

Children first and at the heart of all we do

CHILDREN'S SERVICES PRACTICE STANDARDS

Introducing Our Practice Standards -

Dudley's Restorative Strengths-Based Practice Framework is founded on the fundamental idea that families and their networks are of primary importance and the most important influence on improving outcomes for children. (See Related Documents below)

Our Practice Framework sets out the beliefs and values that inform our practice and defines what good practice looks like.

The guiding principles of our practice framework are:

- The safety and wellbeing of the child is paramount, and all our judgements and decisions reflect this
- Children and Families are the experts in their own lives
- Every child and family have strengths, which they can draw and build on
- We best serve children and families through collaborative work
- Every decision about a child is important and made with the right oversight and openness to challenge
- We each take responsibility for our own practice and professional judgement



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The practice standards set out specific expectations in 5 key aspects of practice. Some of the standards apply across the board for all children and others differ depending on the statutory basis of our intervention. The standards enable us to:

- provide a consistent approach to working with our children, young people and their families
- have a shared understanding of what good looks like for our children
- measure the quality of our practice.

The standards are derived from statutory guidance and agreed best practice.

The Five Core Standards.

Visiting Children and Young People: Practitioners will see and speak to children often enough to understand their lived experience and ensure we are providing purposeful help to their families.

Assessments: Assessments will be undertaken in partnership with parents and other agencies who know them, completed as swiftly as the complexity allows, and the outcome will be reported back to the family and contributing professionals.

Planning and Permanence: All children have an impact and outcome focussed plan which is expressed in SMART terms, and which is understood by everyone involved in it.

Recording: Children's files hold up to date information, which shows how we are carrying out statutory responsibilities, and is written clearly and respectfully so it will be comprehensible to the people we are writing about.

Managerial Oversight and Decision Making: Work with families takes place with the support and challenge of managers who ensure decisions are made carefully and in a timely way.



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1. Visiting Children and Young People: Practitioners will see and speak to children often enough to understand their lived experience and ensure we are providing purposeful help to their families.

All children allocated a children's service practitioner to support their care at home	<ul style="list-style-type: none"> Children should be seen alone. Where there are reasons this is not possible or appropriate the decision will be made with a manager and recorded on the child's file. Direct work with children will be purposeful and meaningful using appropriate tools and activities to engage and work with the child. Children should be provided with an informal or formal advocate if required to support them to express their wishes and feelings. 	Practitioners and team managers
Children Receiving Early Help	<ul style="list-style-type: none"> The frequency of contact is set out in the child's plan, sufficient to enable assessment and intervention to be effective and to allow for a credible review of the child's progress. 	Early Help practitioner
Children in Need	<ul style="list-style-type: none"> Children will be visited at least every 6 weeks as agreed with the Team Manager and detailed in the child's plan. 	Social Worker
Child Protection Enquiries	<ul style="list-style-type: none"> If a Section 47 enquiry is being undertaken the child will be visited no later than 2 working days after the strategy meeting with additional visits according to their needs and the level of risk. 	Social Worker
Children Subject of Child Protection Plans	<ul style="list-style-type: none"> Children will be seen within a maximum of 48 hours following the Initial Child Protection Conference. Thereafter, as agreed at Child Protection Conference & Core Group, at least once every 10 working days. 	Social Worker



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<p>Children who are in our care</p>	<ul style="list-style-type: none"> • On the day the child is placed, then within 1 week of the beginning of the placement • Intervals no longer than six weeks during the first year of any placement • Every six weeks during subsequent years unless formally agreed as a permanent placement and once agreed, at intervals of not more than three months • Whenever reasonably asked for by a child or foster carer, regardless of placement status. • Where the child has a series of short breaks, they are seen as a minimum twice a year in that setting (at least once unannounced) 	<p>Social Worker</p>
<p>Children and young people who are placed in a series of short breaks</p>	<ul style="list-style-type: none"> • Within the first seven placement days then within 3 months of the first placement day. • Intervals of no less than six months after the first visit Unannounced at least once a year if placements interval is more than six months • At least annually the child's sleeping arrangements will be seen 	<p>Social Worker</p>
<p>Children placed in an adoptive placements</p>	<ul style="list-style-type: none"> • Within the first week of the placement and weekly thereafter until the first review • Thereafter, the frequency of visits is determined at the child's Adoption Review or, if not specified, every six weeks for the first year and after this, three-monthly. • Additional visits are arranged where there are any concerns. • Link worker visits as per Placement Plan, until Adoption Order made or placement ended 	<p>Social Worker</p>

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Privately Fostered Children	<ul style="list-style-type: none"> • Within 9 days (7 working days) from the date of notification to the local authority • Intervals of not more than six weeks during the first twelve months • Intervals of not more than 12 weeks in any 2nd or subsequent year 	Social Worker
Children with temporarily approved foster carers or parents under Interim Care Order	<ul style="list-style-type: none"> • Weekly until the first review • Every four weeks thereafter until the carer is approved or final hearing completed. 	Social Worker
Children made subject to a Care Order and placed at home with parents	<ul style="list-style-type: none"> • Social Worker will visit children placed at home with their parents within one week of the placement and thereafter every six weeks. • If a child is placed with parents pending assessment, social work visits must take place at least once a week until the first Looked After Review, thereafter at intervals of not more than six weeks. 	Social Worker
Children reported missing	<ul style="list-style-type: none"> • The 'children missing/missing from care' (link) procedures are followed – • Visited within 72 hours of the child's return, referring to the above procedures 	Social Worker
Children in more than one placement - residential school and foster care or residential home	<ul style="list-style-type: none"> • Visited in each living situation, at least every 12 weeks 	Social Worker
Young people aged 18-25	<ul style="list-style-type: none"> • At least every 2 months by their personal advisor. • In addition keeping in touch by phone, text or email based on the YP's preference frequency and type of contact agreed with the YP and set out in their Pathway Plan 	Social Worker



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2. Assessments: Assessments will be undertaken in partnership with parents and other agencies who know them, completed as swiftly as the complexity allows, and the outcome will be reported back to the family and contributing professionals.

All Children	<ul style="list-style-type: none"> • The child (depending on age and understanding) and the family know about the assessment and are actively involved in any assessment. • Their <i>informed</i> consent to undertake agency enquiries has been gained unless there is a clear safeguarding issue that makes this inappropriate (this decision will be recorded by the manager) 	Practitioner and Team Manager
All children	<ul style="list-style-type: none"> • Assessments are informed by children's wishes, feelings and lived experiences. These will be clearly and accurately articulated in their assessment. It will be clear in the analysis how the child's lived experience has influenced the outcome of the assessment. • Chronologies are created and kept up to date to support continuing assessment. • Family networks will be mapped, explored and understood using cultural genograms and ecomaps. Children's parents including fathers and parents not living with the family, carers and members of their identified family network will be involved in the assessment. Their views, thoughts and feelings will be included in and inform the assessment. • The perspectives of other professionals are sought and listened to. The information they provide is recorded in the child's assessment clearly influencing and informing the outcome of the assessment. • Needs, areas of concern, strengths, highlighting diversity in all its forms, and protective factors are identified, analysed and assessed with rationale for the decisions made. • Appropriate tools will be used to assess and understand specific issues – i.e. the completion of a Graded Care Profile where there are concerns of neglect. • Assessments (and statutory reports acting as an updated assessment) are submitted to a manager for quality assurance and sign off at least one working day before they are to be shared with families or partners; unless a different timeframe has been agreed in advance. 	Practitioner



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	<ul style="list-style-type: none"> The assessment is shared openly with the child and family and their feedback sought and their views recorded. The outcome of the assessment will be shared with the professionals who have contributed to the assessment 	
All children	<ul style="list-style-type: none"> The child's assessment has oversight of the team manager who will provide a view and feedback as part of the authorisation process The team manager will quality assure assessments (and statutory reports which are serving as re-assessments) in advance of sharing with other parties. 	Team Manager
Children with SEND	<ul style="list-style-type: none"> Following a request for an EHCNA, parents/carers/YP will be informed of the LA's decision within 6 weeks. The decision will be informed by a multi-agency panel including representation from Education, Health and Social Care. If an assessment is agreed, an assessment case officer will be allocated and a family conversation will be offered. Advice/assessments will be requested from all agencies involved with the child/young person; to include an Educational Psychologist and will be considered in the compilation of the draft EHCP. The voice of the child/young person and family will be gathered and shared within the final EHCP Following assessment, parents/carers/YP will be informed whether an EHC plan will be issued within 16 weeks of the initial request. If it is agreed to issue an EHC plan, a 'draft' will be issued for consideration allowing 15 days to for parent/carer/YP to respond. The 'final' EHCP will be issued within 20 weeks of receipt of the initial request and parent/carer/YP will be informed of the new allocated case officer. The final EHCP will be shared with the parents and education setting, along with any reports used to inform the writing of the EHCP included within the appendices. 	Case Officers



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Children in need	<ul style="list-style-type: none"> • Children and Young Persons Assessments (CYPA) should be completed in a timescale that is proportionate to the risks and needs of the child / children in the family which may be much less than 45 days; • A draft assessment should be shared with parents and others with PR for feedback before completion and sign off by the Team Manager • Assessments will take no longer that 45 days from the point of referral and will be current within a 12 month period. (see comments about reports for ICPC and stat review). 	Social Worker
Children in need	<ul style="list-style-type: none"> • Management direction of CYP assessment will be recorded on the file at allocation. • At 8 days a management direction will be record a decision about whether the assessment will be completed in 15 days, or the next review point if it will be longer. 	Team Manager
Children in need of protection	<ul style="list-style-type: none"> • Child Protection Enquires – The lead social worker should ensure that the purpose of the assessment is transparent, understood and agreed by all participants. • A timescale for completion of the assessment should be agreed locally, depending on the urgency of the situation and the needs of the child, and should not exceed 45 working days. • The 'Record of Outcome of Sec.47 Enquiry' must be complete within 15 days of the strategy meeting taking place. • Reports for review child protection conference are an updated assessment and should address the child or young person's circumstances and needs holistically. • Reports should be shared with parents and CP chair 3 days before an ICPC and 5 days before an RCPC. 	Social Worker



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Children in care	<ul style="list-style-type: none"> • Reports for statutory review are an updated assessment and should address the child or young person's circumstances and needs holistically. • Reports for Stat Review should be shared with the child/family and IRO 3 days before the review. • Leaving Care Assessment of Needs should be completed no more than 3 months after the young person's 16th birthday or after the young person becomes Eligible or Relevant if this is later. 	Social Worker
Early/targeted Help	<ul style="list-style-type: none"> • Early Help Assessments (EHA) should be completed in 28 working days from the point of referral. A timescale for completion will be agreed between practitioner and Team Leader depending on complexity and proportionate to need. 	Lead practitioner

3. Planning and Permanence: All children have an outcome focussed plan which is expressed in SMART terms, and which is understood by everyone involved in it.

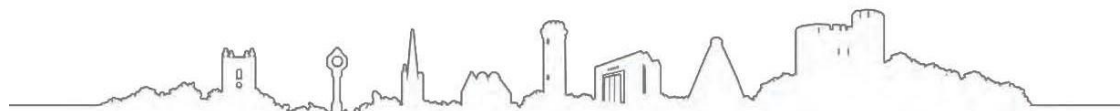
All plans	<ul style="list-style-type: none"> • Plans will describe positive outcomes we are aiming to achieve for the child. • Plans will be written with long term aspirations in mind, recognising that short term objectives should contribute to security, independence and fulfilment for children for their childhoods and beyond. • The steps being carried out to achieve the outcomes will be expressed in SMART terms. (Specific, Measurable, Achievable, Realistic and Timely) • Plans will be co-produced with families (children, young people and their parents and carers), so that the activities family members are allocated make sense to them, feel achievable and are expressed in a way that they can identify with. • Plans will draw on strengths in the family and the support around them so that in the longer term the family can manage better without professional intervention. 	Practitioner
Early Help plans	<ul style="list-style-type: none"> • Early Help Support Plans are reviewed at intervals of no more than 6 weeks. 	Lead Practitioner



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Child in need plans.	<ul style="list-style-type: none"> • Child in Need Plans are reviewed at intervals clearly agreed with the Social Worker's line manager but no more than three monthly. • If there are significant changes in the family's circumstances, consideration should be given to an early review and rationale for this recorded on the child's file. 	Social Worker
Child Protection plans	<ul style="list-style-type: none"> • Children subject of Child Protection Plans have an outline plan established at the 1st Child Protection Conference; this is then developed by the Core Group at their 1st meeting which should take place 10 days after the initial child protection conference. • The Core Group should meet to review and update the child protection plan within six weeks of the first meeting, and at a minimum frequency of once every two months following the first Conference. More regular meetings may be required, according to the needs and age of the child. 	Social Worker
Care Plans	<ul style="list-style-type: none"> • Children in our Care every child will have an up-to-date care plan recorded on their file within 10 working days of being placed. • Permanence planning meeting will be set up prior to the first statutory review, and these will be held every 6 weeks until permanence is secured. • At the point of the second review the child must have a permanency plan included in their care plan. 	Social Worker
PEPs (personal education plan)	<ul style="list-style-type: none"> • An initial PEP meeting must take place within 10 days of a child entering care. • Subsequently a PEP meeting must be held every term, three in each academic year. • Consideration must be given to holding an additional meeting if a child changes school or placement, or there are concerns about their education. 	Social Worker
Health plans	<ul style="list-style-type: none"> • Children will have a health plan (completed at the initial health assessment) within 20 working days of placement so that it is available at the first statutory review. • The social worker will ensure that placement information workflows in LCS are completed within 24 hours of placement to enable the initial health assessment to be requested. 	Social Worker



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	<ul style="list-style-type: none"> • Arrangements are made for the health plan to be reviewed in a health assessment every 12 months, or 6 months for children under 5 years. 	
Pathway plans	<ul style="list-style-type: none"> • Care Leavers A pathway plan will be started when the young person is 15 years and 3 months and will be reviewed by the IRO as part of the statutory review by the young person's 16th birthday. • A young person's Pathway Plan will be reviewed within 3 months and thereafter within a maximum of six months 	Social Worker/Young Persons Advisor
Short Break plans.	<ul style="list-style-type: none"> • Children receiving Short Breaks will have their plans reviewed within 3 months and thereafter within a maximum of six months. • Any reduction in frequency is discussed by the SW, line manager and IRO in line with Dudley Children's Services policies and guidance 	Social Worker
EHCP	<ul style="list-style-type: none"> • Children and Young People (0 – 25) with an EHC plan will have this reviewed, as a minimum, every 12 months (6 months recommendation for EY's). • The review must be undertaken in partnership with the child/parent/YP, and must take account of their views, wishes and feelings. • The LA will inform the parent/carer/YP within 4 weeks of the AR meeting whether it proposes to maintain, amend or cease the plan. • An EHCP may be ceased if: <ul style="list-style-type: none"> ○ YP has achieved all outcomes set and no-longer requires the special educational provision specified in the EHCP. ○ YP is over 16 and leaves to take up paid employment ○ YP enters Higher Education ○ YP is over 18 an no-longer wants to engage in further learning ○ YP moves to another LA ○ End of academic year that they turn 25. 	SEND Case Officer



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4. Recording: Children's files hold up to date information, which shows how we are carrying out statutory responsibilities, and is written clearly and respectfully so it will be comprehensible to the people we are writing about.

All children	<ul style="list-style-type: none"> • Case records are a legal record and should be accurate, appropriate and proportionate. • High quality recording shows the relationship between you and the child and their family and your aspirations for the child. • Children and their families must be routinely involved in the process of gathering and recording information about them. They should feel they are part of the recording process. Children and their families should be aware of the information being recorded about them. • LCS overview of child's circumstances (where records are in LCS) should be up to date and current within 3 months providing a succinct summary of the work undertaken, specifically linking progress to the recommendation/outcomes of the Plan. The summary should highlight fresh issues that have emerged, both strengths as well as concerns, and reflect how these have been dealt with as well as acknowledging the impact (or otherwise) of any new issues. • Every child will have a chronology on file using Dudley's agreed formats these should be updated with relevant information as this becomes available. • Social Care and Family Solutions chronologies should be reviewed every three months to confirm that they are current and up to date, and that they identify the impact of events being recorded. . • Case notes and recording in a Family Safeguarding Workbook should be concise and only include information that is relevant to the person, or the support being provided detailing discussions and interactions. • Files should show how professional disagreements and disputes have been addressed. • Emails and email exchanges should not be cut and pasted or attached to case notes. Case notes should be updated within 3 working days. However, if the information is urgent it must be recorded immediately or within 24 hours. 	Practitioner
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5. Managerial Oversight and Decision Making: Work with families takes place with the support and challenge of managers who ensure decisions are made carefully and at the right level.

<p>Children in need of protection</p>	<ul style="list-style-type: none"> • Wherever there is cause to suspect that a child is suffering, or is likely to suffer significant harm, a strategy discussion will be held within 24 hours. This will be in the form of a MS teams meeting where possible and will be chaired by a Social Work Team Manager. • The strategy meeting should involve all relevant agencies such as police, health, education as a minimum and other bodies such as the referring agency. The fostering service should be involved if the child is in our care. The plan for the enquiries and decisions from the strategy discussion will be recorded. If no face-to-face meeting is held, this needs to be recorded and authorised by the Team Manager. • Complex strategy meetings should be chaired by the Head of Safeguarding and Quality Assurance, must take place as soon as possible and no later than five working days from this person receiving the request. 	<p>Social Work Managers</p>
<p>All children</p>	<ul style="list-style-type: none"> • Management oversight and decision making should be routinely recorded on a child's file to ensure that there is evidence of clear direction, timely and defensible decision making. • Decisions and oversight will be recorded within one working day. • Managers will have oversight of assessments and plans reading these, providing comments, feedback and a view as part of the authorisation process. • A record of supervision will be recorded on each child's file at a minimum of every eight weeks with a supervision record being completed on their file within two working days. 	<p>Team Manager / Team Leader</p>



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	<p>Children in agreed long term placements, children with disabilities, where Direct Payments and Short Breaks are in place should be discussed 12 weekly.</p> <ul style="list-style-type: none">• Family Safeguarding supervision (children and young people allocated a social worker in the Adolescent and Family Safeguarding teams) will show input from all the practitioners working with that family.• Managers will respond to escalations within 5 working days as detailed in the Independent Reviewing Officer and Child Protection Chair Dispute Resolution Process. Managers will respond to escalations made using the DSPP escalation process within 5 working days as detailed in DSPP resolution process.• A manager will respond to stage one complaints within 5 working days sending a copy of the response to the complaints manager, together with a brief resume of learning	
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Related Documents

[Practice Framework](#)

[Further Guidance:](#)

Supervision Policy click on 'Dudley Children's Services'

Quality Assurance Framework link above, click on 'Quality Assurance'

CP Conference Practice Standards and Independent Review Practice Standards link above, click on 'Dudley Children's Services'

