# **Placements, Purposeful Visiting**

# **and Understanding the**

# **Child’s Lived Experience**

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## Acknowledgements

Strategic Commissioning

Total Placement Service

Corporate Parenting, Integrated Children’s Services

County LADO Service

## Accessibility Statement

[https://www.kent.gov.uk/about-the-council/about-the-website/accessibility-statement](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.kent.gov.uk%2Fabout-the-council%2Fabout-the-website%2Faccessibility-statement&data=05%7C01%7CVinita.Patel%40kent.gov.uk%7Cc2d0b256361d40c7ea2608db005dbabd%7C3253a20dc7354bfea8b73e6ab37f5f90%7C0%7C0%7C638104174782063033%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=CMUnoeWnfuzI73o4oIqW1fki9lmbPQhepCD9n3CMGKA%3D&reserved=0)

## **Introduction**

This guidance defines the different types of placements, either residential or foster homes that are available to our children and young people who are in care and care leavers. It details how we can monitor and check the suitability and safety of the home during the child’s stay and helps us to ensure that children and young people are thriving and developing in their home. It gives details on what tools to use to help us understand the quality of their home and what to do if there are concerns that their home is not meeting the required standards, and the child or young person’s needs. It also gives guidance around actions that should be taken if there are care or safeguarding concerns and if a regulator; Ofsted or the Care Quality Commission deem that their home is rated as Inadequate.

Kent’s Total Placement Service can help with more in-depth questions regarding foster or residential homes.

Children in care are clear that they prefer the term home to placement. Where possible, the term home is used to describe where a child is living, whether that is a residential or foster home. However, occasionally the term placement is used to reference a child’s home to align with other processes or procedures or terminology used on Liberi.

## **Finding a Placement**

The Placement Plan Referral, which is the starting point for finding a placement is found on Liberi in the Forms section. The form will be part of the golden thread that goes through the assessment, care planning, placement, placement arrangement meeting and review for the child. An effective plan ensures that there is clear information about the child, their needs and what is required to ensure their needs are met to a high standard.

It is important to ensure there is comprehensive and detailed information recorded on the form about all aspects of a child’s needs, interests, routines and important relationships. The more specific and detailed the information, the more this will support the identification of the most suitable fostering or residential home.

There are additional notes in the form that provides clear guidance about the type and level of information required to support the process needed to ensure a child is placed in the most suitable fostering or residential home that meets their individual needs.

The profile section is pivotal to the success of identifying the most suitable foster or residential home. It is important to ensure this section is completed using the child or young person’s words and views. This will really bring the child alive and ensure their voice is heard in finding a home. The Team Manager will quality assure the form before it is submitted to Total Placement Service (TPS) to enable them to commence placement searches. These steps will help to optimise getting the home your child and you want.

When a foster carer or residential home is identified, TPS will share all relevant information from the carer or provider with the social work team to help them to consider how the foster carers or residential home can best meet the needs of the child identify and gaps in information and how these might be filled to ensure effective decision-making and progress the plan for the child.

It is important that there is effective and timely communication between TPS and the allocated worker to ensure the most appropriate home can be secured for a child who needs to live away from their family for a period of time. Prior to, and at the commencement of the placement, proactive collaborative work with the carer/provider will ensure that the internal care plan, risk assessment/safe care plan and EHCP correlate with that of the Local Authority and are subject to monitoring and review. TPS will communicate throughout the process culminating in the relevant authorisation after which the placement can commence.

When a placement is to end, TPS must be notified at the earliest opportunity to ensure the appropriate notice period is served and the child, foster or residential carers are supported to ensure that the transition is made positively.

## **Registered Placements**

A registered placement is one that is registered and therefore regulated by either Ofsted or the Care Quality Commission.

All placements offer children a home while their family are unable to look after them. This can be for a variety of reasons The following placements are regulated.

### Fostering

1. Description -Foster care is where children are cared for by an approved carer in their own home. Foster carers are childcare experts working alongside a team of professionals providing children with the highest standard of care within a family home.
2. Eligibility -Fostering services are available to children and young people aged 0-18. This will include Parent and Child placements where the parent is over 18.I think the parent can be under 18 but not LAC. Foster carers also provide “Staying Put” arrangements for young adults from the age of 18 years. Kent has a range of fostering families including caring for siblings, adolescents, Step Across from residential care, emergency bed scheme, permanency, short breaks for disabled children and respite care.
3. Arrangement -Kent has both an in-house service where we directly recruit Foster Carers and use Independent Fostering Agencies who are contracted and manage the recruitment of their own foster carers. If we are unable to find a good match with our in-house carers, we will approach the Independent Fostering Agencies. These services are regulated by Ofsted.

### Residential Children’s Homes

1. Description -Residential Children’s Homes are where children living together in single bedrooms, with shared communal living areas. There will be a number of staff who work with the children.
2. Eligibility - Residential Children’s Homes are available to children and young people aged 5-18.
3. Arrangement **-** Spot Purchased (immediate purchase of goods or services without going through the traditional sourcing and bidding process). These services are regulated by Ofsted. We may also purchase homes in Care Quality Commission regulated homes.

### Residential Family Centres

1. Description- Residential Family Centres are staffed homes where parents can go and live with their children for the purposes of assessment.
2. Kent approves a small number of residential Parent and Child arrangements.
3. Arrangement **-** Spot Purchased (immediate purchase of goods or services without going through the traditional sourcing and bidding process). These services are regulated by Ofsted. We may also purchase homes in Care Quality Commission regulated homes.

Residential Special Schools

1. Description - Residential Special Schools provide care for children with physical disabilities, learning disabilities or emotional difficulties. These schools focus on education and provide teaching on-site. In some cases, there are homes for children which offer transitioning support for young people until they reach their early 20’s.
2. Eligibility - Residential Special Schools are available to children and young people aged 5-18.
3. Arrangement - Spot Purchased. These services are regulated by Ofsted.

### Secure Accommodation

1. Description - This accommodation provides a secure environment where children and young people are placed to mitigate significant risk and to safeguard them. A court order is required to place a child in this provision. The provision is also used to accommodate young people aged 10 -17 who are identified to have vulnerabilities and have been remanded or given a custodial sentence via the criminal courts, to be served in secure accommodation.
2. Eligibility - Secure accommodation can be used for children aged 10-17yrs dependent upon circumstances and ensuring the correct statutory authorisations are in place.
3. Arrangement - Spot Purchased. These services are regulated by Ofsted.

### Shared Lives (18+ only)

1. Description - If a young adult is disabled and/or needs more support than can be offered through Staying Put, Shared Lives might be a possible option, either with the current carers if they apply to become Shared Lives carers or an alternative carer.
2. Eligibility - Shared Lives can only be accessed through Strengthening Independence Service or one of the Adult Social Care Teams in Kent County Council and will be considered by the Children in Care or the Young People’s teams before the young person turns 18 years of age.
3. Arrangement - This provision is regulated by the Care Quality Commission and is an in-house service.

## Registered Placements for 16 and 17 year olds

In July 2022, the Government laid out the first set of regulations required to introduce the reforms to supported accommodation for 16 and 17-year-old children in care and care leavers. These reforms require providers of supported accommodation to register with Ofsted and comply with the regulations and quality standards - [The Supported Accommodation (England) Regulations 2023 (legislation.gov.uk)](https://www.legislation.gov.uk/uksi/2023/416/part/1/made)

Since October 2023, it has been a legal requirement to register all provision. Providers who did not submit an application, are not legally able to offer supported accommodation. Where applications for registration have been completed but not yet approved, these placements are unregistered until approved.

Part 8 amends the Care Planning Regulations to prohibit the placing of children in care, who are aged 16 and 17, in “other arrangements” accommodation unless it is supported accommodation where the provider is registered with Ofsted. This is subject to some limited exceptions such as hospitals and education institutions.

The regulations also amend the meaning of “suitable accommodation” for 16 and 17 year old care leavers in the Care Leavers (England) Regulations 2010. This will mean that suitable accommodation can only be supported accommodation where the provider is registered with Ofsted. This is subject to some limited exceptions such as accommodation in Wales or Scotland.

### Supported Accommodation Semi Independent (SASI)

1. Description - This is a house in which a number of young people will live with their own bedroom and shared living space. A support worker will be on-site as required; the length of time and frequency will vary depending on the levels of need the young people have and provide life and independent skills support.
2. Eligibility - This service is available to young people aged 16+.
3. Arrangement - Spot Purchased. This service must be regulated for all accommodation for 16/17-year-olds.

### Supported Accommodation Medium/High Need

1. Description - This service provides an accommodation and support package with a support worker being on hand to support and guide young people. Hourly support is available from 10-21 hours. Support is tailored to each individual young person to support them to maintain their tenancy and positively participate in their local community. In Kent there is a range of housing with support, so accommodation might be in shared houses or self-contained flats. There is also a floating support service for those young people moving into their own independent accommodation.
2. Eligibility – The High/Medium Needs support is available to children and young people in care aged 16-17.
3. Arrangement – This service must be regulated for all accommodation for 16/17-year-olds.

### Supported Accommodation Low Need for Children in Care and Children in Need

1. Description/Purpose - Shared Accommodation is similar to semi-independent accommodation, although this is for young people with independence skills and who require minimum support. E.g., 5 hours.
2. Eligibility - This service is available to 16--17. children in care and it is also available to 16/17-year-old children in need who are homeless and have additional needs. All children in need will require a Joint Housing Assessment to be able to access this service.
3. Arrangement - This service must be regulated for all accommodation for 16/17 year olds children in care.

### Supported Accommodation Low Need

1. Description/Purpose - Shared Accommodation is similar to semi-independent accommodation, although this is for young people with independence skills and who require minimum support. E.g., 5 hours.
2. Eligibility - This service is available to young people aged between 16 and 21.
3. Arrangement - This service must be regulated for all accommodation for 16/17 year olds.

### Transitional Accommodation for 18-year-old Care Leavers

1. Description/Purpose - Shared Accommodation and no support is provided.
2. Eligibility - This service is available to Care Leaver young people aged 18 and over 19s by exception (including those without a leave to remain).
3. Arrangement - This service is not regulated.

### Reception Centre and Safe Care Service Description

The Reception Centre provides accommodation and support for male Unaccompanied Asylum-Seeking Children (UASC) entering Kent aged 16-18. Other new arrivals of young people, who are under the age of 16 years, female, or those with clear safeguarding concerns, are placed in Foster Care or SASI provision. The Reception Centre provides a routeway for the National Transfer Scheme (NTS), whilst they await transfer to another Local Authority.

# It is illegal to place children under the age of 18 in hotels. The High Court ruled on 27th July 2023 [ECPAT -v- Kent Council judgment (judiciary.uk)](https://www.judiciary.uk/wp-content/uploads/2023/07/ECPAT-v-Kent-Council-judgment-270723.pdf) that the Home Office policy of placing unaccompanied asylum seeking children (UASC) in hotels became unlawful when it became “systematic and routine”.

The judgement was clear that the routine housing of UAS children in hotels is unlawful with local authorities holding the statutory duty to provide accommodation to children who are looked after, regardless of where they come from, and therefore the regulations in respect of supported accommodation apply equally to **all children,** including children who are unaccompanied and seeking asylum.

This service must be regulated for all accommodation for 16/17 year olds.

### Staying Put

1. Description - Staying with foster carers past the age of 18 is referred to as ‘Staying Put’ where young people can stay with their foster carer until the age of 21, if agreed. The young person will be a lodger in their home, in that they will be renting a room from them, and the young person will be expected to pay a contribution for their keep. The young person will be supported to develop their independent living skills further with their carer.
2. Eligibility - This service is available to young people aged 18 that are Staying Put with their Foster Carer.
3. Arrangement - To facilitate this arrangement, foster carers become Hosts when the young person turns 18 under Kent Supported Homes inhouse service.

### Supported Living (18+ only)

1. Description - Supported Living Services are care and support services that are usually delivered through self-contained flats or shared housing occupied by more than one tenant, with a combination of individual one to one support and shared support.
2. Eligibility - This service is available to 18+ adults only. This includes adults who have assessed care and support needs associated with sensory impairment, learning disability, physical disability, physical ill health, substance misuse and mental illness.
3. Arrangement - Framework contract.

# **Unregistered Placements**

1. Description - Unregistered provision is when a child who is looked after by Kent County Council is living in a provision that is not registered with Ofsted or the Care Quality Commission.
2. Eligibility - Where, in exceptional circumstances this type of provision needs to be considered authorisation is required from the relevant Director. Full details are provided [here](https://kentchildcare.proceduresonline.com/files/unreg_placement.pdf?zoom_highlight=unregistered#search=%22unregistered%22).
3. Arrangement - Spot Purchase.

## Care as a continuum for 16 and 17 year olds

For many young people aged 16 or 17, living in supported accommodation can be the best option to meet their needs, with the aim of supporting them to develop their independence as they approach adulthood, ahead of leaving the care system. However, this type of provision is not automatically the right choice for every 16 and 17 year old. Where young people of this age have needs that would best be met in a children’s home or foster care placement, that is where they should be placed.

For children living in supported accommodation prior to the recent changes in regulation, Social Workers would have considered the Annex A to identify whether the accommodation identified for them provided either care or support. Since the change in regulation, the Annex A no longer exists. It has been replaced by a new emphasis on the allocated Social Worker’s assessment of the child’s needs and where these will be best met.

The changes in regulation denote a shift from a rigid distinction between a placement providing either ‘care’ or ‘support’ to seeing this along a continuum that will change according to an individual child’s needs. This will also require a shift in thinking for workers who will need to take a more nuanced and bespoke approach when considering placements.

Care, insofar as it describes a ‘service’, is delivered in children’s homes and ‘support’ is delivered in supported accommodation. However, everybody delivering supported accommodation should care about young people and create a caring environment. Even though the service provided in supported accommodation is called ‘support’, this provision remains an important part of the children’s social care system. As such, supported accommodation is part of the continuum of care and support for children in care and care leavers as they grow up, and are ready for increased independence on the path to adulthood. A rigid distinction between ‘care’ and ‘support’ would fail to capture the nuance of the varying needs and transitions that are a normal part of a child growing up.

When local authorities and providers engage in matching a young person with the right provision, they must consider the individual’s specific needs and level of autonomy so they live in a place that delivers a service that safeguards and empowers them, as well as facilitates their growth and development.

When inspecting supported accommodation Ofsted will be measuring the provision against the new Quality Standards.

The Quality Standards are four standards that providers of supported accommodation must meet. These standards cover leadership and management, protection, accommodation, and support. Each standard contains an overarching outcome statement with young people at its heart, followed by a set of measurable requirements that providers must achieve in meeting each standard. Further details about the Quality Standards can be found in the [Guide to the Children’s Homes Regulations including the quality standards](https://assets.publishing.service.gov.uk/media/5a7f1b54ed915d74e33f45f0/Guide_to_Children_s_Home_Standards_inc_quality_standards_Version__1.17_FINAL.pdf).

# **Assessing a Child’s lived experience in placement**

It is the duty of those who work with children and in care provisions to ensure that they are safeguarded.

The Social Care Act 2014 outlines the responsibility of Social Workers to ensure that accommodation provided for children in care is fit for purpose and safe. This means that it is important for Social Workers to accompany children on the initial visit to a new home and understand what is provided within individual contracts. For example, some include cleaning and others expect young people to do their own cleaning in preparation for more independent living.

However, circumstances change and often contracts can last for extended periods, for example, up to eight years. Therefore it is may be necessary to to change a contract with a provider and if there is no response, raise this with Commissioning.

It is everyone’s duty to ensure the care and support afforded to the child/young person is safe and meeting their needs. This includes raising concerns around the standard and protection of care.

As corporate parents, it is our duty to ensure every part of the child’s lived experience is at a level we would expect for our own children. There must be checks and balances and the evidence provided by the provision must triangulate with what the child or young person is telling us.

The Purposeful Visiting Form is a tool to cross reference evidence of the provider’s ablity to meet the child’s care plan. Understanding how all aspects of the child or young person’s care is being met should be standard practice as part of visiting the child/young person. The Social Worker and Independent Reviewing Officer have a duty to ensure the level of care and safety for that child is monitored. These checks must be completed on the Purposeful Visiting Form and the schedule of visits below are **MANDATORY** for registered and unregistered placements with the exception of in-house foster placements. In-house foster placements are subject to other checks.

It is the duty of those who work with children in care provisions to ensure their safety but as corporate parents it is the duty of Children’s Social Care to ensure that every part of the child’s lived experience is at a level that meets their individual needs and is of the same standard as our own children.

There must be checks and balances and the evidence provided must triangulate with what a child telling us. Where concerns are identifed action must be taken.

The Purposeful Visiting Form can be used to evidence shortcomings that can be escalated informally by the Social Work/Personal Advisor or their service in the first instance, then by the IRO more formally through stages of escalation.

As well as speaking to the child/young person in placement, the Social Worker/ Practitioner/IRO/Team Manager/Service Manager and any other professional within the network (such as health professionals, Youth Justice, Commissioning) should be curious and seek out conversations with staff and enquire about risk assessments; staff training; safeguarding policies; use of rewards and sanctions; activities with the child; and provision of support. Information should be triangulated by looking at logs, policies and other recording.

Health professionals can complete their own tool, the Placement Assurance Tool, which is health focused but captures safeguarding and placement concerns. The IRO can request the health professional completes this during their visit and ask for this to be shared with the Social Work

## Visiting timescales for ALL registered placements – This only includes care providers who have been fully approved by Ofsted

## (See diagram on p27 for visual guide)

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **When** | **Timescale (Minimum)** | **Action** |
| Social Worker | Initial visit for new placement | Prior to placement where possible or prior to first CIC Review – if child is remaining within placement beyond first CIC Review | COMPLETE PURPOSEFUL VISITING FORM ON LIBERI  Every Purposeful Visit should include-  Speaking to child/young person alone and see where they sleep, the quality of the room and facilities. Ask the child/young person to take you around the provision.  Check Records: including logs, certificates, care plan, safe care plan, and risk management plan.  Triangulate the information shared with you.  Follow up on actions after completing form – It is the SW’s responsibility to ensure all actions by the provider are completed and reminders or escalations completed if not. |
|  | Follow up purposeful visits | Within every 12 weeks | As above |
| Independent Reviewing Officer | Before CIC Review | No visit required by IRO | Review first Purposeful Visiting Form completed by SW |
|  | At first CIC Review | No visit required by IRO | The IRO will consider the visiting schedule of all professionals, including the social work team, Youth Justice, health professionals, Commissioning, and any other appropriate professionals. If more frequent visits are necessary, this will be discussed at the CIC Review and be included in any actions. |
|  | Before second CIC Review (if CIC Review is being held at the placement, IRO could complete The Purposeful Visit immediately before or after meeting). | Visit by IRO prior to second CIC Review | COMPLETE A PURPOSEFUL VISITING FORM ON LIBERI  Every Purposeful Visit should include-  Speaking to child/young person alone and see where they sleep, the quality of the room and facilities. Ask the child/young person to take you around the provision.  Check Records: including logs, certificates, care plan, safe care plan, and risk management plan.  Triangulate the information shared with you.  Follow up on actions after completing form – It is the IRO’s responsibility to ensure all actions by the provider are completed and reminders or escalations completed if not.  If SW is not completing Purposeful Visiting Form – IRO Escalation Required. |
|  | Following second CIC Review – IRO visits throughout placement | Minimum of 2 visits per year | As above |

## Visiting timescales for all unregistered placements (including care providers who have applied to Ofsted but not been fully approved)

When a child is placed in an unregistered placement, the checks and balances are even more important as there is no oversight by the regulator. These placements must be approved by the Director and visits to the provision must be undertaken within the following timescales and recorded on the Purposeful Visiting Form. (see diagram on p28 for visual guide)

|  |  |  |  |
| --- | --- | --- | --- |
| **Role** | **When** | **Timescale** | **Action** |
| Social Worker/  Personal  Assistant | New unregistered provision | Prior to placement or within 24 hours of placement  Once a week for 6 weeks  Frequency after 6 weeks will be a minimum of monthly. Any deviation from this frequency must be agreed at the CIC meeting in liaison with the IRO. | Semi-Independent Accommodation – Allocated Case Worker Checklist  Purposeful Visiting Form  COMPLETE A PURPOSEFUL VISITING FORM ON LIBERI  Every Purposeful Visit should include-  Speaking to child/young person alone and see where they sleep, the quality of the room and facilities. Ask the child/young person to take you around the provision.  Check Records: including logs, certificates, care plan, safe care plan, and risk management plan.  Triangulate the information shared with you.  Follow up on actions after completing form – It is the Social Worker’s responsibility to ensure all actions by the provider are completed and reminders or escalations completed if not. |
| Health Professionals | As suggested by the IRO at CIC Review | As suggested by the IRO | Health form – Placement Assurance Tool completed for their own policy. IRO could request for it to be shared or visits to be co-ordinated. |
| CIC Commissioning | New unregistered provision | Within 10 days of placement | Complete their own form |
| Service  Manager | New unregistered provision | Visit child within 1 month of move to placement and yearly thereafter | Purposeful Visiting Form |
| Independent Reviewing  Officer | New placement | Prior to initial CIC Review  Quarterly visits thereafter. | COMPLETE A PURPOSEFUL VISITING FORM ON LIBERI  Every Purposeful Visit should include-  Speaking to child/young person alone and see where they sleep, the quality of the room and facilities. Ask the child/young person to take you around the provision.  Check Records: including logs, certificates, care plan, safe care plan, and risk management plan.  Triangulate the information shared with you.  Follow up on actions after completing form – It is the IRO’s responsibility to ensure all actions by the provider are completed and reminders or escalations completed if not. |

## **Triangulating evidence regarding the child’s lived experience**

As corporate parents, we not only have a duty to ensure a child is safe but also that the provider is meeting the child’s needs. We also have a duty to ensure that the provider is fulfilling the requirements for which it is being paid and that the local authority is purchasing the best possible care for the child and in their best interests, whilst ensuring that public money is spent responsibly.

Although each provision may be slightly different, there are a number of checks and balances you can complete, as well as information you can request from the provider. **IT IS YOUR DUTY TO DO THIS**. Below is not an exclusive list but some suggestions of where to look and what to ask.

The IRO, SW and professionals from the child’s network should liaise prior to any visit. This will ensure that any specific concerns are communicated and can be checked but also, to ensure visits undertaken are spread out and not planned for the same week/time.

Each visit should be guided by the child’s Care Plan and evidence should be sought to ensure the child’s Care Plan is being met. The child’s Care Plan will have been written in collaboration with the child, their family and relevant professionals. The child’s Care Plan will directly inform any provider care plans, risk assessments, safe care plans and permanency planning meetings.

This is the first document which should be checked and triangulated with the child. This information will then be recorded on the Purposeful Visiting Form. It is not possible to check every aspect of the points below, but the placement must be meeting the child’s needs and keeping the child safe.

Please take time to watch this video showing how a purposeful visit can be undertaken.

[Purposeful Visiting (youtube.com)](https://www.youtube.com/watch?v=4qrqfs_zGjw)

## Placements Standards Evidence and Location

|  |  |  |
| --- | --- | --- |
| Standard | Location | Questions |
| Internal care plan- the homes care plan for the child which absolutely must link to the agreed LAC Care Plan of the LA.  This should link to a weekly, monthly (or agreed reporting timescale) report on key dimensions of the child’s development to the LA SW. | Establishment case records/ Placement Manager  Young person copy | Who has a copy of the child/young person’s support plan? Who is responsible for implementing the support plan? Who and how often is the support plan reviewed? How are a child/young person’s achievements celebrated? |
| Risk Assessment/Safe Care Plan – which outlines risks to and from a child and how these will be managed and mitigated | Placement Manager | Does a child/young person have a risk assessment/Safe Care Plan? Who has a copy? When is this reviewed? |
| Daily log – a record of all activities completed daily which should include staff on rota, brief statements and links to other recording e.g., if there has been an incident there will be a brief entry and the incident recorded more fully on an incident report. | Placement Manager | Who can access the logs? How would increasing concerns be recognised? How would increasing concerns be addressed or escalated? |
| Incident Log – will list incidents that have taken place and link these to the relevant Incident report that should also be seen. Should cross reference with daily log. | Placement Manager | Are you notified within 24 hours of the incident occurring and provided with the written account of the incident? Is there senior authorisation of the incident and actions taken? Is there recorded and demonstrable learning from the incident by the provider/staff to effectively manage and minimise any further incidents? |
| Restraint Log – will list restraints that have taken place and link these to the relevant Incident report/Restraint report. | Placement Manager | Have staff received the appropriate restraint training? Are other methods or managing the situation being utilised before restraint. How often is restraint being used? |
| Staff rota – will give details of which staff and the number of staff that are on shift at any one time. | Placement Manager | Who has access to staff rotas? Are any amendments or changes recorded? |
| Visitor log – gives details of who visits the home.  Regulation 44 report – this is a visit, culminating in a written report, undertaken by an independent person each month to the home to report to comment on the care of the children resident and the running of the home. | Placement Manager | Who checks if visitor logs have been completed and are accurate?  Who ensures that Regulation 44 Reports are completed within timescale? How is the and bias or accuracy checked? How are any identified issues raised or escalated?  Are any required actions completed within reasonable or specified timescales?  Where issues are raised, are there a noticeable difference that these have been addressed?  Is the voice of the child included in reports? |
| Risk assessments including fire/health and safety/PAT testing. | Placement manager | What current risk assessments have you in place and who and how can they be accessed. How often are they updated? |
| Staff training and first aid qualifications.  Medications log (for all prescribed medication and home remedies) | Placement Manager | Does the Manager hold a Level 4 or 5 qualification? How are staff trained and developed?  How many staff have first aid training?  Are the logs up to date?  Is medication securely stored?  Is medication appropriately disposed of in a timely way? |
| Safeguarding policies.  Statement of Purpose | Company website | What safeguarding polices do you most access? How is staff understanding of policies assessed and monitored?  Is there evidence that the policies inform practice of staff in the home? |
| Sanctions log (for all sanctions, what they are, why have they been put in place)  Use of rewards. | Establishment case records/Placement Manager  Young person copy | How are rewards used to motivated children and young people? How are these agreed with children and young people? How are rules and consequences agreed with children and young people? |
| Activities with child/young person. | Establishment case records.  Young person copy | How are suitable activities for individual children/young people identified? How are children/young people encouraged or motivated to attend activities and how are they funded? |
| Insurance with expiry/renewal date. | Placement manager | What insurance policies do you hold, where are they kept and who has access to these? |

# A number of documents and policies are pertinent to ensuring a property is safe and meeting required standards. These are overseen and regularly reviewed by Commissioning. While it may be important in some individual circumstances to review these as part of a Purposeful Visit, the primary focus for the Social Worker or IRO is on those documents which relate to the child rather than the property. If needed further clarification can be sought from Commissioning.

# **Safeguarding and provision of care concerns**

A concern regarding a provision may be made by Ofsted/CQC following an inspection; by any professional within the child’s network; by the Social Worker/ Personal Assistant/ social work team; or by the IRO.

Concerns raised will cover a wide spectrum and could include concerns about a closed culture.

## Concerns raised by Ofsted/CQC

If a Provision is graded Inadequate by Ofsted/CQC, CIC Commissioning will be notified, and they will initiate the following process with Total Placement Service (TPS).

Closed cultures

A closed culture is defined by the Care Quality Commission as ‘a poor culture that can lead to harm, including human rights breaches such as abuse'.

Any service or provision that delivers care can have a closed culture. Features of a closed culture include:

* staff and/or management no longer seeing people using the service as people
* very few people being able to speak up for themselves - this could be because of a lack of communication skills, a lack of support to speak up, or fear of abuse.

When there is a closed culture, people who use the service are more likely to be at risk of harm. The harm can be deliberate or unintentional. It can include abuse, human rights breaches or clinical harm. Where concerns about a closed culture are identified these must be challenged and if not resolved in a timely way, escalated.

E-learning is available at [Course: Closed Cultures (delta-learning.com)](https://eur01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.delta-learning.com%2Fcourse%2Fview.php%3Fid%3D3915&data=05%7C02%7CAnita.Hiller%40kent.gov.uk%7C92d59a978ce64d1a122b08dc69da4a4f%7C3253a20dc7354bfea8b73e6ab37f5f90%7C0%7C0%7C638501633477608901%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=8VF0JUDNBz2cKQp5AIF%2BB5YaoJiseqGqIk%2B4bdUbpIM%3D&reserved=0)

**CONCERNS RAISED ABOUT PROVISION**

**By OFSTED/CQC**

IRO to review Purposeful Visiting Forum and consider early LAC Review

Immediate visit to child/young person, recorded on Purposeful Visiting Form

SW/PA, TM & SM to consider safeguarding of child/young person.

IRO to be notified by SW/PA

CIC Commissioning notified by Ofsted/CQC. All children in provision to be identified.

All children/young people at provision to be considered.

Risk assessment to be completed for each child SW/Practitioner within 5 days

If necessary, Scoping Meeting will be held within 10 days.

Concerns raised or provision graded inadequate by Ofsted/CQC

See Risk Assessment and Scoping Meeting section for more information.

## Concerns raised by a professional

If the visiting Personal Advisor or Social Worker is not satisfied with the day-to-day support of the child or young person, or adherence to the Care/Pathway Plan and agreed outcomes, the Team Manager and Service Manager must be alerted to the concern(s), in addition to the IRO. The visit should be recorded on the Purposeful Visiting Form. This must lead to an agreed course of action and a plan for the allocated worker to liaise with the provider directly in the first instance. The provision should be clear about the issue, how this should be rectified, and the timescales for when this should be rectified. There should be no delay in this action.

The IRO will review the Purposeful Visiting Forms completed by the Social Worker/Personal Advisor and consider whether:

* the appropriate actions have been completed to ensure the child/young person is safe and their needs are being met
* an early LAC Review is required
* a formal IRO Escalation is required

Practitioners should note on the form that escalation to Line Manager is required so this can be completed by the Social Worker/Personal Advisor.

# Managing Standards of Care and Practice Concerns relating to External Providers

**CONCERNS RAISED ABOUT PROVISIONS**

**BY PROFESSIONAL**

Concerns regarding care/support staff.

To be dealt with as appropriate either under S47 by allocated team or by County LADO Service. If LADO harm threshold met.

Is this an allegation about a member of staff.

# 

Liaise with Corporate Parenting AD.

Consider all children placed.

AD to approve request for Scoping Meeting, Required for the meeting:

* Purposeful Visiting Form
* Chronology of concerns
* Review of last inspection
* Risk assessment completed ( will inform Scoping Meeting if needed)
* County LADO Service to arrange Scoping Meeting

SM to notify TPS, CIC Commissioning and Area AD.

Informal escalation by SW/PA to provision. IRO to be notified.

If no change, formal escalation through SM. SM to visit provision.

Formal escalation by IRO

If all options of addressing concerns directly with provider fail.

TM/SM to be notified.

TPS & Commissioning to be notified.

TPS request SW/PA to complete a risk assessment for each child.

If as a result of the visit the assessment concludes that the child or young person’s welfare is not adequately safeguarded and promoted by the placement, the Personal Advisor or Social Worker will be required to undertake the relevant steps to safeguard the child, in consultation with their manager.

## IRO Escalation Process

In respect to consideration of where the child is living, there is an expectation that the IRO completes the Purposeful Visiting Form as part of the Quality Assurance process to evidence their concerns. The Purposeful Visiting Form can be used to share escalation concerns about placements to providers and the social work teams. The IRO will complete the form at the point of every new placement for a child when there are concerns about the placement, for example when a child is placed in an unregulated setting. In these situations, then a Purposeful Visiting form is expected to be completed within 2 weeks of the child moving to the said placement. If the move is planned however and there are no concerns, then a Purposeful Visiting Form can be completed by or on the next review.

If escalations are not addressed with the placement provider satisfactorily, and the stages of escalation have been exhausted or the concerns around the living provision are of a serious, systemic, and significant nature, the IRO can request a Scoping Meeting.

The full escalation process can be found in the [IRO Escalation Process](file:///\\invicta.cantium.net\kccroot\Universal\FSC%20SCS%20Safeguarding\Practice%20Development\Purposeful%20Visiting%20Form\IRO%20Escalation%20Process) (November 2022).

## Risk Assessment

A risk assessment is to be completed when there are concerns regarding external placements or where the provider has received an inadequate Ofsted judgement. The Risk Assessment can be found in forms section on Liberi.

The risk analysis tool (see appendix) provides a framework for reviewing critical components of risk that have been highlighted as a concern within a provision. In completing this tool, there is a requirement to form a professional view (as allocated workers are likely to be one of the professionals that best knows this child/young person) and to identify, whether the risk directly impacts on them currently or is likely to impact on them in the future if not addressed. All risk assessments are an ongoing process, therefore there is an expectation that there will be on-going oversight, where required, to ensure the needs and best interests of the child/young person is paramount. The emphasis is on the child’s safety and wellbeing, to ensure intervention, decision-making and the service provision meets the needs of the child/young person.

The Assistant Director Corporate Parenting will provide feedback and identify required actions following their consideration of the completed risk assessment.

The feedback provided through the worker’s risk analysis will inform relevant commissioning processes, strategic analysis of the provider and possible feedback to regulatory bodies such as OFSTED or the Care Quality Commission.

## Diagram of Process for completion of risk assessment

## Scoping Meeting

Prior to consideration of a need for a Scoping Meeting TPS will initiate a Risk Assessment and an alert will be sent to the Social Worker/ Personal Advisor to complete this on Liberi within 5 days.

Scoping Meetings are held when there are provision of care and safeguarding concerns which can include wider contextual safeguarding and systemic concerns arising from the care that is being provided. They are not held to address children’s individual care plans or allegation management against a member of staff.

## There are three possible routes to Scoping Meetings

1. If CIC Commissioning receives an Inadequate notification by the regulator and/or if there has been a pattern of concern regarding the provision. The County LADO Service will initiate a Scoping Meeting.

Example – the provision has failed to learn lessons through allegation management and update the safeguarding knowledge, training, and policies to prevent further allegations. Safer recruitment processes are not in place leading to unsuitable staff members.

1. A Scoping Meeting can be requested by any professional, but the most common route would be through the Social Worker/ Personal Advisor. Only when all options of addressing concerns directly with the provider have been exhausted should a Scoping Meeting be requested. Agreement is required from the AD (Assistant Director) of the service. The request for a Scoping Meeting is submitted using the Liberi form.
2. The Assistant Director for Corporate Parenting can also raise a request when they have concerns about a provision/setting.

Meetings are organised by the County LADO Service and invitations are sent by them. Health professionals should be invited to Scoping Meetings where concerns for the provider are related to the health care provided.

These meetings are for Kent County Council to collate the concerns and form a plan of action. The Provider delivering the commissioned service is therefore not invited to the meeting and a decision will be made at the meeting if, when and how to inform them. The provider would be aware of the concerns and have been given past opportunity through informal and formal escalation processes to resolve the identified issues.

The single and most important consideration is the safety of the child/young person.

## Scoping Meetings are held to:

* Analyse information around a commissioned service – this could be based on patterns and themes noticed around failure to recognise risk, lack of safeguarding policy and procedure, failure to act or understand allegation management or a notification from a regulator.
* To share contextual safeguarding matters with relevant parties – what evidence is held and what needs to be explored further to mitigate against risk.
* To agree if immediate action to protect children is needed – this includes a decision on whether the provision can continue to be used by Kent.

## Scoping Meetings are not held to:

* Discuss individual care planning for children.
* Raise individual allegation management against staff members.

## Purpose/agenda for the meeting:

* To assess the information known to date
* Decide what further information is required.
* Arrange for its gathering.
* Undertake an initial mapping exercise to determine what interventions are needed
* To offer any interventions to the provision in the short, medium and long term
* Contingency planning if the regulatory body re-visit the provision and make the decision to give notice
* Any media interest

The Scoping Meeting is chaired by the County LADO Service Manager.

# Scoping Meeting Process (AD approval required)





