

## Families and Children's Services

### Quality and Practice Standards

It is anticipated that the Social Care Overarching Principles are delivered by our staff operating these standards in their day-to-day practice.

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<b>1. REFERRAL AND INITIAL RESPONSE</b>			
<p><b>1.1 The referral records full basic details of the child/young person</b></p> <p>The referral includes the child/young person's full name, date of birth, gender, ethnicity, address and contact details. It is important at this stage to check the accuracy of this information with the referrer for example the spelling of children's first and last names and dates of birth to ensure they are correctly recorded from the outset.</p>	<p>Admin - Mash MASH/EDS Social Worker CYPDT worker</p>	<p>System</p>	
<p><b>1.2 The referral records details of the child/young person's ethnicity, nationality, first language, religion and any communication requirements</b></p> <p>These details should be completed in full at the outset of involvement with the child/young person and will ensure that all future records are pre-populated with accurate information. Gathering the information at the referral stage ensures that all needs arising from a child/young person's ethnicity, nationality language or religion are identified and can be met.</p>	<p>Admin-MASH MASH/EDS Social Worker CYPDT worker</p>	<p>System</p>	
<p><b>1.3 The referral records the date and time that the information was received and the names and details of the person making the referral</b></p> <p>These details should be completed in full.</p>	<p>MASH /EDS Social Worker CYPDT worker</p>	<p>System</p>	
<p><b>1.4 The referral is finalised within 24 hours unless it is a child protection referral which should be completed within 2 hours</b></p> <p>Upon receiving a referral, further information should be gathered and the referral evaluated on the day of receipt. A chronology should be started/or updated for all referrals. Where a referral is progressed to an assessment, this ensures the child/young person receives a timely intervention and response.</p>	<p>Assistant Team Manager MASH/EDS Social Worker</p>	<p>System</p>	

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>1.5 The referral records whether consent has been obtained from the parent or carer to the child/young person being referred to the MASH</b></p> <p>The consent of the parent/carers (and child/young person if competent to give this) should always be obtained for a referral to be made except where child/young person is considered to be suffering or at risk of suffering significant harm. It is important to clarify whether this consent has been obtained to assist and support the Social Worker in making contact with the family. Best practice would be to record when, by whom and how this consent has been obtained. If consent is not obtained this should be clearly recorded. See GDPR <a href="http://www.wiltshire.gov.uk/data-protection-foi-data-protection">http://www.wiltshire.gov.uk/data-protection-foi-data-protection</a></p>	<p>Admin - MASH MASH/EDS Social Worker CYPDT worker</p>	<p>Practice</p>	<p>5</p>
<p><b>1.6 The referral records details of the child/young-person's parents and/or significant others, e.g. siblings</b></p> <p>Gathering information in relation to parental responsibility and significant family members, wherever known, supports the assessment process and ensures there is clarity about with whom the child/young person is living and other members of the household. It is also important that information is sought in relation to significant family members who are not part of the household to ensure that a full picture of a child/young person's circumstances is obtained and recorded from the outset.</p>	<p>MASH /EDS Social Worker CYPDT worker</p>	<p>Practice</p>	<p>3 5</p>
<p><b>1.7 The referral records details of other professionals involved with the child/young person as far can be ascertained.</b></p> <p>When a referral is received regarding a child/young person who lives in another area or is known to another area contact must be made with the other Local Authority and a written notification to that Authority made.</p> <p>Recording this data commences the process of information gathering that informs decision making with regard to the referral and supports the assessment. The duty Social Worker should record details of all professionals involved with the child/young person as far as is ascertained.</p>	<p>MASH /EDS Social Worker CYPDT worker</p>	<p>Practice</p>	<p>5</p>

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>1.8 The referral records whether the child/young person has a disability.</b></p> <p>Children with a disability are children in need and have the same rights to be protected from harm and their welfare promoted as non-disabled children but they will have additional needs and different experiences. In delivering services to children with a disability specific and sometimes specialist arrangements need to be made and early identification of any need arising from a disability will lead to better service delivery and outcomes.</p> <p>NB The Children &amp; Young People’s Disability Team will deliver a referral and initial response service for those children and young people who meet the remit of the team. In terms of the person responsible this will be the Social Worker/occupational therapist; practice will be overseen by the ATM/Team Manager.</p>	<p><b>MASH /EDS Social Worker CYPDT worker</b></p>	<p>Practice and System</p>	<p>5</p>
<p><b>1.9 The referral records details of the reason for the referral and services being requested. This should include an evaluation of the information provided and details of any additional information sought to inform the decision-making process</b></p> <p>The referral should outline the information provided by the referrer and their reason for referring the child/young person at this time. In reaching a decision about the referral, the Social Worker may seek additional information from other sources about the child/young person, e.g. school or health. Details of the information gathered should be included in the referral. The duty manager should evaluate the information received and highlight any immediate safeguarding concerns.</p>	<p><b>MASH /EDS Social Worker CYDT worker</b></p> <p><b>MASH Assistant Team Manager</b></p>	<p>Practice</p>	<p>1 5</p>
<p><b>1.10 The referral gives full consideration to indicators of risk and significant harm.</b></p> <p>In evaluating the information received and in the context of any available historical information, the duty manager should identify any risk to the child/young person and the likelihood of significant harm. The referral should explicitly outline the nature of the concerns, how and why they have arisen including details of any allegation, and what appear to be the needs of the child/young person and family.</p>	<p><b>MASH Assistant Team Manager EDS Social Worker</b></p>	<p>Practice</p>	<p>3 5</p>

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>1.11 The referral records details people consulted in reaching decision on the referral in particular any advice from managers.</b></p> <p>In determining further action to be taken in relation to information received, the duty manager should consult with colleagues or their manager or another manager on proposed action to be taken. It is important this is recorded to evidence management oversight and decision making.</p>	<p><b>MASH Assistant Team Manager EDS Social Worker</b></p>	<p>Practice</p>	<p>3 5</p>
<p><b>1.12 The referral records the decision made and outline the reason for this.</b></p> <p>Once the referral is complete the duty social manager should, in consultation with their line manager if necessary, make a decision of what further action, if any should be taken in response to the referral. It is crucial that the reason for this decision is recorded to provide an explanation of the decision made should there be any future scrutiny of that decision.</p>	<p><b>MASH Assistant Team Manager  EDS Social Worker CYDT Manager</b></p>	<p>Practice</p>	<p>1</p>
<p><b>1.13 The referrer is informed in writing of the outcome of the referral and a case note added in the child/young person's record to confirm this has taken place.</b></p> <p>The worker will acknowledge the referral and feedback to other professionals (as appropriate) within 48 hours informing them in writing of the decisions made and action to be taken in response to the referral.</p>	<p><b>MASH Admin</b></p>	<p>System</p>	
<p><b>1.14 The referral is discussed with the child/young person as appropriate and their parents/carers and recorded on the referral form.</b></p> <p>It is appropriate to discuss with the child/young person (as appropriate) and his parents/carers the fact that a referral has been received and the proposed action from the service in response to this referral. Any views from the child/young person and their parents/carers regarding the referral should be clearly recorded.</p>	<p><b>MASH Social Worker EDS Social Worker CYDT worker</b></p>	<p>Practice</p>	<p>2</p>

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>1.15 The referral is finalised by the duty manager</b></p> <p>The duty manager is responsible for reviewing the information recorded by the MASH Information Officer or the duty Social Worker and quality assurance of the referral. Once a referral has been completed by the Social Worker it should be forwarded to the duty manager to review and authorise.</p> <p>Fair Notice letters are sent to parents/carers at an appropriate point following the referral being finalised.</p> <p>MASH determines the threshold for a new support assessment and allocates to the relevant geographical Support and Safeguarding Team for family key worker allocation. It is the responsibility of the Support ATM to allocate the assessment to a family key worker.</p>	<p><b>MASH Assistant Team Manager CYDT Manager EDS Social Worker</b></p>	<p>System and Practice</p>	<p>1</p>
<p><b>2. SUPPORT ASSESSMENTS</b></p>			
<p><b>2.1 The case is allocated to a suitably trained and experienced worker who has the capacity to complete the work.</b></p> <p>When allocating a support assessment, the assistant Team Manager or senior family key worker should consider which worker is most appropriate to complete the assessment. Factors for consideration include:</p> <ul style="list-style-type: none"> <li>• Experience of worker;</li> <li>• Cultural and language factors;</li> <li>• Planned annual leave and training;</li> <li>• Current workload and caseload.</li> </ul> <p>For complex cases, consideration should be given to whether the case should be allocated to a senior key worker or whether the worker should receive additional support from the assistant Team Manager.</p> <p>Additionally, a family key worker can also work alongside a Social Worker to support on CIN, CP or LAC cases. This is known as a family key worker plus case. A decision to allocate a family key worker plus will be made during the weekly SASS Team Managers meeting and requires sign off from the Team Manager.</p>	<p><b>Assistant Team Manager Support and Safeguarding</b></p>	<p>Practice</p>	<p>1</p>

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>2.2 A discussion should take place between the worker and the allocating manager at the point of allocation.</b></p> <p>Although allocation should take place electronically within the computer system this shouldn't replace the need to speak with the worker.</p> <p>This discussion should include:</p> <ul style="list-style-type: none"> <li>• The nature of the concerns</li> <li>• Historical facts and chronology</li> <li>• Timescale for visit to the child/young person/family (children must be seen within 10 days)</li> <li>• Who the worker should speak to following the initial visit.</li> <li>• The timescale for the support assessment is 25 days</li> </ul> <p>The Line Manager will review the progress of a support assessment with the family key worker at day 7 when a decision will be made as to whether the assessment is complete or needs to be extended due to presenting issues.</p>	<p>Assistant Team Manager Support and Safeguarding</p> <p>Senior Key Worker</p>		1
<p><b>2.3 There is clear recorded instruction as to the work to be completed during the course of the Support Assessment.</b></p> <p>The duty manager should clearly record within the instruction the tasks which have been discussed with the worker. These will include:</p> <ul style="list-style-type: none"> <li>• <b>Requirement to update a family chronology</b></li> <li>• <b>Requirement to visit the child/young person in a specified timescale</b></li> <li>• <b>Partner agencies with whom to consult/undertake joint visit.</b></li> <li>• <b>Additional assessment tools to be used including use of the CARE framework mapping tool.</b></li> </ul>	<p>Assistant Team Manager Support and Safeguarding</p> <p>Senior Key Worker</p>	Practice	1
<p><b>2.4 The assessment will be completed within 25 working days.</b></p> <p>The assessment will be regarded as completed once it has been signed off/approved by the Family Key Worker's Line Manager. Where the assessment is not completed within time - scales, the reason for this should be recorded on the assessment.</p>	<p>Family Key Worker</p> <p>Senior Key Worker</p> <p>Assistant Team Manager Support and Safeguarding</p>	System	4

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>2.5 At the first home visit made for the reparation of the assessment, the child/young person and their parent/carer is provided with a copy of:</b></p> <ul style="list-style-type: none"> <li>• The consent to share information leaflet and signed</li> <li>• Consent obtained</li> <li>• The Complaints leaflet</li> <li>• The Access to Records leaflet</li> </ul> <p>Children and their families should receive a transparent service and know their rights to complain and see any records. Parent's permission should be sought before discussing a referral about the child/young person with other agencies unless permission seeking itself may place the child/young person at risk of significant harm. The case note of the first home visit should explicitly detail what information has been provided to the family, whether consent was obtained, details of anyone not included in the consent and where a copy of the signed consent is held.</p>	Family Key Worker	System and Practice	2
<p><b>2.6 The child/young person must always 'be seen' as part of the assessment and spoken to where age appropriate babies and young toddlers should be assessed by way of visual interaction and presentation.</b></p> <p>In undertaking an assessment, the child/young person must be seen and spoken with alone to ensure their safety and well-being. The exception being that babies and young toddlers under three don't need to be seen alone, however, above child/young person above the age of three should be seen alone by the Social Worker.</p> <p>The wishes and feelings of children and young people should be sought through their preferred communication method as this is likely to influence and shape both assessments and service provision. Specialist input should be considered where a child/young person has a disability which affects their communication.</p> <p>As part of the support assessment family key workers should as a minimum requirement undertake one visit to the family, one visit to the parent and one visit to the child/young person.</p>	Family Key Worker	Practice	2 4 5

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>2.6.1 All Support Assessments should include the use of MOMO Express and MOMO One as an additional participation tool to gain children and young people's views and engage them in discussion about themselves, likes/dislikes and their family.</b></p> <p>MOMO Express can be used with younger children as well as older children to explore their wishes and feelings, likes and dislikes.</p> <p>MOMO One can be used for the following topics/areas of discussion:</p> <ul style="list-style-type: none"> <li>• Make a Change</li> <li>• Share Good News</li> <li>• Preparation for a Meeting</li> <li>• Worker Visit</li> <li>• Share a Problem</li> <li>• Pathway Plan</li> <li>• Foster Carer Review</li> <li>• Prepare for a Conference</li> </ul>	Family Key Worker	Practice	2 4 5
<p><b>2.7 The support assessment should clearly and explicitly record the following information:</b></p> <ul style="list-style-type: none"> <li>• Reason for the assessment</li> <li>• Child/young person's developmental needs</li> <li>• Parents capacity to respond appropriately to child/young person's needs</li> <li>• Family and environmental factors that impact upon the child/young person and their family</li> </ul> <p>Information should be gathered from a variety of sources to inform the assessment including the child/young person, their family and professionals in other agencies who know and are delivering services to the child/young person and their family. The assessment should cover the three domains and dimensions as detailed in the Framework for the Assessment of Children in Need and their Families. Family Key Workers should also recognise the importance of understanding the child/young person's educational attainment and attendance as part of the assessment.</p>	Family Key Worker	Practice	3 5

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>2.8 The support assessment should consider any previous involvement with the child/young person and the current assessment is set in the context of the historical information.</b></p> <p>Previous involvement with the child/young person and their family is critical information to support the evaluation and assessment of the current presenting needs. Any assessment of a child/young person should be set in the context of previous involvement and concerns as this may highlight any emerging patterns or indicators of risk or harm in this family. The chronology provides a summary of previous involvement with the child/young person and provides the historical context.</p>	Family Key Worker	Practice	3
<p><b>2.9 The record should detail the date/s the child/young person and family members were seen for the purposes of preparing the support assessment and clearly, explicitly and separately record:</b></p> <ul style="list-style-type: none"> <li>• The wishes and views of the child/young person</li> <li>• The wishes and views of the parents/carer</li> </ul> <p>The wishes and views of the child/young person and their parent/carers should be recorded in the relevant sections within the assessment. This is critical information that should be gathered as part of the assessment process and contribute to the analysis.</p>	Family Key Worker	Practice	2 3

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>2.10 The assessment records the names and designations of all agencies/professionals that were consulted in the preparation of the support assessment.</b></p> <p>In preparing an assessment all agencies and or professionals that have had recent contact with the child/young person should be consulted. They can provide vital information about the child/young person sometimes of involvement over a long period of time which can inform and strengthen the assessment.</p> <p>Dependent on the complexity of the support assessment, an assessment planning meeting should be convened (between the family key worker and other professionals involved) at the outset of the process to identify what information is required and who should provide this.</p> <p>The CARE Framework mapping tool can be used with other professionals as part of the planning meeting to examine and understand risks, needs, strengths, safety, next actions, contingency planning as well as obstacles and enablers for effective change.</p> <p>Details of those who contributed to the assessment should be recorded in the Assessment record. If information is requested but has not been provided within timescales, then this should be noted and once received, recorded in the case notes.</p>	Family Key Worker	Practice	3
<p><b>2.11 The assessment analyses the needs of the child/young person, the parent's capacity to meet those needs and family and environmental factors impacting upon the family to inform the decision-making process. Where there are concerns of a child/young person protection nature there <u>must</u> be a detailed risk analysis of the level of risk to the child/young person contained within the assessment.</b></p> <p>The most important part of the assessment process is the <b>analysis</b> of information gathered in response to the issues identified in the referral and the implications of this for the protection and welfare of the child/young person. The Family Key Worker should identify any indicators of risk or harm or impairment to child/young person's welfare as well as protective and safety factors that will keep the child/young person safe.</p>	Family Key Worker	Practice	3

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>2.12 The outcome of the support assessment is recorded and details of what further action, if any, is to be undertaken including the reason for this.</b></p> <p>The assessment record should explicitly detail:</p> <ul style="list-style-type: none"> <li>• Any indicators of significant harm or impairment to the child/young person's welfare.</li> <li>• Safety and Protective factors</li> <li>• What needs to change or happen to improve the child/young person's experience</li> <li>• What services are required to ensure that the identified needs of the child/young person are met.</li> </ul> <p>Every assessment should be focused on outcomes for the child/young person, deciding which services and support to provide to deliver improved welfare for the child/young person.</p>	Family Key Worker	Practice	3 4
<p><b>2.13 There is documentary evidence that the child/young person and their parent/carer was informed of the outcome of the support assessment and provided with a copy.</b></p> <p>Support assessments are undertaken in partnership with families and the completed assessment should be shared with the child/young person (dependent upon age) and their parent/carer and provided with a copy. This ensures that the family fully understand the reasons for decisions reached by the family key worker, and can challenge the decision-making process and can correct any factual inaccuracies in the record.</p>	Family Key Worker	System and Practice	2 3
<p><b>2.14 The assessment outlines an initial plan to safeguard and promote the child/young person's welfare.</b></p> <p>Upon completion of the support assessment, the family keyworker should complete an initial plan outlining their views of the services required to meet the needs of the child/young person.</p>	Family Key Worker	Practice	3 4

<b>PRACTICE STANDARDS</b>	<b>PERSON RESPONSIBLE</b>	<b>AUDIT METHOD</b>	<b>PRACTICE STANDARD DIMENSION</b>
<p><b>2.15 The Support Assessment is authorised by a manager</b></p> <p>It is the role of the manager to ensure that the quality of the support assessment meets the required standards and that the decisions reached are based on analysis of the information gathered and will safeguard the child/young person and promote their welfare.</p> <p>Once the assessment has been completed by the Family Key Worker it should be forwarded to the assistant Team Manager/Team Manager to review and authorise. Authorisation is recorded in the required authorisation field on the computer system. An entry by a manager in this section confirms the assessment has been agreed and authorised.</p> <p>If the assessment identifies that only one child/young person should be open to Support Service, then with Team Manager sign off the assessment can be duplicated to all children and only one support plan completed for the specific child/young person.</p>	<p><b>Assistant Team Manager Support and Safeguarding</b></p>	<p>System and Practice</p>	<p>1</p>
<p><b>2.16 A Support Assessment should be completed at specific trigger points for a child/young person:</b></p> <ul style="list-style-type: none"> <li>• When a significant change has occurred for the child/young person and/or family.</li> <li>• When a step down from child/young person protection or child/young person in need has occurred and no recent Single Assessment has been completed (within the last 6 months).</li> <li>• Where the case has been an open case for 6 months.</li> <li>• Where the line manager believes, it would be necessary.</li> </ul>	<p><b>Assistant Team Manager Support and Safeguarding</b></p> <p><b>Team Manager</b></p>	<p>System and Practice</p>	<p>1</p>
<p><b>3. SINGLE ASSESSMENT</b></p>			

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>3.1 The case is allocated to a suitably trained and experienced Social Worker who has the capacity to complete the work.</b></p> <p>When allocating a Single Assessment, the duty manager should consider who would be most appropriate to complete the assessment. Factors which should be taken into consideration in this regard include:</p> <ul style="list-style-type: none"> <li>• That they are a qualified worker</li> <li>• That they have the relevant experience</li> <li>• Cultural/language issues</li> <li>• Planned leave/training</li> <li>• Current workload</li> </ul> <p>Where the assessment is likely to be complex due to long history, factors related to numbers of children or multiple concerns e.g. drugs, substance abuse, neglect and housing, disability, then consideration should be given to the proportionality and duration the assessment will take. For complex cases, such as CSE, consider allocating to an ATM with the exception of CYPDT where cases are worked by SWs.</p>	<p><b>Assistant Team Manager Safeguarding</b></p>	<p>Practice</p>	<p>1</p>
<p><b>3.2 A discussion should take place between the worker and the allocating manager at the point of allocation.</b></p> <p>Although allocation should take place electronically within the care management system this should not replace the need to speak with the worker. This discussion should include:</p> <ul style="list-style-type: none"> <li>• The nature of the concerns</li> <li>• Historical facts to take into account</li> <li>• Timescale for visit to the child/family (children must be seen within 5 days)</li> <li>• Who the worker should speak to following the initial visit.</li> <li>• The timescale for the assessment 10, 25 or 40 days.</li> </ul> <p>The Line Manager will review the progress of a single assessment with the Social Worker at day 7 when a decision will be made as to whether the assessment is complete or needs to be extended due to presenting issues.</p>	<p><b>Safeguarding Assistant Team Manager. CYDT Manager</b></p>		<p>1</p>

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>3.3 There is clear record instruction as to the work to be completed during the course of the Single Assessment.</b></p> <p>The duty manager should clearly record within the instruction the tasks which have been discussed with the worker. These will include:</p> <p><b>3.3.1 Requirement to update a Social Work chronology</b>  <b>3.3.2 Requirement to visit the child/young person in a specified timescale</b>  <b>3.3.3 Partner agencies with whom to consult/undertake joint visit</b>  <b>3.3.4 Additional assessment tools to be used including use of the CARE framework mapping tool.</b></p>	Assistant Team Manager	Practice	1
<p><b>3.4 The duration of the assessment is determined by the complexity: 10; 25 or 40 working days for completion.</b></p> <p>The assessment record should detail the start, review and end dates for the assessment. The assessment will be regarded as completed once it has been signed off/approved by the Social Worker's authorising Manager. Where the assessment is not completed within time-scales, the reason for this should be recorded on the assessment.</p>	Social Worker Assistant Team Manager/Manager	System	4
<p><b>3.5 At the first home visit made for the preparation of the assessment, the child/young person and their parent/carer is provided with a copy of:</b></p> <ul style="list-style-type: none"> <li>• Follow GDPR standards for consent to share</li> <li>• Complaints leaflet</li> <li>• The Access to Records leaflet</li> </ul> <p>Children and their families should receive a transparent service and know their rights to complain and see any records. Parent's permission should be sought before discussing a referral about the child/young person with other agencies unless permission seeking itself may place the child/young person at risk of significant harm. The case note of the first home visit should explicitly detail what information has been provided to the family, whether consent was obtained, details of anyone not included in the consent and where a copy of the signed consent is held.</p>	Social Worker	System and Practice	2

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>3.6 The child/young person must always ‘be seen’ as part of the assessment and spoken to where age appropriate Babies and young toddlers should be assessed by way of visual interaction and presentation. Children and young people over the age of 5 (including disabled children and 18-25 young people) must be seen on their own.</b></p> <p>In undertaking an assessment, the child/young person must be seen to ensure their safety and well-being. With the exception of babies and under 5s, unless pertinent to the assessment, the child/young person should be spoken to alone by the Social Worker in order to gain an insight into the child/young person’s world.</p> <p>The wishes and feelings of children and young people should be sought through their preferred communication method as this is likely to influence and shape both assessments and service provision.</p> <p>Specialist input should be considered where a child/young person has a disability which affects their communication.</p>	Social Worker	Practice	2 4 5
<p><b>3.7 All Single Assessments should include the use of MOMO Express and MOMO One as an additional participation tool to gain children and young people’s views and engage them in discussion about themselves, likes/dislikes and their family. Observation and body language can be included with profoundly disabled children and young people.</b></p> <p>MOMO Express can be used with younger children as well as older children to explore their wishes and feelings, likes and dislikes.</p> <p>MOMO One can be used for the following topics/areas of discussion:</p> <ul style="list-style-type: none"> <li>• Make a Change</li> <li>• Share Good News</li> <li>• Preparation for a Meeting</li> <li>• Worker Visit</li> <li>• Share a Problem</li> <li>• Pathway Plan</li> <li>• Foster Carer Review</li> <li>• Prepare for a Conference</li> </ul>	Social Worker	Practice	2 4 5

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>3.8 The assessment record clearly, explicitly and separately records all of the following:</b></p> <ul style="list-style-type: none"> <li>• Reason for the assessment</li> <li>• Child/young person’s developmental needs</li> <li>• Parents’ capacity to respond appropriately to child/young person’s needs</li> <li>• Family and environmental factors that impact upon the child/young person and their family</li> </ul> <p>Information should be gathered from a variety of sources to inform the assessment including the child/young person, their family and professionals in other agencies who know and are delivering services to the child/young person and their family. The assessment should cover the three domains and dimensions as detailed in Bronfenbrenner’s Framework for the Assessment of Children in Need and their Families. Social Worker’s should recognise the importance of understanding the child/young person’s educational attainment and attendance as part of the assessment.</p>	Social Worker	Practice	3 5
<p><b>3.9 The assessment should take into account any previous involvement with the child/young person and the current assessment is set in the context of the historical information.</b></p> <p>Previous involvement with the child/young person and their family is critical information to support the evaluation and assessment of the current presenting needs. Any assessment of a child/young person should be set in the context of previous involvement and concerns as this may highlight historical, current and repeat patterns and/or indicators of risk or harm in this family. The chronology provides a summary of previous involvement with the child/young person and provides the historical context.</p>	Social Worker	Practice	3

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>3.10 The record should detail the date/s the child/young person and family members were seen for the purposes of preparing the assessment and clearly, explicitly and separately record:</b></p> <ul style="list-style-type: none"> <li>• The wishes and views of the child/young person</li> <li>• The wishes and views of the parents/carer</li> </ul> <p>The wishes and views of the child/young person and their parent/carers should be recorded in the relevant sections within the assessment. This is critical information that should be gathered as part of the assessment process and contribute to the social work analysis.</p>	Social Worker	Practice	2 3
<p><b>3.11 The assessment records the names and designations of all agencies/professionals that were consulted in the preparation of the assessment.</b></p> <p>In preparing an assessment all agencies and or professionals that have had recent contact with the child/young person should be consulted. They can provide vital information about the child/young person sometimes of involvement over a long period of time which can inform and strengthen the assessment.</p> <p>Dependent on the complexity of the assessment, an assessment planning meeting should be convened at the outset of the process to identify what information is required and who should provide this.</p> <p>Details of those who contributed to the assessment should be recorded in the Assessment record. If information is requested but has not been provided within timescales, then this should be noted and once received, recorded in the case notes.</p>	Social Worker	Practice	3

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>3.12 The assessment analyses the needs of the child/young person, including disability, the parent’s capacity to meet those needs and family and environmental factors impacting upon the family to inform the decision-making process. Where there are concerns of a child/young person protection nature there must be a detailed risk analysis of the level of risk to the child/young person contained within the assessment.</b></p> <p>The analysis of information gathered is an important part of the assessment process: Responding to the issues identified in the referral should include analysis, risks, protective factors and recommendations. Research, evidence base and tools will inform assessment.</p> <p>The NSPCC Graded Care Profile 2 Neglect Toolkit should be used where neglect is a factor in family functioning.</p>	Social Worker	Practice	3
<p><b>3.13 The outcome of the assessment is recorded and details of what further action, if any, is to be undertaken including the reasons for this.</b></p> <p>The assessment record should explicitly detail:</p> <ul style="list-style-type: none"> <li>• Any indicators of significant harm, impairment to the child/young person’s welfare or risks.</li> <li>• Protective factors</li> <li>• What needs to change or happen to improve the child/young person’s experience</li> <li>• What services are required to ensure that the identified needs of the child/young person are met for example disabilities.</li> </ul> <p>Every assessment should be focused on outcomes for the child/young person, and what services or support will help deliver improved welfare for the child/young person.</p>	Social Worker	Practice	3 4
<p><b>3.15 There is documentary evidence that the child/young person and their parent/carer was informed of the outcome of the assessment and provided with a copy.</b></p> <p>Assessments are undertaken in partnership with families and the completed assessment should be shared with the child/young person (dependent upon age and ability) and their parent/carer and provided with a copy. This ensures that they fully understand the reasons for decisions reached through the assessment, they have the opportunity to challenge the decision-making process and can correct any factual inaccuracies in the record.</p>	Social Worker	System and Practice	2 3

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>3.16 The assessment outlines an initial plan to safeguard/support the child/young person.</b></p> <p>Upon completion of the assessment, the Social Worker should complete an initial plan outlining their view of the services required to meet the needs of the child/young person.</p>	Social Worker	Practice	3 4
<p><b>3.17 The assessment is authorised by a manager</b></p> <p>It is the role of the (duty) manager to ensure that the quality of the assessment meets the required standards and that the decisions reached are based upon sound analysis of the information gathered, will safeguard the child/young person and promote their welfare.</p> <p>Once the assessment has been completed, the Social Worker will forward assessment to the manager to review and authorise. Authorisation is recorded within Liquid Logic. An entry by a manager in this section confirms the assessment has been agreed and authorised.</p> <p>If the assessment identifies that only one child/young person should be a child/young person in need then with Team Manager sign off Liquid Logic can hold a CIN plan on one child/young person.</p>	Assistant Team Manager	System and Practice	1
<p><b>3.18 A Single Assessment/18-25 Adult assessment should be completed at specific points for a child/young person:</b></p> <ul style="list-style-type: none"> <li>• When a Section 47 Enquiry has been initiated;</li> <li>• Where the child/young person has been an open case for 12 months and it is proposed that they remain open for a further period;</li> <li>• When a child/young person moves to an alternative carer under a family arrangement. The alternative carer could be a parent or a friend/family member. The single assessment should include a robust parenting assessment analysis and consideration should be given to whether an independent parenting assessment is needed. If the child/young person is subject to child protection planning this action should be included in the child protection plan;</li> <li>• Prior to a child/young person becoming looked after;</li> <li>• When a significant incident has occurred;</li> <li>• Where the line manager believes, it would be necessary.</li> </ul>	Assistant Team Manager/Team Manager	System and Practice	1

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>3.19 A Single Assessment/18-25 Adult Assessment should be updated as a minimum at least once in any 12-month period. Specific points where the update should be actioned for a child/young person are:</b></p> <ul style="list-style-type: none"> <li>• When there is a proposed significant change to a child/young person's care plan including 18-25 adult changes.</li> <li>• Prior to a young person's Pathway Plan being commenced;</li> <li>• Where the line manager believes it would be necessary.</li> </ul> <p>Assessment should be an ongoing process, which informs child/young person's needs, how they are being met as well as the impact of services informing future decisions around action.</p>	<p><b>Social Worker Assistant Team Manager</b></p>		<p>1</p>
<p><b>4 SUPPORT PLAN</b></p>			
<p><b>4.1 A support plan will be completed within 35 days of the support assessment being opened.</b></p> <p>The plan should outline the outcomes to be achieved and services required to meet the assessed needs. The plan should be completed within 10 days of the support assessment being completed. The first support plan meeting should be held within 10 days of completion of the support assessment.</p> <p>The Support Plan should be completed for all children requiring continued Family Key Worker support. This may not be all children in the family. If the assessment clearly identifies that on-going support is not required for specific children, their cases will be closed. If pure parenting work is required following assessment, the index child/young person only will remain allocated.</p>	<p><b>FKW SFKW Assistant Team Manager</b></p>		
<p><b>4.2 The plan will explicitly detail:</b></p> <ul style="list-style-type: none"> <li>• <b>The outcomes to be achieved</b></li> <li>• <b>The action required to achieve the outcome</b></li> <li>• <b>Timescales for actions to be completed, either a target date or frequency</b></li> <li>• <b>Who is responsible for the implementation of the action and contingency plans</b></li> </ul> <p>The actions outlined in the plan should be SMART- specific, measurable, achievable, realistic and have set timescales. Terms like 'ongoing' and 'ASAP' are unacceptable. Family Key Worker's should ensure there is sufficient focus on the child/young person's educational attendance and attainment and the desired outcomes to be achieved in their plan.</p>	<p><b>FKW SFKW</b></p>		

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
Contingency planning should be included in all plans.			
<p><b>4.3 The support plan will state the minimum visiting frequency required of the family key worker.</b></p> <p>The plan should explicitly detail the minimum frequency that the family key worker will visit the child/young person and their family.</p> <p>Visiting frequency to be determined at the first support meeting and reviewed in supervision; a minimum of 4 weekly (the child/young person must be seen every 4 weeks). Visit frequency will be dictated by the type of intervention required e.g. intensive parenting may require weekly visiting.</p> <p>Whilst support assessment review meetings should take place every 4 – 6 weeks.</p>	<p><b>FKW SFKW Assistant Team Manager</b></p>		
<p><b>4.4 The support plan is prepared in consultation with the child/young person and their parent/carer and their views are recorded on the plan.</b></p>			
<p><b>4.4 The objectives of the plan and how they will be achieved are discussed with all interested parties e.g. other agencies, professionals and their details recorded</b></p> <p>The plan should be implemented by the Team Around the Child led by the family key worker and as such, it is essential for other professionals working with the child/young person to know what services are being provided to the child/young person and their family by whom and when. This ensures that there is no duplication of service delivery, that services provided are complimentary and everyone working with the child/young person is aware of who is doing what.</p>			
<p><b>4.5 The child/young person, their parent/carer and all interested parties are provided with a copy of the plan.</b></p> <p>The plan should be distributed within 5 working days of the first support meeting.</p>			
<p><b>4.6 A date is set for a review of the plan and the maximum 'life of a plan is 6 months. If objectives have not been achieved within this timescale a new plan will be formulated and consideration given to escalation of the case to prevent drift.</b></p> <p>Plans are developed based on assessment of need and a child/young person's needs are likely to change over time. The plan</p>			

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
should clearly state when the plan will be reviewed and who is responsible for initiating this.			
4.7 In relation to step down, if a case does not step down to a CAF/Early Support Assessment, the social worker or family key worker upon closing, will agree visiting frequency from the professionals remaining involved with the family.	Social Worker or FKW		
<b>5 CHILD IN NEED PLANNING/18-25 LOCAL AUTHORITY SUPPORT PLANNING</b>			
<p>5.1 A plan will be completed within 20 days of the opening of the assessment</p> <p>Upon completion of the assessment, the plan should be prepared outlining the outcomes to be achieved and services delivered to meet the assessed needs. This should be completed within 20 days to ensure that services are delivered to the child/young person in a timely manner.</p>	Social Worker	Practice	4
<p>5.1 The plan will explicitly detail:</p> <ul style="list-style-type: none"> <li>• The outcomes to be achieved</li> <li>• The action required to achieve the outcome</li> <li>• Timescales for actions to be completed, either a target date or frequency</li> <li>• Who is responsible for the implementation of the action?</li> <li>• Resources</li> <li>• Transition planning for 14 years and above in relation to SEND</li> <li>• Post education planning for 18+ CYPDT cases</li> </ul> <p>Where the outcome of the assessment is continued social care involvement, the Social Worker and their manager should agree a plan of action with the child/young person and their family and other professionals. The plan should set out what services are to be provided and what actions are to be undertaken, by whom and for what purpose.</p> <p>The actions outlined in the plan should be SMART- specific, measurable, achievable, realistic and have set timescales. Terms like 'ongoing' and 'ASAP' are not applicable. Social Workers should ensure there is sufficient focus on the child/young person's educational attendance and attainment; the desired outcomes to be achieved should be in their plan.</p>	Social Worker	Practice	4

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>5.2 The plan will state the minimum visiting frequency required of the Social Worker.</b></p> <p>The plan should explicitly detail the minimum frequency that the Social Worker will visit the child/young person and their family. The minimum visiting frequency should be individually determined based on the needs of the child/young person but should not be less than the departmental minimum visiting frequency standards. In relation to 18-25 CYPDT planning, visiting should be proportionate to need and complexity at that time.</p>	Social Worker	Practice	2 4
<p><b>5.3 The plan is prepared in consultation with the child/young person and their parent/carer and their views are recorded on the plan.</b></p>	Social Worker	Practice	4
<p><b>5.4 The objectives of the plan and how they will be achieved are discussed with all interested parties e.g. other agencies, professionals and their details recorded.</b></p> <p>The plan should be implemented by the Team Around the Child led by the Social Worker however it is essential other professionals involved with the family are fully aware what services are being provided to the child/young person and their family by whom and when. This ensures no duplication, that services are dovetailed, and that everyone is accountable and aware of each other's actions.</p>	Social Worker	Practice	5
<p><b>5.5 The child/young person, their parent/carer and all interested parties are provided with a copy of the plan.</b></p> <p>The plan should be distributed within 5 working days of the first CIN meeting.</p>	Social Worker	Practice	5
<p><b>5.6 Plans are developed based on assessment of need; child/young person's needs are likely to change over time. The plan should clearly state when the plan will be reviewed and who is responsible for initiating this. If objectives have not been achieved within 9 months, the plan must be reviewed. And consideration be given to CP procedures to prevent drift.</b></p>	Social Worker Manager	Practice and System	4 1
<b>6 REVIEW OF SUPPORT ASSESSMENT</b>			
<p><b>6.1 A support meeting will be held at day 35 (within 10 days of completion of support assessment) for all cases where the assessment identifies the child/young person requires support. The second support meeting should take place 4 – 6 weeks after the first, and then at this frequency (every 6 weeks) until case closure.</b></p>			

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p>Reviews will include the child/young person and family and other professionals as appropriate. Plans should be regularly reviewed by the Multi-Agency Team Around the Child to ensure that the plan remains relevant, the services delivered are effective and time-scales for action are being achieved</p>			
<p><b>6.2 The review monitors progress against the implementation of the plan and this is explicitly recorded with any concerns or changes to the plan.</b></p> <p>The review process of the support assessment follows the same practice standards as CIN review plan with regards to evaluating and responding to new information, supporting children, young people and their carers through the review process and engaging partners and other professional in the review process.</p>			
<p><b>7 REVIEW OF CHILD IN NEED PLAN</b></p>			
<p><b>7.1 A child in need planning meeting will be held at day 20 for all cases where the assessment identifies the child/young person is in need or where the assessment will take 25 or 40 days. The second CIN review should take place 3 months after the first CIN meeting and every 6 months as a minimum (with exception of CYPDT Teams who review CIN plans 6 monthly).</b></p> <p>MOMO “Prepare for a Meeting” and or “Make a Change” form should be completed with children and young people prior to any CIN meeting being held. Further consideration needs to be given to disabled children. The child/young person’s views should be shared as part of the CIN meeting.</p> <p>Reviews will include the child/young person and family and other professionals as appropriate. Plans should be regularly reviewed by the Multi-Agency Team Around the Child to ensure that the plan remains relevant, the services delivered are effective and time-scales for action are being achieved.</p> <p>For overnight short break arrangements under s17 (respite) there will be an initial placement planning meeting prior to the first overnight. Reviews will be held at intervals of no more than six months. Where possible the placement review will be combined with the CIN review.</p> <p>Social Worker should visit child/young person in respite setting twice a year – around each 6-month review period.</p>	<p><b>Social Worker/ Assistant Team Manager / Team Manager</b></p>	<p>Practice and System</p>	<p>4</p>

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>7.2 The review monitors progress against the implementation of the plan and this is explicitly recorded with any concerns or changes to the plan.</b></p>	<p><b>Social Worker/ Assistant Team Manager / Team Manager</b></p>	<p>Practice</p>	<p>3</p>
<p><b>7.3 Any new information received about the child/young person is evaluated and responded to.</b></p> <p>Through the child in need review process, the Team Around the Child should share information about the child/young person and this information evaluated in the context of the assessment and plan. Assessment should continue throughout the period of intervention and professionals need to keep their judgements under constant critical review - being willing to respond to and challenge new information.</p>	<p><b>Social Worker/ Assistant Team Manager / Team Manager</b></p>	<p>Practice</p>	<p>1 3</p>
<p><b>7.4 The child/young person and their parent/ carer are supported to participate in the review process</b></p> <p>Throughout the period of involvement with a child/young person and their family, it is important to develop a cooperative working relationship so that the family feels respected, informed and listened to and that professionals are working with them in an open and honest way. Parents and children should be fully prepared for any meeting, understanding who will be there, the purpose of the review and how they will participate in the process.</p>	<p><b>Social Worker</b></p>	<p>Practice</p>	<p>2 4</p>
<p><b>7.5 Interested parties, e.g. other agencies/professionals are engaged in the review process</b></p> <p>Other professionals should be fully prepared for the review meeting by being informed of the type and purpose of the meeting, who will be attending and the expectations of them in the meeting. The views of partner agencies are then reflected in the documentation.</p> <p>Other agencies should be made aware of the thresholds for social care involvement and should be made aware of any contribution they may need to make to 'step down' arrangements.</p>	<p><b>Social Worker</b></p>	<p>Practice</p>	<p>4</p>
<p><b>8.1 SUPPORT PLAN STEP DOWN PROCESS</b></p> <p>A support plan step down process should occur if there has been a period of support provided or when a support assessment has taken longer than 15 days to complete. A formal step-down process should also occur when the outcome of a support assessment is step down to CAF.</p> <p>It is the responsibility of the family key worker to convene the step-down meeting and during this meeting professionals should decide whether a CAF should be put in place and agreed on a lead professional for the CAF. The case should be closed 5 days after the meeting.</p> <p><b>8.2 SUPPORT PLAN STEP UP PROCESS</b></p>			

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p>Cases can also step up from support planning to CIN. When a case steps up or down, the relevant referral and classification should be added to demonstrate this. If a case steps up the Safeguarding ATM will add the referral, if a case steps down the Support ATM will add the referral. Decisions to step up or down will be made between the relevant Support and Safeguarding ATM. If there is a difference of opinion, the Team Manager will make the final threshold decision. The ethos of a family key worker is that they remain involved following step up to ensure relationships built with families are fully utilised until the transfer of this relationship to the new worker.</p>			
<p><b>9 CHILDREN IN NEED STEP DOWN PROCESS</b></p>			
<p>9.1 Where a Child in Need (CIN) plan comes to an end and the child/young person and the family can be supported by Level 2 services the step-down process will be followed.</p>	<p>Social Worker</p>	<p>Practice</p>	
<p><b>9.2 Prior to the CIN Step Down meeting</b></p> <p>Discussions should take place with the parents, young person and agencies involved. A potential Lead Professional should be identified and discussion regarding the role should take place with them in advance of the meeting.</p>	<p>Social Worker</p>	<p>Practice</p>	<p>2</p>
<p><b>9.3 A CIN Review meeting will be convened and form a Team Around the Child (TAC) meeting.</b></p> <p>All the relevant services will be invited and there will be consultation with the early intervention advisor who will attend the meeting.</p>	<p>Social Worker</p>	<p>Practice</p>	<p>2</p>
<p><b>9.4 The meeting will summarise: -</b></p> <p>The outstanding issues and desired outcomes using the CAF Delivery Plan and Review which can then handed to the newly appointed Lead Professional.</p>	<p>Social Worker</p>	<p>Practice</p>	<p>2 4</p>
<p><b>9.4 The Lead Professional will be a practitioner from the services at level 2 or below who will now be contributing to the Action Plan.</b></p> <p>There will be no further role for Children's Social Care involvement</p>			
<p><b>9.5 The meeting will share Assessments, with permission from the family, with the services invited to the CIN Review to inform the Team Around the Child (TAC) meeting.</b></p> <p>If the family do not agree to share the full Assessment, there should be agreement with the family about the relevant content to share with the services that will continue to support the family. This content can then be transferred to the Early Help CAF form</p>	<p>Social Worker</p>		<p>2 4</p>

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>9.6</b> CIN meetings where closure is planned or anticipated should be attended by the responsible social worker (cases held by student social workers should be attended by their supervisor if a case has stepped down from child protection previously). Any decision to close a case due to perceived non engagement of the parents will be reviewed by the Team Manager before closure is agreed</p>	<p><b>Lead Professional</b></p>		
<p><b>10 CASE RECORDING</b></p>			
<p><b>10.1 Case recording is child focused</b></p> <p>The child/young person must be seen and kept in focus throughout the intervention. Workers should consider the child/young person's journey and their life in their family. The voice of the child/young person must be listened to and Social Workers should consider what the child/young person is telling them. Recordings should include direct quotes from the child/young person or PECS, objects of reference, observations and body language recordings for non-verbal children. Direct work should be captured on Liquid Logic and evidence the child/young person's views and experiences.</p> <p>MOMO One and MOMO Express should be used for visits along with direct work tools.</p> <p>Make a Change Share Good News Worker Visit Share a Problem</p>	<p><b>Social Worker</b></p>	<p>Practice</p>	<p>5</p>
<p><b>10.2 A chronology of key events for the child/young person is maintained up to date</b></p> <p>The chronology is a means to provide an overview of events in the child/young person's or young person's life and must be used by practitioners as an analytical tool to help them understand history, pattern and impact of immediate and cumulative events. And acted upon where required.</p> <p><b>Refer to Chronologies Guidance in main body of procedures.</b></p>	<p><b>Social Worker</b></p>	<p>Practice</p>	<p>5</p>
<p><b>10.3 Case notes are up to date within 48 hours</b></p>	<p><b>Social Worker</b></p>		<p>5</p>

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>10.4 All case notes reflect professional practice in particular:</b></p> <ul style="list-style-type: none"> <li>• Use plain English rather than jargon</li> <li>• Distinguish between fact and opinion</li> <li>• Demonstrate a commitment to the principles of equality and valuing diversity</li> <li>• Are respectful of the child/young person and their family and are not derogatory or judgemental</li> <li>• Ensure child/parents views are recorded</li> </ul>	Social Worker	Practice	5
<p><b>10.5 Case notes will detail:</b></p> <ul style="list-style-type: none"> <li>• The date of the contact</li> <li>• The reason for the contact</li> <li>• Details of the contact</li> <li>• The outcome of the contact</li> <li>• Whether the child/young person was seen and spoken to</li> <li>• An analysis of the contact</li> <li>• Any further action to be taken arising from the contact</li> </ul> <p>The recording of the visit must be focused on the child/young person and their experiences <b>not</b> on the adult carers.</p> <p>If a child/young person has <b>not</b> been seen within departmental guidelines or in line with the plan the Team Manager will be informed and any agreed actions recorded in the case records</p>	Social Worker Assistant Team Manager/Team Manager	Practice and System	5 1 5
<p><b>10.6 Professionals supporting the child/young person and their family are referred to in the records by name and designation.</b></p> <p>When referring to other agency information, Social Workers need to be explicit about what the information tells and include sufficient detail i.e. in relation to educational attainment and attendance.</p>	Social Worker To include Keyworkers	Practice	5
<p><b>10.7 Case notes show when information has been shared, and with whom.</b></p>	Social Worker To include Keyworkers	Practice	5
<p><b>10.8 Case notes are accurate and grammatically correct</b></p>	Social Worker To include Keyworkers	Practice	5
<p><b>10.9 Case notes are subject to review and quality assurance in both supervision and file audit.</b></p>	Assistant Team Manager/ Team Manager/ Service Manager	Practice	1

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>10.10</b> During audits the auditor will be looking for evidence of use of research and evidenced based work to inform planning.</p>	<p>Head of Quality Team Managers Service Managers Heads of Service</p>		<p>1</p>
<b>11 CASE SUPERVISION</b>			
<p><b>11.1</b> Each child/young person's case is supervised on a minimum of a three-monthly basis or, for children subject to protection plans and Children Looked After, a minimum of a monthly basis.</p> <p>Regular supervision is essential to robust and safe social work practice and should be monthly. Supervision should provide a safe space to reflect, challenge bias, oversee and review cases. (Please refer to the supervision policy).</p> <p>Critical reflection will strengthen analysis in assessment. Effective professional supervision can play a critical role in ensuring a clear focus on a child/young person's welfare.</p>	<p>Assistant Team Manager/ Team Manger/ Service Manager</p>	<p>Practice</p>	<p>1</p>
<p><b>11.2</b> Records of cases to be supervised should be reviewed by the manager either prior or during the case supervision.</p> <p>In order to effectively supervise a case, managers must prepare for case supervision by familiarising themselves with the child/young person's records, and be up to date with the child/young person's circumstances. This ensures quality, standards of practice and reassures that the intervention with the child/young person is child/young person centred and complies with procedures.</p>	<p>Assistant Team Manager/ Team Manger/ Service Manager</p>	<p>Practice</p>	<p>1</p>

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>11.3 A case supervision record is completed each time the case is supervised and explicitly details:</b></p> <ul style="list-style-type: none"> <li>• Significant events since the last supervision</li> <li>• Any key decisions made</li> <li>• Actions to be taken by Social Worker with timescales</li> <li>• Evidence of reflective challenge</li> <li>• Considers the CARE framework to include risk management</li> </ul> <p>Supervision is completed to promote discussion, critical evaluation and ensure managerial oversight and decision making. Supervision should support professionals to reflect critically on the impact of their decisions on the child/young person and the family. The Social Worker and the manager should review the plan for the child/young person. (See supervision policy for further information).</p> <p>Together they should ask if the help given is leading to a positive change for the child/young person and if the pace of change for the child/young person is appropriate. The case supervision template stored on Liquid Logic should be fully completed and will assist with discussion, critical evaluation and ensure management oversight and decision making.</p>	<p>Assistant Team Manager/ Team Manger/ Service Manager</p>	<p>Practice</p>	<p>1</p>
<p><b>11.4 Case supervision demonstrates evidence of management oversight and case consideration</b></p>	<p>Assistant Team Manager/ Team Manger/ Service Manager</p>	<p>Practice</p>	
<p><b>11.5 A copy of the case supervision record is stored in the child/young person's record on Liquid Logic to highlight the case has been supervised.</b></p>	<p>Assistant Team Manager/ Team Manger/ Service Manager/ Business support.</p>	<p>System</p>	
<p><b>12 STANDARDS FOR VISITING</b></p>			

<p><b>12.1 All children should be visited by their Social Worker at an individually determined level agreed by the Social Worker and line manager through planning or supervision process which enables the effective delivery of services.</b></p> <p>The child/young person's plan should clearly detail the minimum frequency at which the child/young person is visited by their Social Worker and visits carried out at least in accordance with this minimum level. <b>It is a requirement that children are seen alone (over 5s unless agreed otherwise between supervisor and Social Worker)</b> and communicated with regularly by their Social Worker to model trusting, relationship building. Good social work practice will be guided by professional judgement based upon the needs of the child/young person.</p> <p>In order to safeguard children and ensure that minimum standards are in place, the service has determined minimum visiting standards as follows:</p> <p><b>Child in Need:</b> Once every 4 weeks. Child in need under 1 years old every 2 weeks.</p> <p><b>Child Protection Plans:</b> Children subject to protection plans must be visited every 2 weeks (every 14 days, every 10 days when just counting Monday to Friday). 50% of these visits must take place in the home.</p> <p><b>Children Looked After:</b> The Care Planning, Placement and Case Review Regulations 2010 set out common requirements for the visiting of all children looked supplemented by additional visiting requirements in respect of specific types of placement.</p> <p>The general requirements which apply to all placements are that:</p> <p>The Social Worker must visit:</p> <ol style="list-style-type: none"> <li>a. Within one week of the start of any placement;</li> <li>b. At intervals of not more than 6 weeks for the first year of any placement;</li> <li>c. Thereafter, at intervals of not more than 6 weeks (3 months if the placement is intended to last until the child/young person is 18).</li> </ol> <p>In addition, The Care Planning and Fostering (Miscellaneous Amendments)</p> <p>(England) Regulations 2015 state in regulation 28 (3A) Where -</p>	<p><b>8</b></p>	<p>Practice and System</p>	<p><b>2</b></p>
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<p>The child/young person is in a long-term foster placement (see definition) and has been in that placement for at least one year, and the child/young person being of sufficient age and understanding, agrees to be visited less frequently than required by paragraph (2)(c), the responsible authority must ensure visits at intervals of no more than 6 months.”</p> <p>Any decision to extent the frequency of visits as outlined above must be agreed by the IRO at a CLA review.</p> <p>A statutory visit should be separate from the looked after child/young person review for all children. The Social Worker should arrange a visit outside of the looked after child/young person review process.</p> <p><b>Child placed with a parent under an ICO:</b> Social Work visits must be made within one week of the Care Order, thereafter at intervals of not more than 6 weeks.</p> <p>In all instances where a child/young person is placed with parents a visit must also take place when reasonably requested by the child/young person or the person with whom the child/young person is placed.</p> <p>At each visit the Social Worker must discuss the child/young person’s welfare and progress with the caregivers and, in so far as is practicable, see the child/young person alone.</p> <p>The Social Worker must record the outcomes of each visit.</p> <p><b>Children placed for adoption:</b> child/young person should be visited within 5 working days of placement and weekly until the first review, thereafter minimum of monthly until adoption is finalized</p> <p>Children who receive overnight stays, subject to short break regulations, require placement visits within three months of the first placement day and then subsequent visits must be at intervals of no more than six months These must be visits specifically to the child/young person, not combined with reviews.</p> <p><b>Visiting Frequency for CIN in the Children and Young People’s Disability Teams:</b></p> <p>All CIN cases are reviewed 6 monthly. Visiting frequencies will be agreed in supervision for each case. The categories will be:</p> <p>Safeguarding cases will work to safeguarding standards as above</p>			
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PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p>CIN: minimum standard of every 4 weeks (20 working days)</p> <p>CIN under 1: Minimum standard for visiting babies under 1yr old subject to CIN Plans should be 2 weekly</p> <p>CYPDT CIN complex cases: (e.g. multiple or changing needs) Minimum standard of every 8 weeks</p> <p>CYPDT CIN active cases (e.g. monitoring or adjustment required) 6 monthly reviews but combined with 3 monthly visits (4 visits per year in total).</p> <p>CYPDT CIN stable cases (e.g. low level unchanged package of support) 6 monthly review only (2 visits per year in total).</p> <p><b>Visiting frequency for post 18-25 disabled young people</b> Visits should be proportionate in accordance with The Care Act, 2014 and consider the needs of the individual. Good social work practice will be guided by professional judgement and based upon the young person's need and situation.</p> <p>The minimum expectation is that visits will take place 12monthly.</p>			
<b>13 PRE-BIRTH ASSESSMENT – PLEASE REFER TO THE WSCB PRE-BIRTH PROTOCOL/BRUCE THORNTON PRE-BIRTH ASSESSMENT</b>			
<p><b>10.1 Decisions regarding departmental action/necessary assessments are taken early once a pregnancy is deemed viable</b></p>	<p><b>Social Worker</b></p>	<p>System</p>	<p>4</p>
<p><b>10.2 The Single Assessment should clearly summarise the presenting issues and identify next steps in the assessment and decision-making process.</b></p>	<p><b>Assistant Team Manager/ Team Manager</b></p>	<p>System</p>	<p>1</p>
<p><b>10.3 Information should be given to the parents clearly and in writing regarding any concerns over the welfare of the unborn child and the actions/assessments which the Department need to undertake.</b></p>	<p><b>Social Worker</b></p>	<p>Practice</p>	<p>2</p>

<p><b>10.4 Historical information including any legal bundles or previous child protection information should be read by the allocated Social Worker.</b></p> <p><b>Social Workers should read the actual referral to MASH by the referring agency.</b></p> <p><b>Police checks must be undertaken with both parents with consent. If consent is not given, consider escalation to strategy discussion as non-engagement.</b></p> <p><b>Other LA checks must be undertaken of both parents if they have lived outside of our area.</b></p> <p><b>Confirmed and putative fathers and or other carers do need to be spoken with and or seen by the Social Worker as part of the assessment.</b></p> <p><b>Both parents' history, history of vulnerability, own childhood experience and potential capacity to parent based on own experiences needs to be assessed.</b></p> <p><b>The historical content for both parents should be taken into account during the assessment and subsequent decision-making process.</b></p> <p><b>What's your view and/or hypothesis?</b></p> <p><b>Pregnancy is the most protective time; some mothers manage to abstain from drug and alcohol misuse in pregnancy for concern for their child's development. If a parent is misusing alcohol/drugs in pregnancy she is highly likely to revert to this post birth. How is this likely to increase risk and their motivation for change?</b></p> <p><b>If information about father's is not provided by a mother, we need to consider the potential unknown risk and how we manage this. What does this tell us about the mother, the relationship, what is mother's history, previous DA, history of CSA, vulnerability factors etc.</b></p> <p><b>Both parent's recent history and functioning behaviour must be explored with them both as part of the Single Assessment. How are they going to parent, are they going to co-parent – who will do what? How will they cope under stress? History of anger management, alcohol misuse etc.</b></p>	<p><b>Social Worker</b></p>	<p><b>Practice</b></p>	<p><b>4</b></p>
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PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p>The assessment should be child/young person focused.</p> <p>Prior mental health history, previous post-natal depression, emotional coping issues are all indicators of decreased peri natal risk to mother's post birth.</p> <p>The importance of attachment should never override the child/young person's potential safety.</p> <p>All unproven but perceived risk or unassessed risk must be explicit with possible impact being made explicit.</p> <p>Pre-birth assessments should consider the short period after birth and the child/young person's needs as they mature.</p>	Social Worker	Practice	4
<p><b>10.5 Views of partner agencies who are/have been working with the parents should be taken into account during the assessment.</b></p>	Social Worker	Practice	3
<p><b>10.6 Parents should be kept informed throughout the assessment process and their wishes and feelings should be incorporated in the assessment.</b></p>	Social Worker	Practice	2
<p><b>10.8 Management overview of pre and post birth cases.</b></p> <p><b>Pre-birth assessments should be regularly discussed in supervision to ensure critical debate.</b></p> <p><b>Team Managers will review pre-birth assessments monthly as a management team to ensure appropriate plans are in place and there is discussion about threshold.</b></p> <p><b>All Pre-Birth Single and under 1 years Assessments will be signed off by the TM after the ATM has done their overview of the SA.</b></p> <p><b>All newly born children including Support Cases will remain as open cases <u>post birth</u> for a minimum of 12 weeks and will be reviewed jointly by the ATM and TM re suitability for any recommended closures.</b></p>		System	1

<b>PRACTICE STANDARDS</b>	<b>PERSON RESPONSIBLE</b>	<b>AUDIT METHOD</b>	<b>PRACTICE STANDARD DIMENSION</b>
<p><b>10.9 In terms of case closures, if a Mother is 6 month pregnant the case will not close, and will be kept open until 12 weeks post birth.</b> If the case is a new single assessment at this stage in pregnancy, the decision could be made to close prior to birth but this would be in exceptional cases and the decision made by the Team Manager.</p> <p>A decision to close a case in relation to these cohorts should be oversighted by the Team Manager, and a record of the closure rationale recorded on the child's file.</p>			
<b>CHILD PROTECTION STANDARDS</b>			
<b>14 A STRATEGY/MEETING DISCUSSION</b>			

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>11.1 A strategy meeting/discussion takes place within a maximum 3 working days of referral.</b></p> <p>A strategy meeting should take place in sufficient time to protect the child/young person and within a maximum of three working days except in the following circumstances:</p> <ul style="list-style-type: none"> <li>• For allegations/concerns indicating serious risk to the child/young person the strategy meeting/discussion should be held on the same day as the receipt of the referral</li> <li>• For allegations of penetrative sexual abuse, the strategy meeting/discussion should be held on the same day as receipt of referral to ensure forensic evidence</li> <li>• Where immediate action is required the strategy meeting/discussion must be held within 1 working day</li> <li>• For allegations against staff that may result in disciplinary procedures within 1 working day</li> <li>• Where the concerns are particularly complex the strategy meeting must be held within a maximum of 5 working days but sooner if there is a need to provide immediate protection.</li> </ul> <p>Strategy Meetings/discussions should be led by a practitioner with line management responsibilities.</p> <p>For post 18 CYPDT cases, a CYPDT Social Worker (either allocated worker or duty worker) will make a referral to Adult Services as soon as they receive a safeguarding alert. Adult safeguarding manage the process in accordance with WSAB Policy and Procedures and Chapter 14 Guidance of The Care Act, 2014. The allocated CYPDT Social Worker should be invited to an Early Strategy Meeting. CYPDT Social Worker will liaise with the Adult Investigating Officer and complete actions by timescales as agreed in the ESM. CYPDT Social Workers do not complete s42 investigations. These are completed by the Adult Safeguarding Team. Safeguarding investigations focus on person centred safeguarding rather than timescales, under The Care Act, 2014.</p>	<p>Assistant Team Manager/ Team Manager EDS Social Worker</p>	<p>Practice and System</p>	<p>1</p>
<p><b>11.2 The strategy gathers information from and consults with key professionals involved with the child/young person.</b></p> <p>Strategy discussion/meeting must involve children's social care, the police, the referring agency and other agencies, in particular the child/young person's nursery/school and health.</p>	<p>Assistant Team Manager / Team Manager EDS Social Worker</p>	<p>Practice</p>	<p>3</p>
<p><b>11.3 The reason for the strategy meeting/discussion is clearly recorded.</b></p>	<p>Assistant Team Manager / Team Manager EDS</p>	<p>Practice</p>	<p>5</p>

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>11.4 The strategy record outlines information shared and an analysis of risk of significant harm to the child/young person.</b></p> <p>The tasks of the strategy meeting/discussion are to:</p> <ul style="list-style-type: none"> <li>• Share available information</li> <li>• Decide whether section 47 enquiry assessment should be initiated based on whether there is evidence of likelihood of significant harm.</li> <li>• Agree the conduct and timing of any criminal investigation</li> <li>• Plan how the section 47 enquiry should be undertaken including the need for medical treatment</li> <li>• Agree any action required to secure the immediate safety of the child/young person</li> <li>• Determine what information will be shared with the family</li> <li>• Determine if legal action is required.</li> </ul>	<p><b>Assistant Team Manager / Team Manager EDS Social Worker</b></p>	<p>Practice</p>	<p>1 3</p>
<p><b>11.5 Information shared and action agreed is considered within the context of child/young person's racial, cultural, religious or linguistic background</b></p> <p>This will include establishing whether an interpreter is required.</p>	<p><b>Assistant Team Manager / Team Manager EDS Social Worker</b></p>	<p>Practice</p>	<p>3</p>
<p><b>11.6 Any need arising from a disability is taken into consideration and appropriate plans put in place.</b></p>	<p><b>Assistant Team Manager / EDS Social Worker</b></p>	<p>Practice</p>	<p>3</p>
<p><b>11.7 The strategy record details the decision of the discussion/meeting and reason for this.</b></p> <p>Any information shared, all decisions reached and the basis for those decisions should be clearly recorded by the chair of the strategy meeting/ discussion and circulated within one working day to all parties to the discussion.</p>	<p><b>Assistant Team Manager / Team Manager EDS Social Worker</b></p>	<p>Practice and System</p>	<p>5</p>
<p><b>15 SECTION 47 ENQUIRIES</b></p>			
<p><b>12.1 The section 47 enquiry/single assessment should be led by a qualified Joint Investigation trained experienced Social Worker and completed within 3 days and written up in 5 days.</b></p>	<p><b>Assistant Team Manager/ Social Worker/EDS</b></p>	<p>Practice</p>	<p>1</p>



PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>12.4 The needs and safety of all children in the household are considered and assessed</b></p> <p>Those making enquiries about a child/young person should always be alert to the potential needs and safety of any siblings or other children in the household of the child/young person in question. In addition, enquiries may need to consider children in other households with whom the alleged perpetrator has contact.</p>	<p><b>Social Worker EDS Social Worker</b></p>	<p>Practice</p>	<p>3</p>
<p><b>12.5 Non-resident parents, others with Parental Responsibility and significant others are appropriately involved and their views recorded.</b></p>	<p><b>Social Worker EDS Social Worker</b></p>	<p>Practice</p>	<p>3</p>
<p><b>12.6 A Single Assessment is automatically commenced at the same time as a section 47 enquiry is initiated.</b></p> <p>This should cover all relevant dimensions in the Framework for Assessment of Children in Need and Their Families, in addition to the child/young person protection concerns. Information should be gathered in a systematic way and should include family and child/young person history, family and household members including any previous specialist assessments and an analysis of risk.</p>	<p><b>Social Worker</b></p>	<p>System</p>	
<p><b>12.7 At the completion of the enquiries, the line manager with the Social Worker considers whether there is evidence that the child/young person has suffered and is at ongoing risk of significant harm, and whether the threshold is met for an initial child protection conference or support can be provided within a child in need plan</b></p> <p>Children's social care should decide how to proceed following section 47 enquiries after discussion between all those who have conducted or been involved in those enquiries including relevant professionals and the child / parent. The information should be recorded on the outcome of Section 47 Enquiries.</p> <p><b>Team Managers will have oversight and sign off all Sect 47s in the team.</b></p> <p><b>Any child or young person considered to be at risk of being made the subject of a second Child Protection Plan should be discussed with the Service Manager.</b></p>	<p><b>Assistant Team Manager / Team Manager</b></p>	<p>Practice and System</p>	<p>1</p>
<p><b>16 CHILD SUBJECT TO A CHILD PROTECTION PLAN</b></p>			

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>13.1 An Initial Child Protection Conference must be convened following a section 47 enquiry that concludes that a child/young person is suffering significant harm and remains at risk of harm or likely to suffer significant harm.</b></p>	<p><b>Assistant Team Manager/ Team Manager</b></p>	<p>Practice and System</p>	<p>3 4</p>
<p><b>13.2 The initial Child Protection Conference (ICPC) is held within 15 working days of the strategy meeting/discussion that commenced the S47 enquiries.</b></p> <p><b>Referral to Advocacy Service:</b></p> <p>The Social Worker must seek consent from the parents/child/young person (depending on age) and refer to the advocacy service as soon as practicable following completion of the S47 Enquiry.</p>	<p><b>Assistant Team Manager/ Team Manager/ Reviewing Officer</b></p> <p><b>Social Worker</b></p>	<p>System</p>	<p>2</p>
<p><b>13.3 An ICPC must consider all children in the family or household as appropriate to the assessment of likely or actual significant harm.</b></p> <p>Even where concerns are being expressed only in relation to one child/young person, all children must be identified and the risk of significant harm to them assessed.</p> <p>Family key workers will be required to attend ICPC conference if they are working with a child/young person subject to child protection planning.</p>	<p><b>Reviewing Officer</b></p>	<p>Practice</p>	<p>3</p>

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>13.4 The social work report includes a detailed analysis of the information for the child’s future safety, health and development.</b></p> <p>The social work information to the conference should include:</p> <ul style="list-style-type: none"> <li>• A chronology of significant events and agency and professional contact with the family, incorporating all historical information</li> <li>• Information on the child/young person’s current and past developmental needs including any disability and its impact</li> <li>• Information on the capacity of the parents and other family members to ensure the child/young person is safe from harm and to respond to the child/young person’s developmental needs within their wider family and environmental context</li> <li>• Views, wishes and feelings of the child/young person, parents and other significant family members, gained using tools as below. Picture Exchange System, visual stories, objects of reference, body language and observation can be used with profoundly disabled children.</li> </ul> <p>Children and young people’s views should be gained using MOMO. One and MOMO Express as additional participation tools. Suitability should be considered with profoundly disabled children.</p> <ul style="list-style-type: none"> <li>• Make a Change</li> <li>• Share Good News</li> <li>• Preparation for a Meeting</li> <li>• Worker Visit</li> <li>• Share a Problem</li> <li>• Prepare for a Conference</li> <li>• CCP undertake an opt out system for Advocacy for all Initial Child Protection Conferences.</li> </ul> <ul style="list-style-type: none"> <li>• An analysis of the information gathered in the S47 Enquiry and assessment of significant risks and needs and the implications of the information obtained for the child/young person’s future safety and meeting their developmental milestones;</li> <li>• Recommendations to the conference with outline plan</li> <li>• Consideration is given to how best to include partners who are known to have been violent/intimidating in Child Protection</li> </ul>	<p>Social Worker</p>	<p>Practice</p>	<p>3</p>

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>13.5 The social work report is prepared and shared with the child/young person (where appropriate) and parents/carers 24 hours prior to the conference.</b></p> <p>The social work report for the ICPC should include the outcome of the section 47 enquiry report and single assessment to date. The report should reflect the parents/young person views about the report and the assessment of risk/need a copy should be available to the Conference Reviewing Officer 24 hours prior to the ICPC.</p>	Social Worker	Practice	1 3
<p><b>13.6 The child/young person (where appropriate) and parents/ carers are supported to contribute meaningfully to the conference and their views recorded and taken into account</b></p> <p>Attendance at a conference must be carefully planned. The Social Worker should ensure that all persons with parental responsibility and significant others are given sufficient information and support to make a meaningful contribution. The Social Worker must explain to child/parents/carers the purpose of the meeting, who will attend, the way in which it will operate, their right to bring a friend, support or advocate and the complaints procedure.</p> <p>The Conference Reviewing Officer will meet with the Parents/carers and child/young person prior to the conference to set out the process and clarify how everybody will participate and share their views.</p>	Social Worker  Conference Reviewing Officer	Practice	
<p><b>13.7 The conference minutes have sufficient detail to provide the reader with an understanding of the information shared, issues discussed and reasons for decision reached.</b></p> <p>The record of the child protection conference is a crucial document for all relevant professionals and family members and should include:</p> <ul style="list-style-type: none"> <li>• The essential facts of the case</li> <li>• A summary of the discussion which accurately reflects contributions made</li> <li>• All decisions reached with information outlining the reasons for the decision</li> <li>• A translation of decisions into an outline child protection plan enabling everyone to be clear about their tasks which are clear about what needs to change and how improvements will be measured.</li> </ul> <p>The outcome of the ICPC is recorded on the system and circulated within 24 hours. The outline Plan circulated within 5 working days with the full minutes circulated within 10 working days</p>	Conference Reviewing Officer		

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>13.8 The Chair’s summary accurately assesses the risk and likelihood of significant harm.</b></p>	<p>Conference Reviewing Officer</p>		
<p><b>13.9 The Child Protection Plan which is outcome focused is discussed in conference and produced within 5 working days of the conference, formally signed by core group at first meeting within 10 working days.</b></p> <p>The outline protection plan should be based on assessment and information presented to conference and must identify factors associated with the child/young person suffering significant harm and the ways in which the child/young person can be protected through a multi- agency plan.</p> <p>The outline protection plan drawn up by conference members includes:</p> <ul style="list-style-type: none"> <li>• What further action is required to complete the single assessment and what other specialist assessments are required to ensure sound judgement can be made on how best to safeguard</li> <li>• the child/young person and promote their welfare</li> <li>• Required outcomes linked to risk and promoting the child/young person’s welfare</li> <li>• Identification of what needs to change in order to achieve the planned outcomes</li> <li>• Time limited, short and longer-term objectives with responsibilities for tasks ascribed to specific members of the conference</li> <li>• A method of monitoring and evaluating progress</li> </ul>	<p>Conference Reviewing Officer</p>		
<p><b>13.10 The protection plan clearly outlines what action should be taken in the event that parents/carers do not cooperate with the protection plan.</b></p> <p>Consideration of a contingency plan and the circumstances that would necessitate its use.</p>	<p>Reviewing Officer/Team Manager/ Assistant Team Manager</p>		<p>1</p>

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>13.11 Where the initial child protection conferences decide that the child/young person does not need to become the subject of a plan, the conference will consider whether recommendations should be made for services to be provided to the child/young person.</b></p> <p>The conference together with the family should consider the child/young person's needs and what further help would assist the family in responding to them. Where appropriate, a child in need plan should be drawn up and reviewed in accordance with the standards.</p>	<p>Reviewing Officer</p>		<p>4</p>
<p><b>13.12 The first core group meeting must be within 10 working days of the conference to produce an outcome focused detailed protection plan and this is distributed to family and professionals.</b></p> <p><b>The detailed child protection plan should:</b></p> <ul style="list-style-type: none"> <li>• Have the child/young person and their needs at the centre of the plan</li> <li>• Describe the identified developmental needs of the child/young person and what therapeutic services are required</li> <li>• Include specific, achievable, child/young person focussed outcomes intended to safeguard and promote the welfare of the child/young person</li> <li>• Include realistic strategies and specific actions to achieve the planned outcomes</li> <li>• Clearly identify roles and responsibilities of professionals and family members including the nature and frequency of contact by professionals with children and family members</li> <li>• Lay down the points at which progress will be reviewed and the means by which progress will be judged</li> <li>• Set out clearly the roles and responsibilities of those professionals with routine contact with the child/young person as well as any specialist or targeted support to the child/young person and family.</li> </ul>	<p>Social Worker</p>	<p>Practice and System</p>	<p>4</p>
<p><b>13.13 At the first Core Group Meeting a Core Group Agreement should be drawn up which should address arrangements in respect of the work of the Core Group which should include:</b></p> <p>Chairing</p> <ul style="list-style-type: none"> <li>• Minuting</li> <li>• Arrangements if the allocated Social Worker is not able to attend – that their line manager should present on their behalf</li> </ul>	<p>Social Worker</p>	<p>Practice</p>	<p>1 5</p>

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>13.14 The core group meetings are attended by key family members and professionals and these are recorded accurately to reflect what information has been exchanged, the progress against the child protection plan and future action attributed to different members of the core group. The Core Group meets 4 weekly to monitor the progress of the CP Plan. Members should consider the level of risk at each core group and should state if risks have reduced, remained the same or increased and reasons why.</b></p> <p>All members of the core group are jointly responsible for the formulation and implementation of the protection plan, refining the plan as needed and monitoring progress against the planned outcomes set out in the plan.</p>	Social Worker	Practice	4 5
<p><b>13.15 The review child protection (RCPC) conference must be held within 3 months of the initial conference and thereafter at intervals of not more than 6 monthly for as long as the child/young person is subject to a protection plan.</b></p>	Reviewing Officer	System	
<p><b>13.16 The Social Worker's report to the RCPC is prepared and shared with child/young person/parents/carers 5 working days before conference.</b></p> <p>The report to conference should be provided to the parents and the allocated Independent Reviewing Officer and where it is believed to be in the child/young person's best interest, the child/young person 5 working days before any review conference to enable any factual inaccuracies to be identified and amended and areas of disagreement noted.</p> <p>The Social Worker's report to conference should include a holistic risk analysis and risk trajectory including parental capacity to change. The assistant Team Manager should sign this off and provide a view on regarding ongoing risk threshold, risk trajectory and parental motivation for change.</p> <p>Children and young people's views should be gained using MOMO One as an additional participation tools.</p> <p>Prepare for a Conferences should be completed with all children and young people.</p> <p>The following additional statements can be considered:</p> <ul style="list-style-type: none"> <li>• Make a Change</li> <li>• Share Good News</li> <li>• Preparation for a Meeting</li> </ul>	Social Worker	Practice	2 3

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>13.17 Where a child protection plan is discontinued, the conference will consider and make recommendations regarding support and services that the child/young person may still require and a child/young person in need plan will be developed within 10 working days of the conference.</b></p> <p>The discontinuing of a child protection plan should never lead to automatic withdrawal of help. The conference should give full consideration to and make recommendations regarding what services might be wanted or required. The Social Worker should use these recommendations to form a child in need plan.</p>	<p>Reviewing Officer/ Social Worker</p>	<p>Practice and System</p>	
<p><b>13.18 Out of Area Notification of a Child/young person on a Child Protection.</b></p> <p>Out of area notification for child/young person on a child protection plan will be undertaken by child protection chairs. Social Workers are expected to inform child protection chairs who will send the notification within 24 hours of receiving the information. See full policy in document library.</p>			
<p><b>13.19 Transfer out Child Protection Conference and Temporary move of child/young person on Child Protection Plan.</b></p> <p>Transfer out child protection conferences will be managed by conference and reviewing service and the Social Worker will notify child protection chair of child/children leaving the area.</p> <p>For children leaving the area and those that have moved temporarily out of the area a core group meeting should be convened within 5 days of the new local authority receiving the transfer.</p>			
<p><b>13.20 Child Protection case closures: Children previously subject to a child protection plan will not close any sooner than 12 weeks following step down.</b></p>			
<p><b>17 CHILDREN LOOKED AFER</b></p>			

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>14.1 The decision to look after the child/young person is based on a holistic single assessment.</b></p> <p>The decision to look after a child/young person must be considered and agreed at Edge of Care Panel. A child/young person should only become looked after where an assessment has been completed and determined it is in the child/young person's best interest to do so and other options have been fully explored including Family Group Conference.</p> <p>The child/young person's Social Worker is required to complete a Request for Placement at this time in order to initiate the identification of a suitable care placement.</p> <p>NB There will undoubtedly be situations where children become looked after following emergency intervention e.g. family breakdown or powers of police protection being utilised. The principle should be that an assessment is completed quickly in these circumstances and the case presented retrospectively at Edge of Care Panel.</p>	<p><b>Social Worker Line Manage</b></p>	<p>Practice</p>	<p>3 4</p>
<p><b>14.2 The process of a child/young person becoming looked after will wherever possible, be planned and child/young person focused</b></p> <p>Where, through a child protection enquiry or other emergency route into care, it becomes apparent that a child/young person is at immediate risk of significant harm, an emergency placement should be sought to secure the child/young person's safety. In all other circumstances, the process of placing a child/young person in care should be planned, with the child/young person being able to visit their prospective placement and meet carers and a placement planning meeting held to agree the arrangements for the child/young person coming into care. This will minimize the potential harm and distress to the child/young person upon separation from their parents and maintaining stability for the child/young person.</p>	<p><b>Social Worker</b></p>	<p>Practice</p>	<p>3 4</p>

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>14.3 Alternative to care - Kinship care or connected person options have been thoroughly explored.</b></p> <p>Care by a relative or person known to the child/young person should be considered in all cases before any decision is made that a child/young person should come into care. Family Group Conferences are a good way of ensuring that all resources within the child/young person's wider social networks have been considered to secure safe care for the child/young person and to benefit the child/young person's identity and family stability. A viability assessment will be completed by the child/young person's Social Worker where potential carers from child/young person's network have been identified. Where this is positive, a Regulation 24 assessment will be carried out by a Social Worker from the Kinship Team within the Fostering Service, in conjunction with the child/young person's Social Worker. This assessment must be signed off by the appropriate Head of Service so that temporary foster carer status is agreed.</p>	<p><b>Social Worker Line Manager</b></p>	<p>Practice</p>	<p>1 3</p>
<p><b>14.4 Child/young person has been provided with information pack upon becoming looked after (including details of complaints procedure and advocacy services).</b></p> <p>Children should receive a transparent service and know their rights to complain and see any records. Children should be provided with information relating to where they will be living, advocacy and independent visitor services and these should be discussed with the child/young person to ensure they are aware of their rights and the services available to them.</p> <p>All Looked After Children will be provided with information about how to use MOMO.</p>	<p><b>Social Worker</b></p>	<p>Practice</p>	<p>2</p>
<p><b>14.5 The Placement Plan is completed prior to the placement (except in emergency placements when it should be completed with 5 days from the start of the placement), is authorised by the line manager and signed by all parties and distributed.</b></p>	<p><b>Social Worker/ Team Manager</b></p>	<p>Practice and System</p>	<p>1 4</p>
<p><b>14.6 The child/young person must have an allocated qualified Social Worker. The child/young person is allocated to a qualified Independent Reviewing Officer within 24 hours</b></p>	<p><b>Assistant Team Manager / Team Manager</b></p> <p><b>Service Manager/Review ing Officers</b></p>	<p>Practice and System</p>	<p>1</p>

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>14.7 The Care Plan is fully completed prior to the start of the placement or in emergency situations within 10 working days. The Plan identifies intended outcomes and how these will be achieved.</b></p> <p>The child/young person's care plan should be based on an up to date assessment of the child/young person's needs and detail the services to be provided to meet these. The overall aim of the care plan must be indicated, i.e. a return home, adoption, long term fostering, and it should reflect the plan for permanence for the child/young person by the second review.</p>	Social Worker Team Manager	Practice and System	4
<p><b>14.8 The Care Plan outlines the wishes and views of the child or young person and their parent or carer.</b></p> <p>Children and their birth families are important partners in the care planning process in line with statutory requirements.</p>	Social Worker	Practice	2 4
<p><b>14.9 The Care Plan clearly details arrangements for contact between the child/young person and their parents/siblings and other family members as appropriate. This is communicated to the child/ parents/siblings and others as required.</b></p> <p>The arrangements for contact must be at the heart of care planning including in processes and procedures related to adoption. Links with family and friends are vitally important to children looked after and provide important continuity and a sense of identity. Once a child/young person becomes looked after, making appropriate arrangements for contact should be an early priority ensuring the child/young person is able to see significant family members whilst maintaining their safety and wellbeing.</p> <p>The Social Worker should observe contact from time to time and be able to report on and analyse its content, impact and quality.</p>	Social Worker	Practice	4



PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>14.14 Educational stability is maintained whenever possible when a new or changed placement is being considered particularly at key educational stages such as the end of Year 6 GCSE and A-Level exams.</b></p> <p>Educational outcomes for looked after children are poor compared with their peers. Many looked after children experience multiple schools, disrupting their education and relationships and their likelihood of success especially at GCSEs. Research highlights the importance of educational achievement in promoting resilience and pathways out of poverty and disadvantage.</p> <p>Where a young person is in their GCSE year Social Workers must consult with the Virtual School where a young person is coming into care or changing placement.</p>	Social Worker		4
<p><b>14.15 An independent visitor is arranged for children and young people who would benefit from this service, including those who do not have contact with their birth family.</b></p> <p>Local authorities are required to appoint Independent Visitors for children and young people in their care who have had little or no contact with their parents for more than a year. Independent visitors are volunteers who are expected to make friends with children, visiting them regularly and helping them participate in decisions about their future.</p>	Social Worker	Practice	2
<p><b>14.16 The child/young person is involved in making decisions about their own life</b></p>	Social Worker	Practice	2

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>14.17 A Permanence Plan is in place for the child or young person by the four-month review.</b></p> <p>Prompt action should be taken to assess and secure permanence for looked after children either through their return home to parents or through identifying an alternative permanent placement via adoption, fostering or residential care. For each child/young person looked after, a Permanence Options Meeting should be held prior to the four-month review to ensure that a permanence plan is in place for the review.</p> <p>14.18 Permanence Panel (held monthly) tracks the progress of children with a plan for Permanence, from the 10-month review where Permanence has not yet been achieved.</p> <p>14.19 Placement Panel (held weekly) has responsibility for scrutinising identified high cost, complex care arrangements, ensuring value for money and the appropriateness of planning including step up or step down arrangements.</p> <p>14.20 Prompt action should be taken to assess and secure permanence inside or outside the child's family. A child should remain within their family whenever possible. If a child is placed with another member of their family permanence should be secured with Special Guardianship Order (SGO). If this is not possible an alternative family should be sought via Placement Order leading to Adoption. A Foster Carer placement should lead to Permanence via SGO. If a child is matched to a long-term Foster Carer they will remain caring until the young person is 18 -25 years, or until they can return home or live independently: linking safely to their family. Residential care can be considered to help these steps. For each child/young person looked after, a Permanence Options Meeting should be held prior to the four-month review to ensure that a permanence plan is in place for the review.</p>	<p><b>Social Worker/ Team Manager/ Reviewing Officer</b></p>	<p>Practice and System</p>	<p>4 3</p>
<b>18 LOOKED AFTER REVIEWS</b>			
<p><b>15.1 The child or young person's Looked After Review Report is fully completed and available to the child/young person, family and IRO 2 days prior to the review.</b></p>	<p><b>Social Worker</b></p>	<p>Practice</p>	<p>4</p>
<p><b>15.2 The first review is held within 20 days of the child/young person becoming looked after, the second within a further 3 months and subsequent reviews are held at intervals of not more than 6 month.</b></p>	<p><b>Social Worker/ Reviewing Officer</b></p>	<p>Practice &amp; System</p>	<p>4</p>

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>15.3 The child or young person is given full opportunity to participate in their review through a variety of means.</b></p> <p>Children should be supported to participate in their looked after reviews: they may do this by attending in person, meeting with the IRO before or after the meeting or providing their views to the meeting in writing or other means of communication.</p> <p>The means by which a child/young person wishes to participate in the meeting should be discussed with them by the Social Worker in sufficient time to allow for the appropriate arrangements to be put in place.</p> <p>The use of MOMO statements as below should be used with children and young people with support of their Social Worker and or IRO, Independent Visitor, Advocate.</p> <ul style="list-style-type: none"> <li>• Prepare for a Conference</li> <li>• Make a Change</li> <li>• Share Good News</li> <li>• Foster Carer Review</li> </ul>	Social Worker/ Reviewing Officer	Practice	2
<p><b>15.4 The review is attended by the child or young person's parent/carer and key professionals.</b></p> <p>The child/young person should be consulted about who they would like to be invited to the review and this should be complied with unless there are valid reasons not to. Those attending the review will need preparation about the nature and purpose of the meeting, what will be discussed and how they will be expected to contribute to the discussion, who else will be there and how the meeting will be managed.</p>	Social Worker	Practice	4
<p><b>15.5 The IRO should produce a written record of the recommendations of the review within 5 working days and a full record of the review within 15 working days. A manager must consider the decisions within 5 working days of receipt and advise those present at the review if they are unable to agree them.</b></p>	Reviewing Officer Team Manager	Practice	5 1
<p><b>15.6 A Looked After Review should be held before a decision is made to cease Looking After a child or before a young person moves to semi- independent accommodation.</b></p> <p><b>15.7 An early review can be convened where there is a change of placement or another significant event occurs.</b></p>	Social Worker Reviewing Officer	Practice	4
<b>15 ADOPTION OR LONG TERM LOOKED AFTER</b>			

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>16.1 Work is undertaken with a child/young person to support them in understanding decisions taken and plans for the future. Life story work has been prepared, and undertaken to an appropriate stage for the child/young person.</b></p> <p>Each child/young person requires a Late Life Letter to be completed no later than 10 days after the adoption celebration hearing.</p> <p>There is a statutory requirement to provide the child/young person with counselling and information in relation to their adoption explaining, in an age appropriate manner and at the appropriate time. the procedures in relation to and legal implications of adoption for the child/young person and provide them with written information. As a local authority, we have a responsibility to ascertain the child/young person's wishes and views specifically in relation to the possibility of a placement for adoption with a new family, their cultural upbringing and contact with their parent/guardian or/other significant people. Life Story Work is an essential part of preparing a child/young person for a permanent substitute family and helps the child/young person understand their identity, history and to make sense of their past experience.</p>	Social Worker	Practice and System	2 4
<p><b>16.2 For children placed for adoption, information and counselling is offered to parents and birth family members.</b></p> <p>There is a statutory requirement to provide counselling and information to the parent or guardian of the child/young person explaining the procedures in relation to both placement for adoption and adoption, and the legal implications of adoption and provide them with written information. As a local authority, we have a responsibility to ascertain the parent or guardian's wishes and views specifically in relation to the child/young person, their placement for adoption including any views regarding their cultural upbringing and contact with the child/young person.</p>	Social Worker	Practice	2
<p><b>16.3 For children to be placed for adoption, an adoption support plan must be prepared.</b></p> <p>All children placed for adoption must have a support plan in place that identifies their individual needs and those of their new family. This plan may be updated and reviewed until the child is 18 years of age.</p>	Social Worker	Practice	4
<p><b>16.4 An adoption review must take place within 4 weeks of the date the child/young person was placed for adoption; the second review must take place within 4 months and thereafter at intervals of not more than 6 months until the adoption order is made.</b></p>	Social Worker/ Independent Reviewing Officer	Practice and System	4

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<b>16 LEAVING CARE</b>			
<p><b>17.1 A landmark review is held when the young person is 15½ which makes arrangements for a needs assessment to be completed within 3 months of the young person's 16th birthday. Staying Put arrangements should be considered.</b></p> <p>This review, informed by assessment, will commence the process of considering arrangements for the young person's transition to adulthood, independence and beyond (to the age of 25 if appropriate and required) and agree the arrangements for undertaking a leaving care needs assessment which looks at:</p> <ul style="list-style-type: none"> <li>• What support the young person may need</li> <li>• Views of young person, carer and Social Worker</li> <li>• Education, employment and training</li> <li>• Housing</li> <li>• Health</li> <li>• Finances</li> </ul>	Social Worker Reviewing Officer	Practice and System	3 4
<p><b>17.2 A Personal Advisor is allocated when the young person is 15 half years old. A Pathway Plan is in place for the first review following the young person's 16th birthday.</b></p> <p>A Pathway Plan records the assessed needs of the young person and the action and services required to respond to the needs and to provide support during the transition to adulthood independence and beyond.</p>	Social Worker	Practice and System	4
<p><b>3 The young person is integrally involved in developing the Pathway Plan and it reflects their priorities and aspirations. Young people must be informed of all aspects of the Wiltshire care leaver offer and supported to access that support.</b></p>	Personal Advisor		
<p><b>17.4 Pathway Plan Reviews are held at intervals of not more than 6 month unless there is significant change and a review can be brought forward.</b></p> <p>The Pathway Plan should be kept under regular review to ensure the services delivered are in accordance with the wishes, views and needs of the young person.</p>	Social Worker/PA Independent Reviewing Officer		
<p><b>17.5 The Pathway Plan is updated following the review within 5 days.</b></p>	Personal Advisor		

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>17.6 The young person receives support to continue their education or post 16 training or employment.</b></p> <p>Care leavers are at high risk of social exclusion and have poorer outcomes than their peers. The PA has a key role in assisting the young person to access education, employment or training which can significantly improve their life chances and outcomes. Where appropriate, services such as Building Bridges should be used to optimise opportunities for young people to access suitable work and training.</p>	Personal Advisor		
<p><b>18 The young person is living in decent, affordable and permanent Accommodation</b></p> <p>An allocated Personal Advisor will support the young person in accessing suitable and appropriate accommodation. This will involve liaising with housing providers, working in partnership with staff from other agencies, advocating for the young person and supporting them to set up, manage and sustain their tenancies.</p>	Personal Advisor		
<p><b>19 Work undertaken needs to be needs-led enabling young people to make successful transitions to adulthood.</b></p> <p>Relationship- based support from the point at which a young person is leaving care will be reviewed just prior to 21, under The Leaving Care Act. Support can continue until 25.</p>	Personal Advisor		
<p><b>20 When a young person leaves their final regulated placement at 18, they should be supported to complete an on-line Exit Questionnaire regarding their experiences of care and their preparation for leaving.</b></p>	Personal Advisor		
<p><b>21 Frequency of contact – The PA will have contact with young person at a minimum of 3 monthly; contact by PA to be in a medium that suits the young person in a person-centred way.</b></p>	Personal Advisor		
<p><b>22 Charing pathway plans for former relevant young people:</b> The PA will chair and circulate copies of the plan to their young people and other attendees if young person offers consent. What about qualifying ones? NEIL</p>	Personal Advisor		
<p><b>23 Case notes are updated on Liquid Logic within 48 hours of a contact.</b> Case notes must ensure the care leaver’s current address, and EET or NEET status are correct.</p>	Personal Advisor		

PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p><b>24 PA to complete an annual screening tool (Barnardo's Scaling Rag Rating Tool).</b></p> <p>The tool considers accommodation, employment, finances, risks and vulnerabilities as well as engagement.</p>	Personal Advisor		
<p><b>25 Care Leaver's Promise – PA must be aware of Wiltshire's promise and practice in accordance (see Care Leaver Promise documentation).</b></p>	Personal Advisor		
<p><b>26 Leaving Care Grant – use of the grant in terms of how it will be spent, is discretionary. Decisions need to be in joint consultation between young person and Local Authority.</b></p>	Personal Advisor		
<p><b>27 Councils have responsibilities towards care leavers until they are 21, or 25 if they are still in education or training, have a disability or if the care leaver requests continued support.</b></p> <p>Continued support should result in an assessment and support be commensurate with level of need.</p>			
<p><b>Early Years Inclusion Officer (EYIO) Practice Standards</b></p>			

<p><b>Referral and Initial Response</b></p> <p>All referrals are received through a Diagnostic Assessment and Referral Tool (DART).</p> <p>The referral is sent to the relevant Support and Safeguarding admin and sent to the appropriate EYIO within 48 hours.</p> <p>The EYIO responds to the referral by contacting the setting within 5 working days of receipt.</p> <p><b>Assessment</b></p> <p>The EYIO gathers any relevant information about the child/young person from Carefirst and Q Drive and any other relevant professionals working with family.</p> <p>EYIO ensures parental consent has been given before contacting the setting.</p> <p>EYIO will ascertain from contacting the setting more detailed information relating to child/young person and explore the issues the setting is experiencing with the child/young person.</p> <p>If NFA at this point, EYIO will send to setting written recommendations and actions within 5 days of contact. Close case within 5 days if no further support required. This will be following discussion and agreement with the line manager of the EYIO. If observation is required, EYIO will send setting SDQs to complete and book an observation within 15 days of this contact. Immediate recommendations/actions will still be advised in the interim and sent within 5 days of this contact.</p> <p>The observation will take the form of a Mapping Exercise including Child's strengths, needs, family context and risks to not being 'school ready.' The CARE Framework mapping tool is used for this purpose.</p> <p>Following observation, report will be written and shared with setting and parents. This report will be produced and shared with both setting and parents within 10 days on the specified template. This report will have a plan with clear recommendations, actions and review dates. If NFA, close within 5 days of sharing report. This will be following discussion and agreement with the line manager of the EYIO.</p> <p><b>Planning Meeting</b></p> <p>If there is not a meeting already booked (Support, TAC, CIN etc.) within 10 days of sharing report, convene a meeting within 10 days of sharing report.</p> <p>The purpose of this meeting is to ensure we have considered the needs of the child/young person holistically and are part of any</p>			
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PRACTICE STANDARDS	PERSON RESPONSIBLE	AUDIT METHOD	PRACTICE STANDARD DIMENSION
<p>existing TAC, Support, CIN/CP Plans. Ensure parents are invited and any other professional working with the child/young person. The TAC journal template is used to record this meeting.</p> <p>Consider supporting setting to open a CAF or Support Plan. Agree any further actions and support for setting and any additional support for child/parents. 10-day support/review session with setting booked. Further 10 day visits booked if required to review progress. EYIO, parents and Setting</p> <p>If child/young person does not meet threshold for Support, CAF, social care or SEND, EYIO will take the lead for any child/young person transitioning into school 12 months prior to entry. If family have not engaged with their local children’s centre, invite a worker to attend.</p> <p><b>Review meetings</b></p> <p>4 weekly review meetings (could be amalgamated with existing booked meetings such as support, TAC, CIN etc.) involving any professional working with child/young person and any other professional needed to support child/young person and setting.</p> <p>Focus at meetings, should be on reviewing progress and reducing 10-day support visits by third review meeting. If child/young person is approaching reception age, (12 months prior to entry), invite receiving school.</p> <p><b>Closure</b></p> <p>If NFA at review meeting, close case within 10 days of review meeting. If statutory assessment has been agreed, close case so SEND Team can support. This will be following discussion and agreement with the line manager of the EYIO.</p> <p>Send final letter to include details and reasons of closure. Send to ATM to authorise. Once authorised, send to parents within 10 days of NFA</p> <p>Send evaluation forms to parents and professionals</p>			

<p><b>Education Welfare Practice Standards</b></p> <p><b>Non-School Attendance</b></p> <p>If concerns of non-school attendance arise, we'd expect the school to contact their EWO for a consultation. After 10 session of unauthorised absence in a 6-month period, a DART is completed by the school and allocated to the linked EWO. The EWO should contact the school within 72 hours to agree the plan of intervention/action. The EWO should make contact with the parent/carer within 72 hours of the referral. A meeting should take place within 10 working days of the referral with the school and parents.</p> <p>The meeting is chaired by the EWO and should be attended by school staff, parent/carer, child/young person as appropriate and any other professionals involved. A Standard Police Caution is given by the EWO at the outset of all meetings (unless there is an exception applied based on EWO judgement). There is a proforma template for the meeting complete by the EWO. This should be completed and circulated within 10 working days of the meeting date. The timescale for the next meeting date will be dependent on the plan agreed and actions to be taken. A meeting should take place no more than 6 weeks later. It is expected that the group of professionals work together in order to understand the reason for non-attendance and support improvements. This should be treated as a Team Around the Child meeting and discussion about whether the completion of a CAF is necessary.</p> <p>The EWO may decide that a penalty notice or court prosecution is appropriate, following attempts to work collaboratively to improve have been undertaken. If non-attendance is 75% upwards a penalty notice is likely to be deemed appropriate. In this instance, the EWO will issue a warning letter for improvement to be made within the period defined. Non-payment of fines will result in progression to court. The EWO prepares the files for court and produces a witness statement. Court documentation should be completed within 20 working days of the decision being made.</p> <p><b>Children Missing Education (CME):</b></p> <p>A CME notification is received from the school. This is allocated to an EWO who should undertake a home visit within 3 working days. The EWO should make all attempts possible to locate the child/young person. These cases are overseen by the Children Missing out of Education Group which meets monthly in order to agree what action should be taken for those children who remain missing.</p> <p><b>Practice standards around post 18 CYPDT:</b></p> <p>Capacity for post 18 CYPDT The Mental Capacity Act, 2005, applies to anyone over 16 and provides a legal framework for individuals who lack mental capacity to make specific decisions for themselves particularly around</p>	<p>Social Worker</p>		
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<p>attendance, with the agreement of the chair and where there has been consideration of the business of the day.</p> <p>No Panel will conduct business if it is not quorate.</p> <p>Panel will consider:</p> <ul style="list-style-type: none"> <li>• Assessment reports of those wishing to be approved as foster carers</li> <li>• All first annual reviews</li> <li>• Requests for significant changes of approval</li> <li>• Any subsequent reviews as required by the Agency</li> <li>• Information about Exemptions to the usual fostering limit</li> <li>• Reports concerning serious complaints and allegations</li> </ul> <p>Panel will determine its recommendations for the approval details of foster carers</p> <p>Minutes will be produced and recommendations provided within 7 working days of the Panel meeting.</p>			
<p><b>1.2 Agency Support to Panel</b></p> <p>Supervising Social Workers (SSW) for foster carers and children's Social Workers will provide reports and attend panel as required and according to practice guidance and within the deadlines set.</p> <p>SSWs will support foster carers to attend Panel where required and appropriate to do so.</p> <p>Fostering Team Manager to attend Panel for matters of serious complaint and allegation.</p>	<p>Team Manager</p> <p>SSW</p>	<p>Practice</p>	
<p><b>1.3 The Agency Decision Maker (ADM) Decision</b></p> <p>The ADM will receive the minutes of panel meetings and all supporting material.</p> <p>The ADM will make their decision within 10 working days of the receipt of the minutes.</p> <p>The decision will be conveyed in writing to the applicants, foster carers and Social Workers as required.</p>	<p>ADM</p> <p>Foster Panel Advisor</p>	<p>Practice</p>	

<p><b>2 Recruitment and Assessment of Foster Carers, including Specialist Carers and Connected Person Carers</b></p>			
<p><b>2.1 Recruitment</b></p> <p>We will publish and maintain a Recruitment Strategy and Advertising campaign using a range of approaches and methodology, including but not exclusively:</p> <ul style="list-style-type: none"> <li>• On-line, print and social media</li> <li>• Attendance at events</li> <li>• Radio advertising and interviews</li> <li>• Direct word of mouth advertising</li> <li>• Direct involvement of foster carers to support recruitment activity</li> </ul> <p>The Fostering Team will provide regular, publicised Information Events for the public and specific organisations to support recruitment activity.</p>	<p>Service Manager</p> <p>Team Manager</p> <p>Assistant Team Manager</p>	<p>Practice and System</p>	
<p><b>2.3 Stage 1</b></p> <p>A first response to Initial Enquiries about Fostering will be made within 24 hours and at minimum 24 hour intervals until contact is made.</p> <p>Potential applicants will be asked where they have seen information about Fostering. An initial home visit is made within 5 working days when further information is provided about the assessment process and next steps.</p> <p>Potential foster carers are invited to an Information Event at which time, if they wish to proceed they are invited to make an application to Foster</p>	<p>Recruitment Support Worker</p> <p>Assistant Team Manager</p> <p>Team Manager</p> <p>Assessing Social Worker</p>	<p>Practice and System</p>	
<p>Using the Assessment template agreed by the authority:</p> <p>Statutory required checks and references commence as part of Stage 1 of the Fostering assessment</p> <p>The decision whether to proceed with the assessment must be made within 10 working days of the receipt of all required information.</p> <p>Where there is a recommendation not to proceed with the application, the ADM must decide within 10 working days and the</p>			

<p>applicant will be informed. There is no right of appeal or recourse to the Independent Review Mechanism (IRM) at this stage.</p> <p>Potential foster carers will be invited to attend the Skills to Foster Training, or any other training identified by the Agency, during assessment and by the time that Foster Panel meets to consider their application.</p> <p>Stage 2 can happen concurrently with Stage 1.</p>			
<p><b>2.4 Stage 2</b></p> <p>A written assessment is completed to make a recommendation about the applicants' suitability to foster in 4 months. The assessment must consider and provide all information described in Regulation and statute:</p> <ul style="list-style-type: none"> <li>• The assessment will be shared with applicants and they may comment</li> <li>• The assessment must be signed off by an appropriate manager within the Agency.</li> <li>• The assessment must make a clear recommendation about the details of approval based upon the evidence of experience, skills and competence contained within the assessment.</li> <li>• The assessment must be completed and presented to Foster Panel within four months of receiving the application.</li> </ul> <p>The final assessment must be signed off by a Manager in the Fostering Service.</p> <p>The assessment and supporting information will be provided to Panel members in accord with administrative practice and deadlines.</p>	<p>Team Manager</p> <p>Assistant Team Manager</p> <p>Assessing Social Worker</p>	<p>Practice and System</p>	
<p><b>2.5 The Foster Panel Recommendation</b></p> <p>Panel will consider all reports, assessments and information provided, along with the response to any questions raised with the applicants or Social Workers on the day to reach a recommendation for approval which includes:</p> <ul style="list-style-type: none"> <li>• Whether the applicants are suitable to foster</li> </ul>	<p>Foster Panel Advisor</p>	<p>Practice and System</p>	

<ul style="list-style-type: none"> <li>• The age and gender of children to be looked after and duration (short or long term) of placement</li> <li>• What type of fostering they are approved for (e.g. Parent and Child fostering, emergency fostering, mainstream fostering)</li> <li>• Any additional training or support needs identified</li> <li>• Any specific matching considerations</li> <li>• Any advice to the Agency</li> </ul> <p>The attendance, discussion and recommendation will be recorded in the agreed minutes and along with all associated material, provided to the ADM (see above).</p> <p>The written confirmation of the ADM decision will include all relevant approval information and how to make further representation if required by the applicant or foster carer.</p>			
<p><b>2.5 Representation and the Independent Review Mechanism (IRM)</b></p> <p>If the ADM gives a Qualifying Determination not to approve applicants as foster carers, they have 28 days from the date of the written notice to make representation. If they are dissatisfied with the outcome of panel, the applicant or foster carer may:</p> <ul style="list-style-type: none"> <li>• Make a complaint in accord with the Council Complaint Policy if the issue relates to process or policy</li> <li>• Make representation to the ADM if the issue relates to the information presented in the assessment or at Panel</li> <li>• Make representation to the IRM within 28 days of the decision.</li> </ul> <p>Where the decision maker is obliged to review their decision following consideration by the IRM, written notice of the outcome of such a review must be provided to the applicant or foster carer within 7 working days of the IRM recommendation.</p>	<p>Service Manager</p> <p>Foster Panel Advisor</p>	<p>Practice</p>	
<p><b>2.6 Post approval</b></p> <p>When the decision has been made to approve a new foster carer, they will:</p> <ul style="list-style-type: none"> <li>• Be allocated a SSW within 5 working days if it has not already happened</li> </ul>	<p>Team Manager</p> <p>Supervising Social Worker</p>	<p>Practice</p>	

<ul style="list-style-type: none"> <li>• Be asked to sign a Foster Care Agreement</li> <li>• Be provided with the link to the Foster Carer Handbook, an ID badge and all other required material</li> <li>• Added to the Foster Carer email communication list</li> </ul>			
<p><b>2.7 Changes in Household or Circumstances</b></p> <p>Foster carers are required to inform the Agency of all significant changes in circumstances of household composition which may have an impact on their approval as Foster carers or their capacity to look after children in care.</p> <p>SSWs will consider the information and determine the correct course of action which may include:</p> <ul style="list-style-type: none"> <li>• Noting the change for information</li> <li>• Ensuring that the information is shared appropriately with others</li> <li>• Holding a meeting to consider the implications of the change</li> <li>• Holding an annual review to consider if the carers remain suitable to foster</li> </ul> <p>Where a foster carer has a relationship with a new partner, the partner must be assessed as a foster carer and as part of the fostering partnership before they move into the fostering household.</p>	<p>Team Manager</p> <p>Assistant Team Manager</p> <p>SSW</p>	<p>Practice</p>	
<p><b>2.8 Temporary Approval</b></p> <p>In exceptional circumstances (including immediate and planned placements), where a child/young person is looked after or is about to become so, temporary approval as a foster carer can be approved by the appropriate Head of Service.</p> <p>Referral is made to the Fostering Service by the child/young person's Social Worker who completes an Initial Screening assessment, followed by a Viability assessment.</p> <p>The referral will be passed to a manager within the Fostering Service for allocation of work.</p>	<p>Team Manager</p> <p>Assistant Team Manager</p> <p>SSW</p>	<p>Practice</p>	

<p>The Regulation 24 assessment is usually led by the Fostering Worker with the support of the child/young person's SW. It must be approved by the appropriate Head of Service. Temporary approval lasts for 16 weeks by which time:</p> <ul style="list-style-type: none"> <li>• A full fostering assessment should be completed and presented to Foster panel for approval</li> <li>• in exceptional circumstances, a Regulation 25 extension, lasting up to 8 weeks is agreed by Foster Panel</li> <li>• Another outcome is reached for the child/young person, such as a SGO</li> </ul>			
<b>3 Exemption and Variations</b>			
<p>Exemptions to the usual fostering limit of 3 and variations to the terms of approval must be assessed, recorded and authorised within LCS in accordance with process and guidance.</p> <p>Permission for the variation or exemption should be sought from the appropriate Head of Service (this may be delegated to the responsible Service Manager) before the arrangement begins.</p> <p>In exceptional circumstances, where variations or exemptions continue, review information must be provided to an authorising senior manager at minimum three month intervals</p> <p>Exemptions will be reported to Foster Panel on a minimum quarterly basis.</p>	<p>Service Manager</p> <p>Team Manager</p> <p>SSW</p>	<p>Practice and System</p>	
<b>4 Supervision and Support</b>			
<p><b>4.1 Supervision</b></p> <p>In accord with Fostering Minimum Standards, all Wiltshire approved foster carers will have an allocated SSW. They will:</p> <ul style="list-style-type: none"> <li>• Meet with the primary foster carer at least monthly for formal supervision, recording the discussion in LCS and providing the foster carer with a copy of the record within 5 working days of the meeting</li> <li>• Meet with the secondary foster carer minimum four times a year, recording the meeting as above</li> </ul>	<p>Team Manager</p> <p>Assistant Team Manager</p> <p>SSW</p>	<p>Practice and System</p>	

<ul style="list-style-type: none"> <li>• Where appropriate meet the foster carers' own children at least three times a year, recording the outcome</li> <li>• In agreement with the Team Manager, reduce supervision to every three months when a foster carer is on hold or has not cared for a looked after child for a period of three months or more</li> <li>• In agreement with the Team Manager, provide proportionate supervision for Overnight Short Break Care foster carers</li> <li>• Meet the children in care from time to time and see their bedrooms</li> </ul>			
<p><b>4.3 Training</b></p> <p>All foster carers will have a Personal Development Plan (PDP) reviewed at least annually and signed by the Fostering Training Officer. It will identify completed training and learning (both mandatory and optional) and planned development opportunities.</p>	<p>SSW</p> <p>Training Officer</p>	<p>System</p>	
<p><b>4.3 Unannounced Visits</b></p> <p>In accordance with Minimum Standards and Regulations, the SSW or another social work will carry out an unannounced home visit to the fostering household at least once in a twelve-month period.</p> <p>If an approved foster carer is not at home, a note should be left indicating the attempted visit and further attempts at a successful visit should be made.</p> <p>If the child/young person in care is at home but is being cared for by someone else, the visit should not continue.</p> <p>All unannounced visits, successful or not, should be recorded in LCS.</p>	<p>Team Manager</p> <p>Assistant Team Manager</p> <p>SSW</p>	<p>Practice and System</p>	
<p><b>4.4 Support</b></p> <p>Effective support of foster carers and their household should be designed and delivered based upon identified support needs and frequency and agreed with the foster carer. It may be delivered via face to face contact or Skype, phone or email communication depending upon circumstances. Detailed tasks are described in Policy and Guidance and should include:</p>	<p>Team Manager</p> <p>Assistant Team Manager</p> <p>SSW</p>	<p>Practice and System</p>	

<ul style="list-style-type: none"> <li>• Attendance at key meetings in support of the foster carer; these will include Placement Planning Meetings, Permanency Options Meetings, PEPs, Breakdown Prevention Meetings and Disruption Meetings</li> <li>• Discussion of issues such as contact, managing behaviour, health and education matters, safe caring and so on</li> <li>• Payments and allowances</li> <li>• Any concerns, complaints or allegations (see below)</li> <li>• Plans for the children looked after</li> <li>• Support needs such as breaks from caring</li> <li>• The advantages of attendance at Support Group meetings</li> </ul> <p>Where support is provided, but is not deemed to be formal supervision, the SSW or person providing the support must make a case note within LCS.</p> <p>A Chronology for the Foster Carer should be maintained, in accordance with policy, which indicates key information.</p>			
<p><b>4.5 Annual Reviews</b></p> <p>Every fostering household must have an annual review within a twelve-month period. Reviews may be held more frequently if required. The purpose of a review is to look back over the previous year of fostering and plan for the coming year.</p> <p>A minor change of fostering approval details may be recommended at an annual review and requires authorisation by a senior manager within the Fostering Service.</p> <p>The SSW will complete a report for the review and may conduct the review meeting where no significant change of approval is indicated and where there are no serious concerns, complaints or allegations being considered.</p> <p>All required statutory checks regarding the household members must be completed and recorded.</p> <p>The Team Manager will agree that the review should be chaired by someone other than the SSW when a more significant change of approval is to be recommended or where</p>	<p>Team Manager</p> <p>Assistant Team Manager</p> <p>SSW</p>	<p>Practice and System</p>	

<p>there are serious concerns or allegations to be discussed.</p> <p>All reviews must be signed off by a Manager within the Fostering Service.</p> <p>All first annual reviews, those where a significant complaint or allegation has been investigated and every third carers' annual review will be presented to Foster Panel. These reviews will then follow the usual ADM process (see above)</p>			
<p><b>4.6 Long Term Match and Staying Put</b></p> <p>When a child/young person is to be long term matched with a foster carer as a means of achieving permanence, the carer must agree to the plan. The SSW will:</p> <ul style="list-style-type: none"> <li>• Complete all required reports and assessments for presentation to Foster Panel, with a clear recommendation and within Panel submission timescales</li> <li>• Support the foster carer in attending panel</li> <li>• Ensure that the foster carer understands the recommendation and ensure that ongoing support is identified</li> </ul> <p>When a child/young person is to Stay Put after the age of 18 with a foster carer, the SSW will ensure that the foster carer agrees and understands the implications in terms of fostering.</p>	<p>Team Manager</p> <p>Assistant Team Manager</p> <p>SSW</p> <p>Child/young person's Social Worker</p>	<p>Practice and System</p> <p>Permanence Panel</p>	
<p><b>4.7 Termination of approval</b></p> <p>Where a foster carer resigns, or retires from fostering, the SSW should ask for written confirmation of intent. This will become effective 28 days after receipt.</p> <p>These ending should be reported to Foster Panel, by the SSW, to be noted.</p> <p>Where an annual review has been presented to Foster Panel and a recommendation and decision has been made to deregister the foster carer, they have 28 days to make representation on the matter. In turn, the carer will then be notified within 7 days of the date when the matter will be reconsidered by Foster Panel.</p>	<p>Team Manager</p> <p>Assistant Team Manager</p> <p>SSW</p>	<p>Practice and System</p>	

<p>When a carer is deregistered following a serious complaint or allegation, the ADM or their representative will decide whether the matter should be referred to the Designated Person for Allegations or the Disclosure and Barring Service.</p> <p>When a foster carer resigns, and there are serious complaints or allegations, the matter should proceed to Panel to gain a recommendation as if the foster carers had not resigned.</p> <p>Where appropriate, referral will be made to the Disclosure and barring Service or HCPC.</p>			
<p><b>4.8 Concerns, Complaints and Allegations</b></p> <p>Most concerns or complaints will be managed and dealt with by the Fostering Service. Action will be agreed with the Team Manager and be subject to internal investigation and resolution. The outcome should be reached within 10 working days unless agreed with a Senior Manager.</p> <p>Where a serious concern, complaint or allegation is being made against a foster carer or a member of their household, the SSW must ask the person raising the matter for information in writing, via the appropriate LCS template.</p> <p>The SSW will agree the appropriate course of action with a manager within the Fostering Service and, if required, the Designated Officer for Allegations (DOFA). Where the threshold is met, a multi-agency strategy discussion will be convened and held by contacting the Multi-Agency Safeguarding Hub (MASH) within 24 hours of the allegation being received. This will agree next steps which may include a child protection investigation</p> <p>Through the agreement of the Strategy Discussion participants, if appropriate the foster carer will be informed of the serious complaint or allegation and the investigation will be carried out.</p> <p>Where requested, and proportionate, the foster carer can access independent advice as described in the relevant policy.</p>	<p>Team Manager</p> <p>Assistant Team Manager</p> <p>SSW</p>	<p>Practice (including DOFA) and System</p>	

<p>The SSW will be the primary source of information and support to the foster carer, mindful of any potential conflict of interest or restrictions upon the sharing of information.</p> <p>There are three reporting options:</p> <ul style="list-style-type: none"> <li>• The report of the outcome of the investigation is sufficiently serious that it requires consideration of further action by Foster Panel at the earliest opportunity. The report should include an assessment of risk and a recommendation for further action that may include de-registration;</li> <li>• The report of the outcome includes further action but the matter is not urgent and can be presented to Foster Panel with the next scheduled annual review;</li> <li>• The report of the outcome is that no further action is required and can be presented to Foster Panel with the next scheduled annual review.</li> </ul>			
<p><b>5 Skills, Fostering Fees, Allowances and Expenses</b></p>			
<p><b>5.1 Payments of Allowances and Fees</b></p> <p>There are two elements of payment: age related fostering allowance for the child/young person cared for and a fee based upon the Skill Level of the foster carer. A schedule of payments, including Skill Level payments and age related fostering allowance, is published annually as Section 3 of the Foster Care Handbook. It details all payments that may be received by Foster carers. These include payments to:</p> <ul style="list-style-type: none"> <li>• Mainstream Foster Carers, including Parent and Child carers</li> <li>• Overnight Short Break Carers</li> <li>• Short Term Emergency Placements Scheme (STEPS) carers</li> </ul> <p>The SSW is responsible for ensuring that the foster carer receives the correct payment through discussion and supervision, supporting the foster carer with the correction of any errors if required.</p> <p>The Fostering Service and the child/young person's Social Worker must ensure that all necessary steps are taken, within LCS, in a timely way including the completion of the</p>	<p>Team Manager</p> <p>Assistant Team Manager</p> <p>SSW</p>	<p>System</p>	

<p>Placement Plan which, in turn, triggers payment to the foster carer</p> <p>This includes Staying Put payments which are paid from the Children in Care budgets.</p> <p>Fostering payments (fees and allowances) are processed by the Fostering Payment Team.</p>			
<p><b>5.2 Skill Level Payments</b></p> <p>Foster carers are paid dependent upon the relevant skills they can demonstrate within their fostering practice. The exception to this is the group of Connected Person carers who look after children they previously knew.</p> <p>The SSW will discuss the Skill Level of carers at each of their annual reviews and if there is progression sought they will complete a Skill Level template which, with supporting evidence, is provided to the Service Manager and Team Manager for consideration. If progression is agreed, increased payments are backdated to the annual review recommending the increase.</p> <p>If the progression is declined, the SSW will support the carer to follow the appeal process.</p>	<p>Service Manager</p> <p>Team Manager</p> <p>Assistant Team Manager</p> <p>SSW</p>	<p>System</p>	
<p><b>5.2 Expenses</b></p> <p>SSWs should check and sign Foster Carer's expenses (including mileage) claims.</p> <p>They must be signed off by a manager before processing for payment.</p>	<p>Team Manager</p> <p>Assistant Team Manager</p> <p>SSW</p>	<p>System</p>	
<p><b>6 Transfer of Foster carers</b></p>			
<p>Where Wiltshire-approved foster carers are transferring to another Fostering Agency and where foster carers from other Agencies wish to transfer to foster for Wiltshire Council, the Fostering Network Transfer Protocol must be used.</p> <p>The SSW of the outgoing Wiltshire Foster Carer will support the foster carer with the process as required The "receiving" Wiltshire SSW of a foster carer transferring in will liaise with the "outgoing" SSW to ensure effective transfer.</p>	<p>Team Manager</p> <p>Assistant Team Manager</p> <p>SSW</p>	<p>Practice</p>	

<b>7 Special Guardianship Orders</b>			
<p><b>7.1 Assessment</b></p> <p>Assessments of those wishing to obtain Special Guardianship Orders are carried out within the Fostering Team. This includes private applications and those ordered by the Court as part of care proceedings.</p> <p>Assessing Social Workers within the Fostering Team will be allocated Viability assessments (for court ordered assessments) and full SGO assessments with indicated submission timetables. It is anticipated that the usual court direction will be for SGO reports to be submitted in 12 weeks of being ordered.</p> <p>They will complete reports and ensure submission within agreed timescales as indicated by the court, recognising that deadlines may be changed by court as the matter progresses.</p>	<p>Team Manager</p> <p>Assistant Team Manager</p> <p>Assessing SW</p>	<p>Practice and System</p>	
<p><b>7.2 Support and SGO Support Plans</b></p> <p>All SGO assessments require an accompanying SGO support plan which indicates the assessed needs of the child/young person now and in the future (where possible) and the services and support that may be required.</p> <p>The plans will be completed by the assessing Social Worker and will be signed off by a Manager within the Fostering Service. The SGO Support Plan will be delivered by the Fostering Service.</p>	<p>Team Manager</p> <p>Assistant Team Manager</p> <p>Assessing SW</p>	<p>Practice and System</p>	
<b>8 Supported Lodgings</b>			
<p><b>8.1 Recruitment and Assessment</b></p> <p>Although considered unregulated settings, broadly, the recruitment and assessment process for Supported Lodgings providers in Wiltshire follows best practice as indicated by Fostering Regulation. This includes premises deemed to be Houses of Multiple Occupancy (HMO). It is anticipated that Supported Lodgings households will accommodate up to 2 young people. Where this number is exceeded, the premises is treated as an HMO.</p>	<p>Team Manager</p> <p>Assistant Team Manager</p> <p>SSW</p>	<p>Practice and System</p>	

<p>There is a Recruitment Strategy and Plan with an agreed application and assessment process which mirrors that for Fostering (see above):</p> <ul style="list-style-type: none"> <li>• An allocated SSW will complete the assessment of suitability based upon a modified version of the Fostering Assessment template and within the same timescales</li> <li>• The assessment will be presented to Foster Panel with the provider and the assessor attending</li> <li>• The panel recommendation and ADM decision will be reached in the same way</li> <li>• The same post-Panel process is follows and each provider has an allocated SSW</li> </ul>			
<p><b>8.1 Review, Support and Supervision</b></p> <p>As above, the support, supervision and annual review arrangements for Supported Lodgings providers follows the same process as for fostering and it is the responsibility of the SSW to ensure that actions are completed in a timely way.</p> <p>Supervision is provided monthly for Supported Lodgings and HMO providers and it must be recorded in LCS.</p>	<p>Team Manager</p> <p>Assistant Team Manager</p> <p>SSW</p>	<p>Practice and System</p>	
<p><b>8.3 Payments</b></p> <p>Supported Lodgings providers receive payments for the young people they look after. It is the responsibility of the SSW in discussion with the provider to ensure that the correct payments are being received.</p>	<p>Team Manager</p> <p>Assistant Team Manager</p> <p>SSW</p>	<p>System</p>	