



‘Doing simple things well and building better outcomes’

Practice Standards for Children Social Workers and Team Managers

April 2023

About the Document	
Title	Doing simple things well and building better outcomes’ Practice Standards for Social Workers and Team Managers. April 2023
Purpose	The purpose of the Practice Standards is to outline how in which we undertake best practice to ensure that the people we work with receive consistent support and care
Replaces	Practice Standards Manual (2015)
Author & Role	Hannah Dumphy (Practice Improvement and Development Manager)
Owner & Role	Farrah Khan (Chief Officer)
Approved by	SLT
Date approved	25/04/23
Frequency of Review	Annual
Distribution	All Children and Families Workforce
Stored	Tri X



Contents

1. A Letter from the Principal Social Worker	1
2. Using this document	2
3. Leeds Practice Model.....	2
4. Assessment of Need	4
Assessment Timescales at a glance	5
5. Direct Work with Children & Visiting.....	6
Visiting Timescales at a Glance	7
6. Meetings & Planning.....	8
7. Management of Practice	10
8. Recording.....	10
9. Professional Culture.....	11

Children and Families Service

1. A Letter from the Principal Social Worker

April 2023

Dear Reader

Our Practice Standards are the method of how we outline and maintain the high-quality practice that we expect.

We recognise the vital importance of social work and the need to invest in all aspects of practice provision and development so that we can achieve our ambitions for the most vulnerable children in our city.

Our Practice Standards are part of a suite of practical tools to enable our staff to 'Do the simple things well' which are tied to our processes and guidance which are set by national and local policy.

Our standards have been developed by social work staff in Leeds and set out minimum standards that relate to best practice in social work. Adherence to these standards will play a vital role in achieving our ambitions to improve outcomes for those we work with.

At the heart of this document is our restorative philosophy that seeks to work with children, young people, and families, building on their strengths to better manage the risks and challenges they face. This philosophy underpins our robust Quality Assurance Framework which supports staff in learning and development of their practice with children and their families.

Social workers make a difference every day and need the optimum support and conditions to enable practice to flourish. We appreciate and value the continued commitment of our workforce and will continue to provide them with the practical tools, support, and development to remain outstanding.

Donna Williams

Principal Social Worker

2. Using this document

We have broken down the Practice Standards into key areas which include:

- Assessment of Need
- Direct Work with Children & Visiting
- Meetings & Plans
- Management of Practice
- Recording
- Professional Culture

Each practice standard embraces:

Practice Expectations: What this looks like in practice. The expectations are informed by statutory guidance; the social work professional capabilities framework; knowledge and skills statement; local agreements and evidence-based practice.

The Voice of the Child: Leeds has a bold ambition to be the best city for children and young people – a child friendly city. At the heart of making this a reality is a commitment to working restoratively with children and young people so that their voices are at the heart of decisions that affect them.

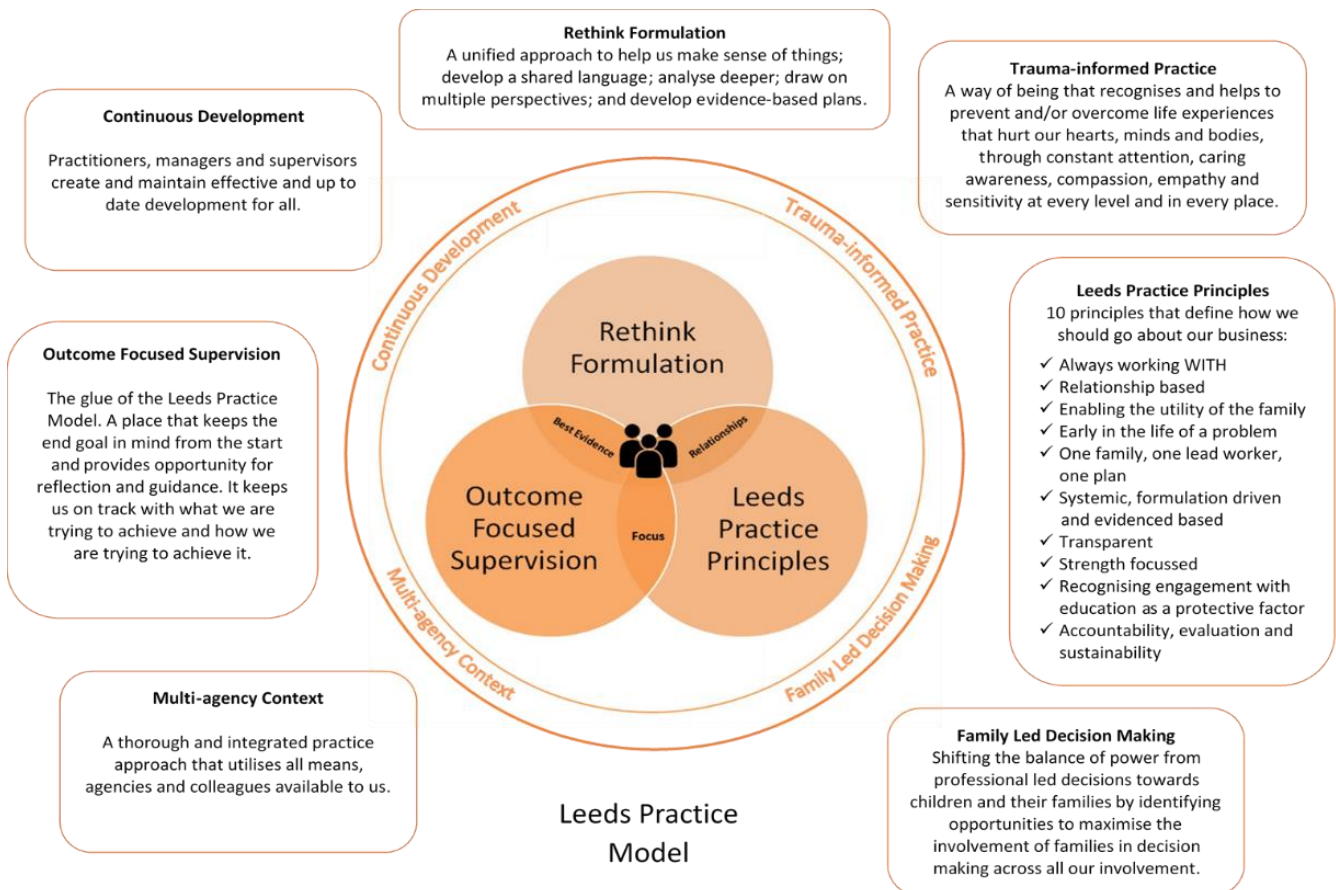
3. Leeds Practice Model

‘Wherever we work in Children and Families Service, we have a shared set of values and a model of practice’

Our Service supports relationship-based practice for all our workforce. This enables practice to be as good as it can possibly be. Each practitioner and manager need to feel that they can do the best possible work with support of their leadership team. This means that clear analysis is required to inform decisions. It needs to be distinct as to how conclusions have been reached, so that anyone can understand why at that time in a child’s life a certain decision was made.

Leeds Children and Families Service uses the Leeds Practice Model when working with children and families. The model has also been shared with partner agencies, and there is regular training on the model provided through the Leeds Safeguarding Children’s Partnership and the Rethink Team. Working in this way means that Services who work with children understand a common language and a consistent application of risk and safety. This helps practitioners and other professionals to have improved ways of working together, reflect, think, and talk about cases.

The help provided to families is respectful, purposeful, and based on strong professional judgements and decisions. The prominence is on having the right conversations at the right time rather than ‘intervening.’



The Leeds Practice Principles

1. **Always working WITH** – creating a context of high support and high challenge with children, young people, and families and each other;
2. **Relationship based** – assuming that engagement and best outcomes are achieved through trusting and respectful relationships with each other, taking responsibility for creating and maintaining effective relationships at all levels;
3. **Enabling the utility of the family** – putting the family at the heart of everything we do; recognising and enabling the networks and skills within the family; and wherever families determine the direction of care and intervention;
4. **Early in the life of a problem** – engaging families in appropriate and effective support immediately when an issue is identified and maintaining a persistent offer to engage in support;
5. **One family, one lead worker, one plan** – wherever possible working to reduce numbers of practitioners involved with a single family and identifying one lead practitioner to coordinate a single comprehensive family plan. Where agencies are also involved with the adults in the family, a Think Family, Work Family approach should be adopted;
6. **Systemic, formulation driven, and evidence based** – all plans consider the whole system around a family, information is effectively analysed, and plans are created using the best available evidence;

7. **Transparent** – children, young people and families are as fully informed as possible and are always involved in and understand decisions that concern themselves and their families;
8. **Strength focussed** – all interactions, interventions and plans are seeking, affirming, and utilising existing knowledge, skills, and abilities; and adopt an evidence-based approach to assessing needs and managing risk;
9. **Recognising that engagement with education is a protective factor** – seeking to maximise attendance, attainment, and achievement;
10. **Accountability, evaluation, and sustainability** – always working to continually understand a situation, improve plans, and find ways to enable independence and reduce reliability on services.

The Leeds Practice model provides a restorative practice framework, restorative practice tools and an overall checklist of evidence-informed restorative practice. This supports practitioners to meet professional standards and practice expectations.

4. Assessment of Need

All children have an assessment of their needs which reflects how their experiences, wishes, feelings and needs are known and understood.

All children have an assessment which reflects the wishes, feelings, needs and capacity of parents and carers; enabling them to fulfil their responsibilities.

Practice Expectations

The reason for the assessment is clear and child-centred and rooted in child development (i.e. not just a process) stating **why we are assessing the child's needs** relating back to the referral and what questions the assessment is seeking to answer. All information in the assessment is sourced clearly and accurately

Consent is sought to seek and share information, unless to do so could likely place the child at risk of harm

Every child open to a social worker has an up-to-date assessment to highlight it is a continuous process and not a single event. It is regularly reviewed and clearly linked to the plan that details actions to meet the changing needs of the child. It is evidence based and tools can be used such as Rethink Formulation to support to a clear analysis of the information available

There is multi-disciplinary input, which is trauma informed, and used to triangulate social work views and family views with evidence from professionals involved with the child and family. It is clear which agency provided which information

Each child's file has a **chronology** and **genogram** that has clearly been used to inform the assessment. The chronology is used as a tool to ensure the family history informs the analysis. However, the assessment does not contain the full chronology, but a summary of the significant events for the child

The assessment accurately conveys each child's **lived experience**, gathering and recording each individual child's **views and feelings**, seeing the child in a variety of settings including alone. There should also be **observations** of the child within their environment

The assessment will be **analytical** with clear recommendations. This means an accurate understanding of the child's development in context of their family's social history, past and current lived experience, and the impact this may have upon the child and upon parenting capacity

Restorative practice will enable us to focus upon building relationships that create and inspire positive change. Creating change sometimes requires challenge as well as support

Family Group Conference will enable decision making in which a child's wider family network come together to plan about the future arrangements for the child. The plan will ensure that they are safe, and their wellbeing is promoted

Diversity is clearly considered, with the assessment noting if any specific needs arise from the child or family's ethnicity, culture, heritage, age, disability, gender, faith, and/or sexuality

The assessment is clearly informed by assessment of risk, considering protective factors, static and dynamic risks. It evaluates each protective factor or risk in terms of the impact on the child, how significant the risk is or how it might promote resilience

The assessment makes use of **evidence-based assessment tools** and cites research where it is relevant, explaining how it is relevant for this child in this situation to inform the analysis

The assessment includes consideration of other children and family members within the close or wider family network, **including separated or absent parents** - including their parenting, contact with and impact on the child, gaining their views where appropriate and possible

The social worker is **professionally curious** and uses supervision for **critical reflection**

The analysis concisely sets out the practitioner's reflective record of how the information in the assessment impacts on the child's world, their development (including risk and protective factors) and what are the assessment **recommendations**

Social workers ensure intervention and the provision of services during the assessment period where needed to improve the child's situation

Assessments are written in **plain language**, with correct spelling, punctuation, and grammar, free from acronyms and jargon so they can be understood by the child, parent/carer. To ensure the child/family can understand and engage in the assessment, it is translated into their first language

Assessments are shared with parents, others with parental/carer responsibilities and the child, depending on their age/level of understanding. Their views are clearly recorded in the assessment before it is endorsed by the manager

All assessments are **scrutinised and endorsed** by a manager with the manager's view and rationale for this view clearly recorded

Assessment Timescales at a glance

Practice Expectations

The decision to undertake an assessment is subjective however case files must include a clear narrative that informs decision making when an assessment has not taken place which provides a rationale for scrutiny

The Manager will review the progress of the Child and Family Assessment at **10 working days** (concluding whether no further action is required, and the assessment can be closed, or whether further work is needed); again at **20 working days**; and signed off with appropriate management oversight as an assessment that meets good standards before or no later than **45 working days**

Child and Family Assessments are carried out within **10 working days** or a maximum of **45 working days**

Good Practice recommendations for The Child and Family Assessment to be updated:

- Prior to a child becoming looked after;
- When any significant change or incident in the child's life requires updated assessment and planning;
- Where there is a proposed significant change to the care plan;
- Where progress is not seen to be made;
- Where there is a permanent change of primary carer for the child
- When a manager considers it necessary

Children Looked After

The social work report for Children Looked After Reviews will be an updated assessment as the format follows the Child and Family Assessment. The report should include up to date information in relation to the child and provide clear analysis to inform planning

There are a range of other specialist assessments that can be completed. Supportive tools for these are contained in the Practitioner Resource Pack

5. Direct Work with Children & Visiting

As far as age and understanding allows, children are spoken to alone and supported by practitioners who have the tools to directly engage with them

In Leeds we aim to see direct work with all children aged 5 years old and above. This does not preclude completing direct work with younger children if this is deemed appropriate. This will be reviewed as part of supervision, and considering the child's learning and development

Practice Expectations

Children and young people are **seen alone in various settings**, their relationship and home settings are **observed**, and they are **communicated with** according to their age, understanding and developmental needs, as part of assessment or intervention

Every child knows **who** their social worker is, **why** they have a social worker, how to contact them, **how** often they will see them and **what** their plan is

Practitioners arrive on time and if they are going to be late, tell the child/family/carer as soon as possible to apologise

Practitioners are familiar with and **use direct work** approaches appropriate to the child's age, understanding and preferences; and understand that 'direct work' includes both play materials/ engagement tools and relationship building conversations

All children and young people will receive and have explained to them the procedure for making a complaint/representation and to access advocacy

Practitioners make appropriate arrangements for the use of translators, interpreters, and communication tools to meet any specific sensory or language needs including use of braille, sign language, hearing loops etc

Communication with children is recorded in a manner that reflects their views and is appropriate to be shared with them

All key assessment/planning documents reflect the views of the child or young person including where a child declines to share any information. The reason the sharing of information was declined is recorded

Family and carers will be notified both verbally and in writing and all of those involved including the child, family, carers, and other agencies will be informed of the new workers details and the date of the change in writing/email

When children express a desire not to see the social worker, the reason for this and consideration of how to overcome it is given careful consideration and unsuccessful attempts to see a child is recorded

Other than in an emergency (e.g., the worker is absent, or leaves work unexpectedly), all children will be notified of a change in worker, the reason for it and can be introduced to their new worker by their existing worker

Visiting Timescales at a Glance

<p>Practice Expectation</p> <p>Timescales for visiting children are driven by the child's plan, urgency of their situation or level of concern and their assessed needs. Decisions about when/how often practitioners visit are reviewed in supervision, and recorded on the electronic record</p>
<p>Child and Family Assessment:</p> <ul style="list-style-type: none"> • Within a maximum of 5 working days from the point of referral and decision to undertake an assessment • This visit will inform the 10-working day review
<p>Child in Need</p> <ul style="list-style-type: none"> • As set out in the CIN (Children in Need) plan agreed with the manager • At least every 20 working days
<p>Children subject to Section 47 Enquiries</p> <ul style="list-style-type: none"> • Within 24 hours • If this is not possible for example because of an agreed joint visit with the police, or child cannot be seen i.e. not at home/away, the reason for this is detailed by the Team Manager and the earliest date for visit to be undertaken recorded
<p>Children subject to a Child Protection Plan</p> <ul style="list-style-type: none"> • Within a maximum of 2 working days for the S47 enquiry • At least once every 15 working days or more frequently if indicated in the child protection plan
<p>Children looked after</p> <ul style="list-style-type: none"> • On the day, the child is placed, then within 1 week of the beginning of the placement • Intervals not more than 6 weeks during the first year of any placement • Every 6 weeks during subsequent years unless formally agreed as a permanent placement and once agreed at the Review, at intervals of not more than 3 months. As part of <i>Light Touch</i> arrangements, visiting frequency must be agreed at a Review and be clear in the child's plan • Whenever reasonably asked for by a child or carer, regardless of placement status • Where the child accesses 70+ hours of short breaks, they are seen at a minimum of twice per year in that setting (at least once unannounced)
<p>Children and young people who are placed in a series of short breaks (Short break care arrangements or short stays with relatives)</p> <ul style="list-style-type: none"> • Within 1 week of the beginning of the placement and then within 3 months (12 weekly) of the first placement day • Intervals of no more than 6 months after the first visit • Unannounced at least once per year if placement interval is more than 6 months • At least annually the child's sleeping arrangements will be seen
<p>Children placed in an adoptive placement:</p> <ul style="list-style-type: none"> • Within 1 week of the placement and weekly thereafter until the first review • Thereafter, the frequency of visits is determined at the child's adoption review, or if not specified, every 6 weeks for the first year and after this, 3 monthly • Additional visits are arranged where there are concerns or as and when needed • Link worker visits as per placement plan, until adoption order is made, or placement ended
<p>Privately Fostered Children:</p> <ul style="list-style-type: none"> • Within 7 working days from referral being received to Private Fostering Team • Intervals of not more than 6 weeks during the first year • Intervals of not more than 12 weeks in any 2nd or subsequent year • If a privately fostered child spends a period of more than 27 days away from the care of the private foster carer, then the private fostering arrangement will cease. Should the child return to live with the same carer or move to an alternative carer the statutory visiting frequency will revert to intervals of not more than 6 weeks

Practice Expectation
Children with temporarily approved foster carers (subject to KC24 regulations) or parents under Interim Care Order
<ul style="list-style-type: none"> • Within 1 week of placement, and every week until the first review • Every 20 working days thereafter until the carer is approved or final hearing completed
Children made subject to a care order and placed at home with parents
<ul style="list-style-type: none"> • Within 1 week of placement, and every week until the first review • Intervals of no more than 6 weeks there after
Children reported missing
<ul style="list-style-type: none"> • Children missing, including those missing from care, a visit will be made within 72 hours of them being missing and Missing Procedures should be followed
Children in more than one placement – residential school and foster care or residential home:
<ul style="list-style-type: none"> • Visited each living situation once every term
Young People aged 18-25 who have Care Leave entitlement
<ul style="list-style-type: none"> • At least every 8 weeks by their personal advisor • In addition, keeping in touch by phone, text, or email dependent on the young person’s preference • Frequency and type of contact agreed with the young person is set out in their pathway plan
Children Placed in a Young Offender’s Institution
<ul style="list-style-type: none"> • Within 1 week of the start/change of living arrangements • Intervals of not more than 6 weeks for the first year • Intervals of not more than 3 months in any subsequent year
Children Placed in a Health Care Setting (including Mental Health Care Setting)
In these instances, there will be flexibility on a case-by-case basis to ensure that visiting is proportionate and in the best interests of the child
<ul style="list-style-type: none"> • Within 1 week of the start/change of living arrangements • Intervals of not more than 6 weeks for the first year • Intervals of not more than 3 months in any subsequent year

6. Meetings & Planning

All children have a plan which is informed by a multi-agency meeting

The plan explains what needs to happen; by when; by whom; what outcomes we are seeking together; how risk is managed and what the contingency plan would be in relation to an emergency as well as if the plan is not working

Practice Expectations
Significant Harm
Where information gathered during a Referral or an Assessment (which may be very brief) results in the social worker suspecting that the child is suffering or likely to suffer Significant Harm, a Strategy Discussion should be held to decide whether to initiate enquiries under Section 47 of the Children Act 1989. Strategy Discussions/Meetings should be held as soon as possible, bearing in mind the needs of the child
The reason for and the purpose of the plan are clearly set out
Where parents are separated, and there is shared care or regular contact with a separated parent , case discussions and decisions about safety planning/risk reduction should explicitly include both parents, unless to do so would increase risk . Where both parents have parental responsibility (PR) there is a presumption that the social worker provides each parent with the information they need to exercise their PR and, if necessary, to make arrangements to safeguard their own child(ren)
If a child is subject to a safety plan, Child Protection or Vulnerability Risk Management plan, to address and reduce risks to a child, the separated parent should be informed and engaged in that plan if they have PR /

shared care / regular contact with their child. The only exception to this is where available information indicates that the separated parent themselves may present a risk to the child or to the other parent
Multi-agency professionals are invited to meetings, for example, if the police protection unit are involved with a case, they will be invited to the meeting
The plan flows from the analysis made within the assessment, or earlier plan. It addresses needs and risks as well as building upon strengths . The plan also includes the views, wishes and desired outcomes of the child, family, and relevant professionals
The plan enables the family and promotes family led decision making . This supports to plan restoratively and sustainably
Plans result in action. Actions are agreed by all parties and each person is clear about the part of the plan they are responsible for
The plan is SMART (specific, measurable, achievable, realistic, and timely), clear what needs to change and includes clear timescales that meet the changing needs of the child
The plan has clearly identified intermediate outcomes that can be used to evidence progress and minimise drift. It includes a contingency plan should it fail to achieve the intended outcomes, as well as a crisis contingency in the event of an emergency or where a carer places the child at risk
The plan contains clear arrangements and timescales for review . Actions are reviewed for progress in meeting outcomes, and these are clear and evidenced. There is evidence of management oversight of the plan to ensure the practice expectations are met
<p>Children subject to Child in Need Plans and Reviews:</p> <ul style="list-style-type: none"> • Reviewed at intervals clearly agreed with the Social Worker's line manager, and at least 6 weekly • However, the multiagency group may decide that less frequent reviews at up to 3 monthly intervals are required. If there are significant changes in the family circumstances, there is clear consideration of whether an early review should take place • Children who have been subject to a Child in Need plan for more than 9 months will be reviewed by the Service Delivery Manager with responsibility for the team. Management oversight will be recorded with regards to whether the plan remains appropriate to meet the child's needs and any remedial actions required on the case
<p>Children subject of Child Protection Plans and Reviews:</p> <ul style="list-style-type: none"> • The outline plan is established at the Initial Child Protection Conference (within 15 working days of the strategy meeting) • The plan is then developed by the Core Group at their initial meeting after the Conference (within 10 working days after the Conference), and reviewed and updated at every Core Group meeting at least 6 weekly intervals • Reports for Child Protection Conferences should be shared with the parents/carers and Child Protection Conference chair within 3 working days of the Child Protection Conference
<p>Children Looked After:</p> <ul style="list-style-type: none"> • A Care Plan should be clear within 10 working days of the start of the first placement • Children will have a Permanence Plan ready for consideration at the second Review (incorporated into the Care Plan). Any reduction in established frequency of review meetings is discussed by the social worker, Team Manager, and IRO (Independent Reviewing Officer)
<p>Care Leaver:</p> <ul style="list-style-type: none"> • A Pathway Plan to be reviewed within 3 months of their 16th birthday and thereafter within a maximum of 6 months
<p>Children receiving Short Breaks:</p> <ul style="list-style-type: none"> • Plans should be reviewed within 3 months and thereafter within a maximum of once every 6 months. Any reduction in frequency is discussed by the social worker, line manager and IRO (Independent Reviewing Officer)

7. Management of Practice

Every child is supported by timely management oversight of the professionals' working with them. This can include endorsement of assessments, meetings, and plans, as well as supervision

Supervision includes a reflective space; checking that work has been done to agreed standards; seeing what difference it is making; and what needs to happen next

Practice Expectation

Work is allocated to suitably trained and qualified staff, with the necessary skills and capacity to undertake the task

Personal supervision is held regularly.

- Newly qualified social workers weekly for the first 6 weeks and at least monthly thereafter
- For Social Workers returning to work or who have had a major change of role every two weeks for an agreed period, then monthly by Team Manager
- For other social workers supervision will be **monthly** by the Team Manager
- There is a signed supervision agreement in place, reviewed annually

Supervision encompasses wellbeing, health & safety, professional development and standards, and casework supervision. In personal supervision notes a case load discussion should be undertaken to ensure it is manageable and staff support is in place

Supervision will be '**outcome focused**' within its approach and utilising Rethink Formulation as a tool to explore and move cases forward where progress is limited

A record of supervision is available to both parties in respect of personal supervision, relevant sections of which are recorded on the child's file within **1 week** of casework supervision

Case Supervision is held regularly, a **minimum of every 3 months**

- Will include case reflection about planning work, decision making and management oversight
- This will only be recorded on a child's individual record. *Children's information should not be included in records of personal supervision*

Casework shows evidence of reflection, impact of intervention and management oversight. It includes clear case direction from the point of allocation, through to any transfers or closure

Management oversight is recorded at all stages of work with a child and there is a clear audit trail of decision making

Management oversight ensures timescales are understood and driven by the child's situation and plan

Team managers, when endorsing assessments and plans, should ensure that the social worker has involved both parents in the plan. Where this has not been possible, the reasons for not involving a separated parent should be recorded

Managers check performance data and audit children's records on a regular basis to ensure that identified action is taken to improve practice and learning

Managers maximise opportunities for training and development, overseeing that staff attend training, and participate in other agreed professional development as identified in supervision and appraisal

Formal observation of practice by the manager will be recorded in supervision **at least once a year**. This will inform the appraisal process

All staff have **annual appraisals** and agreed targets are reviewed through the year. Appraisal formally notes achievements in the past 12 months and records any actions needed to address development needs identified during ongoing supervision and case discussions. The appraisal sets goals for the coming year

8. Recording

All children's case records are analytical and well written. They are added to case files timely, so that everyone can understand significant events that have happened; what the plan is; the purpose of actions and contacts; and what difference has been made so far for the child

Practice Expectation

Information is written and stored in line with information sharing protocols and legal principles: fairly and lawfully processed; for a clearly defined, legitimate and limited purpose; adequate, relevant, and not excessive; accurate and where necessary kept up to date; processed in accordance with the data subject's rights; stored with appropriate technical and organisational security

Social workers ask adults and young people for **written consent** (using the standard consent form approved by Leeds City Council) in respect of information sharing and ensure the consent is placed on the child's file

Children's records are kept up to date, with significant events recorded within **2 working days** of the event occurring. In emergency and significant risk situations, recording is completed **on the same day** as the event

A chronology is started for every child subject to an assessment. The chronology is used as an analytical tool to help understand the impact, both immediate and cumulative, of key events and changes in a child or young person's developmental progress

Reports and children's records are written in plain language, free from acronyms and jargon, so they can be understood by the child and parent/carer. Consideration should be clearly given to translating documents into the families first language to ensure that they have full understanding of the information recorded about them, and concerns and next steps

Assessments, plans, records of visits and of direct work with the child include the child's voice. The way the child's voice has been gained is clearly included

9. Professional Culture

Staff demonstrate restorative approaches to resolving issues and improving children's lives

We will work with children and families as opposed to doing things 'for' or 'to' them; and provide colleagues with clear expectations, high support, and high challenge in equal measure

Practice Expectation

Managers ensure staff work in a professional environment conducive to good professional practice. This includes support, challenge and bringing professional rigour to daily practice

Anti-Opressive Practice

All staff are responsible for ensuring that they practice anti oppressively. This means to recognise the oppression that exists in society and aim to mitigate the effects of oppression and address any power imbalances. We will include these practice principles;

- Reflection in self practice
- Understanding of individuals experiences of oppression
- Empowerment
- Working in partnership
- Minimal intervention

Professional Rigour

- All staff keep up to date on research findings in practice and policy documents relevant to their area of work
- They will routinely access Research in Practice and other materials provided through practice development websites and publications
- Staff will develop their professional skills and expertise by keeping up to date with applied research

Quality Assurance is everyone's business

All staff are responsible for monitoring the quality of the service we deliver through regularly scrutinising practice and auditing children's recording

- Learning from quality assurance is used to develop and embed best practice

All staff will look for opportunities to bring about improvements in practice, and support methods of delivering those improvements

All staff uphold their professional responsibility to be accountable for their own conduct, development, and delivery of a high-quality service. This includes being accountable within their own roles and responsibilities, supporting and holding others to account, and seeking appropriate assistance when needed.

All social work staff will ensure that they maintain their Social Work England registration as required which includes completing the continuous professional development recording and application to re-register when required