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**Career Progression**

**FOSTERING SERVICE**

**Portfolio for Application**

**&**

**Guidance Notes**

**Progression from Supervising Social Worker (Grade F)**

**to**

**Senior Supervising Social Worker**

**(Grade G)**



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|  |
| --- |
| **Employee details** |
| Full Name |  | | |
| SWE Registration Number |  | |  |
| Job Title/Role |  | |  |
| Team/Service area |  | |  |
| Work location |  | |  |
| Telephone Number |  | |  |
| Email |  | |  |
| Manager’s name |  | |  |
| Length of service (SMBC & Sandwell Childrens Trust) |  | |  |
| Time in current post |  | |  |
| Have you completed an ASYE programme or equivalent (in Sandwell or another Authority)? | YES | NO |  |
| If in post less than one year, have you successfully completed your probation? | YES | NO |  |
| What date did you get your manager’s permission to start this progression? |  | |  |

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**Senior Supervising Social Worker (Grade G) Assessment Process**

**Principles**

To enable internal candidates to demonstrate the required competence to progress from a Supervising Social Worker (Grade F) to a Senior Supervising Social Worker (Grade G) by evidencing their relevant professional expertise through practice experience and continued professional development.

Approach

To provide applicants with the opportunity to evidence their professional practice through a competency-based discussion process that will:

* Enable the applicant to discuss their relevant experience and practice;
* Evidence their continued professional development;
* Determine if the applicant is ready for progression or if a development plan is required.

Also taking into consideration:

* A minimum of 18 months practice experience as a F-Grade Qualified Social Worker;
* A supporting statement from the line manager;

Process -Stages

|  |  |
| --- | --- |
| Stage 1: | Opportunity to apply for a senior supervising social worker (Grade G) role discussed and agreed with line manager and agreed by Service Manager. |
| Stage 2: | Portfolio including: practice observation record, continuous professional development log, applicant’s statement, and the line manager’s supporting statement completed. |
| Stage 3: | Signatures obtained in the portfolio from the applicant’s line manager, Service Manager and Head of Service. |
| Stage 4: | Portfolio submitted to Workforce Development Team and Quality Assured. |
| Stage 5: | Applicant invited to discuss their progression with the Principal Social Worker (the line manager also has the option to attend). |

|  |  |
| --- | --- |
| Stage 6: | Decision made and applicant informed of outcome. |
| Stage 7: | *Progression Approved* - paperwork submitted to HR |
| Stage 8: | *Progression Approved -*  development plan agreed in the progression meeting discussed and actioned by applicant and manager via Supervision and Appraisal.  *Progression not Approved/Deferred* - Support to SSW from WFD and line manager to provide additional evidence/work towards resubmission |

NB: If the candidate has a disability or specific needs and requires any reasonable adjustments to be made at any stage of the progression process, these should be discussed with the line manager and communicated to the Workforce Development Team.

**Progression Process**

The decision to apply for progression is agreed by the supervising social worker and line manager as part of Supervision and Appraisal and communicated to the Service Manager and Head of Service. If it is decided that further learning and development is needed before an application is made, the supervising social worker and line manager will work together to identify CPD needs and learning and development opportunities. If it is agreed that the supervising social worker is working at the appropriate level to make the application, then the progression documentation is requested from the Workforce Development Team who log the intention to progress.

Documentation

The following documentation is completed and submitted to the Workforce Development Team e-mail [PracticeImprovement\_Team@sandwell.gov.uk](mailto:PracticeImprovement_Team@sandwell.gov.uk)

* Line Manager’s Supporting Statement (see pp.7-9)
* Supervising Social Worker’s Supporting Statement (see p.11)
* Practice Observation Record (see pp.12-14)
* Continuous Professional Development (CPD) Log (pp.15-17)

The Workforce Development Team Quality Assures the submission and then forwards the documentation to the Head of Social Work Practice and Innovation/ PSW in advance of the panel progression meeting.

A ‘hold the date’ appointment is sent via Outlook to the candidate and Team Manager upon receipt of the portfolio but only confirmed when the WFD Team advises the Head of Social Work Practice and Innovation/PSW that all signatures are included in the portfolio and any suggested amends or additions have been made.

***Please note that the portfolio documentation should be completed and submitted within a 6-month timeframe*. Observations of practice should be from within the last 6 months; practice examples should be from within a 12-month period.**

**Please refer to Appendix A for the F-G Progression Process Map**

**Progression Panel Discussion**

As part of the assessment process the applicant is requested to attend a F-G Progression Panel Meeting and discussion chaired by the Principal Social Worker (PSW). Line managers are also invited to attend. The Panels are held on a monthly basis. As part of the Panel process applicants will be asked to:

* Go through their portfolio of evidence.
* Their Manager will be asked to go through their statement and their observation of the applicant
* Respond to a number of pre-set questions (see p.21). The questions are designed to assist the applicant to talk about their practice, give specific examples from their practice and demonstrate the experience, knowledge and skills appropriate to a senior supervising social worker, as outlined in the person specification. The questions are shared with the applicant in advance of their interview to enable them to consider and prepare for the discussion. The Panel may also ask supplementary questions.

As part of the Panel process examples of good practice will be discussed and highlighted, as well as key areas for the applicant to develop as part of their continuous professional development and career progression in Sandwell Children’s Trust.

Each applicant will receive an agreed Development Plan following the Panel.

Each interview is expected to last approximately 45 - 60 minutes.

The applicant will usually be advised of the outcome at the end of the Panel.

**Line Manager Supporting Statement**

Line Manager to complete the Grid below to indicate the applicant’s competencies

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Competency Grid | | | | |
| Tick [🗸] in relation to the applicant’s competency | **Limited** | **Adequate** | **Substantial** |
| Experience of working with carers, children and young people, and their families |  |  |  |
| Ability to manage a caseload and conflicting demands, where carers vary in ability and experience |  |  |  |
| Ability to work effectively with resistant or challenging carers |  |  |  |
| Complying with legislative requirements, such as Children Act, National Minimum Standards and the Fostering Regulations |  |  |  |
| Experience of completing a variety of required assessments and supervision (to carers), underpinned by an understanding and knowledge of National Minimum Standards and Fostering Regulations |  |  |  |
| Experience of supporting/delivering Foster Carer training |  |  |  |
| Working as a member of a team |  |  |  |
| Ability to work effectively and jointly with the Child’s social worker |  |  |  |
| Experience of LADO/Allegation management process and supporting carers through this process |  |  |  |
| Experience and understanding of the matching process |  |  |  |
| Ability to present cases to Fostering Panel and other professional forums |  |  |  |
| Ability to support carers to promote a child’s sense of identity, self-worth and belonging. |  |  |  |
| Understanding how best to share a child’s history and the events that led to previous and current care arrangements |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Maintaining appropriate case records and file compliance documents effectively |  |  |  |
| Working in partnership with carers, children and young people, service users and other teams/agencies/organisations |  |  |  |
| Experience of working with a wide range of diversity |  |  |  |
| Ability to support the placement, including managing disruption and breakdown |  |  |  |
| Working with the wider organisation, identifying and applying any lessons learned. |  |  |  |
| Confidence with applying the SCT Practice Framework and models |  |  |  |
| Commitment to continuing professional development |  |  |  |

**Please summarise your evidence-based assessment for supporting the Supervising Social Worker’s readiness for progression to Grade G.**

Consider knowledge, skills and behavioural match against the person specification and the PQ Statements (KSS) for Child and Family Social Workers (Appendix C), in addition to the relevant sections of the Knowledge and Skills Statements (KSS) for Achieving Permanence (Appendix D); the breadth and depth of cases worked; and the ability to undertake reflective activities. Please also consider the Supervising Social Worker’s understanding and application of the SCT Practice Framework and Practice Model (see Appendix B).

|  |
| --- |
|  |

**Performance Management**

Are there any contra-indications which need to be raised?

(e.g. attendance, timekeeping, meeting deadlines, KPI’s, quality of practice)

Yes No

|  |
| --- |
| If Yes, please comment: |

|  |  |
| --- | --- |
| Manager’s Recommendation | Agree Progression  Defer Progression |

|  |
| --- |
| Manager’s Comments: |

|  |
| --- |
| Actions + Timescales: |

Service Manager’s approval given for Progression?

**SIGNATURES**

**All signatures must be obtained prior to submission of the portfolio.**

|  |  |
| --- | --- |
| **Signed (Employee)** |  |
| **Print Name** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Signed (Line Manager)** |  |
| **Print Name** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Signed (Service Manager)** |  |
| **Print Name** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Signed (Head of Service)** |  |
| **Print Name** |  |
| **Date** |  |

**Applicant Supporting Guidance**

Supervising Social Worker to Complete

**Q1 – Applicant Statement:**

**Why do you think you are ready to progress to G Grade Supervising Social Worker and what can you bring to this role?** (max.500 words)

|  |
| --- |
|  |

**Q2 – Tell us about your career aspirations in Sandwell Children’s Trust**

|  |
| --- |
|  |

**I am interested in developing my practice in:**

CiC Care Management Targeted Services

SAAT SPOC/MASH IRO Service

Workforce PE: Assessing/ Assessing/Supporting

Development Supporting Students NQSWs on ASYE

Skills to Foster Aspiring Team Other inc. Connected Manager (Please specify)

Carers

I am interested in joining the Practitioner Improvement Board

I am interested in joining a Champions’ Group for promoting and supporting the Practice Framework and Practice Model

I am interested in volunteering for the National Accreditation and

Assessment System (NAAS)

**Practice Observation Record**

**(To be carried out by the Line Manager)**

|  |  |
| --- | --- |
|  | |
| **Initials of Carer** |  |
| **LCS ID Number** |  |
| **Observation Date** |  |
| **Feedback Meeting Date** |  |

|  |  |
| --- | --- |
| **Type of Observation** | |
| **Supervision Visit** |  |
| **PEPs Meeting** |  |
| **Annual Review** |  |
| **Statutory Review** |  |
| **Strategy Discussion** |  |
| **Allegations Meeting** |  |
| **Virtual meeting** |  |
| **Other** |  |

**Please tick to confirm you observed these behaviours**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Observation** | **Link to KSS** | **🗸** | **Observation** | **Link to KSS** | **🗸** |
| **Introductions** | | | **Diversity / Anti-Discriminatory / Anti – Oppressive Practice** | | |
| The case has been discussed in informal or/and formal supervision. | **KSS 9** |  | Language / interview style / empathy / warmth are situation appropriate | **KSS 1,2,6** |  |
| Greetings are polite, professional and sensitive | **KSS 1,2** |  | Interview style adapted to respond to any challenges or to address any additional communication needs of carer | **KSS**  **1,2,10** |  |
| Purpose of supervising social worker contact is shared | **KSS 1,2** |  | Relevant issues explored/addressed in planning and within interview | **KSS 10** |  |
| Communication is clear and Jargon free | **KSS 2** |  | **Proportionate Working** | | |
| Rapport is established quickly and engagement maintained | **KSS 2** |  | The practice was focused on the needs of the carer in order to support and meet the needs of the child | **KSS 7,10** |  |
| Appropriate space given to listen child (if relevant) | **KSS 2** |  | The practice was focused on the needs of the child and to gathering information for this purpose | **KSS 7,10** |  |
| Appropriate space given to listen to adult | **KSS 1, 4** |  | The session served its purpose / achieved its aim | **KSS 6,7,10** |  |
| Use of appropriate tools and questions | **KSS 1** |  | Interview was neither too short nor too long | **KSS 2** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Observation** | **Link to KSS** | **🗸** | **Observation** | **Link to KSS** | **🗸** |
| The views of the child were ascertained during the session (if relevant) | **KSS 1,2** |  | **Practice Framework and Practice Model (Please see Appendix B)** | | |
| The views of the carers were ascertained during the session | **KSS 1, 4** |  | SSW displayed understanding of the SCT Practice Framework and Model ‘Heart of Practice’ (i.e. Signs of Safety, Relationship Based Practice, Trauma Informed Practice). | **KSS**  **1, 2, 4, 6** |  |
| Emotions were acknowledged and responded to appropriately | **KSS 2, 4** |  |  |  |  |
| The plan was followed/aim of session achieved, or diversion from plan was appropriate (if relevant) | **KSS 5,6** |  |  |  |  |
| New issues arising were addressed appropriately. | **KSS 6,7** |  |  |  |  |
| A reflective discussion took place between SW and manager. | **KSS 7, 9** |  |  |  |  |
| Summary of decisions and follow on actions were clearly understood and agreed | **KSS 7** |  |  |  |  |
| Analysis of the session/ information was demonstrated in the initial feedback discussion | **KSS 7** |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Professional / Group Working** | **🗸** | **Link to KSS** |
| Information is presented concisely and clearly |  | **KSS 10** |
| Child is enabled to participate in the discussion (if relevant) |  | **KSS 3,12** |
| Carers are enabled to participate in the discussion |  | **KSS 2,6,4** |
| Carers been prepared for the meeting (Inc. advance sight of reports) |  | **KSS 1,2,3** |
| SSW is able to communicate the child’s needs |  | **KSS 1,2,3** |
| SSW is able to communicate the carers’ views (as required) |  | **KSS 1,2,3** |
| SSW is able to challenge professionals/carers/family appropriately |  | **KSS 1,2,3,6,7,10** |
| SSW is able to work co-operatively with carers/family/professionals |  | **KSS 1,2,3,6,7,10** |
| SSW owns and communicates a clear plan |  | **KSS 10** |

**Feedback Summary**

|  |  |
| --- | --- |
| **Comments / Summary of Observer/Line Manager:** | |
| **Strengths Observed:** | |
| **Areas for Development / Tasks identified:** | |
| **Signed:** | **Date:** |
| **Comments of Supervising Social Worker:** | |
| **Signed:** | **Date:** |

If there are any performance related action for the practitioner or manager arising from this audit, the review / auditor must note these on this form and pass them both the individual in question and to their manager. The manager will address the actions as appropriate. Progress to be monitored.

A copy of this form will be placed on the Supervising Social Worker’s supervision file.

**Continuous Professional Development Log**

Please record a **minimum of 5** Learning & Development activities you have **(actually)** completed within the last 12-18 months.

Some of the Learning and Development Opportunities offered by SCT are pre-loaded as prompts. (See **Appendix E** for guidance).

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Have you activated your SWE CPD Account? Yes No Don’t Know**  <https://www.socialworkengland.org.uk/cpd/> | | | | | |
| **Date Attended/**  **Completed** | **Learning & Development Activity** | **Learning outcome – what did you learn or gain?** | **Evidence of application to practice & work with CYP** | **Ref cases in evidence (LCS No)** | **Cross ref to KSS** |
|  | ASYE Completionor equivalent |  |  |  |  |
|  | E-learning Modules:  Artemis  Working with Families – SoS Approach  Child Protection Level 1  CSE  Information Sharing  Integrated Working  Promoting Participation  Working with Parents  Fire Safety  Other [specify]  SCT Corporate – GDPR (Data Protection)  Other e-learning [specify] |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date Attended/**  **Completed** | **Learning & Development Activity** | **Learning outcome – what did you learn or gain?** | **Evidence of application to practice & work with CYP** | **Ref cases in evidence (LCS No)** | **Cross ref to KSS** |
|  | Signs of Safety  2-Day Training  5-Day Advanced Training |  |  |  |  |
|  | Excellence in Social Work |  |  |  |  |
|  | Direct Work Sessions |  |  |  |  |
|  | Outcome Star |  |  |  |  |
|  | Supervision for Supervisees |  |  |  |  |
|  | Threshold Training |  |  |  |  |
|  | BAAF Training x 3 |  |  |  |  |
|  | Practice Framework and Model Briefing Session |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date Attended/**  **Completed** | **Learning & Development Activity** | **Learning outcome – what did you learn or gain?** | **Evidence of application to practice & work with CYP** | **Ref cases in evidence (LCS No)** | **Cross ref to KSS** |
| *Please add any further L&D activity - This does not need to be restricted to formal training but should include other L&D opportunities (e.g. shadowing, coaching, undertaking research, sharing learning with colleagues, supporting colleagues/students,)* | | | | | |
|  |  |  |  |  |  |
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**F-G Progression Application Checklist**

**[To be completed by Applicant]**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Page** | **Completed By** | **Completed (Please tick and date)** |
| **Line Manager Supporting Statement** |  | Line Manager |  |
| **Supervising Social Worker Supporting Statement** |  | Applicant |  |
| **Practice Observation Record** |  | Line Manager |  |
| **Continuous Professional Development Log** |  | Applicant |  |
| **Interview Questions (Read)** |  | For Applicant: Information & Preparation |  |
| **All Signatures acquired in Portfolio Document (i.e. SSW, TM, SM & HoS)**  *Note: Portfolio cannot be QA-ed without all signatures* |  | Applicant |  |
| **Portfolio submitted to Workforce Development Team Mailbox** |  | Applicant |  |

***[To be completed by WFD Team]***

|  |  |  |  |
| --- | --- | --- | --- |
| **F-G Portfolio**  **Quality Assurance Checklist and Recommendation** | | | |
| **Supervising Social Worker Name:** | | | |
| **Service Area/Team:** | | **Team Manager:** | |
| **Date Application received in WFD:** | | | |
| **QA carried out by:** | **[Name]** | | **[Title]** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
| **Section 1 - Overall Comments on Quality of the Portfolio** | | | | |
|  | | | | |
| **Additional Evidence Required? [🗸]** | **Yes**  (See Section 2) |  | **No**  (Go to Section 4) |  |

|  |  |  |
| --- | --- | --- |
| **Section 2 - Checklist (if amends or additions needed:** | | |
| **Missing Signature/s** | **Page/s:** | **Comments/Guidance** |
| **Missing Evidence** | **Page/s:** | **Comments/Guidance** |
| **Evidence needs strengthening** | **Section & Page/s** | **Comments/Guidance** |

|  |  |  |
| --- | --- | --- |
| **CPD evidence needs strengthening** | **Section & Page/s** | **Comments/Guidance** |
| **Has SSW accessed CC Inform? Yes No** | | |
| **Date CCI most recently accessed:** | | |
| **Has SSW accessed RiP? Yes No** | | |
| **Date RiP most recently accessed:** | | |
| **Further comments/guidance** | | |

|  |  |
| --- | --- |
| **Section 3 – Feedback to Supervising Social Worker** | |
| **Date feedback given to SSW:** |  |
| **Deadline for Resubmission:** |  |
| **Date Resubmission Received:** |  |

|  |  |  |
| --- | --- | --- |
| **Section 4 - Recommendation** | | |
| **I recommend that the F-G progression for [name of SSW] goes forward to the interview meeting on [date].** | | |
| **Signed:** | **Print Name:** | **Date:** |

*.*

**Competency Based Interview Questions**

*Your child centeredness, communication skills and value of diversity will be assessed throughout.*

**Question 1:**

*This question aims to assess your social work knowledge and skills*

Please provide an overview of the work you have undertaken post ASYE (if applicable)

Can you tell us how you have used your experience to develop your supervising social work practice and how this has enabled you to improve carer’s outcomes for children? Please give 3 examples from your practice.

**Question 2**

*This question aims to assess your team work skills and partnership working.*

Please give us 2 examples of how you have secured and developed the support of other services or professionals to support and protect a child with their carers.

**Question 3**

*This question aims to assess your analytical thinking and record keeping.*

Can you give us an example of a complex carer’s case you have led on where you have had to exercise professional judgement? Explain why this was challenging and the process you went through in making your decision.

**Question 4**

*This question aims to assess your resilience*

We recognise that social work can be extremely challenging in a number of ways: supporting complex children with carers, organisation dynamics; serious hostility and conflicts of interest; multiple risk/allegation factors. Can you tell us what are your strategies for dealing with challenging workloads and the impact of your decisions?

**Question 5**

*This question aims to assess your ability to evidence impact on outcome for children*

Please give 2 examples setting out, how your plan of intervention had an impact directly on a Carer’s outcome, and how this supported an outcome for a child/children’s outcomes. What did you do, that made the difference? Prompt e.g. direct work with the carer.

**SUPERVISING SOCIAL WORKER PROGRESSION FROM F-G GRADE**

**OUTLINE OF PROCESS – FLOWCHART**

SSW evidences ability to work at G Grade level, meeting the criteria in the G Grade Job Description & Person Specification, and demonstrating the DfE Knowledge and Skills Statements (KSS) for Child & Family Social Workers

Team Manager notifies Service Manager and Head of Service re: intention to support progression

Decision made whether F-Grade SSW is ready to progress: SSW and Team Manager discuss in Supervision/Appraisal and record decision (applying KSS as benchmark)

Ready to progress

Not yet ready to progress

SSW or Team Manager requests F-G Progression document from WFD Team

**Intention is logged by WFD Team**

SSW and Team Manager identify CPD needs and opportunities to support progression to G Grade level practice

On Completion, the electronic portfolio is submitted to WFD **by 1st working day of the month of intended progression** [PracticeImprovement\_Team@sandwell.gov.uk](mailto:PracticeImprovement_Team@sandwell.gov.uk)

A holding appointment for the progression discussion is sent to the SSW & TM (dependent on portfolio being complete and meeting any QA recommendations)

Portfolio is Quality Assured by WFD and amends made if applicable - 1 week prior to discussion meeting any QA recommendationsmonths**2 weeks prior to progression panel meeting**

Appointment for the progression discussion meeting is confirmed.

Portfolio is sent to HoS/PSW - **1 week prior to** **progression panel meeting**

*Please consult supporting documents:*

DfE PQ Knowledge and Skills Statements

G Grade Job Description

G Grade Person Specification

The progression process should not exceed 6 months.

SSW attends the progression panel meeting (with TM if TM opts to attend)

**OUTCOME**

**Successful**

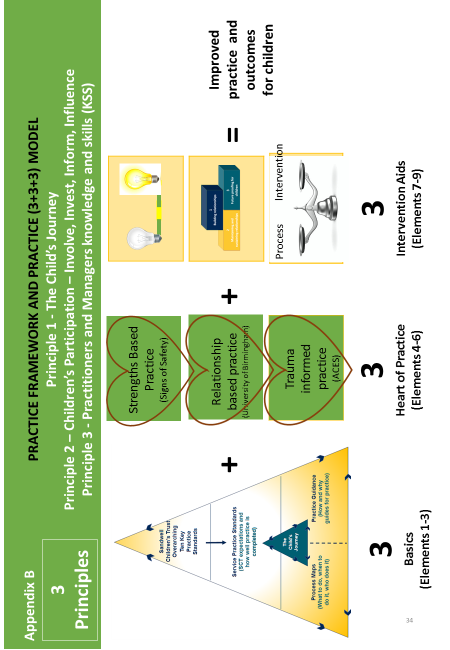
**Unsuccessful**

Support to SSW from WFD and Team Manager to provide additional evidence/work towards resubmission

SSW progresses to G Grade:

WFD Admin sends Outcome Form to HR & written feedback from the panel to the SSW/TM;

HR notifies Payroll



**DfE POST QUALIYFYING STATEMENTS (FORMERLY THE KNOWLEDGE AND SKILLS STATEMENTS) FOR CHILD AND FAMILY PRACITIONERS**

**1) Relationships and effective direct work**

Build effective relationships with children, young people and families, which form the bedrock of all support and child protection responses. Be both authoritative and empathic and work in partnership with children, families and professionals, enabling full participation in assessment, planning, review and decision making. Ensure child protection is always privileged. Provide support based on best evidence, which is tailored to meet individual child and family needs, and which addresses relevant and significant risks. Secure access to services, negotiating and challenging other professionals and organisations to provide the help required. Ensure children and families, including children in public care, receive the support to which they are entitled. Support children and families in transition, including children and young people moving to and between placements, those returning home, those being adopted or moving through to independence. Help children to separate from, and sustain, multiple relationships recognising the impact of loss and change.

**2) Communication**

Communicate clearly and sensitively with children of different ages and abilities, their families and in a range of settings and circumstances. Use methods based on best evidence. Create immediate rapport with people not previously known which facilitates engagement and motivation to participate in child protection enquiries, assessments and services. Act respectfully even when people are angry, hostile and resistant to change. Manage tensions between parents, carers and family members, in ways that show persistence, determination and professional confidence.

Listen to the views, wishes and feelings of children and families and help parents and carers understand the ways in which their children communicate through their behaviour. Help them to understand how they might communicate more effectively with their children. Promote speech, language and communication support, identifying those children and adults who are experiencing difficulties expressing themselves. Produce written case notes and reports, which are well argued, focused, and jargon free. Present a clear analysis and a sound rationale for actions as well as any conclusions reached, so that all parties are well informed.

**3) Child development**

Observe and talk to children in their environment including at home, at school, with parents, carers, friends and peers to help understand the physical and emotional world in which the child lives, including the quality of child and parent/carer interaction and other key relationships. Establish the pattern of development for the child, promote optimal child development and be alert to signs that may indicate that the child is not meeting key developmental milestones, has been harmed or is at risk of harm. Take account of typical age-related physical, cognitive, social, emotional and behavioural development over time, accepting that normative developmental tasks are different for each child depending on the interaction for that child between

health, environmental and genetic factors. Assess the influence of cultural and social factors on child development, the effect of different parenting styles, and the effect of loss, change and uncertainty in the development of resilience. Explore the extent to which behavioural and emotional development may also be a result of communication difficulties, ill health or disability, adjusting practice to take account of these differences. Seek further advice from relevant professionals to fully understand a child’s development and behaviour.

**4) Adult mental ill health, substance misuse, domestic abuse, physical ill health and disability**

Identify the impact of adult mental ill health, substance misuse, domestic abuse, physical ill health and disability on family functioning and social circumstances and in particular the effect on children, including those who are young carers. Access the help and assistance of other professionals in the identification and prevention of adult social need and risk, including mental health and learning disability assessment. Coordinate emergency and routine services and synthesise multi-disciplinary judgements as part of ongoing social work assessment. Use a range of strategies to help families facing these difficulties. Identify concerning adult behaviours that may indicate risk or increasing risk to children. Assess the likely impact on, and inter-relationship between, parenting and child development. Recognise and act upon escalating social needs and risks, helping to ensure that vulnerable adults are safeguarded and that a child is protected and their best interests always prioritised.

**5) Abuse and neglect of children**

Exchange information with partner agencies about children and adults where there is concern about the safety and welfare of children. Triangulate evidence to ensure robust conclusions are drawn. Recognise harm and the risk indicators of different forms of harm to children relating to sexual, physical, emotional abuse and neglect. Take into account the long-term effects of cumulative harm, particularly in relation to early indicators of neglect. Consider the possibility of child sexual exploitation, grooming (on and offline), female genital mutilation and enforced marriage and the range of adult behaviours which pose a risk to children, recognising too the potential for children to be perpetrators of abuse. Lead the investigation of allegations of significant harm to children in consultation with other professionals and practice supervisors. Draw one’s own conclusions about the likelihood of, for example, sexual abuse or non-accidental injury having occurred and the extent to which any injury is consistent with the explanation offered. Commission a second professional opinion and take legal advice where necessary.

**6) Child and family assessment**

Carry out in-depth and ongoing family assessment of social need and risk to children, with particular emphasis on parental capacity and capability to change. Use professional curiosity and authority while maintaining a position of partnership, involving all key family members, including fathers. Acknowledge any conflict between parental and children’s interests, prioritising the protection of children as set

out in legislation. Use child observation skills, genograms, ecomaps, chronologies and other evidence based tools ensuring active child and family participation in the process. Incorporate the contributions that other professional disciplines make to social work assessments. Hold an empathic position about difficult social

circumstances experienced by children and families, taking account of the relationship between poverty and social deprivation, and the effect of stress on family functioning, providing help and support. Take into account individual child and family history and how this might affect the ability of adults and children to engage with services. Recognise and address behaviour that may indicate resistance to change, ambivalent or selective cooperation with services, and recognise when there is a need for immediate action, and what other steps can be taken to protect children.

**7) Analysis, decision-making, planning and review**

Establish the seriousness that different risks present and any harm already suffered by a child, balanced with family strengths and potential solutions. Set out the best options for resolving difficulties facing the family and each child, considering the risk of future harm and its consequences and the likelihood of successful change.

Prioritise children’s need for emotional warmth, stability and sense of belonging, particularly those in public care, as well as identity development, health and education, ensuring active participation and positive engagement of the child and family. Test multiple hypotheses about what is happening in families and to children, using evidence and professional judgement to reach timely conclusions. Challenge any prevailing professional conclusions in the light of new evidence or practice reflection. Make realistic, child centred, plans within a review timeline, which will manage and reduce identified risks and meet the needs of the child. Ensure sufficient multi-disciplinary input into the process at all stages. Apply twin and triple track planning to minimise chances of drift or delay, being alert to the effectiveness or otherwise of current support plans.

**8) The law and the family and youth justice systems**

Navigate the family and youth justice systems in England using legal powers and duties to support families, to protect children and to look after children in the public care system, including the regulatory frameworks that support the full range of permanence options. Participate in decisions about whether to make an application to the family court, the order to be applied for, and the preparation and presentation of evidence. Seek advice and second opinion as required in relation to the wide range of legal issues which frequently face children and families involved with statutory services including immigration, housing, welfare benefits, mental health and learning disability assessment, education and support for children with learning difficulties. Use the law, regulatory and statutory guidance to inform practice

decisions. Take into account the complex relationship between professional ethics, the application of the law and the impact of social policy on both.

**9) The role of supervision**

Recognise one’s own professional limitations and how and when to seek advice from a range of sources, including practice supervisors, senior practice leaders and other clinical practitioners from a range of disciplines such as psychiatry, paediatrics and psychology. Discuss, debate, reflect upon and test hypotheses about what is happening within families, and with children. Explore the potential for bias in decision-making and resolve tensions emerging from, for example, ethical dilemmas, conflicting information or differing professional positions. Identify which methods will be of help for a specific child or family and the limitations of different approaches. Make use of the best evidence from research to inform the complex judgements and decisions needed to support families and protect children. Reflect on the emotional experience of working relationships with parents, carers and children, and consciously identify where personal triggers are affecting the quality of analysis or help. Identify strategies to build professional resilience and management of self.

**10) Organisational context**

Operate successfully in a wide range of organisational contexts complying with the checks and balances within local and national systems which are a condition of employment. Maintain personal and professional credibility through effective working relationships with peers, managers and leaders both within the profession, throughout multi-agency partnerships and public bodies, including the family courts.

Act in ways that protect the reputation of the employer organisation and the social work profession, whilst always prioritising the best interests of children. Manage the specific set of organisational tasks relating to lead responsibility for children with the support of an appropriately qualified supervisor and use of the multi-agency support network. Contribute to the organisation’s role as corporate parent to children in public care, encouraging and advocating for organisational focus, resource and support so that children and young people can thrive and enjoy their childhood and move into independence with confidence in and ambition for their futures.

**KNOWLEDGE AND SKILLS STATEMENTS (KSS) FOR ACHIEVING PERMANENCE**

Permanence means making a long-term plan for how a child will be cared for which lasts throughout their childhood. There are a range of options for permanence, inside and outside of the care system. All should deliver good outcomes, giving children a sense of security, continuity, commitment, identity and belonging to ensure future positive life chances.

Permanence options for children include: returning home to their families; living with kinship carers, including special guardians; living with adoptive families; living with long-term foster carers; or living in residential care. They also include where an existing short-term placement is being made permanent.

A social worker (and practitioner) responsible for permanence planning and support should be able to:

1. **Decide on the best permanence option**

**Eliminate drift for children by reaching the right decision within a timeframe which meets the child’s best interests.** Build a strong knowledge of all permanence options, so as to effectively explore all realistic options concurrently to secure a good outcome. Change direction if it becomes evident that the proposal being pursued is not in the child’s best interests. Confidently defend decisions under scrutiny, effectively deploying evidence to demonstrate why a preferred option is favoured.

**Use research to draw evidence-based conclusions about the best permanence option for a child.** Consider a range of realistic permanence options and the strengths and risk factors of each. Use research on the outcomes of different options and knowledge of child development to weigh up the pros and cons of the options available. Draw on research that is relevant to an individual child’s specific circumstances and use it to inform how their short and long term needs, including their sense of identity and belonging, can best be met. Recognise that some children may require a placement with therapeutic treatment provision before a successful permanent home can be found. Maintain a focus on the rights, safety, needs, health, wellbeing and developmental recovery of the child and the circumstances that promote this.

**Produce high quality case records about the child’s permanence process which are well-argued and sensitively presented.** Cite any research which has been influential. Draw on lessons learned locally on placement breakdowns, adoption breakdowns and long-term care outcomes. Assess the child’s current and future needs by building effective relationships with children and families, any current or previous carers, professionals, including health and education professionals and social workers, and others directly involved in their care. Draw on the views of those

who have knowledge and experience of the child, such as family members or foster carers. In the case of unborn children, conduct a good quality pre-birth assessment. Address complex questions where the needs and circumstances of a number of people, organisations and institutions are in conflict with each other.

Assess the impact of trauma, abuse, neglect, separation and loss on a child’s development, and how this affects their capacity to build and maintain relationships. Take account of the child’s developmental stage and the likely impact of different transitions, as well as the support the child may need along the way. Identify and harness the wider services the child may need to recover from previous experiences and to achieve stability.

Take into account: the age of the child, recognising the different challenges that older children face and understanding the impact of adolescent neglect; the importance of existing relationships (including the positive and negative impact of these relationships) including friendships; and the potential benefits of maintaining peer relationships for a child’s sense of identity and belonging. Acknowledge how adversity, inequality and limited life chances may impact on the plans for the child’s future, and ways in which the impacts may be mitigated. Encourage the child to express their views, wishes and feelings with regard to permanence. Listen sensitively to the child to understand their preferences and involve and engage them when making decisions about their future.

Assess the risks of a return home for the child. Ensure that parents have received the support they need and, where necessary, have demonstrated the changes required to care for the child throughout their childhood. Assess: the parents’ capacity for further or sustained change; and the impact of placing siblings together or separately and in various placement types. Pursue the child’s best interests and identify ways to express their views even when contradictory to the views held by parents, family, other professionals, employers or other influential organisations such as the courts. Be prepared to provide feedback on processes and procedures.

A social worker (and practitioner) responsible for permanence planning and support should be able to:

1. **Negotiate the legal process**

**Operate within the statutory framework and regulatory process** for achieving permanence for individual children, and comply with the legal powers, duties and guidance related to pursuing particular permanence options. Respond to a continuously changing legal environment and keep up to date with the latest regulations.

**Navigate the pre-proceedings phase,** working within the Public Law Outline. Engage birth parents and other family members early, including through Family Group Conferences. Work with lawyers early in any potential proceedings and as care plans are developed, including deciding on the right permanence option for children.

**Communicate effectively and confidently in court and offer a clear rationale for recommendations.** Present to the court a balanced picture of the child’s needs and evidence of previous support and interventions that are relevant to the permanence decision-making process. Ensure that all court material is evidence based, well-prepared and clearly argued to support any legal orders that are required. Present cases in court with professional gravitas, with a focus on the child and a balanced, fair picture of the parents.

**Establish effective working relationships** with agency lawyers, Independent Reviewing Officers, Cafcass guardians and relevant others, recognising the boundary between their respective and collective responsibilities. Consult with the child and their family and facilitate their representation in the court system. Keep the child and their family informed and communicate legal processes in a way they can understand. Work effectively with the local judiciary to meet legal requirements and prevent delay in achieving permanence arrangements.

1. **Help children find permanence without unnecessary delay**

**Act purposefully to identify a permanent home for the child without unnecessary deliberations which cause delay**, understanding the potential damage to a child as a result of delay. Recognise the effects of unconscious bias and risk aversion on decision making and utilise supervision to reflect on dilemmas about matching. Balance the ambition of finding the best home for the child with the need to achieve permanence. Give due consideration to the child’s preferences and ensure that where these cannot be acted upon, there is a clear rationale for that. Keep the child and their families informed and communicate clearly, openly and sensitively any decisions regarding their future.

**Produce accessible, high quality, well-argued, evidenced and sensitively presented assessments** of a carer’s/home’s strengths, difficulties, experiences and current and likely future needs, and of their wishes and hopes. Build and maintain effective relationships with parents, prospective carers or residential homes to assess their suitability. Recognise: the extent to which carers will be able to act in the best interests of the child and promote their health and wellbeing; and the different qualities, capacity and support carers might need to look after a child who presents behaviours associated with negative early life and childhood experiences. Understand the legal entitlements to support for different types of carers.

**Provide high quality communications.** Listen to the child to understand their long term aspirations and assess a potential carer’s abilities to support the child in achieving these goals. Produce child and carer profiles that present an accurate summary of current and likely future needs, as well as a balanced picture of the child including their likes and dislikes, how they behave and their wishes and feelings. Engage in clear, open and timely communication with carers, which is honest about children’s needs and the impact that any negative early experiences have had on their health and mental health, whilst being positive and solution-focussed about how these might be met. Provide a professional and high quality service where potential carers are treated with respect.

1. **Support children and families in transition**

**Undertake sufficient direct work to help children, and current and future carers, prepare for a successful transition.** Communicate clearly, openly and sensitively with children, their families and carers about the planning process for moving into a permanent home or back to their birth home. Ensure that the reasons for any move are communicated in a way that is appropriate to the child’s age and understanding, and that any questions or concerns the child has are listened to. Support children and carers to set realistic expectations and prepare children thoroughly for the different stages of that journey.

Support carers to: promote a child’s sense of identity, self-worth and belonging; understand how best to share a child’s history and the events that led to previous and current care arrangements - for example, through life story work (in digital or other formats appropriate for the child); and understand how a child’s behaviour is dependent on their experience of both past and present parenting. Co-create with carers helpful strategies to meet a child’s needs, and in particular where carers may find behaviour challenging.

Demonstrate professional expertise in managing potentially distressing transitions, recognising the complexity of family dynamics and the potential impact of loss and change. Provide support and advocacy to children, parents and/or carers, demonstrating sensitivity and empathy. Help current carers and birth families to cope with the transition, remembering that this may be a period of great loss and disappointment.

**Develop high quality plans to support the transition process**. Work collaboratively with all parties (including multi-disciplinary and interdisciplinary colleagues) to plan and deliver a smooth transition that causes as little distress and disruption to the child as possible. Recognise that for some children a stable transition should take place over a period of time to ensure that the best outcome is achieved.

Where a child is not returning home, assess, plan and support the appropriate level of contact with their birth family based on the individual child’s specific needs.

Support children, their siblings, carers and the child’s birth family to understand, engage with and contribute to plans for successful contact with each other. Recognise when contact is likely to be problematic and provide appropriate support and review. Recognise the significance of a child’s support network to the likely future success of permanence arrangements and take necessary steps to ensure sustained participation of that network in a child’s life, appreciating the particular imperatives for those older children in residential care.

Develop high quality support plans that recognise the child’s current and likely future needs, the capacity of the carer to meet those needs and the additional support that might be required. Develop plans for delegated authority.

Where the child is returning home to a parent or family member, develop support strategies that are flexible and responsive to changing circumstances and the individual needs of the child and their family.

Assess both the effectiveness of the help provided and management of risk, taking action to provide additional support to families and protect children effectively.

**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.** Build a professional network of expertise to help families get the short and long-term support they need. Know what therapy options are available and their application, and support families to identify accessible resources that will respond in time. Build helpful relationships with families that empower the parent, carer or child to ask for support when they need it. Work closely with family networks and professional networks, including Independent Reviewing Officers, to review arrangements and change these through consultation as the needs of the family change, addressing any escalating risks.

**Identify indicators and early warning signs that a permanent home is under strain.** Work collaboratively, with respect and without blame, with all parties to plan and deliver services and interventions that will support the child’s network and may prevent family breakdown, including short out of home placements. Understand the different dynamics that each permanence option brings and how this affects a social worker’s ability to engage and intervene.

**Be clear and decisive in situations where children are unable to remain at home,** balancing the short and long term impact of moving the child with the likelihood of future and irreparable breakdown of relationships if action is not taken. Where breakdown occurs, work collaboratively with all parties to understand the reasons for breakdown and the options for supporting alternative short or medium term arrangements that enable the child to maintain relationships with carers or parents in periods of crisis. Recognise that a move to a placement that better meets the child’s needs is positive. Make clear the need for the child to be safe and to have stability in their home lives, relationships and education. Be alert to: attempts by

children to ‘test’ new arrangements and support carers and parents to access support from family, friends and community networks, where appropriate; and the potential vulnerabilities of children at the point of disruption, and apply strategies to fully support them through this

transition. Where breakdown occurs, assess whether and how the relationship can be sustained.

**Working with your wider organisation, identify and apply any lessons learned.**

**Examples of CPD activities guidance**

This list should give you an idea of the kinds of activity that might make up your CPD. It is based on work done by the Allied Health Professions’ project ‘Demonstrating competence through CPD’.

|  |  |
| --- | --- |
| **Work-based learning** | |
| - | Learning by doing |
| - | Case studies |
| - | Reflective practice |
| - | Audit of service users |
| - | Coaching from others |
| - | Discussions with colleagues |
| - | Peer review |
| - | Gaining and learning from experience |
| - | Involvement in the wider work of your employer (for example, being a representative on a committee) |
| - | Work shadowing |
| - | Secondments |
| - | Job rotation |
| - | Journal club |
| - | In-service training |
| - | Supervising staff or students |
| - | Visiting to other departments and reporting back |
| - | Expanding your role |
| - | Significant analysis of events |
| - | Filling in self-assessment questionnaires |
| - | Project work |
| - | Evidence from learning activities undertaken as part of your progression on the NHS Knowledge and Skills framework |
| **Professional activities** | |
| - | Involvement in a professional body |
| - | Membership of a specialist interest group |
| - | Lecturing or teaching |
| - | Mentoring |
| - | Being an examiner |
| - | Being a tutor |
| - | Branch meetings |
| - | Organising journal clubs or other specialist groups |
| - | Maintaining or developing specialist skills (for example, musical skills) |
| - | Being an expert witness |
| - | Membership of other professional bodies or groups |
| - | Giving presentations at conferences |
| - | Organising of accredited courses |
| - | Supervising research |
| - | Being a national assessor |
| - | Being promoted |
| **Formal/Educational** | |
| - | Courses |
| - | Further education |
| - | Research |
| - | Attending conferences |
| - | Writing articles or papers |
| - | Going to seminars |
| - | Distance learning |
| - | Going on courses accredited by a professional body |
| - | Planning or running a course |
| **Self-directed learning** | |
| - | Reading journals or articles |
| - | Reviewing books or articles |
| - | Updating your knowledge through the internet or TV |
| - | Keeping a file on your progress |
| **Other** | |
| - | Public service |
| - | Voluntary work |

