

Practice Standards for Practitioners

Improving Outcomes for Children in Northamptonshire

August 2019

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# Introduction

**Keeping children safe and giving them a voice**

Our job in children’s social care is to make sure we protect children from harm. They must feel as safe and secure as possible in their lives. We also need to ensure that children understand:

* what we are worried about;
* what’s working well;
* next steps;
* and that we will listen to what they are saying.

Our Vision

“Every child in Northamptonshire will live in a safe, stable, permanent home, nurtured by caring and responsible families and strong communities”

Our commitment to making our Vision a reality is expressed in the [Signs of Safety Northamptonshire Charter](https://staff-intranet.northamptonshire.gov.uk/childrens-services/Documents/Signs%20of%20Safety%20-%20charter%20artwork%20with%20signatures.pdf).

Our Mission

* Children First Northamptonshire (CFN) wants the best for all of Northamptonshire’s children and is specifically dedicated to supporting vulnerable children;
* Children First Northamptonshire values a highly skilled workforce that is passionate about making a difference for children;
* Families are best place for children to develop. Children First Northamptonshire will support families to understand and consider children’s needs and put them first.

**Key messages from the Practice Standards:**

* The voice of the child or young person is listened to, recorded and impacts on decisions
* The safeguarding and welfare of the child is the focus for all that we do as practitioners and managers
* The families we work with are treated with respect and honesty and kept informed throughout any social work intervention
* The strengths of families, as well as concerns, will be assessed and used to safeguard children and young people.
* The work with children, young people and their families will be based on the achievement of identified improved outcomes that are measurable so that the child/young person sees an improvement in their circumstances and feels safer.

The Practice Standards are a summary document, and do not replace any policy documents which will provide additional information. Staff should also refer to the Northamptonshire Children’s Services Procedures Manual at;

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

and the Northamptonshire Safeguarding Children’s Board Procedures Manual at;

<http://northamptonshirescb.proceduresonline.com/>

All Children and Families staff working directly with families should know the answer to:

* How does the child or young person feel?
* What does it feel like living in the family?
* How is our intervention impacting on improving the child’s circumstances?
* How do you know?

**Your responsibilities:** As a practitioner, if at any point in your intervention you are uncertain about what to do, or you are concerned about the safety of a child or young person you must discuss immediately with your manager, agree a way forward and record the decision.

**These Practice Standards are mandatory.**

Management support to make this happen: **‘our commitment to you’**

* We will be clear in what we expect of you;
* A minimum of monthly supervision in line with the [CFN Supervision Policy](http://northamptonshirechildcare.proceduresonline.com/pdfs/supervision_standards.pdf);
* Annual PADPs ([Performance Appraisal and Development Programme](http://sharepoint.lgss.local/Pages/NCC-PADP-Guides-and-Templates.aspx)) will be undertaken;
* Fortnightly Team Meetings;
* Group Supervision (Signs of Safety Practice Leads to shape and develop this in service).

**Practice Standards for Social Workers**

All Social Workers should be compliant with the HCPC Codes of Conduct and able to evidence the Knowledge and Skills Statements in their practice, as directed by the Department for Education (DfE).

HCPC Standards

* Standards of Conduct, Performance and Ethics;
* Standards of Proficiency;
* Standards of Continuing Professional Development.

Found at:

<http://www.hcpc-uk.org/aboutregistration/standards/>

Knowledge and Skills Statements for Child and Family Social Workers

Found at:

<https://www.gov.uk/government/publications/knowledge-and-skills-statements-for-child-and-family-social-work>

Developing Yourself

You are responsible for your own learning and continuing professional development whether you are an HCPC registered professional or not. It must be linked to organisational and individual objectives so you support service delivery and improvement.

You must keep your knowledge and skills up to date throughout your career. This means actively seeking out development opportunities that will meet your learning needs and priorities.

You must:

* keep a record of your CPD;
* make sure your CPD is a mixture of different kinds of activities;
* aim for your CPD to improve the quality of your work;
* aim for your CPD to benefit service users;
* You must use the supervision and appraisal opportunities (Performance Appraisal and Development Programme (PADP)) available to you to identify and clarify your work and personal development objectives; and to reflect on, and improve, your practice;
* You must attend, and contribute to supervision and the PADP with a positive attitude;
* You are responsible for implementing any course of action agreed within the timescales agreed;
* You are responsible for maintaining your accountability of practice standards associated with the Practice Capabilities Framework, HCPC and Knowledge and Skills Statements.

# Effective Casework by Targeted Early Help Staff

**Early Help Practitioners**

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| 1.1 | All my open cases are underpinned by a good quality assessment that is timely, comprehensive and includes views from children/ young people. |
| 1.2 | All of my case files include an up to date **genogram** that has been developed and discussed with the family and an up to date **chronology and** **risk assessment**, in line with the MAST Process Map: First 6 Weeks guide |
| 1.3 | My Family Early Help Assessment (Part 2), covers the domains of the framework, and includes good quality analysis and information from involved professionals that is used to inform the plan. These assessments are completed within 30 working days or updated at regular intervals when appropriate. Assessments include completion of the Family Star and other mandatory tools as detailed in the Targeted [Early Help Operation Model.](http://www.proceduresonline.com/northamptonshire/childcare/user_controlled_lcms_area/uploaded_files/Early%20Help%200%20-%2019%20Interim%20Operating%20Model%20Guidance%20Dec%2017%20v.4.pdf) |
| 1.4 | Each of my open cases has an identified Lead Professional and there is evidence of regular family visits (in accordance with the Early Help Operating Model) and there is timely information sharing of the privacy notice with additional consent gained where required. |
| 1.5 | I have obtained **Family Feedback** so that the child and parents’ views are recorded and used to inform future work. |
| 1.6 | My **case-recording** is clear, focused on outcomes for children/young people and family members and is made within 2 working days of the contact. It evidences the purpose of the contact/visit and the work undertaken, including appropriate direct work. I have avoided using jargon, given job titles and written file entries in a way that would make sense to an uninvolved person, in line with Prevention & Early Intervention Services case note recording policy. |
| 1.7 | I have used other evidence based tools such as the utilising these assessments (both pre and post case work) to inform and prepare **an Early Help Action Plan** that builds on existing strengths. It has been developed in partnership with the child(ren) and family, identifying clear goals and timescales. |
| 1.8 | My **Early Help Action Plan is completed within 30 working days of my initial visit and is reviewed every 6 weeks.** The Plans are up to date, comprehensive (covering the range of outcomes for the whole family), dynamic, influenced by the views of children/young people and responsive to equality and diversity issues. There is evidence of effective partnership working. Plans are shared and signed by appropriate family members and professionals. |
| 1.9 | Using the Lead Professional approach I have engaged other services to provide support for the family and have recorded these as part of the SMART targets on the Early Help Assessment Action Plan. |
| 1.10 | I have made sure that the first Team Around Family meetings take place within 6 weeks of case allocation. At the meeting I made sure that all actions to be undertaken in the plan were shared with the family and agencies identified. I also made sure the meeting agreed who should do what.  |
| 1.11 | I have arranged and chaired Team Around the Family meetings and actions are reviewed every 6-8 weeks, with Team Around the Family meetings being held at a minimum of every 12 weeks. |
| 1.12 | All of my open cases include evidence of regular and timely **management oversight and management direction** through regular case supervision and consultations with relevant specialists with the records saved in my case file.  |
| 1.13 | **Case reviews and supervision** take place on a regular basis in line with [CFN Supervision Policy](http://northamptonshirechildcare.proceduresonline.com/pdfs/supervision_standards.pdf). |
| 1.14 | Case reviews, consultations and supervision records show that **key issues** have been considered by myself and my Manager, and the progress of the case has been discussed or challenged, including any **changes in circumstances.** |
| 1.15 | My **supervisions are reflective** and consider the family’s strengths and whether the approach being taken with the family is the right approach and whether our working assumptions are supported by observation and assessment/evidence. |
| 1.16 | **Progress towards identified goals** in the Action Planhas been reviewed and where needed, actions and/or goals have been revised to maintain and ensure the child’s wellbeing. My Action Plan and case note recordings are updated following each review. |
| 1.17 | Risks have been identified, responded to and reduced. They are appropriately recorded in my case file, reviewed frequently and shared with involved partners in line with the Lone Working, Risk Assessment and Critical Incident policies. |
| 1.18 | As part of my closure plans an exit Team Around the Family meeting has been held and a Lead Professional or Universal service has been identified to continue support/provide assistance to continue support to the family so they do not need to come back into the service and to highlight the achievements so far. |

**Family Support Workers**

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| 1.19 | I will undertake outreach work and deliver Information, Advice and Guidance Clinics/Sessions to increase engagement of families and communities vulnerable to exclusions  |
| 1.20 | I will support families to access support and activities, through personal crises and key transitions in life through effective signposting to relevant services, 1:1 support and gaining them access to targeted specialist support. |
| 1.21 | I will work closely with Early Help Practitioner colleagues to effectively contribute to EHA Action Plans to support them to achieve the desired outcomes for a family. |
| 1.22 | All of my open cases include evidence of regular and timely **management oversight and management direction** through regular case supervision and consultations with relevant specialists with the records saved in my case file.  |
| 1.23 | **Case reviews and supervision** take place on a regular basis (a minimum of every 4-6 weeks resulting in at least 10 per year), in line with [Supervision Policy](http://northamptonshirechildcare.proceduresonline.com/pdfs/supervision_standards.pdf). |
| 1.24 | I have obtained **Family Feedback** so that the child and parents’ views are recorded and used to inform future work. |
| 1.25 | My **recording** is clear, focused on outcomes for children/young people and family members and is made within 2 working days of the contact. It evidences the purpose of the contact/visit and the work undertaken, including appropriate direct work. I have avoided using jargon, given job titles and written file entries in a way that would make sense to an uninvolved person, in line with CFN recording policy. |
| 1.26 | Case reviews, consultations and supervision records show that **key issues** have been considered by myself and my Manager, and the progress of the case has been discussed or challenged, including any **changes in circumstances.** |
| 1.27 | My **supervisions are reflective** and consider the family’s strengths and whether the approach being taken with the family, in the clinic or in the session is the right approach and whether our working assumptions are supported by observation and assessment/evidence. |
| 1.28 | **Progress towards identified goals** has been reviewed and, where needed, actions and/or goals, clinic/session plans have been revised to maintain and ensure the worker I am undertaking/delivering is achieving positive outcomes for children and their families.  |
| 1.29 | Risks have been identified, responded to and reduced. They are appropriately recorded in my case file, reviewed frequently and shared with involved partners in line with the Lone Working, Risk Assessment and Critical Incident Policies. |

# Northamptonshire Multi Agency Safeguarding Hub (MASH)

**Key Timescale:** Decision made within one working day about the type of response that is required **SC**

**Key Legislation:** Working Together to Safeguard Children (2018)

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| 2.1 | I have used the [Northamptonshire Safeguarding Children Partnership (NSCP) Threshold Guidance](https://www3.northamptonshire.gov.uk/councilservices/children-families-education/help-and-protection-for-children/protecting-children-information-for-professionals/Documents/NSCB%20Thresholds%20Guidance%202018.pdf) to determine that the concerns are at level 3 or 4. |
| 2.2 | Where concerns were at lower levels I have signposted to the appropriate resource. |
| 2.3 | I have ensured that the issue of consent has been discussed with the referrer. |
| 2.4 | I have ensured that the referrer has gained the consent of a person with PR where the issues are below the level of significant harm. |
| 2.5 | I have discussed with a manager the issue of consent where there are, or may be, concerns about significant harm. |
| 2.6 | I have undertaken all the relevant checks as outlined in the Thresholds & Pathways – windscreen. |
| 2.7 | I have recorded the details of all members of the household and all those adults with significant contact with the child/family but may not be resident in the family home. I have identified any other children living in the household, or connected to it, recorded their details, and made sure they are safe by making referrals to the appropriate agencies. |
| 2.8 | I have ensured that a decision was made about the type of response required within one working day of the contact. |
| 2.9 | Where a contact record was kept open for more than one day, this was agreed by a MASH Team or Practice Manager. |
| 2.10 | The contact record was completed in 24 hours. |
| 2.11 | I ensured that the referrer received acknowledgement within one working day. |
| 2.12 | I have ensured that all elements of risk in the contact were fully explored, using Thresholds & Pathways. |
| 2.13 | I have spoken to all relevant professionals involved with the child and family. |
| 2.14 | I have considered previous information about the child and family when making my decision. |
| 2.16 | I have considered the views of the parents/carers. |
| 2.17 | The contact and the referral has been authorised by a MASH Practice or Team Manager. |
| 2.18 | I have ensured that the standard letters have been sent to the referrer and the parents/carer detailing the response and rationale. |
| 2.19 | I have started a chronology. |

# Social Work Visits (Good Practice)

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| 3.1 | I have made all visits to the child at the placement or home address (but see section below on school visits). Some were unannounced. I have seen the child’s bedroom on some visits. More information on visits, including frequencies of visits, can be found in later sections regarding; children subject to a CIN Plan, Child Protection Plan and Looked After Children. |
| 3.2 | I have made sure the child/young person has appropriate care, advice, support and help. This includes making sure that:* arrangements for the child/young person are appropriate for the child’s age and understanding;
* the child/young person knows how to seek appropriate advice, support and help from Children’s Services (as far as is reasonably practicable given the child’s age and understanding). This includes making sure the child/young person knows how to contact me, between visits, where appropriate.
* I have attempted to build rapport with the child/young person in order to facilitate working with them.
* I have used direct work tools to engage with the child/young person including Signs of Safety tools (see [Signs of Safety Toolkit](https://staff-intranet.northamptonshire.gov.uk/childrens-services/Pages/signs-of-safety.aspx)).
 |
| 3.3 | On each visit I have spoken to the child alone unless:* the child refused, and was of sufficient age and understanding to do so; or
* I considered it inappropriate to do so, bearing in mind the child’s age and understanding; or
* the parent did not give consent; or
* I was unable to do so (for example, because the child was out).

Where the parent refused consent, I have discussed this with my manager and assessed the risks. |
| 3.4 | I have ensured that all social work visits, including those to a looked after child, have an element of safeguarding. I have observed the standard of care, I have been alert to the possibility that the child’s carer is minimising problems and that there may be a hidden need for support. |
| 3.5 | I have discussed with the child (subject to their age and understanding) what information about the visit should be shared, with whom and why (see the Analysis and Report of Visit standards 3.8 – 3.10). |
| 3.6 | I have ensured that whilst the visit was child centred, I discussed advice and support with the child’s carer (foster carer, residential staff, parent etc.) and provided appropriate information. |
| 3.7 | I have observed the child in their home environment and with their parents/carers, and used this observation of attachments and relationships to inform my assessment. |

Analysis and Reporting of Visits

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| 3.8 | I have made a record of each visit setting out the main issues covered, any issues of concern and how to tackle these. The records will include what is going well for the child/ family and the strengths that have been identified and discussed. The record also provides an analysis of the visit about whether the placement/home environment continues to meet the child’s needs and safeguard and promote their welfare. This will reflect the most up to date [record of visit template](https://staff-intranet.northamptonshire.gov.uk/childrens-services/Documents/StatutoryVisitTemplate.docx). |
| 3.9 | Unless it was inappropriate, I have informed the parents of visits and the information arising from them. I have understood that parents and carers should always be told of visits to see children unless this compromises the child/young person’s safety. I have also shared the direct work completed with the children during these conversations. |
| 3.10 | If I have had any concerns about the suitability of the placement/home environment, I have informed the Supervising Social Worker where appropriate, the Team Manager, and the IRO/Child Protection Chair if the child/young person is a LAC or subject to a CP Plan, at the earliest opportunity. |

School Visits

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| **On specific occasions, Social Workers may see a child/young person on their own at school when there are safeguarding concerns or a need to undertake one to one direct work.** |
| 3.11 | I have ensured that parents or carers have been informed of my visit to see their child/young person in school (but see 3.9 above) |
| 3.12 | I have consulted with the key staff at school to ensure there is minimum disruption to the child/young person’s day. |
| 3.13 | Where possible, and it is in the best interests of the child/young person, I have ensured the child/young person knows when I am coming to visit them at school and the purpose of the visit. I have consulted with the child/young person about where they prefer to be visited. |
| 3.14 | Whilst a school visit might ensure that the child has been seen alone within timescales, the home environment where the child is actually living must also be seen (see later sections on visits to children subject to a CIN Plan, CP Plan and LAC). |

# Northamptonshire Social Care Child and Family Assessment

**Key Timescale:** Reviewed within 10 days, completed within 45 days

**Key Guidance:** Working Together to Safeguard Children (2018)

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| 4.1 | I have adhered to the Working Together Guidance (2018). |
| 4.2 | I have clearly recorded the reasons for the assessment and ensured all issues, risks and concerns are evident, using the Signs of Safety model, located within the Child and Family Assessment/Update Child and Family Assessment. |
| 4.3 | I have made it clear to parents and the child/young person why children’s social care is involved, what we will be doing and what is likely to happen as a result. I will use Signs of Safety tools in order to do this such as words and pictures.  |
| 4.4 | I have seen the child/young person alone within a maximum of 5 days, and where possible, gained their views and separately recorded them. If I have not seen the child/young person, I have recorded why not, and discussed the reason and assessed the risks with my manager |
| 4.5 | I have considered all children/young people in the family as part of the assessment. |
| 4.6 | I have identified any other children living in the household, or connected to it, recorded their details, and made sure they are safe by making referrals to the appropriate agencies. |
| 4.7 | I have identified all adult members of the household, including those temporarily absent (for example, in custody or hospital), and any regular or significant visitors to the house/associates of the family. I will identify who is in the family safety network and this will be recorded clearly. |
| 4.8 | I have considered any needs arising from race, ethnicity, religion, language, gender, disability, nationality or any specific cultural issue. |
| 4.9 | I have contacted all significant family members/friends where appropriate, and recorded their views (including the views of fathers/mothers who live away from the children). The family safety network will be updated regularly and invited to attend Family Network Meetings in order for safety planning to be considered at the earliest opportunity. I have recorded these views with the assessment in relevant sections. |
| 4.10 | I have made enquiries about which agencies are involved with the family and contacted all the agencies involved. Their views are part of the assessment. I have escalated my enquiry to the line manager where contact has not been possible. |
| 4.11 | I have included a realistic and detailed picture of the child/young person and what it is like to be a child in this family. |
| 4.12 | I have clearly analysed the identified and assessed risks, and the factors protecting the child/young person from those risks, using the Signs of Safety model. In doing this, I have been careful to distinguish fact from judgement. |
| 4.13 | I have considered how to incorporate relevant up-to- date research into my assessment to inform analysis and decision making. |

**Northamptonshire Social Care Child and Family Assessment Continued…**

**Key Timescale:** Completed within 45 days

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| 4.14 | I have included a detailed profile of the parents/significant others, their strengths and weaknesses as parents/carers and any areas where they are not meeting the child/ young person’s needs. I have assessed their capacity to change. I have reviewed the assessment with my manager within 10 days and they have made clear recommendations for the initial actions to be completed by the family and network to create safety. |
| 4.15 | I have considered factors which may impact on parenting as identified in the Assessment Framework (Working Together, 2018). |
| 4.16 | I have considered and incorporated in the assessment any previous case history (including past referral/s and old case files on any member of the household/significant others). |
| 4.17 | I have ensured the child/young person is central to my assessment, which clearly identifies the needs of the child/young person (and family). |
| 4.18 | My record of the assessment clearly shows what I have found and what I think should happen next. It includes why I think this. |
| 4.19 | I have considered the ‘thresholds’ for Child in Need/Child Protection and evidenced these in the assessment. |
| 4.20 | I have made sure that the child/young person and their safety network know what will happen next using the Signs of Safety model. |
| 4.21 | My analysis and decisions refer back to the original concerns raised and any other issues, including the history of all family/household members. |
| 4.22 | I have told parents/carers and other agencies involved the results of the assessment and the plan for the child/young person. |
| 4.23 | I have discussed timescales for completion with my manager. |
| 4.24 | I have given a copy of the completed assessment to the family and the child/young person where relevant. I have invited them to comment so their views from part of the record. |
| 4.25 | I have told the person who originally raised concerns with us, and all relevant agencies, what will happen next, where appropriate. I have sent a letter to any professional who raised concerns. |
| 4.26 | I have added any significant events into the chronology. |

# Working with Children/Young People and Families Supported by a Child in Need (CIN) Plan

**Key Timescale:** CIN visits – every 20 working days

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| 5.1 | I have made sure that the first CIN meeting took place within 10 working days of the start of the Child and Family Assessment. At the meeting I made sure that all actions to be taken under the CIN plan were identified. I also made sure the meeting agreed who should do what and applied the Signs of Safety model. |
| 5.2 | I have ensured that the plan is recorded on the Child’s File. |
| 5.3 | I have made sure at the first CIN meeting that parents/carers and child/young person understands the plan. |
| 5.4 | I have made sure that the CIN plan has been developed into a SMART plan, using the Signs of Safety model and involving all necessary other agencies. |
| 5.5 | I have made sure that I visit the child/young person every 20 working days as a minimum. The visits have a purpose, focusing on the risks and needs identified for the child/young person as well as the identified strengths. Where appropriate, I have seen the child/young person on their own. My records show this. All my work has aimed to maximise the safety and wellbeing of the child/young person. |
| 5.6 | I have made both announced and unannounced visits where appropriate, to the child/young person. Each of my visits added to what we know about the child/young person and what life is like for them. Each visit helped us to understand more about the child/young person and had a clear plan and focus as part of the Strengths based planning process. |
| 5.7 | I have regularly found out what the child/young person wants and how they feel. I have made sure the child understands the plan according to their age and level of understanding. I have used direct work tools to help me do this and record this effectively. |
| 5.8 | I have continued to assess and re-assess the needs of the child using the Signs of Safety model and tools within the Child and Family Assessment. I can answer the question: “What is it like to be this child in this family?” I can identify what is going well for the family, what we are worried about and what the next steps will be. |
| 5.9 | I have understood the role of fathers and partners in the family. I have assessed new partners or new household members. |
| 5.10 | Where home conditions, finances, or any indicators of neglect are an issue, I have asked to see the kitchen cupboards, fridge, toilet, bathroom and all bedrooms as needed and I am clear about the acceptable standard they should reach. |
| 5.11 | I have made sure that the CIN meeting is held every 3 months and reviews the CIN plan. If the plan has not achieved what it should, I have made sure that the group agreed what to do about this and the timescale. I have ensured the plan is SMART. |
| 5.12 | I have used supervision to explore my feelings about the case and to make sure that I am putting the child/young person first. I have used the Signs of Safety supervision approach and considered Strength/Risk and actions. |
| 5.13 | I have discussed identified risks immediately with my manager, or a covering manager. We have agreed what we need to do about those extra concerns. |

Child in Need Meetings

**Key Timescale:** CIN meetings – every 40 working days

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| **CIN Meeting Members** |
| Staff should refer to the Northamptonshire’s [Assessment](http://northamptonshirechildcare.proceduresonline.com/chapters/p_assessment.html) policyCIN meetings are arranged when a child/family is assessed as needing support under Section 17 of the Children Act (1989). They are multi agency meetings where professionals involved work together with the family to review the child’s needs and agree and update a CIN plan.Where appropriate for their age/stage of development, children and young people should be invited to attend and contribute; Child’s Voice is integral to a Signs of Safety approach. CIN meetings may take place in a variety of locations to support full attendance.Discussions should be recorded using the Signs of Safety model template on the child’s record.Both parents should be supported to input into their plans through separate meetings or by conveying their views verbally and in written form if they cannot attend CIN meetings. Careful consideration needs to be given to attendance in some cases, particularly where domestic abuse is an issue. |

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| **Key Responsibilities** |
| **Social Worker** |  **Group Members** | **Team Manager** |
| * Arrange and Chair meetings.
* Update the plan and meeting record within 2 working days on the child’s record.
* Circulate the updated plan to the family, children and professionals within 10 working days.
* Where appropriate, raise any unresolved issues with the Team Manager
 | * Develop and implement the plan using the Signs of Safety model.
* Appoint another representative from their agency if unable to attend.
* Take notes of tasks allocated to them
 | * Sign the initial plan and all updated versions.
* Chair the CIN meeting where there are disagreements about the plan escalating/de-escalating.
* Record manager’s decision making on Child’s File
* Chair a specific meeting where the plan is extending over 12 months unless for a particular reason such as for a child or adult carer with a disability.
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| **CIN Meeting** |
| 5.14 | The initial CIN meeting must be arranged within 10 working days of the start of the Child and Family Assessment. |
| 5.15 | The frequency of subsequent meetings should be agreed at the initial meeting: this will be at least every 40 working days. |
| 5.16 | Meeting members should ensure the Signs of Safety model is applied to all elements of the plan and to meetings. |
| 5.17 | A list of attendees and non-attendees should be kept and the list of invited members should be reviewed; the meeting should consider whether to invite anyone else (i.e. professionals or other family members). |
| 5.18 | Meetings should discuss, review and challenge the progress of agreed actions. Any written information provided by professionals not at the meeting should be shared. Updates to the plan and any issues which cannot be resolved should be noted. |
| 5.19 | The updated CIN plan must be shared with the family and the child/young person (if appropriate) during and after meetings. Simple, jargon free language should be used to ensure the family fully understands the plan. |
| 5.20 | If the meeting agrees that the work can be stepped down to Early Help services, the remaining needs must be outlined early as part of following the existing step down process.  This process will, through the early help model, identify the key worker/lead professional to attend the meeting and a suitable plan of support. |
| 5.21 | When members of the meeting agree that the case should be closed to Children’s Social Care, a closing summary should be recorded on the child/young person’s record. It should include reasons for the closure, the views of professionals involved and the views, wishes and feelings of the child/young person and their parents/carers. It should outline the agreed family Safety Plan going forward. |

# Working with Children/Young People and Families Supported by a Child in Need (CIN) Plan – DISABLED CHILDREN’S TEAM

**Key Timescale:** CIN visits – every 12 weeks.

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| 6.1 | I have made sure that the first CIN meeting took place within 10 working days of the start of the Child and Family Assessment. At the meeting I made sure that all actions to be taken under the CIN plan were identified. I also made sure the meeting agreed who should do what and applied the Signs of Safety model. |
| 6.2 | I have ensured that the plan is recorded on the Child’s File. |
| 6.3 | I have made sure at the first CIN meeting that parents/carers and child/young person understands the plan. |
| 6.4 | I have made sure that the CIN plan has been developed into a SMART plan, using the Signs of Safety model and involving all necessary other agencies. |
| 6.5 | I have made sure that I visit the child/young person every 12 weeks as a minimum; however visiting will be guided by the needs of the child and the family and can be more frequent if required. The visits have a purpose, focusing on the risks and needs identified for the child/young person as well as the identified strengths. Where appropriate, I have seen the child/young person on their own. My records show this. All my work has aimed to maximise the safety and wellbeing of the child/young person. |
| 6.6 | I have made both announced and unannounced visits where appropriate, to the child/young person. Each of my visits added to what we know about the child/young person and what life is like for them. Each visit helped us to understand more about the child/young person and had a clear plan and focus as part of the Strengths based planning process. |
| 6.7 | I have regularly found out what the child/young person wants and how they feel. I have made sure the child understands the plan according to their age and level of understanding. I have used direct work tools to help me do this and record this effectively. |
| 6.8 | I have continued to assess and re-assess the needs of the child using the Signs of Safety model and tools within the Child and Family Assessment. I can answer the question: “What is it like to be this child in this family?” I can identify what is going well for the family, what we are worried about and what the next steps will be. |
| 6.9 | I have understood the role of fathers and partners in the family. I have assessed new partners or new household members. |
| 6.10 | Where home conditions, finances, or any indicators of neglect are an issue, I have asked to see the kitchen cupboards, fridge, toilet, bathroom and all bedrooms as needed and I am clear about the acceptable standard they should reach. |
| 6.11 | I have made sure that the CIN meeting is held every 6 months and reviews the CIN plan. If the plan has not achieved what it should, I have made sure that the group agreed what to do about this and the timescale. I have ensured the plan is SMART. |
| 6.12 | I have used supervision to explore my feelings about the case and to make sure that I am putting the child/young person first. I have used the Signs of Safety supervision approach and considered Strength/Risk and actions. |
| 6.13 | I have discussed identified risks immediately with my manager, or a covering manager. We have agreed what we need to do about those extra concerns. |

**Child in Need Meetings – DISABLED CHILDREN’S TEAM**

**Key Timescale:** CIN meetings – every 6 months

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| **CIN Meeting Members** |
| Staff should refer to the Northamptonshire’s [Assessment](http://northamptonshirechildcare.proceduresonline.com/chapters/p_assessment.html) policyCIN meetings are arranged when a child/family is assessed as needing support under Section 17 of the Children Act (1989). They are multi agency meetings where professionals involved work together with the family to review the child’s needs and agree and update a CIN plan.Where appropriate for their age/stage of development, children and young people should be invited to attend and contribute; Child’s Voice is integral to a Signs of Safety approach. CIN meetings may take place in a variety of locations to support full attendance.Discussions should be recorded using the Signs of Safety model template on the child’s record.Both parents should be supported to input into their plans through separate meetings or by conveying their views verbally and in written form if they cannot attend CIN meetings. Careful consideration needs to be given to attendance in some cases, particularly where domestic abuse is an issue. |

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| **Key Responsibilities** |
| **Social Worker** |  **Group Members** | **Team Manager** |
| * Arrange and Chair meetings.
* Update the plan and meeting record within 2 working days on the child’s record.
* Circulate the updated plan to the family, children and professionals within 10 working days.
* Where appropriate, raise any unresolved issues with the Team Manager
 | * Develop and implement the plan using the Signs of Safety model.
* Appoint another representative from their agency if unable to attend.
* Take notes of tasks allocated to them
 | * Sign the initial plan and all updated versions.
* Chair the CIN meeting where there are disagreements about the plan escalating/de-escalating.
* Record manager’s decision making on Child’s File
* Chair a specific meeting where the plan is extending over 12 months unless for a particular reason such as for a child or adult carer with a disability.
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| **CIN Meeting** |
| 6.14 | The initial CIN meeting must be arranged within 10 working days of the start of the Child and Family Assessment. |
| 6.15 | The frequency of subsequent meetings should be agreed at the initial meeting: this will be at least every 6 months |
| 6.16 | Meeting members should ensure the Signs of Safety model is applied to all elements of the plan and to meetings. |
| 6.17 | A list of attendees and non-attendees should be kept and the list of invited members should be reviewed; the meeting should consider whether to invite anyone else (i.e. professionals or other family members). |
| 6.18 | Meetings should discuss, review and challenge the progress of agreed actions. Any written information provided by professionals not at the meeting should be shared. Updates to the plan and any issues which cannot be resolved should be noted. |
| 6.19 | The updated CIN plan must be shared with the family and the child/young person (if appropriate) during and after meetings. Simple, jargon free language should be used to ensure the family fully understands the plan. |
| 6.20 | If the meeting agrees that the work can be stepped down to Early Help services, the remaining needs must be outlined early as part of following the existing step down process.  This process will, through the early help model, identify the key worker/lead professional to attend the meeting and a suitable plan of support. |
| 6.21 | When members of the meeting agree that the case should be closed to Children’s Social Care, a closing summary should be recorded on the child/young person’s record. It should include reasons for the closure, the views of professionals involved and the views, wishes and feelings of the child/young person and their parents/carers. It should outline the agreed family Safety Plan going forward. |

Undertaking a Child Protection Enquiry

**Key Timescale:** Initial Child Protection Conference takes place within 15 working days of the Strategy Discussion which initiated the sec.47 enquiry

**Key Guidance:** Working Together to Safeguard Children (2018)

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| 7.1 | I have identified all concerns about significant harm to the child/young person (including how likely this is) and I have identified all potential risks to them (including those posed by frequent visitors to the household), using the Signs of Safety model. |
| 7.2 | I have made clear what needs to be done to make the child/young person safe. |
| 7.3 | I have completed all necessary checks with other agencies, and escalated any unsuccessful attempts to contact another agency. I have included information from other agencies in this assessment and used this information as part of my analysis. |
| 7.4 | My Section 47 (S47) assessment recognises the potential for harm to the safety of siblings and any other children in the household (and other households where relevant). |
| 7.5 | I have identified and recorded all the factors protecting the child/young person from risk of harm (and factors which potentially protect them) using the Signs of Safety model. |
| 7.6 | I have followed the Northamptonshire [Child Protection Enquires – Section 47 Children Act 1989 procedure](http://northamptonshirescb.proceduresonline.com/p_ch_protection_enq.html). |
| 7.7 | I have looked in detail at the case history of all members of the household and connected persons (for example other family members or regular visitors to the household). I have used what I found there to help write the assessment. |
| 7.8 | I have made sure that the parents/persons with Parental Responsibility have received a copy of the leaflet “Child Protection Conference: A Guide for Parents and Carers”.  |
| 7.9 | I have checked the S47 referral details. I am certain I have investigated all the allegations made and followed all the instructions given by my Manager. |
| 7.10 | I have developed my hypothesis and action plan and shared it with my Manager. |
| 7.11 | My assessment ends with a judgement, based on evidence and analysis, about ‘harm’ and whether or not I consider it ‘significant’ (Children Act, 1989). |
| 7.12 | Where the subject if the s47 enquiry is an adolescent, I have considered whether the [Adolescent Risk Management (ARM) procedures](http://www.northamptonshirescb.org.uk/assets/legacy/getasset?id=fAAzADkANwB8AHwAVAByAHUAZQB8AHwAMAB8AA2) are relevant. |
| **Initial Child Protection Conference (ICPC)** |
| 7.13 | My assessment for the ICPC contains all the information from pre-existing records on the child/young person, family and any other household member. |
| 7.14 | The ICPC has been held within 15 working days of the Strategy Discussion. See the Policy on Initial Child Protection Conferences for detail about the timing of pre-birth conferences.<http://northamptonshirescb.proceduresonline.com/p_ch_protection_conf.html> |

# Child Protection Planning

**Key Timescale:** Visits every 10 working days

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| 8.1 | I have ensured that the plan is recorded on the Child’s File. |
| 8.2 | I have made sure that the first core group meeting took place within 10 working days of the ICPC. At the meeting I made sure that all actions to be taken under the Child Protection Plan were identified. I also made sure the meeting agreed who should do what and have applied the Signs of Safety model. |
| 8.3 | I have made sure at the first core group that parents/carers and child/young person understand the plan. |
| 8.4 | I have made sure that the outline Child Protection Plan has been developed into a detailed plan involving all necessary other agencies – and it is recorded on the Child’s File. |
| 8.5 | I have made sure that I visit the child/young person every 10 working days as a minimum. The visits have a purpose, focusing on the risks identified to the child/young person as well as the identified strengths, and including building relationships. I have seen the child/young person alone, and where not able to do this, I have discussed and recorded the reasons with my manager. My records show this. |
| 8.6 | I have made both announced and unannounced visits to the child/young person. Each of my visits added to what we know about the child/young person and what life is like for them. Each visit helped us to understand more about the child/young person and had a clear plan and focus as part of the Signs of Safety model planning process. |
| 8.7 | I have regularly found out what the child/young person wants and how they feel. I have made sure the child understands the plan, appropriate to their age and level of ability. I have worked with the family to provide the child/young person with a words and pictures explanation of why a Safety Plan is needed. |
| 8.8 | I have continued to assess and re-assess the needs of the child. I can answer the question: “What is it like to be this child in this family?” I can identify what needs to be different and ensured that the child’s voice is heard. |
| 8.9 | I have understood the role of fathers and partners in the household. I have properly assessed new partners or new household members/significant others. |
| 8.10 | Where neglect is an issue, I have checked the kitchen cupboards, fridge, toilet, bathroom and all bedrooms as needed and I am clear about the acceptable standard they should reach. More information can be found in [Getting It Right Practice Standards for Child Protection (CP) Visits](http://northamptonshirechildcare.proceduresonline.com/chapters/docs_library.html#pract_stand) |
| 8.11 | I have made sure that the core group meet at a frequency in line with the [Child Protection Plans](http://www.proceduresonline.com/northamptonshire/scb/p_ch_protection_plan.html) procedure (see section 5 ‘The Core Group’) and put the Child Protection Plan into practice. I have made sure that the child and parents/carers understand any changes to the plan. If the plan has not achieved what it should, I have made sure that the group agreed what to do about this and the timescale. I have ensured the plan is SMART. |
| 8.12 | I have updated my Child and Family Assessment (which acts as my report) for the Child Protection Review Conference (CPRC) at least two days before it happened. I have shared it with parents, carers, the child/young person and the Child Protection Chair in advance. The first CPRC must take place within 3 months and thereafter at intervals of not more than 6 months.  |
| 8.13 | I have used supervision to explore my feelings about the case and to make sure that I am putting the child/young person first. I have used the Signs of Safety supervision model and considered Strengths/Risks and actions. |
| 8.14 | I have discussed new identified risks immediately with my manager, or a covering manager. We have agreed what we need to do about those extra concerns, including the involvement of the core group. |

# Core Group Meetings

**Key Timescale:** Monthly

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| **Core Group Members** |
| Staff should refer to the [Child Protection Plan procedure](http://northamptonshirescb.proceduresonline.com/p_ch_protection_plan.html)Members are professionals or family members who have a significant role in the life of a child who is considered to be at risk of significant harm; their inclusion in the group is vital to help protect the child. Parents have a right to know what professionals are saying about them and their children. Conversations within core group meetings should be full and frank and recorded using the Signs of Safety model. Where appropriate for their age/stage of development, children/young people should be invited to attend in person or contribute in another way; Child’s Voice is integral to the Signs of Safety model.Both parents should be supported to input into their plans through separate meetings or by conveying their views verbally and in written form if they cannot attend core group meetings. Careful consideration needs to be given to attendance in some cases, particularly where domestic abuse is an issue. |

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| **Key Responsibilities** |
| **Social Worker** | **Group Member** | **Team Manager** |
| * Arrange and Chair the meetings.
* Record agreed updates to the CP Plan.
* Summarise the discussion and allocated tasks.
* Circulate the plan after meetings within 5 working days
 | * Develop and implement the plan using the Signs of Safety model.
* Appoint another representative from their agency if unable to attend.
* Take notes of tasks allocated to them
 | * Sign the initial plan and all updated versions.
* Chair the Core Group if there are disagreements about the plan escalating/de-escalating
* Record management decisions and recommendations for RCPC.
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| **The First Core Group Meeting** |
| 9.1 | Agree and clarify actions in the outline Child Protection Plan. Challenge the plan to make sure it is robust enough to reduce and eliminate identified risks, and produce a detailed CP Plan. First meeting to be held within 10 working days of the ICPC. |
| 9.2 | Challenge the actions to make sure they are SMART (specific, measurable, achievable, realistic and with set timescales) and utilise the Signs of Safety model. |
| 9.3 | Ensure all actions are allocated to the people responsible for them. |
| 9.4 | Record decisions taken and actions agreed. |
| **Subsequent Core Group Meetings** |
| 9.5 | Meet within four weeks of the first meeting and at a minimum frequency of once every four weeks following the first review conference. More regular meetings may be required according to the needs and age of the child. |
| 9.6 | Review the situation using the Signs of Safety model. If a member has not been able to complete an action set at a previous meeting, they should explain why and a new timescale set if the action is still appropriate. |
| 9.7 | Monitor progress against outcomes in the CP Plan. Any failure to meet targets should be acknowledged to the family. |
| 9.8 | Amend and update the detailed CP Plan as required; the Social Worker will present any recommendation for change to their Team Manager, and can also discuss this with the CP Chair. |
| 9.9 | Identify appropriate actions to take where risks have escalated. Any member may contact the social work Team Manager if they believe the group is not providing effective protection for the child and/or use their own agency’s escalation policies. |
| 9.10 | Ensure the Signs of Safety model is applied to all elements of the CP Plan and to meetings, including using the relevant tools and recording assessments. |

# Children in Care

**Key Timescale:** Statutory visits – every six weeks, a Care Plan must be prepared prior to a child's first placement, or, if it is not practicable to do so, within 10 working days of the child's first placement

**Key Guidance:** The Children Act 1989 guidance and regulations. Volume 2: care planning, placement and case review (DfE, 2015)

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| 10.1 | As the Social Worker for a child in care, I have read the Child and Family Assessment for the child/young person in care at the point of the child becoming Looked After. |
| 10.2 | I have arranged to see the child/young person on the day they were placed, to assist in the placement process, and within one week of the start of the placement. |
| 10.3 | I have promoted, and helped arrange contact between a child/young person and their family and friends as long as this is in their best interests. I have made sure that planning clearly outlines all contact and that the venue for it is in the child/young person’s best interests. |
| 10.4 | I have clearly explained to the child/young person why they are coming into care. I have explored the possibility of placing them with family and friends. I have discussed with the child/young person the placement, carers and contact with parents, siblings and friends. I have tried to answer all the child/young person’s concerns. I have worked with the family to make sure that the child/young person has a words and pictures explanation of why they are looked after. |
| 10.5 | I have made sure that all paperwork is complete as detailed in the [Decision to Look After and Care Planning](http://northamptonshirechildcare.proceduresonline.com/chapters/p_dec_look_aft.html) procedure and that the carer/residential home has a copy. Any risks have been identified and form part of the child’s plan to ensure the child is safe. I have made contact with the allocated Independent Reviewing Officer (IRO) prior to the first LAC Review. |
| 10.6 | If the child/young person is accommodated under s.20 Children Act (1989), I have obtained the signature of all people with parental responsibility. I have made sure that they have the capacity to consent and have used an interpreter if necessary. If I am unsure I have discussed with my Manager and with the Legal Department. The [Children Subject to Accommodation under Section 20 Audit Tool](http://www.proceduresonline.com/northamptonshire/childcare/user_controlled_lcms_area/uploaded_files/Section%2020%20audit%20tool%20FINAL.docx) has been used. |
| 10.7 | I have made sure that the parents have relevant paperwork on their child coming into care, and that they understand why this is happening and what might happen next. I have kept in regular touch with them and involved them in assessments and plans as appropriate. Where necessary, I have used an interpreter or advocate to ensure the parents understand what is happening. |
| 10.8 | I have identified any difficulty the child or carer may be having and what extra support and services may be needed. |
| 10.9 | The child/young person has my contact details and knows how to get in touch with me if they need, or want to. This includes using the coming into care guide and contact cards so that the child/young person knows how to contact me, between visits. This includes an email address and work mobile telephone number, as well as an office number for when I am not available. I have made sure that I have contacted the Advocacy Service if required |
| 10.10 | I have seen the child/young person alone during my Statutory 6 weekly visit. If not, I have recorded the reasons why and discussed any concerns about this with my manager. I have taken account of their views and feelings. Where I have not been able to do this, I have explained why. I have ensured I have seen the child/young person’s bedroom when I visit at least every 12 weeks. |
| 10.11 | I have ensured that LAC Reviews have taken place within the timescales detailed in the [Looked After Review](http://northamptonshirechildcare.proceduresonline.com/chapters/p_look_aft_rev.html) procedure. |
| 10.12 | I have completed a six monthly (minimum) updated assessment contained in Child in Care Update Assessment to the LAC review. |
| 10.13 | I have worked with the child to help them understand their plan. Where appropriate, they have received a written copy of their plan. I have ensured the care plan, encourages them to reflect on their journey in life and make sure that they have personal possessions, information, photos and material about their family. I have ensured I establish and maintain a relationship with the child so they can share their lived experience. |
| 10.14 | I have taken responsibility for making sure that the child/young person gets an initial health assessment from a relevant medical practitioner within timescales, as outlined in the [Health Care Assessments and Plans](http://northamptonshirechildcare.proceduresonline.com/chapters/p_healthcare_assmt.htm) procedure I have included a full health assessment in the child/young person’s case record where they have consented to health screening. If they refused, I have recorded this. |
| 10.15 | I have made sure there is an up-to-date PEP (Personal Education Plan) in the child/young person’s case record. |
| 10.16 | I have consulted health, education and other agencies/individuals involved with the child/young person (or their family) as part of the process of assessing them and planning their care. |
| 10.17 | I have taken account of the child/young person’s needs including race, ethnicity, language, disability, gender, sexuality and placement with siblings. If necessary, I have completed siblings’ assessments together and/or apart. |
| 10.18 | I have made sure there is an up-to-date Pathway Plan on the child/young person’s case record no more than 3 months after the young person's 16th birthday. I have ensured that the Pathway Plan is reviewed at least every 6 months, or after a significant change in circumstances. |
| 10.19 | I have consulted with the child/young person about who attends their LAC Review. They know they may be accompanied by a relative, close friend or advocate to enable them to take part in the meeting and to support them. |
| 10.20 | I have encouraged and helped the child/young person to take part in their review meeting either directly or in other ways (for example, video recording or written submission). |
| 10.21 | I have encouraged parents to take part in the review process. |
| 10.22 | I have shared and discussed my report with the child/young person and their family three days before the review meeting. I have made sure the report is available for the Independent Reviewing Officer (IRO) 3 working days before an Initial Review and 5 working days before a subsequent review. |
| 10.23 | I have made sure that the child/young person and their parents are prepared for the review and able to share their views. |
| 10.24 | I have recorded the achievements of the child/young person (for example, swimming badges, youth awards, school team membership and so on) on their file. I have included these in their Life Story work where appropriate. |
| 10.25 | A Personal Advisor has been appointed no later than the young person’s 16th birthday. |
| 10.26 | Where the young person lives in foster care, I have ensured that the first Looked After Review following his or her 16th birthday considered whether a Staying Put arrangement should be an option. |

# Family and Friends Foster Carers – Connected Persons

**Key legislation -** The Children Act 1989 guidance and regulations

Volume 2: care planning, placement and case review

**Key Timescale:** Child can be placed with the family members prior to such approval, subject to an assessment of the placement, for up to 16 weeks

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| 11.1 | There will be circumstances where the most appropriate placement for a looked after child is with a connected person. Staff should refer to the [Family and Friends Care](http://northamptonshirechildcare.proceduresonline.com/chapters/p_fam_frien_care_pol.html) policy the also [Placements with Connected Persons](http://northamptonshirechildcare.proceduresonline.com/chapters/p_place_conn_pers.html) procedure. |
| 11.2 | The 2010 Regulations set out the arrangements for the temporary approval of a connected person. They may be immediately approved as a local authority foster carer for a period not exceeding 16 weeks. Details of extensions to this can be found in the [Placement with Connected Persons](http://northamptonshirechildcare.proceduresonline.com/chapters/p_place_conn_pers.html) procedure. |
| 11.3 | I have considered the risk of the carer not being approved at the end of the assessment process, and considered whether a short term placement with an alternative foster carer which includes appropriate contact is preferable. |
| 11.4 | I have ascertained the child’s wishes and feelings about the proposed arrangements, subject to their understanding, and recorded this.  |
| 11.5 | I have taken into account the issues covered in the Placements with Connected Persons policy when assessing the suitability of a connected person. |
| 11.6 | I have ensured that the assessment includes the quality of the existing relationship between the child and the proposed carer. |
| 11.7 | I have visited the home of the connected person as part of the assessment of the suitability of arrangements.  |
| 11.8 | I have clearly identified the composition of the household and the nature and quality of the relationships between the residents, as well as their view about the proposed arrangements for the connected person to care for the child.  |
| 11.9 | I have addressed the history and current lifestyle of other young people in the household who are under 18 in relation to the needs of the child who is to be placed, including their views about the proposed placement and its possible impact on them.  |
| 11.10 | I have ensured that the connected person has signed a foster care agreement.I have completed a child’s plan and placement plan.  |
| 11.11 | I have ensured that the connected person is receiving the fostering allowance, appropriate to the child’s age, and other allowances to cover equipment, holiday and birthday where applicable, whilst temporarily approved. (Note: Back payments for periods when the family was not referred for IVA will not be considered.) |
| 11.12 | Following approval as a foster carer for the child, I have ensured that the connected person will receive the skills level payment, in addition to the fostering allowance (minus Child Benefit payments). Payments will be made from the date that the approval was agreed by the Agency Decision Maker. |
| 11.13 | I have visited the child in placement at least weekly until the 1st statutory review and subsequently at least every 4 weeks. |

# Effective Casework by Supervised Contact Staff

**Contact Supervisors**

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| 12.1 | All my open allocated contacts are underpinned by a good quality Risk Assessment and Contact Agreement that is comprehensive and includes measures to safeguard children / young people. |
| 12.2 | All of my contacts include an up to date Contact Information Sheetthat has been developed and discussed with the social worker and an up to date risk assessment and Contact Agreement**.** |
| 12.3 | My Observation Report includes good quality analysis and information from risk assessment or Contact Information Sheet that is used to undertake observation. These observations are completed within 2 working days (or up to 5 working as agreed).Risk assessments are updated at regular intervals. |
| 12.4 | Each of my contacts have an identified social worker and there is evidence of regular communication with the social worker. There is timely information sharing of concerns following contact. |
| 12.5 | I have obtained **Family Feedback** so that the child and parents’ views are recorded and used to inform future work. |
| 12.6 | My observation recordingis clear, focused on purpose of the contact to inform social work assessment for children/young people and family members. It evidences the purpose of the contact. I have avoided using jargon, given job titles and written file entries in a way that would make sense to an uninvolved person, in line with the [Supervised Contact Recording Checklist](http://www.proceduresonline.com/northamptonshire/childcare/user_controlled_lcms_area/uploaded_files/Northamptonshire%20Supervised%20Contact%20Recording%20Checklist%202013.doc). |
| 12.7 | I have used other evidence based tools such as utilising the risk assessments / referral form to inform and prepare Contact Agreement that builds on existing strengths. The agreement has been developed in partnership with the social worker, child(ren) and family, identifying clear goals and timescales. |
| 12.8 | Using the observers approach I have engaged the social worker to provide support for the family and have recorded this on the Observation Report.  |
| 12.9 | I have made sure that the pre-contact meeting or discussion takes place within three weeks of contact allocation. During the pre-contact meeting or discussion, I made sure that all actions to be undertaken in the observation were shared with the family, carer and social worker identified. I also made sure the pre-contact meeting or discussion agreed who should do what.  |
| 12.10 | I have arranged and coordinated contact arrangements with the team around the child / young person as appropriate. |
| 12.11 | All of my contacts include evidence of regular and timely **management oversight and management direction** through regular contact discussions and consultations with social workers. Contact discussions and consultations are recorded saved in my contact file/ supervision discussions.  |
| 12.12 | I have contributed to the Contact Review (which forms part of the LAC Review). |
| 12.13 | Contact reviews, consultations and supervision records show that **key issues** have been considered by myself and my manager, and the progress of the contact has been discussed or challenged, including any **changes in circumstances.** |
| 12.14 | My **supervisions are reflective** and discuss my workload and concerns on each contact. |
| 12.15 | **Progress towards identified goals** in the Referral Form has been reviewed and where needed, actions and/or goals have been revised to maintain and ensure the child’s wellbeing.  |
| 12.16 | Risks have been identified, responded to and reduced. They are appropriately recorded in my Observations, reviewed frequently and shared with involved partners in line with the Lone Working, Risk Assessment and Critical Incident policies. |
| 12.17 | As part of my closure plans the Contact Information Sheet has been updated to reflect the outcome for the contact. |
| 12.18 | I will support children/young people and families to experience positive contact. |
| 12.19 | I will work closely with my social work colleagues to effectively contribute to LAC Reviews to support them to achieve the desired outcomes for a family. |
| 12.20 | I have observed the child in the contact environment and with their parents/carers, and used this observation of attachments and relationships to inform social work assessment. |

Analysis and Reporting of Visits

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| 12.21 | I have made a record of each contact, setting out the main issues covered, any issues of concern and how to tackle these. The records will include what is going well for the child/ family and the strengths that have been identified and discussed. The record also provides an analysis of the contact in line with the social worker’s request to meet the child’s needs and safeguard and promote their welfare. This will reflect the most up to date Supervised Contact Recording Checklist. |
| 12.22 | Unless it was inappropriate, I have informed the parents of the contact arrangements and the information arising from them. I have understood that parents and carers should always be told of the contact arrangements to see children unless this compromises the child/young person’s safety. |
| 12.23 | If I have had any concerns about the suitability of the contact arrangements or environment, I have informed the social worker and where appropriate, the Practice Manager, Team Manager, and the IRO at the earliest opportunity. |

# Planning for Permanence and Adoption

**Key Timescale:** Formal Permanence Plan in place by the second LAC Review

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| 13.1 | I have considered all possible placements with extended family and other connected persons, including permanent fostering and adoption, at the earliest possible opportunity. I have used the Family Network Meetings and tools to support this. |
| 13.2 | I have considered the strengths and risk factors of each possible placement option. |
| 13.3 | I have considered relevant research in determining the best permanence option for the child. |
| 13.4 | I have considered where a placement with dually approved carers is required (approved adopters who are temporarily approved as foster carers). |
| 13.5 | Where adoption is the permanence plan I have contacted the Independent Reviewing Officer (IRO) and arranged a Looked After Children’s review to consider the change in plan for the child. |
| 13.6 | I have consulted with the Adoption Service and arranged a date for the case to be referred to the Adoption Panel as soon as adoption or twin tracking has been agreed as the child’s plan. |
| 13.7 | I ensure the route to the child’s permanency are clearly recorded on CareFirst. |
| 13.8 | I have opened an Adoption Case Record. |
| 13.9 | I have completed the associated tasks as outlined in the [Placement for Adoption](http://northamptonshirechildcare.proceduresonline.com/chapters/p_place_adop.html) procedure |
| 13.10 | I have completed a Child Permanence Report which has been agreed and signed off by a suitably qualified manager. |
| 13.11 | I have completed life story work with the child and ensured there is a life story book and a memory box. |
| 13.12 | I have worked with the parents to write a later life letter. |
| 13.13 | I have developed a transition plan in consultation with the Adoption and Fostering Service, health professionals, adopters and foster cases which outlines the child’s move to an adoptive placement. |
| 13.14 | I have considered adoption support needs for the child and the prospective adopters as part of the planning process. |
| 13.15 | When the child has been placed for adoption, I have visited within the first week of placement, and then at least once a week until the 1st review. |
| 13.16 | Where applicable and practicable, I have ensured the Adoption Order application and supporting information is prepared by 10 weeks after placement, ready for the Adoption Order to be submitted. |

# Fostering Practice Standards

**Key Timescale:** Visits to foster carers every three months

**Key Guidance:** Fostering Services National Minimum Standards (DfE, 2011)

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| 14.1 | I have ensured that newly approved foster carers have been allocated a mentor for the first 6 to 12 months following approval. |
| 14.2 | I am supporting newly approved carers to work towards meeting the Training, Support and Development Standards for Foster Carers. |
| 14.3 | I have ensured that all foster carers' training and development needs are identified and completed learning and development plans for each carer. |
| 14.4 | I have agreed a 12 month advance programme of supervision visits with all the foster carers I support. |
| 14.5 | I have provided monitoring and feedback on the foster carers' work to ensure National Standards for Foster Carers are fully met. |
| 14.6 | I have ensured that the agenda for each supervisory visit covers the issues outlined in the [Supervision and Support of Foster Carers procedure](http://northamptonshirechildcare.proceduresonline.com/chapters/p_sup_fos_carer.html)and recorded their contents onthe Foster Carer Supervision Record. |
| 14.7 | Supervision meetings will take place at least once every month in the first year after this supervision meetings will take place at least one every three months.Additional visits may be made for the purposes of support (to the foster carer or any member of the foster family) with telephone contact at least every four weeks |
| 14.8 | I have undertaken additional visits for support where necessary. |
| 14.9 | I have had telephone contact with the foster carers I am supervising at least every four weeks, unless otherwise agreed with the foster carer and line manager. |
| 14.10 | I have ensured unannounced visits at least twice a year. |
| 14.11 | Prior to children being placed, I have completed risk assessments regarding bedroom sharing. |
| 14.12 | I am aware of my role when there are allegations against foster carers, and have followed the guidance outlined in the [Allegations Against Foster Carers procedure](http://northamptonshirechildcare.proceduresonline.com/chapters/p_alleg_foster.html) |
| 14.13 | I have ensured that the foster carers I support have had an annual review and that the Social Worker for any child or young person placed with them was present. |

# Children’s Residential Standards

**Key Guidance**: Children’s Homes Regulations and Quality Standards (2015)

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| 15.1 | We will ensure prior to admission that all the relevant information in relation to the child/ young person has been received from key professionals to enable us to make an informed decision to ensure the placement will meet the young person’s individual needs, and not have an adverse effect on other young people within placement.  |
| 15.2 | We will perform an internal assessment with close consultation with the young person to formulate a person centred placement plan to meet the needs of the young person via the setting of individualised objectives and targets, behaviour management plans and risk assessments. We will always put the young people, their wishes and feelings at the centre of all planning. |
| 15.3 | We will work with all stakeholders via statutory meetings and where necessary initiate multi agency meetings, to ensure that the on-going plan is fluid, fit for purpose, achievable and that objectives and target planning is providing outstanding outcomes for the young person. |
| 15.4 | We will act as good delegated corporate parents and decision making surrounding the young person will be always be with their best interests placed as a primary objective. The care staff will be expected to have an aspirational approach to all young people with whom they work, with regard to achieving excellence, and aiding the young people to move forwards to adulthood. Where there are blockages in the care processes, it is an expectation that we will act as an advocate for the young people as a parent would. |
| 15.5 | We will work to an evidence based social work model and recording will be accurate and analysis based.  |
| 15.6 | We will always work closely with families, to enable closer parental relationships and maintain sibling contact. |
| 15.7 | We will fully support educational attendance and attainment and will again be aspirational in our expectations with regard to educational outcomes.  |
| 15.8 | We will ensure that the protection of young people is at the centre of everything we do and every decision we make. However, we will not make risk assessment decisions based upon anything other than the risk to the young person and be conscious of utilising risk to stifle independence and progression.  |
| 15.9 | We will provide an environment for staff that is open, honest and transparent, develops staff to perform their role to the highest standard, and is based upon a culture of reflective practice and lessons learned. |
| 15.10 | We will monitor and evaluate performance and progress on both a home by home and individual basis to ensure that we maintain a centre of excellence that continually meets the needs of the young people and provides the resources to maintain this. |
| 15.11 | We will ensure all children’s homes are appropriately staffed to ensure the safety of young people in residence. |
| 15.12 | We will ensure that we check property safety and security systems regularly, reporting any faults in a reasonable time frame. This is especially important in terms of fire safety equipment. |

# Discharge from Care

**Key legislation:** The Children Act 1989 guidance and regulations. Volume 2: care planning, placement and case review (DfE, 2015)

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| 16.1 | Staff should also refer to the procedure on [Ceasing to Look After a Child](http://northamptonshirechildcare.proceduresonline.com/chapters/p_ceasing_to_la_ch.html)  |
| 16.2 | I have ensured that the plan to return to the care of the child/young person’s family is in the best interests of the child and will safeguard and promote their welfare. |
| 16.3 | I have assessed that the proposed arrangements for the child’s accommodation and maintenance are suitable. |
| 16.4 | I have assessed what services and support the child, the parent (or other carer), might need when they cease to be looked after. |
| 16.5 | I have spoken with the child/young person or otherwise ascertained their wishes and feelings about the proposed plan for their care when they are no longer looked after. |
| 16.6 | I have set out what support and services will be provided following reunification and ensured that the child and parents understand who to contact for support (see also Return Home from Care below). |
| 16.7 | I have given consideration to the wider context of the family and environmental factors. |
| 16.8 | I have consulted with the IRO and have a clear understanding of their view. |
| 16.9 | I have ensured that for any Eligible young person, that there is an assessment of need, a Pathway Plan and a Personal Advisor has been appointed. |
| 16.10 | Where a child has been looked after for at least 20 working days, the decision to cease to look after her/him must not be put into effect until it has been approved by a nominated officer (Strategic Manager – Children in Care). Where the young person is aged 16 or 17 years, and has been accommodated under section 20 of the 1989 Act, this decision must not be put into effect until it has been approved by the Director of Children’s Services. |
| 16.11 | Details regarding short term breaks and relinquished children can be found in the [Ceasing to Look After a Child](http://northamptonshirechildcare.proceduresonline.com/chapters/p_ceasing_to_la_ch.html) procedure. |

# Discharge of a Care Order

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| 17.1 | I have sought legal advice on the appropriateness of discharging the Care Order. |
| 17.2 | I have discussed with my line manager and a representative from the Legal Childcare Team regarding any supporting orders for example Special Guardianship and Section 8 Orders. |
| 17.3 | I have ensured the following are in place;* An account of the reasons for the application with reference to the concerns that led to the care proceedings.
* An assessment of the child’s needs wishes and feelings in line with the welfare checklist and in particular if the child would be at risk of harm if the order were discharged.
* Ascertained views of parents, carers and significant others, including the view of the IRO.
* A chronology of relevant events since the original order was made.
* If appropriate, a post-discharge support plan including any targeted and specialist service referral to be made.
* Copies of the latest care plan and of the last court care plan if less than two years old.
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Adapted from Good Practice Guidance: Applications to Discharge Care Orders (ADCS)

# Return Home from Care

**Key Timescale:** assessment completed within 12 weeks

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| 18.1 | I have assessed the risks of a return home for the child/young person and followed The [Reunification for Looked After Children](http://northamptonshirechildcare.proceduresonline.com/chapters/p_reunification.html) procedure. |
| 18.2 | I have assessed the parents’ capacity for sustained change, and recorded any research that informed this assessment. |
| 18.3 | I have encouraged the child/young person to express their views, wishes and feelings with regard to their plan. |
| 18.4 | I have used the research contained in the Taking Care guidance, including the table of risk and protective factors. |
| 18.6 | I have used the Signs of Safety supervision model to inform the decision making. |
| 18.7 | The most effective types of support have been identified for parents/carers where the decision is for the child/young person to return home. |
| 18.8 | The family have been helped to build a support network, including a professional network of expertise. An assessment of the family’s support network has been completed, and this is used to inform a clear safety plan involving the safety network.  |
| 18.9 | There is a clear safety plan for the child/ young person to return home which has been created through a safety network meeting. All members of the safety network, and the child where appropriate, will have a copy of the safety plan and there will be an identified leader of the plan within the network. Partner agencies have been identified where appropriate. |

# Leaving Care

**Key Timescale:** Pathway Plan reviewed at least every 6 months.

**Key Guidance:** The Children Act 1989 guidance and regulations. Volume 3: planning transition to adulthood for care leavers (DfE, 2015)

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| 19.1 | I have read the case file of the young person and I understand their history and “journey” through care. |
| 19.2 | The young person has my contact details and knows how to get in touch with me if they need, or want to. This includes using the “Introducing your Personal Adviser” booklet so that the young person knows how to contact me between visits. This includes an email address and work mobile telephone number, as well as an office number for when I am not available. |
| 19.3 | I have identified any difficulty the young person or carer may be having and what extra support and services may be needed. |
| 19.4 | I have seen the young person alone during my visits where possible. If not, I have recorded the reasons why. I have taken account of their views and feelings. Where I have not been able to do this, I have explained why.  |
| 19.5 | I have visited every 8 weeks (post 18) or according to the visiting pattern agreed in the Pathway Plan. |
| 19.6 | I have worked with the young person to help them understand their plan. They have been encouraged to participate in completion of their Pathway Plan and where appropriate, they have received a written copy of their plan. I have ensured the Pathway Plan encourages them to reflect on their journey in life and made sure that they have personal possessions, information, photos and material about their family.  |
| 19.7 | I have taken account of the young person’s needs including race, ethnicity, language, disability, gender, sexuality. |
| 19.8 | I have made sure there is an up-to-date Pathway Plan on the young person’s case record no more than 3 months after the young person's 16th birthday. I have ensured that the Pathway Plan is reviewed at least every 6 months, or after a significant change in circumstances. The Personal Advisor completes the Pathway Plan post 18. |
| 19.9 | If the young person moves to new accommodation, I have seen them at that accommodation within 7 days of the move. |
| 19.10 | I have ensured that the young person has access to information, advice and guidance regarding continuing education, including specific support for care leavers accessing higher education, training or employment. |

# Case Recording after Visits

**Key Timescale:** Records updated within two working days

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| 20.1 | I have ensured that my recordings are up to date and accurate. |
| 20.2 | I have evidenced that I regularly see the child/young person alone and have clearly recorded where this has not happened and shared that with my manager. The Child’s Voice is evident in my recording. I have also seen the child/young person with their carer and observed their interactions, and recorded who I saw on each visit. |
| 20.3 | I have ensured my record reflects the complexity of the child’s life. My record differentiates between observed fact, reported fact and interpretation/opinion. I have noted any differences in opinion. |
| 20.4 | I have clearly recorded where I have had the use of interpreters, specialist workers or tools to enable communication with the child/young person. I have recorded the name and agency of the interpreter used. |
| 20.5 | I have clearly identified the child/young person’s views in their case record. I have recorded what the child/young person has told me, in their own words. I have confirmed this with the child or young person. I have gained the consent of the child/young person regarding sharing information. |
| 20.6 | I have made sure that case notes record the identity and contact number of other professionals or family/friends I have spoken to. |
| 20.7 | I have ensured my case recordings reflect the Signs of Safety model. |
| 20.8 | I have ensured my case recordings demonstrate an analysis of the child/young person’s experience and conclusions. |
| 20.9 | I have ensured that my case recording is up to date. Case records must be updated within two working days. |

# Pre-proceedings

**Key Timescale:** pre-proceedings meeting to take place within five working days of the Letter before Proceedings being sent out.

**Key Guidance:** Court orders and pre-proceedings for local authorities (DfE, 2014)

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| 21.1 | All Social Workers must ensure that they are familiar with and have understood the[Care and Supervision Proceedings and the Public Law Outline procedure](http://northamptonshirechildcare.proceduresonline.com/chapters/p_care_supervis_plo.html) and the [Legal Planning Meetings procedure](http://northamptonshirechildcare.proceduresonline.com/chapters/p_legal_planning_meetings.html). |
| 21.2 | I have completed all relevant assessments, using the Carefirst Assessment Plan which was signed by the parents.  |
| 21.3 | I have discussed with my Manager, and where relevant the Child Protection Chair, any concerns that the threshold criteria may have been met. |
| 21.4 | My supervisor and I have presented the case at the Legal Gateway Meeting |
| 21.5 | Where a Letter before Proceedings has been issued, I have arranged a pre-proceedings meeting with the parents to be chaired by a Team Manager and attended by a local authority legal adviser. |
| 21.6 | I have stored the Letter before Proceedings on Carestore. |
| 21.7 | The pre-proceedings meeting took place within five working days of the Letter before Proceedings being sent out.  |
| 21.8 | I ensured the child’s plan was reviewed within six weeks of the meeting to ensure that sufficient progress is being made |

# Court Orders – Filing Procedure for Evidence

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| **Non-compliance with court orders will normally lead to a hearing before the Designated Family Judge, delay to the child’s plan and may lead to a wasted costs order being made against the Local Authority** |
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| 22.1 | I have recorded orders made at court, particularly filing dates for LA evidence. |
| 22.2 | I have ensured that the filing and subsequent hearing dates are recorded correctly and if I am unable to meet a deadline, I have informed Legal Services of the reason for and expected length of the delay. |
| 22.3 | I have blocked out time in my diary to complete and check my evidence. |
| 22.4 | I have spoken to my manager about this and agreed a day or days to complete evidence. |
| 22.5 | I have ensured that the evidence is with my manager **5 working days before** the filing date. |
| 22.6 | I have ensured that all other documents are available and ready to be sent to Legal Services (i.e. adoption and birth certificates, medical report). |
| 22.7 | I have ensured statements and Care Plans have been countersigned by my Senior Fieldwork Manager. I have ensured the Care Plan has been sent to the Service Manager **5 working days before** the filing date. |
| 22.8 | I have ensured that I, or my Senior Fieldwork Manager, have notified the Service Manager in advance of them receiving a Care Plan. |
| 22.9 | I have ensured that evidence is with Legal Services and the Independent Reviewing Officer**, no later than 3 working days before** the filing date. I understand that if evidence is not received, Legal Services may need to draft a C2 to submit to the court at a cost of £155 and that I will need to attend Court to discuss the implications for the timetable.  |
| 22.10 | I have sent evidence to the allocated solicitor and their assistant via email. |

# Outcome Focused Planning

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| **An outcome is a positive change we can expect as a result of interventions we plan for children/young people and their families. Outcome Focused Plans create meaningful, measurable and clear outcomes with families.** |
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| 23.1 | I have ensured the plan is well written and presents a comprehensive, evidence based assessment of needs and risk. I have ensured the plan focuses on the key issues. |
| 23.2 | I have included the actions required to achieve the outcome (or outcomes). I have made it clear how actions are expected to bring about improved outcomes. |
| 23.3 | I have ensured that all outcomes are SMART to help avoid drift and delay. |
| 23.4 | I have ensured the plan is child focused. |
| 23.5 | I have developed the plan together with the family using the Signs of Safety model. |
| 23.6 | I have ensured the plan is holistic in approach, bringing together appropriate contributions from assessments and other professionals. For example, I have ensured LAC child care plans include the contributions from the PEP and health plans. |
| 23.7 | I have ensured the plan and the planning process show evidence of progress on agreed actions and interventions that are meeting the child’s needs, and how the child is benefitting. |
| 23.8 | I have specified the resources required.  |
| 23.9 | I have ensured that the timescales for progress are clear. Provision has been made for the plan to be routinely reviewed and updated. |
| 23.10 | I have ensured the plan has been written, discussed, agreed and circulated within statutory timescales. See section 5 for guidance on timescales for CIN cases, and section 7 for guidance about timescales when a child is subject of a Child Protection Plan. Section 9 has the details for Children in Care. |
| 23.11 | I have ensured the responsibility for the actions and timescales for delivery are recorded. |

# Contextual Safeguarding – Adolescent Risk Management (ARM)

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| **Contextual Safeguarding is an approach to understanding, and responding to, young people’s experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts, and young people’s experiences of extra-familial abuse can undermine parent-child relationships (University of Bedford, 2019)** |

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| 24.1 | I have followed the [Adolescent Risk Management (ARM) procedure](http://www.northamptonshirescb.org.uk/assets/legacy/getasset?id=fAAzADkANwB8AHwAVAByAHUAZQB8AHwAMAB8AA2). |
| 24.2 | I have identified concerns about significant harm to the child/young person (including how likely this is) and noted that the risks are primarily from outside the family home e.g. Child Sexual Exploitation (CSE), gangs and missing episodes. |
| 24.3 | I have completed an ARM Risk Assessment (see [Adolescent Risk Management Referral Form](http://www.northamptonshirescb.org.uk/assets/legacy/getasset?id=fAAzADkAOAB8AHwAVAByAHUAZQB8AHwAMAB8AA2)) together with my multi agency partners, the family and young person. |
| 24.4 | Where the scoring indicates a **‘low’ or ‘medium’ risk**, I have convened a CIN Meeting as per the [Child in Need Plans and Review procedure](http://northamptonshirechildcare.proceduresonline.com/chapters/p_cin_plans_rev.html). **(Standards 22.5 onwards are not applicable when the scoring indicates low / medium risk.)** |
| 24.5 | Where the scoring indicates **‘high’** or **‘very high’** risk, I have discussed the outcome with my line manager who has authorised a request for an ARM Meeting to be held and signed the assessment paperwork.  |
| 24.6 | I have spoken with the young person and family to ensure the identified support network has been briefed and invited to the ARM Meeting, where appropriate.  |
| 24.7 | I have sent the ARM Risk Assessment to the Safeguarding and Quality Assurance Service (SQAS) mailbox (SQAS@northamptonshire.gcsx.gov.uk) together with a request for an ARM Meeting to be arranged. |
| 24.8 | Once the request for an ARM Meeting was accepted, I have notified all other parties that the ARM Meeting will be held and that they will receive an invitation and information by email or post.  |
| 24.9 | Three working days before the ARM Meeting, I will have met with the family and talked through the completed ARM Risk Assessment and updated the Child and Family Assessment, which will be presented at the ARM Meeting. |
| 24.10 | I will attend the ARM Meeting to present my Child and Family Assessment and support the family and multi-agency group to develop an ARM Child in Need (CIN) Plan together with the Chairperson. |
| 24.11 | I will make sure the first CIN Meeting is held within 10 days of the ARM Meeting. |
| 24.12 | I have made sure at the first CIN Meeting that parents/carers and young person understand the ARM CIN Plan. |
| 24.13 | I have made sure that the ARM CIN Plan has been developed into a SMART plan, using the Signs of Safety model and involving all necessary agencies. |
| 24.14 | I have made sure that I visit the young person every 20 working days as a minimum. The visits have a purpose, focusing on the risks and needs identified for the young person as well as the identified strengths. Where appropriate, I have seen the young person on their own. My records show this. All my work has aimed to maximise the safety and wellbeing of the young person. |
| 24.15 | I have made both announced and unannounced visits where appropriate, to the young person. Each of my visits added to what we know about the young person and what life is like for them. Each visit helped us to understand more about the young person. There is a clear ARM / CIN Plan as part of the Strengths based planning process. |
| 24.16 | I have regularly found out what the young person wants and how they feel. I have made sure the young person understands their Plan according to their age and level of understanding. I have used direct work tools to help me do this and recorded this effectively. |
| 24.17 | I have continued to assess and re-assess the needs of the child using the Signs of Safety model and tools within the Child and Family Assessment. I can answer the question: “What is it like to be this child in this family?” I can identify what is going well for the family, what we are worried about and what the next steps will be. |
| 24.18 | I have understood the role of fathers and partners in the family. I have assessed new partners or new household members. |
| 24.19 | Where home conditions, finances, or any indicators of neglect are an issue, I have asked to see the kitchen cupboards, fridge, toilet, bathroom and all bedrooms as needed and I am clear about the acceptable standard they should reach. |
| 24.20 | I have held a multi-agency review of the ARM CIN Plan – similar to a core group – twice before the three month review with the SQAS Chair. |
| 24.21 | I have made sure that the ARM CIN Meeting that is held as part of the first three month review is chaired by the SQAS Chair and reviews the ARM CIN plan. If the plan has not achieved what it should, I have made sure that the group agreed what to do about this and the timescale. I have ensured the plan is SMART. |
| 24.22 | I have used supervision to explore my feelings about the case and to make sure that I am putting the child/young person first. I have used the Signs of Safety supervision approach and considered Strength/Risk and actions. |
| 24.23 | I have discussed identified risks immediately with my manager, or a covering manager. We have agreed what we need to do about those extra concerns. Where risks have increased, I have discussed with the SQAS Chair whether the ARM CIN could be considered at an ICPC (link)  |
| 24.24 | I am aware that following the three month review responsibility for chairing the ARM CIN returns to my team.  |

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| **Key Responsibilities** |
| **Social Worker** | **Group Member** | **Team Manager** | **SQAS** |
| * Complete the risk assessment
* Where authorized – send to SQAS
* Update the CAF assessment
* At meetings summarise the discussion and allocate tasks.
* Circulate the plan after meetings within 5 working days
 | * Participate in the completion of the risk assessment
* Develop and implement the plan using the Signs of Safety model.
* Appoint another representative from their agency if unable to attend.
* Take notes of tasks allocated to them
 | * QA and authorise the Risk Assessment and agree to progress to ARM or continue as CIN
* Sign the initial plan and all updated versions.
* Chair the standard CIN meetings (other than the 3 month SQAS review) if there are disagreements about the plan escalating/de-escalating
* Record management decisions and recommendations
 | * Receive and agree the referral for ARM
* If not agreed – return to team with recommendations
* Where agreed – arrange ARM meeting within 20 working days
* Invitations will be sent out and venue arranged
* SQAS will Chair the meeting and send out the minutes and decisions to invitees, including uploading to system
* SQAS will arrange and Chair the 3 month review
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# Appendix A

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| **Guide to good practice: assessment and needs analysis** |
| **Theme** | **Outstanding** | **Inadequate** |
| **A reflective record** | Assessments that analyse events and actions and lead to conclusions based on sound professional practice. | Descriptions of events, lists of activities and actions without any assessment of their relevance. |
| **Based on theories and models** | Assessments are based on the application of evidenced theories and models of human behaviour. They clearly reference which theory is being applied | Assessments are simply based on opinions/ comments. |
| **Demonstrating observational skills** | Assessments are based on the application of observational skills, theories and frameworks that explain what is going on, why it’s happening and what can be done to improve things | Accounts of observations are provided but without a theoretical framework or evidence-based contribution. |
| **Capturing the child’s world** | Well-argued understanding of the child’s perception of their world and events around them, and an analysis of the child’s emotional and physical development and aspirations. | Little or no reference to the child’s perception of their world or events. Little or no reference to stages of development of the child, physically or emotionally. |
| **Understanding parent/child relationships** | Well-argued account of the nature and quality of the relationships between both parents and child. This investigates parenting capacity and is based on a theoretical framework that provides explanations and interventions. | Little theoretical framework on which to base judgements on the nature and quality of parent /child relationships. Little information on absent fathers/male carers, whether they are present in the home or not.  |
| **Family history** | Description and analysis of family history that impacts on the needs of the child and family members, their behaviour, past experiences (whether parents were Looked After Children themselves) and current actions. This gives an up-to-date chronology of events, a genogram of family relationships and medical history. It shows evidence of reading and absorbing previous records. | Explanations of behaviour and actions are not placed in the context of the family’s history. No evidence that previous records about the family have been read and incorporated into the assessment.No investigation into whether parents were themselves LAC or otherwise vulnerable and the impact that this may have on their own parenting capacity and knowledge of support services. Not up- to-date chronology or genogram. |
| **Race, language, religion, culture, sexual orientation.** | Racial, religious, cultural and language aspects of the family and child are taken into account in the assessment to support an understanding of concerns, behaviours and perceptions. | Little or no reference to these aspects of the child and family. They may be taken account and described but are not analysed and do not help understanding behaviour or actions |
| **Partner agency contributions** | Assessments have appropriate contributions from professionals in other agencies that contribute to a holistic view of needs of the child. | Partner agency contributions either partial or absent from the assessment. |
| **Assessments are developmental and fluid** | Over time there is evidence of assessments being developed, added to or amended – and that assessment is a fluid, progressive process that offers judgments on changes in the child and family’s life. The last assessment is up-to-date. | The assessment is out-of-date and does not take account of recent or current changes in the child or family. The assessment has not been reviewed or revised within expected timescales. |

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| **Home visits to prepare assessments: good practice** |
| **Theme** | **Outstanding** | **Inadequate** |
| **Seeing the child** | Child has been seen with carers and alone. Checks made against date of birth and so on to confirm correct child. Meaningful contact established (using a range of materials suitable to age and understanding) with child to obtain their views and wishes. | Child not seen or questions about the child relating to the referral still outstanding. Child seen but not in a way that is right for their age. Their views and wishes not obtained. Child’s voice not heard and they are not able to influence the assessment and any subsequent planning. |
| **Seeing the home** | Practitioner has entered the home and been able to assess how it meets the child’s needs (hygiene, food, warmth, affection, caring). | Practitioner not able to enter the home or only allowed very limited access. Therefore unable to form a view of needs being met. |
| **The child’s bedroom** | Practitioner able to see the bedroom and form views about the quality of care and how the child’s needs are met. | Practitioner not able to see bedroom and unable to form views about care and sleeping arrangements. |
| **Judgements about physical and emotional care** | Practitioner able to form views, based on evidence, about the physical and emotional care of the child by parents and family members through direct observation of family interactions and good recording of them. | Insufficient evidence to form a view about the quality of care. Therefore judgements are partial or insufficient to inform actions. |
| **Covering referral issues** | Practitioner addresses the reason for the visit and concerns with family members (and child where appropriate). | Practitioner does not, or can’t, address reason for referral with family members (and child where appropriate). Family not clear as to purpose of visit or assessment. |
| **Evidencing explanations** | Practitioner takes account of explanations and references them against other sources. | Practitioner does not record explanations from family or child, and does not check against other sources. |
| **Judgements based on evidence** | All judgements are based on evidence that can be substantiated and on theoretical or researched models and frameworks of interventions. | No judgements are forthcoming, or limited, unsubstantiated judgements are made.26 |
| **Possibility of domestic abuse** | Practitioner checks with relevant family member about any domestic violence and records this. | Practitioner doesn’t check possibility of domestic violence in assessment. |
| **Holistic approach to child’s needs** | Assessment is holistic and uses a recognized assessment framework covering the needs of the child. | Assessment is not holistic and is limited to particular issues, concerns or needs. |
| **General child care** | Practitioner acquires sufficient information to form a view about the quality of child care and actions to be taken. | Practitioner does not collect sufficient information about the quality of child care, or bases judgements on partial evidence or unsubstantiated claims. |
| **Possibility of family members caring for or working with other children outside of their own family** | The assessment clearly identifies whether a significant family member where there may be concerns, may have contact with children in other settings. It shows whether there is a need to activate [Allegations Management procedures](http://northamptonshirescb.proceduresonline.com/p_alleg_against_staff.html) | The assessment doesn’t clearly identifies whether a significant family member where there may be concerns, may have contact with children in other settings. It fails to show whether there is a need to activate [Allegations Management procedures](http://northamptonshirescb.proceduresonline.com/p_alleg_against_staff.html) |
| **Completion of assessment within timescales** | Assessment completed within the prescribed timescales and shared with manager, child and family. | Assessments not completed within timescales and progress reporting not shared with manager, child or family |
| **Possibility of domestic abuse** | Practitioner checks possibility of domestic violence in assessment. | Practitioner doesn’t check possibility of domestic violence in assessment. |
| **Holistic approach to child’s needs** | Assessment is not holistic and is limited to particular issues, concerns or needs. | Assessment is not holistic and is limited to particular issues, concerns or needs. |
| **General child care** | Practitioner does not collect sufficient information about the quality of child care, or bases judgements on partial evidence or unsubstantiated claims. | Practitioner does not collect sufficient information about the quality of child care, or bases judgements on partial evidence or unsubstantiated claims. |
| **Possibility of family members caring for or working with other children outside of their own family** | Assessment does not show whether questions have been asked about this or concerns have been acted upon. | Assessment does not show whether questions have been asked about this or concerns have been acted upon. |
| **Completion of assessment within timescales** | Assessments not completed within timescales and progress reporting not shared with manager, child or family | Assessments not completed within timescales and progress reporting not shared with manager, child or family |
| Adapted from Practice Standards Manual (Leeds City Council, 2015) |

**Appendix B**

Ten pitfalls in assessments of need and risk and how to avoid them

1. An initial hypothesis is formulated on the basis of incomplete information, and is assessed and accepted too quickly. Practitioners become committed to this hypothesis and do not seek out information that may disconfirm or refute it.
2. Information taken at the first enquiry is not adequately recorded, facts are not checked and there is a failure to feedback the outcome to the referrer.
3. Attention is focused on the most visible or pressing problems; case history and less “obvious” details are insufficiently explored.
4. Insufficient weight is given to information from family, friends and neighbours.
5. Insufficient attention is paid to what children say, how they look and how they behave.
6. There is insufficient full engagement with parents (mothers/fathers/other family carers) to assess risk.
7. Initial decisions that are overly focused on age categories of children can result in older children being left in situations of unacceptable risk.
8. There is insufficient support/supervision to enable practitioners to work effectively with service users who are uncooperative, ambivalent, confrontational, avoidant or aggressive.
9. Throughout the initial assessment process, professionals do not clearly check that others have understood their communication. There is an assumption that information shared is information understood.
10. Case responsibility is diluted in the context of multi-agency working, impacting both on referrals and response. The local authority may inappropriately signpost families to other agencies, with no follow up.

*Ten Pitfalls and How to Avoid Them - What research tells us (Broadhurst et.al, 2010).* [*www.nspcc.org.uk/inform.*](http://www.nspcc.org.uk/inform)

# Frequency of Statutory Visits and Reviews

**Schedule of Statutory Visits to:**

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| --- | --- | --- | --- | --- |
| **Looked After Children****The minimum frequency of visits to a Care Planning Regulations 2010,****Reg.28Looked After Child is:** |  | **Child on a Care Order (full or interim) but Children’s Services are not responsible for where they live**(*this would apply if the child was remanded in, or sentenced to custody by a criminal court. It might also apply if as child was detained under the Mental Health Act)* |  | **Adopted Children****Adoption Agencies Regulations 2005, Reg. 36 (4)****The minimum frequency of visits to a child placed for adoption is:** |
|  |  |  |  |  |
| First Visit: within 1 week of the start of any placement. |  | First visit: within 1 week of start of custody |  | First visit: within 1 week of the placement |
|  |  |  |  |  |
| Subsequent visits: at least every 6 weeks |  | Subsequent visits: within 1 week of start of living arrangements |  | Subsequent visits: at least once a week until the 1st review after |
|  |  |  |  |  |
| Placements intended to last until the child is 18 may be less frequent reducing to at least 1 every 3 months |  | Then: at least every 3 months after the 1st year, and within 1 week of any change to where the child lives |  | Then: frequency of visits decided at each review until the Adoption Order is granted |
|  |  |  |  |  |
| **However, the child’s circumstances should determine actual frequency of visits.***We must also visit upon a reasonable request from the child or the person responsible for the child at the placement.* |  | *If in receipt of a notice from Ofsted re: cancellation of the registration of an agency, proceedings against an establishment/agency, or barred admissions – visit must be made to any affected Children’s Home within 1 week.* |  |  |

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| **Care Leavers****Care Leavers (England) Regulations 2010, Reg. 8 (2)**When a young person leaves council accommodation at age 16-17 (“a relevant child”), the council still has a duty to provide accommodation for them. |  | **Short Breaks****Care Planning Regulations 2010, Reg. 48**In some circumstances we may provide overnight short breaks under s17(6) of the Children Act 1989. The child gets these as a service from us but is not being looked after by the local authority. There is no statutory minimum frequency of visits.If we provide short breaks under s20 (4) of the Act and conditions under Regulation 48 conditions (see below) are met, we must as a minimum visit: |
|  |  |
| In these circumstances, visits must take place:* Within 7 days of the accommodation first being provided;
* Before the next review of the Pathway Plan (to be arranged as soon as possible after 28 days starting from the day we first provide accommodation.)
 |  |
|  |  |
|  | 1st visit: within 3 months of the start of the 1st placement |
|  |  |  |
| Subsequent visits:At subsequent intervals of not more than two months see the [Leaving Care and Transition procedure](http://northamptonshirechildcare.proceduresonline.com/chapters/p_leaving_care.html); |  | Subsequently: every 3 months*Frequency of visits must be agreed with the IRO and the child’s parents* |
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| **Private Foster Child****Children (Private Arrangements for Fostering) Regulations 2005, Regs. 4, 7, 8**When notice is received of intention to foster privately we must: |  | **Children in Long-Term Residential****Visits to children in Long-Term Residential Care Regulations 2011, Reg. 3**These regulations apply when notice is given that a child is being accommodated by a health or education authority, or in a care home, independent hospital or hospice. The notice must be sent when the child has been there for a consecutive period of at least 3 months or there is an intention to provide accommodation for that period |
|  |  |
| **Within 7 days:*** Visit the proposed foster home;
* Visit and speak to the proposed foster carer and all members of their household;
* Visit and speak to the child (unless this would be inappropriate); and

Speak to and, if practicable, visit each parent of the child and any other person with parental responsibility |  |
|  |  |
|  | We must visit:* First within 3 months of receiving the notification if the child’s needs were assessed in the 12 months before the notification;
* Within 7 working days of the notification if there is no such assessment (i.e. in an emergency); and then
* At least every 6 months;
* We must also visit if we get a reasonable request from the child.

There is a duty to make further visits if we are satisfied this is necessary to safeguard and promote the child’s welfare. |
|  |  |
| We must visit:* At least every 6 weeks for the 1st year after becoming aware of the private fostering arrangement; and then
* At least every 12 weeks after the 1st year;

We must also visit following a reasonable request from the foster child, foster parent, a parent of the child or any other person with parental responsibility |  |

# Frequency of Visits to a Looked After Child in Specific Circumstances

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| **We need to make more frequent visits in specific circumstances** |
|  |  |  |  |  |  |  |
| **Connected person with temporary approval to foster** |  | **Child on a full care order** ***and living with a parent*** |  | **Child on a care order where another agency is in charge of living arrangements (e.g. custody)** |  | **Child on interim care order but living with parent subject to placement with parent agreement** |
|  |  |  |  |  |  |  |
| At least weekly until 1st statutory review |  | Within 1 week of the order (if child living with parent when order made) |  | Within 1 week of start of arrangements |  | At least weekly until 1st statutory review |
|  |  |  |  |  |  |  |
| Subsequently at least every 4 weeks |  | Then at least every 6 weeks |  | Within 1 week of any change to these arrangements |  | Subsequently at least every 4 weeks |
|  |  |  |  |  |  |  |
|  |  | Visits allow SW to assess relationship & identify any concerns |  | At least every 6 weeks for 1st year |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  | At least every 3 months after the 1st year |  |  |

Some text adapted from Practice Standards Improving Outcomes for Children in Sandwell (Sandwell MBC)