

Practice Standards for Managers

Improving Outcomes for Children in Northamptonshire

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* **About this guidance**

This guidance is for managers in Early Help and Safeguarding Children’s Services. We will review and update it regularly. It sets out basic requirements and is not intended to cover all situations or areas of practice. Managers are expected to use their professional judgement and apply:

* the principles of Health and Care Professions Council (HCPC) standards found at; <http://www.hcpc-uk.org/aboutregistration/standards/>
* relevant legislation;
* local policies and procedures found at <http://northamptonshirechildcare.proceduresonline.com/index.htm> and <http://northamptonshirescb.proceduresonline.com/>

and

* national policies and procedures

These Practice Standards for Managers should be read in conjunction with the ‘[Practice Standards for Practitioners](http://northamptonshirechildcare.proceduresonline.com/chapters/docs_library.html#pract_stand)’ and ‘[Knowledge and skills statement for practice leaders](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/691540/Knowledge_and_skills_statement_for_practice_leaders.pdf)’. **These Practice Standards are mandatory.**

These Practice Standards will help foster a culture that seeks to work directly with children, young people and families. This culture will build on their strengths to better manage the risks and challenges they face. It will help them to make changes so children have positive outcomes throughout their lives.

Managers’ and practitioners’ decisions and actions will have a profound effect on the lives of children and their families. They therefore have to exercise the greatest care and diligence. There is a strong relationship between the quality of professional leadership and management and positive outcomes for children and young people.

Managers across the service are responsible for making sure we provide a high-quality service. This means we give a professional response from the start of our intervention through to the closure of the case – and that what we do complies with the procedures and legislation governing our practice.

Manager’s also need to ensure that the Organisational Signs of Safety goals are explicitly incorporated in their team trajectories and service plans, in order to support the practice expected.

‘Effective leadership sets the direction of an organisation, its culture and value system, and ultimately drives the quality and effectiveness of the services provided’ (Laming 2009).

* **Developing yourself**

As a manager you are expected to set an example to others by demonstrating your continuous learning and development of knowledge and skills, both in terms of the social work profession and the management of people and resources. All are essential to improve practice and outcomes for children.

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. More information can be found in the HCPC guide to Standards for Continuing Professional Development (CPD) found at;

 <http://www.hcpc-uk.org/publications/standards/index.asp?id=101>

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)](http://sharepoint.lgss.local/Pages/NCC-PADP-Guides-and-Templates.aspx)) 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 PADP with a positive attitude.

You are responsible for implementing any course of action agreed within the timescales agreed.

* **Leading, managing and developing others**

Key People Management Responsibilities include:

* Conduct regular performance review meetings with individuals and teams;
* Promote learning and development in the organisation and evaluate the service benefits of employee learning;
* Ensure that individuals are treated with dignity and respect within a safe and healthy environment to promote staff well-being;
* Take practical action to assist individuals to maintain a work life balance;
* Use people [management policies](http://sharepoint.lgss.local/Pages/Managing-performance.aspx) and procedures to ensure a consistent approach to people management within the organisation;
* Complete the required transactional processes required to support your people management responsibilities.
* Promote and embed the practice framework Signs of Safety within your day to day practice, which includes the induction of new employees, supervision, conversations with staff, quality assurance, team meetings and group supervision.

You must not tolerate any form of bullying or harassment in the workplace, including derogatory comments or excluding people, and take swift action to address this. Click link for [relevant policies](http://sharepoint.lgss.local/Pages/NCC-Raising-a-concern-policies.aspx).

* **Induction of new staff and promoting their learning and development.**

Induction is a new member of staff’s first learning opportunity. It is a vital part of retaining staff. You must arrange appropriate support and an induction plan for new staff, whether they are new to social care or the organisation, or role.

 Induction guidance for managers can be found at;

<http://sharepoint.lgss.local/Pages/LGSS-Induction.aspx>

You should plan how to fill gaps in staff’s knowledge, skills and understanding by enabling their ongoing development. You should seek to provide development opportunities to support safe and effective practice.

You must arrange training in any subjects specified in relevant statutory regulations and guidance. You must make sure your staff attend training – and use the learning they gain in practice. You must ensure that your staff are booked on to the available Signs of Safety courses, and in lieu of availability, signpost to the [Signs of Safety Intranet Page](https://staff-intranet.northamptonshire.gov.uk/childrens-services/Pages/signs-of-safety.aspx) where there are resources, Workbooks and a short briefing video.

You should provide the right support for staff who do not feel able to carry out any aspect of their work. The Managing Absence and Performance policy can be found at;

<http://sharepoint.lgss.local/Pages/Managing-performance.aspx>

* **Supervising and appraising staff**

You must make sure supervision and PADP records are kept in line with expectations set out in policy, are accurate, complete, accessible, signed and dated. Supervision should take place on a monthly basis as a minimum. PADPs must take place annually.

You must meet the responsibilities set out for you in the [Children First Northamptonshire Supervision Policy](http://northamptonshirechildcare.proceduresonline.com/pdfs/supervision_standards.pdf) and the [PADP Guidance](http://sharepoint.lgss.local/Pages/NCC-PADP-Guides-and-Templates.aspx).

The relevant Knowledge and Skills Statement must be used to determine any gaps in learning.

* **Leading and managing the service**

You must make sure practice is child centred, with case records and systems seen as supports rather than the essence of practice.

You will make sure you organise and manage your team so its people and resources provide an efficient, effective, positive, and safe learning environment for practitioners to thrive and display good practice. You will evaluate your own work and use problem-solving approaches. You will allocate work in line with staff experience and qualifications and make sure that workloads are manageable.

You must build successful teams by working collaboratively with others to make sure the whole system can cope with demands upon it and resources are effectively and efficiently deployed to safeguard children.

You will hold regular team meetings. If the Manager is not available to chair an alternative chair should be agreed. The dates/times and venues should be planned 12 months in advance, and a record of the meeting must be made. Copies of minutes/notes must be shared with the team and filed.

There is an expectation that agenda setting will be shared by the team but it must include the following:

* Service messages
* Sharing good practice
* Acknowledging compliments
* Time to reflect on common themes/practice issues
* Opportunities for agreeing issues to feedback to Senior Managers
* Staffing – annual leave and sickness updates
* Case allocation.

The Manager will request items for the agenda at least 1 week in advance.

There is an expectation that there are regular group supervisions held and led by the team’s Practice Lead for Signs of Safety. This will be to develop the team’s confidence and practice in Signs of Safety, as well as to strengthen the auditing and quality assurance of the work being completed by the team with children and families.

Managers should facilitate an annual team development day.

You will make sure all children and young people for whom we are responsible have evidence in their records that managers have looked at practice so decisions are made in their best interests and properly recorded.

All Managers will undertake direct observations of their staff during home visits at least twice a year for all employees. Observations will be recorded on the Observation Template.

You should also make yourself available to offer advice and guidance outside the formal supervision sessions. Informal supervision must not replace formal planned sessions, however can be used to evidence decision making that may change the direction of a case. All case decisions must be recorded on the electronic case file under either (Carefirst) C-Case discussion or C- decision – management heading or (Capita) comms log – management oversight; they are not formal supervisions and therefore should not be recorded as such.

You must take responsibility for managing resources and budgets based on the principle of value for money.

You will lead by example and set standards of behaviour, presentation and conduct that promote good professional practice and cultivate an environment that is mutually supportive and draws on the professional strengths of all staff.

You will provide good lines of communication which make sure that staff share, understand and act upon important service policies and procedures so services for children are consistent.

You will monitor the quality of the service you are responsible for by regularly scrutinising practice and auditing case recording. You will take steps to put poor quality work right.

* **Complaints**

You will also have responsibility for responding to complaints and adhere to the [Complaints, Compliments and Representations](http://northamptonshirechildcare.proceduresonline.com/chapters/p_reps_complaints.html) procedure.

**Appendices**

**Appendix A -** What good team managers should know and do

**Appendix B -** A guide to good practice - assessment and needs analysis

**Appendix C -** Guide to good practice - home visits to prepare assessments

**Appendix D -** Ten pitfalls in assessments of need and risk and how to avoid them (source – What research tells us Sept 10 – [www.nspcc.org.uk/inform)](http://www.nspcc.org.uk/inform%29)

**Appendix E -** Standards of proficiency HCPC 2012

Useful Information -

<https://www.hcpc-uk.org/cpd/>

**References**

Broadhurst, K. et. al. (2010) - Ten Pitfalls and How to Avoid Them – What research tells us. NSPCC.

Laming, W.H. (2009) - The Protection of Children in England: A Progress Report. HMSO.

**Appendix A**

What good team managers should know and do

1. All staff should be able to describe what life is like for the child in his or her family. Managers should know these stories and be able to judge their reliability. This means knowing their workers cases, the families’ stories and having in-depth knowledge of more ‘risky’ situations (including whether a child has been seen or not).
2. The manager should agree and sign off the child’s plan of what we are doing to make things better for the child. This should include clear indicators of when the risk to the child becomes so great a change of plan is necessary.
3. That plan should be clear about how relationships, family support and inter-agency work will deliver its objectives. It will include a realistic idea of change and a measure of confidence in the family’s ability to deliver on their part of the plan.
4. The manager should have a small set of indicators for each child to monitor these factors and give priority to the most risky cases. The manager should feel confident about sharing this data with supervisors or other experts.
5. The manager should be able to make good clinical decisions. This means not just administering systems. It also means being good at assessing cases, knowing when to step in and modelling these clinical skills for their workers.
6. Managers need to be able to develop workers to do the job better. This means better clinical reasoning, using evidence in assessments and reports – and better direct work with families.
7. Managers need to be able to model reflective practice and encourage and support reflection in supervision and in team meetings. They need to ask: “what does it feel like to be John in that family?”.
8. Managers need to be able to promote good relationships in a team, between team members and between the team and other agencies that support their families.
9. Managers need to be able to prioritise cases that need more intervention, manage risk and confidently close cases where necessary.

*Adapted from Michael Little, Dartington Research*

**Appendix B**

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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 behavior. 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 behavior, 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 behavior 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. |
| **Race, language, religion, culture, sexual orientation.** | Thorough 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. | 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. |
| **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 circumstances. | Over time there is no evidence of assessments being developed, added to or amended – and that assessment is a fluid, progressive process that offers judgments on changes in circumstances. |

**Appendix C**

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| **Home visits to prepare assessments: good practice** |
| **Theme** | **Acceptable** | **Unacceptable** |
| **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** | 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. |
| **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 (see page 17). | Assessment does not show whether questions have been asked about this or concerns have been acted upon. |
| **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. |

[Allegations against Staff or Volunteers](http://northamptonshirescb.proceduresonline.com/p_alleg_against_staff.html) procedure.

**Appendix D**

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)

**Appendix E**

Standards of proficiency (Health and Care Professionals Council, 2017)

Registrant social workers in England must:

**Be able to practise safely and effectively within their scope of practice**

* know the limits of their practice and when to seek advice or refer to another professional;
* recognise the need to manage their own workload and resources effectively and be able to practise accordingly;
* be able to undertake assessments of risk, need and capacity and respond appropriately;
* be able to recognise and respond appropriately to unexpected situations and manage uncertainty;
* be able to recognise signs of harm, abuse and neglect and know how to respond appropriately, including recognising situations which require immediate action.

**Be able to practise within the legal and ethical boundaries of their profession**

* understand current legislation applicable to social work with adults, children, young people and families;
* understand the need to promote the best interests of service users and carers at all times;
* understand the need to protect, safeguard, promote and prioritise the wellbeing of children, young people and vulnerable adults;
* understand, and be able to address, practices which present a risk to or from service users and carers, or others;
* be able to manage and weigh up competing or conflicting values or interests to make reasoned professional judgements;
* be able to exercise authority as a social worker within the appropriate legal and ethical frameworks and boundaries;
* understand the need to respect and so far as possible uphold, the rights, dignity, values and autonomy of every service user and carer;
* recognise that relationships with service users and carers should be based on respect and honesty;
* recognise the power dynamics in relationships with service users and carers, and be able to manage those dynamics appropriately;
* understand what is required of them by the Health and Care Professions Council.

**Be able to maintain fitness to practise**

* understand the need to maintain high standards of personal and professional conduct;
* understand the importance of maintaining their own health and wellbeing;
* understand both the need to keep skills and knowledge up to date and the importance of career-long learning;
* be able to establish and maintain personal and professional boundaries;
* be able to manage the physical and emotional impact of their practice;
* be able to identify and apply strategies to build professional resilience.

**Be able to practise as an autonomous professional, exercising their own professional judgement**

* be able to assess a situation, determine the nature and severity ofthe problem and call upon the required knowledge andexperience to deal with it;
* be able to initiate resolution of issues and be able to exercisepersonal initiative;
* recognise that they are personally responsible for, and must be able to justify, their decisions and recommendations;
* be able to make informed judgements on complex issues using the information available;
* be able to work effectively whilst holding alternative competing explanations in mind.
* be able to make and receive referrals appropriately;
* understand the importance of participation in training and mentoring.

**Be aware of the impact of culture, equality and diversity on practice**

* be able to reflect on and take account of the impact of inequality, disadvantage and discrimination on those who use social work services and their communities;
* understand the need to adapt practice to respond appropriately to different groups and individuals;
* be aware of the impact of their own values on practice with different groups of service users and carers;
* understand the impact of different cultures and communities and how this affects the role of the social worker in supporting service users and carers.

**Be able to practise in a non-discriminatory manner**

* be able to work with others to promote social justice, equality and inclusion;
* be able to use practice to challenge and address the impact of discrimination, disadvantage and oppression.

**Understand the importance of and be able to maintain confidentiality**

* be able to understand and explain the limits of confidentiality;
* be able to recognise and respond appropriately to situations where it is necessary; to share information to safeguard service users and carers or others;
* understand the principles of information governance and be aware of the safe and effective use of health and social care information.

**Be able to communicate effectively**

* be able to use interpersonal skills and appropriate forms of verbal and non-verbal communication with service users, carers and others;
* be able to demonstrate effective and appropriate skills in communicating advice, instruction, information and professional opinion to colleagues, service users and carers;
* understand the need to provide service users and carers with the information necessary to enable them to make informed decisions or to understand the decisions made;
* understand how communication skills affect the assessment of and engagement with service users and carers;
* understand how the means of communication should be modified to address and take account of a range of factors including age, capacity, learning ability and physical ability;
* be aware of the characteristics and consequences of verbal and non-verbal communication and how this can be affected by a range of factors including age, culture, disability, ethnicity, gender, religious beliefs and socio-economic status;
* understand the need to draw upon available resources and services to support service users’ and carers’ communication wherever possible;
* be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.51;
* be able to engage in inter-professional and inter-agency communication;
* be able to listen actively to service users and carers and others;
* be able to prepare formal reports in line with applicable protocols and guidelines;
* be able to present reports in formal settings.

**Be able to work appropriately with others**

* understand the need to build and sustain professional relationships with service users, carers and colleagues as both an autonomous practitioner and collaboratively with others;
* be able to work with service users and carers to enable them to assess and make informed decisions about their needs, circumstances, risks, preferred options and resources;
* be able to work with service users to promote individual growth, development and independence and to assist them to understand and exercise their rights;
* be able to support service users’ and carers’ rights to control their lives and make informed choices about the services they receive;
* be able to support the development of networks, groups and communities to meet needs and outcomes;
* be able to work in partnership with others, including service users and carers, and those working in other agencies and roles;
* be able to contribute effectively to work undertaken as part of a multi-disciplinary team;
* recognise the contribution that service users’ and carers’ own resources and strengths can bring to social work;
* be able to identify and work with resistance to change and conflict;
* be able to understand the emotional dynamics of interactions with service users and carers.

**Be able to maintain records appropriately**

* be able to keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines;
* recognise the need to manage records and all other information in accordance with applicable legislation, protocols and guidelines.

**Be able to reflect on and review practice**

* understand the value of critical reflection on practice and the need to record the outcome of such reflection appropriately;
* recognise the value of supervision, case reviews and other methods of reflection and review.

**Be able to assure the quality of their practice**

* be able to use supervision to support and enhance the quality of their social work practice;
* be able to contribute to processes designed to evaluate service and individual outcomes;
* be able to engage in evidence-informed practice, evaluate practice systematically and participate in audit procedures.

**Understand the key concepts of the knowledge base relevant to their profession**

* understand the roles of other professions, practitioners and organisations in health, social care, justice and in other settings where social work is practised;
* be aware of the different social and organisational contexts and settings within which social work operates;
* be aware of changes in demography and culture and their impact on social work
* understand in relation to social work practice:
	+ social work theory;
	+ social work models and interventions;
	+ the development and application of relevant law and social policy;
	+ the development of and application of social work and social work values;
	+ human growth and development across the lifespan and the impact of key developmental stages and transitions;
	+ the impact of injustice, social inequalities, policies and other issues which affect the demand for social work services;
	+ the relevance of psychological, environmental, sociological and physiological perspectives to understanding personal and social development and functioning;
	+ concepts of participation, advocacy, co-production, involvement and empowerment; and
	+ the relevance of sociological perspectives to understanding societal and structural influences on human behaviour.
* understand the concept of leadership and its application to practice.

**Be able to draw on appropriate knowledge and skills to inform practice**

* be able to gather, analyse, critically evaluate and use information and knowledge to make recommendations or modify their practice;
* be able to select and use appropriate assessment tools;
* be able to prepare, implement, review, evaluate, revise and conclude plans to meet needs and circumstances in conjunction with service users and carers;
* be able to use social work methods, theories and models to identify actions to achieve change and development and improve life opportunities;
* be aware of a range of research methodologies;
* recognise the value of research and analysis and be able to evaluate such evidence to inform their own practice;
* be able to use research, reasoning and problem solving skills to determine appropriate actions;
* be able to demonstrate a level of skill in the use of information technology appropriate to their practice;
* be able to change their practice as needed to take account of new developments or changing contexts.

**Understand the need to establish and maintain a safe practice environment**

* understand the need to maintain the safety of service users, carers and colleagues;
* be aware of applicable health and safety legislation and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these;
* be able to work safely in challenging environments, including being able to take appropriate actions to manage environmental risk.

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