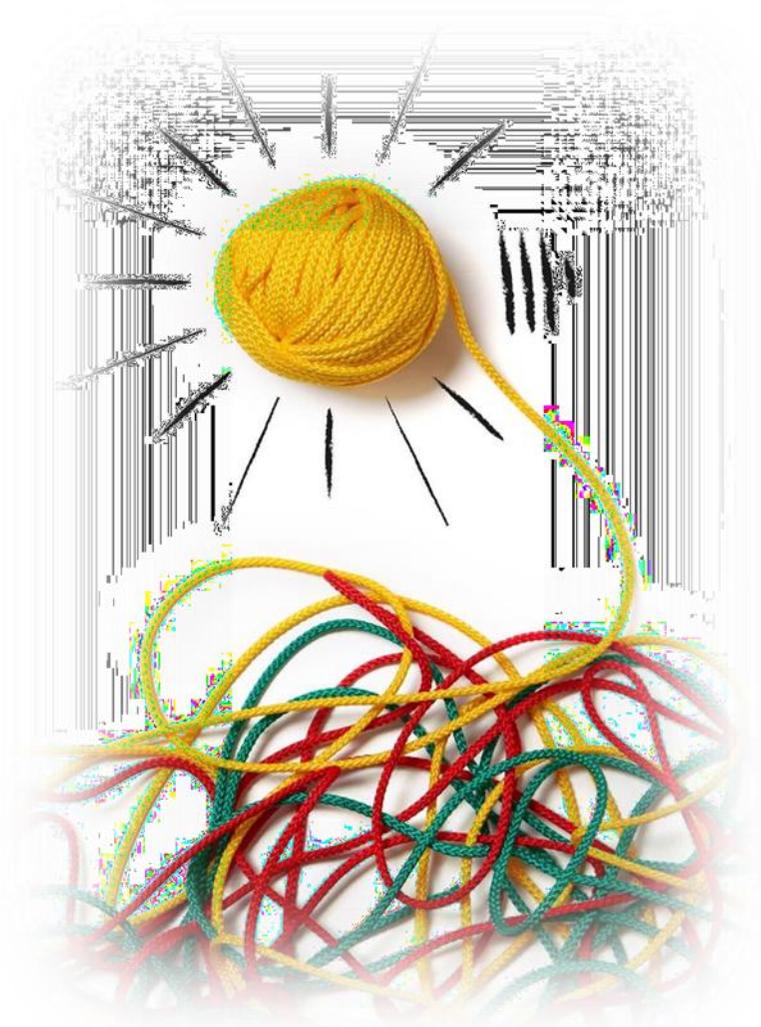


Practice Standards

For effective intervention with children, young people, and their families



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Introduction

Our Practice Standards are informed by statutory guidance and regulations. They are based on evidence, and are most likely to lead to outstanding quality services and positive outcomes for children, young people, and their families.

Practice Standards define good practice and make explicit what is expected when providing a service for children, young people and families in Herefordshire.

Practice Standards should be understood within the context of:

- The British Association of Social Work Professional Capabilities Framework (PCF)
- Social Work England Professional standards
- The Department for Education post-qualifying standards for child and family practitioners
- Children’s social care national framework

Practice Standards clarify and complement our existing policies and procedures which can be found in:

- Herefordshire Children’s Services Procedures Manual (also known as Tri-X)
- Children’s Services Quality Assurance Framework (including the Audit Grade Descriptors)

- Herefordshire Safeguarding Partnership Procedures
- Herefordshire Right Help Right Time levels of need
- Herefordshire Children's Services Scheme of Delegation

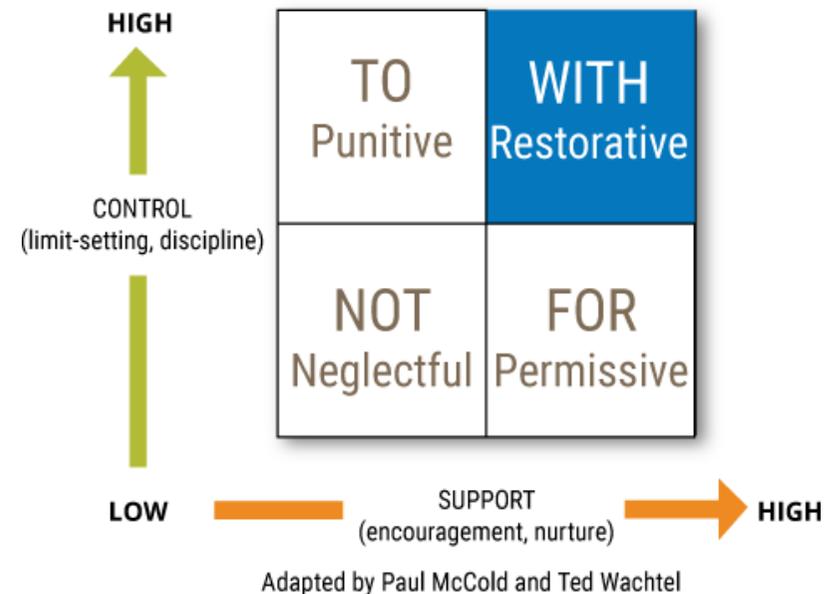
All staff employed by Herefordshire Children's Services are accountable for upholding Practice Standards at all times.

Relationship based practice

Relationships are at the heart of Herefordshire's social work practice. It is through these relationships we can work collaboratively, and establish a shared understanding of what needs to be done, and by whom, to safeguard and promote the wellbeing of children.

Strength-based and relationship-based approaches can help ensure safeguarding activity moves beyond a focus on risk and behaviours to include building genuine connections and relationships with children and young people – and those who care about them. This can allow a better understanding of their lives, thereby enhancing their protection, safety and resilience.

Our goal when working restoratively is to work with others to achieve high challenge and high support. An approach that is: 'characterised by doing things with people, rather than to them or for them' (Wachtel, 2013, p3).



Our Standards at a glance

<p>Standard 1:</p> <p>Children and families will be placed at the heart of everything we do. They will be involved in shaping the plans and decisions made about them. We will spend time listening to children and they will be helped by professionals who have the skills and tools to directly work with them taking account of their learning needs. We deliver relationship based practice with children and families. We will involve them in a genuine partnership when developing plans. We will routinely collect feedback from children and families and act on what this tells us.</p>	<p>Standard 5:</p> <p>All children's case records will be clear, using language that is easy to understand, analytical, and timely, so that everyone can understand significant events (chronologies) that have happened; what the plan is; the purpose of actions, meetings and home visits; and what difference has been made so far for the child. Every case record will include an up to date genogram of the child and a case summary which is updated every 3 months.</p>
<p>Standard 2:</p> <p>Every child will have an assessment of their individual needs which reflects how their life experiences, wishes, feelings and any risks to them are known and understood. Assessments will take full account of family histories, parents and wider family's views and those of other agencies involved with the family. Assessments will be regularly updated to take into account changes to the child and their family and to help to plan for their future.</p>	<p>Standard 6:</p> <p>Every child's file must be supported by regular, timely, recorded management oversight and supervision of the work in line with the Supervision Policy. This includes managers' directions and comments; checking that work has been done to agreed standards; seeing what difference it is making; and what needs to happen next. Managers will encourage a culture of creativity, reflection, learning and improvement and provide appropriate balance of support and challenge.</p>
<p>Standard 3:</p> <p>Every child will have an assessment which reflects the strengths and assets within themselves and their family and community alongside any worries and risk. A detailed genogram will be included with all assessments with an ecomap where possible. Where concerns are identified a separate safety plan will also be completed.</p>	<p>Standard 7:</p> <p>Staff will use strengths based approach to resolve problems and improve children's lives; working <i>with</i> children and families as opposed to doing things 'to' them; We will acknowledge the risks and what we are worried about and help to find ways to keep children safe through thoughtful, considered and clear multi-agency plans which children and families can relate to and which will support them to achieve positive changes.</p>
<p>Standard 4:</p> <p>All children's plans will explain what needs to happen by when; by whom; what outcomes we are all working towards together as a multi-agency team. We will be clear what the contingency plan is.</p>	<p>Standard 8:</p> <p>Diversity is clearly considered noting if any specific needs arise from the child or family's ethnicity, culture, heritage, age, disability, gender, faith and sexuality and the impact of these on assessment and planning. Assessments of disabled children and young people will be proportionate and focus on the specific needs of the child and family, and will be strength based.</p>

Our general practice expectations	
Practice expectations	Person responsible
The child's worker will ensure they understand the child's story and read all the relevant sections of child's file (including everything recorded in the last 6 months) before meeting the child and family. They will take account of the information and use it sensitively to effectively engage and work with the family and ensure there is no drift, delay or start again features in our planning for children.	Social Worker/ Family Support Worker
All children and their families will be notified of a change in worker, the reason for this and have the opportunity to be introduced to their new worker by their existing worker. The existing worker will ensure outstanding tasks are completed before the new Social Worker/ Family Support Worker starts to work with the child / family. A transfer discussion should support with this.	Social Worker/ Family Support Worker
To ensure our practice is relational, we will endeavour to ensure that children have access to the same social worker should they require additional services within a 3 month period following case closure.	Team Manager
Our communication with children, young people and families should always be relational and assessments and reports should be written in language that can be readily understood and written to the child.	Social Worker/ Family Support Worker
A chronology is started for every child subject to an assessment, completed before the assessment is approved by a manager, and thereafter kept up to date by the allocated social worker. The chronology is 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.	Social Worker
Children and young people are regularly seen alone, in a variety of settings, observed and communicated with according to their age, understanding and developmental needs, as part of assessment and planning. Visits should be purposeful. Contact should be meaningful and linked to the child's plan/ assessment.	Social Worker/ Family Support Worker
Every child knows what their plan is, who their Social Worker or Family Support Worker is as well as other key professionals. Children know how to contact them, and how often they will see them.	Social Worker/ Family Support Worker/ Child Protection Chair/ IRO
Practitioners visit when they say they will. In the event of delay, it is important to contact the child/ family/ carer as soon as possible. Practitioners will be responsive in a proportionate and timely manner. The expectation is that practitioners will visit the child within 3 working days of allocation, sooner if the work needs to begin immediately or urgently (e.g. if a s. 47 child protection enquiry is raised).	Social Worker/ Family Support Worker

<p>Practitioners are confident in using direct work approaches appropriate to the child's age, understanding and preferences; and understand that "direct work" includes both play materials/ creative engagement tools and relationship building conversations. Direct work means both observations and talking to the child. HSCP Voice of the Child Participation Toolkit Resources</p>	<p>Social Worker/ Family Support Worker</p>
<p>All children, young people and families using our services will receive and have explained to them the procedure for making a complaint/ representation. Advocacy will be promoted especially for children with additional vulnerabilities such as children with a disability and for those subject to Child Protection Plans or Children in the Care of the local authority.</p>	<p>Social Worker/ Family Support Worker/ Child Protection Chair/ IRO</p>
<p>Practitioners make appropriate arrangements for the use of translators, interpreters and communication tools to meet any specific sensory or language needs including use of braille, sign language, hearing loops etc.</p>	<p>Social Worker/ Family Support Worker/ Child Protection Chair/ IRO</p>
<p>Communication with children is age appropriate and creative. It is recorded in a manner that reflects their views and that they can understand wherever possible. The child's own words should be recorded as much as possible. We will think about the language we use and the impact this has for a child and their family. We will be thoughtful in our choice of words and descriptors and listen to what children and families tell us Language that cares</p>	<p>Social Worker/ Family Support Worker</p>

Visiting Timescales

Each child is an individual and *purposeful visits* are at the core of building a relationship with a child, understanding their lived experience and progressing their plan. Visits should be more frequent when:

You are the newly allocated worker and are building a rapport

The young person, Carer or placement has asked you to visit

Concerns have been raised about their home or placement

There has been a complaint

There is any consideration of moving from home or their placement

Periods of transition

The child or young person is experiencing challenges

A child protection plan is in place

There are complex needs which are not fully met

A more individual response is needed

There are concerns which are escalating or we believe they may be at risk

There needs to be a better relationship with the child

The young person is living in unsuitable accommodation

The young person is or is expected to become a parent

There are significant or deteriorating mental health needs

The young person at risk of exploitation or experiencing a chaotic lifestyle such as frequent missing episodes

You are undertaking an assessment

The list above is not exclusive and visit frequency should be discussed at every supervision and recorded in the child's file.

Practice Expectation	Person responsible
<p>Section 47 Enquiries If a Section 47 enquiry is triggered, the child is visited according to risk and need. In the most urgent situations this should take place immediately, but always within a maximum of 2 working days.</p>	Social Worker
<p>Assessment If a Child and Family Assessment is opened the initial child visit should be completed within 3 working days. Visits should be recorded by the next working day at the latest.</p>	Social Worker

<p>Children with Disabilities</p> <p>Short Breaks assessment: the child must be visited within 10 days of the short break assessment being commenced. Children With Disabilities supported by a Child in Plan must be visited at least every 6 weeks unless the primary need is safeguarding support when visits will be more frequent as directed by Team Manager/ Service Manager.</p> <p>For Children with Disabilities whose primary reason for their Child in Need plan is Short Breaks visits are required 3 monthly. This includes children and young people with overnight short breaks, and/or children and young people who are eligible for Childrens Continuing Care.</p> <p>For children and young people supported under a Short Breaks Plan (Section 2) Visiting frequency is a minimum of 6 monthly.</p>	<p>Social Worker Social Worker/ Team Manager</p> <p>Social Worker</p> <p>Social Worker</p>
<p>Children subject to a Child Protection Plan</p> <p>Within a maximum of 2 working days after the ICPC, thereafter at least once every 10 working days.</p> <p>Children subject to a Child Protection Plan must receive both arranged and unannounced visits at their home address.</p> <p>Social Workers should speak to Children on a Child Protection Plan alone on all visits (except infants in the constant care of their parents/ carers). If this is not possible on a particular visit, this should be clearly recorded on the child's file and the Team Manager alerted. The child must then be seen alone on the next visit.</p>	<p>Social Worker</p> <p>Social Worker</p> <p>Social Worker/ Team Manager</p>
<p>Children supported through a Child in Need Plan</p> <p>Children must be visited at least every 28 days.</p>	<p>Social Worker/ Family Support Worker</p>
<p>Children transferring from one Social Worker to another</p> <p>Children should be visited jointly by the both the current and new Social Worker when any transfer between teams occurs. Additional meetings between allocated workers should take place when children in the same family group are allocated to different teams.</p>	<p>ALL</p>
<p>Children in Care:</p> <p>The child's Social Worker will see the child on the day they are placed in foster care or residential placement. A Placement Planning Meeting must take place within 72 hours of placement and the child should also be seen by their Social Worker at this time. This also applies if the child moves placement. Thereafter weekly until the initial Child Looked After Review and subsequently visits must take place at intervals of not more than four weeks until the carer is approved as a connected carer or the care proceedings have concluded.</p> <p>Following approval of the connected carer or conclusion of care proceedings during the first year of any placement visits must take place at least every six weeks.</p>	<p>Social Worker</p>

<p>After the child has been in placement for 12 months and the placement has formally been agreed as a permanent placement visits at intervals of not more than three months (subject to an updated assessment which concludes that this frequency is appropriate)</p> <p>Any child cared for within a residential placement including Secure Accommodation on Welfare Grounds, they will be at least every visited 6 weeks for the duration of the placement irrespective of the length of time they have been in care</p> <p>For children placed in Young Offender institutions or health care setting, 6 weekly for the first year and then 3 monthly at a minimum.</p>	
<p>Children in unregistered provision Weekly until the child moves to a registered placement or the unregistered placement has become registered.</p>	Social Worker
<p>Unaccompanied Asylum Seeking Children/ Separated Children Weekly (every 5 working days) visits for the first 4 weeks, then monthly (every 4 weeks) for a period of 3 months. In addition to visits, there will contact the young person in between visits. At the end of this period with the young person, an agreed pattern of visiting will be established. This will be no more than 6 weekly intervals in line with visits to all children in care.</p>	Social Worker
<p>Children placed in an adoptive family Within the first week of moving to live there and then weekly until the first review. Thereafter, the frequency of visits is determined at the child's Adoption Review or, if not specified, every 6 weeks for the first year and after this, 3-monthly.</p>	Social Worker
<p>Privately Fostered Children Within 5 working days from the date of notification to the local authority Intervals of not more than six weeks during the first twelve months Intervals of not more than 12 weeks in any 2nd or subsequent year</p>	Social Worker
<p>Children with temporarily approved foster carers (Reg 24) or 'placed with parents' under Interim Care Order: The child's Social Worker will visit weekly until the first CLA review. Every four weeks thereafter until the carer is approved or Final Hearing completed. The fostering Supervising Social Worker should also visit weekly during this period. Intervals of six weekly after the Full Care Order is made.</p>	Social Worker
<p>Children in more than one placement - residential school and foster care or residential home: Visited in each living situation, at least every 12 weeks</p>	Social Worker
<p>Children with disabilities who are receiving a service under section 2 Chronically Sick and Disabled Person Act 1970 Visited every 6 months</p>	Social Worker

<p>Young people aged 18-21 (Eligible and Relevant): At least every every 2 months by their Personal Advisor unless written in the pathway plan and assessed as 3 monthly, or exception agreed by the Service Manager. In addition, keeping in touch by phone, text or email based on the YP's preference at least monthly as set out in their Pathway Plan.</p>	Personal Advisor/ Service Manager
<p>Young People aged 21-25 (Eligible and Relevant): 12 weekly (or as outlined within the pathway plan)</p>	Personal Advisor
<p>Children receiving a Targeted Early Help Service At initial allocation, visit within 5 working days of initial phone contact. During an Early Help Assessment, within 10 days of the assessment starting. Thereafter, at least every 4 weeks by their Support Worker.</p>	Family Support Worker
<p>Recording of Visits</p> <p>Visits to children subject to a Child Protection Plan must be recorded on the child's file within one working day of the visit.</p> <p>Visits to all other children receiving a service should be recorded on the child's file on the same working day where possible, but within a maximum of two working days.</p>	Social Worker/ Family Support Worker Social Worker/ Family Support Worker/ Personal Advisor

Assessment of Need (including Early Help Assessment, Child and Family Assessment, Pathway Plan, Pre-Birth Assessment, Parenting Assessment, s. 47 Enquiry etc.)	
Practice expectations	Person Responsible
<p>The reason for the assessment is clear and child-focused, stating why we are assessing this child's needs now and what questions this assessment is seeking to answer. All information in the assessment is set out clearly and accurately.</p>	Social Worker/ Family Support Worker
<p>Consent is sought to seek and share information, unless there are exceptional circumstances agreed by the Team/ Service Manager. Consent or the decision to act with consent must be clearly recorded by the responsible staff member in a casenote.</p>	Team Manager/ Social Worker/ Family Support Worker

<p>No later than age 16 years and 3 months young people in the care of the local authority will have a Pathway Plan drawn up by their Personal Advisor who will support them when they leave care, this is equivalent to an assessment of need. The Pathway Plan will be informed by a Needs Assessment completed by the young person's Social Worker. Pathway Plans should be reviewed and updated every 6 months, or more frequently if there is a significant change such as moving home or a young person's needs changing significantly.</p>	<p>Social Worker/ Personal Advisor</p>
<p>When there are concerns that a child is suffering or likely to suffer significant harm, a Strategy Discussion/Meetings should be used to determine whether a Section 47 enquiry is required, as well as to put in place a safety plan. Strategy meetings/discussions should be convened as soon as practicable bearing in mind the needs of the child and must take place as soon as reasonably possible following child protection concerns being identified.</p> <p>For the most urgent cases where children are at immediate risk the meeting should take place as immediately as is possible.</p> <p>1.9 Child protection enquiries West Midlands Safeguarding Children Group (procedures.org.uk)</p>	<p>Team Manager in conjunction with partner agencies</p>
<p>Every child open to a social worker has an up to date assessment updated every 12 months or following a significant event if sooner. (N.b. For children open to the Children with Disabilities Team please see below). It balances the family's strengths alongside the current risks. It is evidence based and includes a clear analysis of all information available and is not limited to the initial areas of concern. There is multi-disciplinary input, used to triangulate social work views and those of the child, parents and other family member with evidence from professionals involved with the child and family. It is clear which agency provided which information.</p>	<p>Social Worker</p>
<p>Assessment is understood to be a continuous process; regularly reviewed and clearly linked to the plan that details actions to meet the changing needs of the child which are clearly communicated to the family.</p>	<p>Social Worker/ Family Support Worker</p>
<p>Each child's file has a chronology and a genogram. Where possible an eco-map should also be included. It must be clear that these documents have been used to inform the assessment. The chronology is used as a tool to ensure the family history informs the analysis. However, the assessment does not contain the full chronology, but a summary of the significant events for the child.</p>	<p>Social Worker</p>
<p>The assessment accurately conveys each child's lived experience, gathering and recording each individual child's views and feelings, seeing the child in a variety of settings where possible, including alone.</p>	<p>Social Worker/ Family Support Worker</p>
<p>The assessment presents a clear professional view, with the impact on the child of the dynamics and issues the assessment uncovers, seen to be central to the assessment. This means an accurate understanding of the child's development in the context of their family social history, past and current lived experience.</p>	<p>Social Worker/ Family Support Worker</p>

The social work involvement empowers and supports the family to fulfil their responsibilities to each child in their care; the assessment records each parent or carer's needs and views (including partners). It includes consideration of offering a Family Group Conference/Network Meeting to explore the support network and safety planning.	Social Worker/ Family Support Worker
Diversity is clearly considered, with the assessment noting if any specific needs arise from the child or family's protected characteristics (Equality Act 2010): race (including culture and heritage), age, disability, sex, gender reassignment, religion (or belief), sexuality, marital status and pregnancy and the impact of these on assessment and planning. Workers should make use of additional resources when making assessments of	Social Worker/ Family Support Worker
The assessment is clearly informed by assessment of risk alongside family's strengths; considering protective factors, static and dynamic risks. It evaluates each protective factor or risk in terms of the impact on the child, how significant the risk is or how it might promote resilience through safety planning, in line with the restorative practice. Contingency plans are set out including practical steps to ensure the safety and welfare of the child.	Social Worker
The assessment considers the child's needs and resources available to meet within the context of family, wider community and elsewhere.	Social Worker/ Family Support Worker
The assessment makes use of evidence-based assessment tools and cites research where it is relevant, explaining how it is relevant for this child in this situation to inform the analysis.	Social Worker
The assessment includes consideration of other children and family members within the close or wider family network, including how they spend time together and the impact of this on the child taking account of the child's views. The need for separate assessment or support of any of these other children or adults should be considered.	Social Worker
The social worker is professionally curious and uses challenging questions and supervision for critical reflection, to make sense of the information they are gathering, particularly to support a view of parental capacity to change and to write analyses in assessments.	Social Worker
The analysis and mapping concisely sets out the practitioner's reflective record of how the information in the assessment impacts on the child's world or their development (including risk and protective factors) and what interventions need to be made in the child's interests, or what is the expected outcome of an intervention and a hypothesis of what would happen should the risks not be addressed (how Children's Services may escalate their intervention).	Social Worker
Social workers ensure intervention and the provision of services during the assessment period where needed to improve the child's situation.	Social Worker
Assessments are written in plain language, with correct spelling, punctuation and grammar, free from acronyms and jargon so they can be understood by the child, parent/carer as far as possible. If needed to ensure the child/ family can understand and engage in the	Social Worker/ Family Support Worker

assessment, it is translated into their first language. Should the family members have learning difficulties consideration should be given to producing an additional summary in a form that the family can readily understand. A summary assessment is also written to the child.	
Assessments are shared with parents, others with parental/carer responsibilities and the child, depending on their age/level of understanding. Their views are clearly recorded on the assessment before it is signed off. The worker records on the child's file when the assessment has been shared with family and any comments they have made.	Social Worker/ Family Support Worker
All assessments are scrutinised and approved by a manager with the manager's view and rationale for this view clearly recorded at the end of the analysis.	Team Manager/ Family Support Worker
Child and family assessments are carried out within a maximum of 45 working days, unless there is a clear rationale for purposeful delay. In this case this will be clearly recorded and approved by a team manager who will ensure timely sign off. Early Help Assessments are carried out within a maximum of 30 working days (to include Young Carer's Assessments).	Team Manager
The Manager will review the progress of the child and family assessment at 10 days, concluding whether no further action is required, and the assessment can be closed, or whether further work is needed. Assessments should be signed off with appropriate comment as an assessment that meets good standards as soon as possible and at the latest by 45 working days. For children and young people referred for a short break assessment, if there are extenuating circumstances the assessment can be extended to accommodate this with written approval of the Team Manager such as child's hospital admission.	Team Manager
<p>Child and Family Assessments should be updated minimum once every 12 months, more frequently if there has been a significant incident that effects the child's life. The following examples are a guide as to when the assessment should be updated:</p> <ul style="list-style-type: none"> • Prior to a child becoming looked after; • When any significant change or incident in the child's life requires updated assessment and planning; • A needs assessment will be completed prior to a young person's Pathway Plan being started; • Where there is a proposed significant change to the care plan; • Where progress is not seen to be made; • When a manager considers it necessary. <p>For children with a disability assessments will be completed before significant transition stages in the child's life, before statutory school age, transition to senior school aged 10-11 yrs, and aged 14 yrs in preparation for adulthood).</p>	Social Worker

All Child and Family Assessments must be child centred and primarily address the child's needs. The child's Social Worker should provide a written summary of the assessment for the child.	
All Assessments must be shared with families (parents and children in an age appropriate way) prior to being signed off by the Team Manager	Social Worker/ Personal Advisor/ Family Support Worker

Planning – General Principles (including Child Protection Plans, Child in Need Plans and Targeted Early Help Plans)

Practice expectations	Person Responsible
The plan is co-produced in an age appropriate way with children and young people, including their parents/ carers	Social Worker
The reason for and purpose of the plan are clearly set out.	Social Worker
The plan flows from the analysis made in the preceding assessment, or earlier plan.	Social Worker
The plan clearly addresses needs and risks as well building on strengths.	Social Worker
It conveys the views, wishes and desired outcomes of the child, parents and other relevant parties.	Social Worker
The plan is based on evidence and research directly relevant to the child's circumstances and stages of development.	Social Worker
Plans for children separated from parents/brothers and sisters or significant others includes arrangements for spending time with their family alongside a clear plan for permanence.	Social Worker
Plans include an analysis of the risks and benefits of all the realistic options for the child.	Social Worker
Plans result in action. Actions are agreed by all parties and each person is clear about the part of the plan they are responsible for including partners from other agencies.	Social Worker
The plan is SMART (specific, measurable, achievable, realistic and timely), clear what needs to change and includes clear timescales that meet the changing needs of the child.	Social Worker
The plan has clearly identified intermediate outcomes that can be used to evidence progress and minimise drift.	Social Worker

All plans of intervention where risk to a child or young person is identified must be accompanied by a safety plan that identifies actions to be taken if the child or young person becomes unsafe.	Social Worker
It includes a contingency plan should the plan fail to achieve the intended outcomes to keep the child safe in the event of an emergency or where a parent/ carer places the child at risk.	Social Worker
The plan contains clear arrangements and timescales for review.	Social Worker
There is evidence of management oversight of the plan to ensure the practice expectations above are met before the plan is signed off.	Team Manager
In reviewed plans, the progress in meeting outcomes is clear and evidenced.	Social Worker
Where a child's plan is changed following a review, it is updated on the child's records within 3 days	Social Worker
Planning – Specific to Child Protection	Person Responsible
If Section 47 enquiries are triggered the timescale for completion is determined by the level of risk and need. The enquiry will be completed within a maximum of 15 working days.	Social Worker
Children subject of Child Protection Plans have an outline plan established by the Conference Chair at the Initial Child Protection Conference, developed by the Core Group at their 1st meeting (within 10 working days) after the conference, and reviewed and updated at every core group meeting on a 4 weekly basis.	Child Protection Conference Chair/ Social Worker
Initial Child Protection Conferences are held within 15 days of the Strategy Discussion or where more than one has taken place, of the Strategy Discussion at which the Section 47 Enquiry was initiated; or Notification by another local authority that a child subject to a Child Protection Plan has moved into the area. Review Child Protection Conferences will take place at a maximum of six monthly thereafter (but the need for a Child Protection Plan should be reviewed regularly and the Conference brought forward if there is a rationale to do so).	Team Manager / Child Protection Conference Chair
Recommendations to escalate risks to children causing significant concern for safety to legal planning processes should be discussed and agreed with the relevant Service Manager with case responsibility for the child who will determine whether the child should be discussed at Legal Gateway Panel.	Child Protection Chair/ Social Worker/ Team Manager/ Service Manager

<p>Children subject to a Child Protection Plan for 12 months or more should be reviewed jointly by the operational Service Manager and the Service Manager for Child Protection Chairs to look at alternative pathways (ie escalation or step down) and the outcome of this review should be recorded on the child's file.</p>	<p>Service Manager Safeguarding and Support/ Service Manager Safeguarding and Quality Assurance</p>
<p>Planning – Specific to Children to Need</p>	<p>Person Responsible</p>
<p>Children in Need (CIN) plans are reviewed at intervals clearly agreed with the Social Worker's line manager, and at least monthly.</p> <p>For children with a disability receiving an overnight short break CIN plan only, the CIN reviews would be completed at least every 6 months. If there are significant changes in the family circumstances, there is clear record decision making on whether an early review consideration should take place.</p>	<p>Social Worker</p>
<p>Children receiving Short Breaks have their plans reviewed within 3 months and thereafter within a maximum of six months. Any reduction in frequency is discussed by the Social Worker, line manager and IRO in line with the policy within the Children's Services Procedures Manual (Tri X).</p>	<p>Social Worker</p>
<p>Planning – Family Group Conferences</p>	<p>Person Responsible</p>
<p>A Family group conference should be explored at the early stages of our involvement at Early Help, CIN, CP or CLA in order to bring together the wider family network including extended family, friends, and community members to create a plan to safeguard and support the child or young person.</p>	<p>Social Worker/Team Manager</p>
<p>Within the plan of support, members of the Family Group Conference should be invited to all reviews, core group meetings and any other meetings involving the child or young person, when appropriate, so that they can stay included in the process and to ensure that contingency planning is considered.</p>	<p>Social Worker/ Team Manager</p>
<p>Planning – Specific to Children who are Looked After</p>	<p>Person Responsible</p>
<p>Initial Child Looked After Review will be held within 20 working days of a child becoming looked after. The 2nd review within 3 months of initial review and then 6 monthly thereafter. Any reduction in established frequency of review meetings is discussed by the Social Worker, manager and IRO, in line with the policy within Children's Services Procedures Manual (Tri X).</p>	<p>Independent Reviewing Officer (IRO)</p>

<p>At the 2nd Review (incorporated into the Care Plan) every child should have a plan for permanence. All reviews should have a relentless focus on achieving permanence for children this will include both legal permanence and the long term matched to their carers as soon as possible. The Care Plan will be authorised by the Team Manager and Service Manager.</p>	<p>IRO/ Social Worker/ Team Manager/ Service Manager</p>
<p>Following Child Looked After Reviews (CLAR) the Team Manager will review the CLAR recommendations within 5 working days. If no objections are received in 5 working days their agreement will be assumed.</p>	<p>Team Manager</p>
<p>The Social Worker will ensure that any decisions regarding the care of the child such as medical procedures, overnight stays etc. are made in accordance with the Children's Services Scheme of Delegation.</p>	<p>Social Worker</p>

<p>The IRO will conduct a mid-point review in between subsequent formal looked after review meetings. The mid-point review will review the care plan to ensure that or still meets the needs of the child and also review what progress has been made on implementing decisions and recommendations made at the last review meeting.</p> <p>For newly looked after children the IRO should record an oversight on the progress of the care plan no more than 6 weeks after the first looked after review.</p> <p>Mid-point reviews will be held no later than 3 months after each subsequent looked after review. Where looked after reviews have been brought forward, the timescale of the mid-point review should also be brought forward</p>	Independent Reviewing Officer
<p>The Pathway Plan must be completed by the time the young person is 16 years and 3 months. The Social Worker will complete a needs assessment to be incorporated into the Pathway Plan by the Personal Advisor. Once the Pathway Plan has been completed it supersedes the young person's Care Plan.</p>	Social Worker/ Personal Advisor
<p>Planning – Specific to Care Leavers</p>	Person Responsible
<p>All young people - Eligible, Relevant or Former Relevant - must receive a multi-agency assessment of their needs by their Social Worker as to the advice, assistance and support they will need when leaving care. This will be incorporated into their Pathway Plan.</p>	Social Worker / Personal Advisor
<p>The Pathway Plan should be completed no more than 3 months after the young person's 16th birthday or after the young person becomes Eligible or Relevant if this is later.</p>	Social Worker / Personal Advisor
<p>Young persons aged 18-21 years should have a review of their Pathway Plan every 6 months. Reviews should take place sooner where there changes or circumstances / need are identified.</p>	Personal Adviser
<p>Young persons aged 21-25 years should have a review of their Pathway Plan every 12 months (or as agreed in supervision)</p>	Personal Advisor
<p>Planning – specific to Targeted Early Help</p>	
<p>The plan is co-produced with children, young people and their parents/carers. It conveys the views, wishes and desired outcomes of the child, parents and other relevant parties</p>	Family Support Worker
<p>The reason and purpose of the plan are agreed with child, young person and their parents/carers.</p>	Family Support Worker
<p>The plan clearly addresses needs and risks as well building on strengths.</p>	Family Support Worker
<p>The plan is SMART (specific, measurable, achievable, realistic and timely), clear what needs to change and includes clear timescales that meet the changing needs of the child.</p>	Family Support Worker

The plan is based upon Herefordshire Outcomes Framework and is outcomes focused.	Family Support Worker
Plans are reviewed at TAF meetings, initially 4 weeks after completion or allocation, and subsequently every 8 weeks and the progress in meeting outcomes is clear and evidenced. Plans result in action. Actions are agreed by all parties and each person is clear about the part of the plan they are responsible for including partners from other agencies.	Family Support Worker

Recording

Practice Expectations	Person Responsible
All professionals working with children and making records on a child's file must ensure that they are mindful that this is the child's record. Records should be child-centred. Recording should be child centred and professional. The child's file must not be used to record disagreements between professionals regarding operational disagreements such as allocation.	ALL
Information is written and stored in line with information sharing protocols and the principles of the Data Protection Act 2018: https://www.proceduresonline.com/herefordshire_children/contents.html#case_manage	ALL
Requests for information to be shared must be considered in accordance with the Data Protection Act 2018. Advice on the provisions under Act and timescales for actioning requests can be sought from the Information Governance Team.	ALL
All workers must be mindful that using the group step on Mosaic for half siblings is not appropriate as this may breach a child's confidentiality by including information about them to family members that are not related to them (eg step-parents). Half-siblings should be linked, but half-siblings will need to have separate assessments.	ALL
Social Workers and Family Support Workers ask adults and Gillick competent young people for written consent in respect of information sharing and ensure the consent is placed on the child's file. For a child who is not Gillick competent, consent will be from someone who has parental responsibility for them.	Social Worker/ Family Support Worker
Case records are kept up to date, with significant events recorded within 24 hours of the event occurring. In emergency and significant risk situations, recording is completed on the same day as the event or next working day.	Social Worker/ Family Support Worker
Case summaries should be updated every 3 months	Social Worker/ Family Support Worker
Chronologies to be updated following a significant event and at least every 3 months	Social Worker

When documents 'pull through' historical information and analysis, the new document must be updated in a way that makes it clear what is the new and additional information and in the case of the child's views when was it obtained.	Social Worker/ Family Support Worker
Reports and case records are written in plain language, free from acronyms and jargon, so they can be understood by the child, parent/carer as far as possible. If needed to ensure the child/family can understand and engage in the purpose and completion of the report, they are translated into their first language.	ALL
The practice of regularly cutting and pasting of information into a child's file is not acceptable in recording. Caution should be used when copying and pasting emails verbatim into a child's record, this may be appropriate on occasions, but summarising the information is often better practice.	ALL

Management of Practice

This is important because we need to look after our staff and support them to deliver outstanding services to children and families.

It is important that managers make sure what's been said has been acted upon in a timely manner, goals are set regularly. It is important to record the next steps of the plan.

Practice Expectations	Person Responsible
Work is allocated, along with clear management oversight, to suitably trained and qualified staff, with the necessary skills and capacity to undertake the task. The target maximum caseload is 18.	Team Manager
Professional supervision is held regularly, and according to our Supervision Policy. This should take place each calendar month. There is a signed supervision agreement in place, reviewed annually <u>Supervision Policy</u>	Team Manager
<p>A supervisory discussion is recorded in respect of each child open to the lead practitioner.</p> <ul style="list-style-type: none"> For children open to CIN/CP/Care Proceedings, supervision should take place at a minimum of monthly. For children that are looked after, supervision should take place at a minimum of monthly. For children in care who are long-term matched supervision should take place every 2 months. For children receiving overnight - community short breaks, supervision should take place at a minimum of 3-6 monthly. For Care Leavers aged 18 – 25, supervision should take place at a minimum every 2 months. A virtual PA list is maintained for care leavers aged over 21 that do not wish to receive support from a Personal Advisor (PA). Care Leavers on the virtual list can request support up to the age of 25 if they want; they will be then be allocated to a PA, however no supervision is required for those care leavers maintained on the virtual list. For children receiving targeted Early Help, supervision should take place at a minimum of six weekly For children newly allocated supervision will take place within the first month of allocation. 	<p>Team Manager</p> <p>Team Manager</p>

<ul style="list-style-type: none"> • For practitioners who are non-case holding supervision can take place bi-monthly. • No staff should go without supervision for more than two months and it is the shared responsibility of the supervisor and supervisee to assure this. <p>For Independent Reviewing Officers/Child Protection Chairs, children will be discussed at least every 3 months.</p> <p>More frequent supervision sessions may be required where the supervisor is, for example working with newly qualified staff, to meet individual deadlines or targets or where the supervisee requires greater support due to performance concerns.</p>	
Supervision encompasses wellbeing, health & safety, professional development and standards, and casework supervision.	Team Manager
Casework shows evidence of reflection, impact of intervention and analysis and management oversight. It includes clear case direction from the point of allocation, through to any transfers or closure. Any actions arising from case audits are referenced in supervision recordings by the Team Manager.	Social Worker/ Family Support Worker/ Team Manager
A record of supervision is available to both parties in respect of professional supervision. Case supervision is recorded on the child's file and should be kept up to date.	Team Manager
Key decisions and rationale are recorded in bold within case notes at all stages of work with a child to provide a clear audit trail of decision making.	Team Manager
Management oversight ensures timescales are understood as being 'outside boundaries' i.e. the last date for completion. These are not targets to work to; timescales are driven by the child's situation and plan.	Team Manager
Managers check performance data and audit children's case records on a regular basis to have ensured that identified action is taken to improve practice where necessary.	Team Managers
Managers maximise opportunities for training and development, overseeing that staff attend mandatory training, and participate in other agreed professional development as identified in supervision and appraisal.	Team Manager
Formal observation of practice by the supervising Manager will be recorded in supervision at least once a year. This will inform their Annual Conversation.	Team Manager
All staff have an Annual Conversation and agreed targets are reviewed through the year. This Conversation formally notes achievements in the past 12 months and records any actions needed to address development needs identified during ongoing supervision and case discussions. The Conversation sets goals for the coming year.	All Managers

Professional Culture	
Practice Expectations	Person Responsible
Managers ensure that staff work in a professional environment conducive to good professional practice. Herefordshire Children's Services has adopted a Restorative Practice approach. This includes support, challenge and bringing professional rigour to daily practice. This applies to working with families, departmental colleagues and colleagues from partner agencies.	All Managers
All staff should work co-operatively with colleagues in other teams and services, particularly at points of referral, transition between services and localities and where children within the family are allocated to different teams.	ALL
Being professionally curious to ensure we know and understand the families we work with and their lived experience	ALL
Enabling practitioners to blend personal qualities and creative imagination with practice skills and practice wisdom that underpin quality practice	ALL
Practicing "respectful uncertainty" applying critical evaluation to any information they receive and maintain an open mind	ALL
Support Managers will lead by example and cultivate a staff atmosphere that is mutually supportive and draws on the professional strengths of all staff. Managers will provide good lines of communication, ensuring that important service policy and procedures are shared, understood and acted upon. Managers will provide meaningful supervision and Annual Conversations that take account of staff strengths and areas for improvement and seek to ensure that the service continues to invest in staff's professional development.	All Managers
Constructive challenge Managers will monitor the quality of the service they are responsible for through regularly scrutinising practice and auditing children's case recording and take steps to rectify poor quality when identified. Managers will look for opportunities to bring about improvements in practice, and support staff in delivering those improvements.	All Managers
Professional rigour Managers keep up to date on research findings in practice and policy documents relevant to their area of work. They will routinely access Care Knowledge and other materials provided through practice development websites and publications. They will expect staff to develop their professional skills and expertise by keeping up to date with applied research.	All Managers

All staff uphold their professional responsibility to be accountable for their own conduct, development and delivery of a high-quality service. This includes being accountable within their own roles and responsibilities, supporting and holding others to account, and seeking appropriate assistance when needed.	ALL
Staff undertake and are supported to complete relevant corporate training, restorative practice training and other key training to inform their work with children, families and each other.	ALL
The use of the term Family Group Conference is limited to meetings facilitated by practitioners trained to use this model as distinct from a Family Network meeting.	ALL

Valuing Diversity

Practice Expectations	Person Responsible
All staff demonstrate a commitment to anti-oppressive and anti-discriminatory practice	ALL
Diversity is considered in the context of the individual, their environment and family network.	ALL
Age; disability; ethnicity; faith or belief; identify; language; race; gender; and sexual orientation are considered and respected and will not be treated different or unfairly because of these characteristics.	ALL
Reports and case records are written in plain language, free from acronyms and jargon, so they can be understood by the child and their family. A words and pictures version will be useful for many children. All staff should endeavour to write case recordings, assessments and plans to the child.	ALL
An interpreter is used at all times, when necessary to do so. Documents and reports should be translated when necessary to do so. It is particularly important that children whose parents are not English speakers are not asked to translate in any meetings or any documents relating to them.	ALL
Be curious about how people are feeling, ask people questions, listen without judgement, check your own thoughts - try to be aware of assumptions and judgements that could come from bias or stereotypes	ALL