

PRACTICE STANDARDS

Newcastle Children's Social Care

OVERVIEW

Practice standards are an essential part of ensuring that the children, young people and families we work with receive consistent support and care. They are the rules that describe the (minimum) service or practice that can be expected by the children and families we support. They are either legally set through government guidance and legislation, or based on evidence-based research.

This booklet has been created to provide an easy reference guide to our standards here in Newcastle. They are mandatory for all practitioners and have been developed in consultation with children's social care staff and senior leaders based on our learning and feedback from parents, carers, children and young people. Please take time to read and understand our practice standards and ensure that you commit to them in your everyday practice

CONTENTS

Assessment Standard & Practice Expectations
Visits Standard, Visit Timescales & Practice Expectations
Planning Standard & Practice Expectations

Practice Expectations

The assessment considers and investigates three domains for each child:

- The child's **development needs**
- The **capacity** of parents or carers (resident and non-resident) and any other adults living in the household **to respond** to those needs
- The **impact and influence of the family network** and any other adults living in the household as well as community and environmental circumstances.

The **reason for undertaking the assessment** of the child and their family is **clearly recorded** stating why we are assessing this child's needs now and what questions this assessment is seeking to answer. **All information in the assessment is recorded clearly and accurately.**

The child and family are visited within 3 working days of the referral/allocation and visits are recorded on the Statutory Visit Form

The **purpose of our involvement and how we will undertake the assessment is clearly explained** to the child and their parents/ carer.

Written **consent** from parent(s) to complete this assessment is obtained; including consent to gather and share information with professionals and agencies, and to speak to the child(ren) on their own

The **child is seen alone** if they are aged 3 or over, unless they have refused or in the practitioner's professional judgement it is not in their best interests to do so. Where the child has not been seen alone the reason for this is recorded. If the child is very young, they must be seen awake at least every 4 weeks. If necessary visits should be planned around their routine.

In every interaction with the child or young person, practitioners should be confident that they have **directly engaged** with them in ways that are appropriate to their age, background or ability and that observations about what has been seen as well as been said are recorded to support the assessment.

The **views of parents, estranged parents and wider family** must be sought in respect of the needs or risks and evidenced in recordings.

ALL parties with Parental Responsibility should be involved and included in the assessment of the child, or the rationale clearly recorded as to why this was not safe or possible.

Agencies and services involved with the child and family must be contacted and their views recorded and used to inform the assessment. Drawing in the relevant expertise and knowledge.

Assessments are a **dynamic process**, not an event and **analyse the changing nature and level of need and/or risk** faced by the child(ren) from **within and outside their family**.



Assessment Standard

Every assessment addresses the central and most important aspects of the needs of a child or young person, and the capacity of their parents or care givers to respond appropriately to these needs within the wider family and community context.



Practice Expectations

Due **regard must be given to the identity, race, ethnicity, gender, disability, religion and communication needs** of the child and their family. Including the ways in which these can overlap and intersect, ensuring support reflects their diversity of needs and experiences

The **wellbeing of any other children / unborn in the household must be considered** and action taken where necessary.

Historical information is analysed in the assessment and considered in the context of the child's lived experiences and what it means for the child today.

A **chronology** must be developed and a genogram used to inform the assessment. The chronology is used as a tool to ensure the family history informs the analysis. However, the assessment does not contain the full chronology, but a summary of the significant events for the child.

The assessment clearly evidences the practitioner's findings and practitioners ensure these and their **recommendations for future planning are discussed** with their manager. This includes ensuring that the Mandatory Reporting Information for Government Returns have been completed accurately.

The **outcome of the assessment must be shared and explained**, including the next steps, to the child, their family, the referrer and other agencies.

Assessments are **accurate, truthful and balanced**.

A copy of the **completed assessment is provided to the family and the child** (where appropriate) and they are invited to comment so their views form part of the record.

Practitioners seek **permission to share the completed assessment** with involved professionals working with the family.

If the parent has raised any issues with the assessment (factual inaccuracies, missing information) the **Right to Redaction and Rectification** process is followed to ensure these matters are rectified.

Where the child remains open to social care following assessment, **an updated assessment is completed once every twelve months**, or in response to the child's changing needs, circumstances or risk.

The child is at the heart of the assessment. The child's needs have driven the assessment and the practitioner has done everything in their power to progress the assessment in a timely manner, recognising that delay is not in the child's best interests.



Assessment Standard

Every assessment addresses the central and most important aspects of the needs of a child or young person, and the capacity of their parents or care givers to respond appropriately to these needs within the wider family and community context.



Practice Expectations

Children are seen by their Social Worker in line with identified need and risk.

The **family home/ foster or residential home is seen** as part of the Statutory Visit by the worker with the child present

Observations of the family home should take place during visits when the child's bedroom, the family bathroom, living room and the kitchen area should be seen. This may be more frequent if there are concerns about neglect and / or home conditions. Children can also be visited in a number of environments, e.g. extended family member's homes, schools or community settings. These visits are recorded as observations/ case notes.

Children are seen on their own unless there are exceptional reasons to prevent this and these reasons must clearly be recorded

Babies and infants are seen awake and at different times of the day so that their lived experiences can be ascertained and understood

Children and young people are observed and **communicated with according to their age, understanding and developmental needs**, as part of assessment or intervention.

Every child knows who their Social Worker or LCSO is, why they are working with them, how to contact them, how often they will see them and what their plan is.

Practitioners arrive on time and if going to be late, tell the child/family/carer as soon as possible to apologise.

Practitioners are familiar with and use direct work approaches appropriate to the child's age, understanding and preferences; and understand that "direct work" includes both play materials/engagement tools and relationship building conversations.

All children and young people will receive and have explained to them the procedure for making a complaint/representation.

Practitioners make **appropriate arrangements for the use of translators, interpreters and communication tools** to meet any specific sensory or language needs including use of braille, sign language, hearing loops etc.

Communication with children is recorded in a manner that reflects their views and is appropriate to be shared with them, **free from jargon and using language that cares.**

All key assessment/planning **documents reflect the views of the child or young person** including where a child declines to share any information. The reason why the sharing of information was declined is recorded.

When children express a desire not to see the worker, the reason for this and consideration of how to overcome it is given careful consideration and **unsuccessful attempts to see a child are recorded.**

Other than in an emergency (e.g. the worker is absent from/leaves work unexpectedly), **all children are notified of a change in worker, the reason for it and have the opportunity to be introduced to their new worker** by their existing worker.

Families and carers will be notified of a change in worker and all those involved including the child, family, carers and other agencies will be informed of the new workers contact details and the date of the change

Newly allocated workers **read the child's file before meeting the child and family.**

When a child is placed into care they are accompanied by their social worker to the placement. Where this is not possible, we make every endeavour to ensure that it is someone the child knows, has met before and feels comfortable with.

Where necessary **some visits will be unannounced.** The parent, carers or residential staff should be informed by the child's social worker that there will be unannounced visits and the reason for this explained, which will be case specific.

Visits Standard

Seeing and speaking to children and young people about their lives, experiences, worries and aspirations is at the heart of our work. Visits are purposeful and enable best practice in planning for a child.



Visit Timescales

Risks and the needs of children are dynamic, and the frequency of visits or visiting pattern should be needs led. Visits to a child and their family/carers may need to be increased depending on the circumstances and what is happening at any given time.

Children we are notified about: contacts made to children's services

- The decision about the type of response the child needs and feedback to the referrer is made within one working day of a referral being received.
- If an assessment is triggered, the child is visited according to risk and need, but no later than 3 working days.

Children subject to a Child Protection Plan

- Children subject of a Strategy Meeting need to be seen within 1 working day (24 hours) of the Strategy Meeting unless it is agreed otherwise. The rationale for this later visit must be detailed within the meeting minutes/ record.
- When a Section 47 investigation is in progress, children must be seen at least once every 5 working days, until the enquiry is concluded and authorised.
- Children subject to a Child Protection Plan must be seen at the family home at least once every 10 working days. This should include unannounced visits.

Child in Need

- Children subject of a Child & Family Assessment must be seen within 3 working days of the child being allocated.
- When a Child & Family Assessment is in progress, children must be seen at least once every 28 days (20-22 working days), until the assessment is concluded and authorised.
- Newcastle Children's Social Care requires that children subject to a Child in Need Plan are seen at the family home at least once every 28 days (20-22 working days).

Children in Our Care:

- Within one week of the start of any placement
- Intervals no longer than four 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.

Section 37 & Section 7 Visits

- The minimum visiting pattern must be followed when a Section 37 Report has been requested by the Court and a Court Assessment form has been opened on ICS. The minimum will be determined by whether the child is subject to a child protection or child in need plan.
- The visiting pattern may be required when a Section 7 Report is requested, and a Court Assessment document is opened on ICS for this reason. Any decision not to complete visits in line with the minimum visiting pattern in this specific circumstance must be clearly discussed and recorded within supervision and evidenced within CareFirst/ Eclipse as a supervision action.

Children subject to Support & Commissioning Arrangements

- The minimum visiting pattern for a child open to our service by virtue of support and commissioning is 1 visit every 6 months. The child should also benefit from a review of the support and commissioning arrangements once every six months – creating a pattern of a visit or review for the family at least once every 3 months.
- Whilst this is the minimum requirements, children's needs and their families support requirements will change over time and it is more often than not that more frequent visits and meetings may be required. The visiting pattern should be individual to the child, their family, and the identified support needs.

Children who are Privately Fostered

- The minimum visiting pattern for a child in a private fostering arrangement is once every 4 weeks until the first review.
- The visiting pattern should be discussed at the first review and where proportionate and agreed, the minimum visiting pattern will change to at least once every 6 weeks.



Visits Standard

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Visit Timescales

Children made subject to a Care Order and placed at home with parents:

- Pending Assessment: Social work visits must take place at least once a week until the first CIC Review, thereafter at intervals of not more than 2 weeks.
- Interim Care Order: Social work visits must take place at least once a week until the first CIC Review, thereafter at intervals of not more than 2 weeks or until the final hearing has been completed in the care proceedings.
- Care Order: Social Work visits must take place at intervals of not more than 4 weeks following the making of the order.

Children placed with Connected/Kinship Carers

- If the child is placed with a Connected Person with temporary approval, visits must take place at least once a week until the first CIC Review.
- Thereafter at intervals of no more than every 4 weeks or until the carer is approved as a foster carer.

Children Placed in a Young Offenders' Institution or Health Care Setting, etc.

- If the child is in the care of the Local Authority where another person is responsible for the child's living arrangements (e.g. A child is remanded) visits must take place within a week of the start/change to arrangements
- At intervals of no more than four weeks thereafter

Children placed in an adoptive placements:

- The child and prospective adopter must be visited within one week of the placement and once every 5 working days until the first review. The first visit will usually be undertaken by the child's social worker. If the adoption social worker or another worker is to undertake this visit agreement must be given from the manager of the child's social worker and the adoption manager.

- The weekly visits can be shared between the child's social worker and the adoption social worker but there should be clarity from the outset about which worker will conduct each visit. It may not be appropriate for the adoption worker to undertake the visit as in the early stages of placement the child may not be familiar with the worker. As part of the visit, the visiting social worker should see the child without the prospective adopter being present. The child's age and relationship with the visiting worker needs to be taken into consideration and a "common sense" approach taken to seeing a young child on their own so soon into a new placement.

- A first review must be held within the first 4 weeks after the date on which the child is placed for adoption. The visiting schedule must be agreed within the first review. Good practice suggests that a similar frequency to those undertaken to a looked after child should be followed. For this reason, it a minimum of monthly visits from the child's social worker should continue up until the second review. The child's social worker will be responsible for all visits to the child following the first review. If any other worker is to undertake these visits, this needs to be agreed with the line manager for the child's social worker.

Children and young people who are placed in a series of short breaks: (short break care arrangements, or short stays with relatives):

- 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

Children reported missing:

- The 'Children Missing from Care, Home & Education' procedures are followed – on the North & South of Tyne Safeguarding Children Partnership Procedures website.
- Visited within 72 hours of the child's return, referring to the above procedures.

Young people aged 18-25:

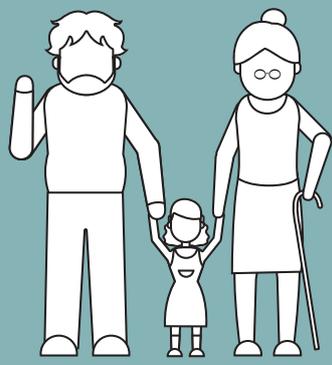
- The statutory timescales for visiting a care leaver (18+) is once every 60 days. This is the minimum requirement and must be adhered to, however it is fully expected that more frequent visiting and communication would be supported if the young person needs or requests this.
- If a care leaver is placed in custody, visits will increase to 2-6 weekly.
- Visits should be led by the young person however focus must be given by the LCSO in respect of their emotional wellbeing, housing, finances and employment, training and or/ education.



Visits Standard

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Planning Standard

All children have a plan which explains what needs to happen; by when; by whom; what outcomes we are seeking together; how risk is managed; and what the contingency plan is.

Practice Expectations

The **reason for and purpose of the plan** is clearly set out

The **plan flows from the analysis made in the preceding assessment, or earlier plan.**

The plan **clearly addresses needs and risks** as well **building on strengths.**

The plan **conveys the views, wishes and desired outcomes of the child and other relevant parties.**

The plan is **based on evidence and research** directly relevant to the child's circumstances and stages of development.

Plans for children separated from parents/siblings or significant others include **arrangements for meaningful family time.** This must include evidence of work to overcome barriers such as brothers and sisters being in separate placements, and complex relationships between adults involved in kinship care arrangements.

Plans for children in our care retain a focus on ensuring **cultural and religious links and practices are supported and sustained.**

The plan has **clearly identified outcomes** that are used **to evidence progress and minimise drift and delay.**

Plans result in action. **Actions are agreed by all parties** and each person is clear about the part of the plan they are responsible for.

The **plan is SMART** (specific, measurable, achievable, realistic and timely), **clear what needs to change and includes clear timescales** that meet the changing needs of the child.

The **plan includes a contingency** should it fail to achieve the intended outcomes to keep the child safe, in the event of an emergency, or where a carer places the child at risk.

The plan contains clear **arrangements and timescales for review.**

There is **evidence of management oversight of the plan** to ensure the practice expectations above are met before the plan is signed off.

In reviewed plans, **the progress in meeting outcomes is clear and evidenced.**

Children subject of Child Protection Plans have an outline plan established at the 1st Child Protection Conference, developed by the Core Group at their 1st meeting after the conference, and reviewed and updated at every core group meeting.

Children in Need plans are reviewed after 3 months and then every 6 months thereafter. If there are significant changes in the family circumstances, there is clear consideration of whether an early review should take place.

Children in Care plans are established at the initial 28 Day Child in Care Review, progressed by the Care Team, and reviewed within Child in Care Reviews by the allocated IRO. Children have a Permanence Plan ready for consideration at the 2nd Review. Any reduction in established frequency of review meetings is discussed by the SW, manager and IRO, in line with Tri X policy guidance.

Care Leavers have their Pathway Plan reviewed within 3 months and thereafter within a maximum of 6 months.

Children receiving Short Breaks have their plans reviewed within 3 months and thereafter within a maximum of 6 months. Any reduction in frequency is discussed by the SW, line manager and IRO in line with Tri X policy guidance.

