

BCP Children's Services – all Social Care Staff Practice Standards 2023



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1. What are Practice Standards?

Practice standards are the expectations BCP Council have that will be delivered to you; BCP children and young people, within BCP on a consistent basis, and therefore they are the minimum standard we would expect you to receive. Practice standards are influenced and shaped by government, legislation, statutory guidance, and local requirements. They are also influenced by research, best practice and social work theories.

This document is for use by all social care staff working within Children's Services, so that everyone understands the standards expected in working with you, your families, each other, and the wider network. It will:

- Provide clear guidance to all social care staff and managers on their roles and responsibilities within BCP.
- Outline the minimum expectations for how staff and managers are expected to practise
- Ensure that you and your family know what you can expect from all Children's social care staff
- Ensure that our work is focussed on children, and that we keep the child at the centre of all we do.

All staff are expected to abide by legislation relevant to the work they do.

For more information on policies and procedures, staff can visit Tri-X at:

BCP policies: <https://www.proceduresonline.com/bcp/>

2. What are our Top Five Practice Standards.

1. You come first and your welfare and safety is our top priority.
2. You will receive the right level of support at the right time.
3. Your voice will always be heard and will help shape your plan.
4. You are best cared for by those with Parental Responsibility (PR), unless this is not safe for you.
5. You will know why we are involved and what your plan is.

3. How we will treat you and your family, and how we expect to be treated (as laid out in the BCP's Customer Charter)

At BCP Council, we do our best every day to serve you and your family.

You can expect that we will:

- Listen to you, respond to you professionally and with respect.

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- Help to resolve your query and achieve the best outcomes that we can for you.
- Treat you fairly.
- Value diversity and never knowingly discriminate against you.
- Recognise different communication needs and make reasonable adjustments to support you to communicate with us.
- Be honest with you and take responsibility for our actions.

In return we ask that everyone working with us:

- **Treats us with respect.** We understand that in times of trouble or distress, people may act out of character. You can ask us to contact you at another time if you are finding a conversation difficult.
- **Is patient.** Sometimes it can take time for us to give you the information or support you need.

Please be aware that we do not tolerate behaviour, language, or communication that is threatening, violent, or abusive. This includes discrimination, harassment, or hate crimes. If anyone behaves in this way, we can end correspondence, meetings, visits, or conversations. However, we will let you know first that we may do this. We may also:

- Record information about incidents and share this with other parts of the council.
- Limit how you, or others, can communicate with us.
- Report abuse to the police.

BCP Council has a duty to protect the welfare and safety of you, but also our staff. We should be able to work without fear of abuse, harassment, discrimination, or violence.

4. What is expected of all social care staff within Children's Services?

All staff are expected to take the time to read and understand our practice standards so that they can ensure that everyday practice meets these expectations. Practitioners are also responsible for familiarising themselves with the policies and procedures relevant to their role and keeping up to date with any changes.

All Qualified Social Workers (QSWs) must be registered with Social Work England and as such, have committed to staying up to date with, and adhering to, the required professional standards to maintain their registration.

5. What you and your family can expect from us?

- You and your family will know who your practitioner is, how to contact them, and what your plan is.
- We will establish details of all persons with Parental Responsibility (PR) and obtain their views to help shape decision making and any assessment of you and your family.
- Arrangements will be made to use translators/interpreters that meet you and your family's needs.
- Practitioners will show a genuine interest in who you are, your culture and identity.
- Consent will be sought from those with PR, in writing, and we will explain for what purpose consent is being sought and how information will be used.
- You and your family will know how to raise concerns, complain or compliment practice you have experienced.
- Wherever possible, the right help will be offered at the right time to you and your family to prevent needs escalating.
- You and your family will be treated with respect and receive a response to telephone calls/emails/messages within a maximum three working days.
- You and your family will be made aware of any meetings to be held and given a minimum of one week's notice to enable attendance.
- All plans will be sent or delivered to you and your family within 10 working days of the meeting taking place.
- All records will be written to you in a language that you will understand, and in a method that if you ever chose to view your file in the future, as an adult, that it reads like a diary written to you. Where possible, records will start with your name e.g. 'Dear Lucy,'.
- If you need transport to school, to spend time with family or anything else, you will travel with an adult or escort if you are under 12 years of age.

Please note that the next section is written directly to staff, and therefore children will be referred to as 'the child' or 'children'. 'Child' refers to the legal definition, meaning any individual under the age of 18 years old.

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6. What is expected of all practitioners?

All practitioners (including management) are expected to:

- Abide by the practice standards outlined within this document.
- Build a trusting relationship with children by seeing them alone (if aged four or above, and/or Gillick competent) in a variety of settings and ensuring that their voice is heard - their views, wishes and feelings in line with their capacity.
- Use the child's voice to help shape planning.
- Ensure the views of every individual with PR is gathered/sought and used to shape planning.
- Ensure that a consent form is completed by everyone with PR and for every child allocated to you to enable information to be both gathered and shared in the best interests of the child.
- Direct work with the child and family should be undertaken and evidenced within the child's file, including the views, wishes and feelings of each individual.
- Gather and share information and views with all other involved parties (with consent from those with PR, and the child, where their age and capacity enables a view). **Please note that consent is not required for safeguarding purposes.*
- Advocate for the child or young person, where they are not able to provide their views in person.
- Ensure the child's welfare and safety remains paramount at all times.
- Respond to any correspondence within three working days; if any safeguarding concerns this will be responded to within one working day.
- On first meeting the child and family, explain clearly your role, and provide contact details to the child and family so that they know how to contact you.
- Ensure when not at work that your email 'Out of Office' is on, with clear information on when you will return to work, and who to contact in your absence.
- Record any interactions/visits (all records) within three working days; for S.47/CP within one working day.
- Ensure a child impact chronology and case summary is kept up-to-date, and that the child and family's history is considered within your analysis to understand the child's lived experiences, capacity to change, and to create the plan.
- Ensure progress is made against each plan in a timely way (SMART actions).
- Be open and honest with the child and family about your role, and any concerns and strengths you have identified.

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- Seek support from your line manager if you are struggling with your practice, or need training in any specific areas, and take responsibility to address any such areas.
- Attend all meetings and visits on time and communicate directly with the child and family, as well as other practitioners if you are going to be late, stating when you will arrive and apologising for any inconvenience.
- Always read the child's record before meeting the child and their family for the first time.
- At the first meeting with the child and family, explain their rights to compliment, raise concerns or complain and how to do this.
- Access and complete all mandatory practice fundamentals and use this knowledge to influence your practice.
- Include unborn babies within assessments and pay special attention to promote their individual needs alongside their siblings' individual needs.
- Where you discover a pregnancy, ensure the unborn baby's record is created within three working days of the discovery, and link to the family within the relationships tab.
- Always remain professionally curious so as to better understand the child's and family's circumstances and experiences.
- Remain respectful of the child and family and appreciate that they are experts of their own experiences.
- Where possible, write records to the 'older child' so that if they wish to look at their file in the future, it is less 'corporate' and reads more like a diary, written about them and for them.
- Children allocated to the worker will be seen within 10 days.
- Expect to be respected within your role and know that you can end a conversation/communication to prevent abuse to yourself, as per BCP's Customer Charter.
- Use evidence-based practice, tool kits and BCP policies, procedures and protocols to strengthen your assessment, intervention, and practice ensuring SMART plans and timely delivery for every child and family you work with.
- If a QSW, remain registered with SW England and update your professional development in line with SW England requirements.
- Not to bring the council into disrepute through your behaviours, either in or outside of work, and immediately (within one working day) report to your line manager any behaviours by you that may bring the council into disrepute, including any cautions/arrests you receive.
- Challenge inappropriate or discriminatory behaviours, regardless of the source.
- Will abide by the Scheme of Delegation in terms of spend, seeking the right level of authorisation.

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- Share with the CP Chair and/or IRO where they have concerns about a child or where there is drift, or a significant event likely to impact on the child within three working days (one working day for safeguarding) of having concerns.
- Bring all safeguarding reports to the immediate attention of their line manager, e.g., police reports, concerning medical reports, and all Court Orders.
- Where concerns are raised about professionals working with children, the worker will discuss with their line manager within one working day.

7. What is expected of team managers?

Along with expectations above for all practitioners, team managers are expected to:

- Ensure Supervision Agreements are agreed, signed, and reviewed annually and that supervision occurs consistently for staff they line manage, in line with our supervision policy Local Resources (proceduresonline.com) and the records are recorded onto Mosaic within three working days.
- Undertake a minimum of one PLR each month and return to the PLR team; use any learning from these to shape their own team's practice.
- Ensure the PLR actions within their team are followed up in Supervision, completed and reported back to the PLR team by their completion date.
- Ensure the child remains at the centre of any discussion/decision making.
- Record clear rationale for any decision made, as an MO onto Mosaic within three working days of the decision being made.
- Ensure no drift or delay for children and that progress is made against every child's plan.
- Ensure each plan is SMART (specific, measurable, achievable, relevant and timely) and in the best interests of the child.
- Support a learning culture, through undertaking formal practice observations of staff they line manage and reflectively feedback to practitioner(s) to support their practice and professional development within their supervision.
- Ensure all practitioners they line manage have completed the practice fundamentals and enable opportunities within team meetings to share the learning.
- Support staff within the team, and help staff find solutions to challenges, including through motivational interviewing techniques.
- Create a safe forum in which staff feel able and willing to raise discriminatory issues or inappropriate behaviours.
- Ensure that no child is unallocated by abiding by the transfer protocol.
- Ensure BCP policies and procedures; as well as legislation, is abided by.

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- Show professional curiosity to better understand the family's history and current circumstance, the child's lived experiences and to offer healthy challenge to practitioners when discussing a child.
- Chair the first Core Group Meeting for each child in their team to ensure a level of independence from the allocated worker, ensure that the SMART plan fully meets the child's needs/addresses risks.
- Ensure through supervision and management oversight that there is progress made against the plan for every child within their team.
- Take responsibility and accountability for the KPIs within their team, ensuring statutory duties are met.
- Display curiosity and interest in both the children and families we serve, and in staff they line manage.
- Know all children allocated within their team, through regular case discussions, supervisions and/or charring meetings about the child.
- Ensure statutory visits are undertaken by a qualified and registered social worker and in person. Virtual meetings and those that are undertaken by non-qualified practitioners are recorded as non-statutory visits.
- Accept responsibility for the daily management of the team and safety of children within their team, even if delegating specific tasks to others.
- Offer daily management to their team and be the 'first port of call' where there are concerns for a child, or where decisions are required.
- Be responsible for making decisions as to whether a strategy meeting and subsequent S. 47 investigation is required, and consider all children/siblings within the home or visiting the home who may be impacted by the safeguarding concerns - this cannot be delegated, and must be a TM decision.
- Seek support from their line manager, for issues which they may be struggling with, or where they need advice/reflection.
- Bring immediately to the attention of the service manager situations which require a 'need to know' briefing and complete and QA the form within the timeframe given by the service manager.
- Do their best to ensure staff they line manage feel safe, secure, supported listened to and trusted in order for them to deliver the best possible practice to our children.
- Abide by BCP's behaviours and strategies and be open and transparent in decision making with clear rationale as to why the decision was made.
- Be open to healthy challenge and curiosity, seeing the value in this challenge in terms of ensuring the best outcomes for children.
- Quality assure work within their team, whether assessments, court reports, letter to external parties etc.

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- If concerns about any adult working with children are raised, refer to the LADO the same day as being informed, or delegate to another officer to refer the same day as they are informed. This includes where a worker becomes aware of an adult (as a parent of a child we are working with) having a professional role.
- Regularly review (through QA'ing, in supervisions, in case discussions and meetings) to ensure children's needs meet the Threshold of Need for a specific service, as per the BCP threshold chart, and ensure timely transfer or closure where this is not the case.
- Add management oversight when allocating a child, so that the allocated worker is able to gain direction prior to supervision being held.
- Ensure all quality assurance tasks are completed prior to transferring or closing a child's record - this will include ensuring case summaries, chronologies, visits, ethnicity, gender, and assessments are up-to-date and complete.
- Share all court orders for the team with the service manager within one working day of receipt and ensure tracking of timeframes in line with these orders so that deadlines are met.
- Ensure throughput of children, to maintain manageable caseloads for practitioners within the team.
- Review all children allocated for nine months or more and set SMART actions to ensure progress where this is the case.
- Add management oversight to any concerns for a child which occur in-between supervisions, such as police reports, children going missing, any serious incidents the child was exposed to etc. The management oversight will be made in collaboration with the allocated worker and other involved parties, where appropriate, and will provide a clear analysis and rationale to any decisions made and actions required and provide clear direction for the practitioner.
- Decide who to allocate a child to within their team, basing this on best use of resource and skills within the team. Where there are concerns as to capacity, the team manager will explore solutions to the challenges, and if unable to resolve will share concerns with the service manager to develop a clear way forward.
- To ensure where a child is subject to a child protection plan for a second or subsequent time that the full reasons are explored and our practice, as well as the child's safety is fully considered in the planning. The team manager is to share with the service manager their findings within one week of the second or subsequent plan being identified, and to provide clear SMART actions as to what actions will now be taken to ensure safety for the child.

8. What is expected of service managers?

Along with the expectations above for all practitioners and team managers, service managers are expected to:

- Use any learning from PLRs to shape their own service's practice, but also to share the learning and solutions across the services to ensure consistency in practice.
- Ensure each team within their service is safeguarding children and meeting their needs through thematic analysis and reports, PLRs and exploring all compliments and complaints.
- Arranging whole service events to share learning with their service, and to ensure consistency of practice, as well as enable time for reflection and learning.
- Discuss any strengths, or areas for improvement, with the responsible team manager in an open and transparent way to ensure the best service is provided to every child.
- Attend all seven practice fundamentals to set a clear standard and use the knowledge to ensure consistency across their service and to guide others.
- Work with service managers across the local authority and partners to ensure consistency and to ensure everyone understands their responsibilities in safeguarding and meeting the needs of children.
- Have operational and strategic responsibility for the safe running of their service, and for key decision making in the child's life e.g., any immediate action required, whether legal advice is required, whether to initiate PLO or issue proceedings etc.
- Support the team manager in their role and offer reflection and/or advice to the team manager, using motivational interviewing where possible to enable team managers to find their own solutions.
- Help find solutions to challenges within the service, and within the department as a whole, supporting colleagues where needed.
- Quality assure work from those they line manage, ensuring high standards are set and kept.
- Address any drift and delay, or practice issues within any team within the responsible team manager.
- Ensure all court orders within the service progress in line with the order stipulations and are not breached.
- To add a management oversight within two weeks of being informed by the team manager of any child subject to a child protection plan for two or more times, providing rationale as to the reasons for the repeat plan and the actions to be taken, including whether legal advice is required.

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- Review all children allocated for 12 months or more, to ensure progress and that the plan remains appropriate. Record a clear decision, rationale and SMART actions required to progress a child's case where drift has occurred. Keep these children under regular review until the child's case either transfers or closes.

9. All services (level 2, 3 and 4)

- Family Network Meetings (FNMs) will be used as the earliest form of intervention and all those with PR will be included in this, as part of the network for the child.
- Children and families will be assessed to identify their needs, and appropriate SMART plans used to address the needs.
- All allocated workers, whether level two, three or four, are expected to undertake proportionate assessments in line with the child and family's needs.
- Practice will be based on the model of practice used within BCP Council e.g., Signs of Safety, and a strength-based approach.

10. Early Help/Family Hubs/Targeted Support (level 2 and 3 services)

- All children entering the local authority through the MASH will be BRAG rated. Practitioners referring to MASH will complete an IARF (Inter-Agency Referral Form).
- Where there is a need for a level two or three service, these will be transferred to Early Years/Family Hub and Targeted Support retrospectively.
- All children opened for early help intervention will have had an initial allocation management oversight case note recorded within three working days.
- If level three and allocated within Targeted Support (TS), TS practitioners will have regular supervision, in line with the supervision policy, for every child and family allocated to them.
- Where a child and family are allocated to the Targeted Support Service, a proportionate early help assessment will be completed within 15 days to identify the needs and offer early intervention.
- If level three, work with the child and family will be completed within 16 weeks.
- For the Targeted Support Service, visits to children will occur within 10 days of an assessment being triggered.

11. The MASH/OOHs

- Contacts will be processed within 24 hours of the referral being accepted.
- Referrals will be transferred to the appropriate service within one working day.
- The referrer will receive the outcome of their referral within three working days of making contact with the local authority via letter/email.
- If a child is re-referred into the MASH/CHAD three months after it is closed by the team, then the team last involved are responsible for reassessing the child's needs. However, the MASH must first check the information received, and undertake initial checks to determine whether the new referral meets threshold for level four intervention prior to transferring.

12. Allocations

- All children transferred from MASH to any team will be allocated the same day as transfer, or within one working day, if this occurs outside core business hours.
- At the point of allocation for an assessment, contact will be made with the family (including all those with PR) within 24 hours.
- For level four visits, children will be seen within five working days of an assessment being triggered.
- Management oversight/supervision will be added within 10 working days of any child being allocated for an assessment.
- Visits will be recorded within three working days/or one working day if safeguarding concerns/CP.
- Children will remain allocated until the point where they are re-allocated to a new worker, or until the point of closure. No child will be unallocated within the department at any point, except when held in the MASH and initially transferring to the Assessment Service.

13. Assessment service

- Child and family assessments will be concluded within 20 working days unless a team manager has agreed an extension and added a management oversight to reflect the rationale for this, including the date the assessment will be completed.

14. Child and family assessments

- All level four statutory assessments will be based on the statutory assessment framework (Framework for Assessment of Children in Need and their Families) to ensure information relating to the child's developmental needs, family and environmental factors and parenting capacity are evidenced.
- Management oversight/supervision will be added within 10 working days of any child being allocated for a reassessment.
- Proportionate assessments will be completed and signed off by the team manager (S.17 may be delegated to an ATM by the team manager).
- Pre-births will be included within the Child and Family assessment.
- Proportionate risk assessment tools will be used by practitioners to aid the early identification of needs and risks, and to enrich any assessments undertaken e.g., child exploitation tool, domestic abuse tool, neglect tool etc.
- Decisions of what intervention should be offered will be based on the assessment of needs, and BCP's Threshold of Need chart.
- Completed assessments will be shared with the child, family and involved professionals, as agreed within the consent form. A case note will be recorded on the child's file to confirm who the assessment has been shared with and when (the date).
- An assistant team manager (S.17 only) or team manager (S.17 and S.47) will read the assessment, ensure its quality, analyse the content and full history, and provide a management oversight including professional curiosity as to why their decision is in the best interests of the child. The management oversight should make clear how the thresholds chart sits within the assessment and what work, if any, is required going forward.
- If a S.47 is initiated, an updating Child and Family Assessment will be required to accompany the S.47 risk assessment. Only a team manager (or ATM, if OOHs) or more senior manager can agree for a strategy meeting to be held and can authorise the S.47 investigation and subsequent Child and Family Assessment - this task cannot be delegated.
- If the child is to transfer for ongoing intervention, then the assessing allocated worker must create a draft plan to address the needs identified. The receiving team/worker will then finalise this plan at the transferring meeting (CIN, ICPC, etc).

15. Transfers/closures

- The transfer of children to new services/teams will occur in line with the BCP transfer policy e.g., the child will transfer within 24 hours of a meeting (CIN, ICPC, CGM etc) being held. See Tri-X.

- Any meeting about a child should include the child, where possible. Allocated workers will speak to the child in advance of the meeting, inviting them to attend if they are assessed as Frazer/Gillick competent, and ensuring they have the necessary support to participate, such as an advocate, appropriate venue etc for the meeting, so that their views can be heard. It is expected that every child aged 11 plus, where Gillick/Frazer competent, will be invited as matter of course, and that younger children will be invited where this is assessed to be appropriate. For children who do not attend their meeting, their views must be obtained by someone they trust and shared at the meeting by the allocated worker. This can be in a variety of ways such as writing, pictures, audio or video from the child.
- A management oversight must be added to the file to confirm these tasks are complete and giving clear rationale for the closure/transfer.
- When a decision is made to close a child's record, this will occur within three working days of that decision being made. The child will remain allocated and will remain the responsibility of the allocated worker until the point of closure.
- Prior to closure or transfer of a child, key involvements, impact chronology, updated case summary and all data quality errors must be resolved (relationships, ethnicity, religion, language, visits recorded etc.).
- When a child transfers to a new team, the first child in need or core group meeting will be arranged and booked by the assessing social worker. The meeting will be chaired by the receiving assistant team manager or team manager who must finalise the SMART plan at this meeting and ensure it is co-produced within the meeting to reflect the collaborative priorities of all involved, including the child and family (those with PR).
- No child will transfer or close prior to a meeting being held, whether this is a CIN meeting, TAF, ICPC or 'other'. This meeting will gain the views of all involved, as well as the child and family however the final decision to close lies with the social care/early help team manager and will be based on the Threshold of Need chart, taking into considering the views of all involved.

16. CFF (S.17 and S.47/CIN and CP)

- The child and family assessment is required to be written and signed off by the team manager within 45 working days.
- Child and family assessments will be updated at least every 12 months or if there is a significant change for the child e.g., a significant change in the home circumstances, the nature of their disability alters, or their developmental milestones have changed to the point where their needs have changed.
- Within the CIN/Core Group, the CFF social worker will ensure the plan is updated to reflect the content of these meetings.

- The CIN/CP plan will form the basis for the minutes of any meeting. Separate 'minutes' will not be produced, unless the chair of the meeting believes that these are required. The plan will be uploaded onto Mosaic within five working days of the meeting and distributed to parents/carers, young people and professionals (where appropriate and consent given by those with PR) within 10 working days of the meeting being held. A note should be recorded on the child's file confirming the plan has been shared, with whom it has been shared and how (email, post, hand delivered etc.).
- The CIN plan will clearly state the visiting frequency, with CIN visits occurring a minimum of four weekly (at least every 20 working days). Visits can be more frequent, if the child requires this at any point. CIN visits will be recorded within three working days.
- CIN Review meetings will be held at least every three months, with the exception of long-term CIN children (such as children with disabilities) where the timeframe for review will be recorded on their records and not less than every six months.
- All meetings will be held in a venue and location than best suits the child and family needs, wishes and feelings and prevents unnecessary travel for the child. If meetings are held virtually, there should be a clear recording of why the decision has been taken – i.e., request from a family member.
- It is expected that children whose Child Protection Plan (CPP) ends will be subject to Child in Need plans (occasionally Targeted Support plans) for at least three months, prior to considering full closure. These three months should be used as an opportunity to ensure that the wider family network and community services are able to continue to support, as and when required, so as to build resilience within the family.
- Visits to children will be recorded within three working days/or one working day for S.47 or child protection visits, of the child being seen.
- All plans will be reviewed within supervision to ensure progress against the plan and to ensure professional curiosity.

17. CHAD (children with disabilities)

- Services for children and young people with a disability/disabilities can be provided through Early Help (level two or three), a child in need plan, a child protection plan, or a looked after child plan.
- Direct work will be undertaken to engage the child in a way that takes into account their capacity to ensure that their wishes, feelings and lived experiences are heard. Where a child is pre-verbal or has communication difficulties, observations of their behaviours, vocalisations, and gestures will be included alongside parents' and involved professionals' views on the child to gain a fuller picture of them, as individuals.
- A worker from CHAD will be allocated when the child's needs meet the criteria for this specialist service.

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- CHAD workers are expected to complete child and family assessments within 30 working days. Any extension will be agreed by the team manager and clearly recorded on Mosaic. All assessments will be completed within 45 working days, in line with statutory duties.
- Child and family assessments will be updated at least every 12 months. The assessment will also be updated when there is a significant change for the child e.g., moving school, moving home, the nature of the disability alters or their developmental milestones have changed to the point where their needs have changed.
- The time frame in which a child will be visited as a long-term Child in Need will be decided by the team manager, in consultation with the allocated worker and reviewed in supervision and within any review meetings. This will be clearly recorded on the child's plan and in supervision records.
- The child will be seen a minimum of every six months, where the only need relates to the disability. However, where there are parenting concerns and/or additional needs, CIN visiting frequency of every four weeks will apply.
- Child in Need review meetings will take place a minimum of every six months however, will be more frequent where the needs of the child or any additional social care needs within the family impact on the child.
- If a child protection plan or CIC plan is in place, the visiting frequency will be in line with protocols and legislation.
- Where a child will need to transition to adult services, the allocated worker will follow up with the Children's Continuing Care (CCC) checklist when the child is 16 years old.
- Transitions team/adult services will take financial responsibility for the young people once they turn 18 years old.
- Records will clearly explain how best to support the child, including their communication needs.
- If there are changes to the support package, the team manager will add clear rationale to the decision made, and the allocated worker will be transparent with the parent(s) and child. If the support package relates to transitioning to adulthood, then this will be explained to the parent(s) and young person by the transitions team.
- All staff within CHAD and the transitions team must complete autism training.

18. Strategy discussions

- A strategy meeting takes place when there is reason to believe or suspect that a child may be suffering or likely to suffer significant harm. The decision to hold a strategy discussion is one that a team manager or more senior manager can make and will usually be triggered by an event e.g., a visit, a meeting, a review of the case, feedback etc.
- Strategy discussions are expected to be held within 24 hours of the manager making a decision that it is required - the timeframe should be as soon as possible to get involved agencies 'together' physically or virtually. If a child is believed to be at imminent risk, a strategy meeting must be held with the police at the earliest convenience and within 90 minutes to ensure imminent action can occur. If Police Protection powers (PP) are required to ensure the immediate safety of the child, then no delay should occur in contacting the police to share the immediate concern.
- Further follow-up strategy discussions can be agreed at the initial strategy meeting, if there is reason to reconvene e.g., FII cases, awaiting medical opinions etc. However, the same format applies to every strategy meeting regardless of the outcome.
- All strategy discussions will be chaired by a team manager who is aware of the child's history and reason for referral. If the team manager is on leave, then the covering team manager will be expected to chair this but must have a practitioner present who knows the child and family. If particularly complex or high risk, a service manager may chair the strategy discussion.
- All involved agencies will be invited to the strategy meeting so that information can be shared to safeguard the child. Depending on the circumstances, this should include schools, SARC (if relevant), hospitals etc.
- All strategy discussions will include all children living within the home and also consider any child visiting the home - details of each child must be recorded within the meeting, alongside a clear plan and rationale for decisions made.
- Information is evaluated and analysed, taking into account the history of the child.
- A decision will be made by children's services and police after hearing and sharing all information as to whether their agency will initiate a section 47 investigation and whether this will be a joint agency investigation. It is not for other agencies to determine whether Children's Services will initiate S.47.
- The child's safety and wellbeing is paramount and must be considered in the initial safety plan agreed at the strategy meeting and include SMART actions.

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- The team manager's rationale, and any meeting actions and whether joint or single agency must be recorded onto Mosaic as a management decision within two hours of the strategy discussion being held. The minutes of the meeting must be added within two working days/48 hours.
- A strategy meeting will automatically be triggered by a team manager where:
 - a child goes missing three times or more within 90 days
 - a child is missing for more than 24 hours
 - Suspected non accidental injury (NAI)
 - Sexual abuse of a child
 - Ongoing chronic neglect
 - Emotional abuse of a child that impacts on their wellbeing
 - Physical abuse of a child.
- Where there are concerns of physical abuse and/or neglect, medics must be invited to the strategy meeting and consideration given to whether a CP medical is required - the rationale should be clearly recorded where this is not deemed in the best interests of a child. If sexual abuse is suspected, SARC must be invited.
- Where a child has an injury and a CP medical is requested, this should occur within 24 hours and, if not, a clear reason provided for the delay by the medics.
- If the team manager does not agree that a CP medical is not required, this must be escalated to the service manager within 60 minutes of the strategy meeting being held, who can then escalate to health colleagues, where appropriate.

19. Section 47 investigations

- The section 47 investigation must be led by a qualified social worker and overseen by the team manager.
- The voice of the child and their wishes and feelings must be gathered during the investigation, and the child will be seen alone unless there are valid reasons (those under four years old, or with mental capacity challenges etc) as to why this is not in the child's best interests.
- The allocated worker is responsible for completing the investigation and ensuring all statutory welfare checks are completed within 24hrs of the S. 47 being initiated.

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- Where there are multiple children, each child should be seen alone individually unless it not deemed in the child's best interest and agreed by a team manager to not see alone. Seeing a child alone means without a person with PR, or family member being present. Where a child is pre-verbal or has communication difficulties, it may be appropriate to have an advocate present and this, too, would be classed as seeing the child alone if no one with PR/family member is present.
- Any visit, or communication/welfare checks relating to section 47 must be recorded on Mosaic within 48 hours/two working days.
- All adults with PR should be spoken with about the section 47. This may be after seeing the child if the person(s) with PR is implicated in the potential harm, and where the strategy discussion's actions include this is required. Where a person with PR is not contactable, efforts should be made to make contact with that person asap.
- There may be occasions where a decision is required not to contact someone with PR (where they are a risk or potential risk to the child/family, or where there are genuine reasons as to why this is not deemed in the child's best interest) - this decision must be made and recorded on Mosaic by the team manager.
- After the allocated worker speaks to the child, they are expected to contact their Team manager to discuss their findings and to agree any further actions required, the plan and next steps. The team manager must assure themselves in this discussion that the child is safe and should occur immediately after seeing the child (a phone call will suffice).
- The allocated worker, with management oversight, will agree an interim safety plan after speaking to the children and those with PR.
- The outcomes from the S.47 investigation, dependent upon threshold, can be as follows: progress to initial child protection conference, be supported under child in need, step down to an early help service (level two or three) or no further action/close. This decision must be made by the team manager and recorded on Mosaic with clear rationale after reading the assessment and reviewing the chronology. Clear rationale must be included as to how and this decision has been made, taking into account the history and current information established through the S.47 investigation.
- The allocated worker (assessing worker) will write the assessment and a draft plan which they will share at the appropriate meeting on conclusion of the assessment. This meeting will also be the point of transfer for the child, in line with the transfer policy. See Tri-X.
- Any assessment and draft plan should be shared and discussed with those with PR and the child a minimum of 48 hours/two working day prior to the meeting being held - this needs to be a discussion to ensure those with PR and the child can input into any draft plan to address their needs/risks.

20. Child protection and visiting

- If an ICPC is required, this must be held within 15 working days of the strategy discussion being held. The first RCPC will occur within three months of the ICPC being held, then a maximum of six monthly after that.
- Core Group Meetings (CGMs) will be booked by the allocated worker to occur approximately six weeks after the ICPC/RCPC is held. The first Core Group Meeting must be held within 10 working days of the ICPC being held (it is often easiest to book for the initial CGM to be held immediately after the ICPC, and if the decision is that a CP plan is not required, to use this time to create the initial CIN plan).
- For RCPCs, the allocated worker will share the report at least 10 working days prior to the RCPC with those with PR, the child and the CP Chair.
- Where a child is subject to a CP plan, they will be seen alone (if four years or older, and if Gillick competent) and face-to-face by the social worker at least every 10 working days. Whilst most of these visits will involve seeing the home and the child's living environment, there is also benefit of seeing the child in other settings - it is recognised that the home environment may not be a safe place for the child to speak openly and honestly.
- For children subject to CP planning, the allocated worker is expected to see the child's bedroom at least once every eight weeks.
- All children will receive a child friendly leaflet and those with PR will receive an adult leaflet to explain what a Child Protection Conference is prior to the conference being held.
- The allocated social worker should discuss their assessment with the team manager prior to the ICPC/RCPC being held, and deliver a local authority view, as a local authority officer, as to what plan is appropriate and why. Where a social worker and a team manager cannot agree to the plan required, this should be escalated to a service manager for a final decision. If in the meeting there is good reason to alter the local authority view, the worker in attendance should make the best decision they can based on what they hear, and then feedback to their line manager within one working day as to why they changed the decision. It is accepted that sometimes the information shared on the day can lead to a different view.
- Where a child has been subject to CP planning for a minimum of six months and where the assessment concludes that the local authority will be seeking to step down to a CIN plan, or to Early Help at the next RCPC, a decision can be made by the team manager in consultation with the CP chair for the visiting frequency to reduce to three weekly, however the final decision to reduce to three weekly will lie with the service manager. The team manager must discuss their rationale and the views of the CP chair with the service manager, who will add a management oversight onto Mosaic to reflect the final decision in relation to the visiting frequency.

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- Where the risk increases to a child, the allocated worker should discuss with their team manager as soon as possible and no later than 24 hours, so that the team manager can speak with the CP chair about the concerns, and also to discuss increasing the visiting frequency in the interim - this may be daily, if required. Where the frequency is to increase to more often than two weekly, the team manager should inform the service manager of the rationale for this and add their decision to Mosaic. Equally, if the visiting frequency is to later reduce, the team manager will discuss with the CP chair prior to making the decision to reduce back to two weekly and inform the service manager.
- The core group meeting: agree the child protection plan ensuring this is SMART; assessing the progress against the plan; ensuring the child remains the focus is safe; ensuring updates from all involved professionals; gauging the level of risk based on the updates and updating the CP plan, where necessary, to reflect the meeting. The updated plan must be added to Mosaic by the allocated worker within three working days of the CGM being held and sent to all involved, including the child and persons with PR, within five working days. Full minutes are not expected of the meeting, however the actions and updated plan will act as the minutes of the meeting.
- The initial CGM will be chaired by the receiving TM, who may make a decision to share subsequent CGMs, or may delegate to the ATM to do so. Equally, the team manager may decide in supervision, or through case discussions that there is good reason to have an independent person chair subsequent CGMs, and can either chair themselves, or delegate to an ATM or senior social worker to do this. The team manager, however, remains responsible for the safety and wellbeing of every child within their team on a day-to-day basis and therefore any decision made needs clear rationale recording onto Mosaic as a management oversight.
- Where the team manager is concerned about a lack of progress or increased risk, this must be shared with the CP chair, and if concerns remain should escalate to the service manager to agree a way forward.
- Supervision will be used to check progress against plans and to gather an understanding from the allocated worker of the child's lived experiences and safety/needs.
- Where Section 20 is used, it is not expected for the local authority to supervise contact, as we do not hold PR. Supervising contact would suggest safeguarding issues, in which case legal advice should be sought to consider applying for an order for the child.
- The decision to seek legal advice, or to make an application to court lies with the service manager.

21. Child Protection Chairs (CP Chairs)

- CP chair is expected to speak to the allocated worker if concerns arise, and to speak to the team manager, and service manager prior to escalating concerns. Conversations are promoted as good practice rather than emails then follow up with an email reflecting the conversation.
- The child will be at the centre of the CP chair/IRO work.
- The CP chair will explain at each child protection conference the purpose and process of the conference and why it is being held. Conferences will be held in a strength-based way, providing healthy challenge but also ensuring everyone's' views are heard.
- Children aged 11 years plus, or younger if the child is Frazer competent and able to participate, will be invited to child protection conferences, and where they cannot attend, it is expected for an advocate to share their views.
- At the end of the meeting, the CP chair will ask all in attendance whether they believe threshold for a CP plan is met- the CP chair should not start with the allocated/assessing social worker.
- After the conference the CP chair will provide an outline child's plan to the Chair of the CGM. This must be provided within 10 minutes of the ICPC/RCPC concluding to enable the CGM to then occur.
- All records will be written to the child, to form a 'dear diary' approach focussed with no jargon.
- The IRO will record an IRO note onto Mosaic within two working days of any looked after child review, or after every midway review to reflect their views, and any actions set. This will be actioned immediately to the allocated worker and team manager. Where there are concerns or drift, it will also be actioned to the service manager.

22. Becoming looked after children

- In BCP, our children have said they wish to be known as *Children in Care*, therefore this term will be used to describe all *looked after children* within BCP Children's Services. Legislation and terminology in statutory reports will use the term looked after children. BCP staff are expected to refer to looked after child as Children in Care, in line with their collective wish.
- Where safe to do so, every effort will be made to keep children at home, or within their wider family network. Family Network Meetings will be used to explore alternative care arrangements and will be reviewed every six months. Management oversight will be added to show the rationale for where the child is living and why, including who has been explored within the family network.

- A child can be accommodated under S.20 if both parents/those with PR have consented and have the capacity to consent. The decision to accommodate can only be made by a service manager or higher level of management.
- The allocated social worker will book a Legal Gateway Meeting (LGM) for all section 20 children in care under the age of 16 within one month of them becoming looked after to ensure that S.20 was appropriately used and to consider whether an application to court is required.
- Where there are safeguarding concerns, legal advice must be sought to consider initiating PLO, and/or issuing care proceedings. Any decision to initiate PLO, or initiated care proceedings is made by a service manager or higher level of management.

23. Children in Care (CIC)- looked after children

- Please note that we work with children, not cases and they live in a home, not a placement.
- Keeping siblings together will always be the starting point when finding a home for children, unless this is not deemed to be in their best interests/ not safe for them. This will remain under regular review, and clear rationale as to the decision will be recorded as a management oversight by the team manager onto the child's file.
- Family Network Meetings (FNMs) will be used to consider alternative carers within the family network with six monthly reviews as to whether this is a viable option, and a clear management oversight will be added within three working days of the decision being made.
- The allocated social worker will notify the Independent Reviewing Service of any child coming into care within two working days and an IRO will be allocated within five working days.
- All children in care will be provided details of the complaints procedure and Coram Voice Advocacy Service as well as their allocated social worker's contact details as soon as possible but no later than during the social worker's first visit to see the child.
- All children will be offered an independent visitor/Coram advocate.
- Where a child's carer/home changes, a looked after child review meeting will be held within four weeks of any such change.
- A placement planning meeting will be held within five working days of a child's foster placement beginning.
- Every child in care will have an up-to-date assessment of their needs completed within a two-month window of prior or after their looked after status begins. This may be assessments completed within court, or a Child and Family Assessment/age assessment.

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- The first looked after child review meeting will be held within 20 working days of the child becoming looked after.
- The second looked after child review meeting will within be held three months from the first meeting, and subsequent review meeting will be held at a maximum of six-monthly intervals.
- Permanency for the child will be assessed at the earliest possible opportunity, and no later than three months after becoming looked after.
- The allocated worker will complete a looked after child's report for the looked after review, and a clear care plan which will be shared with the child, carers, those with PR and IRO a minimum of five working days before the meeting.
- The allocated worker will liaise with the supervising social worker, where the child is living with carers, to ensure good communication and a stable home environment for the child.
- The allocated worker will remain professionally curious about opportunities for reunification, where this is what the wishes of the child are and where there is reason to believe reunification may be in the child's best interests.
- When a child moves in with a foster carer or into a residential children's home, the allocated worker will be present to share all the relevant information (including family history and a view on the vulnerability of the child) and to establish how the home runs (bedtimes, mealtimes etc). The worker will not leave the home until they have seen the child's bedroom and spoken to the child alone and they are settled.
- The child's needs in relation to their identity - race, ethnicity, language, communication, disability, gender, and sexuality (with their permission) and identity (with their permission) will be considered in their care planning. The care plan will consider the child's needs and how these will be met.
- All children will be encouraged to participate in their care planning, review process and planning for their review meetings.
- The child will be given a copy of their care plan within five working days of the meeting being held.
- Those with PR will be encouraged to participate in the review process and their views recorded, if the child wishes for them to be present, however the looked after review meeting is the child's meeting, held in the most appropriate place for the child, and those invited to attend will be in agreement with the child.
- With section 20, those with PR maintain responsibilities and therefore their decisions must be abided by, however if not deemed in the child's best interest, legal advice will be sought.

- Any significant changes to a child's care plan will be discussed with the IRO. Where the changes relate to family time, or visiting frequency etc the decision should be made in collaboration between the IRO and team manager, however the service manager will make the final decision and record that decision and rationale onto Mosaic, acknowledging both the team manager's and IRO's views.
- If a placement is at risk of breaking down a Placement Stability Meeting will be held and chaired by the team manager to either stabilise the child's living arrangement or consider whether the child needs to move to another home. The IRO will be consulted on any such change and, where possible, prior to the changes occurring.

24. Children in Care (CIC) - visiting

- The visiting frequency will be in line with statutory duties, and care planning regulations. The visits need to be written up within three working days of the visit. The child's views, wishes and feelings will be sought in all work undertaken by the allocated worker and provided within all reports and assessments of the child, helping to influence their plan.
- Children will be seen alone to ensure they are able to share their views, and their bedrooms will be seen during statutory looked after visits, in line with statutory duties.
- Where there is a significant change for a child, such as moving school, changing homes, a bereavement etc the allocated worker will see the child that day, or within one working day where this is deemed within the child's best interests. A team manager will add a decision as to when the child will be seen with clear rationale as to why this decision has been made, with safeguarding being at the centre of that decision.
- Children in Care will be visited every five working days until the first looked after child review meeting and every 20 working days thereafter, in line with statutory guidance.
- For a child where permanency is agreed and where either they are matched to the carer, or where they have been settled in their home for at least six months, Child in Care visiting frequency may reduce to a minimum of every 12 weeks, but only in consultation with the IRO; the service manager will make the final decision and record a management decision onto Mosaic with clear rationale.

25. Children in Care (CIC) - Health and Education

- The allocated worker will update the child's care plan and record this onto Mosaic within 10 working days of each looked after child review health assessment.

- The allocated worker will ensure that the date of the initial PEP is recorded onto Mosaic and the Virtual School will ensure the PEP is completed on Welcare.
- The initial Personal Education Plan meeting (PEP) will be scheduled by the allocated worker/virtual school to occur within 10 working days of a child becoming looked after, and within the first two weeks of each school term
- Every child in care will be seen on the day they are placed and their bedroom will be checked
- The child's educational and medical needs will be prioritised, with PEPs, IHAs/RHAs, dental and optician checks being completed as per expected timeframes.

26. The Independent Reviewing Service (IRS) and Independent Reviewing Officer's (IRO) role for Children in Care

- The IRO and IRS are expected to abide by the IRO handbook, advocating for the child and ensuring that the local authority plan is in the best interests of the child.
- The IRO will ensure that the child or young person knows who they are, what their role is, and how to contact them between reviews.
- The IRO will review the looked after child's care plan within 10 working days of the placement starting, ensuring that their personal, education and health needs are met and statutory duties have been fulfilled.
- Where the practice is not in line with statutory duties, or not in the child's best interests, the IRO will escalate the concerns, firstly by speaking to the allocated worker. Before sending a DRP, the IRO must share their concerns, and the content of a draft DRP with the service manager, who will quality assure and ensure that this is appropriate to send in line with the purpose of the Dispute Resolution Process (DRP) process.
- The IRO will be satisfied that the plan for permanency has been identified prior to the second looked after child review meeting being held and will discuss this at this review meeting.
- The IRO will ensure that the child's wishes and feelings are known at every looked after child's review meeting and given consideration in the planning for the child.
- The IRO will decide whether a review needs to be convened sooner than planned, if a significant event occurs in a child's life.
- The IRO will be responsible for chairing the looked after child review meetings and will remain consistent, where possible, throughout the time the child remains looked after.
- Care plans will be outcome focused with SMART actions.

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- The IRO will monitor and review the progress of the child's plan, including holding midway review meetings for all looked after children with the allocated social worker and team manager. Where plans are not progressing, the IRO will set clear timescales of when any outstanding actions will be completed by, and will share this with the service manager within 24 hours of creating the plan.
- The IRO will speak to the allocated worker if concerns arise, and to speak to the team manager, and service manager prior to escalating concerns. Conversations are promoted as good practice rather than emails then follow up with an email reflecting the conversation.
- Where the concerns are significant in relation to drift, or the child's plan, the IRO will initially speak to the allocated worker to see if matters can be resolve, before formally escalating their concerns through the lines of management for resolution.
- The IRO will liaise with professionals involved in working with the child, including the child's guardian (CAFCASS).
- All children in care will be given the opportunity to speak to their IRO on their own. The IRO must ensure that the child knows how to contact them, and that they make themselves available to meet and speak with the child using the method requested by the child (face-to-face, Teams, phone, text etc.).

27. Family Time

- Arrangements for the child to have family time with individuals important to them will be regularly reviewed and discussed at every looked after child review meeting.
- Where section 20 is agreed, arrangements for family time will be agreed by those with PR and the individuals whom the child wishes to see. If those with PR are not deemed to be child focussed and this is impacting on the child, legal advice will be sought.

28. CEYP (care leavers)

- BCP young people have asked to be referred to as Care Experienced Young People, and staff will respect and use this term. However, it is accepted that legislation and statutory guidance will use the terminology care leaver, and therefore the statutory term may still appear in relation to statutory duties.
- When a young person meets the criteria for the care leavers service (Leaving Care Act 2000), a personal adviser will be allocated to the young person from 16 years old.

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- The personal adviser will work alongside the allocated social worker and preparation of the young person turning 18 years old, at which time the personal adviser will become the allocated worker.
- The personal adviser will attend the initial pathway planning meeting, however the allocated social worker will be responsible for creating this plan with the young person. Best practice allows for both the social worker and personal adviser to be involved in planning with the young person.
- The pathway plan will include information from the young person on how they would like to be contacted and how often, however this will be a minimum of two monthly. Where a young person refuses this frequency, this must be brought to the team manager's attention and a clear management decision with rationale to less frequent visits recorded, based on Gillick competence and human rights versus statutory requirements, safeguarding and vulnerabilities.
- A pathway plan for all young people between the ages of 16-20 will include information about the young person's education, aspirations, independent skills, finances, experience, relationships, and wishes/feelings/views. Where possible, the plan should be written by or to the young person, or at least fully reflect their participation and views. It will set out who is responsible for which actions and when these will be completed (SMART planning).
- For young people aged 21-24, the pathway plan will be proportionate to identified needs, and may therefore not include all the information expected to see in a full pathway plan. For this age group, the minimum visiting frequency will be six monthly, in order to review and complete the pathway plan.
- Pathway plans will be completed at least every six months, and updated more regularly if significant events occur, such as a change in educational status, accommodation, mental health, etc.
- Where a young person changes accommodation, the young person will be seen at their new accommodation within five working days. The personal adviser will consider whether the accommodation meets their needs and will check during visits that the accommodation remains of a standard suitable for the young person. Seeing the home is part of assessing their ability to live independently and to support them where there may be challenges.
- When the young person is aged 16-17, the personal adviser is expected to keep in contact with the young person at least once every three months (text, phone, email or visit), increasing the amount of face-to-face visits when young person turns 17, in preparation for taking on the allocated role.
- Once the young person reaches 18, the personal adviser will become the sole allocated worker and will visit the young person (face to face) at least every eight weeks until they reach their 21st birthday.

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- The pathway plan should use the young person's language and be written first hand, where possible - this is their plan.
- The pathway plan will be shared with the young person and recorded on their file. It will be shared with involved professionals and others whom the young person consents for it to be shared with.
- Every young person will be supported to be in some form of education, employment or training (EET).
- The personal adviser will ensure all pathway plans are actioned to their team manager within the timeframe set by the team manager, and the team manager will authorise the pathway plan ensuring it is SMART and young person focussed.
- The personal adviser will ensure that the pathway plans remain current, updating and reviewing for significant events and at least six monthly.
- Every young person will be provided with the contact details and support service details within their plan. This may include DWP, mental health services, their GP's details, their college key contact, the personal adviser's details and OOHs service, and any other services which may be useful or relevant to that young person.
- The personal adviser will share with the young person how they can access their social care files and how to feedback/complain/compliment the service.
- Discussion around possible future planning and Staying Put should be discussed when the child turns 16 and will be part of the Pathway Planning.

29. Fostering

- The fostering service is committed to continuous improvement through the provision of wider placement choices for children by pioneering more innovative approaches to foster care that are needs led, delivering flexible packages of support to children in care.
- The fostering service will ensure that all advertising is inclusive and welcoming to prospective carers across the local community.
- Prospective carers will be assessed by a qualified social worker (supervising social worker) and supported through regular home visits, support groups, training, and supervision.
- Assessments will be carried out in an open, thorough, and reflective way to explore their ability to meet the needs of children in care.
- Prospective carers will be expected to attend and complete all mandatory training prior to approval.
- Fostering panels will be independently chaired and held in accordance with fostering regulations. Panel membership will consist of a range of knowledgeable and experienced individuals.

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- Mainstream Fostering Assessments completed 16-20 weeks of application and compliant with Fostering Regulations and all statutory checks.
- As a therapeutic fostering service the expectation is that therapeutic parenting should not be limited to children placed with 'specialist carers', but that all children placed with in house carers should be cared for by foster carers, & a service (including supervising social workers, family support practitioners and management team) who have a working understanding of PACE (playfulness, acceptance, curiosity, empathy), NVR (non-violence resistance), Life Story Work and attachment style parenting.
- Foster carers should expect a holistic support package, which includes consideration and support for the carers, birth and adopted children and members of the fostering household.
- Foster carers will be visited at least four weekly, and more frequently where the carer needs additional support or there are other needs. Supervising social workers will offer reflective supervision, drawing on knowledge and understanding of trauma and attachment.
- Two unannounced visits to be completed every 12 months.
- Foster carer supervision records will be recorded within 48 hours on Mosaic by the supervising social worker.
- The foster carer will be sent a copy of their supervision within five working days of the visit/supervision occurring. Fostering reviews will be completed annually and will include the child's voice and feedback from the child's social worker.
- When a supervising social worker is made aware of concerns, or has concerns in relation to a carer, they will discuss these with their team manager within 24 hours and sooner if there is any perceived imminent risk to the child, so a decision can be made as to whether a referral to the LADO is appropriate and whether a strategy discussion is required.
- Allegations and standards of care concerns will be investigated and managed in line with policy and procedure.
- To match foster carer's abilities and skills with the assessed needs of the children placed and ensuring that our foster carers have full information make informed decisions regarding children being placed and wherever possible a pre-planning meeting and introductions with the child.
- Siblings will be placed together wherever possible and if safe to do so.
- Stability meetings monitoring meetings and reviews will take place in partnership with social work, health and education teams at the first indication of instability to ensure that children's needs are met, and that their carers are well-supported to provide the best possible care.
- Carers are treated with respect and as professionals in their own right.
- Carers will be invited to looked after child reviews, and their views will be gathered as part of the consultation at least two weeks before the review is held.

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- Carers will be invited to PEP meetings/involved with care planning.
- All carers have a working knowledge of the AQA awards and preparation for independence is offer to all young people aged 14+.
- Permanency will be promoted with supervising social workers and Special Guardianship Orders will be discussed as an alternative to long-term fostering, where this appears the best outcome for the child.
- Young people will be given the opportunity to 'Stay Put' with their carers once they turn 18 and foster carers will be supported to enable this to happen. Discussion around possible future planning and Staying Put should being when the child turns 16 and will be part of the pathway planning.
- The service will work with foster carer in partnership, developing the service, policies, procedures and training.
- Connected carers assessments for temporary approval under Regulation 24 should take place prior to the child being placed otherwise will occur within two working days of a child being placed.
- A full fostering assessment will be considered for approval at fostering panel within 16 weeks of temporary approval being agreed.
- The fostering service manager will initially give temporary approval under Regulation 25 before presenting the request to the fostering panel and will be ratified by the ADM.
- Prospective connected carers will be expected to attend and complete all mandatory training prior to approval.
- Supported lodgings assessments will be completed within 16-20 weeks of application.
- Prospective supported lodgings carers will attend and complete all mandatory training prior to approval.
- Private fostering practice is governed by the National Minimum Standards for Private Fostering 200) and the Children (Private Arrangements for Fostering) Regulations 2005.
- A private fostering arrangement is made privately for the care of the child of the child under the age of 16 (under 18 if disabled) by someone other than a parent or close relative with the intention that it will last for 28 days or more.
- BCP has a written statement which sets out its duties in relation to private fostering.
- All relevant staff have an appropriate understanding of the council's duty in relation to ensuring the welfare of privately fostered children.
- The private fostering team provides targeted and current information to those who may come into contact with privately fostered children including, teachers, language schools about their role in carrying out its duty under section 61(1) of the Children Act 1989, to inform the location authority of private fostering arrangements.

- Upon receipt of notification of a child in a private fostering arrangement, an initial visit will take place within one week and a full assessment completed within 40 working days. All private fostering children will be treated as Children in Need and will be seen by the allocated childcare social worker within accordance with visiting policies e.g. a minimum of four weekly.
- Supervisory visits for private foster carers will take place six weekly for the first year and then 12 weekly thereafter until the private fostering arrangement has ended.

30. Adoption

- The adoption service will be invited to all legal planning meetings and will determine whether it is appropriate to attend, given the circumstances of the child being considered.
- Where the permanency planning considers adoption to be a viable option, even if twin tracking, the adoption service will be informed.
- The child's allocated social worker and the adoption service will consider whether the child should or could be placed for early permanence under Regulation 25a (Foster to Adopt).
- The child will be co-allocated to the adoption service should the child be placed in an early permanence placement.
- The child's allocated social worker will ensure that the initial health assessment (IHA) is presented to the agency medical advisor for consideration in adoption cases.
- An adoption medical will occur prior to the child adoption decision being requested and considered by the ADM in the final decision in relation to the care plan.
- The child's allocated social worker will complete the child's permanence report at least one month prior to timetabled IRH. This will be a good quality assessment of the child's needs and their relationships with their families, including an assessment of their relationship with their siblings and a Sibling Together Apart assessment, where necessary.
- The allocated childcare social worker, in conjunction with the agency advisor will book the adoption planning meeting once the child's permanency report is completed but prior to child adoption decision pack being sent to legal for their independent advice to the agency decision maker (ADM).
- The Agency Decision Maker (ADM) will provide their child adoption decision within seven working days of receipt of all relevant paperwork relating to the request for adoption. Where there are siblings and separation or different care plans proposed, a Sibling Together Apart assessment is required.

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- The child will be co-allocated within the adoption service once the adoption decision is made. The child will transfer to the family finding social worker within two weeks of the placement order being granted.
- The child's allocated social worker will work closely with adoption service to identify the right family for the child, where adoption is agreed.
- The child's allocated worker and the adopter's social worker will meet to shortlist prospective adoptive families and arrange a matching agreement meeting with an agency advisor, prior to progressing to adoption panel.
- Joint reports will be prepared and presented to the adoption panel for consideration as to whether the choice of family is the right match for the child/ren in question.
- The recommendations of the adoption panel will be reviewed by the agency decision maker within seven days of the adoption panel and a decision made as to whether it is the right match.
- The adoption service will complete the adoption placement plan in collaboration with the foster carers, adoptive family, independent reviewing officer, and family finding social worker, adopters' social worker and the foster carers supervising social worker. This will include draft introduction planning.
- An adoption planning meeting will take place following the agency decision makers agreement of the match and will have a mid-way review of introductions to ensure the plan is progressing in accordance with the child's needs.
- The child will be placed with prospective adopters under adoption agency regulations.
- The child is seen every week for the first four weeks of placement with prospective adopters.
- By the second adoption review a decision will be made as to whether adopters can lodge their adoption application with the court.
- A draft later life letter and life story book should be available by the second adoption review and completed within 10 working days after celebration hearing.
- The adoption service is responsible for recruitment, assessment and identifying the right adoptive family for the child.
- Plans for adoption will clearly identify permanence timescales and will be regularly reviewed by the relevant team manager and child's Independent Reviewing Officer.

31. LADO

- Allegations made against people working with children will be progressed in a timely and appropriate way working with the LADO service.

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- All referrals and requests for advice and guidance will be triaged within 24 hours.
- An initial allegations meeting will be convened within five days of the referral being received.
- The LADO will attend strategy discussions involving professionals/adults working with children to enable decision making and to assist with formulating a safety plan.
- The progress of the investigation will be shared with the foster carer unless this impacts on the welfare of the child and/or the integrity of the investigation and support will be provided.
- LADOs are expected to work with partners, including health, education, and housing to increase the awareness of the need to refer children who are living in a private fostering arrangement.
- LADOs are expected to work with partners to ensure they understand the role of the LADO and when to refer.
- LADO procedures can be found on Tri-X.