

CHILDREN LOOKED AFTER STATUTORY VISITS - GUIDANCE

1. REMIT OF THE GUIDANCE

This procedure relates to statutory requirements for children who are:

- a. Looked After (i.e. accommodated under S20, subject to Interim or Care Order wherever they are placed, children who are placed for Adoption).
- b. In short-break care placements.
- c. In private foster care.

This guidance should also be followed for children who were accommodated and then remanded to custody in Secure or YOI.

2. PURPOSE OF VISITS

The purpose of a statutory visit is to ensure that children are safe and that their needs are appropriately met within their placement. It is an opportunity to formally gather and record the views of the child regarding their placement and their care plan and to discuss and record the views of the carers.

The outcomes of the visit should:

- a. Ensure that arrangements for the child's education, health, emotional needs, identity, self-care skills and contact with family are proceeding smoothly.
- b. Support the child in understanding what is happening in their life and to make emotional adjustments.
- c. Support the carers in looking after the child.
- d. Give a degree of child protection by being someone the child can talk to and share any worries outside of the placement.
- e. Make ongoing assessment in order to contribute to review of the Care Plan.
- f. Form a relationship with the child.

PRACTICE NOTE: The Social Worker is a significant person for a looked after child, as they are the link between their home and their placement and between their past, present and future.

3. FREQUENCY

Statutory visits must be undertaken for Children Looked After within the first week (7 calendar days) of placement / Interim Care Order being made for those remaining at home, and subsequently at a minimum frequency of every 6 weeks until permanence is agreed and thereafter at intervals of no more than 12 weekly.

This schedule must be returned to after every placement move.

For children placed with carers who are subject to temporary immediate approval (i.e. relative or friends approved on emergency basis), children must be visited on a weekly basis until full approval is granted to carers at Panel.

For children placed for Adoption, visits must take place weekly from the point of placement to the first statutory review, when subsequent frequency will be agreed. This must be no less than every 6 weeks, but it is usually appropriate to visit at a greater frequency to support the placement.

For the children who are receiving short-break care, they should be visited in placement within the first 7 (cumulative) days of placement, and thereafter on a 6 monthly basis.

For children in Private Fostering arrangements, visits must take place within the first week of notification of the arrangement, and subsequently every 6 weeks.

Statutory visits should take place at the above minimum frequency when the Statutory Visiting template must be completed. In the majority of cases it will be appropriate to see the child on a more frequent basis, and interim visits should be completed in the case note (workers may choose to complete the Statutory Visiting Template more frequently than minimum intervals, but if they do so they must complete the Template fully).

PRACTICE NOTE: More frequent visits would be undertaken in the early stages of placement, when the child's needs are changing or when the placement appears under stress.

4. CONDUCTING THE VISIT

- a. The visit should consider the child's education, health, emotional needs, identity, self-care skills and contact with family are proceeding smoothly. The worker should use the attached template to record the statutory visit.
- b. The child must be seen alone and their bedroom must be seen at least every 3 months. If their bedroom was not seen, record the reasons.
- c. Observation should be made of the standard of care and interactions within the home.
- d. The carer should be spoken to separately to gain their view.
- e. Joint visiting to be undertaken with the Fostering Social Worker at regular intervals.
- f. Information on health appointments, dental checks etc. needs to be gathered and then recorded on ICS under the health tab
- g. Information on educational attainments, exams etc. needs to be gathered and recorded on the ICS education tab
- h. Any changes to contact should be recorded on the relationship tab on ICS and in the care plan

5. GUIDANCE: COMPLETING THE TEMPLATE

Overview of the visit

This section can be free flowing but should contain details of the following areas:-

- Who was present at the visit and relationship to the child
- Observations of how the child/young person interacts with their care givers
- How the placement is progressing
- Views of the care giver
- Review of the actions from the care plan and progress made
- The views of the child which should be clearly recorded in bold and italic
- Significant events since the last visit
- Any direct work being undertaken and progress of the work, the case note must include an analysis of the work and the direct work must be uploaded to ICS in the document section

Analysis

- This should contain the three Signs of Safety analysis categories: what's working well, what are we worried about and what needs to change
- It should consider the child's education, health, emotional needs, identity, self-care skills and contact with family
- The record must not be brief bullet point lists of issues, but needs to contain a narrative and analysis of the issues discussed
- Include your danger/worry statement, safety/success goal and scaling
- Sibling groups in the same placement may have the same overview but need to have separate analysis specific to them

Recording visits

Statutory visits must be fully recorded on ICS within 48 hours and sent to the manager to authorise.

Statutory visit template

Ensure that the boxes are ticked as to whether the child has been seen, seen alone and whether the bedroom has been seen. Bedroom must be seen at least every 3 months. If the bedroom has not been seen the statutory visit must detail the reason for this

Overview – The following areas need to be included:

- Who was present at the visit and relationship to the child
- Observations of how the child/young person interacts with their care givers
- How the placement is progressing
- Views of the care giver
- Review of the actions from the care plan and progress made
- The views of the child which should be clearly recorded in bold and italic
- Significant events since the last visit

<ul style="list-style-type: none"> • Any direct work being undertaken and progress
Analysis
What's working well What are we worried about <ul style="list-style-type: none"> • Should consider the child's education, health, emotional needs, identity, self-care skills and contact with family • The record must not be brief bullet point lists of issues, but needs to contain a narrative and analysis of the issues discussed • Focus on the issues where there is a need
Danger/worry statement <ul style="list-style-type: none"> • Can include up to 3 danger/worry statements which remain in place and are reviewed to see if progress has been made. These will end when concern has been reduced which is measured through the scaling
Safety goal/success goal <ul style="list-style-type: none"> • For every danger/worry statement there should be a safety/success goal
Scaling <ul style="list-style-type: none"> • For every danger/worry statement and safety/success goal there should be a scaling question • Scaling should be undertaken at each visit but can be creative in how you do this – direct work, drawing, games etc.
What needs to happen <ul style="list-style-type: none"> • Should consider the child's education, health, emotional needs, identity, self-care skills and contact with family • The record must not be brief bullet point lists of issues, but needs to contain a narrative and analysis of the issues discussed • Focus on the issues where there is a need
Changes to care plan Note any changes to the care plan
Record date of next statutory visit