

# Practice Standards

October 2024

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## Introduction

Practice standards provide an agreed set of rules and expectations that clearly and explicitly describe the minimum service or level of practice that children, young people, their families and communities should consistently receive.

Some aspects of practice standards are legally set through government guidance and legislation or are based on evidence from research and our organisational practice frameworks and procedures.

In Solihull we know that all children are different and that meaningful direct work with children and young people is vital to creating effective child-focused services. We believe that children's meaningful participation lies at the core of all practice and providing genuine opportunities for children to express their views and be involved in decision making is a concurrent theme in all areas of practice.

## Why do we have practice standards?

- To provide a consistent approach to working with our children, young people and their families
- So that we have a shared understanding of what good looks like for our children
- They will act as a checklist for you to quality assure your own work
- So that we can measure the quality of our practice through quality assurance.

## Priorities for Children

- Children are always at the centre of our practice
- All children will receive the right support at the right time for the right amount of time.
- We build meaningful relationships with our children and families in order to effect the change need to maximise children's outcomes
- Children's needs are understood and met through good quality assessments and clear, understandable plans that meet their needs.
- Children are supported to remain within the family, where this is not possible permanence planning is achieved in the child's timescales
- Children benefit from effective worker supervision, management oversight and decision making.
- We have strong partnerships that lead to better outcomes for children and young people

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## Core Practice Standards

Solihull Children's Social Care have 6 core practice standards. If we are not meeting these standards, our practice needs to improve.

1. Workers will always speak to children alone unless there is a reason this cannot be achieved. If children cannot be spoken to alone the rationale and plan to connect with them will be agreed between the worker and their manager and recorded in supervision. Direct work with children will be purposeful and meaningful using appropriate tools and activities to engage and work with the child. Workers will listen to what children say, understanding and using this to influence those decisions made about their life.
2. Assessments will be undertaken with children and their families in a truthful, empathetic and respectful way so families are involved and have ownership. Assessments will be based on a clear understanding of who is in the family through the use of cultural genograms and ecomaps using these to identify strengths as well as needs. The language used in assessments will be free from Jargon, easy to read and understand. Assessments will provide a clear sense of the child's thoughts, feelings, wishes and experiences and impact on the child. Assessments are completed in timescales that are right for the child not exceeding 45 days from the point of referral for a Child and Young Person Assessment. Assessments will always be shared with the child and their parents/carer's and their views recorded.
3. All children have a plan which explains what needs to happen; by when; by whom; what outcomes we are seeking to achieve and how. The child's plan will be reviewed and updated as needed. Updated copies of the plan will be given to the family and others involved in the plan including professionals.
4. Recording on the child's file (LCS and EHM) will be focused, free from jargon, honest but respectful and empathetic so they can understand their journey. Records will be written on the assumption the child will read their file in the future. The child's record will clearly indicate that the child has been seen by ticking child seen alone box, if the child has not been seen alone the reason and plan to see the child alone will be explicitly recorded.
5. Every child is supported by timely and decisive management oversight of the professionals' working with them. Including reflective supervision; checking that work has been done to agreed standards; seeing what difference it is making; and what needs to happen next. Children's views are integral to high quality evidence-informed practice with our families. The 'Voice of the Child' is a general term used to express how we go about creating meaningful engagement with our children and young people, ensuring that they are at the heart of everything we do. Day to day direct work should focus on engaging with, listening to and responding to what children and young people say is important to them, taking their views into account, considering their wishes and using this to directly influence our decision making, planning and services provided for them.

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## Practice Focus – Visiting Children and Young People

Children Receiving Early Help	<p>The frequency of contact with children is set out in their plan, this should be sufficient to enable assessment and intervention to be effective and to allow for a credible review of the child’s progress.</p> <p>Early Help Practitioners will see children within 5 working days of their allocation.</p> <p>Early Help Practitioners will see children and families within 5 working days of a Family Support plan being created</p>	Early Help practitioner
Children in Need	<p>Social Workers will see children within a maximum timeframe of 5 working days following their allocation and at least every 6 weeks thereafter unless the needs of the child mean that this should be more frequent and is agreed with the Team Manager and detailed in the child’s plan.</p> <p>Different arrangements may be needed for children who have a disability who have a stable care package, plans for these children may be quite intensive, visit frequency may vary depending on the complexity of the child’s needs, this should be agreed and recorded in supervision between the Social Worker and their line manager. Visits can be no later than a minimum of 12 weekly.</p>	Social Worker
Child Protection Enquiries	<p>If a Section 47 enquiry is being undertaken the child will be visited according to their needs and potential harm, no later than 24 hours after the strategy meeting.</p> <p>The child will be seen and spoken to alone, their presentation, views, wishes and feelings recorded. All children in the house will also be seen and spoken to alone and their safety and needs considered as part of the investigation.</p>	Social Worker
Children Subject of Child Protection Plans	<p>Will be seen by a Social Worker within 48 hours following the Initial Child Protection Conference.</p> <p>Thereafter, as agreed at Child Protection Conference &amp; Core Group, at least once every 10 working days.</p> <p>The child will always be seen and spoken to alone at home, their presentation, views, wishes and feelings recorded</p>	Social Worker

## Practice Focus – Visiting Children and Young People

Children Who Are in Our Care	<p>On the day the child is placed, then within 1 week of the beginning of the placement. Then at intervals of no longer than six weeks during the first year of any placement</p> <p>Then six weekly, during subsequent years unless formally agreed as a permanent placement and once agreed, at intervals of not more than three months.</p> <p>Whenever reasonably asked for by a child or foster carer, regardless of placement status.</p>	Social Worker
Children and young people who are placed in a series of short breaks	<p>Where the child has a series of short breaks, they are seen as a minimum twice a year in that setting (at least once unannounced)</p> <p>Within the first seven working days following placement then within 3 months of the first placement day.</p> <p>Intervals of no less than six months after the first visit.</p> <p>Unannounced at least once a year if placements interval is more than six months.</p> <p>At least annually the child's sleeping arrangements will be seen.</p>	Social Worker
Children placed in an adoptive placement	<p>Within the first week of the placement and weekly thereafter until the first review</p> <p>Thereafter, the frequency of visits is determined at the child's Adoption Review or, if not specified, every six weeks for the first year and after this, three-monthly.</p> <p>Additional visits are arranged where there are any concerns.</p> <p>Link worker visits as per Placement Plan, until Adoption Order made, or placement ended.</p>	Social Worker
Privately Fostered Children	<p>Within 7 working days from the date of notification to the local authority</p> <p>Intervals of not more than six weeks during the first twelve months</p> <p>Intervals of not more than 12 weeks in 2nd or subsequent year</p>	Social Worker

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## Practice Focus – Visiting Children and Young People

Children with temporarily approved foster carers or parents under Interim Care Order	Weekly until the first review Every four weeks thereafter until the carer is approved or final hearing completed.	Social Worker
Children made subject to a Care Order and placed at home with parents	Social Worker will visit children placed at home with their parents within one week of the placement and thereafter every six weeks. If a child is placed with parents pending assessment, social work visits must take place at least once a week until the first Looked After Review, thereafter at intervals of not more than six weeks.	Social Worker
Children reported missing	Visited within 72 hours of the child's return, referring to the regional missing procedures	Social Worker
Children in more than one placement - residential school and foster care or residential home	Visited in each living situation, at least every 12 weeks	Social Worker
Young people aged 18-25	At least every 2 months by their personal advisor. In addition, keeping in touch by phone, text or email based on the YP's preference frequency and type of contact agreed with the YP and set out in their Pathway Plan. Personal Advisors will see Care Experienced Young People who are at university at least once each term as a minimum.	Social Worker

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## Practice Focus – Direct Work With Children

All Children	Children and young people are seen alone, in a variety of settings, observed and communicated with according to their age, understanding and developmental needs, as part of assessment or intervention.	All Practitioners
All Children	Every child will know who their Social Worker or who the worker working with them is and why they are working with them. Every child will know how to contact their worker how often they will see them, what their plan is, and how they can make their views known including how to complain.	All Practitioners
All Children	Practitioners are familiar with and use direct work approaches appropriate to the child's age, understanding and preferences; and understand that "direct work" includes both play materials/engagement tools and relationship building conversations.	All Practitioners
All Children	Appropriate arrangements for the use of translators, interpreters, and communication tools to meet any specific sensory or language needs including use of braille, sign language, hearing loops etc.	All Practitioners
All Children	Other than in an emergency (e.g. the worker is absent from/leaves work unexpectedly), all children will be notified of a change in worker, the reason for it and have the opportunity to be introduced to their new worker by their existing worker.	All Practitioners
All Children	Children will be aware of their right to independent advocacy. The Children Act 1989 (Section 26A) gives looked after children, children in need and care leavers a statutory right to advocacy when they are making, or wishing to make, a complaint or representation to a local authority. Children and young people have a general right to request and be provided with informal or formal independent advocacy without wishing to make a formal complaint.	All Practitioners

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## Practice Focus – Assessment

All Children and Young People	<p>All assessments are completed in a timely way, in line with Solihull Children’s Services procedures, statutory guidance and as directed by the manager recorded on the child’s file.</p> <p>An assessment is considered complete when it has been agreed and signed by a relevant manager</p>	Social Worker/Team Manager
All Children and Young People	<p>The child (depending on age and understanding) and the family know about the assessment and are actively involved in any assessment. Their <i>informed</i> consent to undertake agency enquiries has been gained unless there is a clear safeguarding issue that makes this inappropriate (this decision will be recorded by the manager). Every child will have a chronology and genogram on their file this will inform their assessment and understand their network</p>	Social Worker
All Children and Young People	<p>Assessments are informed by children’s wishes, feelings and lived experiences. These will be clearly and accurately articulated in their assessment. It will be clear in the analysis how the child’s lived experience has influenced the outcome of the assessment.</p>	Social Worker
All Children and Young People	<p>Family networks will be mapped, explored, and understood using cultural genograms and ecomaps. Children’s parents including fathers and parents not living with the family, carers and members of their identified family network will be involved in the assessment. Their views, thoughts and feelings will be included in and inform the assessment.</p> <p>Genograms will be updated prior to transfer of allocated worker or closure.</p>	Social Worker
Early Help Assessments	<p>Early Help Assessments (EHA) should be completed in 10 working days from the point of referral.</p>	Early Help Practitioner
Child Protection Enquires	<p>The lead social worker should ensure that the purpose of the Child Protection Enquiry is transparent, understood and agreed by all participants. A timescale for completion of the assessment should be agreed locally, depending on the urgency of the situation and the needs of the child, and <b>should not exceed 45 working days following referral.</b></p> <p>If an Initial Child Protection Conference is needed this should take place within <b>15 working days</b> of the strategy meeting/discussion at which Section 47enquiries were initiated.</p>	Social Worker/Lead Practitioner/Team Manager

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## Practice Focus – Assessment

Children and Young Persons Assessments	Should be completed in a timescale that is proportionate to the risks and needs of the child / children in the family; Assessments will take no longer than 45 working days from the point of referral and will be current within a 12 month period	Social Worker
Health Assessments for Children in our Care	A Health Assessment must be undertaken within 20 working days of a child becoming looked after and then twice a year for children under 5 years of age and annually for children in care aged 5-18 years old	Social Worker/Designated Nurse
Young People Leaving Care	A pathway plan assessment should be completed when a young person reaches the age of 15 years and 6 months and no later than 3 months before their 16 <sup>th</sup> Birthday or after the young person becomes Eligible or Relevant if this is later.	Social Worker
Contributions from our Partners	The perspectives of other professionals are sought and listened to. The information they provide is recorded in the child's assessment clearly influencing and informing the outcome of the assessment.	Social Worker/Multi Agency Professionals
Assessment Tools	Needs, areas of concern, strengths and protective factors are identified, analysed and assessed with rationale for the decisions made. Appropriate tools will be used to assess and understand specific issues – i.e. the completion of a Graded Care Profile where there are concerns of neglect.	Social Worker
Family Feedback	The assessment is shared openly with the child and family and their feedback sought and their views recorded.	Social Worker
Managers Authorisation	The child's assessment has oversight of the team manager who will provide a view and feedback as part of the authorisation process. Assessments are considered complete when they have been authorised by a manager.	Team Manager
Updating Those Involved	The outcome of the assessment will be shared with the professionals who have contributed to the assessment	Social Worker

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## Practice Focus – Planning and Permanence

All Children and Young People	Plans for children result in action to meet their identified needs. The plan will include working with the strengths in the family. Progress will be measured to help the family and professionals working with them understand how things are improving.	Social Worker
All Children and Young People	Plan's will always be SMART (Specific, Measurable, Achievable, Realistic and Timely) aspirational and clearly focused on improving outcomes for the child. Plans should clearly identify a contingency in the event that outcomes are not achieved. Plan's will always contain clear timescales for review.	Social Worker/Lead Practitioner
Early Help Support Plans	Will be reviewed at intervals of no more than 12 weeks.	Early Help Practitioner
Child in Need Plans	Will be reviewed within one month of being established and then at intervals of no more than 8 weeks. If there are significant changes in the families circumstances, consideration should be given to an early review and rationale for this recorded on the child's file.	Social Worker
Children who have a disability	The Team Manager will determine the frequency of the reviews all of which depending on the level of complexity, will directly feed into EHCP planning with a minimum frequency of 6 monthly reviews if the child's needs are being met at Level 4 under Section 17 of the Children Act 1989 or 12 monthly if their needs are being met at 'Level 2'.	Social Worker
Children subject of Child Protection Plans	An outline plan will be established at the 1st Child Protection Conference. This will be developed by the Core Group at their 1st meeting which should take place 10 working days after the initial child protection conference. The Core Group should meet to review and update the child protection plan within six weeks of the first meeting, and at a minimum frequency of once every two months following the first Conference. More regular meetings may be required, according to the needs and age of the child.  Updated Child Protection Plans will be available and distributed no more than 5 working after being reviewed by the Core Group.	Social Worker

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## Practice Focus – Planning and Permanence

<p>Children in Our Care</p>	<p>Every child who is in our care will have an up to date care plan recorded on their file and shared with the child and their carer within 10 working days of being placed.</p> <p>Children’s Care Plans will be reviewed four weeks after they become a looked after child. Their second review should be no more than three months after that. Further reviews must be held at least every six months. Children’s placement plans will be reviewed every 6 months and should be timed to coincide with their 6 month review. The child’s placement plan will be reviewed sooner if there are concerns or change of circumstance.</p> <p>The first Placement Planning Meeting in relation to a child’s placement should be held before the placement starts. Where this is not possible because of the urgency of the situation, the meeting should be held in and plan prepared within 5 working days of the start of the placement.</p> <p>At least one care planning meeting will be held for children who are looked after will be held between their 1st and 2nd Review.</p> <p>At least one care planning meeting will then be held between the child’s 6 monthly review. Where a Review is scheduled earlier than the usual 6-month cycle at least one care planning meeting should be held.</p> <p>At the point of the second review the child must have a permanency plan included in their care plan.</p> <p>All children in our care will have a current Personal Education Plan, this will be completed within 20 working days of a child becoming looked after and every term thereafter.</p>	<p>Social Worker</p>
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## Practice Focus – Planning and Permanence

<p>Young People Leaving Our Care</p>	<p>A young persons pathway plan is informed by their pathway assessment and should be completed when the young person reaches the age of 15 years and 6 months and no later than 3 months before their 16<sup>th</sup> Birthday or after the young person becomes Eligible or Relevant if this is later.</p> <p>This will be reviewed by the IRO as part of the statutory review by the young person’s 16<sup>th</sup> birthday. A young person’s Pathway Plan will be reviewed within 3 months and thereafter within a maximum of six months</p> <p>All young people will have a clear plan for their permanent accommodation by their 17<sup>th</sup> Birthday</p>	<p>Social Worker/Young Persons Advisor</p>
<p>Children receiving Short Breaks</p>	<p>Will have their plans reviewed within 3 months and thereafter within a maximum of six months. Any reduction in frequency is discussed by the SW, line manager and IRO in line with Solihull Children’s Services policies and guidance</p>	<p>Social Worker</p>

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## Practice Focus – Recording

Case Recording	<p>A case note is a legal record and should be accurate, appropriate and proportionate. Case notes should be concise and only include information that is relevant to the person, or the support being provided detailing discussions and interactions. Professional disagreements and disputes should be clearly recorded in summary, it is important that agreed outcomes and how any outstanding issues will be resolved is clearly detailed on the child’s file. Emails and email exchanges should not be cut and pasted or attached to case notes. Case notes should be updated within 3 working days. However, if the information is urgent it must be recorded immediately or within 24 hours,</p>	All Practitioners
All Children and Young People	<p>High quality recording shows the relationship between you and the child and their family and your aspirations for the child.</p> <p>Children and their families must be routinely involved in the process of gathering and recording information about them. They should feel they are part of the recording process. Children and their families should be aware of the information being recorded about them.</p> <p>Children and their families should be asked to provide information, express their own views and wishes, and contribute to assessments, reports and to the formulation of plans. The child should have the opportunity to have support to be able to do this if needed, through an advocate and /or through specialist help.</p>	All Practitioners
Case Summaries	<p>Case summaries should be up to date and current within 3 months unless a significant incident has occurred. The Case Summary should provide a succinct summary of the work undertaken, specifically linking progress to the recommendation/outcomes of the Plan. The case summary should highlight fresh issues that have emerged, both strengths as well as concerns, and reflect how these have been dealt with as well as acknowledging the impact (or otherwise) of any new issues.</p> <p>Case summaries will be updated prior to transfer of allocated worker or closure.</p>	All Practitioners
Chronologies	<p>Every child will have an Impact Chronology on file using Solihull’s agreed format these should be updated with relevant information as this becomes available. Chronologies should be reviewed and updated every three months to confirm that they are current and up to date.</p> <p>Chronologies will be updated prior to transfer of allocated worker or closure.</p>	All Practitioners

## Practice Focus – Recording

Data Protection	<p>All staff using computers at home and mobile technology for work purposes must ensure that they are working within the rules of the 'data protection principles' in accordance with the Data Protection Act (2018). Staff are required to familiarise themselves with Solihull's information governance policies and procedures.</p> <p>No information should be distributed internally or externally without first checking and reading the content by the author or their manager, redacting information if necessary.</p>	All Practitioners
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## Practice Focus – Management Decision Making and Oversight

<p>Contacts to MASH</p>	<p>Within 24 hours of a contact being received, there will be a decision made by a Team Manager about what response is required and whether the contact will be progressed to a referral for Children's Services intervention and support.</p> <p>Similarly, new and significant information coming to or from within Children's Services on an open case should be responded to within 24 hours.</p> <p>Team Managers must be especially alert to 3 repeated referrals about the same child as they can indicate wider unresolved issues, which will require assessment.</p>	<p>MASH Managers</p>
<p>Strategy Meetings</p>	<p>Wherever there is cause to suspect that a child is suffering, or is likely to suffer significant harm, a strategy discussion will be held within 24 hours. In MASH the standard is within 4 hours. This will be in the form of a meeting where possible and will be chaired by a Social Work Team Manager.</p> <p>Complex strategy meetings should be chaired by the Head of Safeguarding, must take place as soon as possible and no later than five working days of the receipt of the referral.</p> <p>The strategy meeting should involve all relevant agencies such as social care, police, health, education as a minimum and other bodies such as the referring agency. The fostering service should be involved if the child is in our care. The plan for the enquiries and decisions from the strategy discussion will be recorded. If no face-to-face meeting is held, this needs to be recorded and authorised by the Team Manager.</p> <p>Minutes of strategy meetings will be available and distributed no more than 5 working days following the strategy meeting being held.</p>	<p>All Managers</p>

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## Practice Focus – Management Decision Making and Oversight

Supervision	<p>The recording of formal supervision sessions is the responsibility of the supervisor, in many instances this will be a worker’s line manager. Well being and development supervision should be recorded on the appropriate record template, signed and dated by both parties and held on the supervisee’s Supervision Folder.</p> <p>The frequency of supervision is defined in the Supervision and Support Framework.</p> <p>Practice-focused supervision is completed on LCS/EHM using the ‘Child Supervision Form’.</p> <p>Expectations regarding the frequency at which children are discussed in supervision is detailed in ‘Recording Practice Supervision’ in the Supervision and Support Framework.</p>	All Managers with Supervisory Responsibility
Management oversight and decision making	Should be routinely recorded on a child’s file to ensure that there is evidence of clear direction, timely and defensible decision making. Decisions and management oversight will be recorded within one working day. Managers will have oversight of assessments and plans reading these, providing comments, feedback and a view as part of the authorisation and quality assurance process	All Managers
Dispute Resolution	As defined in the Dispute Resolution process a RAG system is used to for dispute resolution and quality assurance feedback in respect of planning and practice for Children who are Looked After and those who have a Child Protection plan. Managers will respond to amber escalations within 5 working days, Managers are required to respond to red escalations within 2 working days.	All Managers
Responding to Complaints	A manager will respond to stage one complaints within 10 working days sending a copy of the response to the complaints manager, together with a brief resume of learning.	All Managers

Mike Hayward, PSW, October 2024

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