

**Practice Guidance - Timescales**

In addition to the Practice standards, specific practice guidance has been developed for:

- Multi Agency Safeguarding Hub (MASH)
- Assessments
- Working with children in need
- Strategy meetings and Section 47 enquiries
- Child Protection Case conferences
- Children in Care/ Care Leavers
- Adoption
- Case recording

**Multi Agency Safeguarding Hub (MASH)**

	<p><b>The principles are;</b></p> <ul style="list-style-type: none"> <li>• Earlier identification and understanding of need, harm and risk</li> <li>• Better informed decision ensuring earlier, proportionate and necessary interventions, help and support.</li> <li>• Shared knowledge from safeguarding partners to identify hidden victims and those in need of help and support</li> <li>• Harm identification for individuals, families and communities</li> <li>• Dynamic analysis of information on a day to day basis to identify harm to individuals, families and communities</li> </ul>
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	<b>When:</b>	<b>What you need to do:</b>
<b>1.</b>	<p>The referral or police notification and/ or telephone consultations gives full consideration to indicators of need, risk and harm.</p>	<p>The referral, notification or consultation template should explicitly outline the nature of the concerns, how and why they have arisen including details of any allegation, and what appear to be the needs of the child and family.</p> <p><b>Consent must be obtained to proceed except in the following circumstances:</b></p> <ol style="list-style-type: none"> <li>a) Police notifications (Police are not referrers they notify the Local authority following an incident)</li> <li>b) Where there are clear child protection concerns i.e. child has an injury and or has made allegations against the parent/ carer</li> <li>c) When the referrer suspects that by attempting to get consent from the parents that this could potentially place the child/ren/ young person and or the adult victim at potential risk of harm</li> <li>d) When the referrer has sought consent, but the parent/ carer has refused permission. In this instance the referrer believes that by not sending the referral to the front door team then the identified concern (s) are likely to escalate and may place the child/ren/ young person at further risk of potential harm.</li> </ol>

<p>2.</p>	<p>A decision is made in one working day to ensure Working Together 2018 compliance.</p>	<p>Upon receiving a referral from professionals / police notification or using consultation (telephone calls or walkins), further information should be gathered and the information evaluated on the day of receipt by the Screening desk.</p> <p>At triage stage the following information is considered:</p> <ul style="list-style-type: none"> <li>• History known to on the IT system</li> <li>• Liaison with the referrer</li> <li>• Liaison with the parent</li> <li>• Current need, harm and risk identification and information from the referral/ notification</li> <li>• Voice of the child and their lived experience</li> </ul> <p>Once the information is analysed a recommendation will be made by the social work and a decision will be made by the manager as follow:</p> <ul style="list-style-type: none"> <li>• Level 1 – for information only and to track repeat contacts in future</li> <li>• Level 2 (Early Help CA 2004) single or multi agency support coordinated by the Early Help or a targeted approach coordinated and actioned by the Early Help Panel</li> <li>• Level 3 (S17 CA 1989) intervention required with consent from the parent who holds parental responsibility</li> <li>• Level 4 (S47 CA 1989) intervention</li> </ul> <p><b>A timely response will be adhered to ensure the earliest opportunity for prevention, diversion or intervention activity and no delay for children and or young people.</b></p>
<p>3.</p>	<p>On all cases where further information is needed to establish the level of need given gaps in information an analysis will be completed alongside a chronology that is started or updated on every contact.</p> <p>The contact will be assigned to a front door social worker to gather further information. This should be finalised with a management decision within 24 hours.</p>	<p>The analysis by the front door social worker will give consideration to:</p> <ul style="list-style-type: none"> <li>• Professional referrals, police reports or the consultation form completed by a social worker or early help member of staff</li> <li>• Any assessments completed before by Children Social Care either in the West Sussex or received from another Local Authority</li> <li>• Professional information known on the IT system</li> <li>• Liaison with the referrer</li> <li>• Liaison with the parent</li> <li>• The analysis completed is to inform decision making</li> <li>• Where information is not known the social worker should record “none identified”</li> </ul> <p>Chronologies should demonstrate:</p> <ul style="list-style-type: none"> <li>• History</li> <li>• Significant events</li> </ul>

		<ul style="list-style-type: none"> <li>• Clear identification of patterns of behaviour, need, harm and risk</li> </ul> <p>Once the information is analysed a recommendation will be made by the social work and a decision will be made by the manager as follow:</p> <ul style="list-style-type: none"> <li>• Level 1 – for information only and to track repeat contacts in future</li> <li>• Level 2 (Early Help CA 2004) single or multi agency support coordinated by the Early Help</li> <li>• Level 3 (Early Help CA 2004) targeted prevention required with consent from the parent who holds parental responsibility</li> <li>• Level 4 (S17 CA 1989 / S47 CA 1989) intervention</li> </ul> <p>A timely response will be adhered to ensure the earliest opportunity for prevention, diversion or intervention activity and no delay for children and or young people.</p>
4.	Cases identified as closed by another Social Work Team	<ul style="list-style-type: none"> <li>• The screening desk will ensure a brief oversight on all referrals or Police notifications and notify the relevant manager/ team immediately of any Level 3 or Level 4 concerns identified and to ensure no delay for children.</li> </ul>
5.	Quality assurance	<ul style="list-style-type: none"> <li>• Clear decision making with a rationale ensuring that need, harm and risk are identified in a timely and proportionate manner demonstrating evidence of improving outcomes for children.</li> <li>• Management oversight at every stage of the front door process.</li> </ul>

**Child and Family Assessments**

Assessment is undertaken by Children's Social Care to identify the needs of individual children to determine what services to provide and action to take.	
When:	What you need to do:
1.	<p>Assessments will follow the local procedures</p> <p>A 'face to face' discussion should take place between the worker and the allocating manager at the point of allocation.</p> <p>The manager should also clearly record an instruction and tasks to the allocated social worker (which have been discussed with the worker) on the social care data base. Called an allocation note</p> <p>These will include:</p> <ul style="list-style-type: none"> <li>• Requirement to visit the child in a specified timescale - within 5 days of allocation</li> <li>• Requirement to continue and update a Social Work chronology</li> <li>• Consultation of partner agencies with whom to consult/undertake joint visits (if required)</li> <li>• Additional social work assessment tools to be used</li> </ul> <p>The manager will review the progress of a single assessment with the social worker at day 5 when a decision will be made as to whether the assessment is complete or needs to be extended due to presenting issues.</p> <p>The assessment process will immediately focus on:</p> <ul style="list-style-type: none"> <li>• The child (depending on age and understanding) and the family know about the assessment and are actively involved in any assessment.</li> <li>• Consent to undertake agency enquiries have been gained unless there is a clear safeguarding issue that makes this inappropriate (this decision will be recorded by the appropriate manager).</li> <li>• All single assessments are completed in a timely way in line with West Sussex Council's procedures, statutory guidance and as directed by the deputy group manager recorded on the electronic system.</li> <li>• The child is seen and spoken to alone with their views, wishes and feelings recorded. If the child is not seen the professional reason and rationale, agreement sought and recorded by the Group Manager on the electronic file.</li> <li>• All members of the household will be included — i.e. all adults and children living in the home; those that spend significant periods in the home or have child care responsibilities supporting the family.</li> <li>• Partners, estranged parents — i.e. fathers or mothers not living with their child and extended family — will</li> </ul>

		<p>be identified and their role and involvement in the family understood and included in the assessment in an appropriate way — analysis of this should be clear.</p> <ul style="list-style-type: none"> <li>• Due regard will be given to race, ethnicity, gender, disability, religion and communication needs of the family.</li> <li>• The concerns of other professionals are listened to, clearly recorded and this information is used in the assessment.</li> <li>• The history of previous involvement is read, understood and used to inform the current thinking and a chronology of significant events completed.</li> <li>• Assessment tools are used where appropriate, their use is identified in recordings and the resultant analysis is used clearly in the assessment.</li> <li>• Risk and protective factors are identified, analysed and assessed with rationale for the decisions being made.</li> <li>• The assessment provides evidence for the findings, all sources of information are identified and there are clear recommendations including for future work or no further action, referral to other agency.</li> <li>• If the assessment is no further action (NFA) from the statutory children's service consideration to be given to stepping down to Early Help (EH) with a clear plan of work and appropriate Team around the family (TAF)/Referral and introductions together with handover professional meeting.</li> <li>• Letters will be sent to families and professionals to inform them of the outcome of assessments; if the case is to be closed or will be supported by other agencies or, step down who the contact or lead professional will be.</li> <li>• The assessment has been read by the manager and comments and feedback provided as part of the authorisation process.</li> <li>• The assessment is shared openly with the child and family and their feedback sought and their views recorded.</li> <li>• The professional referrer is informed of the outcome of the assessment and, with the consent of the family, information from the assessment should be shared as part of the Step-Down referral to allow for the involvement of Early Help (EH)</li> <li>• A transfer/closing summary should be placed on the file and will be authorised by the manager.</li> </ul>
<p><b>2.</b></p>	<p>Analysis of information will be structured in the three domains and judgments will be</p>	<ul style="list-style-type: none"> <li>• Summaries will be recorded of information gathered in the three assessment domains – child's developmental needs, parenting capacity, family and environmental factors.</li> </ul>

	informed by a professional knowledge base	<ul style="list-style-type: none"> <li>• Conclusions will be drawn from the summaries as defined above</li> <li>• Judgments will be information by a professional knowledge base and referenced</li> </ul>
3.	Feedback will be given to those involved in the process	<ul style="list-style-type: none"> <li>• Parent(s) and the child/young person will receive feedback verbally and also in writing</li> <li>• The comments of parent(s) and the child/young person will be recorded</li> <li>• Agencies and individuals involved in the Assessment will receive the summary information about the Plan, if one is made.</li> </ul>
4.	Recommendations from Assessment will be outcome focused	<ul style="list-style-type: none"> <li>• Need, risk and harm identified and assessed</li> <li>• Define what needs to happen to achieve desired outcomes, by when and whom</li> <li>• If the assessment is no further action (NFA) from the statutory children's service consideration is to be given to stepping down to the Early Help with a clear plan of work together with handover professional meeting</li> <li>• A transfer/closing summary should be placed on the file and will be authorised by the Manager.</li> </ul>

**Assessment Timescales at a glance:**

- Child and family assessments are carried out within a maximum of 45 working days.
- The Manager will review the progress of the single assessment at 5 working days (concluding whether no further action is required and the assessment can be closed, or whether further work is needed); again at 15 working days; and signed off with appropriate comment as an assessment that meets good standards by 45 working days at the latest.

**The Child and Family assessment has been updated:**

- As a minimum once every 12 months;
- Prior to a child becoming looked after;
- When any significant change or incident in the child's life requires updated assessment and planning;
- Prior to a young person's Pathway Plan being started;
- Where there is a proposed significant change to the care plan;
- Where progress is not seen to be made;
- When a manager considers it necessary.

**Working with Children in Need**

A Child in Need (CIN) is defined in Section 17, Children Act 1989 where:

- The child is unlikely to achieve or maintain a reasonable standard of health or development without the provision of services by the Local Authority, or
- Their health or development is likely to be significantly impaired, or further impaired, without the provision of such services, or
- Children with disabilities and special and complex need

	<b>When:</b>	<b>What you need to do:</b>
<b>1.</b>	CIN meetings are convened for all children and young people who meet the threshold of a CIN.	<ul style="list-style-type: none"> <li>• The definition of a CIN (Section 17, Children Act 1989) is applied</li> <li>• If a Child Protection Conference does not make a Child Protection Plan for a child, it will consider the formulation of a CIN Plan that addresses the areas of concern and set a date for a CIN Meeting where the plan will be developed with appropriate consent.</li> </ul>
<b>2.</b>	CIN meetings are held within agreed timescales	<ul style="list-style-type: none"> <li>• Where the single assessment identifies that a child as being a child in need of support as defined by s17 of the Children Act 1989 then an initial Individual Support Plan will be created by day 10 at the first Child in Need meeting</li> <li>• Where a strategy discussion decides that the child is a Child In Need then the Child In Need Meeting will take place within 10 working days of the strategy discussion</li> <li>• Where the outcome of an s47 Enquiry is that the child is in need of support and not at risk of on-going harm then the first Child In Need Meeting will take place within 10 working days of from the end date of the s47.</li> </ul>
<b>3.</b>	Membership is appropriate to the needs of the child and their situation	<p>CIN Meetings are:</p> <ul style="list-style-type: none"> <li>• Convened by Children's Social Care</li> <li>• Attended by all agencies which have direct and relevant involvement with the child and family (e.g. schools, Children's Social Care and health services)</li> <li>• Those who hold relevant information that can be shared in the meeting</li> <li>• The child and their family.</li> </ul>
<b>4.</b>	Involvement of the child and the family	<ul style="list-style-type: none"> <li>• Children and families should be prepared for attendance at meetings (unless the young person objects to parental involvement)</li> <li>• Where children and/or parents do not wish to attend, efforts should be made to ascertain their wishes and represent these at the meeting</li> <li>• In all circumstances the views of all children should be ascertained using whatever medium is appropriate</li> <li>• A child subject to a CIN plan will be seen every 20 working days max or as directed by the Manager.</li> </ul>

<p>5.</p>	<p>CIN meetings will address key issues for the child or young person</p>	<ul style="list-style-type: none"> <li>• The Assessment will be available to the CIN meeting with copies distributed to appropriate members of the family and all involved professionals</li> <li>• The manager will facilitate a clear analysis of the needs, difficulties and concerns that have led to the need for a CIN meeting</li> <li>• Outcomes of CIN meetings are clear and developed by those attending.</li> </ul>
<p>6.</p>	<p>Quality Child in Need plans</p>	<p>Development of a CIN Plan that addresses the needs, difficulties and concerns in relation to the child shall include:</p> <ul style="list-style-type: none"> <li>• The objectives</li> <li>• Ensure the plan is robust and outcome focused</li> <li>• Support the family and ensure risks are managed and safety plans are in place</li> <li>• Identify and engage the network around the child/young person to provide support and ensure the safety plan remains in place</li> <li>• The plan will include working with the strengths in the family and are measured to enable the family and professionals working with them to show the progress in achieving outcomes – how do we know things are improving?</li> <li>• The plan should also explore the worries, what is working well and identify next steps</li> <li>• The coordination and review of the CIN Plan, the Assessment and membership of any future review meeting will be decided at the initial meeting.</li> <li>• The progress of the CIN plan should be monitored through supervision which takes place every 4 weeks</li> <li>• A supervision recording of progress and barriers to progress will be placed on the file with the contingencies and recommendations by the Service Manager</li> <li>• When it is agreed that sufficient progress has been made the case will be considered for stepping down to Early Help with the last CIN meeting becoming the first TAC meeting</li> <li>• CIN plans should be multi agency and be agreed at the CIN meeting which should be held within 10 days</li> <li>• The first CIN meeting will be chaired by a Manager.</li> </ul>

<p><b>7.</b></p>	<p>Clear recording of CIN Meetings and Plans</p>	<ul style="list-style-type: none"> <li>• The Plan will be recorded on the CSC computer system</li> <li>• The decisions and minutes from the CIN meeting will be recorded on the electronic system within 3 days and quality assurance by a manager within 5 days</li> <li>• Everyone involved in the CIN meeting will receive a copy of the CIN plan within 10 working days</li> <li>• All plans will be provided in an accessible format</li> <li>• The CIN Plan should be reviewed at least every 6 weeks.</li> <li>• By the second review if satisfactory progress is not being made consideration will be given to escalating the intervention to child protection.</li> </ul>
<p><b>8.</b></p>	<p>There is clear resolution when the plan cannot be progressed or outcomes achieved for the child</p>	<ul style="list-style-type: none"> <li>• If the plan is not progressed or has failed to meet the child's needs, the manager must make an informed decision whether to reconvene the meeting before the planned review date.</li> </ul>

**Strategy meetings and Section 47 enquiries**

<p>Strategy discussions are multi-agency meetings called by Children's Social Care (CSC) to plan an effective course of action for a child where there are child protection concerns</p>	
When:	What you need to do:
<b>1.</b>	<p>Strategy discussions are convened whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm</p> <ul style="list-style-type: none"> <li>• In line with best practice strategy discussions are more effective when carried out face to face and should always be convened where possible. However, this should not delay a strategy discussion taking place at the earliest opportunity, e.g. by conference call.</li> <li>• The need for a strategy discussion will be identified: <ul style="list-style-type: none"> <li>✓ At the point of referral</li> <li>✓ During an assessment</li> <li>✓ During the inter-agency checks and information gathering stage</li> </ul> </li> <li>• Where there are immediate child protection concerns the strategy discussion must be held within 24 hours.</li> <li>• This will be in the form of a meeting – face to face, where ever possible, the plan for the enquiries and decisions recorded and a record sent to all participating professionals. If no face to face meeting is held this needs to be recorded and authorised by the Manager.</li> <li>• Checks with all relevant agencies have been undertaken and recorded on the electronic system.</li> <li>• The interim safety plan will include any planning for further enquiries, arrangements for seeing the child within 24 hours and the requirement for any written agreement with the parent is fully recorded under S47.</li> <li>• An interim safety plan should ensure that there is management oversight of a clear plan to ensure that the child(ren) continue to be safeguarded during the period from commencing the S47 to the ICPC.</li> </ul>
<b>2.</b>	<p>Membership is appropriate to the needs of the child or their situation</p> <ul style="list-style-type: none"> <li>• Convened by Children's Social Care (CSC)</li> <li>• Essential attendance – The Local Authority social worker, their manager, health professionals and a Police representative should, as a minimum be involved in the strategy discussion. However it is recognised that on occasion there may be a need for an urgent strategy discussion to take place which must at a minimum include CSC and the Police. This should only be in exceptional circumstance.</li> <li>• CSC will invite all other agencies which hold or need to be given relevant information about the child – The professional or agency that made the referral, the child's school or nursery and any other health services.</li> </ul>
<b>4.</b>	<p>Strategy discussions will have an agenda, noting</p> <ul style="list-style-type: none"> <li>• Share relevant information and take appropriate action to obtain further information that is required.</li> </ul>

	<p>all requirements laid out in the child protection procedures</p>	<ul style="list-style-type: none"> <li>• Decide whether a Section 47 enquiry should be undertaken. If agreed, then agree: <ul style="list-style-type: none"> <li>✓ The need for medical treatment/examination</li> <li>✓ The conduct and timing, if initiated of any criminal investigation</li> <li>✓ The scope of the enquiry, including siblings and other children at possible risk of harm</li> <li>✓ Name of social worker who will visit the child and a timescale for any visits</li> <li>✓ Whether an ABE interview will take place with the child</li> <li>✓ How the child's wishes and feelings will be ascertained</li> <li>✓ Who other than the family should be interviewed, by whom, when and for what purpose</li> <li>✓ What information may be shared, with whom and when</li> <li>✓ Any implication for disciplinary action, e.g. use of evidence statement</li> <li>✓ Any legal actions required</li> <li>✓ Whether an assessment should be initiated or continued if it has already begun</li> <li>✓ Consent (where appropriate)</li> </ul> </li> </ul>
<p>5.</p>	<p>Strategy discussions will formulate SMART actions and outcomes</p>	<ul style="list-style-type: none"> <li>• Action will include timescales, agency and individual responsibility for each agreed action, including the timing of police investigations and relevant methods of evidence gathering and the mechanism and date for reviewing the completion of agreed actions (i.e. further strategy meetings in complex cases).</li> </ul>
<p>6.</p>	<p>By day 5 S47 enquiry to be completed by the social worker and signed off by the social worker manager with clear analysis and rationale to support recommendations for ICPC.</p> <p>A manager agrees whether the ICPC is necessary and records decisions. Invitation to be completed on ICS and workflow to SQA team.</p>	<ul style="list-style-type: none"> <li>• The child has been seen and spoken to alone as part of a single assessment and their presentation, views, wishes and feelings recorded. All siblings in the house will be considered as part of the investigation.</li> <li>• The history has been read, understood and used to inform the current investigation.</li> <li>• Risks have been identified and analysed using recognised risk assessment tools.</li> <li>• The strengths of the family have been considered and used to inform any decision.</li> <li>• The investigation concludes within <b>5 working days</b> following evidence based assessments and a judgement about the level of the risk of harm and whether it is significant will determine the action required to safeguard the child.</li> </ul>
<p>7.</p>	<p>The outcome of the Section 47 enquiry will be shared with the relevant</p>	<p>Outcomes will be shared in a number of ways:</p> <p>(a) Reconvene strategy discussions where:</p>

	<p>multi-agency professionals including members of the strategy discussion</p>	<ul style="list-style-type: none"> <li>• The circumstances are particularly complex or unknown</li> <li>• Enquiries have been delayed</li> </ul> <p>(b) Through an Initial Child Protection Conference  (c) By phone/email where the above does not apply</p> <p>Any significant change to the outcome of the Section 47 enquiry must be endorsed by the original strategy discussion members.</p>
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### Child Protection Conferences

<p>Child Protection Conferences bring together family members (and the child where appropriate), supporters/advocates and those professionals most involved with the child and family to plan and review how best to reduce risk to an individual child</p>	
Standard	Criteria
1.	<p>Initial Child Protection Conference (ICPC) will be held whenever a child is likely to suffer significant harm.</p> <p>Reports should be written in line with the template on the CSC case management system.</p> <ul style="list-style-type: none"> <li>ICPCs will be held where the concerns of Section 47 enquiries are substantiated and the child has or is likely to suffer significant harm. Requests by involved professionals for a conference will normally be agreed.</li> <li>If Children's Social Care (CSC) decides not to proceed with a child protection conference then other professionals involved with the child and family have the right to request that CSC convene a conference, if they have serious concerns that a child's welfare may not be adequately safeguarded. Where concerns remain, agencies should follow the Professional Resolutions Practice Guidance.</li> </ul>
2.	<p>Conferences are convened within timescales.</p> <p>ICPC takes place within <b>15 working days</b> of:</p> <ul style="list-style-type: none"> <li>Strategy discussion (where Section 47 enquiries initiated)</li> <li>Notification from another authority that a child has moved to West Sussex Council</li> </ul> <p>Where an Emergency Protection Order (EPO) is in place a strategy meeting will be convened to consider making Section 47 enquiries in order to establish the child's safeguarding needs.</p> <p>First Review Child Protection Conference (RCPC) takes place <b>within three months</b> of the ICPC.</p> <p>Further RCPCs are held at intervals of <b>not more than six months</b> (unless a pre-birth conference)</p>
3.	<p>Membership of conferences is appropriate to the child's case</p> <p>Conferences are requested by a CSC Group Manager. Requests by involved professionals for a conference will normally be agreed</p> <ul style="list-style-type: none"> <li>Location and timing of conferences will be planned to ensure maximum attendance from most critical attendees</li> <li>Members should have sufficient professional expertise and/or knowledge of the child/family to provide a report to the meeting and to contribute effectively to the discussion</li> <li>Professionals who cannot attend should submit a written report and arrange a well-briefed agency representative to attend and speak to the report</li> <li>A professional observer must have agreement of the CPA and the child/parents or carer</li> </ul>

		<p>CSC will support alternative arrangements for child care to support parents/carers in their attendance</p>
<p>4.</p>	<p>Conferences will be quorate</p>	<p>As a minimum attendance there should be CSC and at least two other professional groups or agencies that have direct contact with the child</p> <ul style="list-style-type: none"> <li>• Exceptionally the Child Protection Advisor (CPA) can decide to proceed with an inquorate conference, creating an interim protection plan and setting another early conference date – this should be noted in the conference minutes</li> <li>• The outline child protection plan will devised at the conference will address what needs to change in order to protect the child and the outcomes to be achieved.</li> <li>• The child protection chair will set the date of the next conference; the date of the core group together with the membership.</li> </ul>
<p>5.</p>	<p>Parents will be involved in the conference process</p>	<p>The Social Worker should ensure parents have sufficient information to make a meaningful contribution to the meeting. Professionals are expected to share their report with parents before the conference (see standard 2 and 8 for timescales)</p> <ul style="list-style-type: none"> <li>• Written information about the conference system and the complaints procedure will be supplied to parents in advance of the meeting</li> <li>• Parents may bring a supporter or solicitor to the conference</li> <li>• All equality issues will be taken into account</li> <li>• The CPA will meet the parents before the Conference to confirm the above</li> </ul>
<p>6.</p>	<p>Involvement of family members in the conference process</p>	<ul style="list-style-type: none"> <li>• The parents will be prepared for attending the conference and consideration to be given to whether the child should attend for at least part of the conference. If they are not attending the conference they will be encouraged to contribute in an age appropriate way and their views recorded in the social work report if appropriate providing there are no safeguarding issues that would prevent this.</li> <li>• The conference chair will meet with the child and parents in advance of the meeting to ensure they understand the purpose and the process: <ul style="list-style-type: none"> <li>✓ Where appropriate the chair will seek the child's views independently</li> <li>✓ Explicit consideration should be given to the potential for conflict between family members and the need for children and adults to speak without other family members present</li> </ul> </li> </ul>

		<ul style="list-style-type: none"> <li>✓ Representation for an exclusion must be made to the CPA in advance of the meeting</li> <li>✓ Exclusion should be for a minimum duration</li> <li>✓ Exclusion may be for only one section of the meeting</li> <li>✓ If excluded for the whole meeting, the CPA must write to the parent and explain how they can have their views heard, how they will be told the outcome and about the Complaints Procedure</li> <li>✓ The CPA will provide edited minutes for the excluded parent.</li> </ul>
7.	Children may be involved in the conference process	<ul style="list-style-type: none"> <li>• The child must be given opportunity to contribute to the Conference, subject to their age and understanding – this may involve attendance</li> <li>• The Social Worker should ensure that children have sufficient information and opportunity to make a meaningful contribution</li> <li>• Written information about the conference and complaints procedure will be provided for older children</li> <li>• Children who attend may bring a supporter or an advocate to the conference</li> <li>• All equality issues will be taken into account</li> <li>• The CPA will decide the nature and extent of attendance of a child</li> <li>• The CPA will meet the child if they attend before the conference to confirm the above</li> <li>• If the child does not attend, the Social Worker will convey the child's wishes.</li> </ul>
8.	Agencies will all provide written reports to the conference	<ul style="list-style-type: none"> <li>• All reports should be made available to the Chair <b>three working days before the ICPC</b></li> <li>• All reports should be shared by the authors (or a representative) with parents (and child if appropriate) <b>at least two working days</b> before the ICPC</li> <li>• The child protection chair will be responsible to escalate any non-engagement by partners in the child protection process to the Manager for Child Protection in the Quality Improvement Service for tracking and monitoring to conclusion in accordance with the escalation policy.</li> </ul>

**The social workers report to the ICPC includes:**

- Summary of the reason for the referral and information analysed as part of the investigation (referral, assessment).
- Chronology of significant events including risk and protective factors.
- Child's current and past developmental needs.
- Parents capacity to keep child safe from harm and respond to needs.
- Child's views, wishes and feelings including any other children within the household.
- Analysis of risk and protective factors, the impact on the child and the understanding of the parents of these factors.

**Children in Care and Care Leavers**

The definition of a looked after child (child in care) is found in the Children Act 1989. A child is looked after by a local authority if a court has granted an order or when the parent with parental responsibility has agreed for the child to be accommodated for more than 24 hrs.

	<b>Standard</b>	<b>Criteria</b>
1.	The child's journey will be planned without delay	<ul style="list-style-type: none"> <li>• The child's journey in care should be based on developing a positive and meaningful relationship with the child</li> <li>• All professionals involved with the child will be informed of the child's legal status within 24 hours</li> <li>• The child will be visited within 24 hours of coming into care or having a change in placement</li> <li>• The placement meeting will be held within 5 working days to agree how the placement will meet the child's needs</li> <li>• An initial health assessment will be requested and carried out within 20 working days to inform the first Review held within 20 working days</li> <li>• A PEP meeting will be arranged with the school within 20 days to inform the initial Review held within 20 working days (the report is due 3 days in advance of the Review)</li> <li>• An up to date care plan will be recorded on the electronic system within 20 days of placement and this will include the child's needs, consider intended outcomes and placement and service provision that is needed to meet the child's needs.</li> <li>• A child in care review will be arranged within 28 days.</li> </ul>
2.	A meaningful experience as a Child in care/ Care Leaver	<ul style="list-style-type: none"> <li>• The social worker and relevant other professionals will provide a written report for the review and this will be with the IRO 3 days before the review. The social worker will ensure that the review and care plan has been discussed with the child, family and/or carer 20 days prior to the review.</li> <li>• For young people in our care their aspirations for the future including their interest, views on careers and how they want their lives to develop should be included in the care plan from early teens.</li> </ul>

		<ul style="list-style-type: none"> <li>Depending on the age of the child they will be encouraged to participate in their review and planning for that review. They will be given the opportunity to speak to their IRO on their own. Parents will be encouraged to participate in the review process and their views recorded</li> </ul>
3.	Contact will be promoted (where appropriate) with the parents with parental responsibility	<ul style="list-style-type: none"> <li>Arrangements for contact with parents and other significant family members will be made at the time of the child coming into our care and regularly reviewed</li> <li>Contact will be in the best interest of the child and supported and supervised as necessary.</li> </ul>
4.	Permanency planning	<ul style="list-style-type: none"> <li>A plan for permanence must be presented to the 4-month review</li> <li>Any significant changes to a child's care plan or legal status should not be made without first discussing it at a review meeting</li> <li>If a placement is at risk of breaking down a Disruption Meeting will be held and chaired by the Manager to look at ways of maintaining the placement or seeking an alternative placement that will better meet the needs of the child.</li> </ul>
5.	Care Leavers	<ul style="list-style-type: none"> <li>Staying Put</li> <li>Suitable accommodation</li> <li>Allocation to a Personal Advisor from the age of 16 years</li> <li>EET status</li> <li>Health passport (Leaving Care Health document)</li> <li>Care leavers are visited a minimum of every 2 months by a personal advisor. Where care leavers develop problems as they assume the responsibilities of adulthood they should expect, and will require, much more frequent personal contact with their PA</li> <li>Regulation 8(2) of the Care Leavers Regulations requires that when a care 3.39. leaver moves to new accommodation; the PA must see them at that accommodation within 7 days of the move. Subsequently they must see the care leaver at the point at which the pathway plan will be first reviewed – namely after 28 days – and then they must visit the care leavers at no less than 2 monthly intervals.</li> <li>Pathway plans every 6 months</li> <li>Care Leavers service up to the age of 25 (if required)</li> <li>Local Offer with care leavers entitlement</li> <li>Where care leavers develop problems as they assume the responsibilities of adulthood they should expect,</li> </ul>

		and will require, much more frequent personal contact with their PA.
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**Adoption**

To be adopted, a child must:

- be under the age of 18 when the adoption application is made
- not be (or have never been) married or in a civil partnership.

	Standard	Criteria
<b>1.</b>	The child's journey will be planned without delay	<p><b>Adoption Review Placed for Adoption–</b></p> <ul style="list-style-type: none"> <li>• Once an adoption agency has <b>Authority to Place for Adoption</b>, there is a requirement to review the child's case under the Adoption Agencies Regulations 2005. Until the child is placed for adoption, this runs alongside the requirement to hold a Child in Care Review in relation to the child.</li> <li>• The child's social worker should provide written information about the intended arrangements for Adoption Reviews, to the child (depending on age and understanding), to the prospective adopters (usually this will be part of the Adoption Placement Plan), and to any other person considered relevant, such as the child's parents.</li> <li>• So far as reasonably practicable, all Adoption Reviews will be chaired by the child's Independent Reviewing Officer. The child's social worker, in conjunction with the Independent Reviewing Officer, will invite relevant persons to Adoption Reviews.</li> <li>• There will be additional considerations for the IRO to undertake during the review process. Although the child remains looked after, the placement order changes the focus of the review. The Adoption Plan and the Support Plan rather than the Care Plan will be reviewed. Adoption Agencies Regulations 36(6) sets out matters to be considered at the Adoption Review.</li> </ul> <p><b>The reviewing arrangements will continue until the Adoption Order is made.</b></p> <p><i>There is no requirement to invite birth parents or to consult them prior to a Review, but the child's social worker, in conjunction with the Independent Reviewing Officer, may consider that their views could be ascertained.</i></p>

	<p>When the child has been placed for adoption, the first review must be held</p> <ul style="list-style-type: none"> <li>• no more than 4 weeks after placement,</li> <li>• the second no more than 3 months after this,</li> <li>• subsequent reviews held at 6 monthly intervals until an adoption order is made, or the child is no longer placed with the prospective adopter</li> </ul> <p>Where there are concerns that the placement is at risk of breaking down, an Adoption Review must be convened immediately. Where a placement breaks down.</p> <p><b>Not yet placed for Adoption</b></p> <p>Where the child has not yet been placed for adoption, the first review must take place no more than three months after the agency obtained authorisation to place, and thereafter not more than six months after the previous review [Adoption Agencies Regulations 36(1)].</p> <p>Where the child has not been placed for adoption, arrangements must be made so that an Adoption Review is held:</p> <ul style="list-style-type: none"> <li>• No later than 3 months after authority to place the child for adoption has been obtained;</li> </ul>
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**Good practice in case recording**

- As part of the planning with children and families adequate time to record work with them is allowed for and any event or contact is recorded within 48 hours. This also includes telephone calls made and received
- Records clearly show when a child has been seen, spoken to and their wishes and feelings included.
- Any direct work or assessment tools used are identified and analysed.
- If interpreters, specialist workers or communications tools are needed this is clearly recorded.
- Records of the child's journey lived experience and the purpose and outcome of any contact are clear and analysed.
- Facts and opinions are separated in the recording and any relevant research or tools used identified with appropriate references.

- All records are respectful of the child and their family including education, communication, language, cultural, gender, sexuality, disability and diversity is celebrated.
- If information is provided by other professionals or family/friends the records give the person's name, contact details and their relationship to the child.
- Management oversight is regularly recorded on Mosaic including case discussions and supervision (informal supervision).
- Management decisions and authorisations together with the rationale for the decision made are signed off within 24 hours.
- Audits carried out are placed on the file with actions and the Group manager and Service Lead ensure through supervision that any actions are completed and recorded to ensure that the case is of the highest standard.
- A closing summary will be completed with a cultural genogram.

<b>Review / Contacts / References</b>	
Document title:	Timescale Practice Guidance
Date approved:	4 May 2020
Approving body:	Policy & Practice Steering Group
Last review date:	
Next review date:	May 2022
Related internal policies, procedures, guidance:	<p><b>See also:</b></p> <ul style="list-style-type: none"> <li>• Visits requirement for children</li> <li>• Child and Family Assessment Guidance</li> <li>• Management oversight checklist</li> <li>• Child and Family Assessment Process</li> <li>• S20 guidance</li> <li>• S20 checklist</li> <li>• Voice of the child guidance</li> <li>• PA guidance</li> <li>• IRO and CPA standards</li> </ul>
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