

Our City, Our Wellbeing

Creating Shared Wealth, Reducing Inequality



Practice Standards



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FOREWORD

High quality Early Help and Social Work is vital to safeguarding the most vulnerable children and young people in our city. The National Learning and Serious Case Reviews and government policy, quite rightly, recognise the importance of early help and effective social work, and the need to free the profession from unnecessary bureaucracy to enable us all to take a leading, learning role in developing practice and improving the lives of children and young people.

It is our role to set out the future of a child-centred system of care and support.

This Standards has been developed for Children and Families Practitioners and Social Workers in Stoke-on-Trent and sets out standards that relate to good practice in Children and Families Services. Adherence to the standards will play a vital role in making Stoke-on-Trent a child friendly city, and further develop our joint working to improve outcomes for the most vulnerable children.

At the heart of this document is a new, restorative philosophy that seeks to work *with* children, young people and families, building on their strengths to better manage the risks and challenges they face.

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Childrens Social Care



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INTRODUCTION

Our vision for Children and Family Services in Stoke-on-Trent is 'all children and young people in the City are happy, safe and healthy, inspired and enabled to succeed'. To achieve this, we are committed to:

- Supporting families to care for their children where safe to do so.
- Working with our partners to make sure that children, young people and families receive the right help at the right time when they experience difficulties to support families to remain together.
- Targeting our resources on those children with the highest levels of need.
- Identifying and managing risks to children and young people – and maximise family and community strengths to reduce impact of risk.
- Working **with** children, young people and families, listening to their views, and being clear with them about what we want to achieve.
- Working with families and communities to build resilience and strengths in managing difficulties.
- Giving our looked after children and young people the best opportunities to reach independence and support them into successful adulthood.

In order to ensure lifelong outcomes for children are supported we actively discuss and consider three main influences on children's lives in all our interactions and meetings.

Supporting families to care for their children where safe to do so.

- i. **Education** (Attendance, Support, Attainment, Aspiration);
- ii. **Health** (Emotional and Physical);
- iii. **Social Development** (Developing positive and healthy relationships).

The child and family's views and wishes in relation to these three outcomes are frequently discussed and inform how we work with families.

As an organisation we strive to:

- Do the basics well and create conditions for good social work to flourish and family support to thrive. Every child and family we work with will have an up to date assessment of their needs, a clear SMART plan, purposeful interventions and regular review.
- Practitioners use chronologies and chronological thinking to make sense of Childrens lived experiences.
- The goal is to ensure that families understand what our concerns are, what we are aiming to achieve, what is expected of them and what they can expect of us. In so

doing we work together with families to create a plan to address the concerns and improve outcomes for the entire family.

- Work with families in a positive way so that they feel respected and valued.
- We encourage resilience and build on strengths.
- Invest in our staff; train and support them through supervision and continual professional development to be skilled, confident and capable professionals.
- Aim to have a stable staff group – representative of the diverse community we serve, who are clear about what is expected of them and are proud of what they do.
- Work to ensure staff have manageable caseloads.

We are working to create the right culture and leadership to ensure we can deliver this vision. We are working hard to ensure we have the right systems in place, including systems of accountability, supervision, learning and development, quality assurance, management support and decision making.

We want the children and young people in Stoke-on-Trent to benefit from a dedicated and capable workforce; our task is to provide the right guidance, support and development opportunities to enable you to work to the highest standards.

We have produced a set of standards that outline our clear expectations of all our practitioner and social workers that establishes a firm foundation for good practice supported by the Knowledge and Skills Statement, the Professional Capabilities Framework and Stoke-on-Trent's own policies and procedures for Children and Family Services.

These standards are based on the belief that we all:

- Care about what we do and are passionate about achieving the best for our children, young people and families.
- Employ professional judgment and expertise underpinned by professional curiosity.
- Have a strong value base displaying care, compassion and respect for others.
- Are confident, creative and disciplined.
- Develop ourselves, learn from others and effectively use our knowledge.
- Are natural advocates who think, act and empower.
- Reflect, adapt and change.
- Strive to be the best and bring out the best in others.
- Support our managers to lead and develop those who report to them and encourage innovative practice.
- Use quality assurance and performance data to help us understand demand so we can target our resources on the most complex needs, be innovative, promote

effectiveness of intervention, recognise and celebrate good practice and ensure compliance with best practice requirements.

- Work with our partners to put in place a strong Early Help Offer and multi-agency response to all concerns about children and families, ensuring we are clear about who is eligible for our services and build capacity in the community to meet lower level needs.
- Support innovation in commissioning services, using available sources of funding to develop services and make the most efficient and cost-effective use of our resources.

What are practice standards?

The standards and practice matters contained in these Standards should be viewed as part of an approach to ensure that services are delivered to an agreed quality. They do not stand alone, but are an integral part of achieving service strategies and policies and meeting procedural and operational requirements.

There are three key drivers in any organisation for determining the way a service is delivered. These are having agreed standards, procedures and policies.

The following definitions help show how these drivers are related and dependent on each other:

- **Standards:** These are the rules that describe the (minimum) service or practice that can be expected by the service user. Most of them are legally set through government guidance and legislation, or are based on evidence-based research. They are **mandatory**.
- **Procedures:** These are the steps that describe the actions needed to deliver that service or practice – the what, how, when, where and who. They are **mandatory**.
- **Policies:** These provide the strategic context for shaping the standards and procedures, and answer the question of why the service is delivered in a particular way and why the service is important.

The delivery of the policy requirements, as set out by Stoke-on-Trent City Council, is the responsibility of **all** staff.

The Standards are designed to improve consistency in practice across the city and to drive up the quality of the service provided to the vulnerable children and young people of Stoke-on-Trent and their families.

It is important that these Standards are read in conjunction with the Children's Social Care procedures <https://www.proceduresonline.com/stokeontrent/cs/#> and the Stoke-on-Trent Safeguarding Partnership procedures <safeguardingchildren.stoke.gov.uk/>.

SECTION ONE

Management of practice

Why is this important?

Effective leadership sets the direction of an organisation, its culture and value system, and ultimately drives the quality and effectiveness of the services provided.

The decisions and actions made by managers and practitioners will have a profound impact on the lives of those children and their families for whom they have a responsibility, whatever happens. They therefore have to be undertaken with the greatest care and diligence to ensure the best possible outcomes for those children and their families are achieved.

Managers across the service, including Team and Early Help and Supporting Families Managers, Principal Managers, Strategic Managers, and Registered Managers have overall responsibility for ensuring that a good quality service is provided which includes the following:

- Ensuring a professional response from the initial referral to the closure of the case.
- Overseeing good quality decisions about the type of response or investigation to be undertaken, and ensuring the skills, competences and capacities are in place for a quality service.
- Providing clear direction and setting priorities in the service.
- Ensuring that the children and young person's voice is heard and fully considered when implementing the plan and how this will lead to good outcomes for children.
- Scrutinising to ensure good quality recording, analysis of need and report writing.
- Providing good quality supervision, annual PLANs and well organised staff and team meetings.
- Making sure staff work within a supportive team culture, with good communications, and routine commitment to rigorous professional practice.
- Promoting a continuous culture of learning and professional development.
- Demonstrating effective multiagency collaboration and working.

As well as the above, registered managers also have responsibilities set out in the National Minimum Standards for Fostering Services and Children's Homes (<http://www.minimumstandards.org/>).

In order to provide a quality service, practitioners need to know what their managers expect of them; and managers need to be assured that work has been carried out to a consistently good standard. In a practitioner's absence, colleagues need to be able to access the records and know quickly what has been happening in the child's life and how best to respond to any need arising. Information needed should be available from the case note summary screen, chronology, recent reports, and the up to date records, plan, reviews and summaries.

Managers are responsible for ensuring that there are systems in place to monitor and review the performance of staff, and provide protection, support and professional development for practitioners, so they can deliver the best possible service, as well as comply with service procedures and legal requirements.

Consistent scrutiny of practice makes explicit the service's expectations of each practitioner and enables the manager to provide evidenced feedback about practice, or to address unacceptable performance where it is identified. This should be achieved through a culture of high support and high challenge.

This section is intended to assist managers in providing and evidencing consistent scrutiny, support and supervision, and ensuring defensible decision-making. It will also help practitioners understand better what their manager can reasonably expect from them when evidencing their child care practice through accurate and up to date records.

STANDARDS:

General Management

1.1 All managers will ensure that all managerial responsibilities for children and young people for whom the Local Authority has a responsibility, will be carried out in line with the standards set out in this section and the rest of the Practice Standards.

Six key practice themes to make a difference

1. Understanding what the Child's daily life is like;
2. Working with families where their engagement is reluctant or sporadic;
3. Critical thinking and challenge;
4. Responding to changing risk and need;
5. Sharing information in a timely and appropriate way;
6. Organisational leadership and culture for good outcomes.

STANDARDS:

Scrutiny

- 1.2** All children and young people for whom the local authority has a responsibility will have evidence in their records of managers scrutinising practice to make sure that decisions are made in the interests of the child or young person, and are recorded in a timely way.
- 1.3** Managers will ensure all recording and reports are of good quality and are completed in a timely manner.
- 1.4** Managers will ensure that thorough enquiries are undertaken that produce good quality multi agency assessments and analysis of needs, leading to well-argued and evidenced recommendations for actions to be taken.
- 1.5** Managers will aim to observe practice and give constructive feedback to social workers on an annual basis.

Scrutiny of practice will be evidenced through regular case audit, supervision and direct observations.

The service has identified a number of key requirements to assure ourselves that children and young people are kept safe and receive a quality service. These include the requirement for an allocated social worker, that their needs are assessed and they each have a CIN/CP/Care plan which meets those identified needs. In order to assure ourselves, each Social Worker and every Manager is responsible for their own performance and can check this from reports available daily and weekly within Liquid Logic. Team and Principal Managers will also meet monthly with Strategic Managers and quarterly with the Assistant Director to discuss their team/service performance.

The supervision record is a key management tool for child care planning and case records. It must be used in every supervision session relating to that child and must include consideration of the following:

- The purpose at the point of allocation, purpose and impact of the practitioner's intervention – including the purpose of home visits.
- Management Oversight and Guidance as to the course of action required if expectations cannot be met, and contingency plans in the event of no access visits or escalating concerns.
- A review of previous required actions, including statutory requirements.
- Reflection in relation to interactions/progress with the child and their family.

Any key management decisions and oversight outside supervision, that will shape the actions and interventions of a practitioner, must be recorded by the manager responsible not the practitioner.

It is also essential to effective and visible management scrutiny that records contain evidence that they have been regularly audited and routinely read and reviewed by Senior Managers.

Key practice issues:

Supervision records

- There must be a record of the discussion completed for each child as per the supervision policy. It must be located within the child's case records within two working days. Where non-case holders (e.g. Senior Managers) discuss individual cases and make decisions this must be recorded on the child's file.
- The Team Manager must retain a copy for the practitioner's supervision file.
- It is good practice to remember that the person being discussed may see the supervision record in the case recordings at some point in the future so it is important to discern fact from opinion.

Auditing

Team Managers are responsible for the auditing of all of a child's records to ensure that:

- The details held on the child and family on the case note summary screen, are accurate and up to date;
- The chronology is up to date and provides an overview of the child's journey and impactful events;
- Records are up to date and well written, with entries owned by the practitioner;
- Records must meet agreed standards of practice, e.g. in regard to statutory visits, seeing the child alone, recording the child's views;
- The record is maintained electronically and any 'decisions' must be logged;
- There is a recent photograph of the child, correctly located on file for children looked after;
- There is a birth certificate correctly located on file for children looked after;
- There is a **quarterly updated case note summary** based on case records, case discussion, agreed actions and recent reports;
- The child's most recent plan and review minutes are on record;
- The most recent court order, where appropriate, is on record;
- Reports and quarterly summaries are owned and dated by the practitioner and, where appropriate, by the Team Manager;
- All documents are located in the correct sections and in correct chronological order;
- Managers' supervision records for the child are located on the supervision case note of liquid logic.

Any action needed to address poorly maintained records must be discussed with the practitioner and steps taken to address this noted on the audit tool. Managers will need to speak to the Independent Reviewing Officers or Child Protection Chairs about late or missing plans and review documentation to agree a time for completion.

Case files must be up to date and maintained to the required standards should they be required for auditing by:

- Team Managers
- Principal Managers
- Independent Reviewing Officers/Child Protection Chairs
- Strategic Managers
- Auditors
- Assistant Director
- Ofsted during unannounced inspections and monitoring visits

STANDARDS:

Supervision

All staff will have supervision agreements and annual PLANs in place that are being acted upon and progressed within agreed timescales.

It includes:

- Guaranteed supervision time for practitioners that may vary depending on experience;
- High quality supervision focused on case planning, constructive challenge and development.

The purpose of supervision is to offer a *Managerial, Reflective, Supportive and Developmental* element to practice.

The management element will address:

- Overall management of the quality of work practice;
- Overall management of workload and priorities of resources;
- Provision of a safe environment in which to work;
- Professional discussion of performance against individual and team objectives;
- The role of supervision in ensuring that Council policies are communicated and made clear by both parties.

The reflective element will provide opportunity to:

- Review progress of a child's plan and reflect on what worked well or otherwise and look at different approaches to achieving positive outcomes for young people.

The supportive and challenge element will address:

- Support for the practitioner as a professional and as an individual person in her/his own right, including acknowledgement of issues of diversity.
- Support for well-being at work including the impact of home/agile working arrangements.
- Provide high support but also high challenge.

The developmental element will address:

- Identifying individual strengths;
- Identifying areas for development in order to carry out the job to the required standard and objectives;
- Identifying development opportunities;
- Planning how development needs could be met;
- Ensuring that the practitioner has induction training and ongoing core and regulatory learning and development;
- Evaluating impact of learning and development and the difference this has made on improving outcomes for children and young people.

Effective supervision is:

- Regular and scheduled: Both parties need an opportunity to prepare for it.
- Documented: There needs to be a clear audit trail.
- Supportive: Issues, such as workload, stress, safety in dangerous situations and the emotional effect of difficult cases, must be addressed. Taking into consideration the impact of isolation through working at home during a pandemic
- High Support and Challenge: Children must be discussed in detail to ensure all issues have been covered.
- Reflective and restorative: promoting a culture of learning, development and professional accountability.
- Skilled: Line managers need to be fully trained in supervision skills and reflective practice.

Key practice issues:

There must be a **supervision agreement** between every member of staff and their manager.

Every manager has a duty of care to staff. This includes a requirement to ensure that they are safe within their work environment.

Staff have a professional responsibility to be accountable for their own conduct, behaviour, development and delivery of a high-quality service. This includes being prepared for supervision, bringing evidence of progress, seeking appropriate assistance when needed and using a range of learning opportunities.

Formal supervision for practitioners, which includes case discussion, professional development and personal support, will normally be held monthly.

The frequency of supervision sessions will also be determined by the level of experience and the complexity of the work being undertaken and are outlined in the [Supervision Policy contained within the Supervision page on the Practice Hub](#)

It is the responsibility of the Social Workers to ensure that their Social Work England registration is kept up to date at all times. Principal Managers are expected to discuss CPD regularly with Social Workers to support maintenance of Registration with SWE.

When supervising newly qualified Social Workers, Team Managers will refer to the guidance issued by Stoke-on-Trent's Supervision Policy.

Summary of frequency of supervision	
Newly qualified Social Workers (ASYE)	Weekly for first six weeks, then fortnightly up to six months. Then as a minimum monthly depending on development and experience of NQSW.
Social Workers returning to work or who have had a major role change	Every two weeks for an agreed period, then monthly thereafter
Social Workers with more than twelve months experience	Monthly

Annual Appraisals

It is important that **all** staff must have an annual appraisal. This is an important opportunity to formally note achievements in the past twelve months and record any actions needed to support learning and development needs identified during ongoing supervision and case discussions. The PLAN which results from the appraisal process will set objectives for the coming year. The PLAN will be uploaded onto the Learning Management System by the Team Manager. The window for completion of plans is between April and June. [Link to PLAN information on MyHR](#)

Managing Performance

Effective supervision and support, and holding practitioners to account, can substantially reduce the risk of poor or under performance by practitioners. Where poor or under performance by the practitioner is identified, managers must seek support and guidance from their own line managers and their Human Resources service. Managers should also refer to the Capability Policy – [link to policy and procedure page on MyHR](#)

STANDARDS

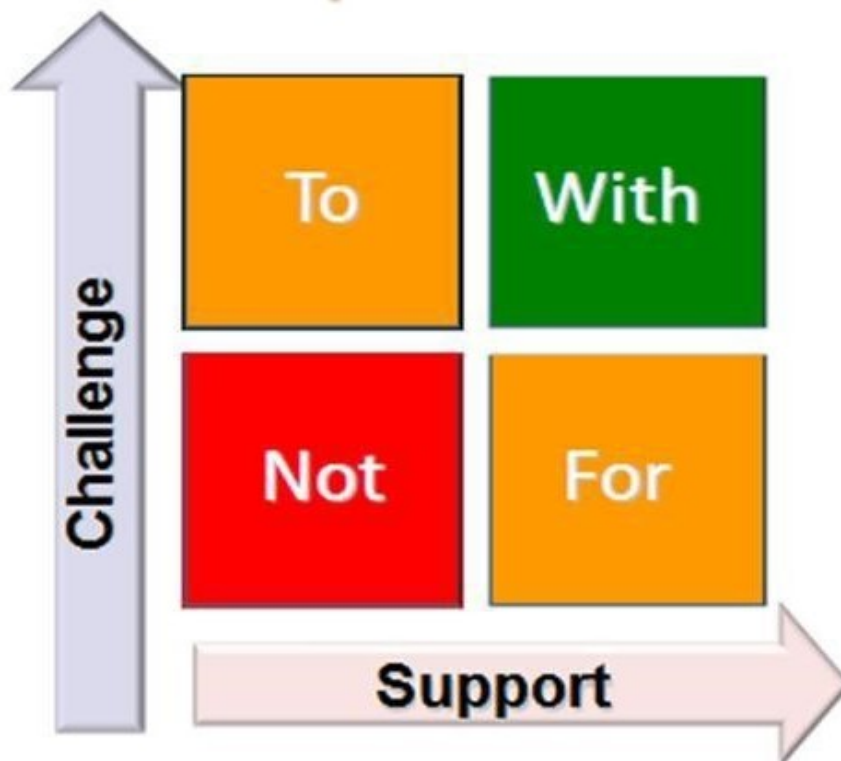
Service culture and support

- 1.7 All managers will lead and support their staff group and ensure that they work in a professional environment that is conducive to delivering good professional practice. This includes having a culture that brings support, constructive challenge and professional rigour to daily practice.

All staff groups work best when there is a culture of mutual support, management leadership, good communications and clarity in defining and acting on shared understandings of professional responsibilities, standards and expectations.

Children's Services has adopted Restorative Practice as our overarching framework for managing staff; working with partners and also our families. All managers in Children's Social Services have accessed training in restorative approaches. The main tenet of this approach is to work with people in a 'high support, high challenge' methodology, rather than doing things to or for them, or nothing at all.

Relationship and Communication



Adapted from: Wachtel T & McCold P in Strang H & Braithwaite J (eds), (2001), *Restorative Justice and Civil Society*, Cambridge University Press, Cambridge

In addition, staff need support from their managers that demonstrates commitment to their professional development and opportunities to innovate, that provides the practical means to work in a supportive physical environment, and gives protection so that the workload is manageable.

The Assistant Director, Principal Social Worker and Strategic Managers have a number of methods to support a culture of learning and listening. These will include regular sessions with the Assistant Director, spending time in social work offices, attending team meetings and holding briefing sessions, Practice Weeks, the development of the Practice Hub and regular Practice Development forums to support learning, curiosity and practice improvement.

Key practice issues

Support

Managers will:

- lead by example and set standards of behaviour, presentation and conduct that promotes good professional practice.
- cultivate an environment that is mutually supportive and draws on the professional strengths of all staff.
- ensure that staff have manageable workloads.
- provide good lines of communication, ensuring that important service policy and procedures are shared, understood and acted upon.
- provide regular supervision and meaningful annual appraisals that take account of the strengths and areas for improvement of staff, and seek to ensure that the service continues to invest in staff's professional development.
- ensure that the internal administrative and information sharing systems and arrangements support professional practice.

Constructive challenge

Managers will:

- monitor the quality of the service they are responsible for through regularly scrutinising practice and auditing case recording, and take steps to rectify poor quality when identified.
- look for opportunities to bring about improvements in practice, and support staff in delivering those improvements.

Professional Practice

Managers will:

- keep up to date on research findings in practice and policy and guidance documents relevant to their area of work. They will routinely access Research in Practice/Care Knowledge and other materials provided through practice development websites and publications. There is an expectation that staff develop their professional skills and expertise by keeping up to date with applied research.
- ensure that all staff adhere to the standards of practice in the Practice Standards, and that staff at all times conduct themselves in a professional manner in terms of their dress, language and behaviours.

Table 1: Management of Practice: Acceptable/unacceptable

Theme	Acceptable	Unacceptable
SCRUTINY Auditing Practice	Evidence of regular auditing of case records to ensure that practice standards are met routinely. Evidence of follow up of corrective action requirements arising from audits.	Little or no auditing of case records and practice. Little or no evidenced understanding of the quality of the service.
SCRUTINY Quality of Assessments, Plans and Reports	Evidence of management comments and signatures/ electronic equivalents and scrutiny of practitioner reports.	Signatures etc. are tokenistic and do not show that work has been scrutinised or plans progressed.
SCRUTINY Addressing Poor Performance	Evidence that appropriate steps are being taken to address poor or unacceptable performance of practitioners to bring about improvements. Timely use of formal procedures around improving performance.	Acceptance of practice that is below standards and an inability or unwillingness to tackle issues to bring about improvements. Continued use of informal measures where formal processes should be deployed.
SUPERVISION Contracts and Frequency	Evidence that regular quality supervision is taking place with all staff. Management advice and decisions are well evidenced and professionally sound. Recording of supervision demonstrates reflective practice. Supervision contract in place.	No evidence of regular supervision or it is sporadic and does not meet staff professional development needs. Little evidence of management decisions, or advice appears confusing. No supervision contract in place.
SUPERVISION Guidance	Guidance/policy changes and research findings are shared with staff regularly and discussed in team meetings which are minuted.	No acknowledgement in the manager's work or in the interaction with the staff group.

SUPERVISION Annual Appraisal PLAN	Evidence that annual appraisals take place within guidelines and play an active part in the recognition and development of staff skills and are limited to service priorities.	Annual appraisals do not happen, or are tokenistic, and the opportunities they provide to develop staff are not utilised.
SUPPORT Development of Staff	Manager has a proactive approach to developing staff professional skills.	Manager acts in a way that simply reacts to service demands and gives little attention to staff/team development.
SUPPORT Acknowledging and Stretching Good Practice	Manager acknowledges and gives credit to good practice and promotes this within and outside the staff group.	Good practice is not acknowledged or celebrated. Little attention is given to cultivating it in the staff group.
CULTURE Workloads	The manager ensures that the work demands are matched to the skills and abilities of staff members, and staff capacities and capabilities are defined and protected.	The manager does not match work demands to capacity and skills of the staff. This results in staff being exploited, overloaded and not working efficiently or effectively.
CULTURE Communication	The manager ensures that good communication takes place within the staff group, and all staff are informed of important matters affecting their work. Regular staff meetings take place and are properly set up, chaired and recorded. Staff meetings have formal agendas which everyone can contribute to and are fully minuted. Information arising from team meetings are raised with Senior Management.	Communication arrangements are absent or sporadic. Staff meetings are poorly organised. Important developments and information are not shared with staff. No record of staff meetings.
CULTURE Staff Mutual Support	The manager cultivates a staff group atmosphere that is mutually supportive and respectful, and an office atmosphere that is calm and purposeful, and one in which staff are focused to work.	The manager oversees a staff group that is not supportive, where conflicts and disputes are allowed to fester, and where staff are unhappy working in the setting.
CULTURE Challenge and Professional Rigour	The manager sets an example as to how to conduct oneself as a professional, sets expectations of good practice that must be adhered to, and creates an atmosphere of professionalism.	The manager is inconsistent and unprofessional in their conduct and sets a poor example of conduct. The manager does not set expectations that ensure staff work professionally.

SECTION TWO

Practitioner interaction and communication with children and young people and their families and parents

Why is this important?

- Most children for whom the local authority has a responsibility have had early traumatic life experiences and need help from practitioners to regain their confidence and trust in adults.
- Research shows that children want to be listened to and to be treated respectfully.
- Hearing and Listening to children to ensure that their wishes, feelings and voice is heard is critical to effective relationships and improving outcomes for children.
- Part of the practitioner's role is to build a relationship with the child. This relationship is crucial to ensuring that planning for children, and practice, is centred on the child's needs, and takes account of their views and their understanding of their world.
- Building a relationship with a child requires regular contact, not only in times of crisis but also at times when the child's life is relatively calm and undisturbed.
- Building a relationship and rapport with parents, carers and wider family

STANDARDS

- 2.1** All children and young people for whom the local authority has a responsibility have regular contact with practitioners, within specified timescales, and the contacts are recorded in their case records and are up to date.

Visits and statutory visits

The purpose of a visit is to:

- Safeguard the child;
- Ensure the wellbeing of the child;
- All statutory responsibilities to children and young people are met;
- Address specific issues;
- Work directly with the child;
- Assess the home environment;
- Inform planning for the child;
- Understand the daily lived experience of the child/ren, what is life like for the children and young people.

Before a visit takes place, the practitioner must arrange the visit, announced or unannounced. If the visit is to be announced, the time and date will need to be arranged with the family/child or carer and the visit booked to ensure it is within timescales, and where necessary at a time that suits the family.

Points to consider include:

- Check accuracy of current data held about the child and the family or carer;
- Plan what specific issues are to be covered in the visit;
- Be clear about the purpose of the visit;
- Be clear about what to do if no one is at home;
- Be clear about who is living or staying in the family household.

During all visits and statutory visits, the practitioner must:

- See the child/speak to the child alone;
- Ask the child how they feel and for their views about their life/circumstances and make sure these views are incorporated into the plan;
- Observe relationships and interactions;
- Reassess the safety of the child;
- Assess health, welfare, religious, racial, cultural, linguistic, educational, social and leisure needs – are they being addressed;
- Prepare for the next review with the child;
- Consider how to capture the child's contributions and feelings;
- Note any significant events/changes to the plan;
- Assess home conditions to make sure they meet the child's needs.

Visiting guiding principles and good practice

Significantly, Social Workers are expected to have an evolving, dynamic and meaningful relationship with child/ren, therefore visits should reflect this approach. Very clearly children will have their own needs and requirements particular to them in placement therefore it is incumbent on the Social Worker to take this into account when forming, developing and sustaining their relationship with the child.

This will mean that in the majority of circumstances 'minimum requirements' are just that, and Social Workers will be having contact and visiting children significantly more than those requirements as outlined above.

There may be a number of reasons that Social Workers are visiting children at a frequency significantly more than 'minimum requirements'.

This will include (but not limited to):

- Developing a new relationship with a child
- Sustaining a relationship with a child
- Direct Work with children, e.g. Life Journey and life story work
- Support around therapeutic interventions with a child

As with all interventions with children, their views will need to be taken into account when discussing, negotiating and agreeing the visiting frequency with them. There are a number of underlying assumptions that all Social Workers will need to take into account when carrying out a statutory visit to a child in care.

These are:

- All children, notwithstanding their age, will be seen and spoken to alone.
- The child's personal physical surroundings, e.g. bedroom/play areas, must be seen on a regular and appropriate basis.
- The child must know, and agree in advance, when a visit is to be completed. There will be circumstances that may require an unannounced visit to be undertaken to see the child. However, this will need to happen after a discussion with a Team Manager.
- Social Workers should ensure that they are not late and only in very exceptional circumstances should visits be cancelled.
- The Social Worker must manage their time to allow the visit to be meaningful, dynamic and creative.
- Not all visits will be completed in the child's home. However, this should be agreed with the child and carer before the visit is undertaken.
- In the first instance, as and when required, the Social Worker should be responsive to a child's request for contact and/or a visit and secondly, if required, at the request of the carer.

In addition:

Child in need and child protection visits	Children looked after statutory visits
Challenge safeguarding concerns.	Assess stability and review suitability of placement. Does this placement still form an integral part of the child's care plan?
Assess stability of the home environment.	Speak to the child alone and note any complaints by or concerns from the child.
See and speak to family and others in the home.	Note any changes in people/ circumstances or attitudes within the placement.
Observe how the child engages with family.	Observe how the child engages with the carer.
Address specific issues raised in plans and reviews; hygiene, food, violence, drugs and alcohol, domestic violence, pets and home conditions.	Assess whether family time arrangements with parents/ relationship with parents are meeting the child's needs.
Assess progress of any interventions.	See child's sleeping arrangements (minimum of quarterly).
Assess what has happened to reduce risk to a child.	Check last/next dental, eye and health assessment appointments.

After the statutory visit or visit:

- Clarify what actions have been identified;
- Identify what needs to be done, when it needs to be done by, who needs to be contacted and how to check that it has been done;
- Identify and record any changes to the child's plan;
- Set a date for the next statutory visit within timescales;
- Record the visit on the Child/Young Persons case record on LCS.

Recording the visit on Liquid Logic

Record the visit on Liquid Logic within two working days of the visit.

New Case Note for Test, Archie (5 years) , of type Visit - CIN

Part 1 - Contact

From Context Of: Test, Archie (5 years)
Type of Contact: Visit - CIN
Contact Date:
Time:
Follow-Up Date:
 Significant Event
 Add to Chronology

Contact Regarding

Relation	Name	Age	At Contact	Interviewed?	Seen?	Alone?	Bedroom?	Regarding Assessment
Children / Young People involved in this Case Note								
Self	Archie Test	5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None
Adults also present / interviewed								
No Adults recorded...								
Other relations you can add to this case note								
<input type="checkbox"/>	Sister	Zcheck Zclient	14 years					<input type="checkbox"/>
<input type="checkbox"/>	Father	Ztest Zclient	18 years					<input type="checkbox"/>

Reason for Contact

Detailed Notes

Analysis of information

Action

Record as:

Type of Contact – select the drop down box and chose the sub type.

- Sub type – CIN/Stat CP/Stat CLA etc.

Contact date and time - record the visit date and time not the recording date). You do this by selecting the date on the diary and manually entering the time.

There are options to add in a follow up date and to tick the options of “Significant Event” and “Add to Chronology” should you wish to – however these are selects are not mandatory.

Contact regarding – the child/ren’s name and age will be listed and there are various tick options; Interviewed? Seen? Alone? Bedroom? – you will need to tick the various boxes (one click) to advise if the child was seen, seen alone or if the bedroom was seen (two clicks produce a cross to indicate that this has not occurred).

There is a further option “Regarding Assessment” – should you want this case note to be noted in other assessments (e.g. child and family assessment – dates child seen). Then you need to click the triangle next to the child’s name – a pop up box will appear and click which assessment you want the case note to be included in (e.g. section 47 investigation / child and family assessment).

There are options below where adults or other linked relation can be added to the case note and you will need to tick the available boxes if this action is required.

Reason for Contact – brief explanation of visit e.g. “Home visit as part of section 47 investigation”.

Detailed Notes - Use the statutory visit recording template to record the details of the visit (statutory visit or visit activity). These should include:

- Purpose of the Visit / Where the visit took place;
- People Present;
- Description of presentation of child;
- Child seen alone? (If not why?);
- Child's voice;
- Observations of the household and interactions of parents/child;
- Bedroom Seen? Observations of this (Requirement on CP and CIC Visits);
- Parents/Carers views.

Analysis of information – here add analysis, thoughts, reflections of the visit and can discuss your hypothesis.

Action - What needs to happen next, by when and by who.

Quality of recording:

- Description must be short with emphasis on analysis which can be recorded throughout or at the end. Include underpinning theory.
- State clearly where own opinion is given and what prompted the opinion.
- Be mindful of the purpose of the recording.
- Be mindful of the potential audience for the recording (child, young person, families, inspectors, criminal proceedings).
- Include the child’s views and perceptions and their actual words.
- Evidence the child’s journey/story.

Frequency of visits

Child in Need visits

The frequency of CIN visits must be:

- Agreed with the Team Manager on a case-by-case basis. Minimum **20 working days**
- Or more frequently if indicated in the CIN plan

Children with Disabilities and Short Breaks

For Children with Disabilities where a child's health or well-being might be compromised without multi-agency intervention children should be supported within the usual child in need timescales.

Where the children and family are stable and supported but the child's needs mean that they require more than a short breaks plan, child in need reviews can take place every three months with the agreement of the Team Manager and the family. These should be noted as Child in Need Children with Disabilities. Visits to these children should take place every three months.

Visits must be sufficient for a credible review of the local authority intervention to be made. The visits must be purposeful with clear outcomes recorded and the difference we are making to the lives of Children and Young People.

Children with disabilities Short Breaks

Following the outcome of a child and family assessment, children with disabilities who are low or medium on the need's identification tool, and whose needs can be fully met by just the provision of short breaks can be supported by a short breaks care plan.

The initial short breaks care plan should be reviewed after three months and then at intervals of no more than every six months. The following practice should be followed:

- At least one review per year should be face to face with the format of the others agreed with the family.
- Where possible these should be coordinated with other reviews such as the child's EHCP review.
- The reviews will be chaired by a social worker or Team manager. It will be good practice for the social worker who undertook the assessment to chair the review, if possible.
- The views of the child and young people are paramount and children should be seen at a minimum of every three months.

It is expected that supervision of short break cases will be every three months at a minimum, where the short breaks plan is meeting the needs of the child. Assessments should be updated regularly and:

- At natural points of transition.
- When the child's needs change and the short breaks plan may need to be substantially altered.
- Where any safeguarding concerns have been raised.
- At the request of the parent or child if the short breaks care plan appears to no longer be meeting the needs of the child.
- The assessment will be allocated to a social worker on the CWD team with the short break's worker maintaining the key worker role.

Child Protection visits

A child subject to a child protection plan must be seen:

- At least every **10 working days**;
- But more frequently if indicated in the child protection plan.

The lead worker should be a registered and experienced Social Worker.

Children looked After (statutory minimum requirements)

All children looked after in continuous placements must be visited:

- **On the day** the child is placed;
- **Within one week** of the beginning of any placement commencing;
- During the first year of any placement, at intervals of **not more than six weeks**;
- Visits during subsequent years must also take place every six weeks **unless** the placement has been formally agreed as a permanent placement and once agreed, at intervals of **not more than three months** if the placement is intended to last until the child is 18 years old.

General requirements

All children looked after in continuous placements must be visited:

- **On the day** the child is placed.
- **Within one week** of the beginning of any placement commencing.
- During the first year of any placement, at intervals of **not more than six weeks**
- Visits during subsequent years must also take place every six weeks **unless** the placement has been formally agreed as a permanent placement and once agreed, at intervals of **not more than three months**.
- If the child is in a long-term foster placement and has been there for at least one year, and the child being of sufficient age and understanding, agrees to be visited less frequently than required, visits at intervals of **no less than six months**. This must be agreed by an IRO at a CLA review.

Private fostering

All privately fostered children must be visited:

- Within **seven working days** from the date of notification (this is the date the notification of a private fostering arrangement is first ever received by the local authority).
- During the first twelve months the privately fostered child should be visited at intervals of not more than **six weeks**.
- In any second or subsequent year, visits should be undertaken at intervals of not more than **twelve weeks**.
- If a privately fostered child spends a period of more than 27 days away from the care of the private foster carer then the private fostering arrangement will cease. Should the child then return to live with the same carer or move to an alternative carer the statutory visiting frequency will revert back to intervals of not more than **six weeks**.
- [There is a clip with additional information explaining Private Fostering for staff and practitioners](#)

Specific requirements (general requirements must still be adhered to)

Where a child is placed with a temporarily approved foster carer or with parents, e.g. during a connected carer assessment under an Interim Care Order, the child must be **visited weekly until the first review**. Thereafter the child must be visited every **four weeks** until the carer is approved or final hearing has been completed.

Where a child is made subject to a Care Order and placed **at home with parents**, the child must be visited in the first week and then at intervals of **no more than four weeks**.

When a child who has been reported missing from care returns, a visit to see the child will be made within 24 hours and the 'missing from care' procedures followed. If the child is in foster care or is placed with parents this visit is normally done by the allocated Social Worker. The missing from care procedures must be followed [Children Missing from Home \(Joint Protocol\)](#).

Children in more than one placement

Children placed in residential school, and who are in foster care or a residential home, must be visited at the school at least once in every term, and be seen in both settings.

Children in residential care

Children in residential care must be seen by their allocated Social Worker within the statutory timescales outlined above in General Requirements.

Children who are placed out of area

Children who are placed out of area may have an increased vulnerability and therefore visits must be regular and include those that are unannounced where possible. However, clear and recorded decisions between the Social Worker and Team Manager in supervision should decide the specific visiting requirements.

Children in secure accommodation or in custody

Social Workers are also required to maintain regular contact with children and young people in the secure unit or custody. This continuity of contact can be an important factor in them being able to settle back into the community. [Link to the joint leaving custody protocol](#)

Young people aged 18 – 21

Young people aged 18 – 21 will be contacted by their Personal Advisor at least every 20 working days. That contact must be face-to-face. However, the means and frequency of contact must be agreed with the young person and be included in their pathway plan. Young people who are engaged in higher education up to the age of 25 will also have the type and frequency of contact included in their pathway plan.

Frequency of visits

The statutory requirements provide only a minimum standard. Decisions need to be taken in supervision about how often practitioners visit and contact children, and about the changing role and nature of the support that needs to be provided. For example, whether there is a need to undertake direct work with children, or whether visits should be arranged in a particular way to support work being undertaken by other agencies. These decisions must be recorded by the manager on the case record.

Ongoing review of the plan for the child requires that visits take place at least at the minimum frequency set out in the Regulations. However, best practice relating to the individual needs of the child/young person may indicate more visits than the statutory minimum requirements.

- Contact with the child should occur regardless of whether the placement is going well or not. This is to make sure that the practitioner is able to identify problems in advance and help resolve problems as they arise, in the full knowledge and understanding of a child's current circumstances and feelings.
- There are some circumstances where visits need to be significantly increased. For example, when the placement is under particular stress, when the role of the child's parents is changing, when the child's needs have changed or when there are other concerns about the placement.
- The child or carer may ask for a visit at any time. There is a legal duty to visit on receiving a reasonable request. The visit **must take place within 24 hours of the request**.
- When a referral on an open case has been received a visit should be made within **24 hours of receipt** of the information to address the areas raised in the referral/contact.

Key practice issues:

Making contact with children meaningful

Practitioner contact with children is not just about fulfilling statutory requirements. To be a meaningful experience for the child it must be undertaken with thought and sensitivity. All the following points are applicable to children looked after, and most are also relevant to other children for whom the local authority has a responsibility.

Ensuring time to see children and young people alone

It is a statutory requirement that a child is seen alone during statutory visits. This does not always have to be specifically planned, but should allow enough time and feel safe enough for the child to engage in communication about their placement, any issues and concerns that they have and whether they feel safe and appropriately cared for. Most importantly of all, children want to speak and expect to be heard. Time to see children alone can be approached creatively; it doesn't have to feel contrived or obvious, especially with children who are only just getting to know their practitioner. Practitioners should familiarise themselves with direct work and other play materials which are appropriate to the child's age, understanding and preferences. Direct work resources can be found on the [Practice Hub Direct Work page](#).

Respecting private space

There is also a requirement that practitioners see where children looked after (or those subject to child protection plans and child and family assessments) sleep, which means getting their permission to go into their private space. With some children an honest explanation about your duty to check the quality of their care might give reassurance, but with others it may be important to build trust first and establish an interest in their lives before they will give permission. It is also important to visit the child's home or placement at different times, including unannounced visits, so that there is an opportunity to see and assess their relationships in different contexts and with different people.

Establishing good relationships with children and young people

- **Gaining the wishes and views of young people:** it is important that children and young people have the opportunity to express their wishes and feelings and that these impact on decision making. Relationships are key to this and building a positive and trusting relationship through regular visiting and contact. One way of maintaining regular contact and being accessible to young people in order to gain their view is through the medium of Mind of My own.
- **Building respect and trust:** Being trustworthy and being respectful have been key 'rules' which children themselves have suggested for practitioners. This means practitioners turning up when they say they will, being on time and not cancelling visits at the last minute. It also means being respectful, never swearing or shouting, and not speaking down to, or belittling, children.
- **Prioritising time with children:** Time spent with children during visits, whether alone or shared with other people, needs to be protected. Avoid the agenda and focus of your visits being 'hijacked' by other people. Be proactive in planning and agreeing with carers how time will be given to meeting with them and gathering information about the child as part of any placement visits.
- **Contact does not just mean visits:** Be creative about contact between visits. It is a good opportunity to establish interest and involvement. A lot of children appreciate getting personal letters, emails, phone calls and texts. Take care to safeguard your own contact details if these need to be confidential. Also make sure that these quick contacts are evidenced in case recording. Try to remember key events for children and mark them with an email, text call or card.
- **Being clear about confidentiality and information sharing:** Dependent upon age and stages of development, it is important to talk about when you can keep things private and when you cannot. Consultation with children shows that they themselves see safety as important, and most children will understand the need to share information in order to keep them safe.
- **Difficulties engaging with children:** Many children will have family and personal histories which give rise to attachment needs and this may make it difficult for them to establish trust and engagement with practitioners. Other strategies include giving a clear message that your interest and involvement do not depend upon them engaging with you, and let them dictate the pace of your relationship.
- **Keeping children informed:** Visits to children are an important opportunity to share information about their plan, key events, and changes. Do not wait to be asked, as children do not always feel that this is allowed, and practitioners may need to give a consistent message that it is okay to ask questions. Plan ahead what information should be shared and how to do this. Also think about preparing carers for any 'bombshells' beforehand.

- **Following up issues and questions:** Do not make promises you cannot keep and do not give answers that you are not sure of. If possible try to find out information or get answers during the visit. For example, quick calls to managers or parents for issues of consent or checks on information if these can be done quickly. If this cannot be done straight away agree a time to contact them and keep to this even if you still do not have the answer. Reliability and trust are more important than always having the answer straight away. Also, be honest if something cannot be done or answered and try to explain the reasons as clearly as possible, including steps to enable complaints or contacts with other people who may be able to help or explain.

Looked after children must be provided with adequate luggage, holdalls or suitcases of their own when travelling, i.e. day trips or longer holidays.

Also, when children are moving on from their placement, suitable and adequate personal luggage must be provided to accommodate their belongings. **Children should not be stigmatised by having their belongings transported in bin bags/carrier bags** with associations of refuse being attached to these. Neither should luggage be 'borrowed' unless there are exceptional circumstances to explain this. Madlug Bags and Emergency Ruck Sacks with essential items have now been provided and are available for staff to use and the children can keep the bags.

Taking care of yourself

- **Importance of safe caring practice:** It is always important to be aware of safe caring practice and professional boundaries in relation to seeing children alone. If there are known issues or risks, or heightened concerns for any other reasons, strategies for managing them should be discussed and recorded as part of supervision. The same is true of contacts with children that could potentially result in conflict or aggression. Agree and record strategies for making sure that these are safe for you and other people. Work with your manager to ensure the risk assessments for staff safety are undertaken where necessary.
- **Personal contact details:** Home and personal mobile telephone numbers, email addresses and home addresses must not be disclosed. Do not allow access by children or other service users to your personal social networking sites and check that your personal security settings are fully maintained and regularly updated. Social workers online presence must be professionally appropriate and their online identity safe. Children and young people who are known to the service should not be accepted as "on line friends" in a personal network, or in any other way to create a personal relationship. In order to promote open and professional communication parents/carers should be given the social workers direct line and mobile number and email address.
- **Professional Email and Contact Numbers:** It is a requirement and good practice to give your professional email address and work mobile to Children, Young People and their Families and Carers.
- **The importance of returning messages and communicating with parents and carers in a timely way supports and promotes relational practice.**

- **Time and workload management:** Where visits to children need to be combined with other tasks or commitments, for example, contact visits/appointments, be clear about setting aside time with the child as part of this however brief. For example, car journeys, stopping to get a drink on the way home, or time spent at the placement when collecting or dropping off children. Whatever else happens, make sure that this time is protected.

Guidance regarding involving children in their Review meeting:

- Make sure that the date/time/invitees and venue of the review are agreed with the child/young person first. They will have an opinion.
- Send reminders to the child **at least six weeks** ahead of the review date.
- Discuss age appropriate ways to participate in the review during statutory visits.
- Invite and encourage older children looked after to lead their own reviews with support and advice from the Independent Reviewing Officer (IRO) and set their own agenda.
- Manage the meeting so that people can contribute at different times in the meeting to keep the numbers down, and ensure the meeting is not too daunting for the child. Remember, it is their meeting.
- Consider whether an advocate is required to support the young person to attend their review.
- Try to make sure that the review meeting is not simply a professionals' discussion where the child sits and listens. Rather, find a way for that professional discussion to take place elsewhere so that the review meeting explores options and changes with the child, age appropriately, and with parents where appropriate.
- Avoid meeting in a formal office setting.
- Help children to use other methods to share their stories, for example, drawings, letters, scrapbooks, audio or video recordings, and other media such a **Mind of My Own**.
- Where English is not the child's first language, or the child has complex communication needs because of a disability, make use of translation arrangements and specialist communication equipment/systems to ensure that children can participate fully in their reviews.
- Planning for reviews also needs to take account of other aspects of diversity and identity (including different faith, culture, ethnicity and sexuality).
- While the child's involvement in reviews is essential many of the above points also apply to parents or other family members who have a contribution to make at reviews. This is particularly the case where a child is in voluntary care (Section 20) and the parents are the senior partners in the decision making process.

- In spite of every effort, some children and young people may still refuse to participate. In these circumstances it is essential to look at other ways whereby their views can be included, such as agreeing for someone else that they trust to share their views and wishes about issues being discussed.
- In such circumstances, look at opportunities to use other forms of communication that do not require the child to attend, e.g. virtual means, video clips (including mobile phone), telephone calls or emails.
- **Children and Families Services have invested in the use of Mind of My Own. This is a web-based application that helps children and young people express themselves and communicate with professionals, making sure everyone is heard. The app can be used to support assessments and children in care reviews. There is an expectation that Social Workers and Practitioners use Mind of My Own to promote communication and involvement with children and young people.**

Table 2: Practitioner contact with children and young people: Acceptable/unacceptable practice

Theme	Acceptable	Unacceptable
Evidence of a relationship with the child	Evidence that a trusting and respectful relationship has been developed between the child and practitioner.	The nature of the relationship is not documented or expressed, and steps are not being taken to ensure that the relationship develops appropriately.
Evidence of understanding the child's physical and emotional development	Practitioner describes the child's physical and emotional needs and understands and acts upon where the child is developmentally.	Little or no evidence that the practitioner understands or acts upon the development needs of the child.
Evidence of understanding the child's world	Practitioner shows understanding of the child's world and their perception of events affecting them.	Practitioner shows little or no understanding of the child's world and is not taking steps to rectify this.
Evidence of understanding and recording the child's needs	Practitioner is constantly assessing the needs of the child and actively pursuing plans.	Practitioner is limited in approach to child's needs, only considering short term or unrealistic set of needs.
Evidence of appropriate level of contact to meet needs	Level of contact is more frequent than the statutory/legal minimum but is appropriate to the needs of the child.	Level of contact falls short of statutory/legal requirements and good practice guidance.
Evidence of seeing the child alone	Practitioner regularly sees the child alone.	No evidence that child is regularly seen alone.
Evidence of contact furthering the plans for the child	Quality of the contact demonstrates that the plan for, and needs of, the child are being met.	Little or no connection between contact and bringing about planning outcomes for child.
Evidence of the child's wishes, feelings and aspirations given expression	Practitioner is taking steps to both understand the child's wishes, feelings and aspirations and ensuring they are recorded, expressed and fully considered in implementing plans.	Practitioner mainly concerned with service led issues with little or no attention to the child's wishes, feelings and aspirations, or ensuring they inform decisions.
Evidence of the child attending meetings and discussions where appropriate	Practitioner takes steps to encourage and support child's active involvement in decisions or meetings about them. Evidence of full and active communication/use of restorative practice approach.	Practitioner does not encourage or support child's involvement in decision making, and is taking few or no steps to rectify this.
Evidence of direct work to meet needs, e.g. life story work and later in life letters	Practitioner is working directly with the child to help them develop emotionally and reconcile previous trauma.	Practitioner takes on the limited role of case manager with little evidence of direct work with the child.
Evidence of sibling and family contact	Practitioner arranges continuing contact with siblings and appropriate family members.	Limited or no arrangements for continuing contact with family members.

SECTION THREE

Assessment and Needs Analysis

Why is this important?

If we are to help vulnerable children and young people, and provide a caring and nurturing environment for them to be able to grow and develop, we need to understand what has happened to make them vulnerable, what sense of the world they have, and what the future holds for them.

A good quality social work assessment is central to this understanding of what is happening to a child and family and how they experience their daily environment, and to informing decisions about action to be taken or services to be provided. An assessment is also an intervention in itself and the process of assessment may create change and lead to help from the extended family and/or the provision of services.

The social work assessment has a particular contribution to make to a holistic understanding of a child's needs, taking account of other professional assessments from health colleagues, psychologists, or educationalists.

Standards

- 3.1 All children and young people for whom the local authority has a responsibility will have a good quality social work assessment and analysis of their needs on their record that is produced within specified timescales.

The assessment and continuing analysis of need will be shown not just in reports but also in the planning processes and recording so as to provide a rounded view of a child. A good assessment will include the child and wider family history, current behaviours and view of the world, and indications of what the future holds.

Good quality assessments will show evidence that they:

- Are child centred;
- Are rooted in child development;
- Are ecological in their approach (an understanding of the child is located within the context of the family, community and culture);
- Take account of a child's religious, cultural or racial background;
- Involve working with children and their families;
- Take account of individual and family strengths as well as identify difficulties;
- Identify risk factors and protective factors;

- Take account of parent’s own childhood experiences and the impact that this may have on their own parenting capacity, experience and knowledge of support services;
- Are interagency in their approach to assessment and the provision of services;
- Are a continuing process not a single event;
- Separate out facts from opinions;
- Are grounded in evidence-based knowledge and informed by a robust analysis of risk and strengths.

In Stoke-on-Trent, when Children’s Social Care has been contacted about a family, an assessment will take up to a further 45 working days. If the child or the family require help immediately and can’t wait for the assessment to be completed, we will try to provide this help before the assessment is finished. Once the full assessment is finished and further work identified, a multi-agency plan will be drawn up with the family setting out what help and support will be provided by whom and by when. Practitioners completing an assessment must refer to [Working Together to Safeguard Children’ Department of Education Guidance](#).

Key practice issues:

Authoritative practice

The quality of the interaction with families by social work staff is a determinant in achieving the best outcomes. Stoke-on-Trent City Council requires that practitioners are always mindful that their **primary role is to protect children**.

Authoritative practice is that which intervenes on behalf of the child with official authority.

It requires practitioners to:

- Avoid the tendency to believe what they are told but to always question and triangulate the responses provided.
- Take all plans seriously and work towards them.
- Hold a tight grip on intervention, being purposeful in their work.
- Clarify and check all family members and significant others, including those who do not live with the child.
- Be tenacious and exercise respectful uncertainty in examining and challenging adults’ accounts of situations.
- Exercise professional curiosity at all times.
- Practice in a way that makes demands on parents, and objectively measures their progress in reducing risks and meeting the needs of their children.

The place of description and analysis in assessments

Too often, a practitioner's assessments are limited to accounts of activities and actions, and description of what happened in a child's life. What needs to be more evident is the practitioner's reflective record of **why** particular actions and behaviours occur, **how** these matter, the impact on a child's world or their development, and **what** interventions need to be made in the child's interests, or what is the expected outcome of an intervention. This is where analysis of risk and need coupled with drawing on theories of human behaviour comes into play.

In undertaking a risk analysis, practitioners need to establish what the risk and protective factors in the child's situation are (consider the child's developmental needs, family and environmental factors, and parenting capacity from the Assessment Framework domains). The risk factors, if not balanced by adequate protective factors, are difficult to manage and are likely to lead to harmful and damaging outcomes for the child.

"The child should not be lost or unseen by the enmeshed interaction between overwhelmed families and overwhelmed professionals. If using strength-based approaches do not preclude weighing up the risks of harm to the child." (Brandon, 2013)

Practitioners must identify the factors most likely to be significant in terms of reducing/increasing the likelihood of abuse or harm to the child, and to estimate the level of risk of future harm.

Practitioners must ensure they have undertaken an analysis of both **risk** and **need** in their work with children and families. In developing analytical skills practitioners should source toolkits, research websites and further reading. For further information on useful websites see [Appendix D](#).

Multi-agency information gathering in assessment

"Serious case and learning review information shows that many of the families were living chaotic and complicated lives, making it difficult for professionals to obtain a good picture of the family circumstances and dynamics. Some agencies were often missing from the early information gathering processes, notably housing and adult services in general, such as social care, adult mental health services and drug and alcohol services. These agencies were later found to have held important information about family circumstances." (Ofsted, 2015)

There can still be real problems with professional and organisational boundaries getting in the way of joint working and information sharing. 'Working Together to Safeguard Children', sets out sound principles and procedures for collaborative working. All professionals working with a child should understand their responsibilities in order to achieve the positive outcomes that keep children safe, and complement the support that other professionals may be providing.

Statutory guidance and good practice dictate that there must be joint working between police, health and children's services to ensure that the risk of harm to children is well understood, assessed and acted upon as appropriate.

Practitioners often report having limited opportunities to meet with other agencies and professionals to discuss what they do, thresholds, and good practice. There is a need to build strong links with other agencies at both practitioner and manager level to improve relationships and the quality and relevance of referrals.

For families in need of longer-term support, due to complex family support issues, practitioners need to have knowledge of community services so that they can refer and signpost families to alternative support. Referrals to support services may prevent re-referrals and an escalation of concerns in the future. Practitioners must refer to the Family Hub service directory for up to date information on services available.

Interagency communication and joint visiting

All agencies must work together to ensure that the welfare of the child is maintained with clear lines of communication and joint working where appropriate. Where there is the presence of a contributing factor relating to another agency/discipline, joint visiting must be considered.

If you are worried about a visit think about other professionals who may be able to assist in engaging the family such as the police or health visitor.

Incorporating issues of equality and diversity within assessment

Practitioners must ensure that they address issues of race, language, culture, religion, sexuality and disability within the assessment and in their work with families. Findings from Serious Case/Learning Reviews and recent inspection visits in Stoke on Trent have highlighted that this area was not covered well in the way in which professionals worked and planned with the families and yet it is an important part of family functioning.

Safeguarding Children whose Parents have Complex Problems

Factors related to drug and alcohol misuse, domestic violence, mental illness and learning difficulties were often not properly taken into account in assessing risk and considering the impact on the child. Agencies were found to be particularly poor at addressing the impact of chronic neglect on children and intervening at an early stage to prevent problems from escalating.

Domestic Abuse - routine enquiry for all women

At every first contact with a woman **on her own**, i.e. not accompanied by any adult, practitioners must routinely ask a direct question about her experiences, if any, of domestic abuse regardless of whether there are indications, in the referral or otherwise, that abuse is suspected.

It is known that a routine enquiry about domestic abuse to all women using a service has a number of advantages. It uncovers hidden violence, women report that they want to be asked and many will not disclose unless asked directly.

Information about specialist services must then be passed on to the woman, and given to her at a time when the alleged perpetrator is not present. This discussion must be recorded.

Men and violence within same sex relationships. Whilst men are not usually as vulnerable as women in abusive relationships, practitioners must also bear in mind the possibility of a male partner being a victim, or the existence of violence between same sex partners, and the impact that witnessing this will have on children.

Mental health problems

In many cases more serious parental mental illness could adversely affect a child's developmental needs. However, it is essential to assess the implications of parental mental illness for each child in the family.

Where parents have known or suspected mental health issues always liaise with specialist mental health services. Plan how you should visit this family - this must include a joint visit to assess the risk. **Remain focused on the child whilst other agencies will focus on the adult.**

Alcohol and drug misuse

Where parents have known or suspected drug or alcohol problems they must be assessed in the same way as other parents whose personal difficulties are contributing to poor parenting. The possibility of substance misuse must be considered in all cases and practitioners must also be mindful of the impact the degree and context of the misuse has on the risk to the child. Please note that it is becoming increasingly apparent that parents will, on occasion, deliberately give their drugs/prescribed medication to their children. Practitioners must be aware to this fact and consider this during their assessment

For detailed guidance on undertaking assessments where drugs or alcohol use is a cause for concern refer to 'The Child's World' (Horwarth) for some useful assessment tools.

Extra-familial harm

Contextual safeguarding is an approach to child protection that encompasses more than just the risks exposed to our young people from within the boundaries of the family home. Typically, child protection structures focus heavily upon the young person's family and the home environment, but often fail to incorporate the risks that accompany the young person spending a large portion of their time in other social settings within the community. This means that professionals and practitioners must respond to risks and vulnerabilities faced by young people in a number of different social settings and environments. Extra-familial abuse is to harm that occurs to children outside of their family system, often during the adolescent years because at this age their social networks widen.

Parents should be partners in safeguarding children and young people from child exploitation. As parents can be powerless as they try to safeguard their children from extra-familial harm yet can feel under scrutiny by professionals. Should there be concerns that a child is experiencing extra-familial harm or is at risk of exploitation from other, then practitioners should contact the Child Exploitation & Missing Coordinator. There is also a specialist Child Exploitation Team that work with young people who are experiencing extra-familial harm.

When completing assessments for children who are at risk of extra-familial harm the environmental section of the child and family assessment is particularly important as within this section practitioners should detail locations and associations of the young person. Any intelligence that it is indicative that child exploitation could be occurring should be shared with the Child Exploitation & Missing Coordinator and a Risk Factor Matrix completed in Liquid Logic.

Learning from Local Reviews

A programme of collaborative and evaluations of practice is ongoing throughout the year, covering all aspects of the service. This enables Managers to know their service well and support learning across the teams and through reflective discussions and peer learning. The Learning from the Quality Assurance Programmes shared at the monthly Practice Development Forum and also informs the monthly learning from audit log, [Link to the Quality Assurance Audits page on the Practice Hub](#).

Lessons from Serious and National Case Reviews, and other research, when undertaking assessments

It is important for practitioners to draw on current research findings and outcomes of recent Serious/Learning Case Reviews as well as key social work theories in assessing and planning for children and young people they are working with.

- [Recently published case reviews | NSPCC Learning](#)
- [Child Safeguarding Practice Review Panel - GOV.UK \(www.gov.uk\)](#)

Key findings from learning and serious case reviews have highlighted the **repeated theme of children not being seen or heard** and being 'lost'. There is often insufficient focus on the needs of the child with many of the children having a long complex history of concerns some of which dated back to birth.

Practitioners need appropriate support and training to ensure that as far as possible they **put themselves in the place of the child or young person**. They need to be able to notice signs of distress in children of all ages, but particularly amongst very young children who are not able to voice concerns.

Practitioners must ensure children and young people are consulted and that siblings are spoken to. The timing of the visit is important and that the child is at home and not at school, or a baby is awake when you visit. Is the child being kept out of sight? Will different communication methods be used for children who are unable to speak because of disability or trauma?

It is the responsibility of the practitioners to satisfy themselves that they have seen a healthy child. The needs, feelings and safety of the child should be kept 'in mind'.

Professional Curiosity

It is the capacity and communication skill to explore and understand what is happening within a family rather than making assumptions or accepting things at face value.

It can require practitioners to think 'outside the box', beyond their usual professional role, and consider families' circumstances holistically.

Curious professionals engage with individuals and families through visits, conversations, observations and asking relevant questions to gather historical and current information.

It is a combination of looking, listening, asking direct questions, checking out and reflecting on information received.

It means:

- testing out your professional hypothesis and not making assumptions;
- triangulating information from different sources to gain a better understanding of individuals and family functioning;
- getting an understanding of individuals' and families' past history which in turn, may help you think about what may happen in the future;
- obtaining multiple sources of information and not accepting a single set of details you are given at face value;
- having an awareness of your own personal bias and how that affects how you see those you are working with;
- being respectfully nosy.

SCR and Learning reviews recommend that practitioners:

- Look for previous evidence of poor or inadequate parenting and potential patterns of behaviours or concerns. Through seeking patterns of behaviour affecting child welfare, assumptions based on the parent's character or personality can be avoided.
- Avoid 'silo practice' as highlighted in key findings of Serious Case Reviews. Silo practice is where professionals fail to look at aspects of the child's needs outside of their own specific brief, therefore all assessments should be multi agency in nature.
- Avoid rigid or fixed thinking about the family. Findings of Serious Case Reviews revealed that once a view had been formed there was a reluctance to revise a judgement about the family. It is okay to revise your judgements in response to evidence and analysis as the case progresses.

- It is important to consider neglect issues within your assessment, but not to the exclusion of consideration of other potential risks to the child. The assessment should encompass issues of harm and risk to the child aside from the most obvious concern of poor physical and emotional care.
- Many serious case reviews have revealed a 'neglect case' mindset, in which thinking tended not to encompass any other harm or danger to the child other than from the prime concern of poor physical and emotional care.

Avoid the phrase 'rough handling' as this may mask the risk of physical injury or death for babies and older children. Using this term has the effect of downplaying concerns and therefore delaying a protective response for a young child.

The importance of the home visit

Practitioners need to give attention to the core experience of 'doing social work practice', in particular the practice of home visiting. The most important reason to focus on the home is that it is the common place in which children and families are seen and actual child protection work goes on.

Practitioners must not undertake home visits without being clear about the purpose of the visit, the information to be gathered, and the steps to be taken if no one is at home.

As part of the home visit practitioners must check the general condition of the household. A practitioner should ask the parent to accompany them in checking the child's bedroom, bed/cot and bedding. The family's kitchen and fridge/freezer should also be checked. This action may feel oppressive and it is important to explain why it is necessary to do this as part of the assessment. Practitioners must be aware of over optimism and disguised compliance in safeguarding children. Undertaking this level of investigation and observation will help to validate parent's accounts.

The benefit of home visits cannot be underestimated as it provides the opportunity to see the family in their own circumstances, see their own 'norms' of behaviour and gives an insight into the child's daily lived experience.

Relevant risk assessments need to be undertaken on visits where it may be considered a practitioner would face additional risks. Ensure efforts not to be judgmental do not become a failure to exercise professional judgement.

Working with hard to reach families

Over optimism and disguised compliance and hard to engage families when undertaking assessments.

Working with parents and carers who have complex problems can be a difficult issue and practitioners need to adopt 'professional curiosity'. Looking for evidence of behaviour, verifying parents/carers' accounts through multi agency information sharing, and using open questioning within the assessment can help guard against being misled by accepting the parent's version of events at face value. Contemporary research, findings of SCR/Child Practice reviews have highlighted the concepts of 'disguised compliance' and 'over optimism' in social work practice.

A Practice Guidance documents is available on the Practice Hub [Hard to Engage and Resistant Families](#).

Disguised compliance can be defined as those with parental responsibility who fail to admit to their lack of commitment to change and work subversively to undermine the process. Superficial cooperation can be seen as a front for concealing abuse.

Examples of disguised compliance may include cleaning the house before a visit, school attendance improving in the days leading up to a review, or parents presenting for a clinic appointment the day before a home visit. It is therefore important to look at the history of the family as a whole and not just as individual occurrences. The complicating factor is that a practitioner's work often goes on in an atmosphere of intimidation, danger and fear.

Non-compliance and intimidation may include:

- Hostile and threatening behaviour which produces damaging effects, physically or emotionally in other people, including the practitioner.
- Non-compliant behaviour involves proactively sabotaging efforts to bring about change or, alternatively, passively disengaging.

Practitioners need to have the skill, courage and personal resources to ask really hard questions. They need support within their organisation to reflect, process their feelings and gain insight into their experiences.

Practitioners must adopt 'professional curiosity' and remain sceptical of the explanations, justifications or excuses they may hear in connection with the apparent maltreatment of children. Though practitioners need also to be aware that their own communication may be misunderstood and may lead to misinterpretation around compliance, behaviour may seem to be non-compliant but the issue may be the way in which workers are communicating.

Where families are hostile or hard to engage practitioners must ensure they do not develop low expectations of what can be achieved. Hostile behaviour is often a distraction technique. Sometimes getting through the door feels like a major achievement with little energy left to use the time with the child.

If, as a practitioner, you became fearful during a visit you should discuss this with your manager. Think how a child or young person may feel in this situation; what must it be like for them living in that situation each day? Being 'seen' does not mean that a child is safe. Ask yourself, 'What is it like to be this child?'. Also ensure that you ask them this when you see them on their own.

You are the professional. Be confident in your responsibility to challenge if you believe it is in the child's best interests (see [Appendix A](#) for further guidance regarding working with hostile families and disguised compliance).

Importance of supervision

If any practitioner feels uncomfortable or unhappy working with a family, they must consult immediately with a supervisor. The practitioner and their manager should record safety issues so that other professionals are alerted and a multi-agency meeting convened if necessary. Managers should encourage staff to express feelings of discomfort and promote good reflective practice (see [Appendix C](#) regarding ten pitfalls in assessments and how to avoid them).

Assessments

The main assessments undertaken by practitioners in support and safeguarding roles are:

- Child and family assessments
- Section 47 enquiries

Child and family assessments

Preparation – gathering information and history:

- The practitioner must liaise with the referrer in order to gather more information about the referral.
- Practitioners will ensure they gather the details of the family network and household members who may not be on the referral. Ensure that the names are spelt correctly and recorded correctly on the electronic case file. Details of schools, GPs, health visitors and any other professionals involved with the child and carer/s must be gathered. Diligence during the information gathering stage will ensure that gaps in information and inconsistencies are avoided.
- When undertaking an assessment, or any involvement with a family, it is crucially important that fathers and significant men are included in the work. This might be where their behaviour is a significant risk factor, for example, in domestic abuse or where they are absent from the family home. It is essential that these men have support and an opportunity to change this behaviour in a way that their children need. There is a requirement for sensitivity in this area, particularly when children have little contact with their fathers.
- Practitioners must check for and read past records, including court bundles, relating to the child or family. The presenting information is not enough. Serious Case Reviews have highlighted that too often practitioners accept the parent/carer's explanation without such rigorous checks.
- Practitioners must refer to a chronology, which must be kept up to date. Chronologies must include key events relating to the child, not every telephone call etc. A chronology is not simply a cut and paste of case records. Being able to refer to a previous history of key events is particularly important in cases of re-referrals.

- Within the assessment practitioners will ensure that they refer adequately to information included in the original referral. For example, in cases of domestic abuse where the parent is minimising concerns by the time the child and family assessment is undertaken.
- Assessment reports must evidence liaison with partner agencies, in particular schools and health professionals.
- Repeated referral, completion of child and family assessments and then case closure due to dis-engagement of the family must be monitored in the longer term. This can help to identify a child who continues to be a risk of significant harm in the longer term as any previous positive change is not sustained. The trigger point for reviewing the number of child and family assessments undertaken is three.

Planning and undertaking the initial home visit

Circumstances will determine if an unannounced visit is necessary and if there are problems with the visit practitioners will discuss these immediately with their manager. Where there are concerns regarding neglect, poor home conditions or a child home alone an unannounced visit must be undertaken.

Practitioners must ensure that the arrangements for their visit do not place any person at further risk, for example, where there are issues of domestic abuse. Practitioners must think seriously about the implications of planning their visit where there is a perpetrator, or alleged perpetrator, in the house.

Practitioners must seek parental permission before undertaking a Child and Family Assessment under Section 17. The assessment should be completed with the family, rather than done to them.

Where there are safeguarding concerns and parents refuse to engage, practitioners must discuss with their Team Manager whether they consider adequate checks have been undertaken in order to conclude on the assessment and prevent 'drift' in awaiting outstanding agency checks. Please note that in regard to a Section 47, the manager can override the need for consent so as to undertake checks without delay.

Where other children have been located in the house they must be added to the essential information held on record. Consideration must be given to any unborn child in the household. Other child living in the house must also have an individual Child and Family Assessment, not just the child in the referral.

As part of the Child and Family Assessment practitioners must ensure they speak to the (alleged) perpetrators about their behaviour and taking responsibility for that behaviour. This is particularly important in cases involving domestic abuse. Practitioners must also ask about domestic abuse even if it is not part of the presenting information.

Practitioners must ensure that fathers/key carers are included within the assessment process. Key findings of child safeguarding practice reviews have revealed a lack of evidence of fathers being included in assessments, or consulted in regard to their children (see [Table 3](#) on for more information on acceptable/unacceptable practice regarding home visits).

Concluding the child and family assessment

- It is important to remember that a family may still benefit from support and practical help to promote a child's health and development, even if the reason for a referral was a concern about abuse or neglect that is not subsequently substantiated.
- Where the assessment concludes that social care support is not required consideration must be given to how the family needs can be met through other single or multi-agency involvement, and the appropriate referrals made prior to closure.
- It is the practitioner's responsibility to keep their manager informed as to the progress of the assessment and if they are experiencing difficulty in completing the assessment within timescales.
- A standard letter should be sent to the family outlining the outcome of the assessment.
- Other agencies must be informed of the outcome of the assessment, including if the case is being closed, and a record of this placed on the file.
- Only in exceptional circumstances should a Team Manager decide to conclude an assessment before completion. If this does occur the reason for this must be reported to the Principal Manager and fully recorded with clear management oversight on the child and family's records.

The assessment must follow the assessment triangle diagram in '[Working Together to Safeguard Children](#)'.

- The child's developmental needs
- Parenting capacity
- Family and environmental factors

The child and the parent/carer must be actively involved in the preparation of the assessment. They must see it and sign the assessment before being provided with a copy.

Child and Family Assessments are a multi-agency responsibility and other appropriate agencies must contribute. Reference should also be made to any appropriate theoretical bases for multi-agency planning.

Key theories include:

- Attachment theory
- Resilience theory
- Trauma Informed
- Permanence planning
- Child development
- Child abuse and family adversity theories
- Risk assessment and risk management theories
- Anti-discriminatory practice theories
- Restorative and Relational practice theories

Practitioners are encouraged to access additional resources in order to build on their skills through self-directed learning which can be recorded as part of post registration training and learning.

A Child and Family Assessment must be reviewed and updated **at least annually or when there has been a significant change in circumstances**. A new Child and Family Assessment will be required when, for example, a child is at risk of becoming looked after, is moving to a pathway plan prior to a return home on a care plan, prior to discharging a care plan, prior to instigating a placement with parents under placement with parents' regulations, or any other significant change in the child's circumstances.

Section 47 Child Protection enquiries

- Best practice in Section 47 enquiries, as with other assessments, involves all relevant agencies sharing information. Safeguarding is a multi-agency function.
- A strategy discussion or meeting, which must involve the police, Social Care and other agencies who know the child e.g. school, has to take place prior to the commencement of a Section 47 enquiry/Child and Family Assessment. The timescale for holding an initial Child Protection Conference (fifteen working days) starts with this date. The purpose of the discussion/meeting is to share information, plan how the Section 47 enquiries are to be undertaken, and identify roles and responsibilities.
- Whenever a joint investigation by police and social services is required into possible injury or harm to a child, a manager from each agency will always participate in the strategy discussion. Both parties must have the same copy of the strategy discussion minutes.
- Parents, and children if of appropriate age and understanding, must be involved throughout the child protection procedure.

- For those parents/carers/children whose first language is not English an interpreter is to be used at all stages of the process. It is not acceptable to use a family member, neighbour, teaching staff or another Social Worker, especially during the child protection medical and any interviews with the child and family.

Allocated Social Worker responsibilities

- All children and their families must have their case allocated or case oversight from a named qualified Social Worker who is experienced in child protection work.
- It is the allocated practitioner's responsibility to undertake the Section 47 enquiry/Child and Family Assessment, ensure the work is completed and progressed within timescales and that the enquiries are child focused. A confident practitioner will be able to evidence their analysis, judgements and reasoning to other professionals. The practitioner must seek guidance and support from the Team Manager if worried about the case.
- In conducting a Section 47 enquiry, the practitioner must always attempt to establish whether any family member works with children or has significant contact with children and, if they do, seek advice from the Local Authority Designated Offer, LADO (see [Appendix A](#) 'Allegations of Abuse Made Against a Person Who Works with Children').
- Unless responsibility is formally reallocated to another named practitioner and/or manager, the original practitioner and manager hold responsibility for carrying out enquiries until the initial Child Protection Conference or until a decision is made that no further action is necessary.
- The allocated practitioner, with management oversight, is accountable for the quality of the work and must take responsibility for maintaining and improving their knowledge and skills.

Concluding the Section 47 enquiry

Section 47 enquiries may not substantiate the original concerns about the child 'being at risk or suffering harm' but it is important the assessment is completed to identify what support if any is required in the long term. The assessment in itself can be the support/intervention that the family requires to enable them to discuss their difficulties and identify their own strengths/solutions.

There are several outcomes from a completed Section 47 enquiry assessment:

- The child has suffered or is likely to suffer harm and therefore a multi-agency conference should be convened to consider risk management. Proceed to initial Child Protection Conference.
- A need for a period of multi-agency support may be identified. In these cases, a Child in Need plan should be devised. The multi-agency plan must have a review date. The review date enables Social Workers and Team Managers to promote focused work based on the plan and prevent the case drifting.

- Intervention may be required but not from Social Care. Such cases should be referred to another more appropriate agency for support (signposting).
- The child is not at risk and the decision is taken that no further intervention is required.
- Immediate safeguarding actions are required via police/courts.
- If the case is to be closed a closure summary detailing the main issues, the action taken and the reasons for closure must be completed as this will be invaluable if the case has to be re- opened in the future.
- If the Section 47 enquiry has been on a looked after child (CLA) then the CLA plan is the dominant plan.

Note: If at any time during the assessment the child is found to be at immediate risk then emergency action must be taken. There must be adequate investigation of new concerns and risk assessments must be revised and reappraised when new evidence emerges. Any changes of decision-making must be clearly recorded by the practitioner and team manager (see table four regarding acceptable/unacceptable practice regarding social care assessments).

Assessments in different social care settings

Safeguarding children and young people with disabilities

“Good practice in safeguarding children [with disabilities] is seen where there are robust links between child protection workers and disability workers and where there is sufficient training to increase the understanding and ability of disability workers to take into account both disability and child protection issues.”

For those children who have special needs or communication difficulties the allocated worker will ensure that they are assisted in their enquiries by a professional who has an understanding and experience of working with the child and is able to communicate with the child.

There will be more barriers and communication issues with children with disabilities and practitioners need to liaise with professionals who have the most involvement such as teachers and Special Educational Needs Co-ordinators (SENCOs).

Safeguarding privately fostered children and young people

Recent findings have indicated more than one in ten children in England and Wales could be living in ‘invisible’ arrangements (‘Somebody Else’s Child Campaign’, BAAF). Regulations require parents and carers to notify the local authority of the private fostering arrangement. It is the specific duty of local authorities to promote public awareness of notification requirements. Private fostering arrangements need to be vetted to ensure both that the child is safe, and that their welfare is being promoted.

Assessments in adoption and family fostering

Local Authorities and Adoption Agencies/Independent Fostering Agencies are required to implement an effective strategy to recruit and assess prospective adopters and foster carers. The information to be collected is detailed in [The Adoption Agencies Regulations 2005](#), The Statutory Guidance on Adoption, 2013: [Adoption: statutory guidance - GOV.UK \(www.gov.uk\)](#), The Assessment and approval of foster carers, 2013: [Fostering Services: assessment and approval of foster carers 2013 – gov.uk](#), and in Fostering services, national minimum standards: [Fostering Services: national minimum standards – gov.uk](#)

A comprehensive assessment of prospective carers is paramount in ensuring the appropriate matching and placing of children, which takes into account the child's needs, characteristics and parenting capacity of potential foster carers or adoptive carers. The assessment will help the prospective carers to identify their family's skills and strengths and any specific areas where they may need support as carers. Additionally, the assessment allows the practitioner to gauge what it would be like for a child living in the household. Is it the right time for them and their household to be fostering or adopting a child?

Specific areas of focus within the assessment will be the general health of carers, ensuring that they are emotionally and physically robust to provide quality care to other people's children. The assessment process needs to ensure that prospective carers understand the diverse needs of children looked after and that carers have the emotional resilience to cope with the demands and challenges that caring presents.

The types of assessments you may be undertaking within adoption and fostering practice are:

- Prospective adopter reports for adopters*
- Form F assessment for foster carers
- Special guardianship order assessment
- Connected person assessment
- Step parent adoption assessment

** this assessment includes the consideration of Early Permanence.*

Increasingly Local Authorities are placing young children who are likely to have a plan of adoption in early permanence placements with carers who are approved to be foster carers until the child has a Placement Order and the court has agreed the plan of adoption. Those carers will then go on to adopt the child. The benefits for the child are avoiding delay, minimising disruption and a chance to bond earlier with their carers. An assessment of early permanence carers will include consideration of how able carers are to manage any uncertainty that comes with this process, as not all children will be adopted and a small number will return to birth family.

Practice standards within adoption and fostering practice

Standards of practice within adoption are laid down within the National Adoption Standards [Adoption: national minimum standards gov.uk](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/271222/Adoption-national-minimum-standards.pdf), and within the [Fostering Service Regulations 2002](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/271222/Fostering-Service-Regulations-2002.pdf) and [National Minimum Standards Fostering Services](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/271222/National-Minimum-Standards-Fostering-Services.pdf). Practice within these services is regulated by the Office for Standards in Education (Ofsted). Details of the new arrangements for inspection, annual performance assessment and joint area reviews of services for children and young people aged 0-18 as required under the Children's Act 2004 can be accessed from www.ofsted.gov.uk.

Assessment tools within adoption and fostering.

Practitioners must source additional tools to assist in their assessment of prospective carers. CoramBAAF provide assessment tools used by the Adoption and Fostering Teams with prospective foster carers or adopters. CoramBAAF also issue useful practice notes to offer guidance on particular issues encountered during the assessment, which can be obtained from [corambaaf.org.uk](https://www.corambaaf.org.uk). The Fostering Network provides advice and information to prospective and approved foster carers and those who support them on a range of issues, which affect the foster carer role: www.thefosteringnetwork.org.uk.

Assessments undertaken for Placement with Parents Regulations (1991)

The regulations relate to children on Care and Interim Care Orders (Section 31, Children Act 1989) where, (i) a child is subject to a child protection plan and the plan is for rehabilitation or (ii) a child is to return home and there have previously been child protection concerns.

A series of home visits will be undertaken to assess the potential placement, and any other children in the household will be interviewed and their views sought. Information will be gathered and compiled on a child and family assessment form along with a copy of a chronology.

The assessment will include a social history and the child's history of why the child came into care and the causes for concern. Details of changes in the family composition since the care episode will be recorded and the family's social networks or lack of them. The key factor in deciding if the child should be returning home under the Placement with Parents Regulations is the level of risk posed to the child. Therefore, a good quality child and family assessment is required which looks at thresholds for risk in the proposed placement and details of signs of safety/protective factors, giving a strong analysis of the likelihood of future risk, and a clear recommendation about whether the placement should be approved. As part of the assessment all agencies should be consulted before any decision is made.

Assessment practice within residential and secure estate

Standards of practice within residential and secure estate are laid down by the [Children's Homes Regulation 2001](#), the [associated amendments in 2014](#) and [National Minimum Standards Gov.UK](#).

This is to ensure that young people in care are effectively supported to achieve their aspirations and the best possible outcomes delivered by an appropriately skilled children's workforce.

Residential practitioners across the small group homes will be contributing to a young person's assessment of needs and the development and implementation of care plans that detail the care and education that children and young people will receive within their home. They will ensure that:

- Assessments of need and care plans are regularly reviewed and revised in order to ensure the home meets the needs of the child or young person.
- Children and young people can actively participate in, and influence, the planning and review process.
- Information from different sources is collected and **analysed** to inform the planning process.
- Observations will be combined with theoretical and research knowledge to inform assessments of need.
- Robust risk assessments take place to ensure the child's and practitioner's safety.
- Peer relationships between individual children and groups of young people residing together within a residential home must be discussed between residential practitioners and the one or more responsible social worker practitioners for individual young people. This is to assess risk and inform supportive and effective care planning.

Assessments of children leaving care

Pathway/leaving care and residential practitioners will contribute to the needs assessment and pathway plans of children leaving care as outlined in the [Children \(Leaving Care\) Act 2000](#)

Pathway planning must be discussed and agreed at the young person's looked after review prior to them turning 16 years old. A needs assessment and pathway plan fulfil the requirement for both assessing the young person's needs and planning services and should help bring a sharper focus to the leaving care stage. A good assessment should assist in identifying future support to be in place, leading to the seamless provision of services from children's services to leaving care and adult services.

Young people must be fully involved in the production of the pathway plan, supported by knowledgeable professionals and robust assessments, which are able to offer comprehensive support in future plans. Their plans should demonstrate their active participation, and so must be signed off by the young people themselves.

The responsible authority must complete a needs assessment **within 3 months** of a young person becoming an eligible or relevant child, whether they do so when becoming 16 or later.

It is a requirement that young people actively participate in the development of their own pathway plan. To support young people's participation in their pathway planning the consultative document called 'My Pathway Plan' can be used, which is contained on the children's LCS recording system.

Methods of assessment must take full account of the young person's communication skills and mobility requirements and whether a young person requires additional assistance.

Pathway planning must also take account of any existing assessments and plans related to the young person. These may include the care plan, placement information records, personal education plan, health plan, transition plan, ASSET assessment from Youth Offending Services and Special Education Needs assessment.

If a Young Person who is a care leaver is in custody regular visits are important to support the pathway planning and ensuring that the welfare and wellbeing of Young People is promoted. Planning for a Young Person to leave custody needs to be completed jointly with all of the services and the National Probation Service. Children and Families Services have a joint protocol with the National Probation Service, this can be accessed by [clicking here](#).

The following Good Practice Principles should be followed when planning a Young Person's Release:

- Plan effectively for release
- Work with partner agencies to formulate plans for resettlement
- Ensure care leavers are aware of the support and how to access help
- Provide a joined up approach with Probation

The assessment will consider the young person's needs and enable a robust plan to be put together in order to respond to these needs and to support positive outcomes in the future. The pathway plan must be formally reviewed at least every six months or earlier if there are any substantial changes in circumstances for the young person.

Table 3. Home visits to prepare assessments: Acceptable/unacceptable practice

Theme	Acceptable	Unacceptable
Seeing the child	Child has been seen with carers and alone, and checks made against date of birth etc. to confirm correct child. Meaningful contact established with child to obtain their views and wishes using a range of materials subject to age and understanding.	Child not seen or questions about the child relating to the referral still outstanding. Child seen but not age appropriately and views and wishes not obtained. The child's voice is not heard and they are not able to influence the assessment and any subsequent planning.
Seeing the home	Practitioner has entered the home and been able to assess the quality of the home environment to meet the child's needs, hygiene, food, warmth, affection, caring etc.	Practitioner not able to enter the home, or only allowed very limited access to the home, therefore unable to form a view of needs being met.
The child's bedroom	Practitioner able to see the bedroom and form views about the quality of care and meeting needs.	Practitioner not able to see bedroom and unable to form views about care and sleeping arrangements.
Judgements about physical and emotional care	Practitioner able to form views based on evidence about the physical and emotional care of the child by parents and family members through direct observation of family interactions and good recording of such.	Insufficient evidence to form a view about the quality of care and therefore judgements are partial or insufficient to inform actions.
Covering referral issues	Practitioner addresses the reason for the visit and concerns with family members and child where appropriate.	Practitioner does not, or is unable to, address reason for referral with family members, and child where appropriate. Family not clear as to purpose of visit or assessment.
Evidencing explanations	Practitioner records the account of explanations and references them against other information or sources.	Explanations from family or child, and does not check them against other sources.

Judgements based on evidence	All judgements are based on evidence that can be substantiated and on theoretical or researched models and frameworks of interventions.	No judgements are forthcoming, or limited judgements are made that are unsubstantiated.
Possibility of domestic violence in the family	Practitioner checks with mother/female in family regarding any domestic violence and this is recorded.	Possibility of domestic violence not covered by practitioner in assessment.
Holistic approach to child's needs	Assessment takes account of the five ECM outcomes covering the needs of the child.	Assessment is not holistic and is limited to particular issues, concerns or needs.
General child care	Practitioner acquires sufficient information to form a view about the quality of child care and actions to be taken.	Practitioner does not collect sufficient information about the quality of child care, or bases judgements on partial evidence or unsubstantiated claims.
Possibility of family members caring for or working with other children outside of their own family	The assessment clearly identifies whether a significant family member may have contact with children in other settings and the need to activate Allegations Management procedures if required.	There is very little reference to this in the assessment, either in terms of questions being asked to gather such information or that concerns are not acted upon.
Completion of assessment within timescales	Assessment completed within timescales and shared with manager, child and family.	Assessments not completed within timescales and progress reporting not shared with manager, child or family.

Table 4. Assessment and needs analysis: Acceptable/unacceptable practice

Theme	Acceptable	Unacceptable
A reflective record	Assessments that analyse events and actions and lead to conclusions based on sound professional practice.	Description of events, lists of activities and actions without any assessment of their relevance.
Based on theories and models	Assessments are based on the application of evidenced theories and models of human behaviour and the assessment clearly references which theory is being applied.	Assessments are simply based on opinions, comments.
Demonstrating observational skills	Assessments are based on the application of observational skills, theories and frameworks that explain what is going on, why it's happening, and what interventions can be taken to bring about improvements.	Accounts of observations are provided but in the absence of a theoretical framework or evidence-based contribution.
Capturing and understanding the child's world	Well-argued understanding of the child's perception of their world and events around them, and an analysis of the child's emotional and physical development and aspirations. Assessment uses direct quotes from child/young person and differentiates between 'wishes and feelings' and 'best interests'.	Little or no reference to the child's perception of their world or events. Little or no reference to stages of development of the child, physically or emotionally.
Understanding parent/child relationships	Well-argued account of the nature and quality of the relationship between both parents and child, and includes investigation of parenting capacity and is based on a theoretical framework that provides explanation and interventions.	Little theoretical framework on which to base judgements on the nature and quality of parent/child relationships. Little information on absent fathers, whether they are present in the home or not.

<p>Family history</p>	<p>There is a description and analysis of family history that impacts on the needs of the child and family members, their behaviour, past experiences i.e. parents having being CLA themselves and current actions. This is shown through an up to date chronology, and genogram, and evidence of reading and absorbing previous records.</p>	<p>Explanations of behaviour and actions are not placed in the context of the family's history. There is no evidence that previous records about the family have been read and incorporated into the assessment. No investigation into whether parent/s had experienced being CLA or otherwise vulnerable themselves and the impact that this may have on their own parenting capacity and knowledge of support services. There is no up to date chronology or genogram.</p>
<p>Race, language, religion, culture and sexual orientation</p>	<p>Racial, religious, cultural and language aspects of the family and child are taken into account in the assessment to support an understanding of concerns, behaviours and perceptions.</p>	<p>There is little or no reference to these aspects of the child and family. These aspects may be taken account of and described, but are not analysed and do not assist in understanding behaviour or actions.</p>
<p>Partner agency contributions</p>	<p>Assessments have appropriate contributions from professionals in other agencies that contribute to a holistic view of the needs of the child.</p>	<p>Partner agency contributions that would be included are either partial or absent from the assessment.</p>
<p>Assessments are developmental and fluid</p>	<p>Over time there is evidence of assessments being developed, added to or amended. There is demonstration that the assessment is a fluid progressive process offering judgements that incorporate changes in the child and family's life. The last assessment is up to date and accurate.</p>	<p>The assessment is out of date and does not take account of recent or current changes in the child or family. The assessment has not been reviewed or revised within expected timescales.</p>

<p>Coherent and logical</p>	<p>The assessment takes account of changing circumstances of the child and family, acknowledges conflicting or contested information, but forms a judgement based on rigorous analysis.</p>	<p>The assessment describes different views and changes without analysis. The findings and proposals are not based on a coherent and evidence-based set of propositions.</p>
<p>Summarising and shaping interventions and plans</p>	<p>The assessment summarises complicated and detailed information in a form that highlights key factors and helps shape plans and interventions to bring about improvements.</p>	<p>The assessment describes the complications for the child and family's lives, behaviours and actions, but does not summarise or provide an explanation of what is going on that can help decision making.</p>



SECTION FOUR

Planning for children and young people

Why is this important?

Good quality planning for children starts from the initial contact. Effective intervention at an early stage can ensure children's needs are addressed promptly, and potentially reduce the necessity for more intensive interventions by the local authority later in their lives.

Good quality planning prevents drift, ensures the children's best interests are kept under constant review, and ensures the most effective use of the practitioner's time and of local authority resources.

The development and completion of formal plans for children, and the ongoing planning and review process, are essential parts of a practitioner's work with children and their families. The plan may be a child in need plan, a child protection plan, a care plan (for a looked after child) or a pathway plan.

STANDARDS

- 4.1 All children and young people, who have been assessed as being in need, will have a multi-agency plan in place that describes the conclusions and judgments of the assessment, the actions and interventions to be taken to support families to effect change and the expected outcomes.
- 4.2 Arrangements will be in place for reviewing progress against the plan within timescales, and for updating the plan as required.

Planning for children starts from the very first point of referral and continues throughout the assessment process. Planning is a fluid process. Plans need to be reviewed regularly and changed to suit changing needs.

From the outset, all planning must consider the long-term needs of the child, not just the immediate presenting problem.

All plans for a child must be based on a comprehensive assessment of need that includes an analysis of previous history, clear monitoring of any significant changes, and a formal risk assessment. The type of intervention required will determine the type of plan decided upon.

The practitioner, with their Team Manager, is responsible for co-ordinating and completing the child's plan. This should be signed and dated by both the practitioner and the Team Manager. They hold case management responsibility in respect of the child's day-to-day and long-term planning needs. Any plan must demonstrate evidence of active participation in the plan by the child, where of sufficient age and understanding, and their parents or carers. Where, in exceptional circumstances it has not been possible to include the child or family in developing and agreeing the plan, **the reason for this must be recorded in writing.**

These Standards look at the three main plans used by practitioners when working with children and young people:

- The Child in Need Plan
- The Child Protection Plan
- The Care plan for children in care

Child in Need Plans

(Children in Need Plans and Reviews)

A Child in Need Plan (CIN) is based on an assessment of a child and their need/risk and whether support services can meet the individual needs of the child. The plan identifies the assessed needs, the services to meet those needs and sets the framework for the services provided to the child and family to enable the desired goals and outcomes to be achieved in a timely way.

The aim of the CIN plan is to provide targeted and time limited intervention, with Children's Services withdrawing within six months, though some children and families, e.g. children with disabilities, may need longer term support. The aim is to 'enable' families to effect and sustain change to improve their life chances.

The principles of the CIN plan reflect the key principles underpinning all safeguarding process:

- The child is the primary client and their needs are paramount.
- Any planning or intervention is informed by a thorough assessment.
- The family should always be present at a Child in Need meeting.
- The plan will be completed using the child in need template in Liquid Logic.
- The child's welfare is everyone's responsibility. To achieve this all involved agencies must work together in partnership to ensure the progress of the plan.

Child in Need meetings

Child in Need (CIN) meetings are arranged where a child/family has been assessed to require support under Section 17 of the Children Act, 1989.

It is an opportunity for the child, parents/carers and other key agencies to identify and agree the most effective inter-agency services to meet assessed need and to update a CIN plan.

The family must be supported and encouraged to engage and attend the meeting. Consideration should be given to involving the child and supporting their attendance.

CIN meetings can take place in a variety of locations to support full attendance and a record of attendees is maintained.

Parents/carers must give consent as it is a voluntary service. If consent is not obtained, consideration must be given to how the child's needs will be best met. For example:

- Escalate to CP plan
- Preventative services
- Single agency response

However, it is important to consider why the family do not feel able to give consent. Does this increase concerns and would risk increase if services withdrew?

Timescales and frequency

A CIN initial meeting must be convened within **15 working days** of a decision that the CIN meeting is required. This decision may be made during or on the completion of the child and family assessment.

The frequency of subsequent CIN meetings will be determined at the initial CIN meeting. However, subsequent CIN review meetings should be held **at least every six weeks**.

Once each CIN meeting has taken place, the plan must be:

- Updated within **two working days**
- Circulated within **ten working days**

Key responsibilities

A social work team manager/senior social worker should chair the initial CIN meeting and an agreement must be reached at this meeting regarding who will chair subsequent CIN review meetings.

A social work practitioner is the lead professional and they are responsible for arranging the CIN meetings and recording agreed updates to the plan and circulates the plan.

Key professionals are responsible for the formulation and implementation of the plan and for their own attendance.

The purpose of the initial CIN meeting is to agree and clarify the actions of the CIN plan and to challenge the plan to ensure that it is robust enough to reduce any identified risks and develop strengths.

Actions must be challenged to ensure that they are SMART:

- Specific
- Measurable
- Achievable
- Realistic
- Timescales

All actions must have identified people responsible for them. In addition, decisions and actions agreed are recorded.

Planning and intervention through the Child in Need meeting must be underpinned by a thorough child and family social work assessment.

The purpose of subsequent CIN review meetings includes all of the above and also to review and monitor progress against the intended outcomes set out in the plan.

In addition, at review meetings the plan must be amended and updated as required and action taken if risks escalate/de-escalate.

Before the CIN meeting

Arrangements should be made to organise the meeting, book a room/teams meeting etc.

Three to four weeks in advance of the meeting, invitations should be sent out. The social work practitioner must visit the child and family to prepare for the meeting and to seek their views. This must include exploring ways in which to engage the child in the meeting and consider advocacy services if required.

If the child has communication needs, consult with parents/carer/school and consider creative methods of communication including visual aids, toys, Boardmaker, Makaton and photographs.

If professionals are unable to attend the meeting they must update the Social Worker and provide a written update regarding their involvement with the family.

At the CIN meeting

All attendees should be introduced and the attendance list must be maintained. The invitee list must be reviewed and consideration given to whether anyone else should be invited, including other family members or friends or other professionals.

There should be discussion, review and challenge on the progress of agreed actions. Any written information provided by professionals not at the meeting must be shared. In addition, updates to the plan must be noted and issues identified that cannot be resolved. If there is agreement to de-escalate to CAF or single agency response, a lead professional must be identified and agreed.

At each review CIN meeting the plan and actions should be reviewed to ensure that they have been completed and colleagues challenged if actions haven't been completed in a timely way.

A date should be set for the next CIN meeting.

After the CIN meeting

The social work practitioner must update the plan within two working days and circulate the updated plan to the family, child/ren and key professionals within five working days. The updated plan must be recorded on Liquid Logic.

If there are any identified issues that were not able to be resolved at the meeting, these should be raised with the Team Manager.

Any newly proposed invitees should be contacted and invited to the next meeting.

After the initial meeting, and again if there are any significant changes to the plan, the CIN plan must be shared with the family and signed by them. In addition, the initial plan should be shared with the team manager and signed by them and again for each subsequent plan review.

When the **decision to close the case** is reached the work undertaken and areas addressed should be recorded in a closing summary. This should give the reasons for the closure and include the views of the professionals involved, and the views, wishes and feelings of the child/young person and their parent/carers.

Recording the CIN Meeting on Liquid Logic

The social work practitioner must record the CIN meeting on Liquid Logic within two working days using the CIN meeting template.

Record the activity as:

- Type – Child in Need Plan
- Sub-type – Initial meeting or review meeting

Copy the updated plan into the activity directly from the CIN meeting template. The social work practitioner must make sure that the **signed copy** of the plan is scanned onto Liquid Logic. The social work practitioner should also set up the next CIN meeting activity.

To ensure quality of recording, the social work practitioner must check that all actions have allocated responsibilities and action by dates. They should be mindful of the purpose of the recording and mindful of the potential audience for the recording (young people, families, inspectors etc.).

Key discussions at the meeting can be recorded using bullet points, ensuring that significant events and areas of disagreement are recorded with a level of detail to appropriately reflect the discussion held.

Child Protection Plans

The **threshold** for creating and implementing a child protection plan is that the child has suffered significant harm and is likely to suffer significant harm in the future (or is assessed as likely to suffer significant harm on the basis of enquiries into this case or research evidence).

The initial CP plan will be formulated at the initial case conference. At the first core group a more detailed plan should be developed to reflect the areas of risk.

The child protection plan states how agencies, professionals and the family intend to work together to ensure that the child will be safeguarded. The plan identifies the risk and purposeful actions to reduce the risk to the child. The plan should be reviewed and updated at every Core Group.

Quality of Child Protection conference reports and Child Protection plans

Child Protection conference reports must show evidence of analysis and reflect management oversight in discussions around the assessment and the plan. Practitioners must regularly ascertain the parents' and child's wishes and feelings, and keep them up-to-date with the Child Protection plan and developments or changes. All reports and plans must be shared with the child and family.

Conference reports must be shared with families at least **three days** before the day of the conference and **five days** prior to a review. It is unacceptable to expect family members to participate in conferences without having had prior opportunity to consider the social care reports and to comment on them.

"Where children are supported at home, the child protection plan must clearly identify the objectives to be achieved, with timescales, that signal either the withdrawal of support to the family or, if the objectives are not achieved, indicated the point where further action must be taken. This is particularly important in cases of child neglect where often there is no single event that 'triggers' matters escalating to an application for a court order...Realistic timescales need to be applied for these cases to ensure that a child is not subjected to long term neglect." (Laming, 2009 3.12)

Conference chairs have a role in quality assuring the reports and challenging practice where needs are left unmet.

Key practice issues:

Any child or young person subject to a Child Protection plan must be allocated a qualified Social Worker.

- The practitioner must ensure rigorous information gathering and analysis during the initial stages of involvement with the family. Gathering the right information in these initial stages can assist with family network mapping, later life story work and good child care planning and, if appropriate, permanency options.
- The practitioner must ensure that the invitation list for the Initial Child Protection Conference (ICPC) has the full and correct details of everyone who should attend. All agencies with statutory responsibilities must be invited, police, probation, health and education. Other key people in the child's life must also be included on the invitation list. The practitioner must give clear information about which family members, including where appropriate the child or young person, are to be invited or excluded. Where a family member is to be excluded, reasons must be given in writing for this. The conference will not be confirmed without a full invitation list.

- A conference report must be completed for the meeting. The report must include comprehensive information about the child's situation including historical information, and current information about all household members and key visitors. It should include analysis of the information and an assessment of risk to the child. It should contain a clear recommendation about whether a CP Plan is required or not. All children within the household should be considered at conference along with their individual needs.
- Parents and children must be prepared for the ICPC by having read the report ahead of the conference. They must be aware of the recommendations the practitioner is making and why. Their views must be recorded. The practitioner must give active consideration as to whether it is appropriate for the child or young person to attend the conference. If the child does not attend, then consideration must be given to the best means of talking to them about the outcome.
- The practitioner completes the report for the ICPC. The report focuses on areas that need to change in order to reduce 'risk' and concludes with recommendations for safeguarding the child. The team manager authorises the report. The decision that conference makes is whether the child should be subject to a child protection plan. **The outline Child Protection plan is the responsibility of the Chair with the agreement of conference members, as it is a multi-agency plan.**

The practitioner responsibilities:

The social work practitioner is the lead professional in Child Protection cases. They must attend the initial conference and all scheduled review conferences to provide continuity and is responsible also for:

- The completion of the section 47/child and family assessment
- The implementation of the Child Protection plan
- Arranging and chairing core group meetings

The core group will develop and implement the detailed child protection plan. This will set out what work needs to be done, why, when and by whom. There will be a written record using the core group meeting template of the decisions taken and actions agreed at the core group meetings. This recording task should be shared by core group members and is not the sole responsibility of the Social Worker.

Within the core group the practitioner has the lead role, however all members of the core group, including the child, if this is appropriate for their age and development, and parents, are jointly responsible for the formulation and implementation of the child protection plan. The group refines the plan as needed, and monitors progress against the intended outcomes set out in the plan.

Team Manager responsibilities

The Team Manager has management responsibility for ensuring that work with the families of children who are subject to a Child Protection plan is undertaken to prescribed standards as set out in [Section One](#) of these Standards.

Child Protection conference Chair responsibilities

The conference report must be completed on Liquid Logic and an alert sent to the conference Chair **three working days** prior to the conference. The Chair must be independent of operational and line management responsibilities. The Chair's role is to ensure that conferences are administered efficiently, attended assiduously, managed authoritatively and produces decisions which are child focused, with Child Protection plans that are purposeful and authoritative. For this reason, it is important that they receive the report ahead of conference.

The Chair must ensure that an outline Child Protection plan and the recommendations of the Child Protection case conference, category, identification of the key worker and core group members are distributed within **two working days** of the case conference.

Distribution of case conference minutes and plan

The Safeguarding and Quality Assurance service is responsible for the distribution of the conference minutes with expectation of the parent/carer whereby it is the responsibility of the key worker to ensure that they receive a copy of the minutes. The practitioner must alert the Safeguarding and Quality Assurance service of any risk issues in sending out initial and review minutes so that alternative arrangements can be made.

Reviewing Child Protection Plans

Child Protection conference decisions must be reviewed **within three months** of the date of the initial Child Protection conference. A second review must take place **within six months** of the first review. Subsequent reviews must be at intervals of **no more than six months**.

When a child becomes looked after as a result of Child Protection concerns the Child Protection plan is incorporated into the care plan. This is discussed at the first Looked After Child care review. Where there are child protection issues in respect of a looked after child the process of opening a Section 47 enquiry will be followed.

Core Group meetings

Core group meetings are arranged following a Child Protection conference (initial or review). They are formal, statutory meetings. At the meetings, updates to the Child Protection plan are recorded and a register of attendees is maintained. Core group members are originally agreed at ICPC. Core group meetings can take place in a variety of locations and as such the location may be chosen to support full attendance.

The core groups must develop the detailed CP plan and review progress at every core group.

The family must be fully involved and supported to attend. Consideration must also be given to how to involve the child and support them to attend.

Timescales and frequency

The first core group must be convened within **ten working days** of the ICPC.

Subsequent core group meetings must take place **at least every four weeks** thereafter.

Once each core group meeting has taken place, the Child Protection plan must be updated within **two working days** and circulated within **five working days**.

Key responsibilities

The Social Worker is the lead professional and is responsible for arranging and chairing the core group meetings and for recording agreed updates to the child protection plan and for circulating the plan following core group meetings.

Core group members are responsible for the formulation and implementation of the plan. They are also responsible for their own attendance.

The purpose of the first core group meeting is to:

- Agree and clarify the actions of the outline Child Protection plan, develop it into a more detailed plan and to challenge the plan to ensure that it is robust enough to reduce and eliminate identified risks in the risk statement.
- Challenge the actions to ensure that they are SMART (specific, measurable, achievable, realistic and have time-scales identified). Ensure that all actions have identified people responsible for them.
- Record decisions taken and actions agreed.

The **purpose of subsequent** core group meetings is to review and monitor progress against the intended outcomes set out in the Child Protection plan and to amend and update the plan as required. Where risks have escalated, the meeting must address this and identify appropriate actions to take.

After the ICPC

The outline Child Protection plan is sent out within 48 hours to statutory partners and core group members.

The Child Protection plan should be shared with the family and signed by them.

Signatures should be captured on the plan agreed at the first core group meeting and again if there are significant changes made to the plan at subsequent core group meetings. In addition, the plan must be shared with the Team Manager for approval on Liquid Logic.

At the core group meeting

Introductions must be made and the attendees, absentees and apologies must be recorded. Agreed actions must be reviewed and challenged. Any changes or updates to the plan must be noted and issues that cannot be resolved by the group identified.

The membership of the core group should be reviewed and consideration made about whether membership should be extended to others including professionals, family members and family friends. Lastly, a date should be set for the next meeting.

The plan is set out on the core group meeting template. This is where updates to the plan must be recorded.

After the core group meeting

The Social Worker must update the plan within **two working days** and circulate it to core group members and the child protection conference chair within **five working days**. There is no longer a separate Child Protection plan document as the plan is now contained within the core group meeting minutes. The core group meeting template must be used and any changes made to the child protection plan clearly indicated using this template. Any newly proposed core group members must be contacted.

With regard to issues that the core group has not been able to resolve, these must be discussed with the Team Manager in the first instance and then with the conference Chair as advised by the Team Manager.

Following all core group meetings, a copy of the developed Child Protection plan must be updated on Liquid Logic and the chair advised so that s/he can review.

If the meeting has not taken place, a decision is recorded by Child Protection Chairs on the case episode. The decision will state that a core group meeting must be held within **five working days**. Also, the Child Protection Chair will send the alert to the Team Manager to inform them of this.

After the core group meeting

After the core group meeting has taken place the Social Worker will:

- Continue work on the episode
- Record the details of the meeting in the 'Record of Core Group Meeting' document
- Update the 'Child's Plan' document
- Send the task 'Please review plan and authorise' to the social work Team Manager
- Set up the next core group activity

To ensure quality of recording, the Social Worker must check that all actions have allocated responsibilities and action by dates. They should be mindful of the purpose of the recording and mindful of the potential audience for the recording (young people, families, inspectors etc.). The plan must be written up as updates to the planned actions and not as minutes of the meeting.

Children looked after care plans

The care plan is the responsibility of the practitioner and Team Manager. It must be prepared before the child is first placed by the authority, or if this is not practicable, **within ten working days of the start of the first placement.**

A care plan must identify intended outcomes for the child and set objectives for work with the child, the birth family and the carers in relation to the child's developmental needs. This will also form the basis of the specification for a placement for every child, and the effectiveness of the placement will be assessed against this. These outcomes will cover:

- The child's health needs and health history (health assessments and health plans).
- The child's educational needs and educational history (personal education plans).
- The child's emotional well-being, behavioural characteristics and needs.
- The child's sense of their personal identity, including racial, cultural, sexual, religious and social characteristics.
- The child's family and social relationships and impact on their behaviour.
- The arrangements for a child to continue to be in contact with their birth family.
- How the child presents socially.
- The child's self-care skills.
- The care plan must be based upon an up-to-date analysis of the child's needs, which includes an analysis of their previous history.
- The care plan must evidence the active participation and agreement of key individuals, e.g. the child, those with parental responsibility, and key agencies. Where the child or the parent/carer do not agree with the plan, this should be recorded, and their views formally noted.

The practitioner and Team Manager must update the care plan prior to the first and all subsequent reviews. It is not the function of the review to rewrite the care plan, but to review the updated plan. In the unusual event that there are no changes to the care plan it should reflect that the need to update it has been considered.

The care plan must name the person who is to be responsible for carrying out any actions which are needed to achieve the aims of the care plan, along with specific timescales for these to be carried out.

Key practice issues

All children looked after and young people must be allocated a qualified Social Worker, though an unqualified practitioner can also undertake some tasks with the child and family but under the scrutiny of a qualified Social Worker.

All children looked after must have a written care plan or a pathway plan. Care plans are detailed and 'live' documents which describes the overall aims and desired outcomes for the individual child, based on a thorough assessment of their needs as described in [Section Three](#) of these Standards, and the way these are to be achieved. The core feature of the child care planning process is for it to be child centred in achieving long-term permanence for the child.

“Permanence is the framework of emotional permanence (attachment), physical permanence (stability) and legal permanence (the carer has parental responsibility for the child) which gives a child a sense of security, continuity, commitment and identity. The objective of planning for permanence is therefore to ensure that children have a secure, stable and loving family to support them through childhood and beyond.”

Children and Families Services Permanency Strategy has been updated and can be accessed [here](#).

The care plan also needs to identify interventions that are needed to meet the child's day-to-day and long-term care needs. In particular, this must include the type of placement to meet the child's individual needs, and clear detailed proposals for maintaining contact between the child and their family and friends. The plan should identify how best to meet the specific needs of individual children, in particular children with disabilities and those children with particular needs in relation to identity, e.g. culture, faith, language and sexuality.

Timescales for CLA documentation

Planned placement	Unplanned placement
The placement plan must be completed prior to the placement commencing.	The primary information section on the placement plan must be completed prior to placing the child.
The placement plan would be completed at the placement planning meeting.	The placement meeting must be held within 72 hours of placement start where the remainder of the placement plan will be completed.
Care plan must be completed by the day of placement.	Care plan must be completed within ten working days of placement in the case of an emergency placement.
All placements	
Updated care plan/placement plan and social work report/assessment must be completed and received by the IRO three days before the review. Along with the PEP, health plan and individual health plan. The placement plan must be updated if the child changes placement.	

Planning for safeguarding and assessment of risks for children looked after

Where children looked after have identified needs in relation to safeguarding, the care plan needs to include specific and detailed plans and objectives to address these needs, as well as plans for monitoring any ongoing risks.

It is a requirement that all children returning home from care must have a Child in Need plan. This should be based upon an up to date child and family assessment. All care plans must be based on ongoing assessment of need, clear monitoring of any significant changes, and risk assessment.

The place of personal education planning in care planning

The practitioner has a key responsibility to:

- Initially choose a school place;
- Apply for a school place;
- Contact the head of the extended school for children looked after if they believe an appeal for a school place may be necessary;
- Clarify arrangements for signing permission slips;
- Form a good working partnership with the education provider and understand their policy and practice;

- Take an active interest in the child's progress at school or college, attending events, performances or progress evenings as appropriate.

The practitioner is responsible for initiating the personal education planning process and the formulation of the personal education plan (PEP) in partnership with the child, designated teachers and other education professionals, parents, relatives and carers.

The PEP is the key tool in education planning for the child. It is an integral part of the child's care plan. All children looked after who are of statutory school age should have a PEP, which should be completed **within 20 working days** of a child becoming looked after, joining a new school, or moving to another authority. This should be in time for the 28 day (20 working days) statutory looked after child care plan review.

The PEP must be reviewed in line with statutory reviews, including early years PEP for pre-school children, or whenever monitoring suggests there has been a significant change in attainment and progress, attendance or engagement with learning.

The PEP is a living document that should be used as the means of recording the outcomes of significant meetings between education professionals, carers and/or social work practitioners.

PEPs are designed to ensure that all important decisions about the education of a looked after child are made jointly by the 'corporate parent' (that is the education professionals, social work practitioners, parents, carers and other local authority professionals involved with the child). It should reflect any existing education plans, such as an Education, Health and Care Plan (EHCP), individual education plan (IEP), or other plans a school may already have in place to support the child or young person.

Social work practitioners will work in partnership with designated teachers, special education needs co-ordinators (SENCOs), other education professionals and carers to ensure that the PEP:

- Includes the views of the child or young person.
- Provides a clear picture of current attainment and progress compared to valid and realistic targets for achievement current attendance and engagement with learning, as well as achievements beyond the taught school curriculum.
- Includes an analysis of the barriers limiting attainment or progress.
- Sets objectives and SMART targets which clearly relate to the lowering of these barriers and the improvement of attainment and progress, attendance, engagement with learning and/or out of school activities.
- Describes the specific support that will be offered to achieve these targets and the role of the parent/carer, social work practitioner and education professionals in providing it.
- Support from the Virtual School with PEP's is critical to ensure that the holistic educational needs of children are met.

The place of health plans and health assessments in care planning

It is the responsibility of the practitioner to ensure that each looked after child has a health assessment and health plan. **Health assessments must be undertaken twice a year for children under five years of age, and annually for children looked after aged five to 18 years.**

Young people are often reluctant to attend, but should be strongly encouraged by practitioners to fully engage in health assessments.

The practitioner is responsible for ensuring that the health plan for each looked after child forms part of the care plan. The health plan should set out the objectives, actions, timescales and responsibilities, arising from the health assessment for meeting the child's health and emotional well-being needs.

The health plan as a minimum should include:

- The child's state of health, including physical, emotional and mental health;
- The child's health history including, as far as practical, their family's health history;
- The effect of the child's health history on their development;
- Arrangements for the child's medical and dental care appropriate to their needs.

Reviewing children looked after plans

The review of the looked after child occurs when the quality of the child's care plan, based on the local authority's assessment of the child's needs, is considered. The care plan for each individual child must specify how the authority proposes to respond to the full range of the child's needs, taking into account their individual views, wishes and concerns. The review will need to monitor the progress of the plan and to make decisions to amend the plan as necessary in the light of changed knowledge and circumstances. The review must set clear timescales and allocate responsibilities for achieving the plan's objectives (IRO Handbook, March 2010) [and can be accessed here](#).

Two key principles are emphasised:

- The review of care plans is one of the key components of care planning along with assessment, planning, intervention and reviewing.
- All of these components of care planning form a continuous and dynamic process in itself, and not a single event. **The review process is not just the meeting itself.**

The review meeting must **address a specified range of issues** and must take place at specified intervals.

Child care review timescales

- Contact must be made with the IRO service within one working day of when the child first began to be looked after to book the first review.
- The first review of the care plan must take place within 20 working days of the date when the child first began to be looked after.
- The second review must take place no more than three months after the date of the first review.
- The third and any subsequent reviews should take place no more than six months after the previous review.

Arrangements can be made to review the care plan more frequently. This must be considered each time there is a significant change to the care plan.

For some children looked after timescales for reviews are slightly different:

- Children placed for a series of short breaks. The first review of their care plan will take place within three months of the day that they start their first short break placement and the second and all subsequent reviews must take place within six months of the previous review.
- Children subject to placement orders (or where the local authority has other authorisation to place children for adoption). These children fall into two groups:
 - Where the placement order or other authorisation has been granted, but the child has not yet been placed with prospective adopters. These children must continue to have a care plan until they are placed with a prospective adoptive family.
 - Following the local authority being given authorisation to place a child for adoption, there is a statutory requirement that a first review of the care plan takes place within three months of that date and thereafter at least once every six months.

If the child is not placed nine months after the granting of the placement order, the review must consider whether the plan remains appropriate and other options for achieving permanency must be considered. Notification must be forwarded to the adoption panel.

Where the placement order or other authorisation has been granted, and the child has been placed with prospective adopters, the child ceases to have a care plan and this is replaced by the adoption placement plan and adoption support plan. The sequence of reviews then takes place as if this is a new care episode, i.e. within 20 working days, three months and then at least six monthly. These reviews continue until an adoption order is granted.

It is important to remember that parents continue to have parental responsibility until an adoption order is granted.

The IRO must speak with the child or young person prior to the first review and before every subsequent review. This is a statutory duty under [Care Planning Regulations](#).

This first meeting will be important and may set the tone for the longer- term relationship that will develop between child and IRO. Time and consideration must be given to planning it. At this meeting it is important to work with the child to discuss how they will be able to make the most meaningful contribution to the review.

Preparation before the review

- All children looked after must have a named independent reviewing officer allocated to them **within five working days** of the child becoming looked after.
- The IRO will send an introductory letter to the young person upon notification of the placement being made.
- Sibling groups, whether or not placed together, must have the same IRO.
- The practitioner must inform the child beforehand about what information needs to be shared as part of their review meeting. This may include showing them reports or updated care plans, or having the proposed changes to their care plan explained to them.
- The practitioner must ensure that all key parties are sent consultation forms at least **20 working days** before reviews. The practitioner must ensure that arrangements are made for children and parents to have the support that they need to complete their contributions.

Advocacy

Every child has the right to be supported by an advocate. The IRO is responsible for making sure that the child understands how an advocate could help them and their entitlement to one.

Advocacy is an option available to children whenever they want such support and not just when they want to make a formal complaint.

Some children will feel sufficiently confident or articulate to contribute or participate in the review process without additional help. Others may prefer the support of an advocate. This could be a formal appointment from a specialist organisation or might be an adult already in the child's network.

Documents to be prepared for child care reviews

Practitioner's updated plan and assessment for a statutory child care review

This is to be completed by the practitioner prior to the review meeting. It is important that completion of this document does not assume prior or shared knowledge when read by participants in the review.

Good practice includes:

- Not simply stating that there has been ‘no change’ in the child’s development and progress across all dimensions of the care plan.
- Providing brief historical context to key developments in the care plan.
- Ensuring that safeguarding needs are also addressed and proposals included for how these might be managed.
- Ensuring that the need for contingency or parallel planning is also addressed.

This report and the child’s care plan must be with the IRO **at least three working days** prior to the review meeting. Other CLA documents (essential information record 1 & 2 and placement plans 1 & 2) are also required for the first review and for subsequent reviews where key information in these has changed.

All CLA documents must be updated at least once every 12 months, and whenever there are significant changes in the child’s circumstances.

IRO record of the review-statutory child care review

This document is completed by the IRO, and forms a record of the review meeting.

Children looked after aged over 16 must have a pathway plan completed three months after their 16th birthday. This pathway plan will replace the care plan and will be reviewed at the first scheduled statutory review after their 16th birthday. All subsequent reviews must continue to take place at statutory intervals, or if requested by the young person.

The role of the practitioner and team manager

The practitioner and Team Manager must ensure that the agreed actions of the care plan are carried out in their role as corporate parents. They must also ensure that the IRO is notified of any significant changes in the child’s circumstances.

The Team Manager or practitioner must also inform the IRO if the child’s care plan cannot be carried out/progressed. The IRO may direct that the review be brought forward to consider this.

The review is the child’s meeting and discussion must take place between the practitioner and the child **at least six weeks before the meeting** in relation to who the child would like to attend the meeting and to the venue. This discussion must also include how the child wishes to participate. It is important to give a range of options to a child beyond those of attendance at the review or completing a form. For example, a child may wish to record a video contribution, or use some other media (see also the end of [Section Two](#) of these Standards in regard to making reviews more child/young people friendly).

The six weeks period allows time for subsequent discussion about attendance and venue between the IRO and the practitioner, and for written invitations to be sent out. The practitioner and the IRO must speak together at least 15 days before the review takes place.

Prior to the care plan review, the practitioner will consult with all of those people who have a key interest in the child's well-being in order to gain their views and experiences, and to gather key information about the progress of the care plan. This promotes the ongoing assessment of need and informs the long-term planning for the children. It also helps to reduce the number of people who have to attend the review meeting. This in turn allows for the meeting to be child friendly and encourages attendance by young people.

The Children Act, 2004 guidance also identifies the people who **must** be consulted by the practitioner as part of the review process:

- The child or young person
- Birth parents and those with parental responsibility
- Carer (fostering/residential/adoptive/kinship)
- Class teacher/designated teacher
- GP/health practitioner/designated clinician

The role of Independent Reviewing Officers (IROs)

The IRO must be independent of the case management responsibility for the child and of the management responsibility for any resources the child may receive.

There are two separate aspects to the function of the IRO:

- Chairing the child's review and reviewing planning
- Monitoring the child's case on an ongoing basis including whether any safeguarding issues arise

Fulfilling these two aspects include the need:

- To maintain a consistent and supportive relationship with children looked after.
- To consult the child about his/her care plan at each review and at any time that there is a significant change to the care plan.
- To ensure that care plans have given proper consideration and weight to the child's current views, wishes and feelings and that the child fully understands the implications of any changes to their care plan.
- To make sure that the child understands how an advocate could help and his/her entitlement to one.

- To give support to the child to access independent arrangements for advocacy, make a complaint and apply for an order or seek to discharge an order.
- To attend all meetings concerned with the reviews (this would usually mean the statutory review, but would also enable the IRO to attend other significant care planning meetings at their discretion).
- To ensure that all participants at reviews are able to contribute fully and that every action in the plan is owned and has a timescale, and to monitor the progress of these actions at subsequent reviews.
- To provide an accurate and detailed record of the reviews.
- To ensure that the care plan for the child fully reflects the child's needs based on a detailed and informed assessment. That the care plan is up to date, effective and that the actions and outcomes set out in the plan are consistent with the local authority's legal responsibilities towards the child.
- To monitor the activity of the local authority acting as a good corporate parent and of other agencies in supporting the child. Also, to challenge any areas of drift, poor practice, poor service provision or delivery.
- To inform senior managers of any specific issues that relate to an individual child that require immediate action or any emerging themes across the service that need addressing.
- To attempt to resolve any disagreements in review process and where it is not been possible to do so informally, to activate the local authority's formal dispute resolution procedure.
- There are actions that the IRO must take if the local authority is failing to comply with the 2010 Regulations or is in breach of its duties to the child in any material way, which include making a referral to CAFCASS at any stage, not just as a last resort.

If it appears that the child's human rights are being breached, and all other informal and formal strategies have failed to resolve the concern, the IRO has specific powers to refer the child to CAFCASS, who may apply to court for judicial review or initiate proceedings under human rights legislation ([The Review of Children's Cases – Amendment, England, 2004](#)).

Adjournment of reviews

The revised regulations give the IRO a new power to adjourn reviews. However, careful consideration must be given to taking such action, and the views of the child must be sought before any decision is made. The IRO will want to think of the effects on the child of delaying a meeting for which they have been prepared and will need to weigh up the benefits between proceeding with the meeting on limited information and the delay in decision making as a result of adjournment. Responsibility for deciding whether or not a review should be adjourned rests with the nominated IRO for the child concerned. In such circumstances the review may be adjourned once **but must be completed within 20 working days**.

Where a decision to adjourn a review would mean that it would fall out of statutory timescales, then the IRO must discuss this in advance with their Service/Strategic Manager.

Actions after the review has taken place

- The IRO must produce a written record of the decisions made **within five working days** of the review and a **full record of the review within 15 working days of the review**.
- The practitioner report, review record and decisions must be distributed **within 20 working days of the review**.
- All those who attend the review must receive a copy of the record and the decisions, with any identifying details removed as necessary, for example the address of the placement.
- Where parents do not attend the meeting part of the review and contribute their views in some other manner, a discussion must take place between the practitioner and the IRO as to whether it is in the child's interest for the parents to receive a full record of the review and, if not, what written information should be sent to them. This must be recorded on the child's record.
- **Within ten working days**, following the completion of the review, the practitioner must update the care plan in relation to any changes agreed at the review.

Planning for permanence

The purpose of care planning is to prevent 'drift,' to reduce the number of placement changes for children looked after, and to focus work with the child and the family. In particular, guidance and good practice requires that a clear plan for permanence is agreed by the second review of the care plan, i.e. within four months of the child becoming looked after, which can include long term plans for children to be returned to the care of their birth family, extended family members or placement outside of their family.

As part of the permanence planning the IRO needs to be satisfied that:

- The practitioner has explained fully to the child and the parents the implications of the permanence plan.
- The practitioner has provided information on post-adoption or Special Guardianship support to parents or extended family where the plan is for adoption or a Special Guardianship Order.
- There are clear arrangements made for contact with the birth family. There must be an assumption of direct contact being maintained unless this is detrimental to the child's safety or proper development.

In addition, as part of permanence planning, review decisions must include timescales for the completion of:

- Life story work
- Later life letter
- Post adoption/special guardianship plan
- Contact and Family Time with birth family members

Guidance specifically supports the use of parallel or contingency planning, which allows analysis and balancing of different outcomes and objectives at the same time, in a way that is transparent for children and their parents, and avoids delay in the event that specific planned interventions are unsuccessful.

Table 5. Planning for children and young people: Acceptable/unacceptable practice

Theme	Acceptable	Unacceptable
Quality of the plan	The plan is well written and presents the evidence-based assessment of needs and risk, the proposed interventions and actions to be taken, with a risk analysis of each action. The expected outcomes, the resources and timescales to make progress and the reviewing arrangements are in place.	The plan is poorly written, the assessment is partial and not fully evidence based, there is a weak connection between needs and risk and actions to address these, and it is not clear how the actions will bring about improved outcomes. The timescales are unclear and resources are unspecified.
Meeting timescales	The plan has been written, discussed, agreed and circulated within statutory timescales.	The plan has not been produced within timescales and is delivered on the day of the meeting. Insufficient or no discussion has taken place to proposals prior to the meeting.
Coherence of the plan	The plan brings together appropriate contributions from assessments and other professionals. For example, child care plans include the contributions from the PEP and health plans.	The plan is not holistic in approach and is single agency based or focussed on a single issue.

<p>Progress made on interventions and actions</p>	<p>The plan and the planning process show evidence of progress on agreed actions and interventions that are meeting the child’s needs.</p> <p>The responsibility for the actions and timescales for delivery are recorded.</p>	<p>The plan and planning process may demonstrate meeting timescale requirements (or not) but show little evidence of progress being made to benefit the child or improve outcomes; therefore, it is failing as a practice devise.</p>
<p>Involvement of parents in the plan</p>	<p>Parents of the child are actively involved in discussions about proposals within the plan prior to meetings and decision-making. This takes account of the legal status of the parent and upholds the principle of partnership working with parents and families. Members of the extended family network are involved if appropriate.</p>	<p>Parents have minimal or no involvement with the drafting of the plan or the planning process. They are not actively informed of intentions or actions to be taken and are marginal to planning actively. Extended family are not involved even if it might be appropriate.</p>
<p>Involvement of children in the plan</p>	<p>Children are involved (appropriately for their age and development) in the preparation of the plan. Their wishes and feelings are given full expression and they are actively involved in the planning process.</p>	<p>Children are marginal to the production of the plan, have not made a contribution and their wishes and feelings are not taken account of or recorded in the plan.</p> <p>Discussions with the child are tokenistic and do not take account of their age or development.</p>
<p>Reviewing the plan</p>	<p>The plan is thoroughly reviewed and updated, in line with statutory timescales. The preparation for the review meets statutory requirements and the review is conducted in a professional manner. The results of the review are shared within timescales.</p>	<p>The reviewing process does not meet the timescales required. The preparation for the review does not meet practice standards, the conduct of the review is not conducive to good involvement and decision making and the results of the review are not shared within required timescales.</p>
<p>Involvement of parents and child in the review</p>	<p>Parents and the child, age and status appropriate, attend the planning and review meetings and actively participate in decision making. Or there is evidence that they have been invited, but declined.</p>	<p>Parents and/or the child, age and status appropriate, do not attend the planning or review meeting and are marginal to decision making. There is no evidence that they have been invited.</p>

SECTION FIVE

Recording and report writing

Why is this important?

Records are an essential account of a child's life during the time that the local authority is involved. The records are used to help understand a child's circumstances and needs, to progress therapeutic work with the child and family members, and to share information about the child and family with colleagues.

Recording is therefore an integral part of the service for children and their families. It is an essential component of gathering information, analysis and decision-making and a means by which staff can justify, explain, and be accountable for their actions.

Recording is not an end product in itself. It is an important part of the professional process of capturing information that underpins the practitioner's work. It should be concise and clear, so that children and families can understand what is going on when they access their files.

Case records are an essential source of evidence for investigations and enquiries, and may also be disclosed in court proceedings.

Social work reports

Social work reports encapsulate key events in a child's life at critical times and are integral to decision making about that child. Well written, accurate and timely reports with sound assessments of need and risk and evidence-based recommendations are essential in determining the provision of the most appropriate services for vulnerable children.

Records and reports are a live record of a child's life and the agency's attempts to meet its corporate parenting responsibilities. Accurately maintaining a child's records is also an extension of professional practice, capturing a range of activities, demonstrating work activity, and being used as a communication tool between colleagues within the office and across services.

As adults, people may wish to look at their records. This could be many years, even decades after their involvement with children's services, and so the record can often be their only link to their early life and family experiences. It is vital that people can look back and feel that they experienced a professional service which has accurately and fairly recorded its work with them and their families.

STANDARDS

- 5.1** All children and young people for whom the local authority has a responsibility have records within which management and practitioner activity and the child and family's key life events are properly recorded.
- 5.2** Records must include an accurate and up to date contact summary screen, chronology, genogram, plan (and review), and quarterly case summaries, as well as accurate and up to date case records.

Recording

Practitioners must reflect on their contact with the child and family. They must review the information they gather and use knowledge from research to move beyond description of what is happening to explanations of why a situation has occurred. From this, they can plan services to meet need, identify risk and safeguard the child. Team managers must review a practitioner's recording through supervision and audits to ensure that the content is reflective and analytical.

All CSC staff must become familiar with the procedures that underpin the ways in which work is recorded. This is important, as by following the procedure staff will be complying with the principles of the GDPR legislation and standards of good practice laid down by the Commission for Social Care Inspection.

These principles relate to both electronic and paper records, although in practice all local authority social work areas are recording most or all of the case records electronically. The same diligence, analysis and professionalism previously applied to paper-based recording must also be applied to the electronic case record and any other electronic means of holding service information.

The relationship between practitioners and their managers is informed by procedural roles and responsibilities, for example, Team Manager approval and auditing of work completed by practitioners, and the supervision relationship.

Case records must be kept up to date, and recorded **within two working days of visits or events occurring**. However, in emergency and child protection situations recording should be completed on the same day as the event or early next morning. Records may be viewed by the child at any time and must conform to the eight principles set out in the Data Protection Act.

Personal data must be:

- Fairly and lawfully processed;
- For a clearly defined, legitimate and limited purpose;
- Adequate, relevant and not excessive;
- Accurate and where necessary kept up to date;
- Kept no longer than necessary;
- Processed in accordance with the data subject's rights;
- Stored with appropriate technical and organisational security;
- Not transferred to a country outside the European Economic Area without adequate protection.

See [Appendix C](#) for a fuller explanation of these principles.

Records of contact following supervised contact are also covered by the Data Protection Act and provide essential information about children and their environment. As with other recording, the record of contact must be made within two working days.

Case summaries

Following the start of the care plan, practitioners must complete a case summary every three months.

A case summary is a concise overview, approximately 300 words, of any significant events and changes that have taken place in the child or young person's life over that period and analysis of progress against the plan and outstanding actions.

The purpose of the case summary is:

- For case reflection;
- To provide an overview of what has happened over the previous three months;
- To better understand the child's journey/story;
- To demonstrate continuous assessment of the needs of the child;
- To review progress against the plan and to address the needs of the child to improve outcomes;
- To identify patterns and triggers, and to plan future interventions based on this knowledge;
- To enable any team manager, duty worker or any non-allocated worker to establish quickly, the plan, progress and issues for the child;
- To provide an up to date overview for Emergency Duty Team Social Work in the event this is needed for out of hours help, advice and support.

What to do before completing the case summary

Before completing the case summary, practitioners must:

- Review the needs of the child;
- Review the plan;
- Clarify significant dates;
- Clarify outstanding actions;
- Update the chronology;
- Ensure that a case file check is carried out;

- Ensure that contacts are fully up to date in the relationship tab on the Liquid logic record. This must include the names and contact numbers of other agencies involved and must include service providers in addition to GP, health visitor etc.

What must be in the case summary?

Practitioners must record the following:

- Significant events;
- Changes to the plan;
- Progress against the plan;
- Consideration of the child's needs regarding health, education, welfare, social etc.;
- Summary of other agencies involved and who provides what support to the child;
- The future plan for the child, what, who, when and how will success be measured?;
- The contingency plan.

Actions following completion of a case summary

- Practitioners must ensure that the case summary is ready to present at supervision;
- Team managers must ensure the completion of case summaries and reviews through supervision and auditing;
- Practitioners should use case summary analysis to develop the future plan.

Quality of recording

- Include significant events and analysis of progress against the plan;
- Record changes to plan;
- State clearly where own opinion is given and what prompted the opinion;
- Be mindful of the purpose of the recording;
- Be mindful of the potential audience for the recording (child, young person, families, inspectors);
- Evidence the child's journey/story.

Genograms

The starting position for any child and family assessment should be to establish who the family and extended family members are through completion of a family map/family tree, eco-map or genogram. This will establish from the onset family members and extended family members who may be able to offer support to the family and prevent further delay, for example if they only become identified later during the course of care proceedings hearings.

Chronologies

A social work and impact chronology is an important document for understanding the case history and identifying key events over the child and young person's life. It should be started as soon as a case is opened.

A chronology is a succinct summary of **significant** events and changes in a child's life. It is not simply a list of tasks undertaken. Nor is it a cut and paste of running records. It is part of the child and family assessment process, and its primary function is to record and organise key factual information into the order in which the events happened.

A chronology should help practitioners to:

- Identify potential risk of harm to the child
- Understand a child's background
- Identify and prioritise needs
- **Identify any themes as they arise**

A chronology should be used as an analytical tool to help understand the impact, both immediate and cumulative, of key events and changes in a child or young person's developmental progress. Professional judgement is required to decide on the relevance of an event for a particular child or family.

Maintaining an ongoing chronology provides a sequential story of significant events in a child's history. Poorly maintained or absent chronologies lead to gaps in the child's life history.

A chronology does not replace the case record that the practitioner keeps of contact with the child, their family and other agencies. It is a summary, and is not the place for a detailed account of the child's life – that information should be recorded elsewhere in the case records.

Social work chronologies are also essential documents in the legal process:

- The purpose of the chronology to be submitted to the court is to assist in understanding the case history by identifying and dating key events.

- A good social work chronology can help to cut down on the need for the filing of statements, as at an early stage the parents and other respondents will be directed to make statements in response to the local authority case and to provide a position statement in response to local authority documents. These will include the chronology and a schedule of facts upon which the Court is invited to make findings. If facts are not in dispute it will not be necessary to seek statements from the witnesses concerned.
- The chronology must be kept simple. It does not need to list every event or provide the level of detail in a case record. Each and every phone call does not need to be recorded.
- A simple test is that the chronology must not confuse or mislead in assisting the reader to reach a clear understanding of the case. When the chronology has been completed, read it to make sure that crucial events have not been omitted and ask yourself if it aids understanding.
- It is important to include the dates on which social workers were allocated to the case or ceased working on the case.
- The chronology must be a balanced document so should include information that does not necessarily support the local authority case. It is important to consider parental strengths as well as areas for help and support.
- Child protection conferences and reviews are important events. The dates on which these took place should be included along with a bullet point list of plans made. The chronology should be clear as to whether plans were implemented.
- A chronology must also include the outcome of any assessments, why that outcome was reached and the recommended plan.

Closure of case records

When a case is closed, it cannot be assumed that there will be no further social care involvement. Therefore, important information about the nature of the involvement and the reasons for closure must be readily available, so that a newly allocated practitioner can gain information about the previous involvement quickly if the case is re-opened.

- No case to be closed or transferred (including within teams) without a case file audit signed off by the manager with reference to the transfer checklist.
- No case to be closed or transferred without the chronology being up to date.
- No case to be closed or transferred without a current assessment and plan being included in the case records.
- No case to be transferred between teams without a full transfer summary.
- No file to be closed without a full closure summary.
- No file to be closed without a letter to the family and cc to partner agencies who have been involved.

Key practice issues

Case recording

Child centred recording

- It is a good discipline to remember that the child may read the recording at some future date. This will help ensure that records are honest, balanced, and respectful.
- Records must reflect the complexity of the child's life, and the interventions of key people in their life.
- Records must always show clearly how the service provided would address the child's identified needs.
- Records must state wherever possible the purpose of the contact with the child, e.g. statutory visit, care plan, assessment etc., and must indicate on which occasions the child was seen alone, what views were expressed by the child and how the child's voice was fully considered in implementing the plan.
- When important decisions are made about a child, who was present must be recorded, as must who stated what, and whether there was agreement in respect of the practitioner's analysis, understanding and assessment.

Records must show that children and parents:

- Have been consulted; and
- Have been informed of decisions and plans;
- Include their views about proposals, decisions and plans.

Legal and policy requirements

- Practitioners must pay particular attention to matters of confidentiality and the permissions needed to share information, and to planning for giving access to the information held in records.
- Practitioners must record, where appropriate, that consent has been given for information about a child to be shared, and keep signed copies of consent for activities or medicals on file.
- Notes taken for the purpose of completing an assessment must be kept for the duration of the care proceedings.
- Where notes are hand written in to a notebook for later reference, the personal details of the child and their family such as name, address and contact details must be anonymised as far as possible. This is to prevent direct identification of children and their families if the notebook were to become lost or stolen.

- All hand-written notes, whether loose leaf or in notebook format, must be kept securely at all times and not left unattended for non-authorized personnel/families to view.
- When a decision is influenced by legal advice the record must state this. Legal advice is confidential and should not be shared with third parties without the express permission of the legal representative.
- Reports or records that must not be disclosed to the child must be clearly identified and located in the confidential section of the file.

Adoption records

When a child is adopted, **they must have a new, separate electronic record created in their new adopted identity.** Their previous birth identity record will then be locked down and cannot be altered.

Interagency working

It is vital that we co-ordinate activities between different agencies and ensure accountability. When professionals from different agencies pass information to each other or agree action points there needs to be a shared understanding of the nature and implication of the information and any actions which have been agreed.

To ensure consistency, it is expected that a record of all professional meetings are made and shared with all those involved and that a copy is attached to the child or young person's electronic social care record.

Where information regarding safeguarding or risk is shared, whether or not it requires specific action to be undertaken by either party, there needs to be a joint understanding of the nature of that communication and what actions are to be taken/not taken by each agency involved. The information and any planned action by whom must be logged onto the child or young person's electronic record.

Presentation and content

A child or their family may wish to read their records, sometimes many years later in their lives. It is important that their records are of high quality in order to give confidence that the child's important life issues were dealt with to the highest quality standards.

- Recording must be free of grammatical and spelling errors. Practitioners must ensure their recording makes sense, and that the same child and correct gender is referred to throughout.
- Records must clearly differentiate between observed fact, reported fact and interpretation/opinion.
- Recording must differentiate between fact and opinion
- On the electronic record all appropriate fields relating to an activity must be completed. Additional information can be entered into free text boxes. This will ensure that statutory performance information can be obtained from the record.

- Avoid only writing description of events. Think of the reader trying to understand the record. It helps to put headings and use bullet points.
- It is important when using professional language, shorthand terms or initials, to describe what they mean.
- Chronologies are important ways of capturing activity in a concise and straightforward way and must be kept up to date.
- Quarterly summaries must be concise, around 300 words.
- The amount of information collected and recorded in whatever form must be the minimum necessary for the particular purpose, and include all essential details.
- Comments and disputes regarding other professionals must not appear in a child's case records.

Recording as part of case management

A child's file is a practice tool that helps answer the important questions:

- What is this child's story, their history and their current life?
- Why is the local authority involved with this child?
- What is it doing to help?
- What difference is it making?
- What does the future hold for this child?

When practitioners can easily access what they need to support all the work that they do, expertise and experience becomes shared. Information and knowledge are two of Children's Social Care's biggest assets when managed well.

Integrated working and best practice mean that we need to gather, collate, share and store our information properly so that it can be used locally and at a national level to improve the care given to children.

Along with the therapeutic information that is recorded by practitioners, there is a need to record information about adherence to processes and procedures. This information can be very focused, for example, the start and end dates of a placement.

This kind of performance information is used locally:

- To plan services
- Allocate resources
- Improve efficiency and effectiveness
- Monitor good practice

- Know more about children in Stoke-on-Trent and their needs
- To provide evidence for inspections
- Monitor compliance with the Data Protection Act

STANDARDS

Report writing

5.3 All social work reports must be well written and provide evidence of assessment and analysis.

Practitioners are called upon to complete a range of reports on the children they work with. As well as initial and child and family assessments, these could be reports to present to child protection and children looked after conferences, admissions panels, or court.

Any report must be written on the approved template, address the areas specifically requested, and be completed within the agreed timescales.

Key practice issues:

Presentation

The report must be neat, well presented, and easy to read, with numbered paragraphs and pages where appropriate. Where signatures are required, these must be included. Signatures that are handwritten can be scanned into electronic documents. Do not leave signature boxes blank.

Language

Reports must have good grammar and spelling. There must be no unnecessary, unexplained jargon. The tone must be appropriate, i.e. no slang, no contractions, no use of first names or 'Mum' 'Dad' for adults, but not unduly academic or 'professionalised'. Aim for simple sentence construction and sensitive phrasing.

The facts

The report must be accurate and tell the story chronologically. You must outline facts sufficiently to satisfy the threshold criteria or to justify the recommendations made, and also to refute counter arguments. First hand evidence is best but give the source of any information (this can include hearsay). Where facts are disputed, say so.

Supporting evidence

It is your job to make judgements but avoid empty evaluative words like 'inappropriate' or 'inadequate'. Give evidence for descriptive words like 'cold', 'dirty' and 'untidy'. Ensure views, wishes and feelings of the child, parents and/or carer are in your report. Use research findings or theoretical frameworks to support any findings.

Conclusions and recommendations

Summarise the main issues and the conclusions to be drawn from them. The facts do not necessarily speak for themselves; it is the report writer's job to speak for them. Draw conclusions from the facts, and recommendations from the conclusions. Explain how you arrived at your conclusions; have you demonstrated the factual/theoretical basis for each?

Court reports – additional considerations

A court report and accompanying documents must be e-mailed to the allocated local authority legal representative at least **five working days** before the filing date. This allows time for any alterations or additions.

The final copy must be signed and dated by the author. Please note that a court direction stating 'to be filed by 4pm' means that the final copy of the report must be with Legal Services by 1pm that day in order to allow them time to file the report with the court.

In care proceedings, in addition to the main report/s, the following documents will need to be prepared for the first hearing:

- Initial statement
- Chronology
- Interim care plan
- Child and family assessment where this is available
- Any other relevant documents, e.g. Section 47 reports. All reports and other accompanying documents must be read and agreed by the Team Manager prior to them being forwarded to Legal Services.

Table 6. Recording and report writing: Acceptable/unacceptable

Theme	Acceptable	Unacceptable
Records up to date	All recording of practice and management of practice is up to date as defined in the Standards.	Records are not up to date.
Records are accurate	All records, including placement details, home address, change of circumstances are accurate/contemporary.	Records are out of date and inaccurate.
Records and key content	All records include regular quarterly summaries, an up to date chronology, a genogram, plan and, where appropriate for CLA a recent photograph, copy of the care order and birth certificate.	Key contributions to records are missing.

Child centred recording	All records are written in a way that is mindful that the child or family members may one day read them. Records are written in a way that shows an understanding that they are an account of a child's life.	Recording does not take account of the possibility that the child or family members may read them in the future. Records are jargon populated, opinion driven with inappropriate or personal practitioner entries being made.
Records are legal	Records take account of the data protection and freedom of information act legislation, and the requirements, where necessary, to gain consent before sharing information, and recording this consent.	Recording is not meeting the legal requirements of data protection and freedom of information act legislation.
Hand written notes	The names of children and family members are not directly referenced, anonymised as initials or abbreviations. Where possible personal details are gathered in an office environment. Separate secure handbag/briefcase is used for work purposes and any loss or theft is reported immediately to the Head of Service. The clear desk policy is used to ensure that all paperwork is securely stored away when not in use.	Hand written notes are left out on desktops at work and on kitchen tables at home. Notebooks are left in the handbag that the practitioner also uses at home over the weekend. Notes are stored and transported in a plastic carrier bag or a bag that is not properly fastened shut. The child and their family can be clearly identified by the notes made.
Quality of recording	Recording is concise, grammatically correct; uses appropriate terms and can be easily understood by the reader.	Recording is poorly written. It is grammatically flawed, and is difficult for the reader to understand the meaning.
Quality of reports	Reports are written in a style suitable for purpose and the audience that will be reading the document. The layout is clear and covers key points, and is produced within the timescales required. Details of the author and date of report are evident.	Reports are written in a style that does not take account of the audience or the purpose of the document. The layout is confusing and does not demonstrate a coherent argument. It is not produced within the timescales required, Date and authorship are not evident.

Childrens Transfer Process

There should be as minimal a change of team and worker throughout the duration of Children's Services involvement as possible.

Throughput of work is essential to maintain access to new referrals. All children and young people's files should move in a timely way to the new team once the transfer point has been reached. Any capacity or allocation issues must be managed by the receiving team, and not hold up the transfer process.

Children, young people and their parent/ carer(s) should be made aware as early as possible of any changes in worker and joint introductory visits undertaken.

Safe transfer of work means early identification where possible, all relevant tasks completed, forward dates clearly identified, and all parties informed to support with a seamless and timely approach to implementation and review of a child/ young person's plan.

The allocated worker must complete the tasks identified by their manager, ensure the records are up to date and in good order, (including a current pen picture of the child/young person and their circumstances where appropriate) and ensure work has been authorised by the manager as appropriate. An updated chronology is a key requirement ([refer to the Assessments page on the Practice Hub](#)) and to include events in the last two weeks before transfer.

Best practice would advise where possible that a joint visit between workers takes place to ensure the family are supported through transition, have the opportunity to build a relationship with the new worker and clearly know what is happening.

However, flexibility is needed when considering the particular stages of the family e.g. if a child/young person is at the point of transition/exams etc.

File transfers between the social care and supporting families team are discussed and agreed at the weekly 'step up/step down' (SUSD) panel.

Non-urgent transfers from supporting families to children's social care are also overseen by the weekly panel.

A "request for support" form must be completed after the child/young person's circumstances has been discussed at the step up/step down panel, and prior to the step-down meeting. A detailed plan must be agreed prior to the point of step down between the social worker, family support worker and the family.

Transfer Standards

The child/ren/young person's file should be audited using the transfer standards checklist (Appendix 1) prior to a transfer. The checklist is to be authorised by the transferring manager, to ensure all outstanding work has been completed.

Everything must be completed on the checklist (where relevant) in order to transfer the file appropriately.

Permanency Tracker

Team managers in children's support and safeguarding teams (CSS) are responsible for initiating the tracker and ensuring it is up to date before a file transfer is agreed. Children in care managers are responsible for ensuring this is kept up to date. The transfer of files will not be accepted by the children in care service until the tracker is complete.

Joint Working

There may be times when it is in the child/young person's best interests for a period of joint working to be undertaken. In these circumstances the social care teams will be the primary team and will be the primary worker and practitioner from the receiving team will be designated as a co-worker in these circumstances.

The key areas of joint working between social care teams are as follows:

- Where a children/young person's transfer has been allocated to a newly qualified social worker (ASYE) and child protection concerns become apparent, or the child/young person needs to be accommodated.
- Within the context of care proceedings where the final care plan is likely to be adoption or long-term fostering, the CSS social worker will be the primary worker throughout the care proceedings but a co-working relationship with the connected children in care social worker will commence where a plan for adoption or long-term fostering is identified.
- For a looked after child/young person already in care who becomes 'eligible' for a leaving care service at the age of 16+, a leaving care personal advisor (PA) from the next steps service will be appointed as a co-worker at the point that the pathway plan needs assessment commences. The CIC social worker will remain the primary worker and the CIC team the primary team until the young person reaches the age of 16.
- Pre-birth referrals where the mother is wishing to relinquish their unborn baby should be referred to the CSS teams as soon as the pregnancy is viable or at the earliest point possible if referred after 16 weeks, but an adoption support social worker should co-work to ensure swift placement of the baby (foster to adopt) where this continues to be the plan.

The fundamental principle is that there can only be one accountable worker and team for a child, with any other workers cited as co-workers on the electronic system.

Re-referrals Within a 3 Month Period of Closure

Liquidlogic (LL) to be checked to see if the child has been closed within the 3-month timescale. An alert has been built in to LL to link DOB's/names to identify if the child/young person was open within the 3-month rule.

If the child/young person falls under the three-month rule and has been closed within that time then the social worker will have a critical friend discussion with the previous social worker/team, in regard to what action is required based on the new presenting information and taking into account the knowledge of the family history.

The child/young person will be allocated to the team who best meets their needs, this will not automatically be the previous team as it may be that the child/young person is now looked after/homeless and would also take in to account the location of the child/young person.

Out of City Transfer-in Process

The process for transferring children/young people into Stoke-on-Trent from other local authorities is via Childrens Advice and Duty Service (ChAD). Families whose move to Stoke-on-Trent is permanent and where concerns for the children meet the threshold for intervention will be managed in the usual way.

Children/young people with child protection plans who make a permanent move to Stoke-on-Trent will be allocated to CSS and a child and family assessment will be completed. The conferencing service will arrange an initial child protection conference.

Managing Allocation Pressures

The overriding principle for Stoke-on-Trent children's services is that all children and young people who meet the threshold to receive a statutory service should be allocated to ensure those children/young people who are assessed as the most vulnerable and meet the threshold criteria, are allocated to a suitably qualified worker.

Therefore, there will be no statutory cases left unallocated.

Upon allocation to a social worker, the Team Manager must discuss, and then record, clear directions and next actions for the social worker to carry out.

Checklist for a Children/Young Person Transfer/Closure

[Please see Appendix E](#)

Before a children/young person's transfer or closure, relevant assessments must be shared with children/young people, families and the professionals involved. All professionals involved must be notified of the transfer or closure and reason for it alongside children and families.

On the LL, all personal details, network details must be up to date and payments ceased where appropriate. Assessments and activities must be completed and an up to date chronology attached to the electronic record. Reason for transfer/closure must be clear within the most recent assessment or in the closure form.

Any paper records must be properly uploaded and filed on, and their location recorded on the electronic record. Any child in need episode and any contact episode must be closed before closure.

Appendix A - Allegations of abuse made against a person who works with children

Children can be harmed by those who work with them in any setting. All allegations of abuse of children by a professional must be taken seriously and treated in exactly the same way as any other child protection concern. In addition, there can be occasions when a professional's behaviour may make them unsuitable to work with children.

Within Stoke-on-Trent City Council, there is a lead LADO who is located in the Safeguarding and Quality Assurance service.

The Local Authority Designated Officer (LADO) works within Children's Services and gives advice and guidance to employers, organisations and other individuals who have concerns about the behaviour of an adult who works with children and young people. Included in this group are volunteers, agency staff and foster carers as well as people who are in a position of authority and have regular contact with children.

The LADO should be informed whenever there are concerns that a professional working with children has:

- Behaved in a way that has harmed, or may have harmed, a child
- Possibly committed a criminal offence against, or related to, a child
- Behaved towards a child or children in a way that indicates that s/he is unsuitable to work with children

There can be up to three strands in considering any allegation:

- A police investigation of a criminal offence.
- Enquiries by Children's Social Care about whether a child is in need of protection or in need of services.
- Consideration by an employer of disciplinary action against the individual. These strands are not necessarily exclusive of each other and there are occasions when more than one will apply at the same time.

The term professional incorporates those who are employed directly to work with children. For example, social workers, teachers or other school staff, residential workers, child minders and those who have some child care responsibility entrusted in them, such as foster carers, religious organisations, sports coaches and so on. The LADO can provide advice to a practitioner if the practitioner is unsure whether the professional comes under the scope of these procedures.

The current procedures for allegations management arose from procedures that have existed in Stoke-on-Trent since the early 1990's. Allegations made against foster carers have provided a template for other professional groups and a number of national level high profile cases, in particular the Bichard Enquiry that followed the Soham murders.

Whilst it is not possible to cover all possible eventualities, the need for practitioners to contact the LADO will normally come up in two different ways:

- A practitioner may become aware that a child or young person on their caseload, regardless of the nature of involvement, has been harmed by a professional. The practitioner will need to inform their Team Manager and alert the LADO immediately so that the safety of that child or young person in that setting can be assessed and appropriate actions taken with regard to the professional. On occasions, given that a number of children and young people will be in a living placement or receiving educational services outside of Stoke-on-Trent, that professional may be outside of this authority. In that instance, it would be the LADO for the authority where the harm is alleged to have occurred who should be informed. The Stoke-on-Trent LADO will give advice to practitioners about who to approach.
- A practitioner in conducting Section 47 enquiries into harm that a child or young person has suffered within their own family becomes aware that the parent/carer or family member who may be implicated in causing that harm is employed in some form of child care or has significant contact with children in some capacity. The practitioner will need to inform their Team Manager and alert the LADO immediately, so that person's suitability to continue to have contact with children can be assessed. Similar to the above, this may involve someone who works outside of Stoke-on-Trent and the Stoke-on-Trent LADO will give advice to practitioners about who to approach.

In order to ensure these situations do not get missed, it should be part of any Section 47 enquiry that a practitioner establishes from a parent/carer or family member their employment and involvement in delivering any services to children. Equally, in any contact with children, a practitioner should keep an open mind as to the possible source of harm for a child or young person.

There will be occasions when the LADO may need to contact a practitioner because information may have come to the LADO's attention from another source about harm to a child or young person known to that practitioner.

It is also worth pointing out that there are some occasions when concerns about professionals harming children may not be absolutely clear cut. The LADO is available to give advice in such situations.

Appendix B - Ten pitfalls in assessments of need and risk and how to avoid them

1. An initial hypothesis is formulated on the basis of incomplete information, and is assessed and accepted too quickly. Practitioners become committed to this hypothesis and do not seek out information that may disconfirm or refute it.
2. Information taken at the first enquiry is not adequately recorded, facts are not checked and there is a failure to feedback the outcome to the referrer.
3. Attention is focused on the most visible or pressing problems; case history and less 'obvious' details are insufficiently explored.
4. Insufficient weight is given to information from family, friends and neighbours.
5. Insufficient attention is paid to what children say, how they look and how they behave.
6. There is insufficient full engagement with parents (mothers/fathers/other family carers) to assess risk.
7. Initial decisions that are overly focused on age categories of children can result in older children being left in situations of unacceptable risk.
8. There is insufficient support/supervision to enable practitioners to work effectively with service users who are uncooperative, ambivalent, confrontational, avoidant or aggressive.
9. Throughout the child and family assessment process, professionals do not clearly check that others have understood their communication. There is an assumption that information shared is information understood.
10. Case responsibility is diluted in the context of multi-agency working, impacting both on referrals and response. The local authority may inappropriately signpost families to other agencies, with no follow up.

Appendix C - The eight Data Protection Act and GDPR principles

1. Fairly and lawfully processed. Be honest with the service user about why you are taking the information and what you intend to do with it, including who you may share it with. Please note that 'processed' means recording, storing sharing, deleting, archiving etc.
2. For a clearly defined, legitimate and limited purpose. You must not use the information for any reason that is incompatible with your original stated purpose.
3. Adequate, relevant and not excessive. Don't collect/keep information that 'may become useful at a later date' or be explicit why you think it might be useful later.
4. Accurate and where necessary kept up to date. If the information is not accurate and up to date, is it of any use to you and your colleagues? How will the subject user feel about wrong information on his/her file?
5. Kept no longer than necessary. Every organisation will have policies relating to how long they keep different categories of information but there will be times when legislation will override this, e.g. adoption records must be kept for 100 years.
6. Processed in accordance with the data subject's rights. The data must be factual, relevant, substantiated, dated and signed. Service users are entitled to see what information is held on them. This does not mean you cannot record an opinion or interpretation but such information must be clearly indicated as such, e.g. 'in my opinion...'
7. Stored with appropriate technical and organisational security. For example, providing lockable filing cabinets, locks on desk drawers, passwords on doors and PCs, use of virus protection, making sure computer screens are away from windows and the public, taking appropriate care when working away from the office etc.
8. Not transferred to a country outside the European Economic Area without adequate protection (EEA includes Iceland, Norway and Liechtenstein, as well as the EU countries).

Appendix D - Consent

There is a need to gain consent from parents or those who have parental responsibility when professionals wish to:

1. Seek information from professionals in other services and share information with them
2. Refer to another agency for assessment and/or provision of services

All professionals must obtain parental consent when they wish to seek information or share information with other agencies. This consent must be re sought for each episode of work that a professional undertakes with a family e.g. if a case is closed and re-opened, consent must be re sought when the case is reopened.

Professionals must make clear to parents which organisation they wish to seek information from and who they wish to share information about the family with.

If anyone in the family home is aged 16 or over, their individual consent must be sought to seek and share information about them with other agencies.

It is good practice to record in writing which agencies parents (or other people in the household over 16) have consented to information sharing and which and to provide a copy of this to the parents (and or people over 16yrs in the household and place a copy upon the child's record on Liquid Logic).

If an adult does not consent to information sharing with a particular organisation or any organisations at all and the concern does not reach a child protection level, you cannot seek information from or share information with that organisation until such time as the adult consents

Referring to another agency for assessment and provision of services:

All professionals must seek parental consent when they wish to refer to another organisation for assessment or services where the referral is not in relation to a child protection issue. This consent must be sought for each referral to any organisations that a professional make for a child or their family.

Professionals must make it clear to parents which organisations they wish to refer the child or family to and which individuals within the family are the subjects of the referral.

Appendix E: Transfer Standards (Checklist)

The following tasks should be updated and/or completed prior to transfer:

Chronology must be up to date	
Up to date genogram	
Case notes must be complete, up to date and finalised	
An up to date assessment clearly identifying parenting capacity and risk and authorised by a manager	
Record of case management decisions and supervisions	
Accurate demographic information (in demographics tab on LCS what is LCS??)	
Signposting of relevant documents (including court statements) on LCS	
Notification of first child care review or first child protection conference to incoming team as early as possible	
Placement planning meeting (prior to start of, or within 72-hours of placement)	
Placement plan (within 5 working days)	
Initial health assessment (within 28 days)	
Personal education plan (within 10 working days)	
Pathway plan - Part 1 (where relevant)	
Contact planning meeting	
Case summary reviewed and updated	

Letter/email to all relevant agencies and family confirming the change of worker and identifying who the new worker is with contact details	
Agreement for funding for any expert assessments/interventions detailed in the care plan should be agreed prior to transfer	
Authorising Manager: Date audited and agreed ready for transfer	

Before transferring the child/young person's file should be **audited and the checklist completed** and signed off by the transferring manager to ensure all outstanding work has been completed.

All the above (where relevant) must be in place in order to transfer the file.