



**WOKINGHAM  
BOROUGH COUNCIL**

**Children's Services Practice  
Standards  
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# Introduction

This document of Children's Service Practice Standards has been designed to provide a guide to the levels of service that are expected of Social Care and Early Help practitioners at Wokingham. Some of these standards are sourced directly from our statutory obligations, but many are reflective of the local policies and procedures that we have developed at Wokingham, as well as our Practice Framework. They have been developed in close consultation with Team and Service Managers, with input from senior leaders and representatives of our Quality Assurance Operational Group, and are intended to provide an accurate guide to the processes that should underpin our everyday work.

## Why develop Practice Standards?

The standards are mandatory, and as such will play an important role in ensuring consistency in the services that we provide for the families and children we work with. It is our intention that this document will provide a useful reference point for practitioners across our Service, so that they can be confident and clear about what is expected of them. Crucially, this document also seeks to provide a clear framework for us to benchmark our performance against as a Service, and thus makes up an important aspect of our Quality Assurance Framework. Where our quality assurance programme identifies areas for possible improvement in our Service, the assessment will always be linked to these standards, to ensure consistency and transparency in our approach.

## How to use this document?

These standards have been written in a comprehensive manner to cover all areas of our Social Care and Early Help services. As such, the document is not designed or intended to be read in its entirety. Rather, it is our hope that it will provide a useful point of reference for practitioners who are seeking to refresh their knowledge on a particular area of our work, and the standards of practice that should underpin it – whether that be with regard to the specific timescales for completing actions, or the attributes and values that we would expect to see underpin the approach taken.

## Going forward

It is important to note that this document will be subject to a regular process of annual review. Indeed, it is our expectation that the standards will evolve as our priorities and ways of working inevitably develop and move on. Building on the consultation that has enabled the formulation of this version, we will seek to be as transparent and open as possible when undertaking future reviews. To that end, feedback on the layout, usability or content will always be welcome.

Ultimately, it is our aim for this document to be owned and used by practitioners, not enforced upon them.

With that in mind, we hope you find it a useful resource for your everyday practice.

# Section 1:

## Early Help and Children with Disabilities

Author: **Kelli Scott**, Interim Service Manager, CWD and Early Help

# Integrated Early Help<sup>1</sup>

1. Cases will be allocated to a worker in Early Help within **5 working days** of receipt into the service (from Early Help Hub or Transfer Meeting).
2. The allocated worker will, in the first instance, check whether the family meet the criteria for Family First (FF). Where this is met, contact is made with the FF Team to add this information to Mosaic. Workers will then ensure this is considered when developing the plan.
3. The family will be contacted within **5 working days** of allocation.
4. An initial home visit will take place within **5 working days** from the date of first contact.
5. Early Help Assessments will be completed within **30 working days** following initial visit and a 'SMART' Signs of Safety plan will be agreed and shared with family and any other involved professionals.
6. Reviews will take place a minimum of every **12 weeks** following completion of the assessment. The timeframe will be dependent on the level of risk and complexity. Mosaic will be updated to detail the progress the family are making or any increase risk identified.
7. For co-working cases and step downs from DTA, the allocated Social Worker (from social care), will arrange a meeting with the family and Early Help. The purpose of the meeting is to explain the reasons for referral and to agree an intervention plan. Any progress the family are making towards achieving the agreed outcomes or conversely, any evidence of increased risk, will be fed into the CIN or CP reviews/directly to the Social Worker for immediate safeguarding concerns. The Social Worker and Early Help worker will maintain good communication for the duration of the intervention
8. The child's voice will be captured at the start of the work using relevant, age appropriate tools; the understanding of what the children are saying will be used to inform any interventions. Direct work tools utilised will be saved as an attachment in Mosaic and the findings fed into the review process.
9. The worker will follow the engage process flow chart ([Appendix 1](#)) where there is difficulty engaging with the family.
10. Chronologies will be updated a minimum of **every 12 weeks** and following a significant event (where Early Help are the Lead Professional). They will be meaningful, highlight patterns and themes and be used to inform decision making.
11. All key agencies will be notified of significant events and/or changes for the child and their family.

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<sup>1</sup> Excluding statutory Youth Offending Services

12. Management oversights will be recorded following a significant event or noteworthy decision. All safeguarding matters will be shared with the Social Worker and their line manager in the first instance or in their absence, with a Duty Manager.
13. All cases will be discussed/reviewed in supervision on a **monthly basis** with actions and timescales agreed. Cases of concern will be raised with the Service Manager.
14. A final meeting will be held with the family and professionals to review progress against the agreed outcomes. As part of this meeting, a support/safety plan will be identified and agreed, which will remain in place following closure to Early Help.
15. The child and parents/carers will be asked to provide feedback on the impact of the Early Help intervention they have received. This will be added to Mosaic with a closing summary.
16. Where there are safeguarding concerns the worker will follow the Step Up process ([Appendix 2](#))

## Children with Disabilities

### Early Help:

1. Children within the children with disabilities service framework who are subject to an Early Help Assessment will be allocated to a worker within **5 working days** of receipt of the initial notification (as per *Integrated Early Help Service* [Standard 1](#)).
2. The parents/carers will be contacted within **5 working days** of allocation and an initial home visit will take place within **5 working days** from the date of first contact (as per *Integrated Early Help* [Standard 3](#) and [Standard 4](#)).
3. Early Help Assessments will be completed within **30 working days** of the initial visit. An Early Help plan will be agreed with the family and shared with relevant professionals (as per *Integrated Early Help* [Standard 5](#)).
4. Early Help Reviews will take place a minimum of **12 weekly** (measured from completion of the assessment). The review frequency will be determined according to level of risk and complexity. (As per *Integrated Early Help* [Standard 6](#))

### Assessment:

5. Children held within the Children with Disabilities Team as Children in Need (CIN), children subject to Child Protection Plans (CPP) and Children in Care (CiC) will be subject to an **annual/yearly** Child and Family Assessment review. The aim of the assessment will be to review support packages in place and ensure need/risk continue to be addressed/managed.

6. Timescales for the completion of Child and Family Assessments for children held in the Children with Disabilities Team will align with those set out in Chapter 2 - **Child and Family Assessments**.

#### **Children in Need:**

7. Children in Need held in the Children with Disabilities Team will be subject to a minimum of **3-weekly visits** and **6-weekly reviews** (as per *Child in Need Plans and Reviews* [Standard 1](#) and [Standard 7](#)). There will however be exceptions to this rule, as follows:

**Stable Children in Need:** Children who by virtue of their complex disability and/care package require ongoing Child in Need involvement, however input and support means that situation is stable; these children will be seen a minimum of **4 weekly**, with visits rotated between school, respite setting and the family home. Child in Need reviews will be held on a **3 monthly** basis at a minimum.

**Children receiving overnight short breaks:** Children receiving a package of overnight short breaks due to a complexity of disability/management of that disability, thus requiring an ongoing CIN involvement. These children will be seen a minimum of **4 weekly**, with visits being rotated between the short breaks provision and the family home. Child in Need reviews will be held on a **3 monthly** basis at a minimum.

**Children receiving family based overnight short breaks:** Children receiving a package of family based overnight short breaks due to a complexity of disability/management of that disability, thus requiring an ongoing CIN involvement. These children will be seen a minimum of **4 weekly**, with visits rotated between the family based overnight setting and the family home. Child in Need reviews will be held on **3 monthly** basis at a minimum

8. Other exceptions may arise that require an alternative visiting schedule, such as children open to the service on the basis of a life limiting disability. Agreement to alter the frequency of visits/review cycles as outlined above must be sought from the Team Manager, recorded as a management oversight on Mosaic & reflected in the child's supervision record. In all cases however, the frequency of visiting should not exceed the **6 weekly minimum** national standard. Child in Need reviews should not exceed a **3 monthly minimum**.
9. All visits to children will be purposeful and aimed at addressing goals/needs as outlined in the Child in Need plan. The view and wishes of the children will be sought in a manner appropriate to the child's age and presenting disability.

#### **Child subject to Child Protection Plans:**

10. The Initial Child Protection Conference (ICPC) will be held within **15 working days** of the Strategy Discussion being held (as per *Child Protection Conferences* [Standard 1](#))
11. Wokingham guidance.



12. Children subject to Child Protection Plans held within the Children with Disabilities Team will be subject to statutory visits a minimum of every **10 working days** (as per *Child Protection Plans and Reviews* [Standard 1](#)).
13. Core Groups will be held at a **6 weekly** frequency (as per *Child Protection Plans and Reviews* [Standard 9](#)).
14. The 1<sup>st</sup> Review Child Protection Conference (RCPC) will be held within **3 months** of the completion of the ICPC. The subsequent RCPCs will be held at a frequency of **6 months** (as per *Child Protection Conferences* [Standard 14](#) and [Standard 15](#)).
15. All visits to children will be purposeful and aimed at addressing goals/risks as outlined in the Child Protection Plan. The view and wishes of the children will be sought in a manner appropriate to the child's age and presenting disability.

#### **Children in Care:**

16. A Child in Care held in the Children with Disabilities Team<sup>2</sup> will be seen a minimum of **every 4 weeks** (as per *Children in Care* [Standard 32](#)).
17. After a **one year** period, a review of the visiting frequency will take place as part of the Child in Care review and agreement can be given to increase visiting frequency to **3 monthly** should the situation be deemed stable. This should be agreed by all professionals and ratified by the IRO and children's services Team Manager.
18. The first Looked After Review will be held within **20 working days/4 weeks** of the child being accommodated. The second Looked After review will be held **3 months** following. Subsequent reviews will be held at **6 monthly** intervals. (as per *Looked After Reviews* [Standard 43](#), [Standard 57](#) and [Standard 60](#))
19. All visits to children will be purposeful and aimed at addressing goals outlined in the Child in Care plan. The view and wishes of the children will be sought in a manner appropriate to the child's age and presenting disability.

#### **Transitions:**

20. The Transitions Team should be notified of all children likely to require transition into Adult Services on their 14<sup>th</sup> birthday/as soon as they present to the service thereafter. A monthly tracking meeting will be held where this information will be shared.
21. From point of notification, the transitions team will attend the annual Education, Health and Care Plan (EHP) reviews for the child.
22. **For children open to Social Work:** A Child & Family Assessment will be triggered by the allocated social worker when the child reaches their 17<sup>th</sup> birthday/16<sup>th</sup> birthday for a Child in

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<sup>2</sup> Note: This cohort includes children with disabilities who by virtue of receiving respite services/overnight short breaks/residing at a jointly funded residential school provision are spending 75 plus nights away from home each year.

Care. This assessment is designed to review ongoing needs post-18 and support in facilitating the transfer process to the Transitions Team.

23. **For children open to CWD Early Help:** An Early Help Assessment will be triggered by the allocated worker when the child reaches their 17<sup>th</sup> birthday. This assessment is designed to review ongoing needs post-18 and support in facilitating the transfer process to the Transitions Team.
24. **For children open to Short Breaks:** A Short Breaks Assessment will be triggered by the Short Breaks Coordinator when the child reaches their 17<sup>th</sup> birthday. This assessment is designed to review ongoing needs post-18 and support in facilitating the transfer process to the Transitions Team.
25. When the child is 17 years old/16 years old for a Child in Care, a referral will be made to the Transitions Team who will allocate the child for the completion of the Self-Directed Assessment (SDA).
26. Upon completion of the SDA, the child/their care package will be discussed at Forum and responsibility for finances/services ongoing agreed.

#### **Case Summaries & Chronologies:**

27. Case summaries will be updated a minimum of every **3 months**.
28. Chronologies will be updated a minimum of every **3 months** or as significant issues arise.

## **Autistic Spectrum Service for Information Support and Training (ASSIST)**

1. Direct contact for information, signposting, drop in sessions or workshops (by telephone, email, or mail) will be responded to within **2 working days**.
2. Following open (self) referral contact or receipt of diagnosis documentation from CAMHS or health for parent programmes, information for the next available programme will be sent **6 weeks** prior to the start of the programme.
3. Multi-agency referral forms (MARF) for focused 1-1 family or school support in relation to difficulties from an autism perspective sent to Duty, Triage and Assessment (DTA) will be discussed at the next Early Help Hub weekly meeting. The Early Help Hub will then allocate to ASSIST in the following **2 working days**.

4. ASSIST will write to the family within **2 working days** of receiving the MARF referral notifying the family either:
  - That a member of the team will be contacting them in the next **5 working days** to arrange to meet with them and discuss the referral, or;
  - That the service is operating a waiting list and further contact will be made when a worker can be allocated.
5. The detail of the work requested within the referral will be decided with the family and will be continuously reviewed through the Early Help process. Timescales for assessment and review will align with those set out in the Integrated Early Help chapter (See [Standard 5](#) and [Standard 6](#)). Both parties will agree when appropriate to close the case. At this time families will be given information on how to access the service as in Standard 1 and Standard 2 above. Details of contact will be recorded on Mosaic.

## Occupational Therapy

1. The Children's Services Occupational Therapy (CSOT) Duty Inbox will be checked **4 days per week** and queries will be acknowledged and responded to within **5 working days**.
2. New referrals will be reviewed by the Occupational Therapists **4 days per week** and prioritised into Priority 1 or 2 within **5 working days**.
3. Waiting list letters will be sent to parents/carers of children with new referrals within **5 working days** of prioritisation.
4. Occupational Therapists will contact parents/carers to offer initial assessment **with 5 days** of allocation.
5. During the first home visit Occupational Therapists will: Explain working hours; provide Team contact details; and ask the service user to sign both the consent to share information and taking photographs forms.
6. Occupational Therapists will update the Mosaic Person Summary with additional information from initial Occupational Therapy assessment within **5 working days** of assessment.
7. Occupational Therapists will fully explain to the child and their parents/carers their proposed intervention to gain agreement to proceed. The Occupational Therapist will respect the child and their parent/carer's right to make choices about Occupational Therapy intervention.

8. Occupational Therapists will use the child and their parent/carers' preferred method of communication, using interpreters if needed.
9. All contacts with or concerning the child and their parents/carers will be recorded in case-notes on Mosaic and will be comprehensive, accurate and justifiable.
10. Occupational Therapists will liaise with and update all relevant agencies in order to support the agreed Occupational Therapy intervention.
11. Occupational Therapists will keep up-to-date with national guidance, research and evidence; they will provide information and advice on alternative services and occupational therapy provision as appropriate.
12. Occupational Therapists will raise any safeguarding concerns with their manager.
13. Occupational Therapists will meet The Health and Care Professions Council (HCPC) requirements for CPD and take an active part in clinical supervision and training.
14. Occupational Therapists will work within the HCPC and Royal College of Occupational therapists (RCOT) guidelines, standards of practice and code of ethics.

## Youth Offending Service

*The Youth Offending Service standards of practice relate to three Key Performance Indicators, namely reduction of First Time Entrants, reduction of offending and re-offending, and reduction in custodial sentences.*

Reduction of First Time Entrants (Early Intervention and out-of-court disposals):

The Youth Offending Service will:

1. Undertake an accurate, suitable and sufficient Youth Justice Board approved assessment of risk and need for all children referred within **5 working days** of the referral being allocated;
2. Formulate all interventions based on the assessment produced, focusing on promoting a pro-social identity. This plan will be developed within **5 working days** of completion of the assessment;
3. Seek to involve children and their parents/carers in the assessment, planning, implementation, delivery, and reviewing of individual programmes;
4. Following the arrest of a child, work closely with the Police and CPS to avoid any unnecessary criminalisation, in line with the Service's aims to reduce the number of First Time Entrants to the Youth Justice System.

5. Build supportive relationships with children and their parents/carers and deliver prompt, proportionate, effective interventions; such interventions should not exceed a **16 week** period following referral or the delivery of a disposal.

Reduction in re-offending (statutory post-court):

The Youth Offending Service will:

6. Engage the child, parents/carers throughout the duration of a statutory Order;
7. Establish a meaningful and trusting relationship with children who are open to the Service;
8. Take into account the diverse needs of each child and promote equality in access and engagement;
9. Assist the child to build a pro-social identity;
10. Ensure the child is aware of their rights and responsibilities under the terms of an order and continually check their understanding;
11. Supervise statutory court orders in line with the Youth Justice Board approved assessment framework (ASSET+) within **5 working days** following sentencing;
12. Produce a plan from the completed assessment within **5 working days** (Youth Rehabilitation Orders) and **20 working days** (Referral Orders);
13. Co-ordinate interventions with any other relevant specialist agencies with specified intended outcomes, prioritised based on need;
14. Review intervention plans **3 monthly** or earlier in the event of significant changes in circumstances;
15. Be alert throughout the child or young person's engagement with the Service focusing on behavioural and attitude changes that may impact on public protection and their own safety and wellbeing.

Reduction in custodial sentences:

16. The Youth Offending Service will produce good quality pre-sentence reports to Youth or Crown courts, evidencing alternative sentencing options to custody and containing external and internal controls for managing risks to the victim or public.

In cases where a Detention and Training Order is inevitable, the service will:

17. Ensure that contact with a young person within a custodial setting is made within **5 working days** following sentence;

18. Attend and contribute to sentence planning within **10 working days** of sentencing;
19. Attend and contribute to reviews of the sentence planning at a minimum of **3 monthly**, or as determined by establishment;
20. Plan for resettlement to commence at the start of the custody period;
21. Ensure suitable accommodation and some form of Education, Training or Employment are in place prior to the young person being released on a licence period;
22. Finalise the transition to National Probation Service at least **1 month** prior to release date (for young people who have turned 18 whilst in custody).

# Section 2:

## Referral and Assessment Services

Author: **Estelle Kelleway**, Service Manager, Safeguarding

## Duty Team (MASH)

1. When a multi-agency referral form (MARF) is received from a professional raising safeguarding concerns for a child, or a request for early help support, a Safeguarding Administrator will add the new contact/referral record to Mosaic **within one hour** (with any documents uploaded to the EDMRS). If a telephone call is received from a member of the public, a family member of a young person directly, the Social Worker who receives the call is responsible for adding the new contact/referral record to Mosaic and uploading documents to EDMRS, and will do so **within one hour** of receiving the call.
2. Upon receipt of a new contact, it will be triaged and reviewed by the Duty Manager. The Social Worker or Referral Co-ordinator will add the chronology of any Children's Services involvement to the contact and the new information will be reviewed alongside any previous history.
3. If further information is required from partner agencies in order to make a decision about threshold, a Multi-Agency Safeguarding Hub (MASH) Enquiry will be triggered by the Social Worker or Safeguarding Administrator. These will be completed within their graded timescale; red grading will require that checks are received **within 4 hours**, and amber grading will require that checks are received **within 24 hours**. Parental consent (from both parents) will be obtained before a MASH Enquiry or any other form of agency check is undertaken, unless the need for parental consent is overridden by the Duty Assistant Team Manager. In such cases, the rationale for the decision will be clearly recorded on the child's file.
4. In the event that MASH checks are not received within the required timescales, the contact will be screened and further information will be gathered by the Social Worker and Referral Co-ordinator directly (for example via calls to parents, the referrer or other relevant professionals). A recommendation will be made on threshold **within 24 hours** of the referral or contact being received.
5. Once a threshold recommendation has been made by the Social Worker and Referral Co-ordinator, the Duty Manager will review the completed contact and make a decision on next steps **within 24 hours**, unless the recommendation is for a Strategy Meeting, in which case it will be reviewed as a matter of urgency. Any further actions taken as a consequence of this review process will be added to Mosaic by the Duty Manager.
6. If a threshold recommendation is for a Child and Family Assessment, the Duty Manager will allocate this to the Assistant Team Manager directly, who will then allocate the case to a Social Worker within their pod. The Duty Manager will also record the "team" and the "service user group" on Mosaic, and will send a calendar invite for Day 23 (2 days before the assessment is due) to the receiving Assistant Team Manager.
7. If the threshold decision is for the case to be discussed at the Early Help Hub, this action will be completed on Mosaic. If a contact goes straight to Early Help without assessment, the pathway for this is triggered through Mosaic steps, with the case added to the next available



Early Help Hub meeting (once parental consent is obtained). If a Child and Family Assessment recommends step down to Early Help, then this is also triggered on Mosaic. However, such requests are also placed on the Transfer List for discussion at the next Transfer Meeting (which will have Early Help representatives in attendance). The discussion at this meeting will consider allocation, work needed, and the handover process from Children's Social Care to Early Help.

## Child in Need Plans and Reviews

### Visits

1. The frequency of visits to children subject to Child in Need plans will ordinarily be at a minimum of **15 working days/three weeks**. However, each case will be considered individually and the frequency of visiting be determined by the level of need. If the assessment is made that visits should be completed less frequently than every 15 working days, clear evidence of the decision making in this respect needs to be present on the child's file (within case notes and/or within CIN review documents).
2. Visits will be completed by the allocated Social Worker. Should the allocated worker be unable to visit within the timescale agreed due to ill health for example, the Duty Social Worker may be asked to visit the family. This needs to be agreed by the management team.
3. Families working with the Local Authority under Child in Need plans are doing so under Section 17 of the Children Act, which is voluntary intervention. Given this, visits completed will be planned and pre-arranged with the family. There may be situations where the visit needs to be unplanned, i.e. if further concerns are raised and/or the Social Worker is unable to get hold of the family for a period of time. The rationale for unplanned visits needs to be explained to the family and clearly recorded on the child's file.
4. With the consent of the parents, the child will be seen alone (where appropriate) and seen in other settings, as well as the home environment.
5. The child's wishes and feelings need to be captured during visits and used to inform our assessment and subsequent intervention.
6. Child in Need visits will be recorded under the *Social Work Visits* workflow on Mosaic **within 48 hours** of the visit being completed.

### Reviews

7. CIN reviews will be held at a minimum of **every six weeks**. If the decision is made that the frequency of the meetings is to be more or less frequent than this, the rationale needs to be clearly detailed within case supervision.
8. The purpose of Child in Need reviews is to review the Safety Plan with the family and professional network, to share any updating information relating to the progress of the plan and to identify next steps to add to the trajectory.

9. A Transfer Child In Need meeting needs to be attended by the manager of the receiving team who will chair the review.
10. Management attendance at Child in Need meetings needs to be decided in line with the identified need, however a manager will need to be present and chair the first and last Child in Need meeting.
11. Amendments to the plan, together with the rationale and actions agreed should be read and signed off by managers **within two weeks** of the meeting date.
12. If necessary, Social Workers can request admin support to record actions and amendments to the plan meetings.
13. Agencies will be informed that the record of the meeting will capture the progress of the safety plan, and will not be verbatim minutes.
14. The record needs to detail who attended the meeting and whom apologies were received from.
15. The record will be written up and signed off by the manager **within two weeks** of the meeting date and sent to attendees securely.
16. Partner agencies involved with the family are expected to attend and participate within the meeting.
17. If agencies are unable to attend, they are responsible for contacting the Social Worker and sending a report to inform the meeting.
18. If there is concern about the actions/contributions of any involved agency the Social Worker and/or their manager will address this through discussion or email with the person involved and where relevant with their line manager.
19. A CIN review will only be cancelled in exceptional circumstances; for example if the worker or family are unwell. If this occurs the review should be rearranged and held at the earliest opportunity. Social Workers should seek the oversight/advice of their management team before postponing a review.
20. A Child and Family Assessment will be completed **every 6 months** or if there is significant change for the child and/or family, or if significant information is received.
21. Formal case supervision needs to be held at least **every three months**.
22. Management Oversight needs to be recorded on the file **monthly**.

# Case closures and Step-down to Early Help

## Case closures and step-down from long-term teams following a CIN plan

1. A recommendation to close or close and stepdown a case will usually be made as part of a Child in Need review meeting or as an outcome of a subsequent assessment. The Social Worker is responsible for ensuring that the views of the child, family and professional network are recorded in the assessment document (including the views of the step down agency) prior to sign off by the manager (See standards on [Child and Family Assessment](#)). The outcome would normally be shared at a Child In Need review meeting which should be held within 10 working days of assessment completion. As a minimum standard, there will always be a joint home visit/and or review Child in Need meeting for cases that are closing and stepping down and there will always be a goodbye visit and formal letters to involved agencies and family members when cases are closing.
2. The manager is responsible for signing off any decision to close, in the CIN review episode, updating assessment and as a management oversight.
3. The Social Worker will ensure that all case work is recorded on Mosaic (with any letters uploaded, and the case chronology and case summary updated) within 5 working days of the Management decision to close or step down to Early Help.
4. When a management decision has been taken for case closure or step-down to Early Help, the manager will record this on Mosaic as a case note within 2 working days of the decision being made.
5. If the recommendation is agreed by manager for the case to step down to Early Help, the case will be discussed by the manager at a Transfer Meeting prior to closure. If an Early Help worker has been identified or is already involved in the case, the Social Worker will ensure that they are invited to any CIN Reviews that take place prior to closure.
6. Where a management decision (following assessment or review) is taken to close a case), the Child Protection Admin Team or Team Manager will trigger the *Case Closure* workflow on Mosaic and allocate it to a Social Worker within 2 working days.
7. A *Case Closure* workflow will be completed and tasked to a Manager for approval within 5 working days of its allocation. In instances where a case is stepping down to Early Help, this will be completed on a closure form and tasked to an Early Help Manager within 2 working days.
8. Where a case is closed, the file will be checked by the Manager to ensure that any end dates are added for any Social Work involvement or service user groups on Mosaic within 1 working day. Where a case is stepping down, the identified Early Help worker will be allocated on Mosaic.
9. Any *Case Closure* workflows that are triggered will be copied to all siblings by the Manager within 1 working day.

10. Following a case closure, a letter will be sent to the parents and any professionals involved with the case informing them of the decision within 1 working day. The letter will be sent by the Social Worker or Admin Team.
11. A case note will be added to Mosaic to indicate that the case is closed by the Manager within 1 working day of the completion of the closure episode.

#### **Step down from DTA to Early Help following an assessment**

1. If it is decided during an assessment that a family will need a coordinated service from Early Help in order to prevent an escalation of concern, the Social Worker and Social Work Manager will agree recommendations for further work. The decision will be recorded by the Social Work Manager. The assessment will be completed within 45 working days.
2. The Social Worker will share the conclusions with the family, and will also seek written consent to share the findings with the Early Help Team within 5 working days of the assessment. The Social Worker will provide a summary of the assessment at the next Weekly Transfer Meeting.
3. A Case Transfer Meeting will be organised to take place within 5 working days of the assessment's conclusion. The Social Work Manager will circulate a Case Transfer Document the day before this meeting takes place, with a summary of the assessment included. The Early Help Manager will provide the name of an allocated Early Help Worker on the day of the meeting.
4. The Social Worker and Early Help Worker will arrange a joint Team Around the Family Meeting or Home Visit within 5 working days of the Case Transfer Meeting taking place.

## **Child and Family Assessment**

1. A decision will be made about the need for a Child and Family Assessment by the Duty Manager **within 24 hours** of the contact or referral being made. The timescale for an assessment starts on Day 2. It is expected that the majority of assessments will be completed within **25 days** of allocation but in some circumstances, an extension can be agreed up to **45 days**.
2. The Social Worker will conduct a review of the case **within 48 hours** of the case being allocated, including the creation of a draft Danger Statement and Safety Goals.
3. The Social Worker will visit the family and ensure that the children are seen **within 3 days** of allocation.
4. The Social Worker will complete agency checks with all relevant professional agencies **within 5 days** of allocation.

5. A review of progress will be undertaken by the Social Worker and Assistant Team Manager **within 10 days** of allocation. This review will ensure that the child has been seen, that an initial Safety Plan has been put in place and that consideration has been given to next steps.
6. The Social Worker will also ensure consideration has been given to the use of a Family Network Meeting **within 10 working days** of allocation.
7. Should an extension to these timescales be required, a request should be made to the Team Manager as soon as possible, and at the latest **within 20 days** of allocation.
8. Prior to seeking managerial sign-off for the assessment, the Social Worker will ensure that a copy of the report has been sent to the family (where it is appropriate and possible to do so) to provide them with an opportunity to comment or provide feedback on the final draft. Any comments received will then need to be recorded within the final report. If it is not possible to send the assessment to the family (if for example they have absconded) or if it is decided that it is not appropriate for the assessment to be shared due to safeguarding concerns, then the rationale will be need to be recorded clearly within the *Child and Family Assessment* Mosaic Step. The Social Worker's Service Manager will also need to be alerted to this decision. The Child and Family Assessment step will then be completed, with next steps clearly indicated.

## Strategy Discussions

1. If new information is received that prompts a review of threshold, and it is subsequently decided that a Strategy Discussion will take place, an Assistant Team Manager or Team Manager will trigger the *Strategy Discussion* workflow on Mosaic **on the same day** of the new information being received.
2. The Allocated Social Worker will make a referral to the Police Enquiry Centre (PEC) **within 1 hour** of the decision to hold a Strategy Meeting being made.
3. **Once the PEC referral has been made**, the Assistant Team Manager or Team Manager will contact the Thames Valley Police MASH representative to organise and agree police attendance.
4. The Social Worker will coordinate the booking of a room for the meeting and organise a minute taker, and will also ensure that all relevant professionals from partner agencies are invited.
5. The Strategy Meeting should be held within **24 hours** of the new information being received and will be chaired by an Assistant Team Manager or Team Manager. In the event that the strategy meeting is held outside of the timescale the reasons and rationale for accepting the delay should be clearly recorded by the manager as a management oversight.

6. The Chair of the meeting (or Admin Team) will circulate the actions **immediately** at the close of the Strategy Meeting. The minutes of the meeting will be written by the Chair (or Admin Team), uploaded to Mosaic and distributed to attending agencies **within 24 hours**.
7. Once the minutes are received by the attending agencies, they will be provided with **5 working days** to submit any amendments. It will be made clear that these amendments should be submitted in writing
8. If the outcome of the meeting is that the threshold for Section 47 has been met, the Social Worker will advise the Child Protection Admin Team **on the same day of the meeting**. The Chair and other attending professionals will also give consideration to organising a further date for a Review Strategy Meeting.

## Section 47 Enquiries

1. If it is decided that the threshold for a Section 47 enquiry has been met, the Section 47 workflow will be triggered on Mosaic by the Assistant Team Manager or Team Manager **within 24 hours**.
2. The Strategy meeting/discussion sets out the actions required as part of the Section 47 enquiry, together with timescales but as a minimum standard the allocated Social Worker will visit the family and child **within 24 hours** of the threshold decision being made, and with the consent of the parents will see the child alone.
3. A Safety Plan will be discussed and agreed with the family **within 24 hours** of the threshold decision being made and this will be recorded as a case note on Mosaic.
4. The Social Worker will conduct agency checks with all professionals involved with the family **within 24 hours** of the threshold decision being made.
5. The Social Worker will complete the Section 47 workflow on Mosaic, with recommendations for next steps indicated within **5 working days** of the Strategy Meeting being held.
6. An Assistant Team Manager, Team Manager or Service Manager will undertake Management Oversight **within 5 working days** of the strategy meeting being held.

## Child Protection Plans and Reviews

### Visits

1. The frequency of visits to children subject to Child Protection plans need to be at a minimum of **once every 10 working days**. However each case will be considered individually and the frequency of visiting will be determined by the level of need/risk.

2. The visits will be completed by the allocated Social Worker. Should the allocated worker be unable to visit within the timescale agreed due to ill health for example, the Duty Social Worker may be asked to visit the family. This needs to be agreed by the management team.
3. Announced and unannounced visits will be completed by the allocated Social Worker. The frequency of each will be determined by the need/risk and evidenced on the child's file within supervision.
4. Preparation for each visit and how it fits with the overall plan is key. The purpose of the visit to the child is to gain insight and understanding into their lived experience and the difference that the identified plan is making to their life. Children should be seen alone and their wishes and feelings obtained during each visit to inform our assessment and subsequent intervention. It will not always be appropriate to see children alone i.e. due to young age or additional needs. However, this needs to be discussed with managers, agreed and detailed within supervision and on the visit recordings.
5. Children will be seen in a variety of settings.
6. The children's bedrooms will be seen. The frequency of such will be determined by the need/risk, but at a minimum the children's bedrooms will be seen once in every three visits.
7. Child Protection visits will be recorded under the *Social Work Visits* workflow on Mosaic within **24 hours** of the visit being completed.

### **Core Group Meetings**

8. The first core group meeting following the Initial Child Protection Conference will be held within **10 working days** of the Conference.
9. Thereafter, core group meetings will be held at a minimum of every **6 weeks**.
10. The purpose of Core Group Meetings is to review the Safety Plan with the family and professional network. To share any updating information relating to the progress of the plan and to identify next steps to add to the trajectory.
11. Management attendance needs to be decided in line with the identified need, however a manager will be present and will chair the meeting at the first and last core group meetings.
12. All meeting records need to be read and signed off by management within **two weeks** of the meeting date.
13. When necessary, Social Workers can request admin support to minute the meetings.

14. Agencies will be informed that the minutes will capture the progress and any amendments to the Safety Plan and will not be a verbatim record.
15. The minutes need to detail who attended the meeting and whom apologies were received from.
16. Minutes will be written up and signed off by management **within two weeks** of the meeting date and sent to attendees securely.
17. Partner agencies involved with the family are expected to attend and participate within the meeting.
18. If agencies are unable to attend, they are responsible for contacting the Social Worker and sending a report to inform the meeting.
19. If there is concern about the actions/contributions of any involved agency the Social Worker and/or their manager will address this through discussion or email with the person involved and where relevant with their line manager.
20. A core group meeting will only be cancelled in exceptional circumstances; for example if the worker or family are unwell. If this occurs the review will be rearranged and held at the earliest opportunity. Social Workers will seek the oversight/advice of their management team before postponing a review.
21. Review Child Protection Conference reports need to be **completed and shared** with the child/family **7 working days** prior to the Child Protection Conference and their views recorded on the document.
22. The report needs to be read and signed off by the manager **5 working days** before the Child Protection Conference.
23. Formal case supervision needs to take place at a minimum of **every two months**.
24. Management Oversight needs to be recorded on the file **monthly**.

## Safety Planning

1. On completion of an assessment, the allocated Social Worker will create a Danger Statement and Safety Goals for the child, along with matching Scaling Questions.

A Danger Statement will:

- Describe harmful adult behaviour;
- Be grounded in evidence of past harm;
- Impact on the child both now and in the future (if there is no change to their circumstances).
- Use plain language and be jargon-free, to ensure that it can be clearly understood by the family; and



- Capture the seriousness of any concerns, without apportioning blame.

Safety Goals will:

- Outline what professionals need to see the family do or change in order to feel persuaded that children will be safe in the future; and
- Provide emphasis on what needs to happen, not how (as this will be detailed in the body of the child's plan).

Scaling Questions will;

- Provide a scaling for each pairing of Danger Statement and Safety Goal (where 10 mirrors the safety goal and 0 mirrors the danger statement and the most concerning behaviour).
- Seek to encourage people to think carefully about their judgement of the situation
- Seek to be realistic to the situation described.

2. On completion of an assessment, the allocated Social Worker - in collaboration with the family and network - will create Bottom Lines. These will focus on the processes that sustain safety rather than the rules of the plan.

As a minimum, bottom lines should include:

- An explanation for the children, usually making use of "Words and Pictures".
- A network who can be fully informed of the risk and be active in the plan.
- A clear and simple plan that addresses the critical issues.

3. On completion of an assessment, the allocated Social Worker will develop a Timeframe and Trajectory. This will detail who will provide support, as well as how and when it will be provided. It will explain the work we intend to do with the family to ensure that:
  - There is an informed and active network.
  - The Safety Plan looks at both preventative measures and response actions;
  - We have worked with the child to ensure they are fully involved at each stage of the process.
4. Following a referral (including a referral on an open case), or whenever a new piece of information comes to light to suggest that danger is likely or existing, the Social Worker will work with the family to consider and construct an Interim Safety Plan. This will consider who is doing what and when, and how the children's immediate safety can be ensured. It will also identify when a full network meeting will take place, so that an updated or revised Safety Plan can be agreed.
5. By the time of the child's second review - i.e. three months after the Initial Child Protection Conference - the Safety Plan should be concluded. At this point, the Social Worker - in collaboration with the family and other professionals that are involved - will agree the family's network. The details of this network will be clearly documented, setting out the name of each member, alongside their contact details and their role within the Safety Plan. All members of the network will be provided with a copy of the Safety Plan for them to sign, to ensure that they are fully informed of the reasons for our involvement, as well as the Danger Statements and Safety Goals. The network will also be invited to contribute to any review of the scaling questions.
6. When developing a Safety Plan, the Social Worker will aim to:

- Identify what things look like when everything is going well and the danger is not present. These details will be behaviourally specific to when the danger is not present - not just the strengths that the family display on a regular basis.
- Identify the triggers or stressors that might heighten the risk of harmful behaviours occurring. These will set out the factors/events/behaviours that might heighten the risk of harmful behaviour occurring, which should tell everyone to be on high alert.

Both aspects will be developed in collaboration with the family and the network, as well as any professionals that are involved.

7. The Social Worker will ensure that the Safety Plan includes:

- A Prevention plan - which will identify who will do what and when, to prevent the likelihood of harm, linked to the triggers and stressors.
- Red Flags/Warning signs - which will set out behavioural specific signs that tell the network that they need to activate the response plan because danger is either imminent or evident.
- A Response plan - which will set out who is going to do what to ensure the child does not experience harm.

These will be developed in collaboration with the family and the network, as well as any professionals that are involved.

8. On completion of an assessment, and then continuously thereafter, the Social Worker will conduct intensive and specific direct work with the child to show that their voice and needs are detailed, and that they have guided the safety planning process. Tools like - or similar to - the Three Houses, Safety House and Safety Circles will be used to assist in forming the content of the assessment and safety plan.

9. The Safety Plan will clearly outline:

- Meetings where the Plan can be reviewed, to allow discussion on what is working well and what is not.
- Mechanisms for the Network to communicate regularly about the enactment of the plan - usually a Safety Journal or WhatsApp Group.
- Ways in which the child will be able to tell us when the plan is or is not working - usually the Safety Object.

10. The Social Worker will seek to ensure that the child is aware of the Safety Plan as an evolving piece of work, and will make it clear that the child's views have been documented in any mapping or reviewing of the document. The final version of the Safety Plan will be presented to the child in an appropriate format, usually in "Words and Pictures".

## Parallel Planning for Adoption

1. When an Interim Care Order is granted at a court hearing, an allocated Social Worker will start Child in Care procedures on the child's file on Mosaic, and will ensure that the child's first Child in Care Review is arranged for within 20 working days of the hearing.
2. When the child comes into the local authority's care, the Social Worker or Admin Team will order two original copies of their birth certificate from the Registry Service, which will be required should the Court make a Placement Order.
3. If parallel planning for adoption is being considered for the child, a Permanency Planning Meeting should be arranged **as soon as possible** following the granting of the Interim Care Order, so that a decision can be taken on its use. The Team Manager, Assistant Team Manager, Service Manager and Independent Reviewing Officer will be invited to this meeting. A representative from Adopt Thames Valley will also be invited the child is under 8 years old.
4. In order to complete a Child Permanence Report (CPR) within the required timescale, the Social Worker will complete BAAF forms with the parents and then book a pre-adoption medical with a LAC Nurse **as soon as possible**.
5. At the Case Management Hearing, the Social Worker, in conjunction with the Joint Legal Team, will timetable dates for final evidence and the child's final Care Plan. These dates will need to allow sufficient time for sign-off of the CPR, and will also need to give consideration to the 26 week time limit for care proceedings.
6. During the course of proceedings, and once all assessments are received, the Social Worker will arrange Permanency Planning Meetings to confirm the final Care Plan.
7. The Social Worker will arrange a Child in Care Review in order to alert the parents to the Care Plan and gain IRO approval. Alongside this, the Social Worker will send letters to the parents to inform them of the Care Plan. The letters will include information about adoption, and will seek consent from the parents to refer them to the Birth Relative Service.
8. The Social Worker will need to make arrangements so that the final CPR can be sent to the Agency Decision Maker (ADM) at least **2 weeks prior** to the Final Evidence and Care Plan date. In order to do this, the Social Worker will need to arrange a meeting with Adopt Thames Valley to finalise the CPR at least **2 weeks prior** to when the ADM decision is required. The Social Worker will also need to allow time to review the CPR with their Manager, before it is sent to ATV, along with any relevant documents (e.g. assessments and pre-adoption medical reports). The CPR will therefore be completed by the Social Worker at least **4 weeks prior** to when the ADMs decision is required, to allow for management overview and ATV input.
9. The Social Worker will complete the Final Evidence and Care plan, with the support of the Joint Legal Team Case Manager as appropriate, and send them to their Team Manager and/or Assistant Team Manager **one week** prior to the filing date.
10. The Joint Legal Team will make an application for a Placement Order prior to the final hearing.



# Section 3:

## The Corporate Parenting Service

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# Family Placement (Fostering)

## **Prospective Foster Carers**

The Family Placement Team will:

- 1 Welcome all enquiries about fostering and will respond to them positively and sensitively; dealing with enquirers openly and fairly, offering a flexible approach that progresses applications without delay.
- 2 Provide clearly defined standards for foster carers to follow.
- 3 Maintain clear policies and procedures for the assessment and approval of foster carers.
- 4 Assess prospective foster carers on their ability to promote the health, education, safety, personal and social development of children and young people who might be placed with them.
- 5 Ensure the assessment of prospective foster carers is undertaken by qualified Social Workers who have experience of child care and/or foster care and/or family placement work. If the assessing social worker has limited professional experience then the assessment will be overseen by an experienced practitioner or manager.
- 6 Seek to involve all members of the household in the assessment and approval process, including children and young people who have been fostered or previously adopted, as well as adult children of the prospective foster carer(s) living elsewhere.
- 7 Provide opportunities for prospective foster carers to improve their understanding of and get ready for fostering through preparation training and contact with experienced foster carers.
- 8 Make all necessary checks, including criminal records checks, to inform suitability to foster. For approved foster carers some of these checks will be repeated as part of ensuring that they continue to be suitable - for example, update health and criminal records checks.
- 9 Ensure prospective foster carers receive regular feedback on the progress of their application/assessment, including clear indications of any work that is needed to further the process.
- 10 Complete assessments of prospective foster carers within **6 months** of receiving a completed application form, unless unforeseen circumstances prevent this.

## **Considering applications/assessments and foster carer reviews - the Fostering Panel**

The Family Placement Team will:

- 11 Ensure that its Fostering Panel is constituted and that its members undertake their responsibilities in accordance with Regulations, National Minimum Standards, Statutory Guidance and relevant

good practice. It will also be ensure that Fostering Panels treat prospective foster carers and existing foster carers respectfully, openly and honestly, and without prejudice or discrimination<sup>3</sup>.

- 12 Make sure prospective foster carers/approved foster carers have access to their assessment or review report (and any other relevant reports), before a recommendation about approval/re-approval is made.
- 13 Provide applicants and foster carers with **at least two weeks** to read, correct and add to the report(s).
- 14 Ensure prospective foster carers/approved foster carers are invited to attend Fostering Panel on any occasion when their suitability is being considered, and will make them aware that they can bring a supporter (for moral and emotional support) with them.
- 15 Inform prospective foster carers and already approved foster carers as soon as possible whether they have been approved/re-approved, and will ensure that they are given the reasons for the decision.
- 16 Provide clear procedures for prospective foster carers and approved foster carers to make representations about qualifying determinations<sup>4</sup>, as well as for seeking a review through the Independent Review Mechanism (IRM).

### **After Approval**

The Family Placement Team will:

- 17 Provide every foster carer with a written agreement (the Foster Care Agreement) setting out the terms of approval, the role and responsibilities as a foster carer and the role and responsibilities of the Family Placement Team.
- 18 Ensure that the Foster Care Agreement sets out clearly the number, age range and gender of the children and young people that may be placed with the foster carer(s) and the duration of the placement.
- 19 Provide foster carers with a Handbook containing all relevant policies, procedures and practice guidance, the content of which will be reviewed and updated regularly. The Handbook will provide clear information about how to make a complaint, and what happens if there is concern, complaint or allegations about foster carers.
- 20 Provide efficient and effective systems for paying foster carers the cost of caring for any children or young people placed, as well as clear published policies and procedures on all payments

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<sup>3</sup> There are separate detailed Standards of Practice for the Fostering Panel which are available to prospective and approved foster carers

<sup>4</sup> A qualifying determination is written notice from the Agency Decision Maker (ADM) informing applicants of their proposed decision not to approve the applicant(s) and the reasons why, or written notice to existing foster carers informing them of the ADM's proposed decision to change their terms of approval contrary to their agreement or to terminate their approval and the reasons why.

available, including information about the skills, training and qualifications that are needed for different payment levels.

- 21 Demonstrate commitment to supporting, supervising, developing and training foster carers, making sure that they are familiar with - and work within - the Family Placement standards, policies and guidance, and that they are helped to provide high quality care to foster children/young people.
- 22 Provide every foster family with a Supervising Social Worker (SSW) to support them. The SSW will visit and keep in touch with the foster carer(s) **at least monthly**, as well as attend meetings with them and act as a link between the foster carer(s) and other teams in Children's Services and other agencies.
- 23 Have a variety of arrangements in place to support foster carers, including; cluster/support groups; activities for foster children/young people and the sons and daughters of foster carers; a Foster Carer Forum; and membership of the Fostering Network
- 24 Make available out of hours support to foster carers in evenings and at weekends and public holidays, which is backed up by a Berkshire-wide Emergency Duty Service
- 25 Ensure foster carers are informed at the earliest opportunity about any concerns, standards of care issues, complaints or allegations, and that they receive information and explanation about and support during any investigation. With serious complaints or allegations of abuse, the Family Placement Team will arrange for independent support from The Fostering Network.

### **Foster Carer Reviews**

The Family Placement Team will:

- 26 Ensure that the necessary review systems are in place to make sure that foster carers are able to continue to provide good quality care.
- 27 Hold annual reviews of foster carer performance and the quality of care provided; a review meeting will be held with the foster carer(s) and the supervising social worker, and will be chaired by an Independent Reviewing Officer.
- 28 Undertake foster carer reviews as a 2-way process and as an opportunity for the foster carer(s) to give feedback about the service and support they have received.
- 29 Ensure the foster carer review incorporates the written views of the foster carer(s), other members of the fostering household, the Supervising Social Worker (SSW), children/young people in placement or who have been in placement during the period of review, the Social Worker(s) responsible for children/young people in placement or who have been in placement, and the Independent Reviewing Officer(s).
- 30 Share the content of the reports with the foster carer(s) before the review is held.



- 31 Use the foster carer reviews to reach recommendations about the continued suitability of foster carers and terms of approval, and include action plans to meet the future learning/development and support needs of the foster carer(s).
- 32 Invite foster carers to attend Fostering Panel when their first review is being held or whenever the Panel is being requested to recommend a change in or termination of approval.
- 33 Arrange for the timely completion of a foster carer review and consideration by Fostering Panel following any serious concern, standards of care, complaint or allegation of abuse investigation. On such occasion, the foster carers will always be invited to attend. The Family Placement Team understands how crucial it is for foster carers to have (in confidence) background information about the history and needs of a child/young person, and will make this available where appropriate.

### **Making and Supporting Placements**

The Family Placement Team will:

- 34 In order to make informed decisions about placement and to care for them, ensure foster carers receive the information available and that it is updated as necessary when more details become available.
- 35 Whenever possible arrange for children/young people, and where appropriate birth relatives, to meet foster carers before placement.
- 36 Take the lead in arranging and chairing placement planning meetings before or within **5 days** of a placement being made, ensuring that delegated authority is provided.
- 37 Make sure that the foster carers receive clear information about and are supported to adhere to the Care Plan for a child/young person, especially in terms of facilitating and promoting contact with birth family members.
- 38 Facilitate and promote the involvement and contribution of foster carers in meetings in respect of the children/young people they are looking after, providing information about and explaining the purpose of such meetings.
- 39 Be proactive in supporting foster carers to fulfil the responsibilities of fostering, in order to maximise the outcomes for children/young people. For example, by supporting foster carers to identify and access relevant services - such as health, education, therapeutic and specialist help, or support in acquiring any necessary equipment. This will be monitored via regular support and supervisory visits.
- 40 Act as a conduit between foster carers and colleagues within Children's Services and other agencies who have responsibility for or involvement with children/young people in placement.
- 41 Be committed to placement stability for children/young people in foster care. The Team will seek to achieve this by working cooperatively and collaboratively with others to provide tailored and

bespoke support to foster carers, and by making prompt, sensitive, flexible and solution focused responses when there is any prospect of a placement destabilising or being disrupted.

- 42 Support foster carers and their families before, during and after transitions for children/young people.

## Children in Care

### Becoming a Child Looked After

17. Children in Care will be provided with a clear explanation for the reason for coming into care. The Local Authority will endeavour to explore family and friends placements.
18. The Care Plan is the responsibility of the practitioner and Team Manager. It must be prepared before the child is first placed by the authority, or if this is not practicable, within **10 working days** of the start of the first placement. A Care Plan must identify intended outcomes for the child and set objectives for work with the child, the birth family and the carers in relation to the child's developmental needs.
19. If the child/young person is accommodated under S.20 of the Children Act 1989, the signature of a parent who has parental responsibility will be obtained and the document saved on the child's Mosaic file.
20. When a child is accommodated all relevant steps on Mosaic should be completed, with the *Child in Care* notification step sent **within 24 hours** of the child coming into care.
21. A Placement Planning Meeting will be held within **5 working days** of a placement move.
22. Children in Care will be provided with information regarding Advocacy and Independent Visitor services
23. Children/Young people will be made aware of the Local Authorities complaints procedure and how to make a complaint.

### Health and emotional well being

24. The Strength and Difficulties form (SDQ) will be completed with the care giver for all children who have been Looked After for at least 12 months and were aged between four (4) and sixteen (16) years (inclusive) at the date of their latest Health Needs Assessment.
25. Health assessments must be undertaken twice a year for children under five years of age, and Review Health Assessments (RHA) annually for children looked after aged five to 18 years. When a child or young person comes into care they will have an Initial Health Assessment (IHA) - this is

a statutory health assessment that is required to be completed within **28 days** of coming into care. It is completed by a paediatrician or an appropriately trained medical practitioner.

### Care planning and reviewing

26. A review of the placement will take place within **28 days** of the child being placed, the second review at **4 months** and thereafter **6 monthly**. An updated Care plan/ Social Worker's report will be completed and received by the IRO **5 days** before the review, along with the Personal Education Plan (PEP), and individual health plan.
27. Reports for Child in Care Reviews will be completed and signed-off by the manager **5 working days** before the review. A copy of the report will be shared with the child/young person at least **1 day** before the review.
28. The Social Worker will ensure that children in care are consulted about who will be in attendance at the Reviews and that support is provided to them in order for them to participate within these meetings.
29. Care Plans and Pathway Plans will reflect the views, wishes and feelings of the children and young people. The Social Worker is responsible for providing verbal and written information updates for Children in Care Reviews.
30. Care Plans and Pathway Plans should be updated and recorded every **6 months** or following a significant event within **28 days**. A copy of the Pathway Plan will be provided to the young person within **14 days** of it being completed.
31. The Social Worker will liaise with health, education and other agencies/individuals involved with the child/young person (or their family) as part of the process of assessment and care planning.

### Visiting

32. Children in Care will be seen or spoken to on no less than a **6 weekly basis**. This should be recorded as a *Children's Social Work Visit* on Mosaic.
33. Where a child is placed with a temporarily approved foster carer or with parents under an Interim Care Order, the child must be visited **weekly** until the first review. Thereafter the child must be visited **every four weeks** until the carer is approved or a final hearing has been completed.
34. Where a child is made subject to a Care Order and placed at home with parents, the child must be visited in the **first week** and then at intervals of no more than **six weeks**.
35. Any visits with a Child in Care will be recorded on Mosaic **within 2 days** using the *Children's Social Work Visit* step. Any less significant contact should be recorded as a case note using the most appropriate Type of Note.
36. Following a placement move Children in Care will be visited **once a week** for **four weeks**.

37. Children in Care will be seen alone and if not the reasons will be clearly explained in the *Children's Social Work Visit* step on Mosaic
38. Children in more than one placement i.e. children placed in a residential school, and who are in foster care or a residential home, must be visited at school at least once every term and seen in both settings.
39. Chronologies/case summaries will be updated regularly for all Children in Care (**at least 3 monthly**) and following a significant and noteworthy event. They will be meaningful and used to inform decision making, and will highlight patterns and themes.

#### **Education**

40. The Social worker will arrange a PEP Meeting each **academic term** and will ensure that there is an up to date PEP recorded on ePEP.
41. All key agencies will be notified of significant events and/or changes for the young person.

#### **Management oversight**

42. Management oversights will be recorded following a significant event and/or decision; a noteworthy incident; a change of Social Worker; or any changes to visiting frequency. All safeguarding matters will be shared with the Social Worker and their line manager in the first instance or in their absence, with a duty worker. Missing and/or absent periods will be recorded on the child's record as a *Contact and Referral Record*. Return Home Interviews will take place within **24 hours** following a period of missing and/or absence.
43. Case supervision will take place **2 monthly** and will be recorded on Mosaic within **48 hours**.
44. Where a safeguarding concern is raised, a threshold decision will be made as to whether a multi-agency strategy meeting/discussion is required.
45. In cases where there are safeguarding concerns, risk assessments will be completed and updated **6 weekly**, or **within 24 hours** following a significant event.
46. Key information including legal status, Unaccompanied Asylum Seeking Children (UASC) immigration status, GP information, education, health and placement address will be up-to-date on the child's Mosaic record.

#### **UASC**

47. UASC immigration status will also need to be recorded in the '*Notes*' section on the front page of Mosaic. Warnings will be up-to-date and relevant. The case front sheet will be updated as soon as there is a change of circumstances.

#### **Family and significant others**

48. Contact between a child/young person and his or her family and friends will be actively promoted and facilitated, provided that this is in their best interests.
49. Social workers will maintain in regular contact with a child's parents, carers and extended family and ensure they are involved in decision making and care planning.
50. Where it is appropriate and in the child's best interests, social workers will promote the child's identity through Life Journey Work and by ensuring they have their personal possessions, information, photos and material relating to their family.

## Permanency Planning Meetings

1. Permanency Planning Meetings (PPM) should be considered according to the circumstances of the case, to consider the most effective route to securing permanency for a child or young person.
2. Permanence options plans are:-
  - return home
  - be placed with a relative or other connected persons
  - be placed for adoption
  - placement in residential care
  - long-term fostering
  - planning for independence for young people over the age of 15.5 years when the permanence plan is recorded as the pathway plan

Parallel planning should be considered to avoid drift and delay if return home no longer becomes an option.

### When

3. If it is apparent that a child is likely to need a permanent placement from the onset of a looked after episode, the PPM must be held before the second statutory review. Thereafter the PPM will be held **3-monthly** (prior to the statutory review) which will feed into the care planning until permanency has been achieved. If a child/young person becomes looked after in an emergency basis a PPM will be held within **2 weeks**.
4. If there is no apparent prospect of reunification with the birth family following the first Child in Care Review a PPM should be convened no later than **2 weeks** after the first Review meeting. This will include children where adoption is a strong possibility.
5. Other criteria when a PPM is needed is :
  - Whenever a PPM is needed due to the failure to achieve the Care Plan objectives
  - To address drift, especially when a child is in care under a Section 20 accommodation arrangement.
  - When long term fostering is being considered.
  - Where there are potential risks to the stability of a permanent placement.

- Where the Adoption, Special Guardianship, or a Child Arrangement Order is necessary or being considered.
- In cases where a Placement Order has been made, there is a requirement for a further statutory review 3 months and 6 months post-order to consider why the child has not been placed. A PPM should be called before these review points if continuing assessment of the child indicates Adoption may not be viable.
- When a young person is due to leave care, and before the final Review meeting

#### **PPM attendance**

6. The permanency planning will be chaired by a Service manager, those invited are:
  - The allocated Social Worker and Team Manager.
  - The Here4you Team Manager.
  - IRO
  - Family placement Social Worker and Team manager
  - A representative from Adopt Thames Valley (if adoption is an option and the child is under 8 years)
  - The current carers for the child/young person (**Please note that a PPM is not a matching meeting**)
  - Children's Advocate

#### **Documentation**

7. The chair should be provided with the last statutory review recommendations, the last care plan and complete the permanency planning template. They will be reviewed **3 monthly** to ensure a high level review of progress in all cases where a permanence plan has been agreed but not yet implemented

#### **Agenda**

8. After the review of the reports and a discussion of the background, legal context etc. takes place - and an understanding of the views and wishes of the child/young person and everyone involved with current contact arrangements is considered - the chair should lead a review of the permanency options and facilitate decisions about the permanence plan. The minutes of the meeting will be recorded on Mosaic. Adopt Thames Valley will also be provided with a copy of the minutes for their records.
9. When a child has a confirmed plan of adoption, which has been signed by the Agency Decision Maker, Adopt Thames Valley will chair any future PPMs.

## **Care Leavers**

#### **Definition of a care leaver**

The broad definition of a care leaver (as described by the Care Leavers Association) is "Any adult who spent time in care as a child (i.e. under the age of 18). Such care could be in foster care, residential care (mainly children's homes), or other arrangements outside the immediate or extended family.

- **Eligible child** is a child aged 16 and 17 who has been looked after for at least 13 weeks since the age of 14 and who is still being looked after
- **Relevant child** is a child aged 16 and 17 who has been looked after for at least 13 weeks since the age of 14 and who has left care. This also includes young people who were detained (e.g. in a youth offending institution or hospital) when they turned 16, but who were looked after immediately before being detained. Relevant care leavers who are aged 16 or 17 are entitled to: accommodation, maintenance, financial support to meet education training and employment needs, personal adviser, a needs assessment and the continuation of their pathway plan
- **Former relevant child** is a young person over 18 who was previously 'eligible' or 'relevant'. Councils support this group until aged 21, or longer if they are in education or training
- **Qualifying child** is any young person under 21 (or 24 if in education or training) who stops being looked after or accommodated in a variety of other settings, or being privately fostered, after the age of 16. This also includes young people who are under a special guardianship order/adoption order. May be entitled to advice and to be befriended by the local authority. They may also be given assistance depending on their needs, as well as help with education and training costs, and the provision of accommodation during college/university vacations.
- **Former relevant child pursuing education** is any former relevant child whose case was closed, for any reason. If we're informed that they're planning to continue education or training they can ask the council for support. If eligible, any help would last until their 25th birthday
- **Extension to 25 years old** - If you are under 25 year old and previously open to the leaving care team, under the Children and Social Work Act 2017 you are entitled to return for support, contact the leaving care team and ask to speak with the duty officer.

### **Allocation of Leaving care personal advisor**

1. Every Child in Care will have a Leaving Care Personal Advisor allocated to them prior to their 17<sup>th</sup> Birthday. A care leaver's Personal Adviser (PA) must help the young person keep to their pathway plan, help the care leaver access services, and provide advice and support.
2. All workers should be clear on a care leaver's status and their allocated duties to them.

### **Contact/visiting**

3. Contact with a Care Leaver will be based on assessed need and they will be advised on how to contact their PA or a duty worker if the PA is not available.
4. Care leavers should be seen or spoken to on no less than an **8 weekly basis**. This should be recorded as a *Contact with Care Leaver* step on Mosaic. All other contact such as telephone calls/texts and emails should be recorded as a case note.

5. Any visits with the care leaver will be recorded on Mosaic within **2 days** using the *Contact with Care Leaver* step. Any less significant contact should be recorded as a case note, using the most appropriate *Type of Note*.
6. Management oversight of care leavers who are Not in Touch and Missing will be recorded on Mosaic. (See [WBC Guidance on Management of Care Leavers who are 'Not in Touch' and Missing](#) for more details.)

## **NEET /EET**

7. All young persons that are NEET or EET will have an action plan included in their Pathway plan and all NEET action plans will be recorded on Mosaic in a case note.

## **Chronologies/Case summaries**

8. Chronologies/case summaries will be updated regularly for all Care Leavers up until the age of **22 years** (at least **6 monthly**) and following a significant and noteworthy event. They will be meaningful and used to inform decision making, and highlight patterns and themes.

## **Pathway plans/Planning**

9. Pathway Plans will reflect the views, wishes and feelings of the young person. The Personal Advisor is responsible for providing verbal and written information updates for Pathway Plans, particularly regarding: preparation for independence, move-on housing and accommodation, emotional wellbeing needs, education, training and employment, and financial and benefit issues and needs.
10. Pathway Plans should be updated and recorded every **6 months** or following a significant event within **28 days**. A copy of the Pathway Plan will be provided to the young person within **14 days** of it being completed.
11. The Social Worker/Personal Advisor will ensure that they assist young people in applying for benefits **1 month** before their **18<sup>th</sup> birthday**.
12. All key agencies will be notified of significant events and/or changes for the young person.
13. Planning for a move to independence will be done in a timely way, ensuring that the young person's needs will be provided for by a range of accommodation options. Planning for a move to independence will take into account:
  - The young person's wishes and feelings;
  - Education, training, or employment needs;
  - Health needs (which will be set out in the individual's Health Passport);
  - The locality in which they want to live;
  - The type of accommodation in which they want to live (e.g. supported accommodation, supported lodgings, social housing);



- If privately rented accommodation, the character and suitability of the landlord or provider;
  - The proposed accommodation's compliance with health and safety regulations.
14. Care Leavers will be provided with access to their Leaving Care Grant for setting up home in a planned way so that they do not move into their accommodation without the essential items needed. (See Staying Put Policy)
  15. A Care Leaver in higher education will be supported to apply for a Higher Education Bursary and vacation accommodation if needed. (See University Policy)
  16. A care leaver will be aware and have an understanding of the local offer. (See WBC's *Our Local Offer for care leavers* [here](#))
  17. The *Update care leaver's circumstances* step in Mosaic will be completed on the young person's episode on their 17<sup>th</sup>, 18<sup>th</sup>, 19<sup>th</sup>, 20<sup>th</sup> and 21<sup>st</sup> birthday.
  18. Young people will be made aware of the Local Authority's duty to Care Leaver's up to the **age of 25** and how to get back in touch after the age of 21.

#### **Management oversight**

19. Management oversights will be recorded following a significant event and decision, a noteworthy incident or if a Care Leaver declines a service or any changes to visiting frequency. All safeguarding matters will be shared with the Personal Advisor's line manager in the first instance or in their absence, with a duty worker.
20. Missing and/or absent periods will be recorded on the care leavers record as a case note.
21. Case supervision should be recorded on Mosaic every **2 months**.
22. Key information including legal status, Unaccompanied Asylum Seeking Children (UASC) immigration status, Leaving Care status, education, health and placement address will be up-to-date on the child's Mosaic record.

#### **UASC**

23. UASC immigration status will also need to be recorded in the *Notes* section on the front page of Mosaic. Warnings will be up-to-date and relevant. The case front sheet will be updated as soon as there is a change of circumstances, and the Legal status tab will be used.
24. Pathway plans will consider triple planning for UASC.

#### **Complaints**

25. Young people will be made aware of the Local Authority's complaints procedure and how to make a complaint.

# Section 4:

## The Quality Assurance and Safeguarding Service

Author: **Liz McAuley**, Service Manager, Quality Assurance and Safeguarding Standards

## Child Protection Conferences

1. The Initial Child Protection Conference (ICPC) should take place within **15 working days** of the initiation of a Section 47 enquiry.
2. The Social Worker will complete and submit a set up form/invite list to the Child Protection Admin Team **7 working days** before conference.
3. The Child Protection Admin Team will send invites at least **5 working days** before conference.
4. The Social Worker will provide their report to the Chair/CP Admin Team and will also share reports for Initial Child Protection Conferences with Parents and older children at least **2 days** before the initial conference.
5. External agencies are expected to submit their reports to the Conference Chair at least **2 days** before the initial conference.
6. The CP Conference will share information and consider evidence to decide whether a child is at risk of significant harm.
7. The Conference will recommend what future action is required in order to safeguard and promote the welfare of the child, including whether the child should become the subject of a Child Protection Plan.
8. The Conference will appoint a lead Social Worker from children's social care for each child who requires a Child Protection Plan.
9. The Social Worker is responsible for ensuring that the Child Protection Plan is developed, co-ordinated and fully implemented to timescale;
10. The Conference will identify a Core Group of professionals and family members to develop, implement and review the progress of the Child Protection Plan.
11. The decision of Conference, and the plan including the category of abuse and details of the Core Group should be circulated to those invited to the conference **within 1 working day**.
12. The Conference record (minutes) will be checked and signed by the Chair and sent to all those invited **within 20 working days** (local target **within 10 working days**).
13. Attending agencies are expected to request amendments on accuracy in writing within **5 working days** of receipt of the minutes.
14. The first Review Conference will be held **within 3 months** (91 actual days) of the Initial Conference.
15. Subsequent Review Conferences will be held **within 6 months** (183 actual days) of the last Review Conference.
16. All reports for Review Child Protection Conferences will be shared with parents and older children (to the extent that it is believed to be in their interests) **5 working days** before Review Conferences.
17. As a minimum, every conference should be attended by Local Authority Children's Social Care, and **at least two other professional groups** or agencies that have had direct contact with the child.

18. The Independent Chair will make the final decision regarding an inquorate conference proceeding. The reasons for proceeding or not proceeding will be recorded by the Chair.
19. If the decision of an inquorate conference is to discontinue the plan the Chair should seek the views of those agencies involved with the child in writing **within 10 working days of the conference** and written responses should be received back **within a further 10 working days**.
20. Where a conference does not go ahead the Chair will ensure that an interim Child Protection Plan is in place or an existing plan is reviewed with attending professionals and family members.
21. If the Chair identifies any concerns regarding the actions / contribution of any participating agency the Chair will address this through discussion or email with the person involved and where relevant with their line manager.
22. Any issues arising from the quality audit of conferences will be shared through this process.
23. The Chair is responsible for decisions made in the conference. If there is any disagreement with the decisions made, attending agencies should speak initially with the Chair who will note any dissenting views.
24. If an agency does not agree with a decision or recommendation made at a Child Protection Conference, their professional dissent will be recorded in the record of the conference.
25. Professionals should use the Escalation Procedure for professional disagreements in local safeguarding partnership procedures as soon as practicable after the conference has concluded.
26. Where possible, should any agency attending the Conference have a concern or issue to raise regarding the conference process or Chair; they should initially speak directly to the Chair to address and resolve the concerns. If they remain unsatisfied with the outcome they can then put their concerns formally in writing to the Team Manager Conference Review and Quality Assurance. The concerns will be investigated and a formal response will be given to the agency raising the concern.
27. Following each conference the Chair will complete a quality audit form which looks at a range of factors which impact on the function of a conference. Questions will include: timeliness of reports, were reports shared with the family before the conference, participation of children and parents, quoracy and multi-agency input.
28. Evaluation questionnaires will be used quarterly to seek feedback on the conference. This feedback will be collated and shared alongside the quality audit reports.
29. The Quality Assurance Service Manager will take account of information from the questionnaire and quality audit forms and carry out case file audits to monitor the quality of Conferences and outcomes.

#### **Additional Local Arrangements for Participatory Child Protection Conferences:**

30. The Child Protection Chair will seek to have early conversations (minimum 3 working days before the conference) with the Social Worker with regard to the case and conference arrangements and to discuss the mapping, Danger Statements, Safety Plan and Trajectory developed prior to initial conference.
31. The Child Protection Chair will make sure the Child's Voice is clearly communicated in conferences

32. The Child Protection Conference will consider the diversity, cultural heritage and identity of the child.
33. The Child Protection Conference will promote the involvement of the child's friends and family network, identified during the Child and Family Assessment.
34. The Child Protection Plan will focus on safety planning and include a contingency plan if the agreed actions are not completed and/or circumstances change impacting on the child's safety and welfare.

## Reviews for Children in Care

35. The primary task of the IRO is to ensure that the care plan for the child fully reflects the child's current needs and that the actions set out in the plan are consistent with the local authority's legal responsibilities towards the child.
36. The IRO will chair the child's review, to review the effectiveness of the Care Plan and decide on what actions are necessary to meet the child's reviewed needs, make recommendations as to how these should be met through the care planning and review process and check that the local authority has made appropriate arrangements.
37. All children in care will be appointed an IRO **within 1 working day** of the notification that a child has come into care.
38. The statutory duties of the IRO are to:
  - monitor the performance by the local authority of their functions in relation to the child's case;
  - participate in any review of the child's case;
  - ensure that any ascertained wishes and feelings of the child concerning the case are given due consideration by the appropriate authority; and
  - perform any other function which is prescribed in regulations.
39. The Placement Arrangements Form and Child in Care notification process will be completed on the same day that a child comes into care.
40. A planning meeting will be held within **5 working days** and a Care Plan will be written within **10 working days** of the child coming into care.
41. A Personal Education Plan Meeting will be held within **20 days** of the child coming into care.
42. The Health Assessment will be completed within **28 days** of the child coming into care.
43. The first review will take place within **20 working days** of the date that the child coming into care.
44. The Social worker will complete a set up/invite form and send it to CIC Admin email **15 days** before the review is held.

45. The IRO will speak to the Social Worker about the invites and any issues affecting the review meeting, in advance of it taking place.
46. Invitations will be completed and sent out with consultation papers **at least 10 working days** prior to initial review date.
47. The Social Worker will send the review report on Mosaic to the IRO **3 working days** before the review.
48. The Health Care Plan and the Personal Education Plan will also be made available to the IRO **3 working days** before the review.
49. The IRO will speak to the child in private before the review.
50. A written record of decisions or recommendations will be entered onto Mosaic and sent to the Social Worker and Team Manager within **5 working days** of the review.
51. If the CSC manager does not agree with any of actions and decisions made, they should inform the IRO **within 5 working days**.
52. A full written record of the review, including the decisions taken, should be completed and distributed **within 20 working days** of the completion of the review.
53. A mid-term review will take place at approximately **3 months** following the review.
54. The IRO will meet the child/young person prior to the review taking place.
55. The IRO will meet with the social worker **at least 15 working days** before the next review to discuss core issues affecting the review meeting.
56. The IRO will monitor the case and progress on the Care Plan, and will set the date for the mid-term review
57. The Second Review will take place within **3 months (91 days)** of the initial review.
58. Invitations to the Second Review will be completed and sent out with consultation papers **at least 10 working days** prior to the review date.
59. The Social Worker will provide an outline permanency plan at **the 2<sup>nd</sup> review** and will be prepared to discuss the permanency options being considered for the child.
60. When a child has been placed for adoption, the child's review will be subject to the Adoption Agencies Regulations until an adoption order is made. The first review must be held **no more than 4 weeks after placement**, the second **no more than 3 months** after this, and subsequent reviews held at **6-monthly intervals** until an adoption order is made.

## Reviews for Children in Short Breaks

61. The first review for children in short breaks must take place **within 3 months** of the first placement day.
62. Subsequent reviews must be at intervals of no more than **6 months**.
63. The IRO will only adjourn a review if the criteria for doing so are met, as laid out in the IRO Handbook. If the meeting is adjourned, the reasons for doing so will be clearly recorded and the review must be completed within **20 working days** of the original date.
64. The Care Plan will only be changed at a review meeting. If any changes to the Care Plan are proposed outside of a review meeting, or any other major changes occur between meetings, this will require the review date to be brought forward. The IRO should be consulted over what constitutes a minor or major change and whether or not an early review is necessary.
65. The Social Worker must notify the IRO about any significant changes to the child's circumstances, such as:
- A proposed change of Care Plan
  - A change of placement or other unexpected changes in the child's placement provision which may significantly impact on placement stability or safeguarding arrangements.
  - A change of school
  - Exclusion from school - either fixed term or permanent.
  - Pregnancy
  - Acceptance of paternity by a Looked After young person.
66. Should the IRO identify any concerns in relation to a child's care, a first stage would be for the IRO to have an informal discussion with the relevant professionals. If the concern is not readily resolved informally or raises issues of practice or policy the IRO may complete a formal challenge on the Dispute Resolution Process (DRP) form to raise significant issues or concerns. This DRP step on Mosaic should be used and sent to the relevant Team Manager and copied to social worker. Should issues / concerns not be addressed in a satisfactory manner the IRO will escalate the DRP via Wokingham Borough Council's formal dispute resolution process and the IRO ultimately has the power to refer the case to CAFCASS if unresolved.
67. Audit forms will be completed after each review on Mosaic by the IRO.
68. An Annual Report on the activity of the IRO service will be completed and presented to the Corporate Parenting Panel [a requirement of the IRO Handbook] and other boards as required.

## Managing Allegations and the Role of the Local Authority Designated Officer

80. The role of the Local Authority Designated Officer (LADO) is to be involved in the management and oversight of allegations of abuse which have been made against a person who works with children.



81. The LADO must be informed of **all** allegations that come to the employer's attention **within 1 working day**.
82. The LADO will respond to enquiries **within 1 working day** and will provide advice and guidance to employers and voluntary organisations, liaise with the police and other agencies, and monitor the progress of cases to ensure they are dealt with as quickly as possible.
83. An allegations strategy meeting will be held **within 2 working days** of receipt of the allegation. (Child led strategy meetings will be convened **within 1 working day**).
84. Notes of the meeting will be recorded and distributed following the meeting **within 2 working days**.
85. If the investigation continues any dates for subsequent reviews should be set at the meeting.
86. Once the outcome is known, the LADO should advise the employer whether referrals should be made to the DBS or to a Regulatory Body.
87. There are no set timescales for completion of cases but guidance recommends that 80% of cases should be resolved within 1 month, 90% within 3 months. The remainder within 12 months.
88. The LADO will provide an Annual Report providing information about the sources and nature of referrals, the outcomes and any themes arising.

# Section 5:

## Overarching Standards for Practitioners

- **Recording Standards**

Author: Nick Hammond, Service Manager, Impact and Intelligence

# Recording Standards

Case recording on social care records should be consistent, timely and accurate. As per the Children Act 1989, 'good case recording is important to demonstrate the accountability of staff...it helps to focus the work of staff and supports effective partnerships with service users and carers. It ensures there is a documented account of the responsible authority's involvement with individual service users, families and carers and assists with continuity when workers are unavailable or change'.

Further to the above, a Judge of the Family Court has recently advised that 'social workers/practitioners must make contemporaneous notes which form a coherent, contemporaneous record. The notes should be legible, signed and dated and record persons present during the meeting/conversation in question. The notes should be detailed and accurately attribute descriptions, actions and views etc. In some instances, sketches or diagrams may be helpful in establishing the veracity of explanations given, e.g. with regard to how injuries were sustained, etc.'

In light of the above, this document sets out the standards that employees should adhere to in order to uphold good case records.

Social care records should always:

1. Be written clearly and without jargon – case records are for service users and carers as well as social work professionals. As a result, extensive use of abbreviations, acronyms and common social work phrases should be avoided;
2. Distinguish between facts and opinion - good records will contain both facts and opinions. There should be a clear distinction between the two to avoid mistaking opinion for fact and leaving opinions unsubstantiated;
3. Record the wishes, feelings and views of service users – ensure that the voice of the service user is captured. Record directly what services users say;
4. Be written up in time – Records should be updated as soon as practicable as various information becomes available or as decisions or actions are taken; at the latest, unless specifically detailed in the tables below, **records should be updated within two working days**;
5. Be co-produced with service users where possible - by starting from the position that the written record is going to be co-produced, rather than imposed, you increase the chances of a more collaborative relationship and a more agreeable record.
6. Capture any consent provided by parents – either written or verbally – to approach other agencies for information.

## Recording Timescales Table

EVENT / PLAN	MOSAIC STEP ( <i>DOCUMENT</i> )	TIMESCALE FOR COMPLETION
Contact & Referral	CH – Contact / Referral Record	Within 24 Hours

Child & Family Assessment	CH – Child and Family Assessment	Within 45 days of referral date, or within 5 working days of assessment completion.
Chronology	CH – Start / Update Chronology	Within 3 months of previous chronology / case start date*
Supervision	CH – Case Supervision ( <i>CH Case Supervision (1:1)</i> )	Within 5 working days of supervision
Case Summaries	CH – Case Summary ( <i>CH – Case Summary</i> )	Every 3 months, or within 5 working days of a significant event

\*Chronologies must be recorded every 3 months, even when no significant incident has taken place within that time. In this event, clearly write ‘no significant incident’ within the body of the chronology.

### Child Protection

EVENT / PLAN	MOSAIC STEP ( <i>DOCUMENT</i> )	TIMESCALE FOR COMPLETION
Initial Strategy Discussion/Meeting	CH – Strategy Discussion	Within 24 Hours of meeting
Initial Child Protection Conference	CH – Prepare Report for Initial CP Conference	2 working days prior to the conference
	CH – Initial Child Protection Conference ( <i>Initial Child Protection Conference Outcome</i> )	Within 24 Hours of ICPC
	CH – Initial Child Protection Conference ( <i>Conference Chair Checklist</i> )	Within 24 Hours of ICPC
	CP Conference Record	Within 10 working days of ICPC
Review Child Protection Conference	CH – Prepare Report for Review CP Conference ( <i>Social Worker Report to Review CP Conference</i> )	5 working days prior to the conference
	CH – Review Child Protection Conference ( <i>Review Child Protection Conference Outcome</i> )	Within 24 Hours of RCPC

EVENT / PLAN	MOSAIC STEP ( <i>DOCUMENT</i> )	TIMESCALE FOR COMPLETION
	CH – Review Child Protection Conference ( <i>Conference Chair Checklist</i> )	Within 24 Hours of RCPC
	CP Conference Record	Within 10 working days of RCPC
Core Group Meeting	CH – Core Group Meeting ( <i>Record of Core Group Meeting</i> )	Within 5 working days of Core Group Meeting
Management Oversight relating to Child Protection	Case Notes	Within 24 Hours

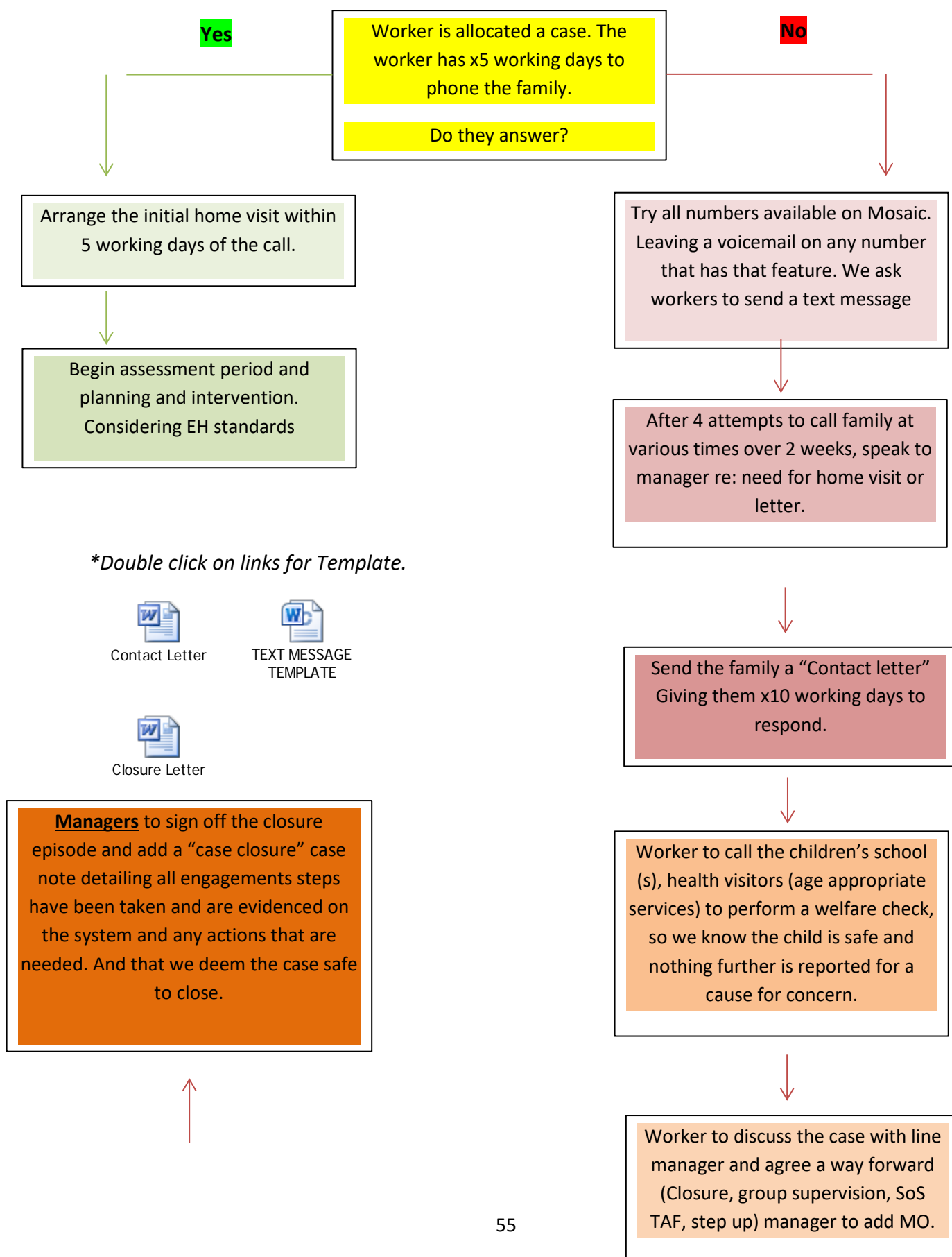
#### Child in Care and Care Leavers

EVENT / PLAN	MOSAIC STEP ( <i>DOCUMENT</i> )	TIMESCALE FOR COMPLETION
Notification of becoming looked after	CH – LAC Planning ( <i>CH – Child in Care Notification</i> )	Within 24 Hours of child coming into care
Care Plan	CH – Create Care Plan ( <i>Child or Young Person's Care Plan</i> )	Within 10 working days of the start of the first placement
Placement Plan	CH – LAC Planning ( <i>Child / Young Person's Placement Plan</i> )	Within 5 working days of the Placement Planning Meeting
Child in Care Review Meeting	CH – SW Report for First LAC Review ( <i>Child or Young Person's First Looked After Review</i> )	5 working days prior to the conference
Child in Care Review Meeting (continued)	CH – SW Report for Second LAC Review ( <i>Child or Young Persons Looked After Review</i> )	
	CH – SW Report for Subsequent LAC Review ( <i>Child or Young Persons Looked After Review</i> )	
	CH – Record of 1st LAC Review ( <i>Decisions from the Child In Care Review</i> )	Decisions recorded within 5 working days of the review;

EVENT / PLAN	MOSAIC STEP ( <i>DOCUMENT</i> )	TIMESCALE FOR COMPLETION
	<p>CH – Record of Second LAC Review (<i>Decisions from the Child In Care Review</i>)</p> <p>CH – Record of Subsequent LAC Review (<i>Decisions from the Child In Care Review</i>)</p>	<p>Report provided within 15 working days of the review</p>

## Appendix 1

### Engagement Process / Criteria v2



# EARLY HELP: STEP UP PROCEDURE

September 2020

## EARLY HELP CASE

Early Help Worker confirms limited change over 6 week period in case where:

- High level risks continuing; or
- Increase in risk and safeguarding concerns; or
- No engagement with the plan to meet the outcomes.

### MANAGEMENT OVERSIGHT

Early Help Management Oversight recorded on MOSAIC by Early Help Manager, including:

- Reason for concern about change in risk, non-engagement, or no change.
- Decision about next steps.
- Professional judgement as to whether safeguarding concerns are attributable to the parenting they are receiving.

Early Help Manager consults with Duty Worker about Early Help Worker's proposal and rationale and confirms proposed next step.

OR

Early Help Manager confirms Multi-Agency Referral Form (MARF) with Duty Worker.

OR

**Where there are immediate safeguarding concerns, the Early Help Manager contacts DTA.**

Multi-agency and family views must be incorporated in the Early Help Management Oversight recorded on

## EARLY HELP HUB

Case presented at Early Help Hub after it has been worked by Referral Coordinator or Duty, Triage and Assessment (DTA) Worker.

### MANAGEMENT OVERSIGHT

Early Help Management Oversight recorded on MOSAIC by Early Help Manager, including:

- Why there is a concern about the allocation to Early Help.
- The risks/needs identified

Early Help Manager sends request to Duty Manager for a review of the decision and to recommend action.

### DUTY MANAGER OVERSIGHT

Duty Manager reviews the decision and recommends action within 48 hours of receipt from the Early Help Hub. **The Duty Manager must also record the Management Oversight on MOSAIC within the same 48 hour period**, confirming the decision to be made and the action required.

Early Help workflow closed.

Early Help Worker records step-up to complete the Early Help workflow.

If re-referred within 3 months, the Duty Manager will trigger a Child & Family Assessment from the referral and the case will be allocated to Locality Team or DTA.

### DUTY MANAGER OVERSIGHT

Duty Manager reviews consultation/MARF from Early Help and Duty Social Worker recommendation.

Early Help role may cease, or may change to Family Support if a plan of work is agreed – in which case the Early Help Worker is added as another professional on MOSAIC.

*Early Help work may continue in addition*

Early Help Worker records step-up to complete the Early Help workflow.

### ALLOCATION TO DTA

If the thresholds are met, the case is allocated to a Social Worker to conduct a Child & Family Assessment.

### EARLY HELP WORKER

A family meeting is convened to re-address the concerns, with focussed action planning and management of worries.

Case remains in Early Help.