

Principal Social Worker's Practice and Learning Bulletin

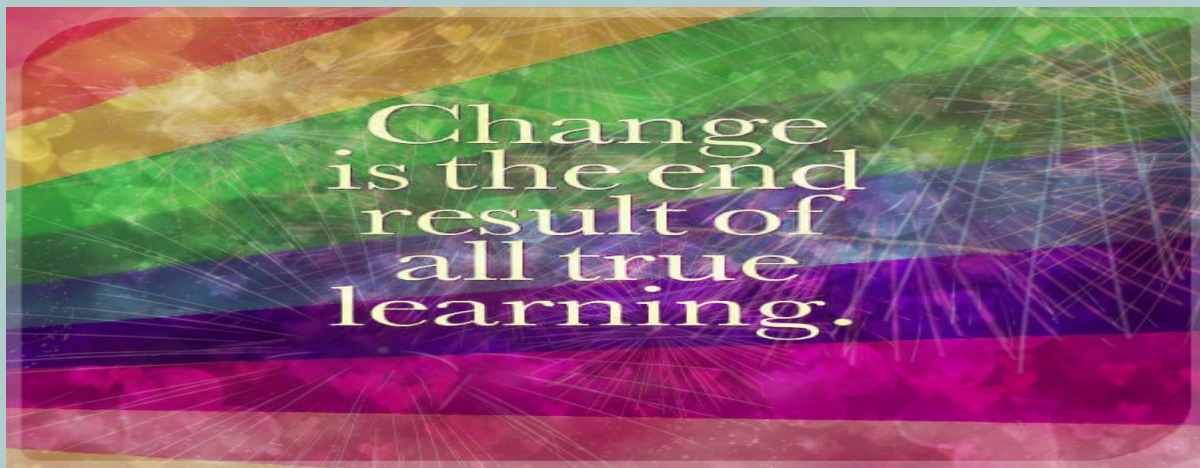


Welcome to the October edition of the bulletin

Hello everyone

This month I thought it would be useful to revisit SMART Plans as this is an area identified that we need to improve our practice on. Also included are the usual learning from Complaints, Development Opportunities but I have also included some learning from Practice Reviews.

I have also added an article about XXXXXXXXXX



As always, please let me know if you want to see something in the bulletin or want to contribute an article.

Just a reminder that reading this bulletin can contribute to your CPD record which is especially vital for those of you who need to register your CPD with Social Work England. Additionally, I hope that you are discussing the contents of this in your team meetings; this may generate interesting conversations about practice and learning.



Best wishes

Traci Taylor

Principal Social Worker/Service Manager

SMART Goals

S

Specific

M

Measurable

A

Achievable

R

Realistic

T

Timely

Focus on Practice - What does a SMART plan mean and what does it look like?

Our Practice Standards state that all the children we work with will have a **SMART Plan** which means that the plan will details the goals and objectives that we want to achieve. By writing a SMART plan we will be giving the child family and professionals clear guidance of what needs to happen, how it is going to happen, how we know it has happened and a date for completion. SMART is an acronym for **Specific, Measurable, Achievable, Realistic and Timely.**

For example, our goal could be that Tommy is kept healthy and safe so he needs to be regularly reviewed at asthma clinic for his inhaler. A SMART plan will look like this:-

Specific - set out a very clear objective i.e. what needs to be achieved/changed. For example: Parents will take Tommy to asthma clinic every month to be reviewed for his inhaler to make sure that he does not have an asthma attack.

Measurable – without measurable objectives it is difficult to assess whether sufficient progress has been made. A measurable objective should make it relatively easy to answer questions such as how much? How many? And how we will know if it is achieved? For example: We will know that this has been achieved as the Practice Nurse will confirm that she has reviewed Tommy and prescribed his inhaler. Tommy will be seen with an inhaler in the house when visits take place and Tommy will not have as many asthma attacks.

Achievable – The objective must be achievable; unachievable objectives should not be included in children plans; this means that when setting objectives, parents children and professionals need to think “how can this be achieved?” For example: This is an achievable goal as the family live in close proximity to the surgery and they are being offered a recurring appointment therefore, there is no reason why they cannot attend the asthma clinic.

Realistic – The objectives of a plan must be realistic to the overall goals, there should be a clear and reasonable link between achieving the objectives of the plan and achieving one or more of the goals. For example: it is realistic to expect that parents will take responsibility for ensuring that their child is having treatment for his asthma; the surgery is near to the family home. It links with the goal of Tommy being healthy and having access to his inhaler to prevent him from having recurring asthma.

Timely – Objectives should include a sense of timeliness; open-ended objectives may lead to a sense of drift. Setting a date when the objective should be completed makes it easier to review it at meaningful point in time. For example: Tommy has a clinic appointment on 01.10.2020 checks will be made every month that Tommy has been seen and the need for continued checking will be reviewed on 01.10.20.

LEARNING FROM



Our practice evolves from learning from what we do well but also when we have had a complaint about our practice and this has been looked at to see whether the complaint was valid. Stage 2 complaints are completed independently and there is usually an action plan for practice development if it is considered that any part of the complaint can be upheld after investigation. This month we have learning from four Stage 2 complaints.

Our first complaint relates to inaccurate information on file records about a Special Guardianship Order being in place for a child where this was not the case; this left the child in a vulnerable position living with family members as his mother was threatening to remove him.

Finding:

It was found that there was inaccurate recording on the child's file and it was stated that his grandmother had a Special Guardianship Order in place when this was not the case.

Action:

CSC should ensure that all information that is recorded on case files is accurate.

Our second complaint relates to a parent who felt that information shared by the SW to Cafcass resulted in unreasonable contact being given to the child's father.

Finding:

The complaint was not upheld and there was no evidence that the SW had passed inaccurate information to the court.

Action:

Communication with CAFCASS when seeking to identify Bradford CSC's involvement should always be in writing by letter or email this would mean that there is no misinterpretation. when a

Our third complaint relates to concerns that processes were not followed to ensure that a child had a Education, Care and Health Plan in a timely manner. Additionally that IRO minutes were not detailed and that there was missing information in the case notes and assessment records for the child.

Finding:

There was delay in the child having an ECHP in place which was exacerbated by the responsibility shifting to another local authority who disputed their responsibility for completion of the ECHP.

Action:

CSC, Send and Virtual School should ensure that the carrying out of the EHCP process should be completed in a timely manner. When there are issues with the ownership of the responsibility of carrying out the assessment with another local authority it should be ensured that this is resolved in a timely

research in practice

Bradford Children's Workforce and Learning Service has a subscription to Research in Practice which gives you the opportunity to attend, face to face training, online webinars, listen to podcasts and have access to briefings, research and information on a range of topics. To access this please set up an account www.researchinpractice.org.uk

Supporting life story work

Published: **01/12/2022**

Author: **Research in Practice**

A new suite of Research in Practice resources aim to help practitioners support care-experienced children and young people to understand their own history and life story.

Life story work is an essential social work task and aims to answer the questions: Who am I? Where did I come from? Why did I not grow up with my birth mother or father?

It brings together the child's lived experiences, thoughts, feelings and questions, with memories of birth family and others and the social worker's understanding of what happened and how decisions were made.

A new [Practice Tool](#) focuses on how social workers, and others supporting care experienced children and young people can help them to understand their own histories through planned direct work and writing life story books. It includes sections on:

- What is life story work and why does it matter?
- Overcoming the challenges of life story work.
- Doing life story work with children and writing the story down.

Additionally, there are a series of [short videos](#) giving examples of how social workers can approach life story work with care experienced children and young people, as well as a series of [example life story books](#) and other written resources.

Check it out to access resources and information.

LEARNING FROM COMPLAINTS CONTINUED

Finding:

Not all discussions were captured in the IRO minutes.

Action:

The minute's from Looked After Child reviews by IRO's should contain comprehensive details of discussions.

Finding:

The Child and Family Assessment did not full capture what was currently happening for the child and family

Action:

Child & Family Assessments by social workers should give an accurate reflection of what is currently happening in a case.

Finding:

Some key information from discussions was not recorded in the case recordings which diluted an understanding of what was discussed.

Action:

In some points key information that officers interviewed gave are not recorded in the case notes. Therefore, it recommended that it should be considered that case notes should contain fuller details of what was discussed and occurred to provide a comprehensive record.

Finding:

When a child is taken off a CIN plan there should be written communication with the parent informing them of this.

Action:

Use the closure letters to inform parents and partner agencies when CSC have completed work and will no longer be working with the family. If there has been a step down to Early Help write to parents to inform them of this.

Finding:

Clear boundaries need to be developed about how CSC support and what the limitations in support are and this needs to be communicated clearly with parents.

Action:

A SMART plan will set out what support is going to be offered to a family and this should be discussed and shared with the family so they understand what to expect from CSC

Finding:

Staff should feel confident about passing information onto parents and should be encouraged to seek advice not only from managers but other departments in the Council such as the Information Governance Team if they are unsure.

Action:

Remind staff about seeking advice from managers or the Information Governance Team if unsure of what information to share with parents.



Here are some of the learning and development opportunities in November available to you.

2nd November – Understanding Risk and Safety Planning

3rd November – Neglect and Poverty

7th November – Engaging Families

8th November – Assessment, Analysis and Planning

8th November – Induction for new starters

8th November – Relationships Matter – Promoting Healthy Relationships (please contact Theresa Deighton-Power to book)

9th November – Reducing Parental Conflict briefing (please contact Theresa Deighton-Power to book)

10th November – Understanding Risk and Safety Planning

10th November – Early Help Assessments and SMART Plans

16th November – Relationships Matter – Promoting Healthy Relationships (please contact Theresa Deighton-Power to book)

17th November – Assessment Planning in Care Proceedings

17th November – Professional Curiosity

23rd November – Trauma Informed Practice

23rd November – Team Around the Family and Impact Measurement

24th November – Engaging Families

25th November – 16 Days of Action Launch Event & introduction to the new Coercive Control Toolkit

29th November – Social Work level 3 progression drop-in (please contact Emma Scrimshaw for further details)

30th November – Reducing Parental Conflict briefing (please contact Theresa Deighton-Power to book)

30th November – Understanding Risk and Safety Planning

1st December – Acting on the Act – Children as Victims of Domestic Abuse

6th December – Induction for new starters

All courses can be booked via Evolve unless otherwise stated.

You can access lots of useful resources and development opportunities by setting up accounts with the links below.

Research in Practice:

www.researchinpractice.org.uk

Children's Social Work Matters:

www.childrensocialworkmatters.org

**WE APPRECIATE
YOUR FEEDBACK
THANK YOU!**