



**WOKINGHAM
BOROUGH COUNCIL**

Children's Services Practice Standards

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Version 1.2	October 2020	Supervision Standards removed in light of Supervision Policy being published separately. Early Help Step-up flowchart updated in.
Version 2	February 2022	Document refreshed throughout as part of annual review,
Version 2.1	September 2022	Appendix added - Guidance for Strategy Discussion Agenda. Supervision timescales also updated.
Version 2.2	October 2022	New standard added to Child Protection Conferences, to clarify presumption against removing children from CP plans at the first review child protection conference.
Version 2.3	January 2023	Standard on CIN Review meeting records being distributed to agencies updated, to make clear that they should be sent to all agencies involved, whether they attended the meeting or not; Standard on the requirement to inform agencies that records will not be verbatim minutes also clarified, by making reference to families needing to be informed as well.
Version 2.4	February 2023	Adjustments made to clarify expectation that the ECHP status of a child should be checked and reviewed at the point of contact and at the point of assessment.
Version 2.5	February 2023	Case supervision frequency for children in care cases corrected to 4 weekly. CIN visiting frequency for CWD cases also updated.
Version 3.0	November 2023	Document refreshed throughout as part of annual review.
Version 3.1	February 2024	Early Help Standards updated, to clarify expectations around children being seen during Early Help involvement, and to clarify the frequency of Early Help Review meetings.

Contents

Introduction	4
Section 1: Early Help, Children with Disabilities and Prevention & Youth Justice Services ..	5
Integrated Early Help	6
Short Breaks.....	7
Autistic Spectrum Service for Information Support and Training (ASSIST).....	8
Family Information, Resources and Support Team (FIRST)	9
Occupational Therapy.....	10
Social Work	11
Prevention and Youth Justice Service	14
Section 2: Referral and Assessment Services	19
Duty Team (MASH)	20
Child in Need Plans and Reviews	21
Case Closures and Step-down to Early Help	23
Child and Family Assessment.....	25
Strategy Discussions	26
Section 47 Enquiries	27
Child Protection Plans and Reviews.....	27
Safety Planning	30
Parallel Planning for Adoption	32
Section 3: The Corporate Parenting Service.....	34
Family Placement (Fostering)	35
Children in Care	39
Permanency Planning Meetings	42
Care Leavers	44
Section 4: The Quality Assurance and Safeguarding Service.....	48
Child Protection Conferences	49
Reviews for Children in Care.....	51
Reviews for Children in Short Breaks.....	53
Managing Allegations and the Role of the Local Authority Designated Officer	54
Section 5: Recording	55
Overarching principles.....	56
Recording Timescales	57
Management Oversight.....	59
Document Storage.....	62
Appendix 1: Engagement Process & Criteria.....	66
Appendix 2: Guidance for Strategy Discussion Agenda	67

Introduction

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

Why develop Practice Standards?

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

How to use this document?

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

Going forward

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

Ultimately, it is our aim for this document to be owned and used by practitioners themselves. With that in mind, we hope you find it a useful resource for your everyday practice.

Section 1: Early Help, Children with Disabilities and Prevention & Youth Justice Services

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Integrated Early Help¹

1. Cases will be allocated to a worker in Early Help within **5 working days** of receipt into the service (from Early Help Hub or Transfer Meeting).
2. The allocated worker will, in the first instance, check whether the family meet the criteria for Family First (FF). Where this is met, contact is made with the FF Team to add this information to Mosaic. Workers will then ensure this is considered when developing the plan.
3. The family will be contacted within **5 working days** of allocation.
4. An initial home visit to see the child and their family will take place within **10 working days** from the point of allocation. For the duration of the Early Help involvement, children will be seen a minimum of every **three weeks** thereafter.
5. Early Help Assessments will be completed within **30 working days** from the point of allocation and a 'SMART' Signs of Safety plan will be agreed and shared with family and any other involved professionals.
6. If the referral is a step down from Social Care, an Early Help Assessment is not required. The case can proceed straight to Early Help Review, using the actions identified via the Child and Family Assessment (from the Referral and Assessment Team) or through the closure and handover process (from the long-term teams). In these instances, an initial Early Help Review meeting will take place within **six weeks** from the point of allocation and a minimum of every **six weeks** thereafter.
7. In cases where an Early Help Assessment is required, an initial Early Help Review meeting will take place within **six weeks** from completion of the Early Help Assessment. Subsequent reviews will take place a minimum of every **six weeks** thereafter. The timeframe will be dependent on the level of risk and complexity. Mosaic will be updated to detail the progress the family are making or any increase in risk identified.
8. For short-term targeted intervention cases, the Social Worker will complete the targeted intervention form and send this through to the weekly transfer meeting and the Early Help Managers. Once the Early Help Worker has been identified, they will contact the Social Worker to discuss the intervention required. Any progress the family are making towards achieving the agreed outcomes or conversely, any evidence of increased risk, will be fed into the CIN or CP reviews or directly to the Social Worker in the case of immediate safeguarding concerns. The Social Worker and Early Help Worker will maintain good communication for the duration of the intervention.
9. For step downs from the Social Care teams, the allocated Early Help Worker will contact the Social Worker to discuss the case. The purpose of the meeting is to explain the reasons for referral and to discuss the required work in more detail.

¹ Excluding statutory Youth Offending Services

10. The child's voice will be captured at the start of the work using relevant, age-appropriate tools; the understanding of what the children are saying will be used to inform any interventions. Direct work tools utilised will be saved as an attachment in Mosaic and the findings fed into the review process.
11. The worker will follow the engagement process flow chart ([Appendix 1](#)) where there is difficulty engaging with the family.
12. All key agencies will be notified of significant events and/or changes for the child and their family.
13. Management oversights will be recorded following a significant event or noteworthy decision. All safeguarding matters will be shared with the social worker and their line manager in the first instance or in their absence, with a duty manager.
14. All cases will be discussed/reviewed in supervision at least **every 8 weeks** with actions and timescales agreed. Cases of concern will be raised with the Service Manager.
15. A final meeting will be held with the family and professionals to review progress against the agreed outcomes. As part of this meeting, a support/safety plan will be identified and agreed, which will remain in place following closure to Early Help.
16. The child and parents/carers will be asked to provide feedback on the impact of the Early Help intervention they have received. This will be added to Mosaic with a closing summary.
17. Where there are safeguarding concerns, the worker will follow the [Step-Up process](#).

Short Breaks

Assessment

1. A manager will routinely review all new referrals on a weekly basis.
2. Referrals are triaged through this process, with some being signposted to appropriate services and short breaks in the community, and others being accepted by the team. An email will be sent within **5 working days** acknowledging receipt of the referral and the outcome of this initial triage stage.
3. New referrals that have been accepted by the team, will be added to the waiting list for allocation to a Short Break Co-ordinator. Families will be kept informed about the status of their referral on a monthly basis. Prior to allocation, the service will make telephone contact to discuss the referral, check that circumstances have not changed for the child or their family and reaffirm that a full assessment is required.
4. If an assessment is required, the child will be allocated a Short Break Co-ordinator, who will contact the family within **5 days** and arrange a meeting to begin undertaking the assessment.

5. The first visit will take place within **10 working days** from the point of allocation.
6. Assessment for Short Breaks will be completed within **30 working days**.
7. Through this process and by taking into consideration the needs of the child, appropriate short breaks opportunities are identified.
8. A management decision is made about the next steps which can include: no further action, signposting, or a request for funding from a resource panel i.e. the Children with Additional Needs Multi-Agency Panel (CANMAP).
9. The family will be informed of the outcome by phone or email and the decision will be recorded on Mosaic². The family will also be written to. These processes will take place within **2 working days** of the panel.

Review

10. Short breaks packages will be reviewed yearly at a minimum, but reviews can be more frequent and should be based upon the needs of the child and family. For every new package, a phone call will take place within **three months** to review progress. Wherever possible, reviews will be directly linked to a school/Education Health and Care Plan (EHCP) review.
11. At an annual review, the short break coordinator will discuss with both the child and family whether the short break support is still working for them and whether anything needs to change.
12. If there are changes in the child or family circumstances that require additional support, the child's case will need to return to the CANMAP panel for consideration, following an updated assessment/review being completed.

Autistic Spectrum Service for Information Support and Training (ASSIST)

1. Direct contact for information, signposting, drop-in sessions or workshops (by telephone, email, or mail) will be responded to within **4 working days**.
2. Following direct contact (Self, Children's Services, receipt of diagnosis documentation, or other agency), ASSIST will invite parents to attend one of their parent programmes which are run termly. Information for the next available programme, will be sent **at least two weeks** prior to the start of the programme.

² This may include a recommendation for additional services not requested, such as targeted early help.

3. Multi-agency referral forms (MARF) for focused 1-1 family or support in relation to difficulties from an autism perspective sent to MASH/Referral and Assessment will be discussed at the next Early Help Hub weekly meeting. The Early Help Hub will then allocate to ASSIST in the following **2 working days**.
4. ASSIST will write to the family within **4 working days** of receiving the MARF referral notifying the family either:
 - That a member of the team will be contacting them in the next **5 working days** to arrange to meet with them and discuss the referral; or
 - That the service is operating a waiting list and further contact will be made when a worker can be allocated.
5. The desired outcome of the work requested within the referral for focused 1:1 support will be agreed with the family and will be continuously reviewed. Timescales for completing the agreed outcomes and review will align with those set out in the Integrated Early Help chapter (See [Standard 5](#) and [Standard 6](#)). ASSIST will discuss with the family when it is appropriate to close the case. At this time, families will be given information on how to access the service as in Standard 1 and Standard 2 above.

Family Information, Resources and Support Team (FIRST)

1. Direct contact for information, signposting, or courses (by telephone, email, or mail) will be responded to within **4 working days** and details of available courses will be sent where applicable.
2. Multi-agency referral forms (MARF) for focused 1:1 family support, or in relation to sleep or behavioural issues, will be discussed and allocated at a **weekly team meeting**.
3. FIRST will contact the family within **4 working days** of this meeting to notify them either:
 - That a member of the team will conduct a home visit within the next **10 working days**.
 - or
 - That the service is operating a waiting list and further contact will be made when a worker can be allocated.

4. The desired outcomes of the work requested in the referral for focused 1:1 support will be agreed with the family and either dealt with as:
 - A short-term piece of work involving a few meetings to share information/offer advice.or
 - An assessment that will be undertaken and completed within **30 days**. Plans will be shared with the family and any other relevant professionals.
5. Timescales for completing the agreed outcomes and review will align with those set out in the Integrated Early Help chapter (See [Standard 5](#) and [Standard 6](#)).
6. FIRST will discuss with the family when it is appropriate to close the case. At this time families will be given information on how to access the service as in **Standard 1** and **Standard 2** above.

Occupational Therapy

1. The Children's Services Occupational Therapy (CSOT) Duty Inbox will be checked **4 days per week** and queries will be acknowledged and responded to within **5 working days**.
2. New referrals will be reviewed by the Occupational Therapists **4 days per week** and prioritised into Priority 1 or 2 within **5 working days**.
3. Waiting list letters will be sent to parents/carers of children with new referrals within **5 working days** of prioritisation.
4. Occupational Therapists will contact parents/carers to offer initial assessment **within 5 working days** of allocation.
5. Occupational therapy assessments will be completed within **28 working days**.
6. During the first home visit Occupational Therapists will: Explain working hours; provide Team contact details; and ask the service user to sign both the consent to share information and taking photographs forms.
7. Occupational Therapists will use the child and their parent/carers' preferred method of communication, using interpreters if needed.
8. On completion of the assessment Occupational Therapists will fully explain to the child and their parents/carers their proposed intervention to gain agreement to proceed. The Occupational Therapist will respect the child and their parent/carer's right to make choices about Occupational Therapy intervention. This will then be recorded within an OT Care Plan.

9. When OT intervention on current allocated cases is complete, the OT will decide if the case is to be closed or meets the criteria for a scheduled OT review and if so, whether it will be 6 or 12 monthly. Families will be written to accordingly. The criteria for a scheduled OT review are:
 - 1) Children who have a moving and handling plan and have been issued with hoist and slings.
 - 2) Children who have been prescribed with complex seating systems with postural support from Triton chairs, or similar chairs designed to provide comprehensive postural support.
 - 3) Children who have a Serious deteriorating medical condition e.g. Muscular Dystrophy, Spinal Muscular Atrophy, Friedreich's Ataxia, Rett's Syndrome
10. All contacts with or concerning the child and their parents/carers will be recorded in case-notes on Mosaic and will be comprehensive, accurate and justifiable.
11. Occupational Therapists will liaise with and update all relevant agencies in order to support the agreed Occupational Therapy intervention.
12. Occupational Therapists will keep up to date with national guidance, research and evidence; they will provide information and advice on alternative services and occupational therapy provision as appropriate.
13. Occupational Therapists will raise any safeguarding concerns with their manager.
14. Occupational Therapists will meet The Health and Care Professions Council (HCPC) requirements for CPD and take an active part in clinical supervision and training.
15. Occupational Therapists will work within the HCPC and Royal College of Occupational therapists (RCOT) guidelines, standards of practice and code of ethics.

Social Work

Assessment:

1. All children held within the Children with Disabilities Team will be subject to an **annual/yearly** Child and Family Assessment review. The aim of the assessment will be to review support packages in place and ensure that any needs and/or risks continue to be addressed and managed. The assessment will also support the effective management of transitions between children's and adult services, where this is required.
2. Timescales for the completion of Child and Family Assessments for children held in the Children with Disabilities Team will align with those set out in [Chapter 2 - Child and Family Assessments](#).

Children in Need:

3. Children in Need held in the Children with Disabilities Team will be subject to a minimum of **3 weekly visits** and **6 weekly reviews** (as per *Child in Need Plans and Reviews* [Standard 1](#) and [Standard 8](#)). There will however be exceptions to this rule, as follows:

Stable Children in Need: Children who by virtue of their complex disability and care package require ongoing Child in Need involvement, however input and support means that their situation is stable; these children will be seen a minimum of **4 weekly** with visits rotated between school, respite setting and the family home. Child in Need reviews will be held on a **3 monthly** basis at a minimum. Some children may be seen on a **6 weekly** basis, as per the exceptions outlined in standard 8 below.

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

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

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

Child subject to Child Protection Plans:

6. The Initial Child Protection Conference (ICPC) will be held within **15 working days** of the Strategy Discussion being held (as per *Child Protection Conferences [Standard 1](#)*).
7. Children subject to Child Protection Plans held within the Children with Disabilities Team will be subject to statutory visits a minimum of every **10 working days** (as per *Child Protection Plans and Reviews [Standard 1](#)*).
8. Core Groups will be held at a **6 weekly** frequency (as per *Child Protection Plans and Reviews [Standard 9](#)*).
9. The first Review Child Protection Conference (RCPC) will be held within **3 months** of the completion of the ICPC. The subsequent RCPCs will be held at a frequency of **6 months** (as per *Child Protection Conferences [Standard 14](#) and [Standard 15](#)*).

10. All visits to children will be purposeful and aimed at addressing goals/risks as outlined in the Child Protection Plan. The views and wishes of the children will be sought in a manner appropriate to the child's age and presenting disability.

Children in Care:

11. A Child in Care held in the Children with Disabilities Team³ will be seen a minimum of **every 4 weeks** (as per *Children in Care Standard 16*).
12. After a **one year** period, a review of the visiting frequency will take place as part of the Child in Care review and agreement can be given to decrease visiting frequency to **three monthly** should the situation be deemed stable. This should be agreed by all professionals and ratified by the IRO and children's services team manager.
13. The first Looked After Review will be held within **20 working days/four weeks** of the child being accommodated. The second Looked After review will be held in the **three months** following. (as per *Looked After Reviews Standard 44* and *Standard 58*). Subsequent reviews will be held at **6 monthly** intervals.
14. All visits to children will be purposeful and aimed at addressing goals outlined in the Child in Care plan. The view and wishes of the children will be sought in a manner appropriate to the child's age and presenting disability.

Case Summaries & Chronologies:

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

Preparing for Adulthood:

17. The Preparing for Adulthood Team should be notified of all children likely to require transition into Adult Services on their 14th birthday/as soon as they present to the service thereafter. A monthly tracking meeting will be held where this information will be shared.
18. From point of notification, the Preparing for Adulthood Team will attend the annual Education, Health and Care Plan (EHCP) reviews for the child. They will work alongside the allocated children's worker to provide guidance and support at EHCP meetings and set expectations for the future in approaching adulthood
19. **For children open to social work:** A Child and Family Assessment will be triggered by the allocated Social Worker when the child reaches their 17th birthday. This assessment is

³ Note: This cohort includes children with disabilities who by virtue of receiving respite services/overnight short breaks/residing at a jointly funded residential school provision are spending 75 plus nights away from home each year.

designed to review ongoing needs post-18 and support in facilitating the transfer process to the Preparing for Adulthood Team.

20. **For children open to Short Breaks:** A Short Breaks Assessment will be triggered by the Short Breaks Coordinator when the child reaches their 17th birthday. This assessment is designed to review ongoing needs post-18 and support in facilitating the transfer process to the Preparing for Adulthood Team.
21. The Preparing for Adulthood Team will complete a Care and Support Needs Assessment when a child who has been referred to them turns 17.5 years. This is a joint and holistic assessment involving family, carers and relevant professionals, including the child's Social Worker, to ensure that support planning for Adult Services is in place when the child turns 18.
22. Upon completion of the Care and Support Needs Assessment, the child and their care package will be discussed at Forum and the responsibility for finances and ongoing services will be agreed.

Prevention and Youth Justice Service

When any work is undertaken with a child who is open to the Prevention and Youth Justice Service, the following overarching principles will be adhered to:

1. **Engagement:** staff will seek to engage with the child and parents/carers throughout the duration of our involvement with them - seeking to involve them in the assessment, planning, implementation, delivery, and reviewing of individual programmes, and by encouraging meaningful participation, including via the co-production of work.
2. **Trust:** staff will establish meaningful and trusting relationships with the children they work with, adopting a trauma informed approach to their practice.
3. **Diversity:** staff will take into account the diverse needs of each child and will promote equality in access and engagement. As part of any assessment or intervention that they undertake, practitioners will need to develop their understanding of culturally sensitive practice, consider a child's identity and how they might experience oppression, discrimination and risk.
4. **Identity:** staff will assist the child to build a pro-social identity, underpinned by the Good Lives Model.
5. **Understanding:** staff will ensure that the child is aware of their rights and responsibilities throughout their involvement with the service, including the terms of any order that they might receive. They will continually check the child's understanding of any processes they are involved with.
6. **Effective intervention:** staff will formulate intervention plans based on the predisposing, precipitating, perpetuating and protective factors of case formulation.

7. **Effective multi-agency work:** staff will co-ordinate interventions with any other relevant specialist agencies with specified intended outcomes, prioritised based on need.
8. **Consistency in practice:** staff will ensure that cases are managed and supervised in line with the relevant Wokingham Borough Council Practice Standards, as well as the Youth Justice Board's National Standards.
9. **Safety:** staff will ensure that any risk to the public and the child's safety and well-being are assessed and managed effectively.

The Prevention and Youth Justice Service has four distinct strands of work that include:

Targeted Prevention: programmes of support for children who are on the cusp of offending but have not yet been linked to an offence.

Diversion: programmes of support for children who have received an informal out of court disposal that does not result in a criminal conviction (Community Resolutions).

Out of Court Disposals: intervention for children who have been formally diverted from the Court system.

Statutory: supervision of Court disposals.

All of our strands of work are governed by the same child first ethos, and the principle of assessment, planning and intervention. All strands of work receive the same level of quality assurance and management oversight.

The Service has case management guidance for each type of intervention, which in the case of statutory work is also underpinned by the National Standards for Children in Youth Justice, issued by the Youth Justice Board.

For Targeted Prevention, Diversion and assessment of Out of Court Disposals, the work delivered by the Prevention and Youth Justice Service will include:

1. Initial contact with the child/parent within **3 working days** of allocation, which shall be by way of a home visit for Diversion interventions.
2. Where the child has agreed to engage with the Service, completing an approved assessment of needs within **15 working days** of allocation.
3. Co-producing a plan with the child and their family, within **5 working days** of completion of the assessment. The plan should focus on supporting the identified needs, developing the identified strengths and supporting a pro-social identity.
4. Delivering the agreed interventions within a 6 to 16-week period.
5. Holding an exit interview/case closure meeting within **5 working days** following completion of the intervention plan. A manager will chair this meeting with the child, the parent/carer and the case worker. The purpose of the exit interview is to discuss the work completed during

the intervention, ensure that an effective exit plan is in place and to capture the voice of the child/parent about the quality of the service we have provided.

6. Building supportive relationships with children and their parents/carers and deliver prompt, proportionate, effective interventions. Such interventions should not exceed a **16-week** period following referral for a prevention intervention or the delivery of an out of court disposal. However, there may be children with complex needs who require an extended period of support, which will be agreed with management oversight.

For Statutory interventions, the work delivered by the Prevention and Youth Justice Service will include:

1. Initial contact with the child at Court and/or within 3 working days of sentencing (if the sentencing Court was out of borough).
2. Management and supervision of a statutory order in line with Youth Justice Board National Standards for Children in Youth Justice. Assessments will be completed utilising the Youth Justice Board approved assessment framework (Asset+) to assess the child. This assessment should be completed within **15 working days** of sentencing.
3. The co-production of a plan with the child/family from the completed assessment. If the child receives a Youth Rehabilitation Order the plan should be completed within **20 working days** of sentencing. If the child receives a Referral Order, the plan should be completed within **5 working days** of the Initial Panel Meeting taking place. The plan should focus on supporting the identified needs, developing the identified strengths and supporting a pro-social identity. The plan should also identify how the three domains of risk will be managed.
4. Co-ordinate interventions with any other relevant specialist agencies with specified intended outcomes, prioritised based on need.
5. Review intervention plans **3 monthly** or earlier in the event of significant changes in circumstances.
6. Be alert throughout the child's engagement with the Service, focusing on behavioural and attitude changes that may impact on public protection and their own safety and wellbeing.
7. Ensure the transition to the National Probation Service begins **within 6 months** of the child turning **18 years old**, and that the transition includes appropriate and co-ordinated support for at least **one month** after the child becomes an adult.

At court and for children in custody, the work delivered by the Prevention and Youth Justice Service will include:

1. The production of good quality pre-sentence reports to Youth or Crown courts, that promote and advocate for sentencing options that are a robust and realistic alternative to custody and contain external and internal controls for managing risks to the victim and public.

In cases where a custodial order is inevitable, the service will:

2. Ensure the Youth Custody Service receives all necessary information to ensure the child is placed at the most suitable secure estate.
3. Ensure parents/carers are informed of the child's custodial sentence and placement within **1 working day**.
4. Ensure that contact with a child within a custodial setting is made within **5 working days** following sentence.
5. Attend and contribute to sentence planning within **10 working days** of sentencing.
6. Attend and contribute to reviews of the sentence planning at a minimum of **3 monthly** (monthly for remanded children) or as determined by establishment; and ensure the planning covers the seven pathways to effective resettlement.
7. Maintain regular contact with the child outside of planning meetings, on at least a **monthly basis**.
8. Encourage and support ongoing communication between the child and their parents/carers, including inviting them to all planning meetings.
9. Ensure and support the child's access to health and education services whilst in custody.
10. Where the child is on remand, explore and consider alternative bail applications where the Service is able to manage the assessed risks.
11. Plan for resettlement to commence at the start of the custody period; including supporting the child to access Temporary Licence where appropriate and ensuring that work is underpinned by constructive resettlement principles.
12. Ensure that support is sought for post-release accommodation, as well as for education, training or employment, and that any barriers to the child accessing this support immediately upon release are raised with the management team in a timely manner.
13. Discuss and submit any additional licence conditions **one month** prior to release.
14. Complete a home visit within **5 working days** of release and an intervention plan within **10 working days**.
15. For children who have turned 18 whilst in custody, finalise the transition to the National Probation Service at least **1 month** prior to their release date.
16. Where a child has a release date from custody within 3 months of their 18th birthday, continue to support the child's transition into probation for at least the **first month** of their release i.e.

by attending post-release meetings and supplying relevant documentation to probation services as required.

Section 2: Referral and Assessment Services

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Duty Team (MASH)

1. When a multi-agency referral form (MARF) is received from a professional raising safeguarding concerns for a child, or a request for early help support, a Safeguarding Administrator will add the new contact/referral record to Mosaic **within one hour** (with any documents uploaded to the EDMRS). If a telephone call is received from a member of the public, a family member of a young person directly, the social worker who receives the call is responsible for adding the new contact/referral record to Mosaic and uploading documents to EDMRS, and will do so **within one hour** of receiving the call.
2. Upon receipt of a new contact, it will be triaged and reviewed by the duty manager. The duty manager will record their direction with rationale on the contact, together with a timescale for the social worker to complete next steps, if relevant⁴. The social worker or referral co-ordinator will add the chronology of any Children's Services involvement to the contact and the new information will be reviewed alongside any previous history. As part of this process, the social worker or referral co-ordinator should check to establish if the child or young person involved has an Education, Health and Care Plan, and record this on the contact/child's Mosaic record.
3. If further information is required from partner agencies in order to make a decision about threshold, a Multi-Agency Safeguarding Hub (MASH) Enquiry will be triggered by the social worker or safeguarding administrator. These will be completed within their graded timescale; red grading will require that checks are received **within 4 hours**, and amber grading will require that checks are received **within 24 hours**. Parental consent (from both parents) will be obtained before a MASH Enquiry or any other form of agency check is undertaken, unless the need for parental consent is overridden by the duty assistant team manager. In such cases, the rationale for the decision will be clearly recorded on the child's file.
4. In the event that MASH checks are not received within the required timescales, the contact will be screened and further information will be gathered by the social worker and referral co-ordinator directly (for example via calls to parents, the referrer or other relevant professionals). A recommendation will be made on threshold **within 24 hours** of the referral or contact being received.
5. Once a threshold recommendation has been made by the social worker and referral co-ordinator, the duty manager will review the completed contact and make a decision on next steps **within 24 hours**, unless the recommendation is for a Strategy Meeting, in which case it will be reviewed as a matter of urgency. Any further actions taken as a consequence of this review process will be added to Mosaic by the duty manager.
6. If a threshold recommendation is for a Child and Family Assessment, the duty manager will allocate this to the assistant team manager directly, who will then allocate the case to a

⁴ This practice is expected to be embedded formally from January 2024 onwards, subject to an additional management post in the MASH Team being appointed to successfully.

social worker within their pod. The duty manager will also record the "team" and the "service user group" on Mosaic, and will send a calendar invite for Day 23 (2 days before the assessment is due) to the receiving assistant team manager.

7. If the threshold decision is for the case to be discussed at the Early Help Hub, this action will be completed on Mosaic. If a contact goes straight to Early Help without assessment, the pathway for this is triggered through Mosaic steps, with the case added to the next available Early Help Hub meeting (once parental consent is obtained). If a Child and Family Assessment recommends step down to Early Help, then this is also triggered on Mosaic. However, such requests are also placed on the Transfer List for discussion at the next Transfer Meeting (which will have Early Help representatives in attendance). The discussion at this meeting will consider allocation, work needed, and the handover process from Children's Social Care to Early Help.
8. For any cases where domestic abuse is a feature or a concern, the [DASH checklist tool](#) should be used to inform our assessment.

Child in Need Plans and Reviews

Visits

1. The frequency of visits to children subject to Child in Need plans will ordinarily be at a minimum of **15 working days/three weeks**. However, each case will be considered individually and the frequency of visiting will be determined by the level of need. If the assessment is made that visits should be completed less frequently than every 15 working days, clear evidence of the decision making in this respect needs to be present on the child's file (within case notes and/or within CIN review documents).
2. Visits will be completed by the allocated social worker. Should the allocated worker be unable to visit within the timescale agreed due to ill health for example, the duty social worker may be asked to visit the family. This needs to be agreed by the management team.
3. It may be useful to consider unannounced/opportune visits for some children subject to child in need plans. The purpose of conducting such visits should be worked through at the outset of the plan so that all are clear about the rationale for the visits, and how they will feed into the assessment and review processes. There may be circumstances where it is not appropriate to conduct unannounced visits as part of the planned work and the reasons for this should be carefully recorded.
4. Families working with the Local Authority under Child in Need plans are doing so under Section 17 of the Children Act, which entails voluntary intervention. Given this, visits completed will be planned and pre-arranged with the family. There may be situations where a visit needs to be unplanned, for example if further concerns are raised and/or the social worker is unable to get hold of the family for a period of time. The rationale for unplanned visits needs to be explained to the family and clearly recorded on the child's file.

5. With the consent of the parents, the child will be seen alone (where appropriate) and seen in other settings, as well as the home environment.
6. The child's wishes and feelings need to be captured during visits and used to inform our assessment and subsequent intervention.
7. Child in Need visits will be recorded under the *Social Work Visits* workflow on Mosaic **within 48 hours** of the visit being completed.

Reviews

8. CIN reviews will be held at a minimum of **every 6 weeks**. If the decision is made that the frequency of the meetings are to be more or less frequent than this, the rationale needs to be clearly detailed within case supervision.
9. The purpose of Child in Need reviews is to review the Safety Plan with the family and professional network, to share any updating information relating to the progress of the plan and to identify next steps to add to the trajectory.
10. Should a CIN review involve a case where domestic abuse is a feature or a concern, the [DASH checklist tool](#) should be used to inform the review process.
11. A Transfer Child In Need meeting needs to be attended by the manager of the receiving team who will chair the review.
12. Management attendance at Child in Need meetings needs to be decided in line with the identified need, however a manager or experienced social worker will need to be present and chair the first and last Child in Need meeting.
13. Amendments to the plan, together with the rationale and actions agreed should be read and signed off by managers **within 2 weeks** of the meeting date.
14. If necessary, social workers can request admin support to record actions and amendments to the plan meetings.
15. Agencies and families will be informed that the record of the meeting will capture the progress of the safety plan, and will not be verbatim minutes.
16. The record needs to detail who attended the meeting and whom apologies were received from.
17. The record will be written up and signed off by the manager **within 2 weeks** of the meeting date. It will then need to be sent securely to all agencies that are recorded as being involved with the case (i.e. not just those that were able to attend the meeting).
18. Partner agencies involved with the family are expected to attend and participate within the meeting.

19. If agencies are unable to attend, they are responsible for contacting the social worker and sending a report to inform the meeting.
20. If there is concern about the actions/contributions of any involved agency the social worker and/or their manager will address this through discussion or email with the person involved and where relevant with their line manager.
21. A CIN review will only be cancelled in exceptional circumstances; for example if the worker or family are unwell. If this occurs the review should be rearranged and held at the earliest opportunity. Social workers should seek the oversight/advice of their management team before postponing a review.
22. A Child and Family Assessment will be completed **every 6 months** or if there is significant change for the child and/or family, or if significant information is received.

Supervision

- 15 Formal case supervision needs to be held at least **every 8 weeks**.

Case closures and Step-down to Early Help

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

1. A recommendation to close or close and stepdown a case will usually be made as part of a Child in Need review meeting or as an outcome of a subsequent assessment. The social worker is responsible for ensuring that the views of the child, family and professional network are recorded in the assessment document (including the views of the step down agency) prior to sign off by the manager (See standards on [Child and Family Assessment](#)).

The outcome would normally be shared at a Child in Need review meeting which should be held within 10 working days of assessment completion. As a minimum standard, there will always be a joint home visit/and or review Child in Need meeting for cases that are closing and stepping down and there will always be a goodbye visit and formal letters to all involved agencies and family members when cases are closing.

2. The manager is responsible for signing off any decision to close in the CIN review episode, updating the assessment and as a management oversight.
3. The social worker will ensure that all case work is recorded on Mosaic (with any letters uploaded, and the case chronology and case summary updated) **within 5 working days** of the management decision to close or step down to Early Help.
4. When a management decision has been taken for case closure or step-down to Early Help, the manager will record this on Mosaic as a case note **within 2 working days** of the decision being made.
5. If the recommendation is agreed by manager for the case to step down to Early Help, the case will be discussed by the manager at a Transfer Meeting prior to closure. If an Early Help

worker has been identified or is already involved in the case, the social worker will ensure that they are invited to any CIN Reviews that take place prior to closure.

6. Where a management decision (following assessment or review) is taken to close a case, the Child Protection Admin Team or team manager will trigger the *Case Closure* workflow on Mosaic and allocate it to a social worker **within 2 working days**.
7. A *Case Closure* workflow will be completed and tasked to a manager for approval **within 5 working days** of its allocation. In instances where a case is stepping down to Early Help, this will be completed on a closure form and tasked to an Early Help manager **within 2 working days**.
8. Where a case is closed, the file will be checked by the manager to ensure that any end dates are added for any social work involvement or service user groups on Mosaic **within 1 working day**. Where a case is stepping down, the identified Early Help worker will be allocated on Mosaic.
9. Any *Case Closure* workflows that are triggered will be copied to all siblings by the manager **within 1 working day**.
10. Following a case closure, a letter will be sent to the parents and any professionals involved with the case informing them of the decision **within 1 working day**. The letter will be sent by the social worker or Admin Team.
11. A case note will be added to Mosaic to indicate that the case is closed by the manager **within 1 working day** of the completion of the closure episode.

Step down from MASH/Referral and Assessment to Early Help following an assessment.

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

Child and Family Assessment

1. A decision will be made about the need for a Child and Family Assessment by the duty manager **within 24 hours** of the contact or referral being made. The timescale for an assessment starts on Day 2. It is expected that the majority of assessments will be completed within **25 days** of allocation but in some circumstances, an extension can be agreed up to **45 days**.
2. The social worker will conduct a review of the case **within 48 hours** of the case being allocated, including the creation of a draft Danger Statement and Safety Goals.
3. The social worker will visit the family and ensure that the children are seen **within 3 days** of allocation. If the child has an EHCP, this should be reviewed by the social worker prior to the visit taking place, to assist with our understanding of whether the child has any specific communication or comprehension needs when planning the visit, as well as who else might be involved or have information that might be relevant.
4. During this first visit the [Information Sharing Consent Form](#) should be discussed with the family, and their decision around consent for information sharing between agencies recorded.
5. The social worker will complete necessary agency checks with all relevant professional agencies **within 5 days** of allocation.
6. A review of progress will be undertaken by the social worker and assistant team manager **within 10 days** of allocation. This review will ensure that the child has been seen, that an initial Safety Plan has been put in place and that consideration has been given to next steps.
7. The social worker will also ensure consideration has been given to the use of a Family Network Meeting **within 10 working days** of allocation.
8. Should an extension to these timescales be required, a request should be made to the team manager as soon as possible, and at the latest **within 20 days** of allocation.
9. Where domestic abuse is a feature or a concern, the [DASH checklist tool](#) should be used to inform the assessment. The checklist should then be reviewed on a **6 weekly basis** thereafter, to inform all further assessments, reviews and plans for the child.
10. Prior to seeking managerial sign-off for the assessment, the social worker will ensure that a copy of the report has been sent to the family (where it is appropriate and possible to do so) to provide them with an opportunity to comment or provide feedback on the final draft. Any comments received will then need to be recorded within the final report.

If it is not possible to send the assessment to the family (if for example they have absconded) or if it is decided that it is not appropriate for the assessment to be shared due to safeguarding concerns, then the rationale will need to be recorded clearly within the *Child*

and Family Assessment Mosaic Step. The social worker's service manager will also need to be alerted to this decision. The *Child and Family Assessment* step will then be completed, with next steps clearly indicated.

Strategy Discussions

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

Note: See [Appendix 2: Guidance for Strategy Discussion Agenda](#) for detail on how a strategy discussion should be structured.

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

Section 47 Enquiries

1. If it is decided that the threshold for a Section 47 enquiry has been met, the Section 47 workflow will be triggered on Mosaic by the assistant team manager or team manager **within 24 hours**.
2. The Strategy Meeting/discussion sets out the actions required as part of the Section 47 enquiry, together with timescales, but as a minimum standard the allocated social worker will visit the family and child **within 24 hours** of the threshold decision being made, and with the consent of the parents will see the child alone.
3. A Safety Plan will be discussed and agreed with the family **within 24 hours** of the threshold decision being made and this will be recorded as a case note on Mosaic.
4. The social worker will conduct agency checks with all professionals involved with the family **within 24 hours** of the threshold decision being made.
5. On **day 3** of the Section 47 enquiry, a discussion should be held between the Social Worker and their manager to consider whether the threshold for convening an Initial Child Protection Conference has been met. If it is felt that the threshold has been met, the CP Admin Team should be notified on the same day.
6. The social worker will complete the Section 47 workflow on Mosaic, with recommendations for next steps indicated within **5 working days** of the Strategy Meeting being held. It is acknowledged that in a small number of cases, the threshold decision made on Day 3 may change before the enquiry formally concludes on Day 5.
7. An assistant team manager, team manager or service manager will undertake management oversight **within 5 working days** of the Strategy Meeting being held.
8. The Child Protection Chair will provide additional scrutiny and oversight of the threshold decision-making by reviewing the Section 47, the threshold decision, and the plans for the child if a request for an ICPC is withdrawn on day 5 following the completion of the enquiry. They will record their oversight as a case note on the child's file.

Child Protection Plans and Reviews

Visits

1. The frequency of visits to children subject to Child Protection Plans need to be at a minimum of **once every 10 working days**. However each case will be considered individually and the frequency of visiting will be determined by the level of need/risk.
2. The visits will be completed by the allocated social worker. Should the allocated worker be unable to visit within the timescale agreed due to ill health for example, the duty social

worker may be asked to visit the family. This needs to be agreed by the management team.

3. Announced and unannounced visits will be completed by the allocated social worker. The frequency of each will be determined by the need/risk and evidenced on the child's file within supervision. The purpose of conducting unannounced visits should be worked through at the outset of the child's plan, so that all are clear about the rationale for conducting such visits, and how they feed into the assessment and review processes. There may be circumstances where it is not appropriate to conduct unannounced visits as part of the planned work, in which case the reasons for this should be carefully recorded.
4. It is an expectation that statutory visits are planned for and diarised in advance and form part of the trajectory for the case. When a statutory, planned visit is unsuccessful, a note/letter should be left at the address with details of the time and day that the visit will be re-attempted. This should be **within the next 2 working days**.

In the event that a second visit is missed, an unannounced visit, preferably at a different time on the same day should be attempted and the manager should be informed in order to plan next steps. Depending on the nature of the case, additional checks should be made with both the formal and informal network in order to understand who has seen the child and when, in order to form a risk assessment around next steps.

5. Preparation for each visit and how it fits with the overall plan is key. The purpose of the visit to the child is to gain insight and understanding into their lived experience and the difference that the identified plan is making to their life. Children should be seen alone and their wishes and feelings obtained during each visit to inform our assessment and subsequent intervention. It will not always be appropriate to see children alone e.g. due to young age or additional needs. However, this needs to be discussed with managers, agreed and detailed within supervision and on the visit recordings.
6. Children will be seen in a variety of settings.
7. Children's bedrooms will be seen. The frequency of such will be determined by the need/risk, but at a minimum a child's bedroom will need to be seen **once in every three visits**.
8. Child protection visits will be recorded under the *Social Work Visits* workflow on Mosaic within **24 hours** of the visit being completed.

Core Group Meetings

9. The first Core Group Meeting following the Initial Child Protection Conference will be held within **10 working days** of the conference, and will be chaired by an experienced Social Worker or an Assistant Team Manager.
10. Thereafter, Core Group Meetings will be held at a minimum of every **6 weeks**, and will be chaired by the child's allocated Social Worker.
11. The purpose of Core Group Meetings is to review the Safety Plan with the family and professional network. To share any updating information relating to the progress of the plan and to identify next steps to add to the trajectory.
12. Management attendance needs to be decided in line with the identified need, however a manager or experienced social worker will be present and will chair the first and last Core Group Meeting (i.e. the first meeting that follows the ICPC, and the last meeting prior to the recommendation for step down).
13. All meeting records need to be read and signed off by management within **2 weeks** of the meeting date.
14. When necessary, social workers can request admin support to minute the meetings.
15. Agencies will be informed that the minutes will capture the progress and any amendments to the Safety Plan and will not be a verbatim record.
16. The minutes need to detail who attended the meeting and who apologies were received from.
17. Minutes will be written up and signed off by management **within 2 weeks** of the meeting date and sent to attendees securely.
18. Partner agencies involved with the family are expected to attend and participate within the meeting.
19. If agencies are unable to attend, they are responsible for contacting the social worker and sending a report to inform the meeting.
20. If there is concern about the actions/contributions of any involved agency the social worker and/or their manager will address this through discussion or email with the person involved and where relevant with their line manager.
21. A Core Group Meeting will only be cancelled in exceptional circumstances; for example if the worker or family are unwell. If this occurs the review will be rearranged and held at the earliest opportunity. Social workers will seek the oversight/advice of their management team before postponing a review.

Reviews

22. Review Child Protection Conference reports need to be **completed and shared** with the child/family (with their views included) and signed off by the manager **5 working days** before the Child Protection Conference takes place.

Supervision

23. Formal case supervision needs to take place at a minimum of **every four weeks**.

Safety Planning

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

A Danger Statement will:

- Describe harmful adult behaviour;
- Be grounded in evidence of past harm;
- Impact on the child both now and in the future (if there is no change to their circumstances);
- Use plain language and be jargon-free, to ensure that it can be clearly understood by the family; and
- Capture the seriousness of any concerns, without apportioning blame.

Safety Goals will:

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

Scaling Questions will;

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

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

As a minimum, Bottom Lines should include:

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

3. On completion of an assessment, the allocated social worker will develop a timeframe and trajectory. This will detail who will provide support, as well as how and when it will be provided. It will explain the work we intend to do with the family to ensure that:
 - There is an informed and active network.
 - The Safety Plan looks at both preventative measures and response actions;
 - We have worked with the child to ensure they are fully involved at each stage of the process.
4. Following a referral (including a referral on an open case), or whenever a new piece of information comes to light to suggest that danger is likely or existing, the social worker will work with the family to consider and construct an Interim Safety Plan. This will consider who is doing what and when, and how the children's immediate safety can be ensured. This interim Safety Plan should be shared with all involved agencies. It will also identify when a full network meeting will take place, so that an updated or revised Safety Plan can be agreed.
5. By the time of the child's second review, a first draft of the Safety Plan should be formed. At this point, the social worker - in collaboration with the family and other professionals that are involved - will agree the family's network. The details of this network will be clearly documented, setting out the name of each member, alongside their contact details and their role within the Safety Plan. All members of the network will be provided with a copy of the Safety Plan for them to sign, to ensure that they are fully informed of the reasons for our involvement, as well as the Danger Statements and Safety Goals. The network will also be invited to contribute to any review of the scaling questions.
6. When developing a Safety Plan, the social worker will aim to:
 - Identify what things look like when everything is going well and the danger is not present. These details will be behaviourally specific to when the danger is not present - not just the strengths that the family display on a regular basis.
 - Identify the triggers or stressors that might heighten the risk of harmful behaviours occurring. These will set out the factors/events/behaviours that might heighten the risk of harmful behaviour occurring, which should tell everyone to be on high alert.

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

Where domestic abuse is a feature or a concern, the [DASH checklist tool](#) should be used to inform the Safety Plan. It may also be appropriate for a separate adult Safety Plan to be developed, using the expertise of specialist domestic abuse agencies.

7. The social worker will ensure that the Safety Plan includes:
 - A prevention plan - which will identify who will do what and when, to prevent the likelihood of harm, linked to the triggers and stressors.
 - Red flags/warning signs - which will set out behavioural specific signs that tell the network that they need to activate the response plan because danger is either imminent or evident.

- A response plan - which will set out who is going to do what to ensure the child does not experience harm.

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

8. On completion of an assessment, and then continuously thereafter, the social worker will conduct intensive and specific direct work with the child to show that their voice and needs are detailed, and that they have guided the safety planning process. Tools like - or similar to - the Three Houses, Safety House and Safety Circles will be used to assist in forming the content of the assessment and Safety Plan.
9. The Safety Plan will clearly outline:
 - Meetings where the plan can be reviewed, to allow discussion on what is working well and what is not.
 - Mechanisms for the network to communicate regularly about the enactment of the plan - usually a safety journal or WhatsApp group.
 - Ways in which the child will be able to tell us when the plan is or is not working - usually the safety object.
10. The social worker will seek to ensure that the child is aware of the Safety Plan as an evolving piece of work, and will make it clear that the child's views have been documented in any mapping or reviewing of the document. The final version of the Safety Plan will be presented to the child by the parents in a Network Meeting. The plan will need to be presented in an appropriate format, usually in "Words and Pictures".

Parallel Planning for Adoption

1. When an Interim Care Order is granted at a court hearing, an allocated social worker will start Child in Care procedures on the child's file on Mosaic, and will ensure that the child's first Child in Care Review is arranged for **within 20 working days** of the hearing.
2. When the child comes into the local authority's care, the social worker or Admin Team will order two original copies of their birth certificate from the Registry Service, which will be required should the Court make a Placement Order.
3. If parallel planning for adoption is being considered for the child, a Permanency Planning Meeting should be arranged **as soon as possible** following the granting of the Interim Care Order, so that a decision can be taken on its use. The team manager, assistant team manager, service manager and independent reviewing officer (IRO) will be invited to this meeting. A representative from Adopt Thames Valley will also be invited if the child is under 8 years old.
4. In order to complete a Child Permanence Report (CPR) within the required timescale, the social worker will then need to complete a Coram BAAF PH form in conjunction with the birth parents (which provides basic background information on their health and family

history) and then book a pre-adoption medical with the medical secretary for the paediatrician as soon as possible.

5. At the Case Management Hearing, the social worker, in conjunction with the Joint Legal Team, will timetable dates for final evidence and the child's final Care Plan. These dates will need to allow sufficient time for sign-off of the CPR, and will also need to give consideration to the 26 week time limit for care proceedings.
6. During the course of proceedings, and once all assessments are received, the social worker will arrange Permanency Planning Meetings to confirm the final Care Plan.
7. The social worker will arrange a Child in Care Review in order to alert the parents to the Care Plan and gain IRO approval. Alongside this, the social worker will send letters to the parents to inform them of the Care Plan. The letters will include information about adoption, and will seek consent from the parents to refer them to the Birth Relative Service.
8. The social worker will need to make arrangements so that the final CPR can be sent to the agency decision maker (ADM) at least **2 weeks prior** to the Final Evidence and Care Plan date. In order to do this, the social worker will need to arrange a meeting with Adopt Thames Valley to finalise the CPR approximately **3 weeks prior** to when the ADM decision is required. The social worker will also need to allow time to review the CPR with their manager, before it is sent to ATV, along with any relevant documents (e.g. assessments and pre-adoption medical reports).
9. The social worker will complete the Final Evidence and Care plan, with the support of the Joint Legal Team case manager as appropriate, and send them to their team manager and/or assistant team manager **one week** prior to the filing date.
10. The Joint Legal Team will make an application for a Placement Order prior to the final hearing.

Section 3: The Corporate Parenting Service

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Family Placement (Fostering)

Please note that the below standards should be adhered to in relation to all forms of foster placement, including placements with local authority foster carers; family and friends carers; connected carers; and short break carers.

Prospective Foster Carers

The Family Placement Team will:

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

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

The Family Placement Team will:

- 11 Ensure that its Fostering Panel is constituted and that its members undertake their responsibilities in accordance with Regulations, National Minimum Standards, Statutory Guidance and relevant good practice. It will also ensure that Fostering Panels treat prospective foster carers and existing foster carers respectfully, openly and honestly, and without prejudice or discrimination⁵.
- 12 Make sure prospective foster carers/approved foster carers have access to their assessment or review report (and any other relevant reports), before a recommendation about approval/re-approval is made.
- 13 Provide applicants and foster carers with **at least 2 weeks** to read, correct and add to reports.
- 14 Ensure prospective foster carers/approved foster carers are invited to attend Fostering Panel on any occasion when their suitability is being considered, and will make them aware that they can bring a supporter (for moral and emotional support) with them.
- 15 Inform prospective foster carers and already approved foster carers as soon as possible whether they have been approved/re-approved, and will ensure that they are given the reasons for the decision.
- 16 Provide clear procedures for prospective foster carers and approved foster carers to make representations about qualifying determinations⁶, as well as for seeking a review through the Independent Review Mechanism (IRM).

After Approval

The Family Placement Team will:

- 17 Provide every foster carer with a written agreement (the Foster Care Agreement) setting out the terms of approval, the role and responsibilities as a foster carer and the role and responsibilities of the Family Placement Team.
- 18 Provide every foster carer with a copy of WBC's *Foster Carer Progression and Fees Policy*, as well as the *Fostering Allowance Scheme - Allowances Payable to Foster Carers* document.
- 19 Ensure that the Foster Care Agreement sets out clearly the number, age range and gender of the children and young people that may be placed with the foster carer(s) and the duration of the placement.
- 20 Provide foster carers with a Handbook containing all relevant policies, procedures and practice guidance, the content of which will be reviewed and updated regularly. The Handbook will provide clear information about how to make a complaint, and what happens if there is concern, complaint or allegations about foster carers.

⁵ There are separate detailed Standards of Practice for the Fostering Panel which are available to prospective and approved foster carers.

⁶ A qualifying determination is written notice from the Agency Decision Maker (ADM) informing applicants of their proposed decision not to approve the applicant(s) and the reasons why, or written notice to existing foster carers informing them of the ADM's proposed decision to change their terms of approval contrary to their agreement or to terminate their approval and the reasons why.

- 21 Provide efficient and effective systems for paying foster carers the cost of caring for any children or young people placed, as well as clear published policies and procedures on all payments available, including information about the skills, training and qualifications that are needed for different payment levels.
- 22 Demonstrate commitment to supporting, supervising, developing and training foster carers, making sure that they are familiar with - and work within - the Family Placement standards, policies and guidance, and that they are helped to provide high quality care to foster children/young people.
- 23 Provide every foster family with a supervising social worker (SSW) to support them. The SSW will visit and keep in touch with the foster carer(s) **at least monthly**, and will also undertake an unannounced visit **once a year**. As per WBC recording standards, each visit should be recorded on Mosaic **within 48 hours**. SSWs will attend meetings with foster carer(s) and act as a link between them and other teams in Children's Services and other agencies.
- 24 Have a variety of arrangements in place to support foster carers, including; cluster/support groups; activities for foster children/young people and the sons and daughters of foster carers; a Foster Carer Forum; and membership of the Fostering Network.
- 25 Make available out of hours support to foster carers in evenings and at weekends and public holidays, which is backed up by a Berkshire-wide Emergency Duty Service.
- 26 Ensure foster carers are informed at the earliest opportunity about any concerns, standards of care issues, complaints or allegations, and that they receive information and explanation about (and support during) any investigation. With serious complaints or allegations of abuse, the Family Placement Team will arrange for independent support from The Fostering Network.

Foster Carer Reviews

The Family Placement Team will:

- 27 Ensure that the necessary review systems are in place to make sure that foster carers are able to continue to provide good quality care.
- 28 Hold annual reviews of foster carer performance and the quality of care provided; a review meeting will be held with the foster carer(s) and the supervising social worker, and will be chaired by an independent reviewing officer.
- 29 Undertake foster carer reviews as a 2-way process and as an opportunity for the foster carers to give feedback about the service and support they have received. This discussion should also consider the uptake of relevant training by the foster carer, and any additional training needs that they might have.
- 30 Ensure the foster carer review incorporates the written views of the foster carers, other members of the fostering household, the supervising social worker, children/young people in placement (or who have been in placement during the period of review), the social workers responsible for

children and young people in placement (or who have been in placement), and the independent reviewing officer.

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

Making and Supporting Placements

The Family Placement Team will:

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

- 42 Be committed to placement stability for children/young people in foster care. The Team will seek to achieve this by working cooperatively and collaboratively with others to provide tailored and bespoke support to foster carers, and by making prompt, sensitive, flexible and solution focused responses when there is any prospect of a placement destabilising or being disrupted.
- 43 Support foster carers and their families before, during and after transitions for children/young people.

Children in Care

Becoming a Child Looked After

1. Children in Care will be provided with a clear explanation for the reason for coming into care. The Local Authority will endeavour to explore family and friends placements.
2. The Care Plan is the responsibility of the social worker and team manager. It must be prepared before the child is first placed by the authority, or if this is not practicable, within **10 working days** of the start of the first placement. A Care Plan must identify intended outcomes for the child and set objectives for work with the child, the birth family and the carers in relation to the child's developmental needs.
3. If the child/young person is accommodated under S.20 of the Children Act 1989, the signature of a parent who has parental responsibility will be obtained and the document saved on the child's Mosaic file. Exceptions to this may be required if the child is an unaccompanied asylum-seeking child, where contact with parents or carers is not possible.
4. When a child is accommodated, all relevant steps on Mosaic should be completed, with the *Child in Care* notification step sent **within 24 hours** of the child coming into care.
5. A Placement Planning Meeting will be held within **5 working days** of a placement move.
6. Children in Care will be provided with information regarding Advocacy and Independent Visitor services.
7. Children and young people will be made aware of the Local Authorities complaints procedure and how to make a complaint.

Health and emotional wellbeing

8. The Strength and Difficulties form (SDQ) will be completed with the care giver for all children who have been Looked After for at least 12 months and were aged between four (4) and sixteen (16) years (inclusive) at the date of their latest Health Needs Assessment.
9. Health assessments must be undertaken **twice a year** for children under five years of age, and Review Health Assessments (RHA) **annually** for children looked after aged five to 18 years. When

a child or young person comes into care they will have an Initial Health Assessment (IHA) - this is a statutory health assessment that is required to be completed within **28 days** of coming into care. It is completed by a paediatrician or an appropriately trained medical practitioner.

Care planning and reviewing

10. A review of the placement will take place within **28 days** of the child being placed. The second review will take place at **4 months**, and thereafter reviews will take place **6 monthly**. An updated Care plan/social worker's report will be completed and received by the IRO **5 days** before the review, along with the Personal Education Plan (PEP), and individual health plan.
11. Reports for Child in Care Reviews will be completed and signed-off by the manager **5 working days** before the review. A copy of the report will be shared with the child/young person - and the parents/carers where relevant and appropriate - at least **1 day** before the review. An interpreter and/or translation service will be made available to those where English is not their first language.
12. The social worker will ensure that children in care are consulted about who will be in attendance at the Reviews and that support is provided to them in order for them to participate within these meetings.
13. Care Plans and Pathway Plans will reflect the views, wishes and feelings of the children and young people. The social worker is responsible for providing verbal and written information updates for Children in Care Reviews.
14. Care Plans and Pathway Plans should be updated and recorded every **6 months** or following a significant event within **28 days**. A copy of the Pathway Plan will be provided to the young person within **14 days** of it being completed.
15. The social worker will liaise with health, education and other agencies/individuals involved with the child/young person (or their family) as part of the process of assessment and care planning.

Visiting

16. Children in care should be visited **within 1 week** of the start of their first placement, and **within 1 week** of the start of any subsequent placement. Thereafter, children in care will be visited on a **4 weekly basis**⁷. Visits should always involve the child being seen and spoken to. Each visit should be recorded as a *Children's Social Work Visit* on Mosaic.
17. Where a child is placed with a temporarily approved foster carer or with parents under an Interim Care Order, the child must be visited **weekly** until the first Child in Care Review. Thereafter the child must be visited **every 4 weeks** until the carer is approved, or a final hearing has been completed.

⁷ Following the first week of a placement, the statutory requirement for visits is 6 weekly. However, the WBC standard goes beyond this and requires visits at 4 weekly intervals.

18. Where a child is made subject to a Care Order and placed at home with parents, the child must be visited **weekly** up until their first Child in Care Review, and thereafter at intervals of no more than **4 weeks**. If the placement is agreed as the child's long-term placement, the intervals for visiting can be reduced to **3 months**, however this must be discussed and agreed by the service manager and IRO at the child's next available statutory review before being implemented.
19. Any visits with a Child in Care will be recorded on Mosaic **within 2 days** using the *Children's Social Work Visit* step. Any less significant contact should be recorded as a case note using the most appropriate type of Note.
20. Following a placement move Children in Care will be visited **once a week** for **4 weeks**.
21. Children in Care will be seen alone and if not the reasons will be clearly explained in the *Children's Social Work Visit* step on Mosaic
22. Children in more than one placement i.e. children placed in a residential school, and who are also in foster care or a residential home, must be visited at school at least once every term and seen in both settings.
23. Chronologies and case summaries will be updated regularly for all Children in Care (**at least 3 monthly**) and following any significant or noteworthy event. They will be meaningful and used to inform decision making and will highlight patterns and themes.
24. If the placement has been confirmed as the child's permanent placement (i.e. expected to last until the child is 18) OR if it is long-term and perceived as stable, the frequency of visits can be reduced to intervals of **once every 3 months**, however this must be discussed and agreed by the service manager and IRO at the child's next available statutory review before being implemented.

Education

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

Management oversight

27. Management oversights will be recorded following a significant event and/or decision; a noteworthy incident; a change of social worker; or any changes to visiting frequency. All safeguarding matters will be shared with the social worker and their line manager in the first instance or in their absence, with a duty worker. Missing and/or absent periods will be recorded on the child's record as a *Contact and Referral Record*. Return Home Interviews should be offered within **72 hours** following a period of missing and/or absence.

28. Case supervision will take place at least every **4 weeks** and will be recorded on Mosaic within **48 hours**.
29. Where a safeguarding concern is raised, a threshold decision will be made as to whether a multi-agency strategy meeting/discussion is required.
30. In cases where there are safeguarding concerns, risk assessments will be completed and updated **6 weekly**, or **within 24 hours** following a significant event.
31. Key information including legal status, Unaccompanied Asylum Seeking Children (UASC) immigration status, GP information, education, health and placement address will be up-to-date on the child's Mosaic record.

Unaccompanied Asylum Seeking Children (UASC)

32. UASC immigration status will also need to be recorded in the UASC-related options within the Legal Status section of Mosaic. Warnings on the front sheet will be up-to-date and relevant. The case front sheet will be updated as soon as there is a change of circumstances.

Family and significant others

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

Permanency Planning Meetings

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

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

When should a PPM happen?

3. If it is apparent that a child is likely to need a permanent placement from the onset of a looked after episode, the PPM must be held before the second statutory review. Thereafter the PPM will be held **3-monthly** (prior to the statutory review) which will feed into the care planning until permanency has been achieved. If a child/young person becomes looked after in an emergency basis a PPM will be held within **2 weeks**.
4. If there is no apparent prospect of reunification with the birth family following the first Child in Care Review a PPM should be convened no later than **2 weeks** after the first Review meeting. This will include children where adoption is a strong possibility.
5. Other criteria when a PPM is needed:
 - Whenever a PPM is needed due to the failure to achieve the Care Plan objectives
 - To address drift, especially when a child is in care under a Section 20 accommodation arrangement.
 - When long-term fostering is being considered.
 - Where there are potential risks to the stability of a permanent placement.
 - Where Adoption, Special Guardianship, or a Child Arrangement Order is necessary or being considered.
 - In cases where a Placement Order has been made, there is a requirement for a further statutory review 3 months and 6 months post-order to consider why the child has not been placed. A PPM should be called before these review points if continuing assessment of the child indicates Adoption may not be viable.
 - When a young person is due to leave care, and before the final Review meeting.

PPM attendance

6. The permanency planning meeting will be chaired by a Service manager, those invited are:
 - The allocated social worker and team manager.
 - The Here4U team manager.
 - The independent reviewing officer.
 - Family Placement social worker and team manager
 - A representative from Adopt Thames Valley (if adoption is an option and the child is under 8 years).
 - The current carers for the child/young person (Please note that a PPM is not a matching meeting)
 - Children's Advocate

Documentation

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

Agenda

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

Care Leavers

Definition of a care leaver

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

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

- **Extension to 25 years old** - If you are under 25 year old and previously open to the leaving care team, under the Children and Social Work Act 2017 you are entitled to return for support, contact the leaving care team and ask to speak with the duty officer.

Allocation of Leaving care personal advisor

1. Every Child in Care will have a Leaving Care Personal Advisor allocated to them by their 16th birthday. A care leaver's Personal Adviser (PA) must help the young person keep to their pathway plan, help the care leaver access services, and provide advice and support.
2. All workers should be clear on a care leaver's status and their allocated duties to them.

Contact and visiting

3. Contact with a Care Leaver will be based on assessed need and they will be advised on how to contact their PA or a duty worker if the PA is not available.
4. When young people turn 18 and become Care leavers, face-to-face contact should take place on an **8-weekly basis**. However, this contact can be made more frequent should the PA's assessment - or the young person's wishes and feelings - indicate that it would be beneficial to do so. The frequency of face-to-face contact should be considered carefully as part of the Pathway Plan review process, and amongst other factors, should reflect the young person's wishes and feelings, particularly as they become more independent and self-sufficient. Face-to-face contact should be recorded using the *CH - Leaving Care Follow Up Visit* step on Mosaic.
5. PAs need to stay "in touch" with all Care Leavers under the age of 21, with the frequency of this type of contact determined by the Pathway Plan, as well as the young person's wishes and feelings. The means of being "in touch" can include via telephone call, text, WhatsApp or email, and should be recorded as a case note.
6. Any visits with the care leaver will be recorded on Mosaic within **2 days** using the *CH - Leaving Care Follow Up Visit* step. Any less significant contact should be recorded as a case note, using the most appropriate type of *Note*.
7. Management oversight of care leavers who are Not in Touch and Missing will be recorded on Mosaic. (See the latest *WBC Guidance on Management of Care Leavers who are 'Not in Touch' and Missing* for more details.)

Young persons who are *Not in Education, Employment or Training* (NEET)

7. All Pathway Plans will need to consider the education, employment and/or training of the young person. For young people who are *Not in Education, Employment or Training* (NEET) an action plan will need to be formulated and reviewed on a monthly basis. The action plan will be recorded on Mosaic in a case note.

Chronologies/Case summaries

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

Pathway Plans and Planning

9. The creation of a young person's Pathway Plan will be triggered by the IRO when the young person is **15 years and 9 months** of age - or at the closest statutory review to this age.
10. Pathway Plans will reflect the views, wishes and feelings of the young person. The Personal Advisor is responsible for providing verbal and written information updates for Pathway Plans, particularly regarding: preparation for independence, move-on housing and accommodation, emotional wellbeing needs, education, training and employment, and financial and benefit issues and needs.
11. Pathway Plans should be updated and recorded every **6 months** or following a significant event within **28 days**. A copy of the Pathway Plan will be provided to the young person within **14 days** of it being completed.
12. The social worker/personal advisor will ensure that they assist young people in applying for benefits **1 month** before their **18th birthday**.
13. All key agencies will be notified of significant events and/or changes for the young person.
14. Planning for a move to independence will be undertaken in a timely way, ensuring that the young person's needs will be provided for by a range of accommodation options. Planning for a move to independence will take into account:
 - The young person's wishes and feelings;
 - Education, training, or employment needs;
 - Health needs (which will be set out in the individual's Health Passport);
 - The locality in which they want to live;
 - The type of accommodation in which they want to live (e.g. supported accommodation, supported lodgings, social housing);
 - If privately rented accommodation, the character and suitability of the landlord or provider;
 - The proposed accommodation's compliance with health and safety regulations.
15. Care Leavers will be provided with access to their Leaving Care Grant for setting up home in a planned way so that they do not move into their accommodation without the essential items needed. (See Staying Put Policy)
16. A Care Leaver in higher education will be supported to apply for a Higher Education Bursary and vacation accommodation if needed. (See University Policy)

17. A care leaver will be aware and have an understanding of the local offer. (See WBC's *Local Offer for care leavers* [here](#))
18. The *Birthday Case Note* needs to be updated on an annual basis. When the young person turns 18, this needs to be updated no later than **2 weeks** after their birthday. Any changes to the young person's circumstances that take place during the year will be recorded via the *Update care leaver's circumstances* step.
19. The local authority's duty to actively engage care leavers via Pathway Planning and remaining "in touch" stands until the age of **21** *unless* the young person is in higher education, or requires active support beyond this age. At 21, the young person can make the decision to no longer have formal local authority support via Pathway Planning or regular contact. Therefore, in these circumstances, the responsibility falls to the young person to contact the local authority for support as and when they might need it. The local authority does however still have a duty to reach out to these young people, to remind them off the opportunity of support where they have not been in touch for over a 12-month period, up to the age of **25**.

Management oversight

20. Management oversights will be recorded following a significant event or decision, a noteworthy incident or if a Care Leaver declines a service or any changes to visiting frequency. All safeguarding matters will be shared with the Personal Advisor's line manager in the first instance or in their absence, with a duty worker.
21. Missing and/or absent periods will be recorded on the care leavers record as a case note.
22. Case supervision should be recorded on Mosaic every **3 months**.
23. Key information including legal status, Unaccompanied Asylum-Seeking Children (UASC) immigration status, Leaving Care status, education, health and placement address will be up to date on the child's Mosaic record.

Unaccompanied Asylum-Seeking Children (UASC)

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

Complaints

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

Section 4: The Quality Assurance and Safeguarding Service

Author: **Sara James**, Service Manager, Quality Assurance and Safeguarding Standards

Child Protection Conferences

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

18. As a minimum, every conference should be attended by Local Authority Children's Social Care, and **at least two other professional groups** or agencies that have had direct contact with the child.
19. The Independent Chair will make the final decision regarding an inquorate conference proceeding. The reasons for proceeding or not proceeding will be recorded by the Chair.
20. If the decision of an inquorate conference is to discontinue the plan the Chair should seek the views of those agencies involved with the child in writing **within 10 working days of the conference** and written responses should be received back **within a further 10 working days**.
21. Where a conference does not go ahead the Chair will ensure that an interim Child Protection Plan is in place, or an existing plan is reviewed with attending professionals and family members.
22. If the Chair identifies any concerns regarding the actions/contribution of any participating agency the Chair will address this through discussion or email with the person involved and where relevant with their line manager.
23. Any issues arising from the quality audit of conferences will be shared through this process.
24. The Chair is responsible for decisions made in the conference. If there is any disagreement with the decisions made, attending agencies should speak initially with the Chair who will note any dissenting views.
25. There should be a clear presumption against removing children from CP plans at the first review child protection conference (RCPC), unless explicit, limited, and clear criteria have been met. These would be likely to include a major change in circumstance (e.g., the permanent removal of a key risk factor). Such decisions should not be based solely on the perceived progress of the CP plan at such an early stage.

Conference chairs and managers should always be vigilant as to the continuing thresholds for CP planning as time goes on, particularly when the reasons for the original CP plan become less relevant and are superseded by other issues.

26. If an agency does not agree with a decision or recommendation made at a Child Protection Conference, their professional dissent will be recorded in the record of the conference.
27. Professionals should use the Escalation Procedure for professional disagreements in local safeguarding partnership procedures as soon as practicable after the conference has concluded.
28. Where possible, should any agency attending the conference have a concern or issue to raise regarding the conference process or Chair; they should initially speak directly to the Chair to address and resolve the concerns. If they remain unsatisfied with the outcome, they can then put their concerns formally in writing to the Service Manager for the Quality Assurance and Safeguarding Team. The concerns will be investigated, and a formal response will be given to the agency raising the concern.
29. Following each conference, the Chair will complete a quality audit form which looks at a range of factors which impact on the function of a conference. Questions will include timeliness of reports, were reports shared with the family before the conference, participation of children and parents, quoracy and multi-agency input.
30. Evaluation questionnaires will be used quarterly to seek feedback on the conference. This feedback will be collated and shared alongside the quality audit reports.

31. The Quality Assurance Service Manager will take account of information from the questionnaire and quality audit forms and carry out case file audits to monitor the quality of Conferences and outcomes.

Additional Local Arrangements for Participatory Child Protection Conferences:

32. The Child Protection Chair will seek to have early conversations (**minimum 3 working days** before the conference) with the social worker regarding the case and conference arrangements and to discuss the mapping, Danger Statements, Safety Plan and Trajectory developed prior to initial conference.
33. The Child Protection Chair will make sure the child's voice is clearly communicated in conferences.
34. The Child Protection Conference will consider the diversity, cultural heritage, and identity of the child.
35. The Child Protection Conference will promote the involvement of the child's friends and family network, identified during the Child and Family Assessment.
36. The Child Protection Plan will focus on safety planning and include a contingency plan if the agreed actions are not completed and/or circumstances change impacting on the child's safety and welfare.

Reviews for Children in Care

37. The primary task of the IRO is to ensure that the care plan for the child fully reflects the child's current needs and that the actions set out in the plan are consistent with the local authority's legal responsibilities towards the child.
38. The IRO will chair the child's review, to review the effectiveness of the Care Plan and decide on what actions are necessary to meet the child's reviewed needs, make recommendations as to how these should be met through the care planning and review process and check that the local authority has made appropriate arrangements.
39. All children in care will be appointed an IRO **within 1 working day** of the notification that a child has come into care.
40. The statutory duties of the IRO are to:
 - monitor the performance by the local authority of their functions in relation to the child's case;
 - participate in any review of the child's case;
 - ensure that any ascertained wishes and feelings of the child concerning the case are given due consideration by the appropriate authority; and
 - perform any other function which is prescribed in regulations.
41. The Placement Arrangements Form and Child in Care notification process will be completed on the same day that a child comes into care.

42. A planning meeting will be held before a child comes into care unless this is an emergency. In these cases a placement planning meeting must be held within **5 working days** and a Care Plan will be written within **10 working days** of the child coming into care.
43. A Personal Education Plan Meeting will be held within **20 days** of the child coming into care.
44. The Health Assessment will be completed within **28 days** of the child coming into care.
45. The first review will take place within **20 working days** of the date that the child coming into care.
46. The social worker will complete a set up/invite form and send it to CIC Admin email **15 days** before the review is held.
47. The IRO will speak to the social worker about the invites and any issues affecting the review meeting in advance of it taking place.
48. Invitations will be completed and sent out with consultation papers by the Child in Care Admin Team **at least 10 working days** prior to initial review date.
49. The social worker will send the review report on Mosaic to the IRO **3 working days** before the review.
50. The Health Care Plan and the Personal Education Plan will also be made available to the IRO **3 working days** before the review.
51. The IRO will speak to the child in private before the review.
52. A written record of decisions or recommendations will be entered onto Mosaic and sent to the social worker and team manager within **5 working days** of the review.
53. If the CSC manager does not agree with any of the actions and decisions made, they should inform the IRO **within 5 working days**.
54. A full written record of the review, including the decisions taken, should be completed and distributed **within 20 working days** of the completion of the review.
55. A mid-term review will take place at approximately **3 months** following the review.
56. The IRO will meet the child/young person prior to the review taking place.
57. The IRO will meet with the social worker **at least 15 working days** before the next review to discuss core issues affecting the review meeting.
58. The IRO will monitor the case and progress on the Care Plan and will set the date for the mid-term review.
59. The Second Review will take place within **3 months (91 days)** of the initial review.
60. Invitations to the Second Review will be completed and sent out with consultation papers at least **10 working days** prior to the review date.

61. The social worker will provide an outline permanency plan at **the 2nd review** and will be prepared to discuss the permanency options being considered for the child.
62. When a child has been placed for adoption, the child's review will be subject to the Adoption Agencies Regulations until an adoption order is made. The first review must be held **no more than 4 weeks after placement**, the second **no more than 3 months** after this, and subsequent reviews held at **6-monthly intervals** until an adoption order is made.

Reviews for Children in Short Breaks

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

70. An Annual Report on the activity of the IRO service will be completed and presented to the Corporate Parenting Panel [a requirement of the IRO Handbook] and other boards as required.

Managing Allegations and the Role of the Local Authority Designated Officer

71. The role of the Local Authority Designated Officer (LADO) is to be involved in the management and oversight of allegations of abuse which have been made against a person who works with children.
72. The LADO must be informed of **all** allegations that come to the employer's attention **within 1 working day**.
73. The LADO will respond to enquiries **within 1 working day** and will provide advice and guidance to employers and voluntary organisations, liaise with the police and other agencies, and monitor the progress of cases to ensure they are dealt with as quickly as possible.
74. An allegations strategy meeting will be held **within 2 working days** of receipt of the allegation. (Child led strategy meetings will be convened **within 1 working day**).
75. Notes of the meeting will be recorded and distributed following the meeting **within 2 working days**.
76. If the investigation continues any dates for subsequent reviews should be set at the meeting.
77. Once the outcome is known, the LADO should advise the employer whether referrals should be made to the DBS or to a Regulatory Body.
78. There are no set timescales for completion of cases but guidance recommends that 80% of cases should be resolved within 1 month, 90% within 3 months, and the remainder within 12 months.
79. The LADO will provide an Annual Report providing information about the sources and nature of referrals, the outcomes and any themes arising.

Section 5: Recording

Authors:

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Overarching principles

Case recording on social care records should be consistent, timely and accurate.

As per the Children Act 1989 *“good case recording is important to demonstrate the accountability of staff...it helps to focus the work of staff and supports effective partnerships with service users and carers. It ensures there is a documented account of the responsible authority's involvement with individual service users, families and carers and assists with continuity when workers are unavailable or change”*.

Further to the above, in the case of RE M and N (Children) the Family Court also advised that social workers/practitioners must make contemporaneous notes which form a coherent, contemporaneous record. The notes should be legible, signed and dated and record persons present during the meeting/conversation in question. The notes should be detailed and accurately attribute descriptions, actions and views etc.

In this context, social care records should always:

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

Recording Timescales

EVENT / PLAN	MOSAIC STEP (<i>DOCUMENT</i>)	TIMESCALE FOR COMPLETION
Contact & Referral	CH – Contact / Referral Record	Within 24 Hours
Child & Family Assessment	CH – Child and Family Assessment	Within 45 days of referral date, or within 5 working days of assessment completion.
Chronology	CH – Start / Update Chronology	Within 3 months of previous chronology / case start date*
Supervision	CH – Case Supervision (<i>CH Case Supervision (1:1)</i>)	Within 5 working days of supervision
Case Summaries	CH – Case Summary (<i>CH – Case Summary</i>)	Every 3 months, or within 5 working days of a significant event

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

Child Protection

EVENT / PLAN	MOSAIC STEP (<i>DOCUMENT</i>)	TIMESCALE FOR COMPLETION
Initial Strategy Discussion/Meeting	CH – Strategy Discussion	Within 24 Hours of meeting
Initial Child Protection Conference	CH - <i>Child and Family Assessment, or Subsequent Child and Family Assessment</i>	2 working days prior to the conference
	CH – Initial Child Protection Conference (<i>Initial Child Protection Conference Outcome</i>)	Within 24 Hours of ICPC
	CH – Initial Child Protection Conference (<i>Conference Chair Checklist</i>)	Within 24 Hours of ICPC

EVENT / PLAN	MOSAIC STEP (DOCUMENT)	TIMESCALE FOR COMPLETION
	Child Protection Conference Minutes	Within 10 working days of ICPC
Review Child Protection Conference	CH – Prepare Report for Review CP Conference (<i>Social Worker Report to Review CP Conference</i>)	5 working days prior to the conference
	CH – Review Child Protection Conference (<i>Review Child Protection Conference Outcome</i>)	Within 24 Hours of RCPC
	CH – Review Child Protection Conference (<i>Conference Chair Checklist</i>)	Within 24 Hours of RCPC
	CP Conference Record	Within 10 working days of RCPC
Core Group Meeting	CH - Child Protection Plan and Core Group Meeting	Within 5 working days of Core Group Meeting
Management Oversight relating to Child Protection	Case Notes	Within 24 Hours

Child in Care and Care Leavers

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

EVENT / PLAN	MOSAIC STEP (<i>DOCUMENT</i>)	TIMESCALE FOR COMPLETION
Child in Care Review Meeting (continued)	CH – SW Report for Second LAC Review (<i>Child or Young Persons Looked After Review</i>) CH – SW Report for Subsequent LAC Review (<i>Child or Young Persons Looked After Review</i>)	
	CH – Record of 1st LAC Review (<i>Decisions from the Child In Care Review</i>) CH – Record of Second LAC Review (<i>Decisions from the Child In Care Review</i>) CH – Record of Subsequent LAC Review (<i>Decisions from the Child In Care Review</i>)	Decisions recorded within 5 working days of the review; Report provided within 15 working days of the review

Management Oversight

Management oversight is required for decisions that are made for children when key events occur.

This is because managers have a responsibility to ensure that:

- plans are progressing in a timely way;
- there is consistency in our approach for children and young people; and
- social workers are supported in managing risk, by making sure that key decisions are made collectively.

When reviewing work that requires management oversight, managers should always give careful consideration to the quality of the work before it is signed-off. For example, it is particularly important that any case recording, assessments or review reports are written *for* the child or young person and their family.

Recording should also be as free from jargon as possible, respectful, without bias, non-judgemental and should use language that cares. It is important to remember that children's files have a range of viewers, with the most important being the child themselves.

Where a Management Oversight include specific case direction, the manager should also include an indication as to when and how our progress to that direction will be reviewed in the future.

When recording management oversight or decisions in case notes, the **'Management Oversight'** option should be used. Please do not use the "Management Decision" option. Work is currently underway to remove this from Mosaic. There is a Management Decision step that can be used if there is a need to trigger a workflow.

Below is a list of key events that require management oversight from Assistant Team Managers, Team Managers, Service Managers and the Assistant Director, together with where the oversight will be recorded on Mosaic.

Child in Need/Child Protection		
Event	Level of MO Required	Where on MOSAIC
Late completion of a Section 47	TM	CASENOTE
Parent carer refuses Child and Family Assessment	ATM and TM	CASENOTE
Contact received relating to an employee (conflict of interest)	TM and SM	CASENOTE (The file would also be restricted by Mosaic team and they will record the reason)
Allocated for assessment but child not seen within 3 days	ATM	CASENOTE
Strategy discussion triggers S47 but child not seen within 1 day	TM	CASENOTE
Referral to LADO	ATM	CASENOTE
Decision to convene a Legal Planning and decision making at legal planning meeting	SM	Legal planning document
Decision to accommodate a child (including S20)	SM	STEP
Section 47 - decision to go to conference or not	ATM and TM	S47 STEP
Assessment sign-off	ATM	STEP
Delay in case transfer (if not within 15 day must be escalated to SM)	TM and then SM	CASENOTE
Significant injury to a child	TM and SM	CASENOTE
Unexplained/unexpected death	TM and SM	CASENOTE
Oversight of Children subject to plans for second or subsequent time	TM and SM	CASENOTE
Oversight of Children subject plans for 12 months plus	TM and SM	CASENOTE
SW recommendation to continue CP plan	ATM	STEP
SW recommendation to discontinue CP plan	ATM AND TM	STEP
SW recommendation to discontinue CIN plan	ATM AND TM	CASENOTE
Late reports to conference	TM	CASENOTE
SM oversight for an ICPC going out of 15 days timescales	SM	CASENOTE
Emergency/Immediate Placement with Parents	TM then SM AD	CASENOTE
Child protection or Child in Care visit out of timescale	ATM and TM	CASENOTE
Parents refusing/preventing child being seen	TM	CASENOTE

Child in Care		
Event	Level of MO Required	Where on MOSAIC
Late health assessments	TM	CASENOTE
Late reports for CIC reviews	TM	CASENOTE
Reg 24 placements	AD	STEP
Court Care plan sign off	TM SM	PERMANCY PLANNING MEETING Court care plan EDRMS
Emergency/Immediate Placement with Parents	TM then SM AD	STEP
Child protection or Child in Care visit out of timescale	ATM and TM	CASENOTE
Parents refusing/preventing child being seen	TM	CASENOTE
CIC care plan decision sign off	ATM TM	STEP
Child signing themselves out of care	Director	CASENOTE

Family Placement		
Event	Level of MO Required	Where on MOSAIC
Prospective Carer allocation	ATM	STEP
Prospective Carer Preparation Group	ATM	STEP
Allocated for prospective carer assessment	ATM	STEP
Prospective Carer Assessment sign-off	ATM	STEP
Private Fostering Assessment sign-off	ATM or TM	STEP
Checks (out of area, references, medical and DBS)	ATM	STEP & Docs
Panel Approval Decision and Letter	ADM and ATM	STEP & Docs
Exemptions/Variations to approvals	TM, SM and ADM	CASENOTE & Docs
Respite Request	TM and SM	CASENOTE & Docs
Back up carer assessment	ATM and TM	CASENOTE & Docs
Placement Risk Assessments	ATM or TM	CASENOTE & Docs
Referral to LADO	ATM or TM	CASENOTE
Decision to undertake allegation management/standards of care investigation	ATM and TM	CASENOTE
Resignation and termination	ATM, TM and ADM	STEP & CASENOTE
Annual Review Report	ATM and IFRO	STEP & Docs
Case supervision	ATM and TM	STEP
Critical incident reports	ATM, TM and SM	CASENOTE & Docs
Viability Assessments	ATM or TM	STEP
Connected Carers Fostering Assessment	ATM or TM	STEP
SGO Assessments	ATM or TM	STEP
SGO Plans	ATM or TM and SM	STEP
Financial Requests	TM	CASENOTE

Document Storage

Document Location

Wokingham's Electronic Document and Records Management System (known as EDRMS) is the Council's method of storing and managing digital information including Word documents, emails, images and scanned paperwork. A link from Mosaic allows practitioners to easily access documents saved in EDRMS without leaving the system.

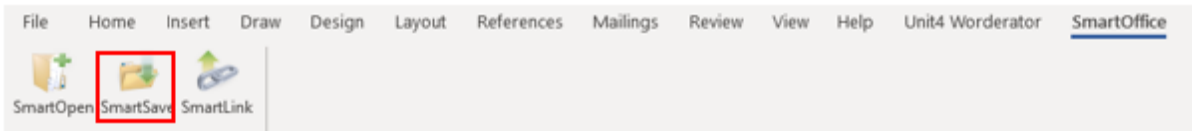
All documents relating to a child's file should be saved to the EDRMS system. To do this, a practitioner should use the **SmartSave** function (available via the Smart Office tab). Instructions on how to do this are included below.

It should be noted that whilst Mosaic currently has the option of allowing users to save documents directly against a child's file, generally this functionality should not be used. The only time it would be appropriate, is when the document in question is embedded with a Mosaic step as a template - for example an exemplar form for an assessment. On these occasions, it may also be appropriate to save additional documents into the Mosaic step, where these are relevant to the piece of work being recorded - for example a child's drawing that was completed during an assessment.

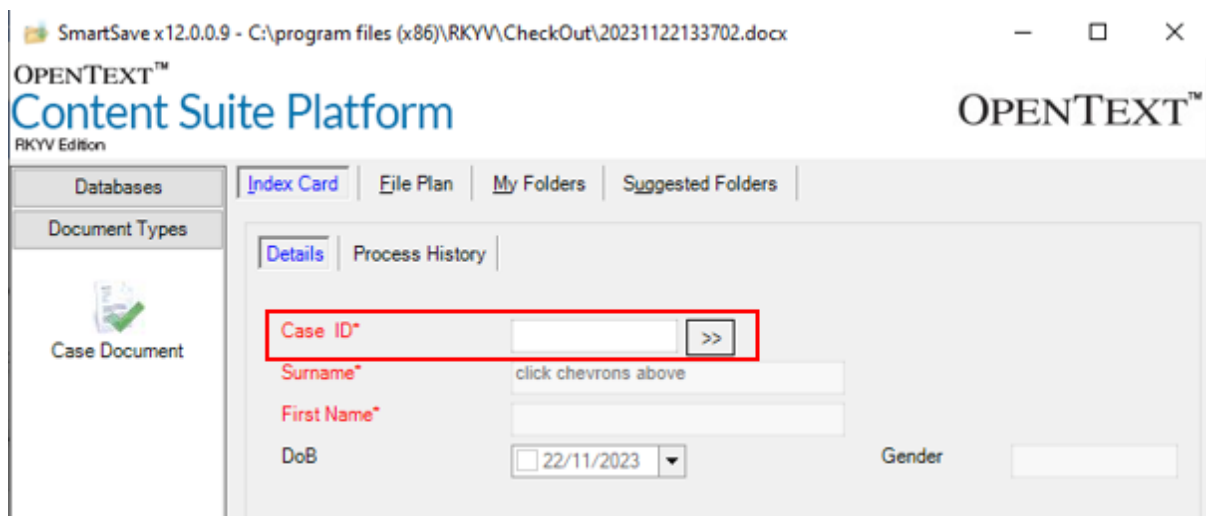
Using SmartSave

The following provides an overview of the process of saving a document via SmartSave:

1. From an Office application (Word, Excel, Outlook) select 'SmartOffice' from the menu at the top and click on 'SmartSave'.



2. The EDRMS interface opens with a form, and you need to enter the Mosaic ID in the Case ID field and click the chevrons to retrieve the child's details from Mosaic.



3. The child's name, date of birth and gender are retrieved from Mosaic as shown below.

A screenshot of a web form with the following fields:

- Case ID***: Text input containing '508286' with a '>>' button to its right.
- Surname***: Text input containing 'Test'.
- First Name***: Text input containing 'Client'.
- DoB**: A date selector with a checked checkbox and a dropdown menu showing '15/11/2017'.
- Gender**: A dropdown menu showing 'Male'.

4. Complete the form with the details of the document, ensuring that the document name follows the agreed naming convention (see next section).

A screenshot of a web form for document creation with the following fields:

- Document Name***: Text input with placeholder text: 'Date (YEAR/MONTH/DAY), Name of document, Mosaic ID'.
- Author**: Text input containing 'Norman Horrocks'.
- Original Date Created***: A date selector with a checkbox and a dropdown menu showing '22/11/2023'.
- Service Area***: A dropdown menu showing 'CHILDREN SOCIAL CARE'.
- Category***: An empty dropdown menu.
- Sub-Category***: An empty dropdown menu.
- Allocate to Practitioner***: A dropdown menu showing '.DO NOT ALLOCATE' with a note '(if using Indexed or Forward button)'.
- Notes**: A large text area for additional information.

5. Click the 'Save' button at the bottom of the form to finish and save the document to EDRMS.

6. Documents saved in this way can be viewed in Mosaic from the Documents > SMARTOPEN link.

A screenshot of the Mosaic user interface showing a navigation menu and a person summary page:

- Navigation Menu**: Home, People, Organisations, Workers, Contracts, Finance, Re...
- Person Summary**: Person summary - Mr Client Test (508286) born 15 Nov 2017 (6 years...
- Person details**: A sidebar menu with options: Person details, Start, Case notes, Documents, Visits.
- Documents**: A dropdown menu under 'Documents' showing 'Forms and letters' and 'SMARTOPEN' (highlighted with a red box).
- Access Restriction**: A red warning banner: 'Access to this record is restricted'.
- Demographic information**: A blue header for a section with a 'Change' link.

7. The SMARTOPEN link shows the list of EDRMS documents as in the example below.

SmartOpen Links

OPENTEXT™ | Content Suite Platform RKYV Edition

	P.	F.	Document Name	Author	Original Date Created	Category	Sub-Category	Case ID	Surname	First Name	Service Area
	2007892	1	20231109091...	Norman Horrocks	09/11/2023	Historical Documents	1 Key Information	508286	Test	Client	CHILDREN SOCIAL CARE
	1994198	1	2... ED RMS Test...		21/09/2023	Historical Documents	7 LAC Paperwork	508286	Test	Client	CHILDREN SOCIAL CARE
	1992969	1	2... ED RMS Test...	Helen Joy	19/09/2023	Key Information	Other	508286	Test	Client	CHILDREN SOCIAL CARE
	1992950	1	2... ED RMS Test...	Helen Joy	19/09/2023	Key Information	Other	508286	Test	Client	CHILDREN SOCIAL CARE
	1991103	1	2... Test documen...	John King	11/09/2023	Historical Documents	1 Key Information	508286	Test	Client	CHILDREN SOCIAL CARE
	1988317	1	2... ED RMS Test		30/08/2023	Historical Documents	7 LAC Paperwork	508286	Test	Client	CHILDREN SOCIAL CARE
	1982813	1	1 Test		07/08/2023	Historical Documents	1 Key Information	508286	Test	Client	CHILDREN SOCIAL CARE
	1982002	1	2... ED RMS Test o...	Helen Joy	02/08/2023	Historical Documents	5 Correspondence	508286	Test	Client	CHILDREN SOCIAL CARE
	1981373	1	1... Testing JK		01/08/2023	Historical Documents	1 Key Information	508286	Test	Client	CHILDREN SOCIAL CARE
	1977577	1	3... Test doc	JK	19/07/2023	Historical Documents	1 Key Information	508286	Test	Client	CHILDREN SOCIAL CARE

Note that the 'Forms and letters' area contains any Mosaic templates (forms) completed within a step. A separate tab called 'Attachments' contains any additional documents which have been attached to steps. Examples are shown below.

Forms and letters | Attachments

Documents shown for this person only

Show 15 entries Search:

Document	Category	Sub-category	Type	Subjects	Date	Step status	Actions	Download
CH - Case Supervision	Key Information	Other	FORM		23/11/2023 16:24:08	Completed		<input type="checkbox"/>
CH - Chronology	Key Information	Chronologies	FORM		22/11/2023 10:15:17	Completed		<input type="checkbox"/>
Children's Social Work Visit	Key Information	Visits (CSC)	FORM		13/11/2023 10:04:53	Completed		<input type="checkbox"/>
CH - Group Supervision	Key Information	Other	FORM		06/11/2023 11:50:56	Completed		<input type="checkbox"/>

Forms and letters | **Attachments**

Documents shown for this person only

Show 15 entries Search:

Document	Category	Sub-category	Type	Subjects	Date	Actions	Download
Timetable ORB.docx	Child Protection	Visits	docx		27/02/2023 13:58:37		<input type="checkbox"/>
EDS8110 - RECORD OF CHILD PROTECTION STRATEGY TELEPHONE DISCUSSION ON 26.11.2022	Child Protection	Meetings and Reviews	doc		28/11/2022 11:36:59		<input type="checkbox"/>
PDF follow up strat.pdf	Child Protection	Meetings and Reviews	pdf		09/11/2021 15:17:00		<input type="checkbox"/>

File Names

When saving to EDRMS, is it important that the correct naming convention is used, so that documents are easy to locate and retrieve.

The agreed naming convention for Wokingham documents is as follows:

Date (in YEAR/MONTH/DAY format), Name of document, Mosaic ID

For example, if a member of staff is required to upload the minutes of a LADO Meeting that took place on the 12th of September 2023, and the subject of that meeting was John Smith, Mosaic ID 123456, the file name would be as follows:

20230912 LADO Meeting 123456

Some documents may also have an additional unique reference number that should be added to the file name. These should be included alongside the document name after a hyphen, as follows:

Date (in YEAR/MONTH/DAY format), Name of document - Unique Reference, Mosaic ID

For example, if a member of staff is required to upload a police report for the family of John Smith, which took place on the 12th of September 2023, and the unique occurrence number of that report is 111111, the file name would be as follows:

20230912 Police Report - 111111 123456

In the case of split meetings, where it is necessary to distinguish the documents by participant, the individual's relationship to the child should be used as the unique reference, as follows:

Date (in YEAR/MONTH/DAY format), Name of document - Relationship to child, Mosaic ID

For example, if a member of staff is required to upload the minutes of a split PLO Meeting for John Smith, which took place on the 12th of September 2023, and where only the mother was in attendance, the file name would be as follows:

20230912 PLO Meeting - Mother 123456

Further points to note:

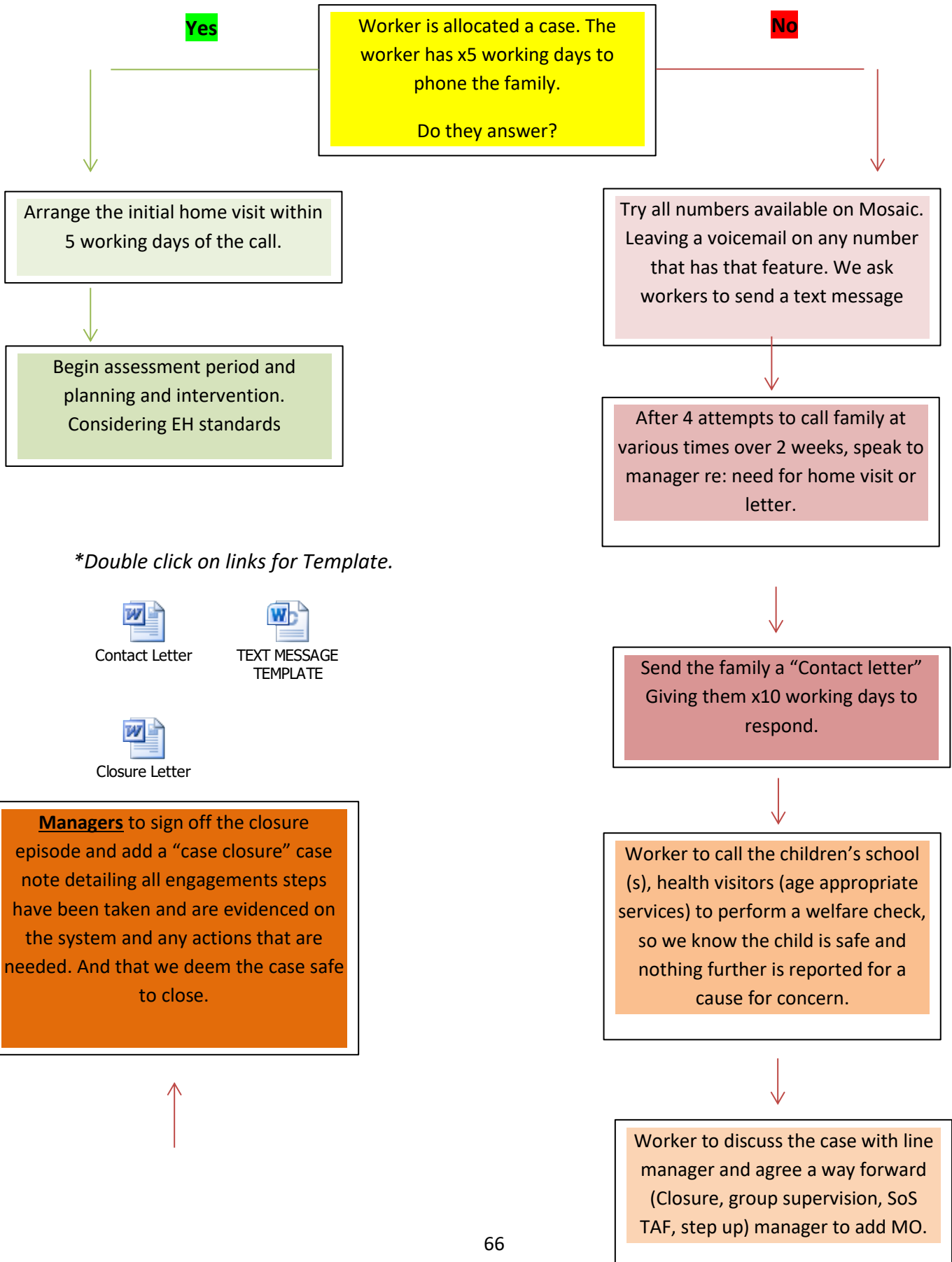
- Meeting names or references should not be written in caps, unless they refer to acronyms.

For example: "CP Conference - Father" would be an acceptable unique reference, whereas "CP CONFERENCE - FATHER" would not.

- Before saving a file, staff members should always check to see if the document already exists under a different name. This may add more time to the process, but it is an essential task in ensuring our file management system is as effective as possible.
- Should a social care practitioner have any questions about this guidance, they should contact their relevant Business Support lead, who will be able to support them as required.

Appendix 1: Engagement Process & Criteria

Engagement Process / Criteria



Appendix 2: Guidance for Strategy Discussion Agenda

1. This is a strategy discussion for:

Check with agencies present the accuracy of Child's details, D.O.B address. Details of Siblings, Addresses and whether children are known to have additional needs/EHCP

Specify Children that we are speaking about today and children in the home/ children that may be discussed as part of the discussion.

2. We convene a Strategy discussion when we have received information which indicates that a child has suffered or is likely to suffer significant harm. The purpose of the Strategy Discussion is to decide whether a **Section 47 Enquiry** is required and if so, to develop a plan of action. Information shared should be the view of the agency the individual is representing and not personal opinion.
3. Basic meeting rules - mute/ raise hands/ confirm mins of the meeting, summary not word for word. When to expect actions - should be the same day, when to expect minutes.
4. Introduce chair.
5. Introduce attendees. Is there representation from every agency working with the child? Is anyone/any agency missing – specify which, together with how information will be shared and by whom. (e.g. was GP /RBH invited)
6. Social worker to share available information leading to this STRAT.

This could include a specific incident, dates and also any historical and current involvement with CSD.

7. Other professionals to share their information which should be proportionate and relevant to the purpose of the strategy meeting.
8. What else we need to know or think about, strengths what reduces any of our worries?
9. Manager to summarise the concerns, what we are worried about, any complicating factors and what is working well.
10. Now we need to decide whether there is reasonable cause to suspect that the child is suffering, or likely to suffer, significant harm.

Use Scaling question - example question:

0= There is evidence to suggest that the child is suffering or is at risk of suffering serious and enduring/lasting harm

10= While we may have worries that may/may not lead to further work and/or assessment with the child, the child is safe, there is no evidence that what has happened/is likely to happen will cause serious harm to the child's development.

11. If agreed that the threshold is met for Section 47 decision as to whether Joint or single investigation.

12. Detail any immediate actions to safeguard and/or next steps.