

Family Services

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1. Introduction

Barnet is continually striving to improve the quality of help and support that we give to children, young people and families. Our ambition is to develop and build a highly skilled professional workforce operating within a well-defined practice model, a clear set of expectations about the practice we want to see and an uncompromising quality assurance system that enables the workforce and organization to continually learn, develop and improve. These Practice Standards have been developed to support that aim.

Providing a solid foundation from which to drive the basics of practice and achieve consistency in quality across our services, our Practice Standards aim to guide practitioners and managers to effectively use their skills to assess, plan and intervene with children and young people.

We want our workforce to deliver services that they are proud of and which achieve consistently safe, good and timely outcomes for children and young people. Supported by our resilience based conceptual framework for practice, we aim to move away from 'expert' practitioners that diagnose problems and determine what needs to happen and shift further towards curiosity in practice and the building of relationships through meaningful collaboration with children, young people and families. We want our children's workforce to recognise and value the role they play in helping individuals and families to solve their own problems by drawing on their strengths and resourcefulness and respecting people are experts in their own lives. We hope the practice standards assist in achieving these aims.

2. Why do we need Practice Standards?

Local Authority Children's Services are judged to be 'Outstanding' when they demonstrate that that 'the social care workforce is sufficient, suitably qualified and accredited to deliver high-quality services to children and their families. Managers and practitioners are experienced, effectively trained and supervised and the quality of their practice improves the lives of vulnerable children, young people and families. There is effective organisational support for the training and professional development of social workers and managers. Leaders and managers have created an environment where good social work can flourish and this is evident in the overall quality and impact of social work. Leaders (both professional and political) and managers are confident, ambitious and influential in changing the lives of local children, young people and families, including children in care and those who have left or who are leaving care. They inspire others to change the lives of these children and young people and their families. They innovate and generate creative ideas to sustain the highest-quality services, including early help services, for all children and young people. They know their strengths and weaknesses well and both respond to and are resilient to new challenges' (Inspections of Local Authority Children's Services (ILACS) Framework, 2017)

In Barnet, we want to deliver the very best services to children and families who need our help. We want children, young people and their families to have a positive experience when they use our services. To achieve this, we must exercise rigour in understanding what life is like for a child or young person, we must listen to their views, record these with care and ensure that what they tell us influences the decisions we make about them. We must keep the families we work with informed of our assessments, plans and decisions and focus on what is going well as well as the things we are worried about. Overall, we need to focus on achieving change for children that is measurable and demonstrated by improvements in their lived experience and well-being.

We understand that to succeed in our aim, Family Services must recruit, develop and retain a strong, stable and highly skilled professional workforce of managers, practitioners and support staff who are committed to achieving excellence for children.

We expect that our practice leaders and managers are equipped with a broad range of practice skills, knowledge and experience so they can effectively supervise, guide and develop the children's workforce. Our managers must know what 'good looks like' so they can be clear about the quality of practice they expect within their teams and services and be able to support practitioners to achieve that standard through effective supervision and practice leadership. Our managers must ensure that children are kept at the centre by maintaining professional oversight of practice to ensure that risk of harm is identified, understood and effectively managed. We expect robust, proportionate and timely decision-making that considers history and complexity and, ensures practice is both purposeful and underpinned by relevant theory, research and evidence base.

We expect that our practitioners in the children's workforce are supported to undertake their work and equipped with the knowledge, skills and values required to effectively engage and communicate with children, young people and their families, and the professional networks that support them, demonstrating at all times, respect, empathy, professional curiosity and analytical thinking about what they see, hear and read.

The Practice Standards have been developed for senior leaders, managers and practitioners across Family Services so they have clear guidance on roles and responsibilities and we can promote and develop practitioners and managers that are confident and enabled to exercise sound professional judgements. We want to achieve consistent standards of practice that are open to scrutiny and challenge from others and place the wellbeing of children and young people at that centre of all we do.

3. Our Practice Framework

Barnet has a vision to make our borough the most Family Friendly in London by 2022 by making it an even better place to live for all families. At the heart of our vision for Family Friendly Barnet is the concept of Resilient Families and Resilient Children, and we aim to achieve this by building strong communities in which children and families can thrive and achieve.

Practice in Barnet Family Services is underpinned by a Resilience Philosophy. The term resilience is used to describe a situation when good outcomes occur for individuals or families in the face of adversity. Daniel et al define resilience as ***'The capacity to adapt and rebound from stressful life events strengthened and more resourceful'*** (Daniel et al., 2012).

We believe that change can best be achieved when children's needs are well understood and the right help is made available to them. A 'resilience-based approach' nurtures a child's adaptive ability and capacity to benefit from the resources which are available or can be made available to them. The child and/or family can then make use of those resources to buffer the effects of adversity. A strategy based on resilience involves looking for strengths and opportunities to build on, rather than for issues or problems to treat.

It is our expectation that practice leaders, managers and practitioners have a sound understanding of our philosophy and of our Practice Framework which is comprised of resilience based tools, methods and approaches that have been introduced for use in day to day practice to improve children's circumstances and outcomes.

BARNET FAMILY SERVICES PRACTICE FRAMEWORK



The diagram above illustrates Barnet Family Services Practice Framework and introduces four key practice models that underpin our Resilience Philosophy. The four models are strengths based and relationship based as such are complimentary, individually or collectively they promote meaningful engagement with children, young people and their families and support the development of resilience.

4. Resilience

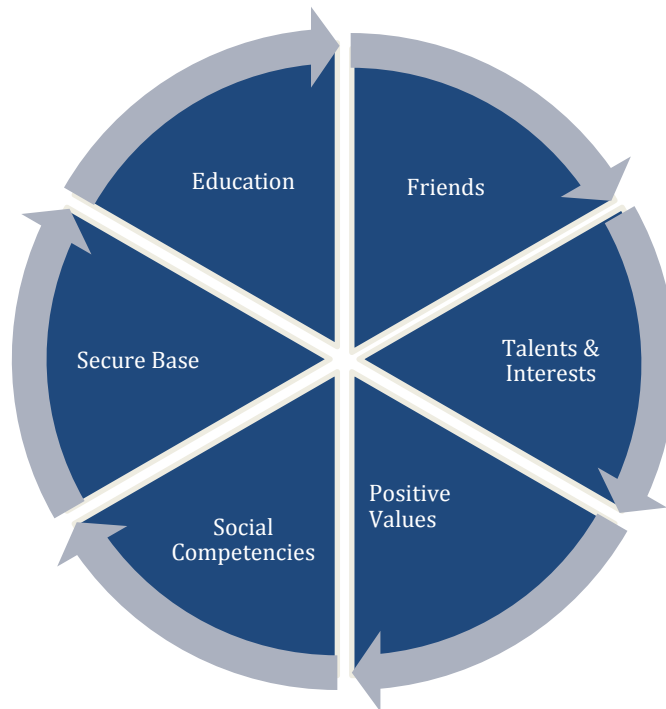
The Value Principles of a resilience-led approach include:

- Optimism - strengths-based and dynamic, recognising that there is always scope for change
- Integrity - open, honest and reliable, working on risks as well as strengths and able to challenge and support

- Respect - individually-tailored, child-centred, empowering, culturally competent, responsive and with a focus on social justice
- Collaboration - participatory, relationship-based and building social and community connections
- Effectiveness - evidence-informed and incorporating measurement of outcomes.

Our resilience philosophy is achieved through use of the complementary models outlined in these Practice Standards which focus on maximising the likelihood of better outcomes for children by building a protective network around them.

Based on the work of Gilligan (1997) and Daniel & Wassell (2002), we can identify six domains of a child’s life that contribute to the factors known to be associated with resilience. These domains are outlined in the diagram below (Daniel, Burgess & Antcliff, 2012):



In each domain shown above there is potential to nurture resilience in the child, family or community, by identifying existing strengths in any or all of these domains we can start to foster ‘resilience strings’ (Masten, 1994) for the child or family.

4.1. Secure Base

A relationship with at least one trusted and responsive adult can develop later life resilience by helping the child/young person to cope with worries and fears, explore with confidence, learn, regulate their emotions, attune to the feelings of others and manage separations and transitions and develop positive self-esteem (Howe, 1995).

4.1.1 Secure Base Practice Points

Develop a picture of who is important to the child or young person. Assess the child’s attachment style, or ‘survival strategy’ of responses learned from experiences of caregiving. Distinguish between the emotionally avoidant child who has learned not to signal their need

for support and comfort and the genuinely resilient child who is able to make use of trusted adults to enhance their effective exploration.

4.2. Education

Offers an environment in which children can experience or be supported to develop the skills, interests and attributes and provide the context for children to learn about and practice social rules and relationships. Educational attainment is a protective factor and opportunities for play and the development of social, cognitive and emotional competence should be encouraged by supporting parents' to value education and be more confident in communication with nursery and school staff and reduce barriers to attendance.

4.2.1 Education Practice points

Parents' own experience and attitude to school and/or learning will influence the child's relationship with school and learning. Peer support, after school activities and 'nurture groups' which encourage emotional literacy, can all be effective techniques in helping children to manage school.

4.3. Friendships

Even just one close friendship can offer support, companionship and fun and opportunities to socialise, both cooperatively and competitively. The quality of attachments can affect the quality of friendships and some children and adults may need extra support to form peer relationships. The nature of friendships is important as these can vary in expectations and have both a negative as well as a positive influence on the individual child. Close and positive relationships with peers supports higher self-esteem which can last into adulthood (Bagwell et al., 1998).

4.3.1 Friendships Practice Points

Coaching and friendship building interventions can take place in school settings and can have a positive impact on socially-withdrawn children. Child-centred techniques which follow the child's lead in their interactions with peers and then offered guidance in resolving any difficulties is more effective than the adult-centred techniques (Williams et al., 2010). Group-work for adolescents who are at risk must be set up carefully to avoid negative reinforcement of anti-social behaviour and minimize risk of conflict. Supporting parents who are socially isolated to make new friendships can have a positive impact on the opportunities their children have to make friendships.

4.4. Talents & Interests

Resilience can be enhanced through encouragement to participate in activities which they enjoy and in which children may also show signs of aptitude and builds 'islands of competence' (Brooks, 1994).. Self-esteem can be seen as an integrated sum of self-worth and self-competence (Mruk, cited in Miller & Daniel, 2007). Practitioners working with children need to find ways to create opportunities for them to take part in activities which enable them to experience feelings of success and to value their own abilities.

4.4.1 Talents & Interests Practice points

Involvement in leisure time activities can give children and young people the chance to take part in 'mainstream' clubs and groups which may assist their integration into the local community and offer opportunities for the creation of new social relationships.

4.5. Positive Values

This can be defined as 'having the capacity to act in a helpful, responsible and caring way towards others' (Werner & Smith, 1992) and is closely aligned to the concept of 'prosocial' behaviour and empathy which are important factors in the development of social competence and are directly linked to academic achievement and positive peer relationships, both predictors of positive outcomes in adulthood (Capara et al., 2000). Parental influences (warmth, expressivity and discipline styles) are closely associated with the development of prosocial behaviours.

4.5.1 Positive Values Practice Points

Parenting styles will have a bearing on the child's prosocial development. Encouraging children to take an age appropriate position of responsibility at home i.e. chores can help to develop self-esteem and self-efficacy which are protective factors. (Werner, 1993). All interactions with children should model caring and comforting behaviours to model positive behaviours. Children who treat others with compassion go on to develop stronger social skills and are better able to distinguish their feelings from the feelings of others, take another person's perspective and regulate their own emotional responses.

4.6. Social Competence

Defined as 'possessing and using the ability to integrate thinking, feeling and behaviour to achieve social tasks and outcomes valued in the host context and culture' (Daniel & Wassell, 2002). It covers a range of skills and attributes including the ability to interpret social cues, anticipate the consequences of behaviour on self and others and translate social decisions into effective social behaviours. The capacity for social competence has been shown to be associated with resilience (Luthar, 1991). It is considered to be a significant protective factor for children and one which can contribute towards positive developmental outcomes for the child in school and in the wider community.

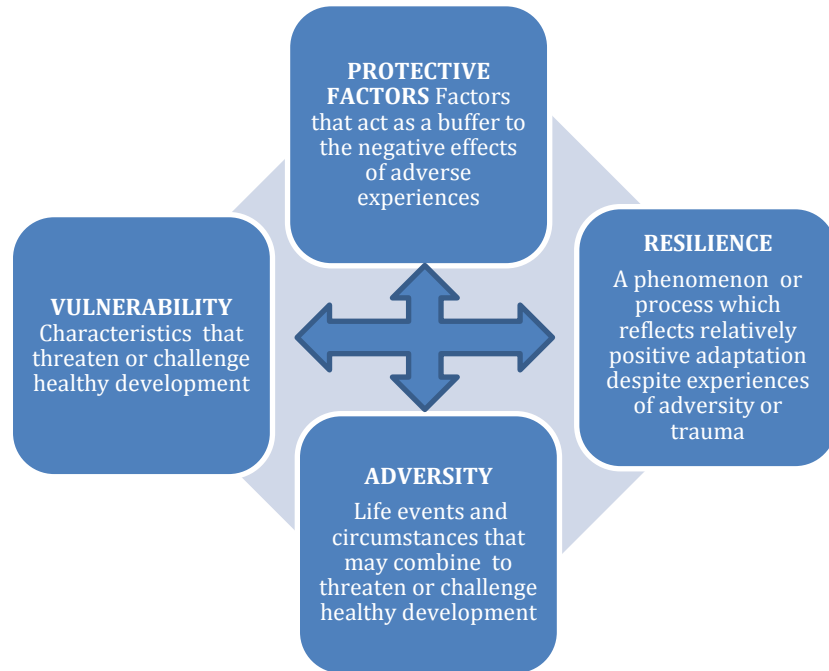
4.6.1 Social Competence Practice Points

Social skills training for children is more likely to be effective if other factors in a child's environment such as parenting practices are also addressed. Professional staff can undertake individual as well as group social competence skills training with children by teaching them techniques about how to express their feelings and manage their emotions in a positive way. Informal ways can also be used. • The 'Chain of Coping' (Daniel & Wassell, 2002) is a useful tool for helping a child to choose and carry out coping strategies in a social context. It helps to identify both problem-focused and emotion-focused ways of reacting to event.

4.7. The Resilience Matrix

The resilience matrix is a diagrammatic way of identifying the positive and negative factors affecting a child's development. Mapping these factors can help those working with the child, and perhaps the child and their carers also, to understand how these factors are interacting to shape the child's particular needs and strengths. The two dimensions of the matrix refer to primarily intrinsic factors (resilience and vulnerability) and primarily extrinsic factors (protective factors and adversity). However, there is direct interaction between intrinsic and

extrinsic factors, for example, past adversity may increase the likelihood of future vulnerability.



In summary, by recognising the vulnerabilities and adversity and building on the protective factors we can build resilience and equip children and families with the capacity to say:

I HAVE...

- People around me I trust and who love me, no matter what
- People who set limits for me so I know when to stop before there is danger or trouble
- People who show me how to do things right by the way they do things
- People who want me to learn to do things on my own
- People who help me when I am sick, in danger or need to learn

I AM...

- A person people can like and love
- Glad to do nice things for others and show my concern
- Respectful of myself and others
- Willing to be responsible for what I do

I CAN...

- Talk to others about things that frighten me or bother me
- Find ways to solve problems that I face
- Control myself when I feel like doing something not right or dangerous
- Figure out when it is a good time to talk to someone or to take action
- Find someone to help me when I need it

5. Systemic Practice

Systemic Practice emphasises reciprocal relationships between the elements of a system. *'The systemic perspective views the problems of an individual in relation to the different contexts in which people live: i.e. as a partner in a couple relationship, as a family member, a person with particular cultural and/or religious allegiances, while also taking into account socio-economic circumstances and political processes. Systemic Practice regards 'context' as being of paramount significance for an individual's psychological development and emotional well-being'.*

The Workforce Development Programme is introducing Systemic Practice training opportunities for the Children's Social Care Workforce. The programme will take place over a five-year period (2018 – 2023) training up to 80 Social Work Managers and Advanced Practitioners (20 places per year) in Year 1, Introductory Graduate Certificate in Systemic Practice and for some of that cohort to complete Year 2 Postgraduate Certificate in Systemic Practice, accredited by the Association of Family Therapy as an Intermediate Course.

Applications for the Systemic training will be agreed through selection and is prioritized to permanent Team Managers and Advanced Practitioners with a minimum of 1 year employment in Barnet. The applicants will need to have demonstrated that they are meeting appraisal targets and will not be currently engaged in any other employment based post-graduate training.

Additional places, if available will be prioritized for permanent social workers engaged in direct work in child protection and looked after children teams.

The Systemic Practice Programme aims to develop skills for use in supervision and practice and will enable 'Social workers to join family systems in order to understand the 'invisible rules that govern the way the family functions by mapping relationships, coalitions, boundaries and hierarchies between family members, and subsets of the family, with the aim of disrupting dysfunctional relationships causing it to stabilise into healthier patterns and dynamics with alternative ways of problem solving (Minuchin)'.

6. Social Learning Theory

"Learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on the effects of their own actions to inform them of what to do. Fortunately, most human behaviour is learned observationally through modelling: from observing others one forms an idea of how new behaviours are performed, and on later occasions this coded information serves as a guide for action." Albert Bandura

Social Learning Theory is also an evidenced based intervention for achieving behaviour change; it is based on the psychology of learning in which observation, modelling and reinforcement techniques are used to change behaviours.

The Social Learning Theory approach can be used in the management, development and supervision of staff with Team Managers modelling or 'showing practitioners how' to effectively engage and intervene with children, families and professional systems. Team Managers will observe practice to ensure replication and provide a supervisory environment that fosters pride and accomplishment through intrinsic reinforcement.

To support a Social Learning of this model, **Practice Development Workers** have been appointed to work alongside the Social Work Teams. The Practice Development Workers role is to support on-the-job learning through observation, modelling and feedback cycles with the aim of enabling practitioners and managers to undertake comprehensive assessments of need, engage children and families in direct work, effectively lead and mobilise professional systems through care planning activities and provide reflective group and 1:1 supervision.

7. Signs of Safety

The Signs of Safety approach to assessment and planning has been adopted as a key tool for practice. The approach supports practitioners to organise a map for harm, danger, complicating factors, strengths, existing and required safety and a safety judgement in child protection interventions from assessment to closure.

The model has been adopted to clarify thinking and decision making about risk. The model integrates professional knowledge with perspectives of children, parents and other family members and balances a rigorous exploration of danger/harm alongside indicators of strengths and safety.

The approach supports comprehensive risk assessment that is forensic in exploring harm and danger whilst also eliciting and inquiring into strengths and safety. The approach encourages the full involvement of key professionals and the family network.

Social workers use four domains of inquiry to establish:

- What are we worried about? (past harm, future danger and complicating factors)
- What's working well? (existing strengths and safety)
- What needs to happen? (future safety)
- Where are we on a scale of 0 -10 (where 10 means there is enough safety and 0 means there is not enough safety to protect the child)

The model provides a structure for Safety Planning with straightforward and understandable descriptions of the concerns (Danger Statement) and clear Safety Goals that are underpinned by conditions that must be met as part of the Safety Plan or 'Bottom Lines'. The involvement of children and the friend and family network ensures meaningful Safety Planning that is reviewed over time and adapted to progress and changing circumstances.

Signs of Safety Training has been provided to the children's workforce through a series of 2-day training events, followed by a 5-day training course for practice leaders. To continue the training roll out a Practice Development worker has been trained to lead on future Signs of Safety training and practice implementation.

8. Motivational Interviewing

“a collaborative, person-centred form of guiding to elicit and strengthen motivation for change” (2009)

The Motivational Interviewing (MI) approach is based on three key elements, **collaboration** between the practitioner and the client, **evoking or drawing out** the client’s ideas about change; and emphasising the **autonomy** of the client. (*client refers to child, young person and/or family)

There are four distinct principles that guide MI:

- express empathy – seeing the world through the eyes of the child, young person and family
- support self-efficacy – a strengths based approach the model draws on previous successes and highlights the skills and strengths that children, young people and families already have
- roll with resistance – exploring new points of view without imposing ways of thinking ensuring that the problem and solution are owned by the client
- develop discrepancy – helping children, young people and families examine the discrepancies between their current circumstances and where they want to be in respect of their values and future goals

Motivational Interviewing (MI) is aimed at helping people resolve ambivalence in order to make lasting change by helping the individual find their own motivation for change. This is achieved through empathic listening, using four skills known as OARS (open questions, affirmation, reflection and summary).

Motivational Interviewing has been delivered as a pilot in two teams (Duty & Assessment and Onwards & Upwards) with the future aim of rolling the training out across the wider children’s workforce.

Our workforce learning programme supports the development of practitioner and manager skills in all of our practice approaches so all of leaders, managers and practitioners are able to say:

I HAVE...

- A duty to be trustworthy, reliable and compassionate towards children and those who care for them
- A drive to bear each child always in mind, finding ways to enable and empower their parents and carers to meet their needs
- A responsibility to model the behaviours and approach to life that I want for children
- A commitment to make sure children have opportunities to learn the skills they need to achieve in life and develop the relationships they need to guide them

I AM...

- A professional who takes responsibility for my own learning

- Generous in sharing my skills and learning and in supporting my colleagues
- Always respectful, particularly to children and families in need or in crisis
- A believer in the power and possibilities of people and purposeful in everything I do on behalf of children

I CAN...

- Listen carefully to children and young people and be a caring advocate for them
- Be strong for children by striving to see the world through their eyes and being in their shoes
- Ask for help, advice and guidance
- Use supervision and reflective space well to prevent me feeling 'stuck'

9. Practice Standards

9.1. Leadership and Management

The Practice Standards that follow are aligned to the Knowledge and Skills Statement (KSS) for Practice Leaders and Practice Supervisors across Family Services. It is our expectation that all managers follow and adhere to the standards.

Practice Standard:

Managers occupy a highly valued position of influence within the organisation and bring extensive knowledge and skill to the profession of child and family social work. Our managers will help to shape and influence an environment which enables excellent practice by setting high standards and motivating others to do the same. They will demonstrate optimistic behaviour, and build positive relationships with children and families and other professionals. Lead by example, showing integrity, creativity, resilience and clarity of purpose.

'Effective leadership sets the direction of an organisation, its culture and value system, and ultimately drives the quality and effectiveness of the services provided'. (Laming 2009)

I will have met this practice when

I am approachable and visible to my staff, team and service.

I am accountable for ensuring the highest professional standards and professional conduct.

I can demonstrate that children's safety and well-being is the highest context for decision making and planning.

I have systems in place to measure the progress children are making against their plans and throughput is effective.

I can demonstrate that I have interrogated decisions and ensured that they are underpinned by theory and best evidence.

I have ensured that children in care grow up in homes in which they are happy and thriving, holding high ambitions for their futures.

I have ensured practice is aligned to the theoretical underpinning of Barnet's Practice Framework.

I have set clear expectations for staff about the practice I expect to see

I have ensured that practitioners understand and can apply theoretical approaches to practice that effect change for children, young people and families.

I have listened to the views of children and families about the quality of the services they receive.

	I can demonstrate that I have developed a culture of continual learning and improvement in which staff are stretched and mentored to meet their aspirations.
	I am calm in the face of uncertainty and crisis and ensure that staff experience a calm and supportive environment in which to work.
	I have ensured that practitioners are motivated to engage in direct work with families that draws on their strengths and resources and builds their resilience.
	I have built and developed influential and respectful partnerships between practitioners and partner agencies.
	I have shared practice knowledge and expertise to influence the wider organisation and national system to the best effect.
	I can apply a proportionate and ethical approach to the exercise of authority, which develops and maintains relationships with families and professionals and ensures the protection of children.
	I have exercised statutory powers where social work assessment shows that families require help and support and children are at risk of significant harm, ensuring that actions are proportionate to risk.
	I can evidence that I have considered diversity, the experience of discrimination and the impact of poverty.
	I have created a culture of focused thinking which consistently explores a wide range of contexts (including family and professional stories, the chronology of critical events, social and economic circumstances).
	I can generate multiple hypotheses which make sense of the complexity in which children and families are living.
	I can help practitioners to make decisions based on observations and analyses, taking account of the wishes and feelings of children and families.
	I have ensured that practitioners are ambitious for children and families and that the long-term and life-long consequences of decisions are fully considered at all stages of planning and review, and in consultation with children and families.
	I have built relevant relationships with children and families and professionals to test current hypotheses and dominant perspectives.
	I have ensured that children and young people's expectations are met where possible and any disappointment sensitively acknowledged and sufficiently addressed.

	<p>I have established recording processes that provide the full analysis underpinning decisions, making sure the rationale for why and how decisions have been made is comprehensive and well expressed.</p>
	<p>I have ensured practitioners adopt an approach to practice which is proportionate to the identified risk and need.</p>
	<p>I can use supervision processes to challenge the balance of authoritative intervention and collaborative engagement to determine how current practice is achieving the best long-term outcomes for children and families.</p>
	<p>I can use focused questioning with practitioners to clarify the direction of work, and identify whether practitioners need to adopt a more reflective and curious approach, or respond with greater pace and assertion.</p>
	<p>I have implemented effective strategies for ensuring throughput of work by frequently reviewing the requirement for continued involvement so that cases are closed in a timely manner and that families have an appropriate and long-term support plan where that is required.</p>
	<p>I have ensured methods and tools used are based on the best evidence, that progress is frequently reviewed and that the social work plan is adjusted accordingly, and I have ensured that no child or family is left unnoticed in the system.</p>
	<p>I can reflect upon and review the welfare and support needs of children and families and be alerted to evidence of actual or likely significant harm ensuring that identified risks are managed and new risks identified, assessed and addressed.</p>
	<p>I have ensured that family narratives are sought and listened to, that all relevant family members, including fathers, are engaged in shaping plans and supported to carry these out, and that practice empowers families to make positive changes.</p>
	<p>I can recognise how different relationships evoke different emotional responses, which impact upon the effectiveness of social work practice and provide responsive, high quality individual supervision.</p>
	<p>I can use mechanisms such as peer supervision and group case consultation to help identify bias, shift thinking and the approach to case work in order to generate better outcomes for children and families.</p>
	<p>I can recognise and articulate the dilemmas and challenges faced by practitioners and use this expertise and experience to guide, assist and support the provision of services.</p>

	I can identify emotional barriers affecting practice and recognise when to step in and proactively support individuals.
	I have promoted reflective thinking to drive more effective discussions so that reasoned and timely decision-making can take place.
	I have demonstrated a high level of resilience within pressured environments, be attuned to the effect of high emotion and stress and respond in calm, measured and pragmatic ways.
	I have reflected upon the confidence of practitioners and adapted my management and leadership style according to the needs of individuals and the organisation.
	I have protected practitioners from unnecessary bureaucratic or hierarchical pressures and have in place strategies to help manage the root causes of stress and anxiety.
	I have explained to practitioners the full legal, regulatory, procedural and performance framework within which they operate and be accountable for their work within it.
	I have provided opportunities for staff to give and receive constructive feedback on performance. Recognise and commend hard work and excellent practice and build social workers' confidence in their practice.
	I can challenge complacency with a commitment to continued improvement and confidently hold poor practice to account.
	I can establish available capacity so that work is allocated appropriately across the staff group and ensure best use is made of resource, ability, interests and ambitions.
	I have devised and implemented systems which both demonstrate effective practice and trigger immediate corrective action where necessary.
	I can produce and utilise data to understand current demand, historical patterns and likely future trends.
	I have scrutinised system performance and devised and implemented effective and timely improvement plans.
	I can strike a balance between employing a managerial, task-focused approach and an enabling, reflective leadership style to achieve efficient day-to-day functioning.
	I have developed a strategy for future improvements and contributed to similar within the wider organisational system.

	I can draw on and share best practice within local and national contexts.
	I have implemented communication channels with children, young people, families and other professionals inviting feedback and ideas for improvement.
	I have responded thoughtfully and proactively to complaints and mistakes, creating learning opportunities for self, staff and the organisation.
	I have a regular line of sight to the quality of practice in my team and/or service.
	I have completed appraisals for my supervisees which have recognised their strengths and areas for development.
	I have agreed with my supervisees a professional development plan that focuses on their continued professional development.
	I can evidence the provision of regular and reflective supervision to the staff I line manage.
	I have recognised and praised good practice and promoted a culture of acknowledgement of work well done.
	I have allocated work in my team in accordance with my supervisees experience, skills, knowledge and continual professional development requirements.
	I have kept up to date with developments in key legislative, policy, guidance and research and I have promoted a culture of shared learning in my team and/or service.
	I have regularly audited the quality of practice in my team and/or service to ensure that practice standards are consistently met.
	I have regularly observed the practice skills of all staff I am responsible for supervising.
	I can evidence that appropriate steps are being taken to address poor or unacceptable performance of social workers to bring about improvements.
	I have ensured that children are seen and heard and are at the centre of all decisions, assessments and planning activities.
	I can provide professionally sound advice that is supported by evidence.
	I am confident in my decision making and my rationale is clear in children's records.

	I have followed up corrective action requirements arising from audits.
	I can evidence my oversight on children's records.
	I have ensured that children's records are accurate, up to date, of a good standard and that recordings are timely, respectful and helpfully contribute to children's later life stories.
	I have ensured that thorough enquiries have been undertaken to inform good quality assessments.
	I have ensured that social workers recommendations are based on strong analytical skills that are evidenced in assessments.

9.2. Supervision

Practice Standard:

Every supervisor has a care of duty to their supervisee, to ensure that they are safe within their work environment and supported and encouraged to deliver the highest standard of practice through case discussion, professional development and personal support.

'Supervision is the cornerstone of all good social work practice'. (Laming 2003, Victoria Climbié Inquiry Report)

'Critical appraisal of the assessment and planning for a child and family should be seen as central to good practice in reducing error. Ideally, this should be part of the culture and seen not as a personal attack but an outsider helping to pick up the unseen spots or offering a new angle on the problem. Supervision is one context in which this can happen' (Munro, 2011)

When supervising newly qualified social workers team managers will refer to the guidance issued by **Children's Workforce Development, NQSW: Guide for Supervisors (2009)**

Summary of frequency of supervision.

I will have met this practice standard when	I can demonstrate that I have provided regular, scheduled supervision to my supervisees.
	I have ensured that my supervisee is clear about the expectations of supervision as set out within the supervision policy.
	I have ensured that supervision is prioritised for my supervisees.
	I have used supervision to inform annual the completion of annual and mid-year appraisals.
	I have maintained accurate records of supervision which have been shared and agreed by my supervisee and these are available for scrutiny.
	I have ensured that supervision offers a reflective and supported space in which to critically evaluate practice, recognising work that has been done well and providing constructive feedback and challenge to areas of practice that need to improve.
	I am prepared for supervision (as a supervisor or supervisee) and have ensured that I am prepared with the right questions, reflections and evidence of progress is examined.
	I can use supervision to seek assistance and consider my development and learning.
	I have ensured issues such as workload stress, safety in dangerous situations and the emotional effect of difficult practice issues are discussed and reflected upon.

	I have identified, acknowledged and supported my supervisees well-being at work.
	I have ensured that supervision frequency is reflective of the complexity of the work being undertaken and the experience of the practitioner.
	I can participate in probing supervision which scrutinises my practice and decision making.
	I can evidence that actions agreed in supervision have been followed through and completed.
	I have developed a culture of non-adversarial but challenging, non-blaming discussion in supervision.
	I am accountable for my own conduct, development and delivery of a high-quality service.
	I have ensured that support or training needs have been identified and acted upon.
	I have ensured that case discussion and decisions about children, young people and families is placed on children records.
	I have ensured that practitioner personal supervision is stored securely in their personal supervision file and is not on the child's record.
	I am aware that supervision records may be available to the children, young people and families that they concern and ensure that my recording is respectful and making a helpful contribution to the life story of the child.
	I have constructively challenged poor performance with evidence and set clear expectations for improvement in agreed timescales.
	I have ensured that information relating to change, development and opportunities in the organisation are shared.
	I have acknowledged issues of diversity and keep alive to issues of discrimination.
	I can demonstrate that new starters have had induction and probationary periods of employment completed.
	I have ensured that Newly qualified social workers are supervised fortnightly during their ASYE.
	I have ensured that staff returning from work or who have had a major role change are supervised fortnightly for a clearly specified period .

	I have accurately recorded periods of leave and sickness absence and have followed HR procedures for managing sickness, performance and conduct.
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9.3. Case Recording

Practice Standard:

“Recording is a key social work task and its centrality to the protection of children cannot be over-estimated. Getting effective recording systems in place to support practice is critical.” (The Munro Review of Child Protection: Final Report – A child-centered system 2011).

Good case recording provides an up to date and accurate account of a child’s lived experience, their wishes and feelings, the reason for professional involvement, setting out risks, plans for intervention and assist in focusing work. Good case recordings aid continuity in the absence of allocated workers, provide information to assist enquiries into complaints, investigations, audits and case reviews, but most importantly, good case recording provides children with a sensitive and meaningful record of events in their life.

I will have met this practice standard when	I have a good understanding of the importance of accurate and contemporaneous recording of case work.
	I have ensured that my recording is pertinent to the child as an individual and is specific to them and their journey.
	I can evidence in my recording that the children I am working with have been seen regularly and alone when required or appropriate to do so.
	I have recorded when it is has not possible to see a child alone and the reasons why.
	I have ensured my recording reflects the complexity of the child’s life and the interventions of key people in their life.
	I have ensured that anyone reading the child’s record will be able to get a sense of what the child is like, and what their life is like.
	I am able to ensure my recording differentiates between observed fact, reported fact and interpretation/opinion.
	I have included relevant research to support my analysis.
	I have recorded where interpreters, specialist workers or tools and activities have been used to facilitate communication.
	I have recorded what the child/young person told me, in their own words and I have confirmed this with the child or young person where possible.
	I have used direct work tools to ascertain children’s views and uploaded drawings and other forms of children’s expressed feelings or views onto their records.
	I have ensured that children’s expressed wishes and feelings influences their assessments and plans.

	I have made sure that my recording is written in respectful and accessible language for the child, young person and their family.
	I am aware that children's records may be accessed by the child and others.
	I have ensured my recordings contribute towards the child's story.
	I have ensured that where other professionals or family/friends have provided information, the case notes reflect the person's name, contact number and who they are.
	I have reviewed all the information available on the child's record, including EHM and prepared a chronology to see the whole picture and identify patterns.
	I have made records of my work and this is up to date and on the child's record, within one working day for critical events and all other events within five working days.
	I have accurately recorded details about the child's identity, educational, communication, language, cultural, gender, sexuality, disability and diversity needs.
	I have ensured that information provided by other professionals and the child's family and friends network clearly highlights when and by whom the information was provided, and if this has been verified .
	I have ensured that the key decisions impacting on the child's life are clearly recorded, including manager's decisions and supervision.
	I can evidence an up to date genogram, chronology and case summary on each child I am working with.
	I have ensured there is a recent photograph of children who go missing and children who are Looked After.
	I have ensured that Court Orders, Birth Certificate's and other important documentation is placed the child's file.
	I have ensured that the child's most recent assessment, plan and review minutes are available on the child's record and have been shared with family and relevant professionals within 7 working days of the meeting.
	I am clear on requirements within the Data Protection Act to store and retain documents securely and they are not kept longer than is necessary.
	I am competent in the use of the council's IT systems and will undertake training to help develop my knowledge and skill in using the system.

	I can take responsibility for the quality of my recording and will ensure that I remedy gaps or inaccuracies.
	I am confident that my records will clearly describe the purpose of my involvement with the family and the progress that is being made.

9.4. Initial Contacts

<p>Practice Standard:</p> <p>https://www.gov.uk/government/publications/working-together-to-safeguard-children--2</p> <p>Children, young people and families in need of additional support or a safeguarding response should experience no delay in accessing the help that they need. The MASH will ensure timely and proportionate responses to initial contacts ensuring that information available to the MASH partnership is recorded accurately and used intelligently to ensure children and young people receive the right help, first time.</p>	
I will have met this practice standard when	I have ensured that all incoming contacts are loaded on to the system swiftly with the date and time the contact was received and the names and details of the person making the referral.
	I have ensured that Children's records accurately capture, as far as this is known, the child and family information including the names and dates of birth of the children in the household, all adults in the household, ethnicity, nationality, language and communication requirements, religion, disabilities, nursery, schools and health providers.
	I have undertaken work across the partnership to ensure that contacts are of a consistently good quality and clearly set out concerns or additional support requirements, providing evidence and details of current professional involvement.
	I have ensured all contacts are screened for a management decision as swiftly as possible and no longer than 24 hours of being received.
	I have promptly identified risk and progress children in need of statutory social work assessment to the Duty and Assessment Team.
	I have ensured that partner agencies within the MASH contribute to decision making by providing timely, proportionate and relevant information, guidance and advice.
	I have ensured social workers conduct robust and timely enquiries with children, families, professionals and members of the public to gather information and obtain consent where required.
	I have ensured that historical information is gathered and analysed as part of the risk assessment and decision-making process.
	I have steered and engage partner agencies co-located in the MASH in regular discussion to ensure the service is achieving timely and proportionate outcomes.

	I can evidence that, at all times, ensure that children remain at the centre of decision making and ensure that they access the services they need without delay.
	I have ensured that all referrers are informed of the decisions made.
	I can evidence that I have clearly recorded the rationale for decisions made.
	I can evidence that I have recorded discussions and decisions relating to consent to share information.
	I have encouraged and improved service through regular communication with key agencies in the wider partnership.
	I have engaged in wider learning and developments in MASH across London learning from best practice.
	I have undertaken regular threshold audits to test the quality of referrals, partner information, engagement with families, timeliness and proportionality of decisions made.
	I have participated in a regular programme of multi-agency audits to ensure quality of thresholds and partner engagement in decision making is evident.
	I have proactively engaged in my own professional development through supervision and training.
	I have ensured child death notifications are responded to swiftly and CSC representation is provided at Rapid Response when children are not open to the service.
	I have swiftly alerted the MASH Head of Service and Operational Director of any serious incident concerning a child.
	I have assisted the tracking, monitoring and management of missing children, ensuring that referrals are promptly made for children at risk or with particular vulnerabilities.
	I have ensured that themes and trends relating to Gangs, Youth Offending, Serious Youth Violence, CSE or other forms of exploitation are monitored and escalated to senior managers when patterns emerge.
	I can, at all times, model professional standards, providing guidance, advice and respectful challenge.

9.5. Direct work with Children & Families

Practice Standard:

Children and young people must be at the heart of everything we do, we must strive to see and understand the world from the way that they see and experience it and we must listen and observe to what they communicate so we can enable them to make meaningful contributions to their assessments, decision making processes, planning and review activities and we must listen to their feedback so we can change the way we do things when they are not helping improve their outcomes.

"Above all, it is important to be able to work directly with children and young people to understand their experiences, worries, hopes and dreams." (Munro, 2010).

I will have met this practice standard when	I have ensured that every child I work with is given the opportunity to express their views freely about everything that affects them.
	I am able to recognise the important role children and young people play as key sources of information and experts in their own lives.
	I have ensured that every child I work with is able to exercise their right to be heard in decision making processes, including court hearings or have access to someone else who can speak on their behalf.
	I have made efforts to see children alone, in their own homes and in places they can feel safe to share their wishes and feelings.
	I can evidence that I have balanced decisions based on what is the in the best interest of a child or young person.
	I have ensured that young people are aware of the decisions that are made and the impact their views have had in decision making processes.
	I have ensured that I have explained decisions and plans in a way that children and young people can understand using aids to communication as required.
	I have listened to the 'voice' of children and young people and captured their views accurately in their own words and analyse and record observations of non-verbal communication, e.g., behaviour, eye contact, expressions and reactions.
	I have placed the experiences of children and young people in need of help and protection at the centre of my actions, decisions and planning.
	I am able to find creative ways to engage children and young people employing a range of skills, resources, methods and techniques.

	I am aware of the various ways in which children and young people can participate and share their views and encourage them to use these methods where appropriate i.e. MOMO, WhatsApp.
	I am confident in my skills and abilities to engage children in age appropriate play and activities.
	I can demonstrate that I have built positive, respectful and trusting relationships with children and young people.
	I am a reliable and dependable practitioner for children and young people who does what they say they are going to do.

9.6. Assessments of Need and Risk

Practice Standard:

<http://www.londoncp.co.uk/>

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

Statutory guidance on assessment is set out in the Framework for Assessment of Children in Need and their Families (2000). This provides a conceptual framework for practitioners that takes a developmental/ecological approach to assessing the child's needs, including the need for protection.

In Barnet, assessments will be of the highest quality, children's social, emotional, physical and intellectual needs will be well understood in the context of their familial, environmental, social, cultural, religious, linguistic and economic backgrounds. Assessments will gather accurate information from a wide range of source including children and young people, consider the quality of parenting and the support available within the immediate and wider family networks and be robust and evidenced based in the analysis of risk and need.

I will have met this practice standard when

I have ensured children are at the centre of all assessments and decision making.

I have ensured children are promptly and regularly seen during assessments and their views are obtained using age appropriate means of communication and recorded in their own words.

I have seen the child/young person alone and where possible gained their views and separately recorded them (if I have not seen the child/young person I have recorded reasons why).

I have initiated s47 Child Protection procedures, if required, and clearly recorded the outcome.

I have ensured that all children/young people in the family have been considered as part of the assessment.

I have identified if there are any other children living in the household, (not from the family I am assessing) or connected to it, and ensured that their safeguarding needs are being met.

I have paid regard to race, ethnicity, gender, disability, religion and nationality of the family and my assessment reflects these areas.

I have identified all adult members of the household in my assessment including those who may be temporarily absent (e.g. in custody, in psychiatric hospital).

	I have engaged children in meaningful direct work during assessments that helps them express their feelings, share their thoughts and describe their day to day lives.
	I can evidence management oversight and practice direction is clearly recorded at the start of the assessment and actions are effectively tracked for completion.
	I have gathered historical information about the family, their relationships with each other, wider systems, significant events and complete thorough evidenced based chronologies on all children requiring an assessment.
	I can evidence genograms have been completed for all children that capture at least three generations and include extended family members i.e. aunts, uncles and cousins.
	I have ensured that the evidence gathered is thoroughly examined to ensure it is accurate and reliable.
	I have ensured that need identified during assessments are immediately addressed through provision of services without delay.
	I have gathered information from a wide range of sources including previous local authorities, schools, health providers, Youth Offending Teams, adult services, early help and community, faith and voluntary sector providers and I have ensured that previous case history including past referrals and assessments (including early help assessments and information held by other local authorities) has been considered and incorporated into the assessment.
	I have assessed and understood the risk and needs of each child as relative to their individual needs, the risks they face, relationships with others, particular vulnerabilities and strengths.
	I have thoughtfully considered parental relationships in context of culture, religion, immigration status, financial status, domestic abuse, roles and caring responsibilities.
	I have explored cultural, religious and linguistic needs of children and families in detail so they are well understood in the context of child rearing, discipline and expectations and roles of children in the family.
	I have robustly explored culturally specific risks including FGM, radicalisation, honour based violence, forced marriage and physical chastisement to ensure the safety of individuals is not compromised.

	I have used interpreters to effectively communicate with parents who have English as a second language considering gender and the socio-political context of immigration.
	I can demonstrate and maintain professional curiosity about the lives of children and families and do not take information at face value.
	I have ensured that the evidence gathered is thoroughly examined to ensure it is accurate and reliable.
	I have appropriately escalated non-engagement when access to children subject to assessment is frustrated.
	I can evidence that I have followed Child Protection Procedures and local protocols.
	I can evidence robust oversight of my assessments that results in consistently high-quality assessments that effectively and thoroughly explore children's circumstances.
	I have completed assessments within agreed timescales and there is management oversight demonstrating a clear recorded rationale for assessments that need longer to complete.
	I can evidence from direct work, home visits, meetings and conversations/interviews is promptly recorded on the child's file.
	I am able to write assessments in plain English and I have shared these with children (when appropriate), parents and other relevant professionals in a timely and secure manner.
	I can undertake assessments that lead to timely, proportionate and effective actions and outcomes for children.
	I have clearly recorded the reasons for the assessment with issues, risks and concerns evident and shared it with parents, children and young people.
	I have made it clear to parents and child/young person why Children's Social Care is involved, what we will be doing and the likely outcomes.
	I have included the views of parents within the assessment.
	I have seen evidence of the parent's identity where necessary.
	I have reviewed the family finances with the parents and have included a financial breakdown within the assessment.
	I have ensured that the child's chronology is updated and included the case history of significant events for the child.

	<p>I have advised the original referrer, all relevant agencies, the parents and child what will happen next.</p>
	<p>I can evidence I have adhered to relevant assessment and risk management protocols for children at risk of FGM, Radicalisation, Exploitation, Gangs & Serious Youth Violence, Domestic Abuse and Honour Based Violence.</p>
	<p>I have prepared the child and family for any transfer of practitioner by holding a meeting.</p>

9.7. Child Protection enquiries

Practice Standard:

All child protection enquiries must consider the child's welfare and safety, and identify the level of risk faced by the child.

There should be **no delay** in acting to protect children from the risk of significant harm by ensuring immediate steps are taken where necessary or to convene a strategy discussion involving Children's Social Care, the Police, Health and other bodies such as the referring agency (or Core Group for children subject to Child Protection Plans). This should **ordinarily be held within one day of the referral** (not one working day).

Strategy Discussions should be used to:

- share available information
- agree the conduct and timing of any criminal investigation, and
- decide whether enquiries under Section 47 of the Children Act 1989 should be undertaken.

Where there are grounds to initiate a Section 47 of the Children Act 1989 enquiry, decisions should be made in relation to what further information is needed, how children's views will be obtained and recorded, the timing of interviews, who will do what by when and whether legal action or an early RCPC to review the plan for the child is required.

It is the responsibility of the chair of the strategy discussion to ensure that the decisions and agreed actions are fully recorded using the appropriate form on LCS. A copy should be made available to all participants **within two working days** at the latest.

For children who are in need of immediate protection, action must be taken by the Social Worker or the police if removal is required, as soon as possible after the referral has been made.

<http://www.londoncp.co.uk/>

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

I will have met this practice standard when

I can evidence that I have rigorously adhered to the guidance contained within the London Child Protection Procedures and Working Together to Safeguard Children.

I have included Police, Education and Health professionals as a minimum in Strategy Discussions and decision making.

Strategy Discussions are timely and lead to clear actions that are recorded immediately on the child's record.

S47 enquiries arising from Strategy Discussions are timely, robust and rigorously explore concerns about significant harm.

	I have made it clear to parents / carers and the child (at the appropriate point) what the purpose of my involvement is and what the likely outcomes will be.
	I have ensured children aged three or over are seen alone within 24 hours of the strategy discussion or meeting unless they have refused or it is not in their best interests to do so. When I have not seen them alone I have recorded the reason for this and if the child is a baby I have seen them awake.
	I have ensured that children are supported to explain in their own words what they have seen, heard or experienced by social workers who can effectively communicate with children and young people in a way that is appropriate to their age, background or ability and I have recorded my observations about what I have seen as well as what they have said, in order to support my assessment.
	I am curious about what I see, hear and read and I can demonstrate skill in interviewing parents respectfully and robustly challenging inconsistencies in what I am told.
	I have discussed with the other agencies their involvement with the child and this has informed and influenced the outcome of the Section 47 enquires.
	I have obtained consent from a person with parental responsibility and the child (age appropriate), or through legal proceedings, for a medical assessment, proportionate to the referral, to take place.
	I have, where appropriate, referred the concerns to the local authority designated officer (LADO).
	I have considered the potential needs and safety of siblings and any other children living in the household.
	I have identified all concerns regarding significant harm including likelihood, and I have identified all potential risks, including those posed by frequent visitors to the household.
	I have made sure that protective factors (and potential protective factors) have been identified and recorded.
	I have updated the child's chronology having fully interrogated the case history on all members of the household and the investigation is informed by this perspective.
	I have identified the key agencies involved with the child, completed all checks and information from those agencies and incorporated their information and views into the assessment.

	I have ensured my investigation concludes with an evidence judgement about “harm” and whether or not it is considered “significant” (as defined by the Children Act 1989).
	I have clarified what action is required to secure the safety of the child/young person concerned.
	I have concluded the enquiries with analysis of the impact on the child, a professional judgment about the likelihood of significant harm and how this relates directly to the action required to safeguard the child.
	I have checked back on the S47 referral details and I am certain I have investigated all the allegations made, and followed all the instructions given by the Team Manager.
	I have reflected on the Section 47 enquiry and I am satisfied that the immediate risks have been identified and that the plan is sufficient to keep the children safe.
	I have shared the written record of the outcome with participating agencies within 24 hours .
	I have explained the outcome of the enquiries, including next steps, to the child and family, the referrer and other agencies.
	I have decided based on evidence, within five days , in conjunction with my manager whether the threshold for an initial child protection conference (ICPC) has been met.
	I have booked the ICPC within the timescale (15 days from initial strategy discussion) and have provided the safeguarding and standards team with the list of people to invite.
	I have completed an ICPC report which describes clearly what life is like for the child. I have been clear about what we are worried about and what is working well and I have shared this with the family at least 3 days prior to the conference.
	I have ensured that children or young people who do not wish to attend or who are too young to attend the ICPC can share their views by other means i.e. via the MOMO app
	I have ensured that the ICPC has been held within 15 working days from the start of the Section 47 enquiries.

9.8. Children in Need

Practice Standard:

A Child in Need Plan - also known as a CiN Plan - results from a child and family assessment and analysis that determines that a child is 'in need' as defined under s.17 Children Act 1989.

The CiN Plan must be written in clear and accessible language and developed in partnership with children, young people and their families and the multi-agency professionals working with the family.

The CiN Plan should be outcome focused, using the Signs of Safety model to set out, what professionals are worried about, the actions required to bring about change, who will do what and by when and what the result should look like.

CiN Review Meetings should be held with sufficient frequency to ensure that progress towards the identified outcomes for the child is being achieved. Meetings should facilitate multi-agency discussion in consultation with children, young people and parents/carers as to whether the intervention should be 'stepped down' from Children's Social Care or whether concerns are such that a multi-agency strategy discussion should be convened. The Chair should ensure that an accurate record of attendees is made and ensure minutes of the meeting are distributed to all parties involved with the Plan within 10 working days.

<http://www.londoncp.co.uk/>

<https://www.gov.uk/government/publications/working-together-to-safeguard-children--2>

I will have met this practice standard when	I have ensured children are always at the centre of their Plans.
	I have read the Child & Family Assessment and can articulate how the assessment is relative to the Plan.
	I have informed the child and their family that I am the named social worker and I have given them details of how to contact me and how to get help if I am not in work.
	I can develop Child in Need Plans in partnership with parents and children, as appropriate to their age and understanding.
	I can write Child in Need Plans in a way that children and parents can understand so they are clear on the changes that need to be made for the child.
	I can develop and write Child in Need Plans that are SMART with realistic targets, clear responsibilities for who will be doing what and by when and with clear and measurable outcomes that can be achieved in agreed timescales.
	I have visited the child according to their Plan (and at a minimum of four weekly intervals) and I have seen them alone if they are aged three or

	over, unless they have refused or in my professional judgment it is not in their best interests to do so. When I have not seen them alone I have recorded the reason for this.
	If the child is a baby I have seen them awake at least every three weeks and I have planned my visits around their routine to facilitate this.
	I have ensured a CiN review has taken place every six weeks and that the progress and impact of the plan has been explicitly reviewed with the family and the team of professionals around them to measure progress against agreed goals.
	At the second CiN review I have reviewed the plan with my manager to agree frequency of further CiN reviews.
	I have given positive feedback to children and families when aspects of the Children in Need Plans are achieved.
	I can encourage and support continued success in meeting the goals of the Plan.
	I am confident to engage children and young people in ways that are appropriate to their age, background or ability and I have recorded my observations about what I have seen as well as what they have said, in order to support my assessment.
	I have updated the Child & Family assessment every six months or sooner if needed and in accordance with the practice standard for assessment.
	I have ensured that parents / carers know they can be accompanied by a relative, friend or advocate to enable them to participate and provide them with support at the CiN review.
	I have effectively engaged the child and family's support system by convening a Family Group Conference to mobilise the support network.
	I have ensured that if the child is attending the CiN review, it has been convened to ensure the child's attendance in education is not disrupted.
	I have effectively engaged the professional systems involved with the child(ren) and the family to check and validate information parents provide and to ensure joined up contribution to the child's Plan.
	I have robustly checked new or emerging information for accuracy and considered the impact of this information on the child.
	I am able to robustly challenge aspects of the Plan that are not making progress towards change to ensure that interventions are modified when they are not making an impact.

	<p>I have reviewed Plans that are not making sufficient impact after six months and have changed the plan as necessary giving consideration to convening an ICPC.</p>
	<p>Managers and supervisors will ensure that social work practitioners receive regular reflective case supervision to assess their contribution towards achieving outcomes for children and to challenge and develop their practice knowledge and skills.</p>
	<p>Managers will maintain robust oversight and scrutiny of Child in Need Plans taking appropriate actions to escalate when change is not being achieved in children's timescales.</p>
	<p>I have used my supervision to reflect on the impact of the work I have done and the progress of the plan for the child.</p>
	<p>I have ensured that children are not subject to Child in Need Plans for longer than absolutely necessary by effectively engaging early help systems to prepare for step-down including a hand over meeting.</p>
	<p>I have written an up to date chronology and case closing summary at the end of my involvement.</p>
	<p>I have written to the child and family to inform them of case closure and I have informed the child's professional network.</p>

9.9. Child Protection planning

<p>Practice Standard:</p> <p>http://www.londoncp.co.uk/</p> <p>https://www.gov.uk/government/publications/working-together-to-safeguard-children--2</p>	
I will have met this practice standard when	I have ensured the focus of my work has been to listen to the child and their family and increase the child's safety and wellbeing.
	I have informed the child and their family that I am the named social worker for the child and I have given them details of how to contact me and how to obtain help outside of office hours.
	I have ensured that a detailed SMART multi-agency Child Protection Plan is developed by the initial Core Group, that this is reviewed and updated following every subsequent Core Group and is recorded on the child's record on LCS.
	I ensure the child/young person is seen as per frequency agreed by a manager (but as a minimum monthly) and that the visits are purposeful and focus on the identified risks. I have seen the child/young person on their own (where appropriate). This is evidenced in my recording.
	The focus of all my work is to maximise the safety and well-being of the child/young person and I have undertaken both announced and unannounced visits to the child/young person. Each of my visits adds to the knowledge about the child/young person and what life is like for them and helps in further understanding and achieving the outcomes needed.
	I regularly ascertain the child/young person's wishes and feelings and keep the child/young person up-to-date with the child protection plan and any developments or changes.
	I continue to assess and re-assess the needs of the child—I can answer the question "What is it like to be this child in this family"?
	I ensure that I understand the role of fathers and male partners in the household and ensure that new partners or new household members are properly assessed.
	I have ensured that the actions to be taken under the Child Protection Plan were identified, and agreement reached about what actions would be taken by whom, including timescales.
	I have ensured that the first Core Group meeting takes place within 10 working days of the ICPC.

	I have ensured at the initial Core Group that parents/carers know what change/s need to be made by them, including timescales.
	I have ensured that minutes of the Core Group are produced and circulated to all members of the Core Group within 5 working days .
	I have ensured that the first core group meeting with the family and key agencies who know the child has taken place within 10 working days of the ICPC.
	I have ensured at the initial core group that parents / carers know and understand how I will work with them, what needs to change and the timescales.
	I have visited the child every 10 working days as a minimum and I have seen them alone if they are aged three or over, unless they have refused or in my professional judgment it is not in their best interests to do so. When I have not seen them alone I have recorded the reason for this.
	If the child is a baby I have seen them awake at least every two weeks . If necessary I have planned my visits around their routine to facilitate this.
	I am confident that in every interaction with the child and young person I am working with I have directly engaged with them in ways that are appropriate to their age, background or ability and I have recorded my observations about what I have seen as well as what they have said, in order to support my assessment.
	I have ensured that each announced / unannounced visit adds to my knowledge about the child's circumstances, their wishes and feelings, and I have recorded their views and perception about whether things are improving for them.
	I have ensured that I understand the role of other adults (including fathers, male partners and absent parents) in the household and that any new members have been properly assessed.
	I have checked the kitchen cupboards, toilet, bathroom and bedrooms, including beds and bedding and I am clear about what constitutes an acceptable standard for a child to live there.
	I have ensured that the professionals in the Core Group are actively and effectively contributing to outcomes for the child and family.
	I have ensured that the Core Group has met every month and has explicitly evaluated what progress being made against their Plan and is improving outcomes for the child.

	<p>I have ensured the Core Group has regularly updated the Plan to ensure that it remains relevant to the child and family.</p>
	<p>I have ensured that a record of the core group meeting is shared with the parents / carers, child and all professionals involved in the plan and recorded their views within five working days.</p>
	<p>I have prepared my report for the review child protection conference (RCPC) and shared this with the parents / carers and the child at least five working days before the review.</p>
	<p>I have used my supervision to reflect on my feelings about the child's circumstances, to review the impact of the plan and to ensure that I am putting the child first in my considerations.</p>
	<p>I have fully considered with my manager at each review, whether a family group conference is required and whether consideration needs to be given to entering PLO via a request to Legal Gateway Panel.</p>
	<p>I have ensured that the parents / carers know they can be accompanied at a child protection conference by a relative, friend or advocate to enable them to participate.</p>
	<p>If I have identified any additional or new concerns about the child's wellbeing, I have discussed these with my manager as they occur and agreed any necessary actions.</p>
	<p>I have ensured that if the child is attending the ICPC / RCPC, it has been convened outside of school hours to avoid them missing any of their education.</p>
	<p>I have updated my children and families (CF) assessment every six months or sooner if needed.</p>

9.10. Pre-Proceedings and Public Law Outline

Practice Standard:

The timescale for the period of pre-proceedings must be commensurate with the issues in the case and the risk of harm to the child.

https://www.justice.gov.uk/courts/procedure-rules/family/practice_directions/pd_part_12a

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306282/Statutory_guidance_on_court_orders_and_pre-proceedings.pdf

https://www.cafcass.gov.uk/media/126324/good_practice_guidance_for_social_work_practised_in_the_family_courtsv5.pdf

I will have met this practice standard when	I have held a Family Group Conference to mobilise support in the network that might avoid the need for Public Law Outline (PLO) pre-proceedings or the need to Issue for Proceedings.
	I have used the Family Group Conference to consider alternative care arrangements for the child as a contingency.
	I have used my professional judgement to determine which Plan is in the best interest of the child and this has been based on the impact of parenting/care giving on the child and known risk factors.
	I have carefully considered how the pre-proceedings Plan will interface with the existing Child Protection or any other Plan the child is subject to.
	I have assessed the family, including the 'wider family and environmental factors' within the child and family assessment and I have given consideration to the capacity and willingness of the wider family to provide care for the child on a short or longer-term basis.
	I have assessed who could be considered as either support to the birth family in caring for the child/ren or alternately if this is not successful as alternate carers.
	I have considered whether the care arrangements can be achieved, (depending on the circumstances and where appropriate) under a private law order.
	I have made pre-birth arrangements for assessments and alternative care arrangements where necessary.
	I have considered the need for an independent advocate for the child or parents to ensure that concerns are understood and the child understands what is happening.

	I have informed my line manager and ensured that a Head of Service is available to chair a Legal Planning Meeting.
	I have prepared, in advance of the LPM all the relevant documentation including a genogram and a chronology.
	I have taken legal advice as to whether the threshold criteria is met in accordance with s31 Children Act 1989 and if it is, whether the next stage will be to enter into Pre-Proceedings or to Issue Proceedings.
	I am clear about the Order I will be applying for if the decision is to enter into Proceedings.
	I have ensured that minutes of the LPM are accurate and uploaded on to the child's record and I am clear about the next steps.
	I have made a referral to Permanency Planning Panel to seek permission to issue proceedings or enter PLO pre-proceedings.
	I have sought permission from my Operational Director if a decision is required outside of Permanency Planning Panel to issue proceedings.
	<p>To Issue Pre-Proceedings:</p> <p>I have prepared a Letter Before Proceedings to advise of:</p> <ul style="list-style-type: none"> • the local authorities concerns • a summary of the support that has been offered • what parents need to do and the support that will be provided to avoid proceedings • information on how to obtain legal advice advising of the importance of doing so and provided a list of solicitors • date of Pre-Proceedings Meeting
	<p>I have held a pre-proceedings meeting with the family and legal representatives to agree a revised plan that sets out clearly:</p> <ul style="list-style-type: none"> • how the child will be safeguarded • what needs to happen and by when to avoid proceedings • the support that will be provided • timetable and paperwork of the proposed plan including any pre-proceedings meeting in order to avoid drift • agree proposed assessments and funding of these assessments; • agree timescale for a bespoke Parenting/Risk Assessment to be completed, by whom and what the specific issues to be

	<p>identified within the assessments are, if the pre-proceedings meeting is to be implemented</p> <ul style="list-style-type: none"> • the steps that will be taken at the end of the period depending on whether progress has been made • a date for when the review will take place
	<p>I have prepared a Plan of intervention that has been written into a clear agreement, in plain English, setting out goals and expectations that has been signed by both parents and the Local Authority, with clear timescales for review.</p>
	<p>I have monitored and implemented the agreed actions, including the undertaking of any future assessments, including any specialist assessments.</p>
	<p>I have prepared evidence to the Review Pre-Proceedings Meeting to assist determination as to whether the threshold of <u>Significant Harm</u> has reduced sufficiently to continue to manage the case under the pre-proceedings.</p>
	<p>I have made a decision as to whether:</p> <ul style="list-style-type: none"> • a further period under Pre-Proceedings is required and a new review timescale agreed; • the required changes have been achieved and PLO pre-proceedings can be exited; the child can continue to be supported with the current Plan • a review Legal Planning Meeting needs to be held due to complexity and to enhance decision making in respect of thresholds
	<p>I have ensured the parents and their solicitor are advised of the decision directly or through the Review Pre-Proceedings meeting.</p>
	<p>I have drafted the required documents if an application needs to be made for a Court Order within agreed timescales.</p>
	<p>I have ensured that a review pre-proceedings meeting has been convened at six weekly intervals to ensure there is no drift in the case management and progressing of assessments..</p>
	<p>I have referred to Permanency Planning Panel at 16 weeks if the case remains in PLO pre-proceedings stage.</p>
	<p>I have ensured that the PLO Pre-Proceedings has not exceeded a period of six months.</p>

	<p>I have ensured that if any delay beyond six months is exceptional and a clear justification is recorded in the minutes of the Pre-Proceedings Meeting.</p>
	<p>I have ensured that risk of Significant Harm to the child or young person is responded to with urgency by seeking Head of Service and Legal Services agreement to issuing proceedings or accommodating the child or young person under s20 Children Act 1989.</p>
	<p>I have ensured that there is not delay in issuing proceedings for children and young people who are accommodated under s20 Children Act 1989.</p>
	<p>I have updated the child's records to reflect any change in risk assessment, circumstances or legal status.</p>
	<p>Ending Pre-Proceedings: The decision to end pre-proceedings is made at a legal planning meeting, at which the designated pre-proceedings solicitor attends and provides the legal advice. As with all LPM's the meeting is chaired by a Head of Service, and the meeting is requested and arranged via the same process described above.</p>
	<p>I have ensured that the Child's Reviewing Officer is aware of decisions, Plans and outcomes from meetings.</p>
	<p>I have ensured that the Permanency Progression Lead is up to date and aware of the timetable and Plan.</p>
	<p>I have ensured that the Children in Care Team and/or the Post Permanency Team are aware of the final Hearing date and are included in Care Planning and transition at an early stage.</p>
	<p>The Safeguarding and Quality Assurance Unit should be alerted by the Child Protection (CP) Social Worker at an early stage, and if the child is subject to a Child Protection Plan, consideration must be made to the timing of statutory reviews.</p>

9.11. Court Proceedings

Practice Standard:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/306282/Statutory_guidance_on_court_orders_and_pre-proceedings.pdf

https://www.cafcass.gov.uk/media/126324/good_practice_guidance_for_social_work_practised_in_the_family_courtsv5.pdf

I will have met this practice standard when	I have prepared the necessary evidence and assessments to support the court application.
	I have prepared an updated chronology.
	I have written a high-quality Statement of Evidence that has been quality assured by my manager before sending to Legal within agreed filing timescales.
	I have obtained independent evidence from other involved agencies as appropriate.
	I have written an Interim Care Plan which makes clear the arrangements for the child in relation to placement, assessments, support and contact as relevant to their needs and this has been agreed and signed by my manager before sending to the Legal department for filing.
	I have sourced an appropriate placement for the child by providing the placement team with sufficient notice and information to facilitate an appropriate care arrangement.
	I have prepared to give evidence in court as required, follow court directions in a timely manner and ensure my presentation is professional at all times.

9.12. Private Fostering

Practice Standard:

The local authority provides advice and support to private foster carers and prospective private foster carers as appears to the authority as needed.

Private foster cares and prospective private foster carers are enabled to obtain information about entitlement to child and other financial benefits, and any necessary advice and support which will assist them to safeguard and promote the welfare of privately fostered children.

<https://www.gov.uk/government/publications/national-minimum-standards-for-private-fostering>

I will have met this practice standard when	I have kept accurate, comprehensive, well organised and confidential records are kept for each privately fostered child and each private foster carer.
	I have considered if the provision of services would remove the necessity for the parent to have the child privately fostered.
	I am satisfied that the arrangement is in the child's best interests.
	I have provided the child, parents and private foster carer with advice and information in different languages and formats as appropriate on the support that may be available from the local authority and other agencies.
	I have ensured privately fostered children have been provided with information in respect of advocacy services, if they have been assessed as a child in need.
	I have ensured transition arrangements are in place in good time for disabled children living in private fostering arrangements.
	I have provided information for children who are privately fostered and 'qualifying' children as defined by section 24 Children Act 1989.
	I have ensured that children in private fostering arrangements are seen in accordance with requirements and rationale is provided for not seeing children alone.
	I have maintained case recordings that adequately cover the child's physical and emotional wellbeing, sleeping arrangements and feelings about the arrangement.
	I have investigated concerns raised by privately fostered children.

	I have attended to all matters to which the local authority has to satisfy itself in carrying out its functions under the Children Act 1989 and the 2005 regulations.
	I have considered any disqualifications, and any prohibitions or requirements imposed on private foster carers.
	I have advised the parents to make alternative arrangements for the care of their child where an arrangement has been prohibited and no other is contemplated.
	I have considered decisions about offences and whether to consent or refuse to consent to a disqualified person privately fostering a child.
	I am satisfied the child's needs arising from religious persuasion, racial origin and cultural and linguistic background are being met (within the private fostering arrangement).
	I have ensured the financial arrangements for the care and maintenance of the child have been agreed between the parents and private foster carer and these arrangements are working.
	I have assessed the capacity of the private foster carer to look after the child, and the suitability of members of their household and premises.
	I have given consideration and taken the necessary steps to make arrangements for the child's health i.e. GP registration.
	I have given consideration and taken necessary steps to make arrangements for the child's education.
	I have assessed the standard of care for each privately fostered child.
	I have clarified how decisions about the child's day to day care will be taken.
	I have assessed the capacity of the private foster care to look after the child and the suitability of household members.
	I have determined whether a child who is, or proposed to be, privately fostered poses any risk of harm to children already living in the household and whether the children in the household pose a risk to the child.
	I have ensured decisions are made within required timescales and are signed off at a managerial level.
	I have ascertained the intended duration of the private fostering arrangement and ensured it is understood and agreed between the child's parents and private foster carers.

	<p>I have ascertained the child's wishes and feelings about the arrangement.</p>
	<p>I have ensured that the child's physical, intellectual, emotional, social and behavioural development is appropriate and satisfactory.</p>
	<p>I have encouraged the private foster carers to promote and facilitate contact between the child and his/her parents, siblings, extended family and other significant persons, where this will promote the child's welfare.</p>
	<p>I have given advice, where appropriate, to the private foster carer and/or training to enhance his/her ability to effectively care for the child including advice and guidance on the child's religious persuasion, racial origin, cultural and linguistic background and in relation to gender, age, disability, medical condition and learning disability.</p>
	<p>I have provided my contact details to the child, private foster carer and parents and made clear that I can be contacted to discuss concerns at any time.</p>

9.13. Disabled Children

Practice Standard:

Children and young people with special educational needs and disabilities will be picked up at the earliest point. Following assessment, a CWD Plan will be formulated and support will be put in place which will be reviewed at least once a year. Children and parents will know what services they can reasonably expect to be provided. Children and young people and their parents or carers will be fully involved in decisions about their support and what they want to achieve. Aspirations for children and young people will be raised through an increased focus on life outcomes, including employment and greater independence.

Children and young people with complex needs will have an integrated assessment and where appropriate a single Education, Health and Care Plan for their support. Assessments and Care Plans should take into account a child's preferences and views, and applies to children who have communication or cognitive impairments.

There are a number of children and young people living in Barnet who may be defined as having severe and profound disabilities and/or acute health needs. The children and young people who meet the threshold for this specialist service will be referred to the 0-25 Disabilities Team via MASH.

At the point of referral an assessment of need will be completed and a decision will be made, in consultation with the family, as to whether a Disability Team Social Worker should be allocated to provide a higher level of support. If the child and family do not need more frequent Social Worker intervention then their support plan will be subject to an annual review, undertaken by a Social Worker or Family support worker, to assess whether the needs of the disabled child or young person or if the family circumstances have changed.

Severely and profoundly disabled children are likely to have experienced a higher level of support and dependence on others for their care. The transition process from childhood to adulthood, alongside the concept of independent living, can be a time of anxiety for the young person and their family. This can be further complicated by different legal frameworks for adults and potential changes to the accustomed service provision. Specialist workers are available to assess and assist with this transition into adulthood and independence. Working with young people into early adulthood enables crucial points of transition to be carefully managed and to have a consistency in approach for all young people with a disability.

Further, as disabled children can be more vulnerable to abuse than non-disabled children due to being at an increased risk of being socially isolated and being more dependent on others for practical assistance in daily living; including intimate personal care; resources should always be used to assist communication with children that have speech, language or communication needs.

Safeguarding procedures in respect of children with disabilities are the same as for any other child.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

I will have met this practice standard when	I have completed a detailed assessment which identifies the child's needs and the support package needed.
	I have involved the child and their family in identifying the support package needed.
	I have ensured that the family have all information on the Local Offer and to enable them to access local resources.
	I have presented the proposed support package to the appropriate panel and ensured the finance team are informed.
	I have ensured that the support package is reviewed with the family every year to ensure the changing needs of the child or young person is addressed.
	I have considered how the issues surrounding disability are impacting on the child and family and how the family can be supported.
	I have made the appropriate referrals for those children with complex health needs to ensure Continuing Health Care can be assessed.
	I have considered the ways in which different cultures respond to issues of disability.
	I have considered the needs of any non-disabled child in the family.
	I have ensured the child's plan describes how informal family and community support will help in achieving agreed outcomes.
	I have considered the parenting capacity of the person/s responsible for the care of the child and assessed any safeguarding concerns.
	I will initiate safeguarding procedures in relation to the disabled child and/or any other child within the household if necessary.
	I have read the SEND Code of Practice and I fully understand the duties, responsibilities and implications for my practice.
	I have ensured that the child's parents or the young person are fully included in the EHC needs assessment process from the start.
	I have completed the EHC needs assessment within 20 weeks.
	I have ensured that co-production is understood and implement with parents to develop innovative local SEN and social care provision.
I have consulted children and young people with SEN or disabilities, and their parents when reviewing local SEN and social care provision.	

	I have consulted children and young people with SEN or disabilities and their parents in developing and reviewing their Local Offer.
	I have made arrangements for providing children, young people and their parents with advice about matters relating to SEN and disability.
	I have ensured that young people and their parents have been provided with sufficient information about their rights and entitlements and time to prepare for discussions and meetings.
	I have ensured transition planning has started at Year 9.
	I have engaged young people, their parents and professional support systems in planning to prepare young people for transition into adult life including their health, where they will live, their relationships, control of their finances, how they will participate in the community and achieve greater independence
	I have ensured the EHCP is clear, concise, understandable and accessible to children, young people, providers, practitioners and other professionals.
	I have considered how best to achieve the outcomes sought for the child or young person taking into account the evidence received in the assessment.
	I have ensured that the outcomes sought for the child or young person are SMART.
	I have ensured the planning process has included consideration of innovative or alternative provision of support services, particularly Personal Budgets.
	I have ensured the EHCP shows how education, health and care provision are well coordinated and responsive to need.
	I have ensured the EHCP is forward looking to transition points in the child or young person's life.
	I have ensured the EHCP describes how informal family and community support will help in achieving agreed outcomes.
	I have included a review date in the EHCP.
	I have linked review dates with other regular reviews where relevant including Child in Need, Child Protection or Looked After Children and Pathway Plan Reviews.
	I have made independent dispute resolution services available to children, young people and parents.

9.14. Children in Care

Practice Standard:

Looked After Children experience warm and nurturing care in placements that meet their individual needs and which nurture attachments and create a sense of permanence supported by professionals that work collaboratively and in their best interests.

Looked After Children are helped to develop a positive identity through Life Story work that enables them to make sense of their family history and life outside of the care system.

Professionals have high aspirations for Looked After Children encouraging individual achievement and participation in activities that improve their social skills and self-esteem.

<https://www.nice.org.uk/guidance/qs31>

I will have met this practice standard when	I have visited the child within five working days of their first or any subsequent placement.
	I have clearly explained to the child the reasons for coming into care. I have explored possible family and friends' placements and discussed the foster placement, carers and contact arrangements with parents, siblings and friends, and endeavoured to answer all the child/young person's concerns.
	I have ensured that the child/young person has my contact details and knows how to get in touch with me if they need, or want to. (This includes email address and telephone numbers, including details of who to speak to if I am not available.
	I have held a placement meeting with the child (if appropriate), carers and parents (unless exceptional circumstances) within five working days to agree how the placement will best meet the child's needs.
	I have ensured that all the requisite CIC paperwork, including the risk assessment and placement plan is completed to a high standard and that the carer/residential unit have a copy. If the child/young person is accommodated under S20 of the Children Act 1989 I have obtained the signature of the parents or carers who has parental responsibility. I have ensured that the parent/carer has the capacity to consent and have used an interpreter if necessary.
	I have ensured that if a child subject to a Care Order is placed with parents, that I have completed the necessary notifications, forms and planning according to the Placement of Children with Parents etc... Regulations 1991 in Volume 3 of The Children Act 1989 Guidance and Regulations entitled Family Placements.

	I have ensured that all the relevant information is shared with the foster carers or placement.
	I have ensured that information shared includes the family history, the vulnerability of the child and any identified risks, what they will need to do to meet the child's needs, and the child's views (including wishes, feelings, likes and dislikes).
	I have ensured the child's care plan has a clear focus on the outcomes for the child.
	I have visited the child (and on occasion their bedroom) according to their care plan but at a minimum within six weeks and in line with statutory guidelines or IRO recommendations thereafter.
	I have seen the child alone if they are aged three or over unless they have refused or in my professional judgment it is not in their best interests to do so. When I have not seen them alone I have recorded the reason for this.
	I have seen children who are babies, awake at least every four weeks. If necessary I have planned my visits around their routine to facilitate this.
	I am confident in every interaction with the child and young person I am working with I have directly engaged with them in ways that are appropriate to their age, background or ability and I have recorded my observations about what I have seen as well as what they have said, in order to support my assessment.
	I have considered how every child's needs will be met in relation to their identity, culture, race, ethnicity, language, communication, disability, gender and sexuality and recorded these.
	I have made the necessary arrangements for an initial health assessment (IHA) to be carried out within two working days of a child coming into care.
	I have ensured that the child's family and their carers know how to contact me and also know how to get help when I am not in work.
	I have made sure that spending time with their family and friends has been actively promoted and facilitated, provided that this is in their best interests and in accordance with their care plan. (Ensure planning clearly outlines all contact, and the venue is in the child/young person's best interests).
	I have ensured that the child's needs are reassessed at least every six months and amended their care plan to reflect their changing circumstances.

	<p>I have ensured the first CiC review has been held within one month, three months and six months thereafter (unless the care plan changes) to ensure that the care plan continues to meet their needs.</p>
	<p>I have ensured that my report is completed at least three working days before the CiC review and this has been informed by, and explained to, the child and their family.</p>
	<p>I have explained the review process, helped and encouraged the child and family to attend to share their views, and discussed with them whether they wanted an advocate.</p>
	<p>I have ensured that the views of the child have been heard if the child has not attended the review or an advocate has been appointed to share their views if necessary.</p>
	<p>I have updated their care plan after each updated assessment to include (where appropriate) the child's aspirations for the future, views on careers and how they want their lives to develop.</p>
	<p>I have taken an active role in promoting the child's education and have ensured that there is an up-to-date personal education plan (PEP) for the child and that this has been reviewed every term alongside the Virtual School.</p>
	<p>I have ensured that by the time the young person is aged 16 years 3 months they have a current and up-to-date, signed pathway plan that is reviewed as part of the review.</p>
	<p>I have ensured that children in care who have a disability and who are reaching the age of 16 years 3 months have a transitions plan that is linked to the 0-25 service.</p>
	<p>I have taken responsibility to ensure that any significant changes that impact on a child's legal status or care plan have been shared and discussed with my manager and the IRO, and that these discussions are clearly recorded on the child's file.</p>
	<p>I have ensured that the IRO has been informed or consulted about any significant changes in the child's circumstances as they happen.</p>
	<p>I have ensured that the child has been made aware of how to participate and have their views heard through the Children in Care Council and other forums.</p>
	<p>I have ensured that I have acknowledged and celebrated the child's achievements in assessments and reports and that I have ensured that these are recognised by others. They know that I am proud of what they have achieved.</p>

	I have used my supervision to reflect on the impact on the child of the work I have done and of their care plan.
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9.15. Leaving Care

Practice Standard:

Young people leaving care will have a thorough assessment of their needs and a Pathway Plan that sets out how these needs will be met. The Pathway Plan will involve the young people, include their wishes and views and be aspirational for their journey into adulthood and independence.

Pathway Plans will ensure young people leaving care are prepared for independent living and will offer a choice in the type and location of accommodation where packages of personal and financial support will be available.

Education, training and employment opportunities will be fully considered.

[Keep on Caring: Supporting Young People from Care to Independence \(2016\)](#)

I will have met this practice standard when	I have read and understood Children Act 1989: Transition to adulthood for care leavers, Care planning, Placement and case review, Children (Leaving Care) Act 2000, the Care Leavers (England) Regulations 2010, and I understand that this statutory guidance represents the minimum requirements of my role.
	I have read and understood the policies and procedures relating to the care leaving service, including those relating to meaningful contact, in touch, missing and pathway plan completion and will ensure that I comply with the policies and procedures. Anything I do not understand I will discuss with my line manager.
	I understand the young person's lived experience and ensure that interventions, support or advice and guidance I give in relation to a young person takes account of their experience, expectation and levels of understanding and ability.
	I can recognise that supporting care leavers to prepare for independence is a key part of my role and I will work with all care leavers using the appropriate tools/interventions to ensure that they are ready to transition to independence effectively.
	I can recognise that securing appropriate, aspirational and meaningful education, training or employment is a key aspect to preparing young people for independence. I will actively seek out support information, advice and professional guidance and ensure that young people get the help, advice and guidance they need to be successful.
	I have recognised my corporate parenting responsibility and I will always use the threshold of 'What would a reasonable parent do in this situation?' when I make decisions about issues which impact on a care leaver's life.

	<p>I have made sure that I fully considered any diversity needs of the young person or family, particularly around speech, language and communication issues, acquired brain injury, special educational needs, ethnicity, sexuality, gender fluidity and religion; and I have adjusted my approach accordingly.</p>
	<p>I can recognise that young people joining the care leaving service may have had a variable experience of care. I will treat them with the respect and dignity they deserve and ensure that they know that care leaving services is a safe place for them where they can share their thoughts and feelings.</p>
	<p>I will make sure that they know if they tell me anything, which I assess puts them or others at risk of harm, I will share that information with other agencies to ensure that they are kept safe.</p>
	<p>I have ensured that I have captured the voice of the young person in all my recordings and that I use their thoughts, wishes and feelings to inform my assessments and plans. I will make sure that interventions are done with, and not to the young people.</p>
	<p>I can recognise that sometimes care leavers can be mistrusting of professionals, hard to engage and motivate and can present behaviour which may appear challenging. I will be mindful that all these issues are as a result of their lived experience and because of that I will be thoughtful, creative, tenacious and dogged in my efforts to build a meaningful relationship with them.</p>
	<p>I recognise that the relationship between me and the young person is the most important factor in preparing them for independence and supporting them to become successful, healthy, happy adults.</p>
	<p>I have endeavoured to support all young people within our service to access suitable housing; I will work with all statutory and independent / voluntary agencies to facilitate this. I will make sure that young people are not placed in housing that does not meet their needs because of a shortage of provision.</p> <p>Taking into account:</p> <ul style="list-style-type: none"> • the young person's wishes and feelings; and their education, training or employment needs • health needs • the locality in which they want to live • type of accommodation (supported accommodation, supported lodgings, social housing)

	<ul style="list-style-type: none"> • if privately rented, we are satisfied with the character and suitability of the landlord or provider • complies with health and safety.
	<p>I have ensured that the young person is able to access their Setting Up Home Allowance to furnish their accommodation in a planned way so they do not move into their accommodation without the essential items needed.</p>
	<p>I have ensured that I promote and encourage the young person to make their own informed decisions to contact and spend time with their family and significant people where it is appropriate and beneficial to them.</p>
	<p>I have read and acknowledged the care leavers charter and adhere to its principles.</p> <p>https://www.gov.uk/government/publications/care-leavers-charter</p> <p>A charter is a set of promises that help in decision making but do not replace laws. The principles in this charter have been developed by young people leaving care. By signing up to it, local authorities promise to provide a range of support for care leavers into their adult life.</p>
	<p>I have ensured that the young person's Pathway Plan is reviewed every 6 months or after 28 days of any change in a young person's accommodation.</p>
	<p>I will ensure that the young person's review is brought forward if there is an assessed risk that a crisis may develop in a young person's life.</p>
	<p>I have ensured that I make every effort to encourage the young person to participate in their pathway plan review and to discuss with the young person who will be invited to contribute. A copy of the plan will be given to the young person.</p>
	<p>I have explained to the young person what their entitlements are as a care leaver and provide them with resources/guides that explain their entitlements.</p>
	<p>I have ensured that every child in care will be linked to a Leaving Care Personal Adviser prior to their 16th birthday. The PA will provide support, advice (including practical) and guidance so the young person is provided with the opportunities needed to help them move successfully into adulthood.</p>
	<p>I have ensured that contact with the young person is based on assessed need and I will always ensure that they know how to contact their PA or emergency contact details if their PA not available.</p>

9.16. Conferences and Reviewing

<p>Practice Standard: http://www.londoncp.co.uk/chapters/best_prac_cpc.html</p>	
<p>I will have met this practice standard when</p>	<p>I have ensured that that conference consists of the smallest number of people consistent with effective case management.</p>
	<p>I have ensured that the parents, those with PR and/or family members, the child and his/her representative as necessary, the child's social worker and first line manager, the Police, Health, Education representatives and those whose contributions relate to their professional expertise and/or knowledge of the family and/or responsibility for relevant services, and should be limited to those with a need to know or who have a contribution to make to the assessment for the child and family.</p>
	<p>I have ensured professional observers (no more than one) only attend with the prior consent of the family and Conference Chair and have not taken part in discussions or decision making.</p>
	<p>I have ensured that the conference is convened at a time that facilitates attendance of the family and key contributors.</p>
	<p>I have invited parents and persons with parental responsibility to attend unless attending will prejudice the welfare of the child.</p>
	<p>I have facilitated constructive involvement of the parents by ensuring in advance of the conference that they are given sufficient information and practical support to make a meaningful contribution.</p>
	<p>I have ensured that parents have been provided with a copy of the conference report prior to the meeting.</p>
	<p>I have ensured that the parents have been informed in writing of the date, time and venue of the meeting by the safeguarding and reviewing unit.</p>
	<p>I have ensured that the parents/carers understand the purpose of the meeting and the way in which it will operate.</p>
	<p>I have ensured that provisions have been made to ensure that visually or hearing impaired or otherwise disabled parents/carers are enabled to participate including the provision of transport where necessary to enable attendance.</p>
<p>I have considered childcare and travel arrangements to enable the attendance of the parents.</p>	

	I have ensured an interpreter is available for family members where English is not a first language or where sign language is required.
	I have provided the parents with information about their right to bring a friend or supporter (including an advocate) or solicitor (in the role of supporter) and the complaints procedure.
	<p>I have ensured that parents who do not wish to attend the conference are provided with opportunities to contribute their views by:</p> <ul style="list-style-type: none"> • the use of an advocate (subject to the Chairs agreement) • enabling the parent to write, tape or use drawings to represent their views • meeting with the conference chair in advance of the conference • agreeing that the social worker or any other professional expresses their views
	I have requested and made clear the circumstances to exclude one or more family members from all or part of the conference to the Chair at least 3 days in advance of the Conference taking place.
	I have ensured that the decision to exclude or restrict participation of a parent is within grounds and has been communicated to the person making the request, the professionals invited to the meeting and the parent concerned (in writing).
	I have ensured that excluded parents are provided with reports to the conference and are given an opportunity to have their views recorded and presented to the conference.
	I have ensured the child is kept informed and involved throughout and if their age and level of understanding is sufficient, are invited to the conference.
	I have ensured that the child's attendance at the conference is actively considered and the reasons for and against are recorded, with participation being considered as a process rather than an event with the aim of enabling the child to understand and contribute to decision making.
	I have ensured that decisions about whether to invite children are made in advance of the conference by the Conference Chair in consultation with the social worker, their manager and any other relevant professional, including the child's independent advocate where relevant.
	I have ensured that consideration is given to:

	<ul style="list-style-type: none"> • the process being properly explained to the child in an age appropriate way • the child’s wish to be involved • the parents view about the presence of the child • the benefits to the child • the conference being able to fulfil its aims in protecting the child
	<p>I have given due consideration to the test of ‘sufficient understanding’ with mind to the general principle that children under the age of 10 should not be invited to attend in person but share their views ascertained and included in the social workers report.</p>
	<p>I have ensured that the child is provided with a full and clear explanation of the purpose, conduct, membership of the conference and potential provision of an independent advocate.</p>
	<p>I have ensured that written information is translated into the appropriate language and alternative mediums offered to children who cannot read.</p>
	<p>I have respected children’s declared wishes not to attend conference.</p>
	<p>I have ensured that the child’s interests remain a priority when there is a conflict of interest between the wishes of the child and the parent’s views.</p>
	<p>I have given consideration to the impact of the conference on the child ensuring, where appropriate, ensured that the child is kept apart from a parent who may be hostile or attribute responsibility onto them.</p>
	<p>I have ensured that children that do not wish to participate directly are provided with opportunities to present their views by letter, email, text message, pictures or audio aids.</p>
	<p>I have ensured that children wishing to attend conferences, where agreed as appropriate, are provided with opportunities to discuss concerns and supported to share their views.</p>
	<p>I have explained the roles and responsibilities of participants at the conference.</p>
	<p>I have shared the content of the social work report with the child before the conference.</p>
	<p>I have met with the child after the conference to discuss what happened, the decisions made and outline the next steps.</p>

	I have listened to and obtained the child's feedback and I have answered questions the child has about decisions made.
	I have ascertained, through the social workers report, that the child has been seen by the social worker, if the child was seen alone and the if not who was present and for what reason.
	I have ascertained information about all the children in the household.
	I have ascertained information about the children's health, education and emotional well being.
	I have ascertained information about the parent's engagement and capacity to ensure the child is safe from harm.
	I have ascertained information about the parent's history and capacity to meet the children's needs.
	I have ascertained an understanding of the parent's traditions, cultural and religious expectations and linguistic/communication needs.
	I have obtained agency reports that detail their involvement with the child(ren) and family.
	I have ensured that the conference is conducted in the presence of at least two professional disciplines in addition to the social worker, unless agreed otherwise.
	I have ensured that the conference is conducted with due regard to anti-discriminatory and anti-oppressive practices ensuring language is unambiguous and respectful.
	I have met with the child, parents and any advocates prior to the conference to ensure they understand the purpose of the meeting and how it will be conducted at least 15 minutes before the conference start time.
	I have considered the potential of conflict between family members and possible need for children or adults to speak without other family members present.
	I have negotiated the level and manner of any supporter's involvement in the conference and made clear that supporters may seek clarification of information given by a conference member through the Conference Chair, but they will not be allowed to question conference members directly.
	I have, at the start of the Conference: <ul style="list-style-type: none"> • set out the purpose of the conference

	<ul style="list-style-type: none"> • confirmed the agenda • emphasised the confidential nature of the meeting • addressed equal opportunities issues e.g. specifying that racist, homophobic and threatening behaviour will not be tolerated • facilitated introductions • clarified the contributions of those present, including supporters of the family.
	<p>I have ensured that parents are given a reasonable opportunity to:</p> <ul style="list-style-type: none"> • understand the purpose of the meeting and the role of all agencies involved in the protection of their children • consider and respond to any information or opinions expressed by other participants • contribute as fully as possible to the assessment and planning process • play a part in helping to safeguard and promote their children's welfare
	<p>I have ensured the conference maintains a focus on the welfare of the child/ren.</p>
	<p>I have given consideration to the welfare and safety of all children in the household and within the family network.</p>
	<p>I have ensured all relevant people, including the subject child/ren and parents, have been given appropriate opportunities to make a full contribution and that full consideration is given to the information they present.</p>
	<p>I have ensured that reports of those not present are made known to parties.</p>
	<p>I have ensured that the wishes and feelings of the child/ren are clearly outlined.</p>
	<p>I have considered the needs arising from the child's gender and any disabilities, as well as those arising from the child's racial, cultural, linguistic or religious background are fully considered and accounted for when making decisions or developing plans.</p>
	<p>I have ensured appropriate arrangements have been made to receive third party confidential information.</p>
	<p>I have facilitated debate which examines the findings of reports, and risk assessments and analysis is encouraged, all options are</p>

	considered and that the conference reaches decisions in an informed and non-discriminatory way.
	I have informed participants of the complaints procedures.
	I have ensured that absent parents or carers are informed of the decisions of conferences.

9.17. Fostering Recruitment and Supervision

Practice Standard:

Children's welfare, safety and needs are at the centre of their care so that children have an enjoyable childhood, benefiting from excellent parenting and education, enjoying a wider range of opportunities to develop their talents and skills leading to a successful adult life.

Children in foster care deserve to be treated as a good parent would treat their own children and to have the opportunity for as full an experience of family life and childhood as possible, without unnecessary restrictions.

Foster carers should be acknowledged and recognised as core members of the team working with the child and have a right to full information about the child. It is essential that they receive relevant support services and development opportunities in order to provide the best care for children.

[Fostering Services: National Minimum Standards](#)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/287954/foster_care_tsd_standards_guidance.pdf

I will have met this practice standard when

Foster Carer Recruitment

I have ensured that I respond to an enquiry regarding fostering recruitment within five working days of receiving the information and send the relevant information out.

I am responsible for contacting prospective foster carer(s) and arrange an initial visit within five days of receiving the request to visit.

I take due regard of the identity, race, ethnicity, gender, disability, religion and communication needs of the family when arranging any visit.

I have clearly explained to the prospective foster carer(s) the purpose of my visit and how the assessment process will be undertaken.

I have ensured that the assessment clearly evidences my findings, and I will discuss them with my manager and make recommendations for future planning and assessments.

I have given prospective carers contact details of the fostering team manager so they can get in touch with them at any time if they have concerns about the progress of their assessment.

I can fully respect confidentiality and keep secure all information provided with regards to personal information.

	<p>In the stage one process, I have ensured that I undertake checks with the disclosure and barring service (DBS) authorities with details of where prospective carers have lived, personal references, medical and contact significant previous partners or any adult children within two months.</p>
	<p>I have ensured that all the information I receive is shared with the prospective foster carers appropriately so they are aware of the plans to progress to stage two.</p>
	<p>I have endeavoured to keep the prospective foster carer informed of any delays we experience in obtaining the information needed to complete the required checks.</p>
	<p>I have met with prospective foster carers at least once during stage one to discuss progress and offer additional support where required. It is expected that this assessment will be completed within four months.</p>
	<p>Where there are delays on behalf of the agency I have given reasons for any delays verbally and in writing and take all reasonable steps to minimise the length of these delays.</p>
	<p>Where a family member has been identified as a potential connected carer for a child I will complete a viability assessment to inform the decision of temporary approval by the Fostering ADM and the connected carer will then progress to a full fostering assessment and be presented to the Adoption & Fostering panel within 16 weeks.</p>
	<p><u>Foster Carer support and supervision</u></p> <p>I have ensured all placement options are explored so that the best placement matches can be made.</p>
	<p>I have ensured child/children are given the opportunity to meet with the fostering family prior to their placement starting whenever possible and appropriate.</p>
	<p>I have ensured that a placement planning meeting will take place within five working days to agree how the placement will best meet the child's needs.</p> <p>I have ensured the child has an individual safe in care plan appropriate for the child / young person's needs and taking into account their wishes and feelings.</p>
	<p>I have ensured the household safer caring policy meets the needs of each child placed.</p>

	I have completed a health and safety checklist on a foster carer's home every year to ensure good standards are maintained.
	I have completed at least one unannounced visit every year, to ensure the fostering household is providing a safe home environment for the child/children in their care.
	I have requested DBS and medical renewals every three years or sooner if required.
	I have visited the foster family a minimum of once a month to support and supervise.
	I have endeavoured to be available as and when needed for additional support to promote the best possible fostering experience and outcomes for the child/children.
	I have ensured the child and their foster carers know how to contact me and know who to get help from when I am not in work.
	I have ensured the child and their foster carers have all the relevant telephone numbers to be able to access support at any time.
	I have ensured foster carers will be offered additional support where appropriate.
	I have assessed how foster carers meet fostering standards through an annual review. I will submit report to fostering panel for approval.
	I have supported foster carer in completing their training support development standards (TSDS) work book in their first year of fostering.
	I have reviewed foster carers training needs and support them in their own professional development. I will complete a personal professional development plan (PPDP) with foster carers in line with foster carers learning agreement.
	I have ensured that Connected carers receive all the necessary support, advice and training they require, as set out above for foster carers.
	I have ensured my case recording is up to date and critical incidents are recorded within one working day.
	I have attended LADO meetings to represent the fostering service and investigate any concerns raised against foster carers.

9.18. Adoption and Post-Adoption Support

Practice Standard:

The child is the most important person in the adoption process, his/her welfare is paramount and must be at the centre of it. The child's views are to be taken into account in all adoption decisions.

Decisions for children awaiting adoption must be robust and timely to ensure there is no delay in finding a suitable family for them to live with permanently.

http://minimumstandards.org/adoption_statutory_guidance_2014.pdf

I will have met this practice standard when	<p><u>Securing permanence</u></p> <p>I have thoroughly explored all options to enable the child to achieve permanence with their carers via special guardianship orders (SGO), where the permanency plan is for long term fostering or adoption.</p>
	<p>I have ensured that the child's permanence report (CPR) fulfils three functions: to support decision making in respect of placement order, to assist with family finding and to help the child understand their history in later life where the child is being adopted.</p>
	<p>I have ensured that a family group conference has been offered to help identify suitable family members to help the children remain at home or to provide alternative care where there are indications that parents will need help to care for their child/children, or there is a need for alternative care arrangements.</p>
	<p>I have ensured that a support plan for connected carers has been formulated in conjunction with relevant colleagues, and the relevant financial assessments have been undertaken.</p>
	<p>I have ensured that a child in a permanent placement understands their history.</p>
	<p>I have ensured that the birth parents (adoption cases) have been given the opportunity to access birth parent counselling.</p> <p>I have taken responsibility to ensure that there is no delay in securing permanence for the child.</p>
	<p>I have challenged or escalated any delays that I have identified.</p>
	<p>I have ensured that by the second review (four months), at the latest, permanence options have been explored and a permanency plan has been created for the child.</p>

	I have ensured it has been approved by the foster care panel and agency decision maker where the permanence plan is for long term fostering or adoption.
	I have taken steps to ensure that the child has had a 'best interest' decision no later than six months from the date they entered care.
	I have endeavoured to ensure that the child has been matched with a family no later than 10 months from the date they entered our care.
	I have endeavoured to ensure that the child has moved into their permanent home no later than 14 months from the date they entered our care.
	I have ensured the family finding has been progressed and suitable families have been visited as soon as they have become available and with relevant colleagues where the permanency plan is for long term fostering or adoption.
	I have progressed plans to match children with carers where the permanency plan is for long term fostering or adoption.
	<u>Family Finding</u>
	I have ensured that I have taken responsibility in processing the referral for family finding for the child within seven days of receipt.
	I have taken responsibility to ensure that there is no delay in securing permanency for the child. I have referred the child to the adoption register and completed a profile.
	I have ensured that the child's permanence report (CPR) has full information and up to date to assist with family finding where the child is being adopted.
	I have endeavoured to work with the child's social worker to ensure that the child has been matched with a family no later than 10 months from the date they started to be looked after.
	I have endeavoured to work with the child's social worker to ensure that the child has moved into their permanent home no later than 14 months from the date they started to be looked after.
	I have ensured the family finding has been progressed and suitable families have been visited as soon as they have become available and with relevant colleagues and agencies where the plan is for adoption.
	I have progressed plans to match children with adoptive parents and arranged for the next available panel to ensure no delay Where the plan is for adoption.

	<p>I have ensured that a support plan has been formulated and the relevant financial assessments have been undertaken in conjunction with relevant colleagues and adoptive parents.</p>
	<p>I have ensured that all arrangements have been put in place to support the adoptive parents and child during the introductions period and they are supported.</p>
	<p><u>Adoption recruitment and assessment</u></p>
	<p>I have ensured that I have responded to an enquiry regarding adoption recruitment within five days of receiving the information and sent the relevant information out.</p>
	<p>I have contacted prospective adopters and arranged to complete an initial visit within 28 days of receiving the request to visit.</p>
	<p>I have clearly explained to the prospective adopters the purpose of my involvement and how I will undertake the assessment and how the recommendations will be fed back to them.</p>
	<p>I have taken due regard of the identity, race, ethnicity, gender, disability, religion and communication needs of the family when completing the assessment.</p>
	<p>I have ensured that the assessment clearly evidences my findings, and I have discussed them with my manager and made recommendations for future planning and assessments.</p>
	<p>I have given contact details for the adoption team manager so you can get in touch with them at any time if you have concerns about the progress of their assessment or want to request a review of the assessment agreement.</p>
	<p>I have fully respected confidentiality and kept secure all information provided with regards to personal information.</p>
	<p>process I will ensure that I undertake checks with the disclosure and barring service (DBS) and local authorities where the family have lived, personal references, medical and contact significant previous partners if needed or any adult children within two months in the stage one.</p>
	<p>I have ensured that all the information I receive is shared with the prospective adopters appropriately so they are aware of the plans to progress to stage two.</p>
	<p>I have endeavoured to keep them informed of any delays we experience in obtaining the information we need to complete the required checks.</p>

	I have planned to meet with them at least once during stage one to discuss their progress and offer them additional support where required.
	I have ensured that assessments are completed within four months. Where there are delays on behalf of the agency I will let the prospective adopters know and give them reasons for any delays verbally and in writing and take all reasonable steps to minimise the length of these delays.
	I have ensured that the assessment clearly evidences my findings and analysis, and I have discussed them with my manager and made recommendations for the adopter's approval within the four-month period of stage two.
	I have shared and explained the outcome of the assessment, including the part of the process with the prospective adopters.
	I have given a copy of the completed assessment to the prospective adopters and invited them to comment so their views form part of the assessment.
	I have reflected on my assessment and I am satisfied that it accurately reflects the prospective adopters' ability to care for a child in care and the recommendations are the right ones.
	I have presented the prospective adoptive parents to the adoption panel and supported them in putting their assessment forward for approval.
	I have continued to support the family and ensured that the right match is found that meets the needs of the child.
	I have used my supervision to reflect on the assessment process and my recommendations.
	<u>Adoption support</u>
	I have made contact with the adoptive family to discuss their referral within three days of receiving their information.
	I have clearly explained to the adoptive parents / child the purpose of taking full information and advise them of the need to complete an initial assessment.
	I have clearly recorded the reason for undertaking the assessment of the child and their family and obtained consent to progress the assessment.
	I have sought the views of the adoptive parents and family in respect of the needs or risks and these have been evidenced and detailed in my assessment. This will be completed within ten days.

	I have contacted all agencies involved with the child and adoptive family and obtained their views which have informed the assessment.
	I have taken due regard of the identity, race, ethnicity, gender, disability, religion and communication needs of the child and the adoptive family.
	I have considered the wellbeing of any other children / young people in the household and I have obtained their views as part of the assessment process.
	I have ensured the risks and protective factors have been identified, assessed and analysed for each family member, including the initial concerns and any subsequent concerns which may arise.
	I have carefully recorded the child's journey, to distinguish between fact and my opinion, so that the child and family will understand what decisions were made.
	I have included a detailed picture of the child and what it is like to be a child in their family.
	I have ensured that the assessment clearly evidences my findings, and I have discussed them with my manager and made recommendations for future planning.
	I have shared and explained the outcome of the assessment, including the next steps, with the child, family, the referrer and other agencies.
	I have given a copy of the completed assessment to the family and the child and invited them to comment so their views form part of the record.
	I have reflected on my assessment and am satisfied that it accurately reflects the levels of need or risk, and that my recommendations are the right ones.
	I have continued to support the family and ensured that the adoption support plan is put in place and updated yearly.

9.19. Youth Offending

Practice Standard:

<https://yjresourcehub.uk/yjb-effective-practice/youth-justice-kits/item/636-standards-for-children-in-the-youth-justice-system-new-national-standards-2019.html>

<https://www.gov.uk/government/publications/working-together-to-safeguard-children-2>

The principle 'child first' guides the work of the Youth Justice Board. Standards have been designed to assist agencies adhere to that principle making sure that they:

1. Prioritise the best interests of children, recognising their needs, capacities, rights and potential
2. Build on children's individual strengths and capabilities as a means of developing a pro-social identity for sustainable desistance from crime. This leads to safer communities and fewer victims. All work is constructive and future-focused, built on supportive relationships that empower children to fulfil their potential and make positive contributions to society
3. Encourage children's active participation, engagement and wider social inclusion. All work is a meaningful collaboration with children and their carers
4. Promote a childhood removed from the justice system, using prevention, diversion and minimal intervention. All work minimises criminogenic stigma from contact with the system.

I will have met this practice standard when

I have made sure that I have read and understood the Youth Justice Board Case Management Guidance and the National Standards for Youth Justice. I understand that these are the minimum requirements of my role in terms of supporting children and young people in the criminal justice system.

I have explained to the child and their family the nature of my involvement, what the requirements are of the order they have received, what the consequences are for breaching this order and I am assured that they have understood.

I have ensured that disposals made are in the best interests of the child and in line with the assessed risk. I will challenge the court if I assess that the disposal being proposed does not meet the above criteria.

I have undertaken a timely and accurate, suitable and sufficient assessment of risk and of need for all the young people I am working with.

I have formulated my intervention based on assessment with a focus on promoting a pro-social identity and aiding desistance from crime.

	I have involved children/young people and their parents/carers in assessment, planning and reviewing of individual programmes.
	I have made sure that I have met, as a minimum, the child and their family when undertaking any assessment, panel report or pre-sentence report and that I have seen the child alone on at least one occasion.
	I have visited the child's home on at least one occasion during the assessment period and monthly thereafter.
	I have made sure that I have checked all relevant databases in relation to a child or family and that, where there are significant professionals also involved in a child or family's life, I have spoken to them to inform any assessments or reports.
	I have been inquisitive in my efforts to gain information relevant to this child or family from other agencies. Where I have not been able to obtain information, I have raised this issue with my line manager for assistance.
	I have ensured that as part of my assessment I have considered issues relating to the risk of re-offending, the potential harm posed to the public and any safety and wellbeing issues the child or family may have.
	I have considered the impact on any victims of crime.
	I have made sure that I have fully considered any diversity needs the child or family may have, particularly around speech, language and communication issues, acquired brain injury, special educational needs, ethnicity, sexuality, gender fluidity and religion and I have adjusted my approach accordingly. If I do not know what to do I have sought advice from my line manager.
	I have, in conjunction with a social worker if the child is in care or subject to a Child Protection or Child in Need Plan, undertaken an AIM2 assessment and where it is necessary referred to the Junction Project for specialist intervention where I have identified issues relating to sexually harmful behaviours.
	I have assessed that it is, and there are no significant risk issues that need addressing, I have considered the lowest possible penalty for that child, including taking the issue back to the police for an out of court disposal or, where that is not possible, recommending an absolute discharge in my pre-sentence report. If the child is in care I have considered whether their offending behaviour is fully, or in part, as a result of this.

	I have produced a Plan from the assessment that focuses on enabling a pro-social identity and desistance from offending and that builds on the positive elements of the child's life.
	I have ensured that the assessment is dynamic and ongoing and is commenced at the start of every order and for every pre-sentence report.
	I have ensured my plan takes account of the child's broader context, previous offending, impact on victims, public protection, safety and wellbeing, and factors that influence desistance from crime.
	I have coordinated interventions with relevant specialists or agencies and specified the intended outcome and ensured they have commenced promptly.
	I have ensured that reviews occur as required to reflect significant changes in the child's circumstances inclusive of engagement and compliance with orders.
	I have recognised that young people in the criminal justice system are often complex with multiple needs and I see these young people as children first and offenders second.
	I have worked skillfully and with tenacity to counter evasive/mistrustful difficult to engage or motivate young people.
	I have been thoughtful, creative, tenacious and dogged in my efforts to build a meaningful relationship with them, because I know that the relationship between me and the young person is the most important factor in preventing re-offending.
	I have been mindful of issues relating to radicalisation of all types and where I have assessed that a young person may be at risk of radicalisation I have sought advice and guidance from the prevent lead within the council.
	I have considered if a child or young person is at risk of criminal or sexual exploitation and, where I have identified a risk, I have referred to Family Services Vulnerable Adolescents lead and/or the YOT Service Manager for advice and guidance.
	I can recognise that young people entering the criminal justice system will often be scared and confused. I will treat with them with respect and dignity and ensure that they know that the YOS is a safe place for them where they can share their thoughts and feelings, but I will make sure that they know if they tell me anything, which I assess puts them or

	others at risk of harm, I will share that information with other agencies to ensure that they or the public are kept safe.
	I have tried to understand the child, young person and families' lived experiences and I will be mindful of their expectations, experiences and abilities when identifying interventions.
	I have captured the voice of the child, young person and family in all my recording and that I use their thoughts, wishes and feelings to inform my assessments and plans.
	I have ensured that information has been provided to children/young people and their families about what happens in Court.
	I have accurately recorded Court outcomes and informed parent/carers and professionals working with the young person.
	I have checked the custodial warrant issued by the Court is appropriate.
	I have provided information about the Assisted Prison Visit Scheme.
	I have ensured that I liaise regularly with the custodial institution to ensure that the child is well and all their needs are being met If I am working with a young person who goes to custody.
	I have visited the child regularly, at least monthly and I will act as an advocate for the child in terms of their safety and wellbeing.
	I have made sure that there is a coordinated sentence plan and that interventions which were being delivered in the community are continued in custody, even if this means ensuring specialist workers from the YOS go to the custodial institution to deliver interventions.
	I have ensured that the young person can contact their parents, carers or meaningful people in their lives and I will assist these people to visit and support the child.
	I have liaised closely with interventions team and ensure direct work that I undertake with young people supports the work of specialist staff.

9.20. Quality Assurance and Improvement

Practice Standard:

Quality Assurance activity fosters ‘the culture of a ‘learning organisation’ where people can continually expand their capacity to create desired results and where expansive patterns of thinking are nurtured, where collective aspiration is set free and where people are continually learning to see the whole reality together’ (Senge, 1990).

Quality assurance will ensure staff are guided to best practice through reflective and meaningful feedback that focuses on strengths and what is needed to bring the quality of practice to a Good or better standard.

The Quality assurance process **will set and uphold these Practice Standards**, instilling a strong sense of accountability in staff for the impact of their work on the lives of children and families and contribute to the establishment of rigorous and fair processes for managing the performance of staff, including accurate measures of practice through direct observation.

‘Instead of doing things right (i.e. following procedures) the system needed to be focused on doing the right thing (i.e. checking whether children and young people are being helped)’ Munro, 2011.

I will have met this practice standard when

I have a clear understanding of what constitutes good practice and can clearly articulate this in my audits.

I have read and understood the Practice Standards and can effectively measure the quality of practice I see against these standards clearly identifying where standards are met and where practice needs to be improved to bring it to a good standard.

I have ensured that I have read all the child’s records, case summary, chronology, assessments, plans and relevant documents to inform my audit findings.

I have placed the child’s experience of services at the centre of my audit activity and findings.

I have met with the social worker and Team Manager, where relevant, to discuss my findings, share my feedback given advice and guidance on areas of practice that need to be improved.

I have made recommendations with clear timescales for improvement that are relevant, achievable and in line with the Practice Standards.

I have raised with managers, and escalated to Senior managers or Operational Directors issues relating to dangerous practice.

I have secured an in-depth, comprehensive and current understanding of the realities of practice across the organisation and know how to address early signs of difficulties.

	I can recognise and commend hard work and excellent practice which builds social workers' confidence in their practice.
	I can meet complacency with a commitment to continued improvement and confidently hold poor practice to account.
	I have learned from local, national and international review, inspection and research.
	I have ensured that observation of practice is a constructive and learning activity for practitioners.
	I have ensured that learning is derived from audit activity and feeds into the workforce development services.
	I ensure I take a strengths-based and helpful position in encouraging practitioners to reflect on what may strengthen any identified poor practice.

References:

Health Care Professionals Council (HCPC)

Standards of Proficiency: Social Workers in England (HCPC)

The Munro Review of Child Protection: A Child-Centred System

Knowledge and skills statements for practice leaders and practice supervisors

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