISA	Independent Safeguarding Authority
ISP	Interim Safety Plan
JSA	Job Seeker's Allowance
KSI	Killed or Seriously Injured
LA	Local Authority
LAC	Looked after child
LADO	Local Authority Designated Officer
LBW	Low birth weight
LD	Learning Difficulty/Disability
LGBT	Lesbian, gay, bisexual and transgender
LGP	Legal Gateway Panel
LL	Liquid Logic
LSCB	Local Safeguarding Children Board
MACE	Multi Agency Child Exploitation
MACE	Multi agency child exploitation meeting
MAM	Multi Agency Meeting
MAPPA	Multi Agency Public Protection Arrangements
MARAC	Multi Agency Risk Assessment Conferences
MASH	Multi-Agency Safeguarding Hub
MCDS	Maternity and Children's Data Set
MISPER	Missing person
NEET	Not in Education Training or Employment
NICE	National Institute for Health and Care Excellence
NOMS	National Offender Management Service
NQSW	Newly Qualified Social Worker
OFSTED	Office for Standards in Education, Children's Services and Skills
ONS	the Office for National Statistics

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OOH	Out of hours
OT	Occupational Therapist
PACT	Placement and Commissioning Team
PALS	Patient Advice and Liaison Service
PAUSE	Team working with women who have had multiple children removed from their care
PEP	Personal Education Plan
PF	Privately Fostered
PI	Performance Indicators
PIF	Police information form
PLO	Public Law Outline
PPO	Police Powers of Protection (Not an Order)
PSHE	personal, social, health and economic education
PTSD	post-traumatic stress disorder
PVPU	Protecting Vulnerable People Unit
PWP	pathway Plan
RIT	Risk Indicator Tool
RO	Residence Order
RTC	Risk to Children
S17	Child in Need assessment carried out under s.17 of the Childrens act
S37	As above and to consider
S47	Joint Investigation with the Police conducted under s.47 of the Childrens act
S7	Contact arrangement report (Including Children's Wishes and Feelings)
SA	Strategic Assessment
SALT	Speech and Language Therapy
SARC	Sexual Assault Referral Centre
SB	Short Breaks
SCA	Social care assessment
SCH	Secure Children's Home
SCR	Serious Case Review
SEN	Special Educational Needs
SENCO	Special Education Needs Coordinator
SEND	special education needs and disabilities
SGO	Special Guardianship Order
SIDS	Sudden Infant Death Syndrome
SLA	service level agreement
STC	Strength To Change
STIs	sexually transmitted infections
STRAT	strategy discussion or meeting
SUDI	Sudden unexpected death in infancy
TAF	Team Around the Family Meeting
TaMHS	Targeted Mental Health in Schools
TCI	therapeutic crisis intervention

TF	Trouble Family Cohort
TM	Team Manager
UASC	Unaccompanied asylum seeking child
UKBA	UK Borders Agency
UKHTC	UK Human Trafficking Centre
VCFOs	Voluntary, community and faith organisations
VEMT	Vulnerable Exploited Missing Trafficked
VEMT Team	Vulnerable Exploited missing trafficked Team
WTTSC	Working Together to Safeguard Children (2006, 2010, 2013,2015)
YEI	Youth Employment Initiative.
YJB	Youth Justice Board
YOI	Young Offender Institution
YOS	Youth Offending Service
YOT	Youth Offending Team



Hull Social Work Academy
Grow and thrive together