

Service Practice Standards



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Foreword by the Chief Executive and Chair of the Trust

I am delighted to introduce our Service Practice Standards which will provide a strong foundation for consistent practice across the Trust.

Developed by practitioners alongside children and young people, this document provides a clear and cohesive overview of our organisation and will support staff to better understand the high standards that we expect in the Trust whilst putting the child at the very heart of what we do.

Consistent, quality practice is the key to ensuring we serve our purpose of improving the lives of children and young people. Thank you to the Practitioner Improvement Board, the Looked After Young People's Board and the Care Leaver's Forum for their work in the development of these Practice Standards.

Frances Craven, Chief Executive, Sandwell Children's Trust

Introduction to the Standards from the Young People of the LAC Board

We are pleased to say that there are a set of Practice Standards for workers at Sandwell Children's Trust. This shows a commitment by all involved to ensure professionals have standards when working with children and young people - who are the experts in their lives and can help influence and shape the services which are being provided for them.

Through the Looked After Young People's Board (LAYPB) and Care Leavers Forum we inform young people of their rights and as part of that role, we will promote the Practice Standards to ensure children and young people know what to expect from Social Workers and practitioners.

The Looked After Young People's Board & Care Leavers Forum, aim to ensure that the use of the Practice Standards is monitored through the LAC pledge promises and Care Leavers Charter made by Sandwell Children's Trust.

Jaskiran Kaur & Charlotte Clarke - Looked After Young People's Board & Care Leavers Forum

Introducing the Practitioner Improvement Board

We would like to introduce the Practitioner Improvement Board (PIB) which has been the focus group for the development of Sandwell Children's Trust's **Service Practice Standards**. The PIB was formed in November 2016 to give practitioners across the Service a voice and provide a vehicle for a two-way dialogue between Senior Managers and front-line staff. The aim is to work together to establish consistent, high quality practice and place children and young people and their families at the heart of the work we do, as well as developing a nourishing and dynamic professional environment. The PIB has had real impact on strategic decisions with important changes being implemented as a result of suggestions, professional challenge, and recommendations by the members, and has worked as a practitioner group to test ideas and innovations on the ground.

PIB representatives have worked closely with managers and team colleagues to develop the **Service Practice Standards** and recognise the importance of clear and comprehensive standards to ensure that children and young people, and their families, access consistent, high quality, professional support, regardless of their entry point into the Service or the stage of the Child's Journey. The Standards also offer practitioners and managers guidance on roles and responsibilities and make the expectations of the Service explicit; they are designed to help practitioners to do their job better and make a difference to children and young people, and their families, in Sandwell.

The Practitioner Improvement Board

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Introduction to the Practice Standards

The triangle (see page 7) is a pictorial representation about how the Practice Standards fit together with our Service Practice Standards, Process Maps and Practice Guidance. They are all part of the Child's Journey (see page 13).

1) 10 Overarching Key Practice Standards

Sandwell Childrens Trust has 10 overarching Key Practice Standards. These are the focus areas highlighted by Ofsted and help to inform the Practice Standards, Processes and Practice Guidance.

1. Focus on the Child and Young Person.	6. Children & Young People's Records.
2. Safeguarding and Child Protection.	7. Children and Young People's Plans.
3. Allocation and Intervention.	8. Supervision and Management Oversight.
4. Assessments.	9. Statutory Guidance.
5. Chronologies.	10. Performance and Quality Assurance.

2) Service Practice Standards

Practitioners, Managers and children have helped to design our Service Practice Standards. These standards are in this booklet and inform practitioners, managers and staff to what standard work needs to be completed, and how well practice and work is completed with children and their families.

3) Process Maps

Sandwell Childrens Trust is completing Process Maps for each part of the child's journey. These process maps help practitioners, managers and staff to understand what needs to be completed, when it needs to be completed and who needs to complete it. This means that we have a common understanding about each other's roles and how this fits into the child and families' journey whilst we are working with them. All process maps are available on our Procedures/Policies System Tri-x.

4) Practice Guidance

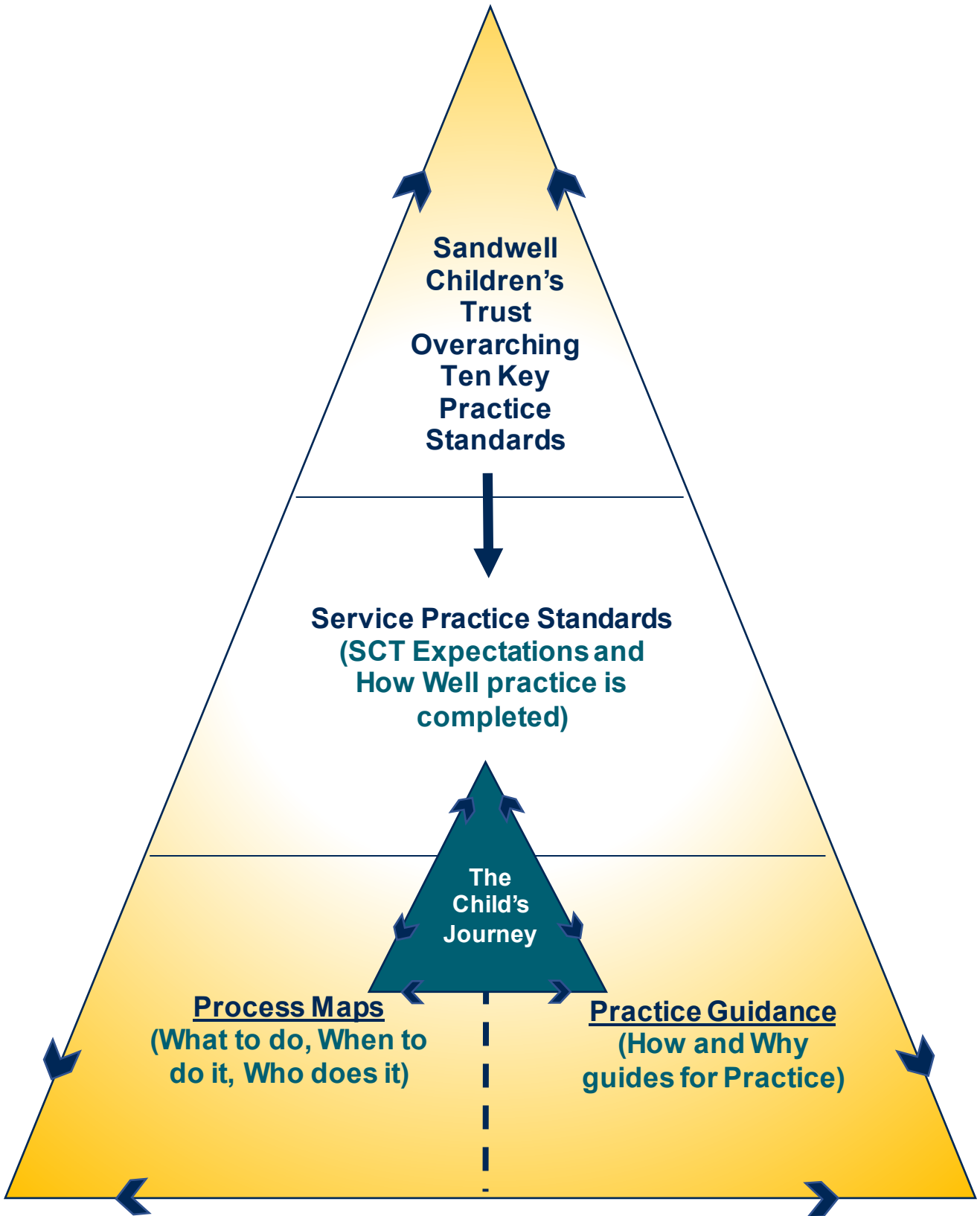
Sandwell Childrens Trust have completed Practice Guidance that sits alongside and can be read in conjunction with the Process Maps. These help all staff to understand how we complete our work with the children and families and explain why. The Practice Guidance references relevant national legislation and government guidance in addition to 'good practice notes'. All Practice Guidance is available on Tri-x.

To access Tri.X.

Access Tri.x from the Windows symbol (bottom left of screen) by selecting All Programs/Children's Tri.x or go to:

<http://www.proceduresonline.com/sandwell/cs/index.html>

Foundation for Good Practice



Participation in Sandwell Children's Trust

We understand the importance of hearing the child's voice and making sure that the children and young people we work with know what their rights are, and how they can influence the service that they receive.

At Sandwell Children's Trust, we think that participation is everyone's responsibility. A new participation strategy has been developed to sit alongside the practice standards, which will provide a framework for making sure that the child's voice is at the centre of everything that we do.

Leading this strategy are the Participation Team, who manage several groups, forums and activities where children and young people can come together to talk about their experiences, help shape the services we deliver and have fun.

The Participation Team also support children and young people to deliver training, inductions, interviews, surveys and much more.

The Mind of My Own apps - which allow children and young people to confidentially and easily provide feedback to the Trust – are administered by the Participation Team.

To find out more, contact the team on:



0121 569 5922



participation_team@sandwellchildrenstrust.org

Mind of My Own:



www.mindofmyown.org.uk

Participation Strategy – How can I help you?



Sandwell
Children's Trust

How can I help you?

Participation is the means by which young people realise their **rights**, where they join with adults to make **decisions**.

Our principles of participation

- It is **not** a one off process
- It must **enable** young people to **influence** their outcomes
- It values and supports **collaboration**

Children and young people aged 0-19 years of age (or up to 25 if they have a disability, are looked after or a care leaver)

Involve

How we will make sure that you:

- Can design, develop and review the services you receive
- Can have your say when making decisions about services that affect you

Inform

How we will make sure that you:

- Understand the information that you need to make decisions about your life
- Know exactly what your rights are

Invest

How we will make sure:

- That everyone working in Sandwell Children's Trust understands the importance of participation
- That you feel valued when working with us to improve the services you receive
- That Sandwell Children's Trust are one of the best in the country at participation
- You have fun!

Influence

How we will make sure that:

- The feedback you give us and the things that you tell us make a difference to the service we provide
- Your views and experiences are making things better for children and young people in the future
- Your views and experiences are improving the way that we work with local and national partners

For more information visit www.sandwellchildrenstrust.org

Children and Young People's Views

When we consulted with children and young people about Practice Standards we asked them to tell us what makes a good Social Worker, Team Manager and Independent Reviewing Officer. This is what they said...

What makes a good practitioner?

Someone who is kind, caring & understanding

Someone who is honest, trustworthy & reliable



Someone who doesn't give up on me

Someone who builds a relationship

Someone who doesn't judge on past experiences

What makes a good Manager?

Someone who praises the workers

Someone who deals with problems efficiently

Someone who is actively involved in children's events

Someone who keeps up to date and attends LAC meetings once in a while



Someone who is patient and approachable

What makes a good IRO?

Someone who gives time to you and treats you with respect



Someone who makes decisions with us

Someone who goes through your care plan

Someone who makes sure things are being done

Someone who allows you to chair your own meeting

The Sandwell Pledge to Children in Care

We are all corporate parents to our children in care and it is important that we support The Pledge and understand that these are Practice Standards for our Looked After Children:

- Sandwell's Pledge is the promise made by Sandwell Children's Trust for all Children in Care.
- We, as corporate parents, think it is important to make sure that all children in care feel safe, supported and cared for.
- We will respect and listen to you and involve you wherever possible.
- We are committed to being a good parent.

-  **We will provide you with information about being in care**
-  **When you live in care we will keep you safe from harm**
-  **We will support you in your education**
-  **We will support you in your Health**
-  **We will get you ready for being an adult**
-  **We will ensure you have your voice heard**
-  **We will ensure you have a social worker and an Independent Reviewing Officer**
-  **Whilst in care we will ensure you have a plan in place**
-  **We will keep you in contact with family where possible**
-  **We will give you the opportunities to get involved**

Young people who want to get involved with the Looked After Young People's Board can e-mail layp_board@sandwell.gov.uk

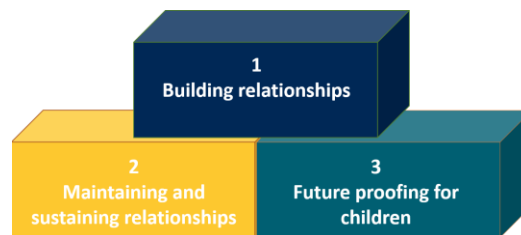
'We must put children at the heart of our practice and understand what life is like for them on a daily basis and at different times of their lives'
(Munro, 2011)

Intervention and Impact for children

We will make sure that our practice in Sandwell Childrens Trust:	
1	Gets the right balance between process/framework and intervention to maximise impact for children and for our practitioners to understand the difference and how to apply each one at the right time.
2	Puts children at the heart of everything that we do.
3	Evidences that we understand the impact of the concerns on the child and the family.



4	Evidences our skills in relationship-based practice and our ability to build strong relationships with children and families and maintains and sustains these relationships.
5	Takes a strength-based approach with families using our model of practice, Signs of Safety that works 'with' children and families, using their words, ideas, culture, experience and family networks to help and support families rather than 'doing to' them.
6	Uses trauma informed practice to understand the 'root cause' and history behind the issues within the family that are currently causing concerns.



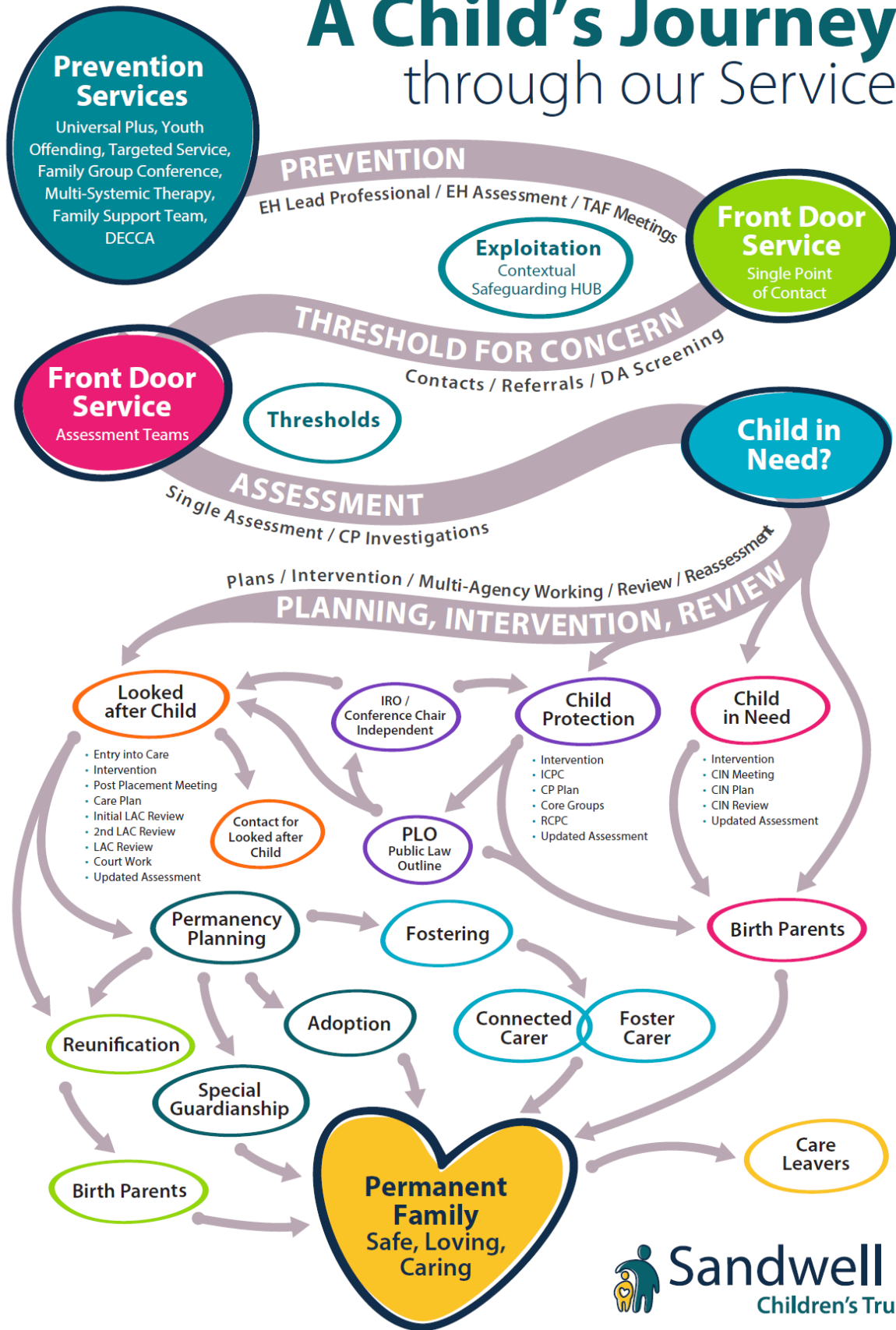
7	Uses best evidence and research to inform our work with children and families and helps us make the complex judgements and decisions needed to help children and families solve their problems and to change.
8	Intervenes in a way which makes an impact and genuine, tangible and long-lasting difference to children's and families lives (lights the lightbulb).



Are you lighting the lightbulb for children?



A Child's Journey through our Service



Signs of Safety – strengths-based practice



Signs of Safety is a strengths-based model of practice that helps us to acknowledge a family's strengths and use what is working well to help and support any concerns we have and improve children and young people's lives. We will work with the family to ensure they understand the worries and know what they need to do to make things better. We will use case mapping, danger statements and safety goals to help build safety plans for children and young people that will make a difference.

What are you worried about?	What's working well?	What needs to happen next?
<p style="text-align: center;">← Step one: Start here move backwards and forwards →</p>		<p style="text-align: center;">Step three</p>
<p>What has happened, what have you seen, that makes you worried about this young person?</p> <p>What words would you use to talk about the problem so that the young person would understand what you were worried about?</p> <p>When you think about what has already happened, what do you think is the worst thing that could happen to...because of this problem?</p> <p>Are there things happening in this young person's life or family that make this problem harder to deal with?</p>	<p>What do you like about...What are his/her best attribute?</p> <p>Who are the people who care most about....? What are the best things about how they care for...?</p> <p>What would ...say are the best things about his/her life?</p> <p>Who would...say are the most important people in their life? How do they help ... grow up well?</p> <p>Have there been times when this problem has been dealt with or even a little better? How did that happen?</p>	<p>Having thought more about this problem now, what would you need to see to make you satisfied that the situation is a 10?</p> <p>What would...say they would have to see to make them say this problem is completely sorted out?</p> <p>What do you think is the next step that should happen to get this worry sorted out?</p>
<p style="text-align: center;">On a scale of 0 to 10, where 10 is you are satisfied that this problem is sorted out as much as it can be, and 0 is you are really worried and think you might need to get some outside help, where would you say you are?</p> <p style="text-align: center;">0 ←—————→ 10</p> <p style="text-align: center;">Step two: Judgement</p>		

<p>Danger Statements</p> <p>Use this Signs of Safety formula to create a danger statement that looks at risks and worries about the child & their family situation</p> <p><input type="checkbox"/> Who is worried? (use specific names of individuals and their roles)</p> <p><input type="checkbox"/> What specific behaviour or circumstance are we worried about?</p> <p><input type="checkbox"/> What will be the impact on the child, if this behaviour or circumstance continues?</p> <p style="background-color: #FFD700; padding: 5px; text-align: center;">Remember, be family friendly, use clear language, not jargon and where possible, create Danger Statements with the child, young person and family</p>	<p>Safety Goals</p> <p>Use this Signs of Safety formula to create a safety goal with the family, child/young person and their connected network</p> <p><input type="checkbox"/> What needs to be happening differently in the care of the children, related to the Danger Statement (risks/worries)</p> <p><input type="checkbox"/> Who needs to be convinced that it is happening sufficiently enough and for how long, to ensure the safety of the child or young person (use specific names and their roles)</p> <p><input type="checkbox"/> Based upon what we need to see, for the safety of the child or young person, that addresses the danger (risks/worries)</p> <p style="background-color: #FFD700; padding: 5px; text-align: center;">Remember, be family friendly, use clear language, not jargon and where possible, create Safety Goals with the child, young person and family</p>
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DfE Post-Qualifying Knowledge and Skills Statement (KSS)

'The Knowledge and Skills Statements are the foundation for the introduction of a Post-Qualification specialist career pathway for child and family social workers' (DfE)

The KSS are crucial for social worker education, recruitment, career development, and performance and appraisal. They will also form the basis for the National Assessment and Accreditation System (NAAS). There is a KSS for Child & Family Practitioners, Practice Supervisors, Practice Leaders and for social workers securing Permanence.

The principles embodied in the *Knowledge and Skills Statements* are woven through the specific Practice Standards outlined in this document and can help all Practitioners (social work qualified or not), Practice Supervisors, and Practice Leaders, with a framework which underpins practice, supervision and a good quality service.

Post-Qualifying Knowledge and Skills Statement (KSS) for Child and Family Practitioners.

The KSS were the result of a 10-week consultation by the Department for Education (DfE) in 2014 and outline the expectations on practitioners engaged in social work with children and families, providing a professional framework which should underpin social work practice.

KSS 1 - Relationships and effective direct work

KSS 2 - Communication

KSS 3 - Child development

KSS 4 - Adult mental ill health, substance misuse, domestic abuse, physical ill health and disability

KSS 5 - Abuse and neglect of children

KSS 6 - Child and family assessment

KSS 7 - Analysis, decision-making, planning and review

KSS 8 - The law and the family and youth justice systems

KSS 9 - The role of supervision

KSS10 - Organisational context

Knowledge and Skills Statement (KSS) for Child and Family Practice Supervisors.

KSS 1 – Promote and govern excellent practice

KSS 2 – Developing excellent practitioners

KSS 3 – Shaping and influencing the practice system

KSS 4 – Effective use of power and authority

KSS 5 – Confident analysis and decision-making

KSS 6 – Purposeful and effective social work

KSS 7 – Emotionally intelligent practice supervision

KSS 8 – Performance management and improvement

Knowledge and Skills Statement (KSS) for Child and Family Practice Leaders.

KSS 1 – Lead and govern excellent practice

KSS 2 – Creating a context for excellent practice

KSS 3 – Designing a system to support effective practice

KSS 4 – Developing excellent practitioners

KSS 5 – Support effective decision-making

KSS 6 – Quality assurance and improvement

Knowledge and Skills Statement (KSS) for Achieving Permanence

KSS 1 – Decide on the best permanence option

- Eliminate drift by making the right decision within a timeframe which meets the child's best interests;
- Use research to draw evidence-based conclusions about the best permanence option for a child;
- Produce high quality case records about the child's permanence process which are well-argued and sensitively presented.

KSS 2 – Negotiate the legal process

- Operate within the statutory framework and regulatory process;
- Navigate the pre-proceedings phase;
- Communicate effectively and confidently in court and offer a clear rationale for recommendations;
- Establish effective working relationships.

KSS 3 – Help children find permanence without unnecessary delay;

- Act purposefully to identify a permanent home for the child without unnecessary deliberations which cause delay;
- Produce accessible, high quality, well-argued, evidence and sensitively presented assessments;
- Provide high quality communications.

KSS 4 – Support children and families in transition

- Undertake sufficient direct work to help children, and current and future carers, prepare for a successful transition;
- Develop high quality plans to support the transition process.

KSS 5 – Support the placement, including managing disruption and breakdown

- Identify the most effective types of support using the best evidence, and apply this to the provision of flexible, on-going arrangements;
- Identify indicators and early warning signs that a permanent home is under strain;
- Be clear and decisive in situations where children are unable to remain at home;
- Working with your wider organisation, identify and apply any lessons learned.

You can access the full Knowledge and Skills Statements at the DfE website:

www.gov.uk/government/publications/knowledge-and-skills-statements-for-child-and-family-social-work and www.gov.uk/government/publications/knowledge-and-skills-statement-for-achieving-permanence

A - RECORDING

A.1 Case Recording

HCPC Code of Conduct, Section 10, states that social workers should be 'able to maintain records appropriately... keep accurate, comprehensive and comprehensible records in accordance with applicable legislation, protocols and guidelines'. Social Workers should 'recognise the need to manage records and all other information'. High quality case recording should therefore underpin all work with the child or young person and family, at every stage of the child's journey. Case recording which is accurate, comprehensive, timely, current, meaningful, and inclusive of the child/young person's voice and lived experience, enables greater continuity for the child/young person and ensures that interventions and decisions are based on clear evidence and robust analysis.

Sandwell Social Worker/Practitioner Statement of commitment to the child/children – 'I will be: approachable, honest, reliable, trustworthy, punctual, committed and ensure that your views are respected and communicated to all involved.'	
A.1.1	I understand the importance of keeping children/young people's records accurate and up to date to capture the child's journey. I will ensure critical events are recorded within one working day, visits are recorded within three working days and other events are recorded within five working days.
A.1.2	I will keep my knowledge of Liquid Logic up to date through training and reading any bulletins so I know how to record information correctly.
A.1.3	When undertaking visits, I will list everyone who is present during the visit. I will tick the box on the child's file to show that I have seen children/young people alone. I will clearly write that I have seen the child/young person alone if they are aged three or over unless in my professional judgment it is not in their best interests to be seen alone. When I have not seen a child/young person alone, I will clearly record the reason for this.
A.1.4	I will record in blue what the child/young person has told me, and I will capture their wishes and feelings using their words or expressions. I will ensure this influences the Trust's involvement and planning for them and their family.
A.1.5	I will ensure that all records are respectful of the child and their family including their identity, educational, communication, language, cultural, gender, sexuality, disability and diversity needs.
A.1.6	I will ensure that anyone reading my case recording will be able to get a sense of what the child/young person is like, and what their life is like. I will avoid using jargon and will write case notes in a way that would make sense to the family and an uninvolved person.
A.1.7	When recording a case note, I will record a short relevant synopsis of the information in the 'reason for contact' section. Fuller information will be captured within the detailed notes section.
A.1.8	I will distinguish between fact and opinion in the recording. I will capture my analysis of the contact where appropriate in the analysis section. I will include relevant research where appropriate in the analysis section.
A.1.9	When information is shared by children/young people, family members, members of the community or professionals, I will clearly identify what information has been

	shared and where the information has come from. This will include the person's name, contact details and their relationship to the child/young person.
A.1.10	I will ensure that the key decisions impacting on the child/young person's life are recorded. Team Managers will record management decisions and the rationale behind these decisions.
A.1.11	I will ensure case recordings are finalised on the liquid logic system.
A.1.12	I will ensure each child/young person has a case summary which provides a snapshot into the child/young person's journey and why the Trust is working with the family. The case summary will be updated at least once every three months, when there is any significant change, at point of transfer, and when the child/young person's case is closed.
A.1.13	I will ensure any significant events are captured within the child/young person's chronology and that this reflects the life history of the family.
A.1.14	I will ensure every file has an up to date genogram and that this includes all family networks.
A.1.15	I will ensure my case-recordings are clear, focussed on impact on the child/young person, and outcomes for children/young people, and that they evidence the work undertaken towards the child/young person's plan.
A.1.16	I will ensure the that plans are SMART i.e. Specific, Measurable, Attainable, Relevant and Timely and have been drawn up with the family.
A.1.17	I will ensure that all documents are uploaded to the child's file, including direct work undertaken with children/young people.
A.1.18	I will ensure that whenever possible my case recordings will evidence use of a Signs of Safety strengths-based approach of work undertaken 'with' the family using their language.
A.1.19	I will clearly record all direct work undertaken with the child/young person, and this will include analysis of the direct work and what this means for the child/young person. The direct work will directly inform the child's plan.



B – PREVENTION

B.1 -Targeted Services – Early Help

Targeted Services provide help and support at the earliest opportunity to enable families to become independent of services. Involving the family in the Early Help plan enables them to have a voice and control. Early Help services are accessed through the six Community Operating Groups (COGs) in each of Sandwell's six towns: Oldbury, Smethwick, West Bromwich, Rowley, Tipton and Wednesbury.

Sandwell Social Worker/Practitioner Statement of commitment to the child/children – 'I will be: approachable, honest, reliable, trustworthy, punctual, committed and ensure that your views are respected and communicated to all involved.'	
B.1.1	Following allocation, I will have read the Early Help Assessment (EHA) and any background information on EHM and LCS so I fully understand the family's journey to this point.
B.1.2	I will visit the family within ten days of allocation, during this visit I will ensure the family understand the Service and what we are trying to achieve. I will ensure the family sign consent for the Service to work with them.
B.1.3	I will ensure there is an up to date genogram that has been developed and discussed with the family and an up to date chronology and case summary on the file. These three documents will help clearly tell the family's history and journey and will stop them having to keep retelling their story.
B.1.4	I will ensure I meet with the family and complete and Family Star with them. The completed star will be used to agree an Outcome-Focused Plan that builds on existing strengths in the family.
B.1.5	I will ensure that the initial Team Around the family (TAF) meeting, and reviews, are completed using the Signs of Safety approach and that families are fully part of the discussion and solutions. During the TAF , I will encourage the multi-agency group, including parents, to produce clear worry and safety statements.
B.1.6	I will ensure that the TAF plan has been developed in partnership with the child/young person and family, identifying clear goals and timescales and uses their own words.
B.1.7	I will ensure that I visit the family regularly, ideally weekly, but at least every two weeks, and the visits will be recorded swiftly and thoroughly. Between visits I will stay in regular contact with the family and liaise with the relevant partner agencies.
B.1.8	To support me to capture the child's view, I will use My Star where appropriate. Other resources will be used to capture the child/young person's voice if My Star is not appropriate.
B.1.9	I will undertake direct work with children and families to assist with bringing about real and positive change for the family. Direct work will be tailored to the young person and family and will be clearly evidenced on the Early Help Module (EHM).
B.1.10	I will ensure I take into account the diverse needs of the family and clearly identify ways in which I will work with the family's difference to achieve outcomes. Where a family needs to speak in their own language I will ensure arrangements are in place for an interpreter to be present.
B.1.11	I will ensure that where I, or other professionals, have concerns about the welfare and safety of the child/young person I will discuss this with my line manager and

	take appropriate action to safeguard the child/young person including, if appropriate, escalation to Children's Social Care, if risk is identified.
B.1.12	I will ensure where the children and family have been achieving the plan and it is appropriate I will step the case down to universal plus services; this will ensure ongoing multi agency support but recognise the progress made.
B.1.13	I will ensure I obtain Family Feedback so that the child/young person's and parents' views are recorded and used to inform their plan and future work.
B.1.14	I will ensure before I close the case, the family are clear about the reason for closure and that there is a documented exit plan on the file so the family and partner practitioners are clear about what ongoing support is available.



Someone who makes you feel comfortable and makes time for you

B2 Targeted Services - Family Solutions Team (FST)

The Family Solutions Team (FST) is a well-established team comprising of social workers and social care assistants and a Team Manager. FST works across all services including Children's Social Care and Early Help services. The Team offers a crisis response across these services and responds within 24 hours to referrals where a child appears to be on the edge of care due to family break down situations, as well as offering longer term support. The Team works directly with the whole family to help them discover their own solutions to their relationship issues.

Sandwell Social Worker/Practitioner Statement of commitment to the child/children – 'I will be: approachable, honest, reliable, trustworthy, punctual, committed and ensure that your views are respected and communicated to all involved.'	
B.2.1	I will use relationship based, solution focused Social Work practice with families I am working with.
B.2.2	I will ensure that families understand that working with the FST team is voluntary.
B.2.3	I will record my work with a family on Liquid Logic (LCS) and ensure that if a case is within Childrens Social Care that the allocated Social Worker for the child/young person knows where to find recordings of my work.
B.2.4	I will ensure that a genogram is co-constructed with the family and that generational patterns are highlighted.
B.2.5	I will use the FST practice framework with the families I am working with.
B.2.6	I will use my supervision (formal and informal), clinical supervision with the Child and Adolescent Mental Health Service (CAMHS), reflections with my co-worker and discussions with my colleagues within FST to shape my work with families.
B.2.7	I will identify with families added safety, protectives factors, coping strategies, resilience and alternative carers within the family wherever possible and safe to do so, in order for a child/young person to remain within their family.
B.2.8	When a young person presents as homeless, I will work with the allocated Social Worker to support the young person and help them to make an informed decision after exploring with them the different options.
B.2.9	In complex cases, I will attend joint supervision with allocated Social Workers.

**Someone who gives you advice
and tells you when things are
changing**



B3 Targeted Services - Family Group Conferencing

The Family Group Conferencing (FGC) Team is an accredited service and adheres to the Family Rights Group standards. The team offers Family Group Conferences, mediation and Emergency Network Meetings, and supports practitioners with family meetings. The Six Principles for Family Group Conferencing (Barnardo's, Family Rights Group and Action for Children, 2002) provide the framework for SCT FGC Team Practice Standards.

Sandwell Social Worker/Practitioner Statement of commitment to the child/children – 'I will be: approachable, honest, reliable, trustworthy, punctual, committed and ensure that your views are respected and communicated to all involved.'	
B.3.1	I will ensure families are given clear information about what a family group conference is and why they have been offered a family group conference. I will check with family members that they understand and will find different ways of helping them to understand if they don't.
B.3.2	I will ensure families are informed about timescales and kept up to date about any possible delays. I will let families know that most family group conferences will happen within six weeks of the full referral.
B.3.3	I will ensure that the information that is given to families is given in a way that meets their needs.
B.3.4	I will ensure all family members invited are told who they can contact if they have any questions about the process and about how they can make a complaint.
B.3.5	Where possible, I will ensure that coordinators reflect the local community and families will be offered a coordinator who speaks their language and who has an understanding of the way religious beliefs, cultural traditions and other lifestyle issues influence how the family operates.
B.3.6	I will ensure an independent coordinator works with the family to arrange the family group conference. 'Independent' means that they have not and will not be involved in making any decisions about the child/young person.
B.3.7	I will arrange the meeting at a time, date and place that is mutually agreed with the child/young person and the parents or those who have parental responsibility.
B.3.8	I will ensure that adults and children/young people have consented to information held by agencies being shared at the meeting and that the referral form is signed by those who have parental responsibility and the child/young person or that informed consent is gained.
B.3.9	I will ensure the coordinator works with the family and young person to decide who needs to be at the meeting. I will use tools such as a genogram, button universe and helping hand. I will ensure that everyone is happy with the people attending the FGC and where there are difficulties or where there is Domestic Violence I will consider a 'shuttle' FGC (e.g. family members in different meetings or locations).
B.3.10	I will ensure that family are asked what language will be used at the FGC and arrange interpreters when needed.

B.3.11	Everyone has the right to feel safe. I will ensure that everyone feels safe at the FGC and exclude family members if their presence would take away another person's right to feel safe.
B.3.12	I will ensure that the bottom line on the referral form is clear and is looked at within the exchange meeting with the allocated Social Worker.
B.3.13	I will offer an advocate or ensure a support person is in place for any family member or child/young person who needs or wants this. This person may be someone within the family network or someone who is able to make decisions about the family.
B.3.14	I will ensure the family is given relevant, factual and jargon free information about the agencies' concerns and the resources available. I will ensure that the referral form is written in a Signs of Safety way, so that a 7-year-old child could understand it. At the FGC, I will challenge any jargon used and ask for clarification.
B.3.15	I will ensure parents are given written information about the agencies' concerns at least 24 hours before the conference. I will ensure that each family member is visited or spoken to before the FGC and the worries that Sandwell Childrens Trust have are explained fully.
B.3.16	I will ensure that if family or friends have had to travel to the FGC that their expenses will be considered.
B.3.17	I will ensure that the family have an opportunity to ask the allocated Social Worker any questions they have. During preparation time with the family I will ensure that any questions are taken back to the Social Worker and the family and friends network are given answers to these questions. The message is that there is nothing too small or too big that can't be talked about with someone.
B.3.18	I will ensure that family members unable to attend for any reason are supported to contribute in other ways. I will discuss the most appropriate ways of their voice being heard with that individual person.
B.3.19	I will ensure families are given time to meet on their own without the coordinator or staff from agencies being present.
B.3.20	I will ensure that there is a suitable area and time allocated, with appropriate refreshments, for the family to make decisions.
B.3.21	I will ensure that childcare provision will be available if required.
B.3.22	I will work with each network member to enable them to make a plan that meets the needs of the child/young person. I will challenge the plan if I feel that it will not meet the needs of the child.
B.3.23	I will ensure that the Social worker agrees the plan as long as it does not place the child/young person at risk and I will provide reasonable resources to make it happen.
B.3.24	I will ensure all family members and agencies who attend the conference receive a copy of the plan within a stated time. The plan will include details of what resources the family needs and how the proposals in the plan will be carried out and monitored.
B.3.25	I will contact the family 6 weeks after their FGC and offer a review FGC. If I am contacted by a Social Worker requesting a review FGC I will contact the family and make this offer.
B.3.26	I will ensure every effort is made to respond to the family's plan at the meeting. Families will be informed who will give them a written response, and when and how, if the plan or some of the resources cannot be agreed at the conference.

B.3.27	I will ensure agencies whose support is required to carry out a plan respond within ten days to say whether they can provide the support requested and if necessary, how long this will take to provide. If I have not heard from an agency within 9 working days I will follow this up with the agency for a response.
B.3.28	I will ensure all families are offered the opportunity to give their opinion of the service they have received and that evaluations are followed up by a phone call from FGC business support within 6 weeks. I will ensure that all network members know how to complain, or give a compliment, or make a comment.
B.3.29	I will ensure that, where possible, families are kept informed about changes made as a result of their comments.
B.3.30	I will ensure families are given the opportunity to have contact with other families who have used the service. Wherever possible I will try to put families in contact with other families and I will invite family members to Sandwell's family forum.
B.3.31	I will ensure families who have attended a family group conference are given the opportunity to be involved in developing policies and practice about family group conferences. All families who have been through the family group conference process will be asked to join the family forum and the steering group.



B4 Targeted Services - Multi-Systemic Therapy

Multi-Systemic Therapy (MST) is a unique, goal-oriented, comprehensive treatment programme designed to serve multi-problem youth in their community. MST works intensively with families in order to reduce the risk of an out of home placement such as care or custody. MST is the only family-focused and community-based treatment programme that has been the focus of several major research studies and has demonstrated clinical- and cost-effectiveness for youth with complex emotional, social, and academic needs. MST was developed at the Family Services Research Centre at the Medical University of South Carolina and uses only treatment strategies that are supported by research.

Sandwell Social Worker/Practitioner Statement of commitment to the child/children – 'I will be: approachable, honest, reliable, trustworthy, punctual, committed and ensure that your views are respected and communicated to all involved.'	
B.4.1	I will adhere to the MST model in my work and seek maximum adherence to that model.
B.4.2	I will work a flexible schedule, including weekends, to meet the needs of the families they are serving.
B.4.3	I will participate in the weekly team clinical supervision, the weekly MST telephone consultation, and work with my supervisor to help maximise the chances of finding solutions to complex issues with the families I am working with.
B.4.4	I will track progress and outcomes on each case by completing MST case paperwork and participating in team clinical supervision and MST consultation weekly.
B.4.5	In collaboration with the Supervisor and colleagues, I will contribute to the provision of 24 hours / 7 days a week on-call system to provide coverage for families.
B.4.6	I will "take the lead" for clinical decision making on each case, negotiating this with partners to achieve positive outcomes.
B.4.7	I will apply the principle that MST programme discharge criteria are outcome-based rather than duration-focused.
B.4.8	I will ensure that families understand that working with the MST team is voluntary.
B.4.9	I will record my work with a family on the Early Help Module (EHM) and ensure that if a case is within Children's Social Care that the allocated Social Worker for the child knows where to find recordings of my work.

B5 Targeted Services - Play Therapy

Sandwell has an in-house play therapist who works with children mainly within Care Management and LAC services. The play therapist is a member of Play Therapy UK (ptuk) and therefore adheres to their competencies and is required to demonstrate use of these in order to maintain registration.

	Sandwell Social Worker/Practitioner Statement of commitment to the child/children – ‘I will be: approachable, honest, reliable, trustworthy, punctual, committed and ensure that your views are respected and communicated to all involved.’
B.5.1	I will adhere to the play therapy core competencies and ensure that my training, knowledge and registration as a play therapist is kept up to date.
B.5.2	I will use clinical supervision to reflect on the work I am undertaking and use it to help me gain a deeper understanding of children with whom I am working and to shape my work and next steps with each child/young person.
B.5.3	I will record my play therapy sessions on LCS in a timely manner (i.e. within 3 days) and feedback to the child's social worker and other key adults in the child/young person's life where appropriate.
B.5.4	I will engage in and facilitate a therapeutic relationship with each child/young person I work with and offer a secure base and safe haven within sessions.
B.5.5	I will use my skills to enable the ending of any therapeutic relationship to be manageable for the child/young person.
B.5.6	I will use age appropriate therapy and tools.
B.5.7	I will ensure that if a case is within Children's Social Care that the allocated Social Worker for the child knows where to find recordings of my work.

Someone who notifies you if they are leaving



B6 Youth Offending Service

The Youth Offending Service (YOS) is involved with Children/Young People aged from 10-17 years old (10 being the earliest age of criminal responsibility and 18 the point where the young person becomes the responsibility of the Adult Probation Service). The four key areas of work of the YOS are: Out of Court Disposals; Supervision of Community Court Orders; Supervision of Detention and Training Orders and Licences (DTO); Restorative Justice (RJ), reparation and work with victims.

Sandwell Social Worker/Practitioner Statement of commitment to the child/children – 'I will be: approachable, honest, reliable, trustworthy, punctual, committed and ensure that your views are respected and communicated to all involved.'	
B.6.1	I will recognise that children/young people in the criminal justice system often have complex multiple needs and I will see these young people as children first and offenders second. I will recognise that these children/young people may be evasive, mistrusting of professionals, difficult to engage and motivate. I will therefore be thoughtful, creative, and persistent in my efforts to build a meaningful relationship with them.
B.6.2	I will ensure that I have read and understood the Youth Justice Board (YJB) Case Management Guidance and National Standards for Youth Justice. I understand that these are the minimum requirements of my role in terms of supporting children/young people in the criminal justice system (CJS) and their respective victims. I will ensure I am aware of impending changes to the National Standards for Youth Justice so I will be ready to respond to those changes.
B.6.3	I will ensure I have read and understood local and national policies for Restorative Justice in Youth Offending Services; The Restorative Justice Council (RJC) Practitioner Code of Practice; and the Ministry of Justice's (MOJ) Code of Practice for Victims of Crime.
B.6.4	I will explain to all parties what the nature of my involvement is and what the requirements, responsibilities and duties of my role are.
B.6.5	I will complete the YJB's assessment tool known as Asset+ and make all necessary referrals to the relevant internal Sandwell Children's Trust and external services.
B.6.6	I will ensure that the child/young person and their family/carers understand what will happen if there is a failure in engagement or compliance with their Order/Licence conditions.
B.6.7	If I am representing the YOS in Court I will meet with the child/young person, if held in custody in the court cells, before they appear before court, I will always ensure that disposals made are in the best interests of the child and in line with the assessed risk. I will challenge the court if I assess that the disposal being proposed does not meet the above criteria.
B.6.8	I will ensure that I have met, as a minimum, the child/young person and their family when undertaking any assessment, panel report or pre-sentence report and will have seen the child/young people alone on at least one occasion.
B.6.9	If assessed to be safe to do so I will make home visits on at least one occasion during the assessment period and monthly thereafter. If this is not assessed as

	safe I will record the reason on the child/young person's Child View entry and Asset+.
B.6.10	I will make every effort to gain information relevant to the child/young person and family from other internal and external services agencies. Where I have not been able to obtain information, I will clearly record the reasons why.
B.6.11	I will ensure that as part of my assessment I have considered issues relating to the risk of re-offending, the potential harm posed to the public and any safety and wellbeing issues the child/young person, family, or victim may have.
B.6.12	I will ensure that I have fully considered the diversity needs the child/young person or family or victim may have, particularly around speech, language and communication issues, acquired brain injury, special educational needs, ethnicity, sexuality, gender fluidity and religion and I will adjust my approach accordingly. I will be particularly mindful of the potential for discrimination against Black and Minority Ethnic in the youth justice system.
B.6.13	Where I have identified issues relating to sexually harmful behaviours relating to current or previous offending, I will ensure I make a Relent referral to the member of the YOS team trained to complete specialist (AIM 2) assessments.
B.6.14	I will be aware of issues relating to radicalisation of all types and where I have assessed that a child/young person may be at risk of radicalisation I will liaise with the Prevent lead within the YOS and seek advice and guidance from them.
B.6.15	I will consider if a child/young person is at risk of exploitation and, where I have identified a risk, I will liaise with SCT's Child Exploitation (CE) Team for advice and guidance and make a referral if needed. I will share learning with my team around emerging exploitation trends so that we all learn together and can help and support children/young people who at risk of exploitation or are victims of exploitation.
B.6.16	I will consider the situation of individual children/young people and recognise that risk and vulnerabilities may go beyond individual circumstances to include peer groups, school, neighbourhood and online environments.
B.6.17	I will try to understand the child/young person's, their family's and victims' lived experiences and I will be mindful of their expectations, experiences and abilities when identifying interventions.
B.6.18	I will ensure that I capture the voice of the child/young person and family and victim in all my recording. I will use their thoughts, wishes and feelings to inform my assessments and plans. I will make sure that interventions are done 'with', and not 'to', children/young people and families.
B.6.19	If I am working with a child/young person who goes into custody, I will ensure that I liaise regularly with the custodial institution to ensure that the child is well and all their needs are being met. I will visit the child at least monthly and I will act as an advocate for the child/young person in terms of their safety and wellbeing. I will make sure that there is a coordinated sentence plan and that interventions which were being delivered in the community are continued in custody, including delivery by specialist workers from the YOS at the custodial institution. I will ensure that the child/young person can contact their parents, carers or meaningful people in their lives and I will assist these people to visit and support the child/young person.

B.7 Targeted Services – The DECCA (Drug Education, Counselling and Confidential Advice) Team

DECCA provide the young people's (aged 18 and under) drug and alcohol service in Sandwell. The remit for the team is multi-faceted:

- Universal service – working with primary and secondary age children face to face, and providing schools with resources and support so they can deliver educational harm minimisation input in-house
- Group Work – working with children and young people outside of schools in the local community
- Proactive Outreach – working with identified vulnerable groups (Pupil Referral Units/Sandwell Community Schools, Looked After Children, alternative education providers, Youth Offending Service, etc) before they are referred in to the service as they are more likely to experience issues with substance misuse
- Specialist treatment – 1:1 support for young people who are using substances, that is bespoke to that individual, and may involve a multi-agency approach

DECCA fits across all areas of provision for young people's services and is located within Sandwell Children's Trust (SCT).

Sandwell Social Worker/Practitioner Statement of commitment to the child/children – 'I will be: approachable, honest, reliable, trustworthy, punctual, committed and ensure that your views are respected and communicated to all involved.'	
B.7.1	I will adhere to the agreed DECCA processes in my work and seek maximum adherence to that model.
B.7.2	I will work a flexible schedule, including evenings and weekends to meet the needs of the children/young people we work with.
B.7.3	I will deliver face to face sessions to young people that focus on education, prevention and harm minimisation in schools and community settings, where appropriate.
B.7.4	I will work with schools, primary and secondary, to support them in safeguarding and educating their children/young people on alcohol, tobacco and other drugs.
B.7.5	I will work with providers to support them in safeguarding and educating their children/young people on alcohol, tobacco and other drugs.
B.7.6	I will work with children/young people face to face and encourage those that require it to access specialist treatment.
B.7.7	I will participate in the monthly supervision structure where appropriate i.e. monthly supervision; monthly audit and case supervision; monthly clinical supervision; quarterly group clinical supervision; and work with my supervisor to help maximise the chances of finding solutions to complex issues with the children/young people, and providers, I am working with.
B.7.8	I will track progress and outcomes on each case by completing the DECCA electronic system (DES) and paper-file case paperwork and participating in monthly case audits and supervision.

B.7.9	In collaboration with the Supervisor and colleagues, I will contribute to the provision of the DECCA service as agreed in the Service Level Agreement (SLA).
B.7.10	I will contact providers (schools, community groups, Sandwell Children's Trust etc.) to offer and then deliver DECCA services to those that require them.
B.7.11	I will ensure that outcomes for the children/young people I work with will be met, or strived toward, and that all will be treated with respect, tolerance and a non-judgemental attitude.
B.7.12	I will ensure that families understand that working with the DECCA team is voluntary.
B.7.13	I will record my work, utilising the appropriate DECCA system, to ensure all work I carry out can be evidenced for effectiveness, and so that children/young people can actively contribute to the direction of the DECCA service.
B.7.14	Any child/young person that I work with will be encouraged to give us constructive feedback, both positive and negative. This will enable them to be an active participant whilst enabling DECCA to respond to this feedback to ensure the service they receive is fit for purpose and actively informed by them.



C – THRESHOLDS FOR CONCERN AND ASSESSMENT: FRONT DOOR

C1 Multi Agency Safeguarding Hub (MASH)

The Multi Agency Safeguarding Hub (MASH) is the single point of contact for reporting all Safeguarding concerns via a telephone call, visit to the office or by completing a Multi Agency Referral Form (MARF). The MASH includes representatives from the Police, Health, Education, Housing, Black Country Women's Aid, Social Care and Mental Health. A MASH social worker assesses whether a child is at risk of significant harm and decides whether a strategy discussion is required and whether to proceed with a social work assessment or refer to Early Help.

Sandwell Social Worker/Practitioner Statement of commitment to the child/children – 'I will be: approachable, honest, reliable, trustworthy, punctual, committed and ensure that your views are respected and communicated to all involved.'	
C.1.1	I will ensure that I check all the basic details of the family composition including name, address, ethnicity, religion, Date of Birth, first language and contact numbers.
C.1.2	I will ensure that any contact that is allocated to me will have consent from parents unless it is immediate safeguarding. If the contact is immediate safeguarding then I will record why consent has not been obtained.
C.1.3	If the contact is immediate safeguarding, I will try and obtain as much information from the referrer including if the child has any marks or injury and feed this information to a Team Manager urgently.
C.1.4	I will follow the Contact Proforma that has been approved by Senior Management on every contact using the Signs of Safety approach.
C.1.5	I will ensure that I check both EHM and LCS to complete a chronology of the child/young person's involvement with SCT.
C.1.6	I will ensure my Danger Statement is clear and concise, thus enabling anyone who reads it to understand the concerns and needs for the children
C.1.7	I will apply Sandwell's Safeguarding Board Threshold to every contact. I will ensure my decision of further invention or no further action is based upon the evidence that has been provided or collated with a clear rationale for my decision making.
C.1.8	I will always try and obtain the voice of the children/young people and if this is not possible I will record why.
C.1.9	I will ensure I have obtained input from key agencies and professionals involved with the child/young person.

C2 Section 47

Following a decision from a Strategy Discussion whether an enquiry is a single or joint investigation, a social worker and/or Police colleague complete an enquiry under Section 47 of the Children's Act (1989). The enquiry is to determine whether the child is at risk of significant harm and to provide a plan to ensure they are safe.

Sandwell Social Worker/Practitioner Statement of commitment to the child/children – 'I will be: approachable, honest, reliable, trustworthy, punctual, committed and ensure that your views are respected and communicated to all involved.'	
C.2.1	I will speak to my Team Manager and if they agree that there is reasonable cause to suspect a child/young person is suffering or likely to suffer significant harm, a Strategy Meeting will be convened.
C.2.2	At the Strategy Meeting representatives from the Police, SCT and the Health Service (minimum) share information and agree a plan; best practice happens when the agencies involved with the child are present. If a S47 Enquiry is initiated, an evidence-based decision will be made whether this will be a joint or single investigation by SCT. The meeting will agree what information should be shared with parents and how to safe-guard other children in the household. If the child is at immediate risk of harm legal advice will be sought.
C.2.3	I will see the child/young person alone within 24 hours, in line with their wishes and feelings. I will communicate with them using age appropriate tools and write down the information they have shared and my observations. If I have not seen the child/young person alone, I will record the reason or my observations if the child is 2 years of age or under. I will obtain Parents' accounts in line with advice from the police and Team Manager
C.2.4	If a child protection medical is needed, I will try to obtain consent for the medical from parents. If I am not able to obtain consent from parents, due to risk further risk of harm to the child/young person, I will record my rationale for this and have it agreed by my Team Manager
C.2.5	I will share information with the child/young person and parents in line with advice from the police and Team Manager
C.2.6	I will speak and gain evidence from all the agencies involved in the child/young person's and family's life. I will identify and record all factors protecting the child/young person from risk and harm using a Signs of Safety approach.
C.2.7	I will alert my Team Manager if the evidence suggests a Child Protection conference is needed and this will be within 3 working days of the S.47 starting.
C.2.8	I will complete the S.47 enquiry within 15 days and share this with the Team Manager and agree the outcome of the enquiry. The safety goals for the family will be agreed in the meeting.
C.2.9	If the outcome of the Enquiry is no further action the assessment will be shared with the family and appropriate support will be provided. If the case meets the threshold for Initial Child Protection Conference the conference will be booked within 15 days of the initial S47 enquiry being completed. The conference report will be shared with the family at least 48 hours (3 working days) before and will be based on the Signs of Safety approach.
C.2.10	If an Achieving Best Evidence interview is necessary, I will ensure that this is in the best interests of the child/young person and that it is undertaken in a timely and sensitive way. I will ensure the child/young person is fully supported throughout and after the interview.

C3 Assessments

Following a decision from the Multi Agency Safeguarding Hub (MASH), a Safeguarding and Assessment social worker leads a multi-agency assessment under Section 17 of the Children's Act (1989). Assessments need to be carried out in a timely manner, taking into account the risks and protective factors and reflecting the needs/wishes of the individual child.

Sandwell Social Worker/Practitioner Statement of commitment to the child/children – 'I will be: approachable, honest, reliable, trustworthy, punctual, committed and ensure that your views are respected and communicated to all involved.'	
C.3.1	I will ensure that every assessment I complete or sign off evidences what life is like for the child/young person and recognises the impact of the concerns on them.
C.3.2	I will ensure that I have read the reason for the assessment and understand the concerns or the risk to the child/young person before I visit the family.
C.3.3	I will ensure that the signed consent form is obtained from the parents before the assessment process starts; if the case meets the child protection threshold it will be recorded in the assessment why consent was not obtained.
C.3.4	I will ensure that I have reviewed the child/young person's and siblings' previous history with SCT, if the children are known to SCT, and incorporated this in the assessment and explain how this impacts on the current concerns. I will make contacts with the other local authority if there has been previous intervention in a different area.
C.3.5	During the assessment process, I will consider race, ethnicity, religion, language, gender, disability, nationality or specific cultural issues. I will ensure that I know what this means for the child/young person and family.
C.3.6	I will ensure that the child/young person is central to the assessment. I will ensure that the impact of the concerns for each child/young person is understood within the assessments, what life is like for them on a day-to-day basis, and what intervention is needed to make a difference to their lives.
C.3.7	I will ensure the assessment is holistic and is based around the Signs of Safety model, demonstrating what are we worried about, what is working well and what needs to happen next and that I work 'with' the family.
C.3.8	I will endeavour to obtain the views of parents and all professionals involved in the child/young person's life. If I am unable to gain a parent/professional's view, I will record why in the assessment. I will ensure all information is triangulated and does not rely on self-reporting.
C.3.9	In my analysis, I will consider the original concerns and apply the threshold for child in need/child protection, if the assessment concludes the family require further intervention. I will describe what this is and the difference it will make.
C.3.10	I will write a clear and concise Signs of Safety Danger Statement and Safety Goal with the family, with clear timescales and using their own language, to enable anyone who reads it to understand the concerns for the child/young person and their needs.

C.3.11	I will ensure a copy of the completed assessment is given to the family, and the child/young person where relevant. I will ensure that they comment so their views form part of the record.
C.3.12	I will ensure that I will keep to the timescales for reviews and completion of the assessment agreed by my Team Manager.
C.3.13	I will share the outcome of the assessment with professionals involved with the family and explain to them the intervention with the family and together with the family will plan each partner agency's involvement.
C.3.14	I will ensure that by the end of the assessment a genogram and a chronology have been completed and that a case summary is initiated. I will ensure that these are completed as sessions with the family i.e. Genogram-family networks session; Chronology – life history session.
C.3.15	I will ensure that every child/young person I have responsibility for, has an up-to-date assessment every 6 months.



D – PLANNING, INTERVENTION AND REVIEW

D1 Children in Need – CIN Meetings

CIN meetings are arranged when a child/family is assessed as needing support under Section 17 of the Children Act 1989. They are multi agency meetings where professionals involved work together with the family to review the child's needs and agree and update a CIN plan. Where appropriate for their age/stage of development, children/young people should be invited to attend and contribute; discussions should be recorded using a Signs of Safety approach. The West Midlands Domestic Violence and Abuse Standards must be adhered to when considering attendance of both parents at CIN meetings where one partner is the perpetrator of domestic abuse. Both parents should be supported to input into their plans through separate meetings or by conveying their views verbally/in written form if they cannot attend.

Sandwell Social Worker/Practitioner Statement of commitment to the child/children – 'I will be: approachable, honest, reliable, trustworthy, punctual, committed and ensure that your views are respected and communicated to all involved.'	
D.1.1	I will introduce myself to the child/young person, parents and ensure that they know that I am the allocated social worker, that they all have contact details and have received a copy of the CIN minutes. I will ensure that all areas of diversity, culture and communication are respected and included in the work with the family. I will ensure that the CIN plan is recorded on the child's file.
D.1.2	I will ensure the family has the names of all agencies involved and the date, time and venue of the next CIN meeting. I will invite the child/young person to attend the meeting if they wish to attend and it is agreed with parents. I will fully include mothers, fathers and carers in the process and obtain their views if they are not able to attend.
D.1.3	I will ensure that the first CIN meeting takes place within 10 working days of the conclusion of the assessment, and that all those involved understand 'who is doing what and by when', and I have applied the Signs of Safety Model.
D.1.4	I will ensure by the first CIN meeting that parents understand the meaning of the Danger Statement and Safety Goal and they understand what they need to do to make the changes to reduce/eliminate the concerns that have been raised.
D.1.5	I will update the CIN Plan with the family following the first CIN meeting and ensure that this will be a plan that is specific in the required outcomes and confirm parents and all agencies are aware of their involvement and their role in the plan for the child/young person.
D.1.6	I will make sure that parents and children/young people are aware that they can be supported at a CIN meeting by a relative, friend or advocate. If a child/young person wishes to attend their meeting, I will support them to do so; the meeting will be convened to ensure their wishes are considered and school is not missed as a result of the timing of the meeting.
D.1.7	I will visit the child/young person a minimum of every 20 working days or more often if required, depending upon the level of concern and vulnerability. I will see all children/young people alone and obtain their views and I will see babies awake and record my observations of them in the care of their parent/s.

D.1.8	I will make sure that I communicate with a child/young person at a level and pace that is appropriate to their age and ability and use appropriate tools or key person to aid and support communication.
D.1.9	I will complete direct work with the child/young person to obtain their views, wishes and feelings and to include them in their CIN plan i.e. 3 houses, My Island, Words and Pictures. I will ensure that the child/young person understands their plan, what we are concerned about, and what will make a difference to their life.
D.1.10	All visits I make will reflect the wishes and feelings of the child/young person and look at what life is like for them living at home. My focus throughout will be the needs and well-being of the child/young person and my recordings will show that I know what the impact is on the child/young person.
D.1.11	I will use all information available to continually assess/reassess the needs of the child/young person to determine what life is like for them at home. I will record an on-going and up to date chronology and life history to support the analysis of the information.
D.1.12	I will explore the role of fathers and male partners and they will be fully involved and assessed to ensure that any risks are known. I will include absent fathers in the CIN intervention and plan.
D.1.13	When neglect is suspected, I will ensure that all areas of the home are checked (kitchen cupboards, fridge, toilet, bathroom and all bedrooms, beds and bedding) during visits to the home and that parents understand what an acceptable standard is and how this can be maintained.
D.1.14	I will arrange CIN Meetings at the minimum requirement of once every 6 weeks to evaluate the risks and any progress made, using the Signs of Safety model. I will, together with all CIN group members, including children/young people and parents, update the plan and ensure that it is relevant; the plan will be SMART, with timescales based upon the level of need and vulnerability of the child or young person. A copy of the CIN minutes will be shared with the family within 10 days of the meeting.
D.1.15	I will prepare the CIN plan with the family at least five days before the meeting, this will have a social worker recommendation and manager's comments; the report will be shared with the child/young person or children/young people and parents in advance of the meeting.
D.1.16	I will use supervision to explore and reflect upon my views regarding the child/young person and their circumstances. Using Signs of Safety, I will analyse strengths, needs, and risks, keeping the child/young person central to my practice. I will always know the impact of the concerns on the child/young person.
D.1.17	I will discuss any new concerns raised with my manager and I will consider Child Protection, Family Group Conference and Legal Gateway meetings at each stage of the process to prevent delay for children/young people in chronic circumstances. I will ensure that any actions taken are timely and proportionate. I will review the CIN Plan and complete Words and Pictures before the 1 st Review CIN meeting.
D.1.18	I will update all assessments every 6 months and ensure that the analysis is supported by an up to date Chronology. All case recordings will evidence what life is like for the child that reflects their lived experience, and that the impact of the concerns on the child is known and understood.

D.1.19	If it is agreed at the CIN Meeting to step down to a Team Around the Family (TAF) assessment or opt for a single agency response, I will ensure a lead professional is identified to lead this process and that Early Help is invited to the meeting to agree a plan to step down.
D.1.20	If it is agreed to step the case up to Child Protection, I will ensure this done applying the appropriate thresholds.
D.1.21	When members of the CIN meeting agree that the case should be closed to Children's Social Care, I will ensure a closing summary is recorded on the Child's record and that it includes reasons for the closure, the views of professionals involved and the views, wishes and feelings of the child/young person and their parents/carers. I will ensure it outlines the agreed family Safety Plan going forward. I will send the final meeting record and closure letter.



D2 Children Subject to Child Protection Plans

Child Protection processes are put in place to support and protect children/young people who are at risk of significant harm, by way of a multi-agency partnership. Safeguarding refers to all children/young people, whilst Child Protection refers distinctly to children/young people at risk of harm.

Sandwell Social Worker/Practitioner Statement of commitment to the child/children – ‘I will be: approachable, honest, reliable, trustworthy, punctual, committed and ensure that your views are respected and communicated to all involved.’	
D.2.1	I will introduce myself to the child/young person, parents and ensure that they know that I am the allocated social worker, that they all have contact details and have received a copy of the ICPC minutes. I will ensure that all areas of diversity, culture and communication are respected. I will ensure that the CP plan is recorded on the child's file.
D.2.2	I will provide the family with the names of all agencies involved and the date, time and venue of the next core group. I will invite the child/young person to attend the meeting if they wish to attend and it is agreed with parents. I will fully include mothers, fathers and carers in the process and obtain their views if they are not able to attend.
D.2.3	I will ensure that the Core Group takes place within 10 working days of the ICPC, and that all those involved understand ‘who is doing what and by when’, and I have used the Signs of Safety strength-based approach.
D.2.4	I will ensure by the first core group that parents understand the meaning of the Danger Statement and the Safety Goal and they understand what they need to do to make the changes and reduce/eliminate the concerns that have been raised about the children and are impacting on them.
D.2.5	I will update the Outline Child Protection Plan following the first core group into a stronger plan that is specific in the required outcomes and confirm all agencies are aware of their involvement.
D.2.6	I will make sure that parents and children/young people are aware that they can be supported at a conference by a relative, friend or advocate. If a child/young person wishes to attend their conference, I will support them to do so; the meeting will be convened to ensure their wishes are considered and school is not missed as a result of the timing of the meeting.
D.2.7	I will visit the child/young person a minimum of every 10 working days or more often if required, depending upon the level of risk and vulnerability. I will see all children/young people alone and obtain their views and I will see babies awake and record my observations of them in the care of their parent/s.
D.2.8	I will make sure that I communicate and build a relationship with a child/young person at a level and pace that is appropriate to their age and ability and use appropriate tools or key person to aid and support communication.
D.2.9	I will complete direct work with the child/young person to obtain their views, wishes and feelings and to include them in their safety plan i.e. 3 houses, My Island, Words and Pictures. I will ensure that the child/young person understands their plan and what we are concerned about and what will make a difference to their lives.

D.2.10	All visits I make will reflect the wishes and feelings of the child/young person and look at what life is like for them living at home. My focus throughout will be the safety and well-being of the child/young person and my recordings will show that I know what the impact on the child/young person is.
D.2.11	I will use all information available to continually assess/reassess the needs of the child/young person to determine what life is like for them at home. I will record an on-going and up to date chronology and life history to support the analysis of the information.
D.2.12	I will explore the role of fathers and male partners and they will be fully assessed to ensure that any risks are known. I will include absent fathers in the CP process.
D.2.13	When neglect is suspected, I will ensure that all areas of the home are checked (kitchen cupboards, fridge, toilet, bathroom and all bedrooms, beds and bedding) during visits to the home and that parents understand what an acceptable standard is.
D.2.14	I will arrange Core Group Meetings at the minimum requirement of once every six weeks to evaluate the risks and any progress made, using the Signs of Safety model. I will, together with all core group members, including children/young people and parents, update the plan and ensure that it is relevant; the plan will be SMART, with timescales based upon the level of risk and vulnerability of the child or young person. A copy of the core group minutes will be shared with the family within 10 days of the meeting.
D.2.15	I will prepare the Review Child Protection Conference (RCPC) report at least five days before the meeting, this will have a social worker recommendation and manager's comments; the report will be shared with the child/young person or children/young people and parents in advance of the meeting. I will submit the report for the RCPC to the Quality Assurance and Safeguarding (QAS) unit 5 days before the conference.
D.2.16	I will use supervision to explore and reflect upon my views regarding the child/young person and their circumstances. Using Signs of Safety, I will analyse strengths and risks, keeping the child/young person central to my practice. I will always know the impact of the concerns on the child/young person.
D.2.17	I will discuss any new concerns raised with my manager and I will consider Family Group Conference and Legal Gateway meetings at each stage of the process. I will ensure that any actions taken are timely and proportionate. I will review the Safety Plan and complete Words and Pictures before the 1 st Review Child Protection Conference (RCPC).
D.2.18	I will update all assessments every 6 months and ensure that the analysis is supported by an up to date Chronology. All case recordings will evidence what life is like for the child that reflects their lived experience, and that the impact of the concerns on the child is known and understood.
D.2.19	If it is necessary to step up the case I will consider pre-proceedings PLO and will apply the Legal Planning Meeting (LPM) thresholds appropriately.

D3 Looked after Children

The Looked After Children (LAC) service works with children/young people that are in care under sections 20 and 31 of the Children Act (1989). At the second LAC review the permanency is agreed for all of our children/young people that are in our care. This determines what the care plan will be and where the child/young person will live. This may include staying in a foster placement (Long Term Foster Care), living with a connected carer in a Special Guardianship Arrangement, returning to parents/legal carers (Reunification), Adoption, or living in a Residential care home. The LAC service has a legal responsibility to help and support our children/young people in line with the Children Act 1989 guidance and regulations volume 2: care planning, placement and case review. This means seeing and speaking to children/young people on a regular basis and listening to them carefully about how they feel and what they want and need. It is the social worker's responsibility to start a life story book when children/young people come into care and to maintain it throughout their time in care. We have a legal and professional responsibility to meet our children/young people's needs; have high expectations and be ambitious for them and help them achieve the best possible outcomes for their future as they move into young adulthood.

Sandwell Social Worker/Practitioner Statement of commitment to the child/children – 'I will be: approachable, honest, reliable, trustworthy, punctual, committed and ensure that your views are respected and communicated to all involved.'	
D.3.1	I will ensure that I've consulted the child's file before my first visit, ensuring I am aware of the history, circumstances, placements and plan. I will be aware of the current achievements and concerns.
D.3.2	I will ensure the child/young person, their family, and carers understand my role and responsibilities and what he/she can expect as our responsibility towards them. This includes the child/young person having my contact details, knowing how to get in touch with me if they need to and how to get help when I am away from the office.
D.3.3	I will ensure that all the relevant child's information is shared with the carers when the child/young person moves placement. This includes the family history, identified risks, the vulnerability of the child, health and education information, what they need to do to meet the child/young person's needs and the child/young person's views in relation to their likes, dislikes and wishes and feelings and their savings. I will ensure the child/young person's information is current, relevant and factual.
D.3.4	I will carry out direct work with the child/young person to obtain their views, wishes and feelings and to include them in their care plans taking into consideration their age and understanding. e.g. using creative ways to capture their voices by using 3 houses, My Island, Words and Pictures and to support children/young people to use the Mind of My Own App to capture their voices for LAC review meetings in relation to their care plan and to capture any worries they have.
D.3.5	I will ensure the child/young person's chronology (life history) is updated to reflect significant events and clearly pinpoints the child/young person's journey in care.
D.3.6	I will add a photograph of the looked after child/young person to the file within 1 month and ensure this is updated every 6 months.

D.3.7	I will ensure a LAC Health Assessment is carried out annually or 6-monthly for children under 5 years old and the plan includes all the child's health needs.
D.3.8	I will ensure Personal Education Plans (PEPs) are carried out once per term and the plan includes all the child's learning and educational needs.
D.3.9	I will ensure a Placement Planning Meeting is carried out prior to a planned placement move/respite or within 3 working days of an emergency placement.
D.3.10	I will ensure a delegated authority is completed for all placements and this regularly reviewed and updated.
D.3.12	I will consider how every child/young person's needs will be met in relation to their identity, culture, race, ethnicity, language, disability, communication, gender and sexuality, what this means for them, and record these and include these in the child's plan.
D.3.13	I will ensure that the child/young person's single assessment and care plan are amended (according to care regulations), is outcome focused and updated to reflect their changing circumstances and needs. I will ensure the single assessment is updated every 6 months.
D.3.14	I will ensure that the child/young person actively takes part in developing their care plan and that it uses their own words and is signed by them (for children 4 years and over).
D.3.15	I will work with partner agencies from Independent Reviewing Officers, health, education, youth offending team and child exploitation team to ensure the child/young person's needs are targeted and they are invited to the Looked After Child (LAC) review meeting. The actions will then be incorporated into the child/young person's outcome focused care plan.
D.3.16	I will consider how a child/young person can best be enabled to participate and chair their review meetings if they are able to. I will clearly record a reason if it is not appropriate for them to participate in their meeting.
D.3.17	I will support the child/young person to be actively involved with life story work taking into consideration their age and understanding to support their identity and their life journey. I will also support them by having an initial life story book completed within the first 6 months to explain why they are in care.
D.3.18	I will make sure that spending time with their family and friends has been actively promoted and facilitated, if this is in the child/young person's best interest and in accordance with their care plan.
D.3.19	I will ensure every Looked After Child has a 'Show me that I matter' booklet with details of the Advocacy Service, Pledge and Complaints Process.
D.3.20	I will ensure that I inform, update and consult with those who hold parental responsibility for the children/young people in my care where appropriate.
D.3.21	I will visit the child/young person regularly in agreement with the care plan and or every 6 weeks as a minimum.
D.3.22	I will ensure that I have completed an SDQ for each child/young person every 6 months and that the findings are incorporated into their care plan.

D4 Contact Service

The Contact Centre provides a vital service to children and families supporting contact between children who are looked after and the people who are important to them. Our aim is to help children and their families to spend quality, fun time together in a safe, comfortable environment where they can build on their relationships and make happy memories. We celebrate diversity and help families to celebrate birthdays, cultural and religious holidays that are important to them. Here at the Contact Centre we welcome people regardless of their background and treat everyone with respect. Contact is supervised by committed and caring staff who ensure that the child's voice is heard and that children get help about the things that make them sad or worried.

Sandwell Social Worker/Practitioner Statement of commitment to the child/children – 'I will be: approachable, honest, reliable, trustworthy, punctual, committed and ensure that your views are respected and communicated to all involved.'	
D.4.1	Before working with a family, I will ensure I have read the contact referral form and contact planning meeting notes and checked any specific requirements or risk assessment.
D.4.2	When a contact is allocated to me, I will attend a contact planning meeting, which is held within 10 working days of the referral. This meeting considers the family history, the children/young people's needs, risk assessment, safety planning and focus of contact.
D.4.3	I will ensure an induction meeting has been held with parents and that there is a contact written agreement in place. I will ensure the parents and carers know how to contact me or the Contact Centre.
D.4.4	I will ensure that I have met with the child/young person (if aged over 4 years) for an induction visit to the Contact Centre where possible before contact starts.
D.4.5	I will ensure families' time together is fully supervised. This means being able to see and hear everything that happens to keep the children/young people safe and ensure contact is a positive experience.
D.4.6	If children/young people and their families engage in inappropriate conversations or display difficult behaviour I will intervene to stop this and provide guidance and support. If things escalate I will call for support and consider stopping the contact. If this happens I will always ensure there is a reason given for this and it is recorded.
D.4.7	Where parents need advice about basic care tasks I will offer support through teaching, advising or modelling parenting skills.
D.4.8	I will ensure that the communication book is used to support necessary information sharing between foster carers and parents.
D.4.9	I will provide feedback to parents regarding their contact using Signs of Safety as a strengths-based approach.
D.4.10	I will ensure that contact notes are recorded on the appropriate template within 3 days of the supervised contact. I will record observations of what I have seen and heard and ensure the child/young person's voice is evident in the recording.
D.4.11	I will report any concerns or important information to the foster carers, social worker or manager.

D.4.12	Where a family needs to speak in their own language I will ensure arrangements are in place for an interpreter to be present.
D.4.13	I will ensure contact plans cater for children's identity needs, ethnicity, language, culture, religion and disability.
D.4.14	I will ensure the contact has been reviewed in supervision, a contact review or LAC review meeting, to ensure it continues to be in the best interests of the children/young people. I will ensure consideration has been given to the suitability of the contact venue and level of supervision.
D.4.15	I will ensure that I have followed safeguarding procedures where needed to keep children/young people safe and informed a manager about the concerns.
D.4.16	I will ensure that I work respectfully and maintain open communication with families attending contact.
D.4.17	I will be mindful of the purpose of contact and will ensure my observations/views are shared to inform the children/young people's assessments and plans
D.4.18	I will ensure that children/young people and families are able to celebrate events that are important to them, such as birthdays and religious celebrations.
D.4.19	I will track parents' attendance at contact and put measures in place to minimise the impact on children/young people when parents regularly miss contact.



D5 Care Leavers

The Leaving Care Team provides support to young people in their transition to independence as they leave care, in line with Statutory Guidance and SCT's role as corporate parent. SCT adheres to the principles in the *Care Leavers' Charter* which have been developed by young people leaving care. By signing up to the Charter, Children's Services promise to provide a range of support for care leavers into their adult life, including meeting their education, training and housing needs.

Sandwell Social Worker/Practitioner Statement of commitment to the child/children – 'I will be: approachable, honest, reliable, trustworthy, punctual, committed and ensure that your views are respected and communicated to all involved.'	
D.5.1	I will ensure I have read and understood the Children's Act 1989: <i>Transition to adulthood for care leavers</i> , Care Planning, Placement and Case Review, Children (Leaving Care) Act 2000, the Care Leavers (England) Regulation 2010, and that I understand this statutory guidance represents the minimum requirements of my role.
D.5.2	I will ensure I have read and understood the policies and procedures relating to the care leaving service, including those relating to meaningful contact, in touch, missing and pathway plan completion, and I will ensure that I comply with them. Anything I do not understand, I will discuss with my line manager.
D.5.3	I will ensure I have read the Care Leavers' Charter and understand that a charter is a set of promises that help in decision making and planning with care leavers.
D.5.4	I recognise that supporting care leavers to prepare for independence is a key part of my role and I will work with all care leavers using the home stamp and home of your own programmes to ensure that they are ready to transition to independence effectively and safely.
D.5.5	I recognise that securing appropriate, aspirational and meaningful education, training or employment is a key aspect to preparing young people for independence. I will actively seek out support, advice and professional guidance and ensure young people get the help, advice and guidance they need to be successful.
D.5.6	In all my work with care leavers I will recognise that I have a corporate parenting responsibility and I will always use the threshold of 'what would a reasonable parent do in this situation?' when making decisions about issues which impact on a care leaver's life.
D.5.7	I will try and understand the young person/young adult's lived experience and ensure that interventions, support or advice and guidance I give in relation to a young person/young adult takes account of their experience, expectation and levels of understanding and ability. I will ensure that I provide a later life letter for when the young person turns 18.
D.5.8	I will ensure that I have fully considered the culture of the child/young person and any needs the child/young person might have, particularly around speech, language, and communication, acquired brain injury, special educational needs, ethnicity, sexuality, gender fluidity and religion, and have adjusted my approach accordingly. I will ensure that this is always included in their Pathway Plan.

D.5.9	I will recognise that young people joining the care leaving service may have had a variable experience of care. I will treat them with the respect and dignity they deserve and ensure they know that the care leaving service is a safe place for them where they can share their thoughts and feelings, but I will make sure they know if they tell me anything which I assess puts them or others at risk of harm, I will share that information with other agencies to ensure they and others are kept safe.
D.5.10	I will ensure that I capture the voice of the young person and their family in my recordings and that I use their thoughts, wishes and feelings to inform my assessments and plans. I will make sure that interventions are done with, and not to, young people as they leave care.
D.5.11	I will recognise that sometimes care leavers can be mistrusting of professionals, hard to engage, and can present behaviour which may appear challenging. I will be mindful that these issues are a result of their lived experience and I will therefore be thoughtful, creative, tenacious and thorough in my efforts to build a meaningful relationship with them. I understand that the relationship between me and the young person is the most important factor in preparing them for independence and supporting them to become successful, healthy, happy, adults.
D.5.12	I will endeavour to support all young people within our service to access suitable housing; I will work with all statutory and independent/voluntary agencies in order to facilitate this. I will ensure that young people/young adults are not placed in housing which does not meet their needs due to a shortage in provision.
D.5.13	I will ensure that I promote and encourage the young person/young adult to make contact and spend time with their family and significant people where it is deemed to be appropriate and beneficial to them. This will provide good networks for them.
D.5.14	I will ensure that I inform, update and consult with those whom hold parental responsibility for the young people in my care where appropriate.
D.5.15	I will ensure young people/young adults are given the opportunity to meet with the fostering family/supported lodgings prior to their placement starting whenever possible and appropriate.

**Someone who doesn't
label me**



E – PERMANENT, SAFE, LOVING, CARING HOME

E1 Securing Permanency

Permanence for a child/young person means achieving, within a timescale which meets the child/young person's needs, a permanent outcome which provides the security and stability of a loving, caring, family life to the child/young person throughout his or her childhood even if this is away from the child/young person's birth family.

Sandwell Social Worker/Practitioner Statement of commitment to the child/children – 'I will be: approachable, honest, reliable, trustworthy, punctual, committed and ensure that your views are respected and communicated to all involved.'	
E.1.1	I will take responsibility to ensure that every child/young person in need of permanence has all options identified and considered. Ambitious and realistic options should be progressed as appropriate within a timescale that meets the individual child/young person's needs.
E.1.2	I will challenge any delay and escalate concerns of drift that will impact on a child/young person's permanency being secured. I will ensure that any escalation is managed in a time effective way and outcomes are clear and recorded.
E.1.3	I will ensure that all areas of diversity, culture and communication are included within the permanence plan and what this means for the child/young person and their plan.
E.1.4	I will ensure that the child/young person is consulted and their voice and views are captured in written evidence when considering permanence options. I will take responsibility for recording the rationale for decisions made on the child's file. I will take responsibility to inform the child/young person and parents of any decision made.
E.1.5	Before or at the second LAC review (care planning procedures) I will ensure that all assessments are shared with the IRO and key professionals involved within agreed timescales to inform the permanence care planning for the child/young person.
E.1.6	I will ensure that all permanence options (return to parents, connected persons, long term fostering, placement outside the immediate family via SGO or adoption) have been explored and presented to the second LAC review.
E.1.7	I will ensure that permanence plans are presented to the child/young person's LAC review to enable the permanence plan to be ratified and that these are aspirational for the child/young person.
E.1.8	I will present matters to foster care panel and the agency decision maker without delay where long term fostering and adoption are assessed to be the permanence plan for child/young person.
E.1.9	I will ensure that the child/young person understands their plan for permanence and that they have age appropriate information about their lived experience and history and why decisions have been made on their behalf.
E.1.10	Where the care plan is adoption I will progress matters to ensure that a best interest decision has been secured within twenty-six weeks, ensuring that family finding has actively been progressed (through the Regional Adoption Agency

	RAA) and suitable families visited as soon as identified with the appropriate colleagues. For children who have a permanence plan of adoption I will make sure that a child is matched within ten months from the date they became 'Looked After' and that they will have moved into their adoptive placement no later than fourteen months from becoming 'Looked After'
E.1.11	I will ensure that parents have been given the opportunity and encouraged to access post adoption counselling (through the RAA).
E.1.12	I will ensure that if the primary plan is long term fostering, family finding is actively being progressed and suitable families visited as soon as identified with the appropriate colleagues. I will endeavour to ensure that all long-term placements are suitably matched to the child/young person's current and future needs.
E.1.13	If the plan of permanence is for an SGO with either an existing carer or connected person outside of the immediate family I will ensure the statutory timescale of sixteen weeks for assessment is adhered with. I will complete the SGO support plan and submit this with the SGO assessment (fifteen weeks). Where children/young people are placed with connected persons/extended family I will consistently explore the potential for an SGO.
E.1.14	I will fully assess the potential for reunification through updating of the assessment on a 6-monthly basis. Where the assessment identifies the parents need additional support I will ensure a Family Group Conference (FGC) is arranged for the extended family to agree a plan of help and support to make sure the child/young person's needs are met.
E.1.15	Where it is proposed that a child/young person's permanence plan should change, I will be active in taking steps to secure the change of plan and keep every person who is currently involved with the child/young person informed.
E.1.16	I will take responsibility for completing the child permanence report which will include information that will support decision making in respect of a plan for adoption, long term fostering, or assist with family finding and help the child/young person to understand their history in later life.



E2 Foster Carers - Recruitment

The Fostering Service aims to recruit and approve a range of foster carers to meet the needs of children in Sandwell. We have a dedicated marketing team who recruit mainstream foster carers and separate teams of social workers who support mainstream foster carers and connected persons foster carers.

	Sandwell Social Worker/Practitioner Statement of commitment to the child/children – 'I will be: approachable, honest, reliable, trustworthy, punctual, committed and ensure that your views are respected and communicated to all involved.'
E.2.1	I will ensure that I respond to an enquiry regarding fostering recruitment within five working days of receiving the information and send the relevant information out.
E.2.2	If the applicant meets the criteria for an initial visit, I will contact the prospective carer within five days to arrange a visit.
E.2.3	I will take due regard of the identity, race, ethnicity, gender, disability, religion and communication needs of the family when arranging any visit.
E.2.4	I will clearly explain to the prospective foster carer(s) the purpose of my visit and how the assessment process will be undertaken.
E.2.5	I will ensure that the assessment clearly evidences my findings, and I will discuss them with my manager and make recommendations for future planning and assessments.
E.2.6	I will give prospective carers contact details of the fostering team manager so they can get in touch with them at any time if they have concerns about the progress of their assessment.
E.2.7	I will fully respect confidentiality and keep secure all information provided with regards to personal information.
E.2.8	In the stage one process I will ensure that I undertake checks with the disclosure and barring service (DBS) authorities with details of where prospective carers have lived, personal references, medical and contact significant previous partners or any adult children within two months.
E.2.9	I will ensure that all the information I receive is shared with the prospective foster carers appropriately, so they are aware of the plans to progress to stage two.
E.2.10	I will endeavour to keep the prospective foster carer informed of any delays we experience in obtaining the information needed to complete the required checks.
E.2.11	I will meet with prospective foster carers at least once during stage one to discuss progress and offer additional support where required. During the Assessment I will conduct one unannounced visit. The applicants will be advised that this will take place.
E.2.12	It is expected that this assessment will be completed within eight months. Where there are delays on behalf of the agency I will give reasons for any delays verbally and in writing and take all reasonable steps to minimise the length of these delays.

E3 Foster Carers - Support and Supervision

Every approved foster carer is allocated to a specific supervising social worker in the fostering service. They are able to access specific training and attend support groups and specific events. Carers will be supported to provide the best possible care to the young person they are looking after.

Sandwell Social Worker/Practitioner Statement of commitment to the child/children – 'I will be: approachable, honest, reliable, trustworthy, punctual, committed and ensure that your views are respected and communicated to all involved.'	
E.3.1	I will ensure all placement options are explored so that the best placement matches can be made. I will ensure that a matching document is completed and placed on the carers' and child's file
E.3.2	I will ensure children/young people have been given the opportunity to meet with the fostering family prior to their placement starting whenever possible and appropriate. I will ensure that all carers who are short term carers have a profile which can be given to a child/young person.
E.3.3	I will ensure a delegated authority document is completed and that the carer has appropriate paperwork when the child/young person is placed.
E.3.4	I will ensure that a placement planning meeting will take place within five working days to agree how the placement will best meet the child/young person's needs.
E.3.5	I will ensure the child/young person has an individual safe in care plan appropriate for the child/young person's needs and taking into account their wishes and feelings.
E.3.6	I will ensure the household safer caring policy meets the needs of each child/young person placed.
E.3.7	I will complete a health and safety checklist on a foster carer's home every year to ensure good standards are maintained.
E.3.8	I will complete at least one unannounced visit every year, to ensure the fostering household is providing a safe home environment for the children/young people in their care.
E.3.9	I will request DBS and medical renewals every three years or sooner if required.
E.3.10	I will visit the foster family a minimum of once every six weeks to support and complete a foster carers supervision.
E.3.11	I will endeavour to be available as and when needed for additional support to promote the best possible fostering experience and outcomes for the child/young person.
E.3.12	I will ensure that the carer has a review annually and follow the Fostering Review and Panel process and procedure.
E.3.13	I will assess how foster carers meet fostering standards through the annual review.

E.3.14	I will ensure the child/young person and their foster carers know how to contact me and also know who to get help from when I am not in work. I will ensure the child/young person and their foster carers have all the relevant telephone numbers to be able to access support at any time.
E.3.15	I will support foster carers in completing their training support development standards (TSDS) work book in their first year of fostering.
E.3.16	I will review foster carers' training needs and support them in their own professional development. I will complete a personal professional development plan (PPDP) with foster carers in line with the foster carers' learning agreement.
E.3.17	I will ensure my case recording is up to date and critical incidents are recorded within one working day. I will ensure that carers are aware of incident, accidents and notifiable events and how to report them. I will ensure that these are reported to the Registered Manager
E.3.18	I will ensure that I know and understand what I need to do if there is an issue with and/or an allegation against a foster carer and follow the process and procedure.
E.3.19	I will attend LADO meetings to represent the fostering service and investigate any concerns raised against foster carers.



Someone who helps you when you have problems

F SUPPORT SERVICES TO THE CHILD'S JOURNEY
F1 Business Support

Business support teams across the Service provide generic business admin support and carry out specific tasks according to the needs of the service area. They also have a customer facing role through reception duties and being the first telephone contact for many service users, professionals and agencies on a daily basis.

Business Support commitment to the Service – 'We will be: approachable, honest, reliable, trustworthy, punctual, committed and professional and carry out tasks in accordance with SCT equality and diversity policy'.	
F.1.1	I will ensure that I know and understand my role and responsibilities and how this supports the child's journey.
F.1.2	I will carry out tasks in a timely and efficient manner, in line with the requirements of my specific Team or Service Area.
F.1.3	I will scan and upload general documents within one week of receiving them.
F.1.4	I will answer telephone calls within 6 rings.
F.1.5	I will speak to service users, colleagues and professionals with courtesy and respect and deal with enquiries promptly or signpost the caller appropriately.
F.1.6	I will ensure accurate messages are taken and full information is provided to the Social Worker or practitioner.
F.1.7	I will ensure the child's file is up to date and information is recorded accurately and regularly maintained.
F.1.8	I will ensure all post is processed on a daily basis.
F.1.9	I will ensure all invoices are processed within 1 week of being received.
F.1.10	I will ensure that safe keys/petty cash is accessible during the working day.
F.1.11	I will ensure that Procurement card transactions are reviewed and approved by 6 th of each month.
F.1.12	I will ensure that FS1/Payments are sent to FS-1 weekly by mid-day Thursday
F.1.13	I will ensure all interpreter requests are actioned as a matter of urgency.
F.1.14	I will ensure a smooth introduction to the Service for New Starters, arranging for laptops and mobile phones to be ready and training set up before start date; admin induction will be completed within the first week.
F.1.15	When the New Starter is a NQSWs, I will ensure that the ASYE welcome pack is sent within the first week and a 'Learning and Support Agreement' meeting is arranged within 2 weeks, via the Workforce Development Team.

IN DEVELOPMENT

Practice Standards are currently in development for:

Section 1 - Introduction:-

- Care Leavers Offer

Section 2 - Practice Standards:-

2D Planning, Intervention and Review:

- IROs and Conference Chairs
- Special Educational Needs and Disability (SEND)
- Adoption and linking to the Regional Adoption Agency (RAA)

2F – Support Services for the Child's Journey:

- Performance and Systems Team.
- Strategy and Governance.
- Commissioning.



**Someone who picks you up
when you're low**

NOTES



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Improving the lives of children and young
people