

PRACTICE STANDARDS

BEING BRILLIANT AT THE **BASICS**

PLANS

VISITS

MANAGEMENT
OVERSIGHT

ASSESSMENT

SUPERVISION

VOICE OF
THE CHILD



RIGHT HELP
RIGHT TIME
RIGHT PERSON

INTEGRITY • TRUST • INNOVATION • COLLABORATION





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INTRODUCTION

In Knowsley, it is our vision that children and families will benefit from purposeful relationships with practitioners that help create opportunities for change. This will support children and young people to make the most of their life chances whilst feeling safe and supported in their community.

Knowsley's Children and Young Peoples Services Practice Standards have been created to ensure that all children, their parents and carers receive consistent, high-quality support from staff; whatever team they are involved with.

Practice Standards do not stand alone and should be viewed as part of delivering on service strategies in line with national social work standards, legislation and Knowsley's own policies and procedures.

Practice standards are also a useful guide to practice that can help with planning for continuous professional development by enabling:

- Staff to measure their own work
- Managers to authorise work
- Quality Assurance
- The complaints process

Here in Knowsley, our Practice Standards are aligned to our commitment to "Putting Children First" and focus on six core pillars of practice:

1. Voice of the Child and understanding children's lived experiences
2. Assessments
3. Visits
4. Plans
5. Supervision
6. Management Oversight

Service areas will have additional practice standards reflecting the scope of their role. These are available for review at Knowsley Children's Social Care Operational Procedures Manual.



PRACTICE STANDARDS

The Practice Standards guide us in:

- Being explicit about the behaviours families can expect from staff in Knowsley who have direct contact with them.
- Measuring our progress and creating a culture of good practice.
- Being clear about the standard of service a family can expect from a worker employed by Children's Services.
- Demonstrating that we put children and families at the centre of our work.
- How we work in partnership with children and families.
- Being open, honest, and transparent even when delivering information that may be difficult to hear.
- Being accessible, by letting children and families know how to contact us, we do this by giving out our mobile phone numbers and sharing contact details for Team Managers.
- Recognising and understanding how our behaviours, what we say and how we say it may impact upon children and families, peers and partners.
- Making sure that we have the right training so that we can help children and their families/carers.
- Using a "Relationship-based" approach to practice, ensuring we involve children/ young people and their families/carers in decision making and planning.



STANDARD 1 - VOICE OF THE CHILD

“Take time to get to know me”.

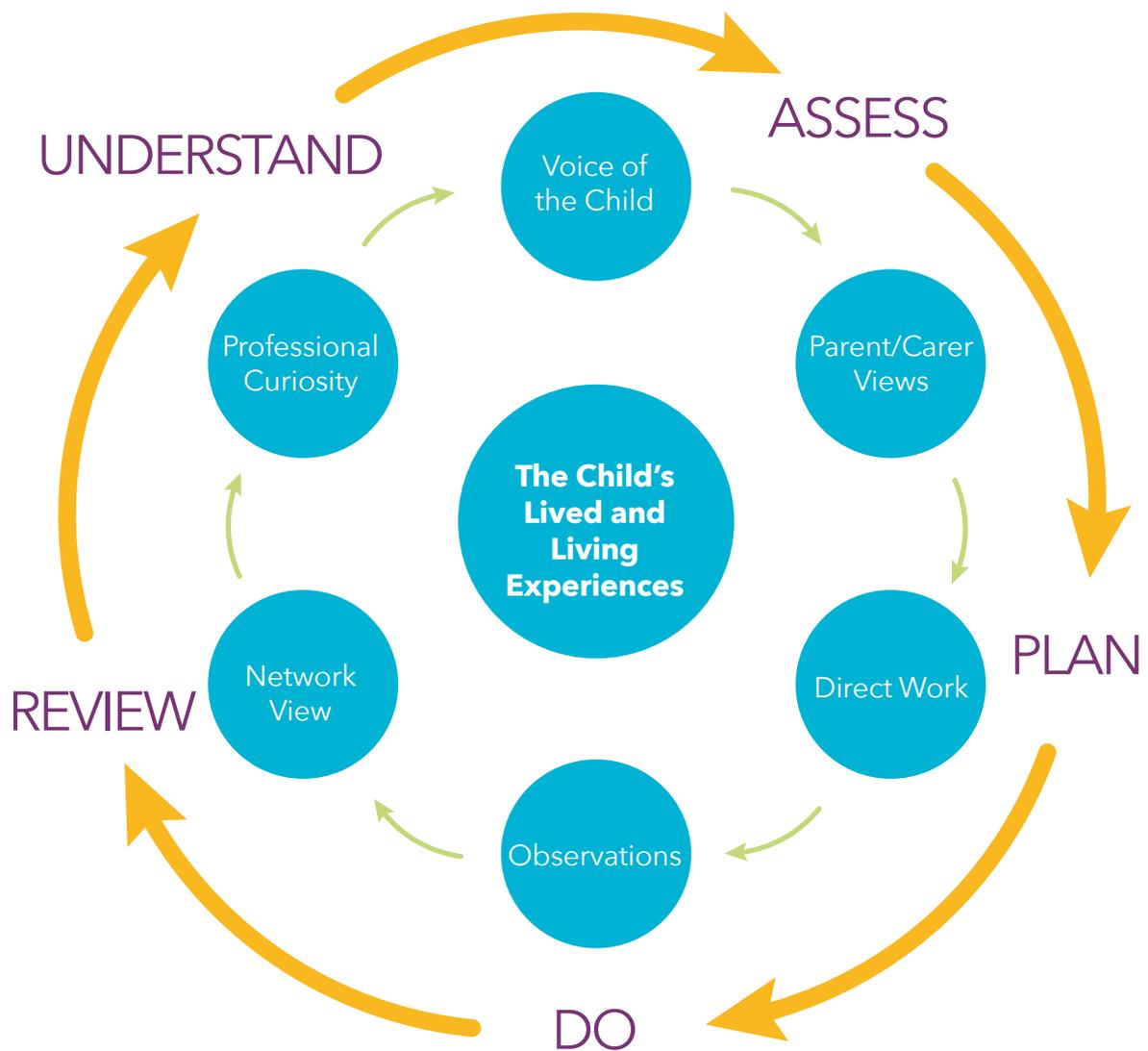
“Listen to me with your heart as well as your ears”.

We will seek and respond to children’s wishes and feelings.

- We must visit children/young people to make sure they are safe. Our visits must be purposeful, planned and linked to the assessment and plan for them.
- Practitioners will ensure that they undertake regular direct work with children and young people in a variety of settings.
- Where possible children should be spoken to on their own to ensure they can share their wishes and feelings in a safe environment.
- We will use direct work in lots of ways to understand each child’s lived experience in their own words.
- Our direct work will be creative and include both play materials/engagement tools and relationship building conversations, ensuring that direct work is adapted to reflect children’s age and communication style.
- If children have communication difficulties, we will take advice from their families, carers and professionals on their preferred method of communication and will draw on support from others where necessary to ensure we understand their views.
- Children must be listened to, seen, and – where age appropriate – spoken to alone, and actions taken, and decisions made about them should be explained to them.
- Children’s views, wishes and feelings will be reflected in their own words in their assessments and plans.
- We must accurately reflect the views, interactions and observations made during our visits. These will be used to inform the assessment, plan, meetings, and future visits.
- Where direct work tools are used/return interviews are undertaken with a child, what is written/said/observed must be analysed/interpreted by a worker to help understand the child(ren)’s lived experience and ultimately contribute to the assessment and planning for them. We will clearly evidence actions that are taken in response to children’s views.
- All direct work tools must be uploaded to the child’s electronic social care record and attached to the written case note.
- The messages from children, for example via direct work or return interviews should, where appropriate and safe to do so, be shared with the parents and carers to ensure that they have a full understanding of the child’s lived experience, wishes and feelings.
- We must seek children’s views about their plans and invite them to meetings, where appropriate, where they will be discussed.

How the Child's Lived and Living Experiences Informs Our Work

Listening to the child's voice, observations of the child, completing direct work with the child, hearing the views of parents/carers, and listening to the network with an embedded sense of professional curiosity are the different elements we consider when understanding the child's lived and living experiences. The comprehensive knowledge of the child's lived and living experiences underpins the cycle in which we understand, assess, plan, do and review to help us understand the impact of the plan for the child. This keeps the child at the centre of our work turning the child's voice into reality.



STANDARD 2 - ASSESSMENTS

“Understand what is important to me and why”.

“Help me be both happy and safe”.

Assessments will be holistic, timely, outline risk and consider cumulative harm.

- We will explain why we are completing the assessment and are involved in the child's and family's lives.
- Every child and family should be offered a Family Network Meeting or Family Group Conference.
- A child's network must always be supported to be involved in the assessment of a child's needs. The network includes all parents/carers, family members, friends, and professionals. This will ensure assessments are collaborative and actively include all relevant family members.
- The role of each network member is clear and the support they can offer will be detailed in an assessment. Where there is no network (this should be rare) this is clearly evidenced.
- The history must be considered against each aspect of the child's current needs and must be referenced in the analysis. This must include the impact this has had upon the child and the child's views, and any direct work undertaken.
- All parents/carers (this includes partners/adults living outside of the household who have access to the children) must be assessed.
- Assessments must focus on the child's views and their individual needs. They will also include the views of their family/carers.
- All factors impacting on parenting capacity must be fully assessed.
- The assessment must link to and inform a child's safety plan and any other plan.
- An assessment must be clear, easy to understand and jargon language and abbreviations avoided.
- Assessments must always be shared with parents and carers.
- Assessments must be strength based whilst outlining the concerns/risks to the child(ren).



STANDARD 3 – VISITS

“Be honest with me and help me understand my life story”.

“Communicate with me clearly and in a way I can understand what you are trying to say”.

Spending time with children is at the heart of relationship-based practice and our visits to children and families must be planned and purposeful.

We should know as much about the family before visiting them through reading the history and case chronology where possible. This can also keep you safe and aware of any potential risks. Families should not have to share their story time and time again.

Recording of visits support us to review and monitor our interventions with families – ensuring our practice is purposeful and having a positive impact on outcomes for children. If the intervention isn't promoting change then recording visits helps us to think about what we need to do differently in terms of the children's plan.

Frequency of visits as follows:

- CiN visits should be at least every 20 working days.
- Early Help visits should be a minimum of every month.
- Children with Disabilities to reflect CIN or CP visiting frequency. After 12 months, subject to C&F assessment and with Head of Service approval, visits can be every 12 weeks.
- CP visits should be at least every 10 working days.
- Cared for Children:
 - Following a child being placed, they will be visited every 5 working days up to the initial Cared for Children (CfC) review. Then at least every 6 weeks for the duration of their placement
 - Following long-term matching being approved by Independent Reviewing Officer (IRO) and panel visits can move to 12 weekly visits
 - Placement with parents visits will take place every 5 working days up until the first CfC review and then at least every 4 weeks
- **The frequency of these visits are set as a minimum. Visit frequency may increase in response to the child's wishes to see their social worker, or where emerging needs, risks, or concerns indicate that more frequent contact is necessary to ensure their safety and wellbeing.**
- Any variance of frequency should be captured on the child's file in Management Oversight, with a rationale and whether the IRO/CP chair agree.
- We will explain to families the purpose of our visits and confirm the dates/times for our future visits to ensure where possible they fit with their routine.
- At visits we must listen, observe, and use professional curiosity.
- At a visit we must review the child's plan by looking at what is working well and considering what needs to change.
- We will visit to assess if the child(ren) is/are safe. We will always consider the safety plan and whether this is working or needs to change.
- When visits to families are made, these are then clearly documented on the child(ren) case record.
- We must record visits on a visit template and complete all sections.
- We must record who was present and who was not at the visit, the length of time spent at the visit, and the time it took place.
- We must discuss the progress and impact of the plan with parents/carers, as well as consequences if the plan is not improving outcomes for the child(ren).
- If we are worried about a child(ren) at a visit, or any other significant issues arise, these will be discussed with a manager immediately or at the earliest opportunity.
- If there is a change in social worker a joint visit to the child(ren) and family must be completed by the previous and new worker.
- All social workers will have a pen picture which will be given to the child(ren) if they have to visit in the absence of the allocated worker so the child(ren) and parents/carers know who is going to be visiting them.

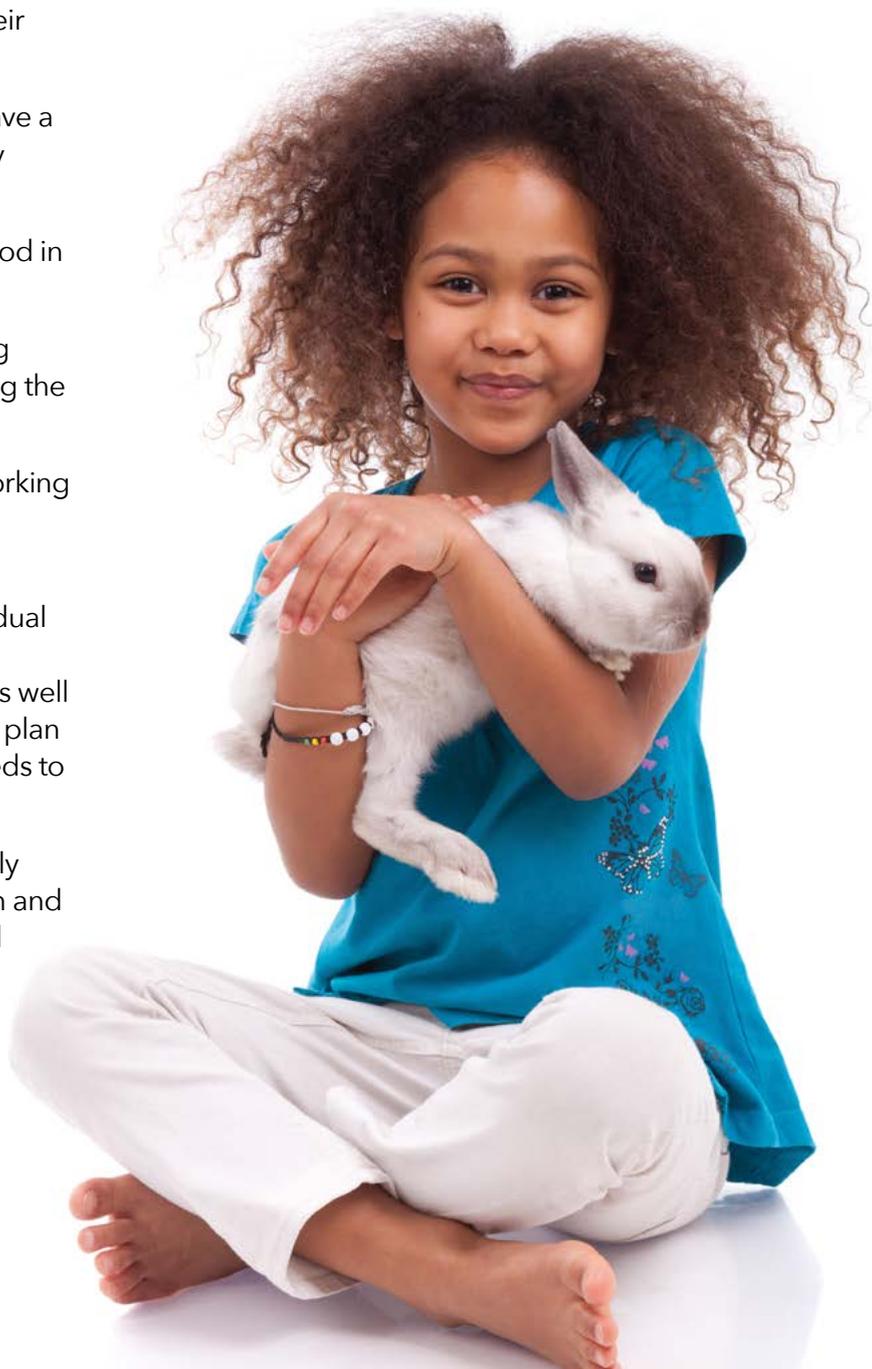
STANDARD 4 - PLANS

“Treat me as an individual, we are all different”.

“Help me reach my goals and believe in me”.

Plans will have impact and deliver outcomes for children and young people.

- Children’s plans will inform what support, services and interventions the child and their parents/carers need. The plan will reduce vulnerabilities and address risk.
- Children, their parents/carers and other important people in their lives will be involved in the development of the plan.
- We must ensure each child in a family has a plan, and that plan clearly outlines their contingency plan.
- All children where appropriate must have a safety plan that is regularly reviewed by their network.
- Plans must be SMART, clearly understood in plain non jargonistic language.
- We must review plans every 20 working days to check if it is working and making the expected progress.
- Early Help review plans every 20/30 working days, though this is determined by the children and family’s needs.
- The person(s) responsible for an individual action will be made clear in a plan. This includes a person in the network as well as professionals. We will make sure the plan shows what needs to happen, who needs to do it, and when they need to do it by.
- All professionals involved with the family attend all child in need/child protection and care planning meetings and must send updates or an agency representative when they send apologies to a meeting they cannot attend.
- Children (age appropriate), families and members of the child’s network must contribute to plans and be part of the meetings that review the plan.
- Parents/carers must always receive copies of each individual child’s plan in a format and language they understand.



STANDARD 5 – SUPERVISION

“Think about my life as a whole”.

“Understand what ‘family’ is for me and help me to keep in touch with the people who are important to me”.

Professional / personal supervision provides a safe space to think, reflect, learn, and develop.

- Supervision is prioritised and tailored to the needs of the individual, recognising that different people will need different support at different times and at different stages of their careers.
- Staff and managers must have protected time for supervision.
- Supervision must take place at agreed frequency and be planned, collaborative and prepared for.
- Supervision will be clearly recorded within agreed timescales.
- Supervision must be reflective, with learning, and encourages the worker and manager to explore the impact of the support / intervention in a child’s life, as well as what went well, what may need to change and what are the next steps.
- Critical reflection and challenge is encouraged and captured between the worker and manager when there are outstanding tasks.
- Supervision celebrates strengths and successes.
- Supervision consists of learning circles, reflective case discussions, observations, and group supervisions.
- The welfare of the worker is discussed and explored in a safe space.
- Tasks and actions must be agreed with time scales that clearly outline when they will be completed.
- Supervision will track the progress of children’s assessments and plans and the impact these are having for children and families.
- Actions from previous supervisions must always be reviewed.
- Supervision promotes professional development and embedding of the practice standards.
- If supervision is not taking place on a regular basis as per the supervision policy, staff have a responsibility to challenge and must escalate this matter further.

STANDARD 6 – MANAGEMENT OVERSIGHT

“Care for me the way all children should be cared for”.

“Work well with others from different services to improve the support and opportunities that are available to me”.

Children, young people and their families benefit from consistent practice and robust management and oversight of the support we give.

- Management oversight clearly records critical reflection, direction, and discussions around challenge between the worker and their manager.
- Managers will support staff in delivering good quality, evidence-based practice.
- Managers provide good lines of communication, ensuring that important service policy and procedures are shared, understood, and acted upon.
- It clearly records evidence of concerns or disputes with other professionals internal and external.
- Management oversight must evidence regular quality assurance activity including case audits and performance management.
- Managers will take action to support improving practice where necessary.
- Management oversight must acknowledge significant events and the action that needs to be taken.
- It evidences an awareness of the child’s experience reflecting on what is going well and what needs to change to improve life/ outcomes for the child(ren).
- It is clear about next steps, and this is reflected accurately on the child’s record being explicit about the rationale for the decision made and what we want to achieve.
- IRO/CP chair scrutiny will provide appropriate challenge where required to ensure that plans reflect the child’s current needs, drift and delay and risk.

FAMILY FIRST PRACTICE STANDARDS

How Children are Supported - Family First	Visits	Assessing Risk and Need	Planning and Reviews	Supervision & Management Oversight	Case Summary	Chronology
	<p>Parents/carers to be contacted within 5 working days of allocation</p> <p>Child/ren must be visited within 10 working days of being allocated to a Family First Case Manager</p> <p>Visits in the first 3 weeks must be weekly unless parents request this to be less frequent</p> <p>Visits should be monthly thereafter</p> <p>Case note guidance to be used when writing visits on EHM, and all visits will be written to the child</p> <p>'Have Your Say' leaflets to be provided to the family on the first visit</p> <p>Consent Forms and Privacy Notice to be shared, signed and uploaded to EHM following the first day</p>	<p>An Early Help Assessment (EHA) will be completed within 35- 45 working days of a referral to Family First being made. This will be by the parent's/ carer's agreement to engage</p> <p>It is imperative to include key agencies into the assessment stage, including GP surgeries</p> <p>Family Needs and Outcome Sheets to be completed as part of the assessment</p> <p>Direct work to be completed with all children. All tools used to be uploaded to EHM</p> <p>Use Engaging Families Toolkit and follow non-engagement policy, if family are not willing to engage</p>	<p>A Team Around the Family (TAF) meeting will be arranged within 15 days of the EHA</p> <p>Subsequent TAF meetings will take place at least once every 6 to 8 weeks until support is no longer needed</p> <p>Minutes/forms to be recorded on EHM within 5 working days of the TAF meeting</p> <p>If agencies cannot attend, they must provide a contribution in the form of a report prior to the meeting</p> <p>Direct work to be completed prior to the TAF, to gather the children's wishes and feelings regarding the impact of the plan and shared at the TAF</p> <p>Ensure that minutes and plan is shared with family and professionals within 5 working days of the TAF meeting</p>	<p>10-day supervision following the allocation</p> <p>Supervision with the allocated worker will take place at least every 8 weeks</p> <p>Case managers to complete and send EHM Supervision Forms 2 days prior to the Supervision</p> <p>The manager must record a decision about:</p> <ul style="list-style-type: none"> - Accepting the referral - Allocating or a change of worker - Allocating and finalising the EHA - Agreeing the TAF - Any significant events, including safeguarding concerns - Decision to step up and refer to social care - Any complaints and how they are addressed - Ending our involvement <p>Supervision discussions will include Systemic questions and professional curiosity</p> <p>Oversight from manager at the 6 month point to determine impact of the plan and whether this is the appropriate provision for the family, to prevent any drift or delay</p> <p>8-month Panel with the Service Manager to determine impact of the plan and whether this is the appropriate provision for the family, to prevent any drift or delay</p> <p>3 monthly collaborative audits by managers, and 3 monthly thematical audits lead by the service manager and managers</p> <p>Management oversight must be recorded at a minimum every 4 weeks to highlight ongoing oversight, reflection on case progression and any actions required</p>	<p>The first case summary will be completed, or updated on a new referral, within 10 working days of being allocated</p> <p>The case summary will be updated:</p> <ul style="list-style-type: none"> - Once the EHA has been completed - When there are significant events or changes - At least once every 6 months <p>Practice Guidance to be used when completing the case summary, and this will be written to the child</p>	<p>The first chronology will be completed, or updated on a new referral, within 5 working days of being allocated</p> <p>The chronology will include a brief summary of significant events in a child's life. This should be balanced between worries and strengths or successes</p> <p>The chronology will be updated within 5 working days of a significant event taking place</p> <p>The chronology must be updated as part of the closing process when ending our involvement</p> <p>Chronology to be referred to as part of the EHA and to include what themes and patterns have been identified for the child and family</p>

CHILDREN IN NEED PRACTICE STANDARDS

How Children are Supported - Children in Need	Visits	Assessing Risk and Need	Planning and Reviews	Supervision & Management Oversight	Case Summary	Chronology
	<p>Children supported through a child in need (CIN) plan will be visited by their social worker within 5 working days and then every 20 working days</p> <p>Visit frequency may increase in response to the child's wishes to see their social worker, or where emerging needs, risks, or concerns indicate that more frequent contact is necessary to ensure their safety and wellbeing</p> <p>Children should always be seen and spoken to alone, subject to their wishes, age, and understanding</p> <p>We should: observe the child's interaction with their parents, carers and siblings, where they live, their bedroom, and be creative in our interactions</p>	<p>The child and family assessment (C&F) must be completed as soon as possible, it should be reviewed by a manager at day 10, day 30 and completed within 45 working days</p> <p>The C&F will inform the CIN plan, which will be agreed with the child (subject to their wishes, age and understanding) and their parents and involve multi-agency professionals</p>	<p>The first CIN review meeting will take place with the parents, the child (subject to their wishes, age and understanding) and multi-agency professionals whilst the C&F assessment is underway</p> <p>During assessment period if the social worker is recommending a CIN plan, then an initial meeting to take place with parents, agencies (and child if appropriate) invited. This will help inform the assessment and agree actions for the plan which can be captured within the multi-agency C&F assessment</p> <p>Subsequent CIN review meetings will take place every 6 weeks (or more often, depending on the circumstances of the child); until a decision is made a child is no longer in need of social care support</p>	<p>Supervision with the allocated worker must take place at a minimum every 8 week, however managers will make case by case decisions to increase frequency if required and record rationale on ICS</p> <p>The manager must record a decision about:</p> <ul style="list-style-type: none"> - Accepting the referral - Allocating or a change of worker - Allocating and finalising the C&F and CIN plan - Any significant events, including safeguarding concerns - Decision to step up or step-down support - Any complaints and how they are addressed - Ending our involvement <p>Management oversight must be recorded at a minimum every 4 weeks to highlight ongoing oversight, reflection on case progression and any actions required</p>	<p>The first case summary will be completed, or updated on a new referral, within 5 working days of being allocated</p> <p>The case summary will be updated:</p> <ul style="list-style-type: none"> - Once the C&F has been completed - Following every CIN meeting - When there are significant events or changes - At least once every 3 months <p>The case summary must be updated as part of the closing process when ending our involvement</p>	<p>The first chronology will be completed, or updated on a new referral, within 5 working days of being allocated</p> <p>The chronology will include a brief summary of significant events in a child's life. This should be balanced between worries and strengths or successes</p> <p>The chronology will be updated within 5 working days of a significant event taking place</p> <p>The chronology must be updated as part the closing process when ending our involvement or stepping up or down support</p>

CHILD PROTECTION PRACTICE STANDARDS

How Children are Supported - Child Protection	Visits	Assessing Risk and Need	Planning and Reviews	Supervision & Management Oversight	Case Summary	Chronology
	<p>When working with children under Section 47 (S47), the first visit will be within 24 hours and then every 5 working days until S47 is closed or progressed. Children & young people who are homeless should be seen within 24 hours</p> <p>Children supported through a child protection (CP) plan will be visited by their social worker:</p> <ul style="list-style-type: none"> - Within 5 working days of the Initial Child Protection Conference (ICPC) - And then at least every 10 working days <p>Visit frequency may increase in response to the child's wishes to see their social worker, or where emerging needs, risks, or concerns indicate that more frequent contact is necessary to ensure their safety and wellbeing</p> <p>Children should always be seen and spoken to alone, subject to their age, understanding and wishes</p> <p>We should: observe the child's interaction with their parents, carers and siblings, where they live, their bedroom, and be creative in our interactions</p>	<p>A child protection enquiry (S47) will be completed within 5 working days of the strategy meeting. This will inform any initial assessments of risk and safety for a child at an initial child protection conference (ICPC), which, if required, will take place within 15 working days of the strategy meeting</p> <p>A safety plan is to be established during the section 47 process and prior to the ICPC</p> <p>The child and family assessment (C&F) must be completed as soon as possible reviewed by a manager at day 10, day 30 and completed within 45 working days</p>	<p>The first Core Group (CG) that will review the child's CP plan will take place with the parents, the child (subject to age and understanding) and multi-agency professionals within 10 working days of the initial child protection conference (ICPC)</p> <p>Subsequent CG meetings will take place regularly (minimum every 20 working days) until a decision is made at a CPC that a CP plan is no longer required</p> <p>In line with recording policy, all visits, meetings and plans should be recorded on ICS within 5 working days</p> <p>Should the CP plan end and the family consent, a period of CIN planning can take place, for approximately 3 months</p> <p>Should the family not consent to a period of CIN planning then agreement to close must have oversight of a service manager</p>	<p>Supervision with the allocated worker must take place within 2 weeks of ICPC and then at least every 4 weeks thereafter</p> <p>Supervision recordings must be added to the child's record every 4 weeks</p> <p>The manager must record a decision about:</p> <ul style="list-style-type: none"> - Accepting the referral - Allocating or a change of worker - Finalising the detailed CP plan - Any significant events, including safeguarding concerns - Decision to step up or step-down support, including starting Public Law Outline (PLO) and court proceedings - Any complaints and how they are addressed - Ending our involvement <p>Pre-Meeting Reports for review CPC will be authorised by Team Manager at least 3 days before conference and shared with families/carers</p> <p>Management oversight must be recorded at a minimum every 4 weeks to highlight ongoing oversight, reflection on case progression and any actions required</p>	<p>The first case summary will be completed, or updated on a new referral, within 5 working days of being allocated</p> <p>The case summary will be updated:</p> <ul style="list-style-type: none"> - Following every CPC - Following every CG meeting - When there are significant events or changes to a child's plan <p>The case summary must be updated as part of the closing process when ending our involvement to reflect what difference we made to the child and family's life</p>	<p>The chronology will be updated within 5 working days of being allocated</p> <p>The chronology will include a brief summary of significant events in a child's life. This should be balanced between worries and strengths or successes</p> <p>The chronology will be updated within 5 working days of a significant event taking place</p> <p>The chronology must be updated as part the closing process when ending our involvement or stepping up or down support</p>

CARED FOR CHILDREN (CFC) PRACTICE STANDARDS

How children are supported - Cared For Children	Visits	Assessing Risk and Need	Planning and Reviews	Supervision & Management Oversight	Case Summary	Chronology
	<p>Children will be visited on the day they are placed</p> <p>Children will be visited within 5 working days of being placed, a placement move or allocated to a new social worker</p> <p>Following a child being placed, they will be visited every 5 working days up to the initial Cared for Children (CfC) review</p> <p>Then at least every 6 weeks for the duration of the placement</p> <p>After one year of placement, if the child has been matched long term and agreed by service manager, visits may reduce to 12 weekly</p> <p>If the child is placed with parents, visits will be every 5 working days up until the first CfC review and then intervals of no more than 20 working days</p>	<p>As part of the cared for child review process, an updated Child and Family assessment (C&F) that informs the child's care plan will be completed at a minimum every 12 months or sooner if a significant change in circumstance occurs</p> <p>A C&F Assessment should be reviewed by a manager at day 20 and completed within 40 working days</p> <p>However, practitioners do not have to wait 45 working days to evidence the safety or risk of a child</p> <p>Therefore, it is expected that the practitioner and team manager will review the child and family assessment in 10 working days to discuss progress and provide oversight on additional areas for consideration</p>	<p>A child's transition between services, should be timely and offer the following:</p> <ul style="list-style-type: none"> - A case discussion between the current and new social worker - Current social worker ensures that the child's file is fully up-to-date - Introductions are completed with the child between the current and new social worker <p>Before the child is placed, or the same day if an urgent placement, the Placement Information Record (PIR) must be completed and shared with the child's carer</p> <p>When a child/ young person is placed in a new home, a Placement Planning meeting must take place, ideally prior to the new placement or within 5 working days</p> <p>The social worker will ensure that they are present when a child is placed in a new home</p>	<p>Case supervision will take place at the following frequency dependant on placement type however frequency can be increased if significant change in circumstance or plans for discharge of care orders</p> <p>Minimum supervision: every 4 weeks</p> <p>Children whose placements are stable and visiting frequency has been reduced to 12 weekly, supervision can take place every 12 weeks</p> <p>Case supervision must always reflect the progression of a child's plan and consider previous actions</p> <p>The manager must record management oversight about:</p> <ul style="list-style-type: none"> - Allocating or a change of worker - Signing off assessments and care plans - Any significant events, including safeguarding concerns - Decisions regarding court, proposed changes to a care plan, and placement moves 	<p>The case summary will be updated following; Every CfC review</p> <p>When there are significant events or changes, including placement moves</p> <p>At least once every 3 months</p> <p>The case summary will be updated as part of the closing process when ending our involvement</p>	<p>The chronology should offer a brief summary of significant events in a child's life. This should be balanced between worries and strengths or successes</p> <p>The chronology will be updated within 5 working days of a significant event taking place</p> <p>The chronology will be updated as part the closing process when ending our involvement or transferring between teams</p>

How children are supported - Cared For Children

Visits	Assessing Risk and Need	Planning and Reviews	Supervision & Management Oversight	Case Summary	Chronology
<p>If the child is temporarily placed with a connected person (ie: a relative), visits will be every 5 working days until the first CfC review after the child was placed, then every 4 weeks until the carer is approved or care proceedings are completed</p> <p>Visits should be more frequent if the child requests to see their social worker, a child's placement is at risk of disruption or there is a need to visit more frequently</p> <p>Children should always be seen and spoken to alone, subject to their wishes, age, and understanding</p> <p>Children should not always be seen in the home, but where appropriate (for example) in a school environment, park, activity based</p>	<p>A Pathway Plan should be triggered between the ages of 15 years and 9 months and 16 years and 3 months</p> <p>This timing ensures that the plan is in place in preparation towards independence</p>	<p>The parents will be asked to sign a health consent form and a health assessment booked as soon as possible</p> <p>A personal education plan (PEP) meeting must be set up within 10 working days and take place within 20 working days of being placed</p> <p>Further PEP reviews must take place each school term (3 times per year)</p> <p>Social work reports to inform a CfC review will be sent to the IRO at least 3 working days prior to the review</p> <p>There is the expectation that permanency arrangements will be discussed at the 2nd CfC review</p> <p>The child's care plan will be reviewed via Care Planning Meeting (CPM)</p> <p>CPM's should take place at least twice every 6 months, with one CPM taking place no later than 6 weeks prior to CfC review.</p> <p>For children placed with parents and court proceedings, CPM's will take place monthly</p>	<p>Any agency decision maker (ADM) decisions</p> <p>Management oversight must be recorded at a minimum every 4 weeks to highlight ongoing oversight, reflection on case progression and any actions required</p>		

CHILD WITH DISABILITIES (CWD) PRACTICE STANDARDS

How Children are Supported - Children with Disabilities	Visits	Assessing Risk and Need	Planning and Reviews	Supervision & Management Oversight	Case Summary	Chronology
	<p>Visit frequency may increase in response to the child's wishes to see their social worker, or where emerging needs, risks, or concerns indicate that more frequent contact is necessary to ensure their safety and wellbeing</p> <p>For children with disabilities who have a CP plan, they will be visited within 5 working days of the Initial Child Protection Conference (ICPC)</p> <p>- And then at least every 20 working days</p> <p>Children supported through a child in need (CIN) plan will be visited by their social worker within 5 working days and then every 20 working days</p> <p>After 12 months, subject to C&F assessment and with Head of Service approval, visits can be every 12 weeks children who are subject to short breaks will be visited every 6</p> <p>If the child receives short breaks only (under Section 17 of the Children Act 1989) and does not live</p>	<p>C&F Assessment will be completed to identify the complex needs of the child. This should be reviewed by a manager at day 10, day 30 and completed within 45 working days</p> <p>Further assessments may be required depending on the changing needs of the child and must be updated as a minimum once every 12 months</p> <p>Risk assessments are required for any special handling or care needs for a child with a disability. Input to be sought from required professionals e.g. OT/ Paediatrician where required</p>	<p>For children in need with complex disabilities who remain living at home and not provided with respite care, their CIN plan will be reviewed at least every 6 weeks</p> <p>For children who have a CP plan, the first Core Group (CG) that will review the child's CP plan will take place with the parents, the child (subject to age and understanding) and multi-agency professionals within 10 working days of the initial child protection conference (ICPC)</p> <p>Subsequent CG meetings will take place regularly (minimum every 20 working days) until a decision is made at a CPC that a CP plan is no longer required</p> <p>For children who are visited every 12 weeks, planning meetings will take place every 6 months</p>	<p>Supervision with the allocated worker will take place at a frequency that reflects the case status of the child for example CIN, CP, CFC</p> <p>For children who are visited every 12 weeks, supervision should take place at least every 12 weeks</p> <p>The manager must record a decision about:</p> <ul style="list-style-type: none"> - Accepting the referral - Allocating or a change of worker - Finalising the detailed CP plan - Any significant events, including safeguarding concerns - Decision to step up or step-down support, including starting PLO and court proceedings - Any complaints and how they are addressed - Ending our involvement <p>Management oversight must be recorded at a minimum every 4 weeks to highlight ongoing oversight, reflection on case progression and any actions required</p>	<p>The first case summary will be completed, or updated on a new referral, within 5 working days of being allocated</p> <p>The case summary will be updated:</p> <ul style="list-style-type: none"> - Following every review of the child's support plan - When there are significant events or changes - At least once every 3 months <p>The case summary must be updated as part of the closing or stepping up or down process</p>	<p>The chronology will be updated within 5 working days of being allocated</p> <p>The chronology will include a brief summary of significant events in a child's life. This should be balanced between worries and strengths or successes</p> <p>The chronology will be updated within 5 working days of a significant event taking place</p> <p>The chronology must be updated every 3 months and as part of the closing process when ending our involvement or stepping up or down support</p>

How Children are Supported - Children with Disabilities

Visits	Assessing Risk and Need	Planning and Reviews	Supervision & Management Oversight	Case Summary	Chronology
<p>away from home full-time, the child/ young person should be visited at a minimum of every 6 weeks (from the start of the plan), moving to at least every 3 months once the plan is well-established and the child is stable. In addition, the child should be visited at their short break home initially monthly and then every 6 months</p> <p>If a child receives direct payments and is supported through Targeted Early Help (Level 3), the frequency of visits will align with the Family First framework. Where a child is overseen under Tier 2, visits will take place annually, in line with the scheduled review of their support</p> <p>For children in need who have complex disabilities in line with Regulation 48 of the Care Planning regulations, they are considered to be looked after and will receive the same visits as the Cared for Children section</p>		<p>For children in need with complex disabilities who are considered looked after within the meaning of Regulation 48 of the Care Planning regulations (less than 17 days a month, 75 days total per year, and at the same provider) their care plan will be reviewed within 4 weeks of their first placement, 3 months following first review and at least once every 6 months thereafter</p> <p>If their placement exceeds this timeframe, regular care planning takes place as for any other child in care</p>			

CARE EXPERIENCED YOUNG PEOPLE (CEP) PRACTICE STANDARDS

Supporting Care Experienced Young People	Visits	Assessing Risk and Need	Planning and Reviews	Supervision & Management Oversight	Case Summary	Chronology
	<p>Care experienced young people (CEP) aged 18-21 will be visited in-person by their personal advisor (PA) at least every 8 weeks and this should be to the home of the CEP. If this has not been consistently possible then the reason for this shared with the TM</p> <p>Visits should be undertaken more frequently with timescales agreed through discussion between the CEP and their PA and where there is a need to ensure the welfare of the CEP</p> <p>This needs to be agreed and detailed explicitly in the Pathway Plan</p> <p>All CEP over the age of 21 will be actively supported until they are 25, unless they express that they only want to be supported by way of 'keeping in touch' arrangements</p>	<p>The Pathway plan will focus on assessing the needs of CEP to identify the support they require for transition to adulthood. This will include details about:</p> <p>Their current living arrangements, education, training, employment, health, and well-being</p> <p>The plan will also outline the CEP's aspirations, goals and plans for the future and covers what they want to achieve, who will help them, and the timeline for these actions</p> <p>For CEP aged 21+ a Needs Assessment will be completed on their request for support</p> <p>The Corporate Parent will be visible in both the needs assessment and the pathway plan up to the age of 25</p>	<p>Once a child in care has been in care for 13 weeks, they are eligible for support from a PA from the age of 16. The PA will work alongside their social worker who will maintain statutory responsibility until the CEP turns 18</p> <p>CEP's transition between services should be timely and there should be case discussions between allocated workers to ensure key information is shared and introductions to the CEP take place</p> <p>The PA should attend the last two Child in Care Review prior to the young person turning 18</p> <p>The pathway plan will focus on transitions from care into adulthood and independence</p> <p>All CEP will be advised of and have access to the Local Offer. This must embed into Pathway Planning</p>	<p>For young people aged 18-25, supervision will take place at least every 8 weeks</p> <p>For young people aged 21+ that we are 'staying in' touch with supervision will take place every 3 months</p> <p>For CEP aged 18-21, where we have not been in touch for 6 weeks this should be escalated to the TM or the SM</p> <p>For CEP aged 21+ who have requested a keeping in touch arrangement and who have not responded, this should be escalated to the TM or SM</p> <p>Regular Management Oversight should be recorded (in green),</p> <ul style="list-style-type: none"> - Allocating or a change of worker - Allocating and approving Pathway Plans - Any significant events, including adult safeguarding concerns - An analysis of KIT the arrangement 	<p>The case summary will be updated at least every 3 months, or when there are significant events or changes in the CEP's life</p>	<p>The chronology will be updated at the point of a CEP being 18 and thereafter updated every 3 months</p> <p>The chronology will include a summary of significant events in a CEP's life</p> <p>The chronology will be updated within 5 working days of a significant event taking place</p>

Supporting Care Experienced Young People

Visits	Assessing Risk and Need	Planning and Reviews	Supervision & Management Oversight	Case Summary	Chronology
<p>For all CEP, in between the in-person visits, there will be an agreed staying in touch arrangement, and this will be explicit in the Pathway plan</p>		<p>Pathway plans must be reviewed at least every 6 months, or sooner if requested by CEP or significant change in circumstances</p> <p>A copy of the pathway plan in a format agreed with the CEP must be forwarded by the PA to the CEP within 5 working days of it being reviewed and updated. A record of this must be made in ICS</p>	<p>On reaching 25 all CEP will be advised of the support and advice and guidance that will be offered</p>		

GLOSSARY OF TERMS

CIN	Child in Need
CP	Child Protection
C&F Assessment	Child and Family Assessment
CfC	Cared for Children
CEP	Care Experienced People
TAF	Team Around the Family
EHA	Early Help Assessment
EHM	Early Help Module (case management system)
ICPC	Initial Child Protection Conference
IRO	Independent Reviewing Officer
PLO	Public Law Outline
KIT	Keeping in Touch
PA	Personal Advisor
TM	Team Manager
SM	Service Manager
ADM	Agency Decision Maker
ICS	Integrated Children's System



