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**SAFEGUARDING TEAM ALERT POLICY**

**Background to Alert Policy**

BCP must be able to demonstrate that our safeguarding of children and our practice for Children in Care, is robust and effective. This policy will assist both senior and front-line managers in this task.

The Conference and Review Co-ordinators perform the function of Independent Chair of Child Protection Conferences and Independent Reviewing Officer for Children in Care. Their role in both these processes is to ensure the welfare of the child and progression of their plans.

The alert systems process is to drive improvement in practice and in outcomes for children; to reduce drift and to provide independent oversight of key decisions.

**Alerts on CP cases:**

Quality assurance audits are completed following each child protection conference (see appendix 1). This highlights good practice as well as issues of concern. Alerts will be raised following a child protection conference if any areas are identified as red/not at all.

**Alerts for children in Care**

IROs are guided on their responsibility to raise alerts by the IRO Handbook and Care Planning Regulations. The areas that alerts may be raised for are as set out in the attached audit (appendix 2) which is completed following each review meeting. Formal alerts will be raised for any areas within the audit identified as red/not at all.

A template will be completed to record the alert and saved in attachments on Care Director or Mosaic (see appendix 3), until such time as it is available within the work flow.

**Stage 1**

* IRO identifies a concern and completes the alert template
* Alert template is emailed to the team manager and copied to the IRO manager and business support, for tracking purposes.
* Team manager completes the relevant section on the form with their response and emails it back to the same circulation within 5 working days.
* IRO makes a decision regarding whether the response resolves the issue, whether further discussion with the team manager is required or whether an escalation to stage 2 is necessary.

**Stage 2**

* IRO sends alert template to relevant Service Manager, copied to Team Manager, IRO manager and business support.
* Service manager completes the relevant section on the form with their response and emails it back to the same circulation within 5 working days.
* IRO makes a decision with the IRO manager, regarding whether the response resolves the issue, whether further discussion with the service manager is required or whether an escalation to stage 3 is necessary.

**Stage 3**

* IRO sends alert template to relevant Service Director, copied to Team Manager, Service Manager, IRO manager and business support.
* Service Director completes the relevant section on the form with their response and emails it back to the same circulation within 5 working days.
* IRO makes a decision with the IRO manager, regarding whether the response resolves the issue, whether further discussion with the service manager is required or whether an escalation to stage 4 is necessary.

**Stage 4**

* IRO sends alert template to Corporate Director, copied to Service Director, Team Manager, Service Manager, IRO manager and business support.
* Corporate Director completes the relevant section on the form with their response and emails it back to the same circulation within 5 working days.
* IRO makes a decision with the IRO manager, regarding whether the response resolves the issue, whether further discussion with the service manager is required or whether an escalation to stage 5 is necessary.

**Stage 5**

A CAFCASS referral is made where resolution has not been achieved to meet the welfare needs of a Child in Care (appendix 4).

**Alert Tracker**

Responses to alerts will be monitored on a weekly basis. If a response has not been received within the agreed timescale an escalation will automatically be progressed.

A quarterly IRO report will be completed, which will be presented to QPIB and will identify any themes arising.

Where resource issues are identified, the alert system may be used to track the frequency and severity of impact for children. Only resource issues with a significant impact for children will progress to Stage 4.

**Appendix 1**

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| **Name of Child** |  |
| **DOB** |  |
| **ID** |  |
| **Date of CPC** |  |
| **CP Chair Name** |  |

**IRO Audit**

**Child Protection**

**Method of audit**

Following a child protection case conference, the following areas should be considered by the CP Chair:

* + Quality of Assessment
	+ The strength of the Child’s voice
	+ Involvement and effectiveness of all other agencies
	+ Outcome Focussed Planning
	+ Impact of Intervention and achieving the individual needs, including the voice of family/carers.
	+ Independent scrutiny and escalation of issues- to include management and supervision

And a decision made as to whether the outcome listed within these areas has been achieved, fully (green), partially (amber) or not at all (red).

Use the prompts to guide you. You can use all or none of the prompts.

In the notes section briefly clarify any areas of good practice or areas for development.

If the outcome has not been achieved at all then an alert is needed, the CP chair will need to consider whether this is at the informal or formal stage.

1. **Quality of Assessment**

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| **Standard** | **Prompts** |  |  |  |  | **Outcome** |  | **Outcome achieved?** |  |
|  | Whatever legislation the child is assessed under, the purpose of the assessment is always: to gather important information about a child and family; to analyse their needs and/or the nature and level of any risk and harm being suffered by the child;  to decide whether the child is a child in need (section 17) and/or is suffering, or likely to suffer, significant harm (section 47); Assessment is a dynamic and continuous process which should build upon the history of every individual case, responding to the impact of any previous services and analysing what further action might be needed  | * Is the Assessment Child Centred?
 |  |  |  |  | **The needs of the child are clearly identified and include risks and protective factors.** |  | Full |  | Partial |  | Not at all |  |
|  | * Does it highlight clearly concerns, risks and strengths?
* Include the child’s developmental needs, including whether they are or likely to suffer significant harm
 |  |  |  |  |
|  |  |  |
|  | * Involve children and Families, include views of parents and their capacity to respond to identified need?
 |  |  |  |  |  |  |  |
|  | * The impact and influence of wider family, community and environmental circumstances.
 |  |  |  |  |  |  |
| Notes |
|  | * Focussed on actions and outcomes for children & Young People?
 |  |  |  |  |  |
|  | * The impact of what is happening for/to the child is clearly identified
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1. **The strength of the Child’s voice**

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| **Standard** | **Prompts** |  |  |  |  | **Outcome** |  | **Outcome achieved?** |  |
|  | Every assessment should be child centred. Where there is a conflict between the needs of the child and their parents/carers, decisions should be made in the child’s best interests. Every assessment should reflect the unique characteristics of the child within their family and community context Every child has the right to grow up in circumstances consistent with safe and effective care.  | * Is the C/YP aware of the reasons for involvement, do they understand what is happening, and were they treated with the expectation that they are competent rather than not?
* Was the C/YP involved and informed of decisions, concerns and plans?
 |  |  |  |  | **The child fulfils their potential and can share their thoughts, feelings and experiences** |  | Full |  | Partial |  | Not at all |  |
|  | * Were their views sought as part of the assessment process and recorded clearly?
 |  |  |  |  |  |
|  |  |  |  |
|  | * Did the C/YP have the opportunity to share their views with an advocate?
* Did the C/YP attend the conference?
 |  |  |  |  |  |  |  |  |
|  | * Were relationships and interactions with family members observed and noted within the assessment?
 |  |  |  |  |  |  |
| Notes |  |
|  | * Has there been meaningful direct work undertaken with the C/YP?
 |  |  |  |  |  |
|  | * Is there evidence of the child’s experience of life within the family?
* Have they had the opportunity to develop an on-going stable relationship of trust with those helping them?
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1. **Involvement and effectiveness of Other Agencies**

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| **Standard** | **Prompts** |  |  |  |  | **Outcome** |  | **Outcome achieved?** |  |
|  | All Professionals who come into contact with C/YP and their families need to be alert to their needs and identify any risks of harm.Professionals need to share information in a timely way and use their professional judgement to put the child’s needs at the heart of safeguardingAll professionals need to contribute to whatever actions are needed to safeguard, promote the child’s welfare and take part in reviewing outcomes. | * Do the professionals have a clear understanding of the C/YP, their circumstances and needs?
* Have they had regular and appropriate contact with the C/YP and their family?
* Did they provide a clear report of their involvement and views and was this shared with the family?
 |  |  |  |  | **The child has appropriate relationships with professionals who are able to understand their needs, identify risks and enable the C/YP to participate in decisions about them.**  |  | Full |  | Partial |  | Not at all |  |
|  | * Were risk factors explicitly identified by professionals?
 |  |  |  |  |  |
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|  | * Were protective factors identified by professionals?
* Have they clear outcomes for the C/YP and support their agency are able to offer?
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| Notes |  |
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1. **Outcome focussed Planning**

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| **Standard** | **Prompts** |  |  |  |  | **Outcome** |  | **Outcome achieved?** |  |
|  | Every Assessment should be focussed on outcomes, deciding which services and support to deliver to improve the welfare for the childThe plan must ensure that each child and family understands the type of help offered and their own responsibilities, to improve the child’s outcomes. | * Does the assessment identify specific outcomes for the C/YP?
 |  |  |  |  | **The plan captures the child’s and parents/carers views and experiences and is clear what needs to change, by who and by when.**  |  | Full |  | Partial |  | Not at all |  |
|  | * Does the plan have clear and measurable outcomes?
 |  |  |  |  |  |
|  |  |  |  |
|  | * Is the plan multi-agency?
* The plan identifies the most effective way to address the needs and achieve the stated outcomes.
* Are parents/carers clear on their responsibility and actions needed?
* Has the plan been reviewed through core group meetings?
 |  |  |  |  |  |  |  |  |
|  | * Has the plan been shared with the C/YP and parents/carers?
* Have parents/YP been prepared for meetings, thinking in advance of what has gone well for the child, what should and how best to address any challenges together?
 |  |  |  |  |  |  |
| Notes  |  |
|  | * Young people have been consulted prior to the meeting to be part of the development of the plan?
 |  |  |  |  |  |
|  | * Outcomes relate directly to decisions about the stages of work needed for addressing the particular needs identified.
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1. **Impact of Meeting/intervention and achieving the individual needs**

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| **Standard** | **Prompts** |  |  |  |  | **Outcome** |  | **Outcome achieved?** |  |
|  | The Child Protection Meeting must bring together and analyse, in an inter-agency setting, all relevant information and plan how best to safeguard and promote the welfare of the child.It is the responsibility of the conference to make recommendations on how to work together to safeguard the child in the future.  | * Parents and families have been given support to know what to expect in their child’s meetings, to think about their contribution and to understand what will be achieved?
 |  |  |  |  | **The child & family/carers have a clear understanding of what is to be done to positively change the child’s life.** |  | Full |  | Partial |  | Not at all |  |
|  | * Membership of the core group has been identified to include professionals and family members who will develop and implement the child protection plan?
 |  |  |  |  |  |
|  |  |  |  |
|  | * Timescales for review meetings and core group meetings has been established.
 |  |  |  |  |  |  |  |  |
|  | * The conference chair has met with parents C/YP prior to the conference to ensure they understand the process and purpose of the meeting.
 |  |  |  |  |  |  |
| Notes |  |
|  | * The social worker has attended and presented information about the reason for the meeting, their understanding of the child’s needs, parental capacity and evidence the impact of the abuse on their health and development?
 |  |  |  |  |  |
|  | * Information to be shared at the conference by all agencies has been shared with parents C/YP prior to the conference?
* Parents/Carers have been able to share their views and contribute to the meeting and evaluation of risk?
 |  |  |  |  |  |
|  | * Minutes of the meeting have been shared with all who attended, in timescales, including the child’s plan?
 |  |  |  |  |  |
|  | * There is evidence of progress made with the child protection plan, with no drift or delay?
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1. **Independent Scrutiny and escalation, including management oversight and supervision**

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| **Standard** | **Prompts** |  |  |  |  | **Outcome** |  | **Outcome achieved?** |  |
|  | The functions and duties of the child protection chair are to ensure that there is robust and effective multi-agency intervention where there are significant concerns regarding C/YP. • Independent scrutiny of the child protection plan through the reviewing process; to avoid drift or delay.• To take an overview of the local authority’s practice with respect to children subject to a child protection plan. • To ensure that children’s human rights are upheld, • Facilitating access to court process if other means of resolving concerns have not been successful. | * The Child Protection chair feels able to challenge poor practice if necessary and did so effectively?
 |  |  |  |  | **There is clear management oversight and reflective supervision to enable clear planning with no drift or delay.**  |  | Full |  | Partial |  | Not at all |  |
|  | * Evidence the child protection plan has been progressed without delay
* There is evidence of clear management direction, guidance and timescales
* There is evidence of supportive and reflective supervision?
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|  |  |  |  |
|  | * That the in/formal alert process is followed where concerns have been identified and this is clearly recorded.
 |  |  |  |  |  |  |  |  |
|  | * To raise any safeguarding concerns with Senior managers
 |  |  |  |  |  |  |
| Notes |  |
|  | * To collate data regarding the impact of service delivery and outcomes for C/YP in Bournemouth, subject to child protection plans.
 |  |  |  |  |  |
|  | * To work within the Quality Assurance Framework
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**Appendix 2**

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| **Name of Child** |  |
| **DOB** |  |
| **ID** |  |
| **Date(s) of RV** |  |
| **IRO Name** |  |
| **Audit completion date** |  |

**IRO Audit**

**LAC Care Planning and Review**

**Method of audit**

Following a review, the following areas should be considered by the IRO:

* + The Permanence Plan
	+ The Personal Education Plan
	+ The Health Care Plan
	+ A child-focussed review
	+ The Care Plan
	+ The Pathway Plan
	+ Leisure Activities and Contact
	+ Independent scrutiny and escalation of issues

And a decision made as to whether the outcome listed within these areas has been achieved, fully (green), partially (amber) or not at all (red).

Use the prompts to guide you. You can use all or none of the prompts.

In the notes section briefly clarify any areas of good practice or areas for development.

1. **The Permanence Plan**

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| **Standard** | **Prompts** |  |  |  |  | **Outcome** |  | **Outcome achieved?** |  |
|  | The Permanence Plan sets out how it is intended to achieve permanence for an individual child in care. The Permanence Plan is a framework of emotional permanence (attachment), physical permanence (stability) and legal permanence (the carer has parental responsibility for the child) which gives a child a sense of security, continuity, commitment and identity.Care Planning, Placement and Case Review Guidance s.2.3 | * Does the Care Plan have a clear section that is identified as a Permanence Plan?
 |  |  |  |  | **The child has a secure, stable and loving family to support them throughout childhood and beyond.** |  | Full |  | Partial |  | Not at all |  |
|  | * Was permanence a consideration from the day the child became looked after and available before the second LAC review?
 |  |  |  |  |
|  |  |  |
|  | * Do arrangements for permanency include desired outcomes for the child and, where appropriate the family?
 |  |  |  |  |  |  |  |
|  | * Is the permanency arrangement for the child informed and agreed by multi-agency contributions?
 |  |  |  |  |  |  |
| Notes |
|  | * Do the arrangements for permanency clearly identify what is expected of services?
 |  |  |  |  |  |
|  | * Does the permanence planning process identify adults (such as wider family and friends or other connected people) who can provide emotional support, a long term trusting relationship and continuing support for the child?
 |  |  |  |  |  |
|  | * Does the plan for permanency consider different options (twin track or parallel planning) when this is appropriate?
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1. **The Personal Education Plan**

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| **Standard** | **Prompts** |  |  |  |  | **Outcome** |  | **Outcome achieved?** |  |
|  | All looked after children should have a Personal Education Plan (PEP) which is part of the child’s care plan or detention placement plan.Wherever the child is placed, their social worker, supported by the authority’s VSH, should take the lead to initiate (and subsequently develop and review) a PEP even where a looked-after child is without a school place.Ensure up-to-date, effective and high quality PEPs that focus on educational outcomes and that all looked after children, wherever they are placed, have such a PEP.The PEP is initiated within 10 days of the child becoming looked after. It is reviewed every school term (three times a year).Promoting the education of looked after children July 2004 | * The educational achievement of the child is seen as a priority by everyone who has responsibilities for promoting the child’s welfare?
 |  |  |  |  | **The child fulfils their educational potential through access to personalised educational opportunities.** |  | Full |  | Partial |  | Not at all |  |
|  | * The PEP is an integral part of the care plan?
 |  |  |  |  |  |
|  |  |  |  |
|  | * The PEP has been used to support the personalised learning of the child?
 |  |  |  |  |  |  |  |  |
|  | * The PEP is an evolving record of what needs to happen to enable the child to make expected progress and fulfil their educational potential?
 |  |  |  |  |  |  |
| Notes |  |
|  | * The development of the PEP has involved the child (according to their understanding and ability)?
 |  |  |  |  |  |
|  | * The PEP has clear objectives and targets for the child?
 |  |  |  |  |  |
|  | * It is clear how the pupil premium is used and what it will achieve?
 |  |  |  |  |  |
|  | * The PEP includes SMART short term targets and longer term plans?
 |  |  |  |  |  |
|  | * The PEP highlights how the child will access effective intervention strategies and specifies how this will make a difference to their achievement levels?
 |  |  |  |  |  |
|  | * The actions and objectives in the PEP have progressed the child in meeting their aspirations?
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1. **Thee Health Care Plan**

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| **Standard** | **Prompts** |  |  |  |  | **Outcome** |  | **Outcome achieved?** |  |
|  | As an integral part of care planning, social workers must make arrangements to ensure that every looked-after child has:• their physical, emotional and mental health needs assessed • a health plan describing how those identified needs will be addressed to improve health outcomes • their health plan reviewed in line with care planning requirements, or at other times if the child’s health needs change.The review of the child’s health plan must happen at least once every six months before a child’s fifth birthday and at least once every 12 months after the child’s fifth birthday.The Care Planning, Placement and Case Review (England) Regulations 2010.Promoting the health and well-being of looked-after children, March 2015 | * The health assessment is not an isolated event but a part of the dynamic and continuous cycle of care planning?
 |  |  |  |  | **The child feels able to participate in decisions about their healthcare and their good physical, emotional and mental health is promoted.** |  | Full |  | Partial |  | Not at all |  |
|  | * The health plan focusses on emotional and mental well-being as well as physical health?
 |  |  |  |  |  |
|  |  |  |  |
|  | * The child’s main carer has completed the carer’s two-page version of the SDQ and this has informed the health assessment?
 |  |  |  |  |  |  |  |  |
|  | * The health assessment and health plan is carried out with sensitivity to the child’s wishes and feelings and fears, so that the child feels comfortable?
 |  |  |  |  |  |  |
| Notes |  |
|  | * The health plan should take account of any particular needs, including attention to issues of disability, race, culture and gender and if they are unaccompanied asylum seekers?
 |  |  |  |  |  |
|  | * The health plan gives the child clear expectations about any further consultations, support or treatment needed?
 |  |  |  |  |  |
|  | * The health plan informs other aspects of the care planning, such as the impact of health on the child’s education?
 |  |  |  |  |  |
|  | * If the placement is brief … the health practitioner is to follow up concerns and if the plan is for the child to return home, every effort is being made to continue to implement the health plan?
 |  |  |  |  |  |
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1. **A child-focussed review**

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| **Standard** | **Prompts** |  |  |  |  | **Outcome** |  | **Outcome achieved?** |  |
|  | young people are better informed and prepared for their Looked After Reviews.They have a say in who was invited and where the review took place.Young people are supported should they wish to be involved in chairing their own review.Research suggests young people find LAC Reviews ‘too long’ and ‘too boring’. The National Children’s Bureau research into the Role of Independent Reviewing Officers (IROs) in England (2014) quotes an advocate as stating:*…often the meetings feel like professional meetings and I think, “no actually this is the child’s meeting” – so I still think there’s a long way to go to make it a meeting where the young people feel it’s for them. Because they say it is for them at the beginning and then the professionals end up having their discussions* | * The social worker has explored with the child how they want their review to run, who should attend, where and when it took place?
 |  |  |  |  | **The LAC Review best captures the child’s views and experiences and ensures it is a process they enjoy, wish to take part in and are at the centre of.** |  | Full |  | Partial |  | Not at all |  |
|  | * Creative activities or role play has been considered?
 |  |  |  |  |  |
|  |  |  |  |
|  | * The social worker has recorded the child’s views in the social work report?
 |  |  |  |  |  |  |  |  |
|  | * The social worker has shared the report with the IRO with sufficient time for the IRO to prepare for the meeting?
 |  |  |  |  |  |  |
| Notes |  |
|  | * Young people have been given a choice as to how they wish to prepare for LAC Reviews – (discussion with their social worker, video blog, direct work, writing a letter, MOMO report or powerpoint presentation, preparing with their foster carer…)?
 |  |  |  |  |  |
|  | * Parents and families have been given support to know what to expect in their child’s reviews, to think about their contribution and to understand what will be achieved?
 |  |  |  |  |  |
|  | * Carers are well prepared for reviews, thinking in advance of what has gone well for the child, what should be celebrated and how best to address any challenges together?
 |  |  |  |  |  |
|  | * The LAC Review contributes to life story work?
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1. **The Care Plan**

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| **Standard** | **Prompts** |  |  |  |  | **Outcome** |  | **Outcome achieved?** |  |
|  | The care plan will contain information about how the child’s current developmental needs will be met as well as the arrangements for the current and longer term care for the child.It ensures that there is a long-term plan for the child’s upbringing to which everyone is working, including the team around the child, the child and, where appropriate, the family.There should be clarity in the care plan, particularly about the desired outcomes for the child and those expected from services and other actions identified. This clarity will support effective reviews of the child’s case to monitor the progress made towards meeting the short and long term goals for the child and his/her family and the child’s carers. The Children Act 1989 guidance and regulations Volume 2: care planning, placement and case review | * The Care Plan identifies separately the needs, outcomes and plan for the child.
 |  |  |  |  | **The child, child’s family and child’s carers have a clear understanding of what is to be done to positively change the child’s life.** |  | Full |  | Partial |  | Not at all |  |
|  | * Needs are specifically defined, i.e. ‘Peter needs well-managed contact with his mother.’
 |  |  |  |  |  |
|  |  |  |  |
|  | * ‘Service needs’ are not included in the plan, i.e. ‘Peter needs family therapy’.
 |  |  |  |  |  |  |  |  |
|  | * ‘Assessment needs’ are not included in the plan, i.e. ‘Peter needs a psychiatric assessment’.
 |  |  |  |  |  |  |
| Notes |  |
|  | * Outcomes identify what is expected to change and how this will impact on the child.
 |  |  |  |  |  |
|  | * Outcomes conform to the SMART standard – that is they need to be **S**pecific, **M**easurable, **A**greed (with families), **R**ealistic and **T**imed
 |  |  |  |  |  |
|  | * Outcomes relate directly to decisions about the stages of work needed for addressing the particular needs identified.
 |  |  |  |  |  |
|  | * The plan identifies the most effective way to address the needs and achieve the stated outcomes.
 |  |  |  |  |  |
|  | * The Care Plan is a multi-professional and multi-agency endeavour
 |  |  |  |  |  |
|  | * The plan includes contingency options should the work undertaken be unsuccessful in achieving the desired outcomes?
 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

1. **The Pathway Plan**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Standard** | **Prompts** |  |  |  |  | **Outcome** |  | **Outcome achieved?** |  |
|  | “The plan should set out the start and the end of the path, identifying points along that path which represent the steps to be taken and in due course taken, and objectives to be achieved and in due course achieved. Each review of the plan would show therefore the point along the path which the young person had reached, an evaluation of the progress made, the further steps to be taken and modification to the steps or targets if deemed necessary. An examination of the plan would enable the reader to see the progress made from start to date and ultimately to finish.”In [R (Birara) v London Borough of Hounslow [](http://www.bailii.org/ew/cases/EWHC/Admin/2010/2113.html)2010]. | * The Pathway Plan identifies separately the needs, outcomes and plan for the young person?
 |  |  |  |  | **The young person is fully engaged in and clear about their planning for the future.** |  | Full |  | Partial |  | Not at all |  |
|  | * ‘Service needs’ are not included in the plan, i.e. ‘Peter needs counselling’.
 |  |  |  |  |  |
|  |  |  |  |
|  | * The Pathway Plan is based on a recent and up to date pathway assessment.
 |  |  |  |  |  |  |  |  |
|  | * Outcomes identify what is expected to change and how this will impact on the young person.
 |  |  |  |  |  |  |
| Notes |  |
|  | * Outcomes conform to the SMART standard – that is they need to be **S**pecific, **M**easurable, **A**greed (with families), **R**ealistic and **T**imed
 |  |  |  |  |  |
|  | * The Pathway Plan enables the young person to map out their future, articulate their aspirations and identify interim goals along the way to realising their ambitions?
 |  |  |  |  |  |
|  | * A copy of the written pathway plan/review has been given to the young person and all those consulted with during the assessment process. It has been signed by the young person.
 |  |  |  |  |  |
|  | * Contingency planning is flexible and sensitive to any problems and acknowledge the right of young people to return for support.
 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

1. **Leisure Activities and Contact**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Standard** | **Prompts** |  |  |  |  | **Outcome** |  | **Outcome achieved?** |  |
|  | Carers should provide a stimulating environment in the foster home, which supports children’s emotional, intellectual, social, creative and physical development. As they grow older children should be supported to take part in activities outside the home.C. A. 1989 Guidance & Regulations Vol 4 2011 (3.17-3.23,3.115-3.117& 5.66) National Minimum Fostering Standards 2011 (Standard 7, & 21) Fostering Service Regulations 2011 (16) The Children Act 1989 requires that local authorities promote and support contact between children who are looked after and their families unless it is not in the best interests of the child’s welfare. | * The child has been able to maintain relationships and have experienced enjoyment and a sense of achievement and this is rewarded and celebrated?
 |  |  |  |  | **The child has been able to maintain relationships and has experienced enjoyment and a sense of achievement** |  | Full |  | Partial |  | Not at all |  |
|  | * The child has been encouraged to develop interests and skills?
 |  |  |  |  |  |
|  | * The Placement Plan states clearly where authority is delegated to the foster carer to give permission for activities, including overnight stays with friends, school trips and personal issues such as haircuts?
 |  |  |  |  |  |
|  |  |  |  |
|  |  |  |  |  |  |
|  | * At the appropriate age, carers have encouraged children to participate in a range of leisure activities outside the home, such as sports, cubs, scouts, brownies and guides, drama groups, youth clubs and volunteering?
 |  |  |  |  |  |  |
| Notes |  |
|  | * Type of contact a child or young person has with their birth family has been determined by what is in the best interests of the child. This may change over time and has been reviewed regularly
 |  |  |  |  |  |
|  | * The purpose of contact in the context of each child’s well-being, development and care plan is clear?
 |  |  |  |  |  |
|  | * Support for family contact is underpinned by theories of attachment and the need for continuity and the negative impact of separation?
 |  |  |  |  |  |

1. **Independent scrutiny and escalation of issues**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Standard** | **Prompts** |  |  |  |  | **Outcome** |  | **Outcome achieved?** |  |
|  | The functions and duties of the Independent Reviewing Officer’s role are to improve care planning and progress in decision making for looked after children by providing: • Independent scrutiny of the care plan through the reviewing process;• To take an overview of the local authority’s practice with respect to planning for looked after children • To ensure that children’s human rights are upheld, • Facilitating access to court process if other means of resolving concerns have not been successful.Section 26 of the Children Act (as amended by section 118 of the Adoption and Children Act 2002). | * The IRO feels able to challenge poor practice if necessary and did so effectively?
 |  |  |  |  | **The child feels supported at their review by the IRO and feels that the performance of the corporate parent has been properly scrutinised.** |  | Full |  | Partial |  | Not at all |  |
|  | * The IRO has visited the child between LAC Reviews?
 |  |  |  |  |  |
|  |  |  |  |
|  | * The IRO was provided with or had access to any relevant reports/plans or background information?
 |  |  |  |  |  |  |  |  |
|  | * All those involved in the meeting made a meaningful contribution to the discussion any enabled an informed decision to be made about the short and long term outcomes for the child?
 |  |  |  |  |  |  |  |  |
|  |  |  |  |
| Notes |  |
|  | * The quality of the child’s care plan was discussed at the review?
 |  |  |  |  |  |
|  | * The IRO was satisfied that the local authority has a clear understanding of the individual child’s needs in relation to his/her identity, and that the care plan addresses these needs?
 |  |  |  |  |  |
|  | * There is evidence that the team manager has read and agreed the recommendations from the last review?
 |  |  |  |  |  |
|  | * The social worker has told the IRO of any significant change in the child’s life between reviews?
 |  |  |  |  |  |
|  | * The notes from the last meeting were distributed to all those who attended and these notes were accessible to the child and family?
 |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**Appendix 3**

**Children’s Services Directorate
Independent Chair / IRO**

**Alert**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of alert** |  | **Name of child/Young Person:**  |  |
| **Mosaic ref:** |  | **Independent Chair/IRO:**  |  |
| **Team Manager:** |  | **Team:** |  |
| **CP** |[ ]  **CIC** |[ ]
| **Detail of standard not met (as identified in the Audit):** |
|  |
| **Date response required by:** |
|  |
| **Evidence/Reason standard not met:** |
|  |
| **Stage 1** |
| **Name of TM** |  | **Date sent to TM** | Click or tap to enter a date. | **Date response required by** | Click or tap to enter a date. |
| **Team Manager response: to include actions taken and timescales**  |
|  |
| **IRO CONCLUSION: (delete as appropriate)** |
| Issues addressed and NFA requiredIssues remain outstanding and requires procession to stage 2 (provide brief details) |
| **Stage 2** |
| **Name of SM** |  | **Date sent to SM** | Click or tap to enter a date. | **Date response required by** | Click or tap to enter a date. |
| **Service Manager response: to include actions taken and timescales**  |
|  |
| **IRO CONCLUSION: (delete as appropriate)** |
| Issues addressed and NFA requiredIssues remain outstanding and requires procession to stage 3 (provide brief details) |
| **Stage 3** |
| **Name**  |  | **Date sent**  | Click or tap to enter a date. | **Date response required by** | Click or tap to enter a date. |
| **Service Director response: to include actions taken and timescales**  |
|  |
| **IRO CONCLUSION (delete as appropriate)** |
| Issues addressed and NFA requiredIssues remain outstanding and requires procession to stage 4 (provide brief details) |
| **Stage 4** |
| **Name** |  | **Date sent** | Click or tap to enter a date. | **Date response required by** | Click or tap to enter a date. |
| **Corporate Director response: to include actions taken and timescales** |
|  |
| **IRO CONCLUSION: (delete as appropriate)** |
| Issues addressed and NFA requiredIssues remain outstanding and requires procession to stage 5 (provide brief details) |
| **If resolved, IRO reflection on impact/outcome of IRO Alert:** |
|  |
| **Name of Independent Reviewing Officer:** |  |
| **Date:** | Click or tap to enter a date. |

**Appendix 4**

**Children’s Services Directorate
Independent Chair / IRO**

**IRO Alert To CAFCASS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of alert** |  | **Name of child/Young Person:**  |  |
| **Team Manager:** |  | **Team:** |  |
| **Detail of standard not met (as identified in the Audit):** |
|  |
| **Evidence/Reason standard not met:** |
|  |
| **Chronology** |
|  | **Date commenced:** | **Date response required by:** | **Date response received:** |
| **Level 1 – Team Manager** | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. |
| **Level 2 – Service Manager** | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. |
| **Level 3 – Service Director** | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. |
| **Level 4 – Corporate Director** | Click or tap to enter a date. | Click or tap to enter a date. | Click or tap to enter a date. |
| **Record of discussion with DCS** |
|  |
| **Decision about referral to CAFCASS** |
|  |
| **If resolved, IRO reflection on impact/outcome of IRO Alert:** |
|  |
| **Name of Independent Reviewing Officer:** |  |
| **Date:** | Click or tap to enter a date. |