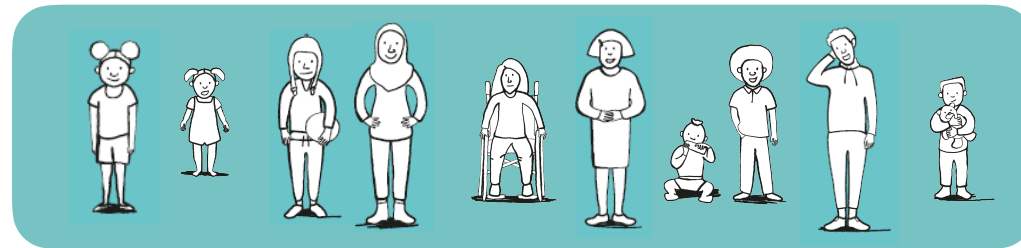


Manchester City Council Children's Services Practice Standards



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Introduction

Manchester has produced a set of standards that cover the core social work activities and clearly sets out what is required and routinely practiced by our practitioners. These standards are based on the notion that our staff;

- Care about what they do and are passionate about achieving the best for our children and families;
- Employ professional judgment and expertise;
- Have a strong value base displaying care, compassion, and respect;
- Are confident, creative and disciplined;
- Develop themselves, learn from others, and effectively use their knowledge;
- Are natural advocates who think, act, and empower; reflect, adapt, and change, and; strive to be the best and bring the best out in others.

What are Practice Standards?

Practice Standards are an agreed set of expectations that describe the service provided and practice that should be carried out by all social workers in the service. Many of the standards are legally set through government guidance and legislation, or are based on valid and reliable research. They are the framework for supporting good practice.

Practice standards are also a useful guide to practice that can help support planning for continuous professional development. By applying practice standards, practitioners in Manchester will be able to deliver a consistent and quality service that leads to better outcomes for children and families in our city.

These standards do not stand alone and should be viewed as part of delivering on service strategies inline with national standards, legislation and Manchester's own policies and meeting procedural and operational requirements.

Links to:

HCPC Standards for Social Work	Knowledge & Skills Statements Practitioners	Knowledge & Skills Statements Practice Supervisors
MCS Policies and Procedures on Tri.x	Greater Manchester CS Procedures	Working Together 2018
Children Act 1989	Care Standards Act 2000	Children (Leaving Care) Act 2000
Adoption and Children Act 2002	Children Act 2004	Children and Families Act 2014
Child and Social work Act 2017	Human Rights Act 1998	UN Convention on the Rights of The Child

Our Children, Our Manchester

In Manchester we have a clear vision for Children's Services. Our Children, Our Manchester is a plan for all children and young people. While some people may require more support than others, fundamentally the same aspirations apply to all.

It is also a partnership plan, jointly held by all the city's agencies and organisations that work with children and young people.

In terms of structure, the plan sets the direction for how we as a city and the partnership will deliver on this vision, focused on four overall outcome priorities, four things we are passionate about, four principles, and five behaviours for how we work.

To support this vision becoming reality there needs to be a healthy, professional culture fostered by skilful, responsive, relationship focused and strengths based practice. Where we work together and trust each other, take time to listen, own what we do and aren't afraid to try new things, and, are who pride and passion in our work and Manchester.

Our Manchester, Our Children

Building a safe, happy, healthy and successful future for children and young people.

Children matter in Manchester. The strategy for the city puts children and young people at the heart of its vision for the future. That means making commitments to open up new opportunities for education, work, leisure and family life that will benefit every child in the city.

To do this we need to work together – with children, residents and local services, and across public services like the Council, health services, housing and the police, to do everything we can to build a safe, happy, healthy and successful future for Manchester's children and young people.

This plan outlines how we are going to do that – the things we'll all focus on and the ways we will all work.

For more information visit manchesteryouthcouncil.co.uk or email youthengagement@manchester.gov.uk

Our priorities
We want children and young people to be:

- Safe
- Happy
- Healthy
- Successful.

Our passions
The things we need to focus on to deliver this plan are:

- Children and young people living in stable, safe and loving homes
- Safely reducing the number of children and young people who are in care
- Children and young people having the best start in the first years of life
- Children and young people fulfilling their potential.

Our behaviours
In everything we do we'll make sure that:

- We work together and trust each other
- We're proud and passionate about Manchester
- We take time to listen and understand
- We 'own it' and aren't afraid to try new things.

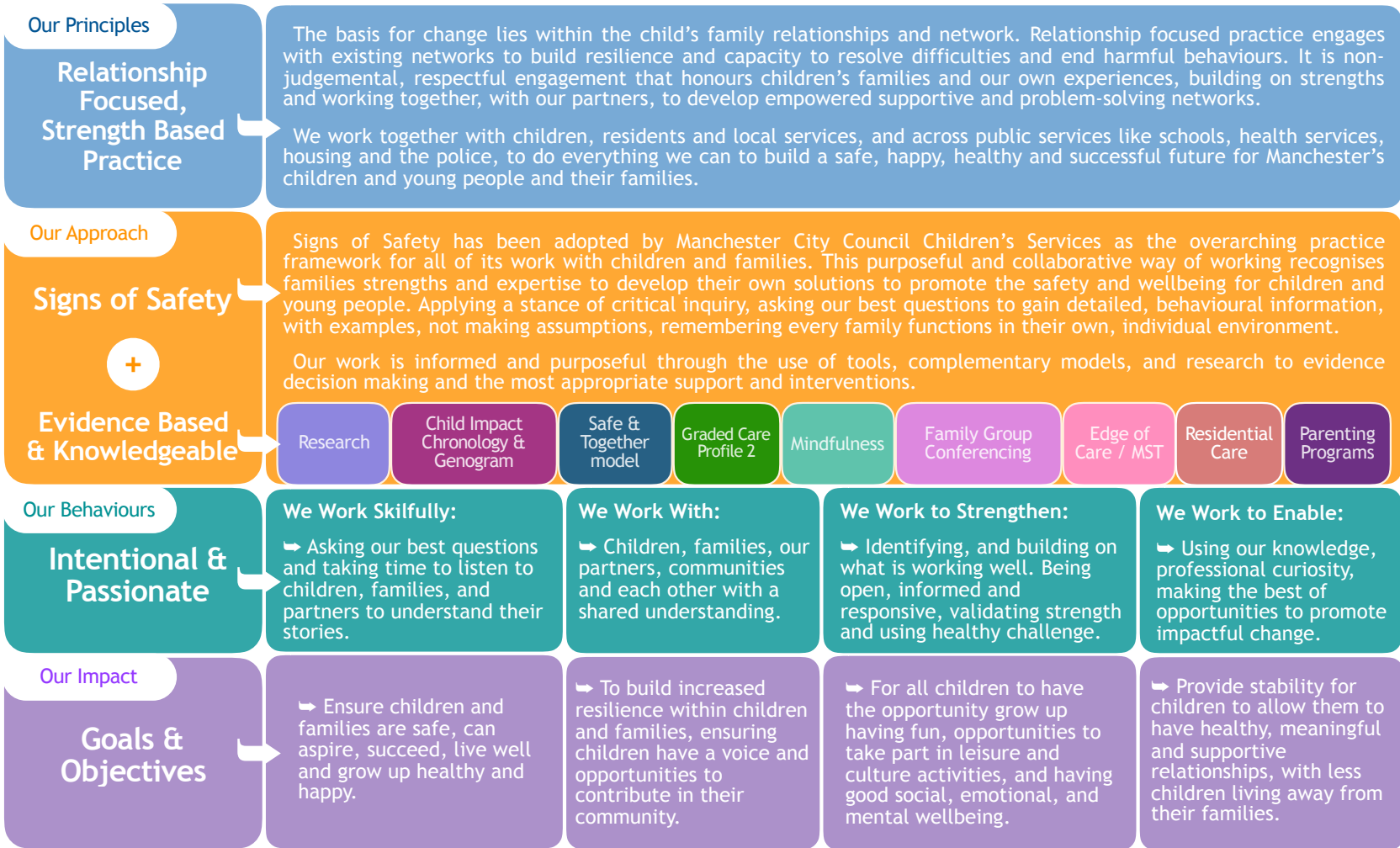
Our principles
To achieve that we will:

- Be child-centred
- Listen to and respond to children and young people
- Focus on strengths and resilience
- Early action.

Manchester Children and Young People's Board logo (Safe, Happy, Healthy, Successful) is present in the top corners of the infographic.

Our Practice in Manchester

Manchester Children's & Education Services



Working With, Not Doing To

Our aim is to work with families, not 'do to' families. We are more likely to achieve ongoing change if we work with families using basic language, empathy, detailed, and specific examples of behaviours. Using their own networks and resources to get to a clear, shared, safety goal of what we expect to see, and how we will know when this has been achieved.

In Manchester all social workers are expected to practice using the Signs of Safety framework. This is a strengths-based, safety-organised approach focusing on working in partnership and holds families and organisations accountable for their actions, building on their strengths to create safety for children and young people with a view for them to remain in the family network wherever it is possible to do so, considering permanence from the outset.

Signs of Safety is more than writing assessments in a particular way. It has an underlying philosophy and principles which workers are expected to demonstrate in all aspects and interactions of their work and has been adapted to be used within all areas of service.

The Underlying Philosophy of Signs of Safety

Working relationships are fundamental, with families and other professionals - Relationships must be forged skilfully to allow healthy challenge, accountability and recognition of positive work.

We are not the expert of families experiences, using humility in practice - Families know more about their own lives than we do. They know what works well and who is helpful. We draw on their expertise allowing a partnership to form.

Stance of critical inquiry, always being prepared to admit you may have it wrong - As Eileen Munro observes, "the major source of error in child protection is not being prepared to admit you may have it wrong". Asking detailed, behavioural questions, with examples stops us from making assumptions and challenges our own views as professionals, remembering every family functions in their own, individual environment.

Landing grand aspirations in everyday practice - Good pieces of practice should be recognised, celebrated and shared with colleagues so that continuous learning can take place.

The Key Principles of the Safe & Together Model

Our practice model for assessing and intervening where domestic abuse, controlling and coercive behaviours are featuring, which is aligned and compliments Signs of Safety, is the Safe & Together model. This model has three key principles:

Keeping the child safe and Together with the non-offending parent. To provide the child with safety, promote healing from trauma, stability and nurturance.

Partnering with the non-offending parent as our default position. So our intervention is efficient, effective and child centred.

Intervening with the perpetrator to reduce risk and harm to the child. So our intervention promotes accountability.

[Signs of Safety Briefing Paper](#)

[Signs of Safety Workbook](#)

[Signs of Safety Workbook Volume 2](#)

[Safe & Together Model for Domestic Abuse](#)

Engaging Children, Parents & Carers

The basis for change lies within the child's family relationships and network. Relationship focused practice engages with existing networks to build resilience and capacity to resolve difficulties and end harmful behaviours. It is non-judgemental, respectful engagement that honours children's families and our own experiences, building on strengths and working together, with our partners, to develop empowered supportive and problem-solving networks.

- It is understood that our involvement with a child/family may be a source of stress, therefore, our presentation is respectful, professional and confident. Being mindful of how our interactions may impact future work with our service and other professionals.
- We exercise professional skilful use of authority, using the statutory authority of intervention when necessary to give families choices about how to work with authorities and finding ways that work for them. Ensuring the use of professional curiosity, taking a questioning approach to elicit behavioural examples and ensure information is confirmed with families.

- We ensure to promote collaborative working relationships with all children, young people, parents/carers and their family and professional networks through the use of the Signs of Safety framework. Along with the right model or tools to promote partnering and engagement.
- Respect parents/carers as experts in their own lives and encourage partnership by being professionally curious through the use appreciative enquiry ('EARS' - Elicit, Amplify, Reflect, Start over) to gain the most relevant information from family to gain understanding and promote meaningful discussions.
- Ensure we get behavioural detail and examples so our assessments and interventions are evidence based, specific with tangible outcomes.
- Ensure visits are pre-planned, purposeful and beneficial to the child's well being to inform an ongoing assessment in relation to the referral or child's plan. Ensuring to carry out direct work appropriate to the purpose of the visit and the ages of the child or young person and ability of family members.
- Ensure to review the worries/plan with the parents/carers, ensuring they understand what changes they need to make and ensure appropriate support, as required, is in place to do so.

- Understand this is part of the continuous assessment process of the needs of the child and any changes, positive or negative, or lack of change, impacting on their safety and wellbeing are attributed to the right people, celebrated or challenged appropriately.
- Ensure to understand the role of all family members, especially fathers and male partners, in the household and ensure that new partners are properly engaged and assessed.
- From the outset we ensure to promote autonomy and develop resilience with families.
- We ensure all needs arising from race, ethnicity, religion, language, gender, disability and any specific cultural issues are considered within our work and these are reflected in our assessments and plans.

EARS Guide

MSCB Difficult Conversations with Parents Guidance

Engaging Resistant, Challenging and Complex Families

Advice, Support & Consultation

In Manchester community partners and families concerned about the safety and wellbeing of a child or young person will be able to access advice, support or guidance and discuss their worries with a qualified social worker in a timely manner and receive an appropriate response. In turn strengthening our partner relationships.

Using sound professional judgement we ensure that children and their families receive the right level of support and appropriate interventions at the right time, and our community partners are provided with quality advice, support and consultation at the first point of contact. To ensure children and families are supported to build their resilience in the most least intrusive manner possible at the earliest opportunity.

When receiving a contact that a child may require our services and support we engage the person reporting using our best questions to gather the best information from the caller to understand their worries, what may be working well and the appropriate next steps.

During discussions with our partners we ensure to:

- Obtain a full and detailed report of the incident or condition that causes the person reporting to be concerned about the child or young person;
- Obtain information about the identities of all adults living in the home who may have access to or care of the child, all children believed to be in need of protection, and the person alleged to have caused the need for protection;
- Obtain information about the functioning of the family and its individual members, particularly the child who is the subject of the concern;
- Obtain information about the child and family's support network including relatives, extended family, or community members who may be potential supports for the child and the family;
- Inquire about the family's ethnic origin, first language, religion;
- Inquire about the current location of the child and the parent/caregiver and the accessibility of the alleged perpetrator to the alleged victim.
- Information is also gathered from all sources of information that are immediately available, including information held within our records.
- When there is an open child protection case and a new referral is received, the information is provided to the responsible worker on the same working day (or next working day by an after-hours worker).
- We ensure all contacts are screened for the presence of domestic violence through discussion with the referrer whether other risk factors may be present such as:
 - History of domestic violence
 - Offender history of violence
 - Actual or pending separation
 - Threatening (including prior threats to kill victim)
 - Obsessive or isolating behaviour displayed by perpetrator
 - Perpetrator depressed
 - Escalation of violence
 - Victim having intuitive sense of fear
 - Threats or attempts at suicide by the perpetrator
 - Mental health (victim or perpetrator)
 - Pregnancy

It is best practice to allow survivors or non-offending parents to identify any current safety planning that they are actively undertaking and partner with them to what safety measures they can implement to support them. Where appropriate we should agree outcomes that the survivors or non-offending parents want to aim for and start the plan with them of how to get there.

- In cases of domestic violence we ensure the survivor's safety plan is recorded on their own file.
- We ensure to provide information about how we may respond.

Assessment Visits The First Visit

Children and families will have a timely response with a first home visits focused on developing effective working relationships with children and families. The first visits are our opportunity to promote effective partnerships with families. Employing empathic listening, respectful communication, open questioning, and reflection are all crucial in presenting as open, honest, fair and understanding. This is balanced with an 'eyes wide open', bounded and authoritative approach that contains anxiety and ensures the child's needs remain central.

This involves being clear with the family of the reason(s) of our involvement and what it entails, involving them in assessment and planning (unless doing so would place a child at further risk of harm as discussed as part of a strategy meeting).

- All children/families should be visited within 5 days of the referral being made, however, if the risks are significant or there are concerns for safety because of us visiting, our response will be informed through a strategy discussion.
- We are clear with the family what our worries are by sharing our draft danger statements and safety goals.

- We engage with all family members and are prepared with our best questions to ask and what is to be achieved during the first visits.
- We promote family ownership for the safety and wellbeing of children at the first visit by mapping the situation with parents to identify parenting strengths, their worries and are prepared to answer questions they may have as openly and honestly as possible.
- We ensure to provide clear information to children and families about what is happening and processes in a format that is helpful to families. Interpreters, leaflets and other communication methods should be used where necessary to allow all families to fully engage in the process. Families are provided a copy of the complaints procedures and organisational contacts.
- We ensure to learn who is in the family network, living in the home or not, and the child's significant relationships to identify people who could support the child/family as part of a safety plan by developing/reviewing a genogram with the family.
- We ensure to confirm the next visit/contact with the family and ensure the family have contact information for the visiting/allocated social worker and team manager before leaving.
- Every effort is made to see and speak with the child(ren) alone and to understand their lived experience.
- **If a child has made a disclosure or there is an allegation they are being physically harmed by their carer, abused, being exploited or has stated they will be harmed we always consult with a Team Manager to outline a plan of action before leaving the vicinity of the child's home.**

What does "see the child" mean?

Seeing the child means being present in the moment with them, considering the child as an individual and what direct work may be best to undertake with them given their situation.

- Seeing the child independently.
- Seeing all children in the home.
- Seeing the child's sleeping arrangements.

First visits to a child or young person should be planned and structured. Considering:

- How we explain our role and their understanding of the purpose of the visit.
- The child or young person's safety and wellbeing; family history and significant relationships; age, understanding, ability and communication style; where the visit will take place;

Read further: [The Child's Voice Section](#)

Family Network Meetings

As part of the Signs of Safety framework, Family Network Meetings should be facilitated as part of all interventions to promote families ownership of plans and ensure the involvement of the child's and family's network of support.

The central organising question to the family is 'what do you think needs to be in place to show everybody including MCS that the children will be safe and well looked after, and for MCS not to be involved?'

- Therefore, we ensure our concerns are understood, being clear about the dangers statements, safety goals and bottom lines, and the family and network have a clear vision of what a meaningful safety plan might look like.
- We ensure to have thoroughly explored the family network with the child and parents to ensure the right people involved.
- We ensure absent fathers and/or significant male figures in a child's life are involved appropriately.
- We ensure bring forward the family's ideas about how the issues can be addressed and what rules need to be in place to address them.
- We ensure to support the success of the family plan by helping them think SMART about their

plan, including have appropriate contingency planning (Plan B).

- As part of an Early Help offer or a Child and Family Assessment we ensure a Family Network Meeting has occurred. A Family Network meeting must always be held:
 - If the assessment is undertaken under s.17 of the Children Act 1989 and has a timescale of more than 20 days.
 - If the assessment is undertaken under s.47 of the Children Act 1989 and a decision is made to progress the case for an Initial Child Protection Conference (unless a management decision has been made not to).

Child Protection Conferences

This is the opportunity to engage the family in the process of change to create safety for the child. Developing a trajectory with the family will be key to how we engage with them to become the drivers of the safety plan.

Child Protection Conferences may be challenging for families and we will work in partnership with families to ensure the right people are involved in the right way. Ensuring it is a place where all involved are able to have a voice and be heard.

- Working in partnership, we ensure to provide families with our assessment at least 48 hours prior to the conference so they may read and have the opportunity to discuss this with the assessing social worker and/or Team Manager.
- We ensure the family are supported to attend the conference, including the option to bring a professional advocate. There will be no more than 4 people from the family network in attendance and the chair is informed of who will be attending.
- We ensure, the participation and contribution of children and young persons in the conference, and, undertake appropriate direct work with them to ensure their voice is heard and considered.
- In cases where domestic abuse and/or controlling and coercive behaviour is present we ensure the conference does not re-victimise the non-offending parent or act as a forum for perpetrators to further exercise control or coercion. Instead that the conference holds perpetrators to account and carefully considers their parenting choices, along with the non-offending parent/adult. This may mean having separate slots for parents.
- We ensure an outline child protection plan and trajectory is developed at the ICPC. That this is updated into a detailed plan with a clear case trajectory, applying the principles of SMART planning, at the first Core Group meeting (within 10 days following the ICPC) with the family and involved professionals.

Working with Our Children's Carer's

Foster carers are key people in the lives of *Our Children*. All of *Our Children* deserve the best possible care when living outside of their family network, living with approved foster carers that are appropriately informed, skilled and supported to ensure a child or young person is safe and their needs are met.

Foster carers are members of the child's network working with a child, and should be recognised and respected for the knowledge, skills and experience they bring to their role. While the child's social worker holds responsibility for specific advice or support in relation to the child and his or her Care Plan and Placement Plan, *Our Children* will be highly supported through the collaboration of the child's Social Worker, Supervising Social Worker and carers as a network of care and support for them.

- We ensure applying Foster Carers are appropriately assessed, provided all appropriate information about the role, and are presented for approval within 5 months of application.
- Foster carers will have a suitably qualified Supervising Social Worker (SSW), who is provided the necessary guidance, support and direction to maintain a high quality service, including safe caring practices, to work within the National

Minimum Standards for Fostering and the agency's policies, procedures and guidance.

- As a rule of thumb, the carer's first port of call for advice, guidance and sharing information about the child will be their SSW. The SSW should facilitate a meaningful professional relationship with open communication and information sharing, a focus on meeting the child's needs and support for the carer's practical and emotional needs.
- Supervisory visits are undertaken by SSW with foster carers at least every 6 weeks, ensuring the foster carer's daily logs are reviewed.
- Ensure Foster Carers are encouraged to attend appropriate support groups and to contribute to the foster carer forum.
- The SSW will make sure meetings with their carers have a clear purpose and are recorded with the carers having a copy of these supervision notes. The agenda should cover the way the carer meets the child's needs, ensuring this achieves the required standards and develops the carer's skills.
- Foster Carers are provided effective supervision. Ensuring they get the best possible feedback about what they are doing well, what may be worrying and what may need to change, and are supported to do so.
- Foster carers' have the right training and development opportunities are familiar and made

aware of new policies and guidance, and check in my supervisions with them that they are incorporating the learning into their practice.

- Ensure all compliance checks are completed renewed at appropriate timescales there is a foster care agreement and that this is renewed annually.
- The SSW's primary responsibility is to monitor and support good fostering practice in the placement and in so doing clearly should get to know the child or young person. Equally, the child's social worker should provide the carer with advice and guidance about the care of the child or young person. They should communicate with each other on a regular basis.
- The Supervising Social Worker ensures that *Our Children* and their allocated Social Worker are consulted when completing foster carers' annual reviews.

Case Transfers (Healthy Transitions)

Case transfers are led by the needs of the child to ensure that transfers of cases between workers or services are conducted seamlessly, with as little disruption or delay to the child and family as possible, and with no interruptions in service.

Clear and effective communication will be a feature of all transfers between services. With the family and professionals in the network informed about the transfer between services as part of the next steps of support and service for the child and/or their family. This will also include the child in an age appropriate manner, as we know that children require healthy endings to professional relationships.

All practitioners and managers have a shared responsibility for how MCS shapes the experiences of a child, young people, and their family/carer when the focus of the work moves from the remit of one service to another and it is appropriate for a transfer. Our transfer process actively involves direct discussion between transferring/receiving workers and managers to agree an appropriate way forward.

- It will be good practice for the transferring and receiving practitioners to attend a joint home visit, as this is an opportunity for the child and family to be introduced to the receiving social worker and to ask questions. During this visit the plan and

case trajectory should be reviewed so there is clarity and continuity for the child and family.

The transferring out social work team will ensure:

- Case recordings are up to date and accurate.
- To inform the child, family and involved professionals of the upcoming change of social worker/service transfer.
- There is management oversight recorded that endorses the plan moving forward and any existing safety plan continues without interruption during the transfer from one worker to another. Until the case is transferred, the transferring worker is responsible for managing any safety plan and addressing other case management issues.

The receiving social work team will ensure:

- The receiving worker reads the case record (including the history of previous involvement) so as to have a thorough understanding of the risks, needs, strengths and protective capacity of the family and its individual members as they relate to the current reason for out involvement and clear understanding of the plan or next steps to be carried out.
- There is management oversight recorded that endorses the transfer plan moving forward.
- The receiving worker notifies the family and professional network of their contact information

within 7 days of assuming case responsibility if this has not previously been done.

Case Closures (Positive Endings)

As part of relationship focused and strengths based practice, children and families are involved throughout the assessment and planning processes, and case closure is no exception.

Partnering with the family regarding how and when to complete services begins from the outset of involvement and allows for supportive, shared closure process. Case closure must be a carefully planned process, just like other phases of casework. Children and families are particularly vulnerable to inadequate preparation, which may result in frustrated feelings and anxiety. On the other hand, with good preparation, the case closure process helps the family to the next stage and can be a positive experience for everyone.

The goal of our involvement is not to prevent all problems but to help children and families to build on their strengths, develop skills and motivation to anticipate problems, avoid them when possible and deal with them effectively as they arise. Working with families on closure issues and feelings will likely increase their confidence in handling future difficulties.

Recording plays a key role in closure to evidence the efforts made by families, ourselves and partners and how this has impacted on the child's quality of life. Accurate and effective recording provides the foundation for partnering with families in the future should there be a need.

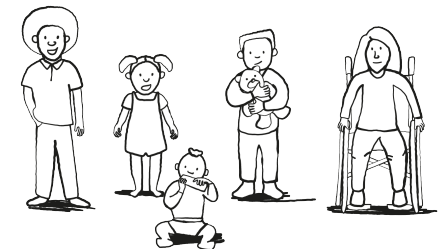
- We ensure that the child's file is up to date, which includes:
 - All case notes being updated;
 - The child's chronology being up to date;
 - The child's genogram being accurate and up to date;
 - A closure summary is completed that reflects the progress made against the child's plan;
 - Clear management oversight and decision making.

In addition the closure process should:

- Resolve conflicted feelings about the end of service and the casework process. Children, families, carers, along with the social worker and other service providers may feel conflicted about the closure.
- Review the harm/worries reduced and the safety/success created. Talk with the child and family about the specific accomplishments, emphasising the positive change in behaviours and conditions and impact for the child.

- Review the tasks completed and any challenges encountered ensuring to focus on the successes and learning.
- Problem solve for the near future. Future problems are inevitable. Review the child and family's strengths and the general steps in problem solving. Remind children and families of the strides made as well as the methods they can use when future problems arise.

Thank you for taking the time to invest in healthy relationships and working with us, our parents, our carers and families,, and, not doing to us or them.



The Child's Voice

Communication is the means through which we make friends, build relationships, express our feelings, thoughts and emotions, make choices and engage as part of our society. It is also the way in which we indicate when we are not safe, feel scared or have been hurt. We will always strive to understand how best a child or young person communicates, verbally and/or behaviourally. Understanding that a child of any age or ability has the means to communicate.

Through effective direct work with children and families we ensure active participation in the assessment and planning process, seeking out the views of each child and young person to understand what they may feel is working, they are worried about and what needs to change.

Our work reflects and considers a child's daily lived experiences, the care they receive, the significant events in their lives and how these have impacted them (negatively or positively), to understand who is, or is not, contributing to them being safe, happy, healthy, and successful.

Where children are too young or do not have the ability to verbalise their views, we will still strive to engage them, use observations between them and their family and seek the views of those who know the child best to capture their voice.

What does "see the child" mean?

Seeing a child or young person includes not only seeing them, but also the context in which they live. How the environment and people they interact with impacts upon them to build knowledge about the child's daily lived experience and how their parent/carer is promoting their safety and wellbeing.

Seeing the child means being present in the moment with them, considering the child as an individual and what direct work may be best to undertake with them given their situation.

When seeing the child we consider:

- The child or young person's safety and wellbeing;
- Considering where the visit will take place;
- The child/young person's understanding of the purpose of the visit.
- A child's developmental abilities and consider the support of a safe worker (not a family member) who can interpret and support communication (e.g. makaton/sign language/specialist technology or images) when visiting a child who communicates through alternative means.
- The effectiveness of the child's current assessment or plan (CiN, CP, LAC, Safety, Pathway, TAC, Disruption, Pathway), and how this will be discussed with them. Ensuring that any actions

involving the child are understood by them so they know how to keep themselves safe. This may mean reviewing the Words & Pictures safety plan.

- Consider all children in the household and speak to them alone.
- Observe the child's behavioural communication and the interaction between the child and his or her parents/carers and siblings.
- Speaking to adults in the home about the child and their views so that information may be cross referenced, confirmed or identify worries.
- Observe the child's presentation, home environment and sleeping arrangements. If harmful home environment are identified these are addressed with clear expectations of what needs to happen.

Direct Work
Briefing

Mind of My
Own App

Direct Work

“A major aspect of direct work is listening for the child’s perceptions. Until we do this, we won’t know if we are to expand their information or correct their misperceptions” - (Fahlberg 1994)

There is strong evidence that working with children and young people wherever possible, instead of doing things to them or for them produces better outcomes and helps to build confidence and resilience. Therefore we involve children and young persons in the work we do on their behalf.

Our work with children and their families can be their opportunity to unpack worries they may have been holding onto for some time. In our direct work we provide interventions that facilitate change and promote resilience.

- We understand it may be stressful and traumatic for children and young people to continually retell their story. Therefore we ensure to have read and understood the information that is held on our records about what they have previously shared, the child or young person and their families, and provided by other professionals, to avoid children and young people from having to retell their story.
- Forming a relationship with a child is a process and it may take time for them to feel safe to speak openly. Therefore, where possible we take our lead from the child regarding pace and content

when undertaking direct work with them and use the best resources with to enable them to share when they are ready.

- A child or young person needs to understand who we are, our role, why we are visiting, what the plans are to ensure their safety and wellbeing, and we are prepared to answer questions they may have as openly and honestly as possible.
- How the child or young person will be engaged through appropriate direct work to provide them with the best opportunity for them to share their experiences in their own words, and, allow us to confidently understand the situation from their perspective. Including how the child or young person’s views will be recorded. Appropriate planning and preparation will be in place. This means getting a clear sense of what direct work needs to be done. For example:
 - Establishing a working relationship;
 - Developing safety plans;
 - Life story work;
 - Family network meetings;
 - Helping develop resilience.

Voice of the Child in Assessments and Plans

The voice of a child should be reflected in all our assessments and plans. This includes:

- Referencing the direct work tools we have used and using the child or young persons own words.
- Demonstrating how we have enabled children and young people to initiate discussions about things that are important to them and how we have continued these discussions with them over time. Showing how we have built up our understanding of their world.
- Analysing the information gathered during direct work sessions using professional knowledge and resources. Without incorporating your own feelings and what you think the child/young person might have meant. The child and family’s own words will be more meaningful than our interpretation of them.
- Demonstrating how we have shared their views so the child remains central to our practice. With assessments, plans and interventions clearly linked to what needs to change for the child and how the child has been involved in our decision making. Including the child’s views on how any changes being made are impacting upon them.

Life Story Work

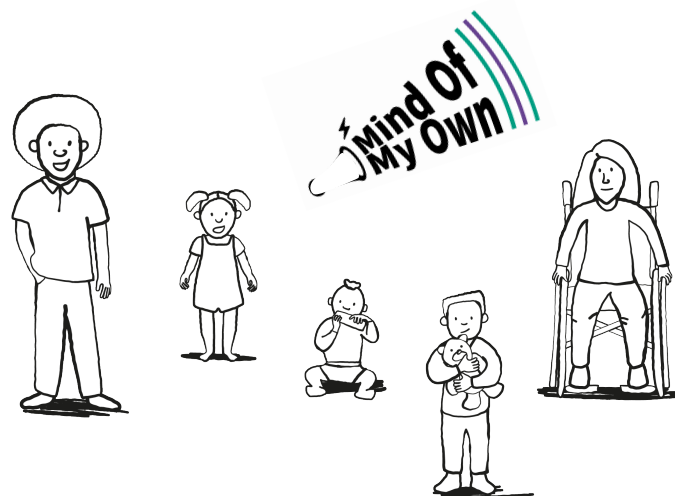
We recognise and respect that children and young people need to be able to make sense of their history. Children and young people should be provided with the information and support to make sense of their life story and journey.

- We understand that we have a responsibility to capture a child's unique life experiences and journey. We do this by sensitively collecting information that is important to them about their family, friends and significant relationships. Ensuring life story work is considered from the point our initial involvement with a child and their family and reflected in the recording of our work, the quality of our assessments and ensuring children and young persons views are reflected in their plans.
- Along with maintaining accurate, up to date case records when we are supporting a child through CiN, Child protection, Care or Early Help planning the Words & Pictures safety plan or explanation is a key piece of of life story and we ensure this is in place.

When carrying out dedicated life story work on behalf of a child or young person:

- It is the responsibility of the supervisor/team manager to check that life story work has been considered, planned and undertaken.

- We ensure to facilitate a multi-agency planning meeting when direct work has been agreed. Discuss who will do the work, what work is required, where should the work take place. Involving foster carers and parents (as appropriate) as they can offer emotional and practical support.
- Helping the child to address their feelings and emotions and allow them to discuss this in a secure environment with a trusting adult. Exploring past experiences in a sensitive manner to the child's perspective and understanding.



Management Oversight, Scrutiny and Supervision

(Manager's Footprint)

The 'Managers footprint' refers to evidence of a manager's oversight, guidance and direction, quality assurance, analysis, supervision, and reasoned decision-making on the case record of a child or young person.

Collectively, this evidences the manager's footprint and impact they have had on the case; and in this sense is a key component of the package of support offered to practitioners, children and their families.

The manager's footprint is the primary way in which practice standards are upheld for each individual case. This needs to evidence the support they have provided, direction given and any challenge to the practitioner, while demonstrating understanding, insight and oversight of the critical issues for the child.

This requires the manager to focus upon:

- The service being provided to the child/young person/family;
- The progress of assessments and management of risk;
- The quality of case planning and care planning;

- Child in need/child protection issues;
 - The progress, or lack of progress of cases;
 - The timeliness of actions in the case (previous, present and future);
 - The quality of case recording.
- We strive to get it right the first time for our children and ensure that there is case management direction and guidance on the file upon allocating a practitioner for a child, as part of management oversight.
 - We ensure allocations are made with the best interest of the child, considering the composition practitioner's caseloads, their professional capability and their requirement to gain professional experience. It is recognised that this will not be possible in every instance.
 - Management oversight is evidenced from the point of allocation with guidance and direction for carrying out necessary work and case management duties.
 - We ensure that when our involvement with a child or young person ends, that management decision-making has been clearly recorded and rationalised, ensuring the child's journey is clear.
 - Guidance and direction is evident at all stages of an assessment, from allocation through to the completion and management endorsement of the assessment.
- Rationalised management endorsement is evident on and through the duration of a child's or young person's plan.
 - Clear recordings of reflection, direction and constructive challenge made to the social worker during supervision.
 - The manager has ensured the line of decision making is clear, is captured on the chronology, and all important decisions are accompanied by a 'manager's decision.' Clearly written analytical insight from the team manager on critical and key documents for the child; such as assessments, child protection plan and CIN plans, CPR's, court documents, placement plans, reports for panels, reports for children's reviews.
 - Evidence of quality assurance activity including case audits and performance management and providing balanced feedback, ensuring good practice is identified and practice issues are appropriately responded to and actioned.
 - We ensure that children and families do not unnecessary experience changes in social worker or multiple social workers.

Supervision

The work we do requires strength of character and stretches an individual's core skills and abilities. The role also places the person, uniquely, in the midst of the lives of children and families, to encounter many complexities and assume many responsibilities. Given this, practitioners and their managers can expect the best supervision and support to enable them to undertake their role effectively and with confidence.

Effective supervision will combine performance management with improving quality of practice, supporting the worker and ensure continuing professional development and contribute to the development of a learning culture. Providing a safe it enable and supports practitioners to develop and engage in good practice, and exercise effective professional judgement and decision-making.

- Both manager and practitioner share responsibility for carrying out their role in a collaborative process and preparing for supervision. With practitioners and managers draw upon the child's chronology, genogram, and direct work to facilitate effective discussions and decision making to develop next steps. Where manager's are prepared to focus discussion on the rationale for decisions that may be recommended by the

practitioner and supporting them to formulate next steps in their work.

- Records of supervision will reflect the Signs of Safety Framework and be recorded within one week of formal supervision. Records of ad-hoc supervision are the responsibility of the supervisor to add to the system within 48 hours of the discussion.

Quality of decision making and interventions

- Supervision should assess how practitioner values, beliefs and life experiences may be impacting on their interactions with, and ability to engage, effectively with children and families.
- The manager supports and facilitates assessments and ongoing work through a regularly scheduled supervisory process of collaborative case review, analysis and decision making, as well as, providing strengths-based feedback, guidance, direction and coaching to practitioners. Including critical reflections of appropriate use of practice framework, models, questionnaires and other resources to ensure assessment, plans and interventions are evidence based and robust.

Line management and organisational accountability

This aspect of supervision involves the evaluation of the job and organisational effectiveness of the employee, and includes appraisal. This is essential

for all staff in the organisation, and is carried out by the line manager.

- Managers comply with MCC supervision policy and ensure supervision is provided at the appropriate frequency as outlined in the supervision policy, and/or when practitioner needs requires, and, immediately rearrange supervision if it has to be missed.

Caseload and workload management

- Managers should ensure to carry out an analysis of caseload and workload management, and work collaboratively with practitioners to address any issues relating to time available to work directly with children, adults and families as well as meeting other demands with a focus on safeguarding, delivering effective services and identifying barriers to effective practice.

Further personal learning, career and development opportunities

- Supervision considers the practitioner's' career development and learning needs and should identify training that is matched to their experience, skills and knowledge, and consider how the practitioner has transferred learning into practice.
- Supervision will support the health and wellbeing of social work practitioners and on building professional resilience and confidence.

Group Supervision

Signs of Safety Group Mapping

The purpose of SoS group supervision (case mapping, case Trajectory, Harm Matrix mapping) is to build strong team habits of analysis and judgement to foster more agile confident decision-making and practice. The group process for thinking through cases will promote learning and provide support to workers through a shared sense of carrying risk within the whole team.

- We ensure each team holds group supervision monthly and this is recorded on workers supervision files.
- All group supervision (Case Mapping, Trajectory, Harm Matrix mapping) should be recorded on the child's file within 48 hours of the supervision. With clearly decision making, or next steps, in all records of group supervision.

Reflective Group Supervision

Reflective developmental group supervision is offered to NQSW's by the Social work Consultant team as part of the ASYE offer. It is encouraged as 'good practice' within social work teams for developing worker resilience, shared learning and practice improvement.

- It is expected that NQSW's attend and are provided the space to attend reflective developmental supervision.

Thank you for making sure the best decisions are made on our behalf for us to be safe, happy, healthy and successful.



Harm Matrix
Group
Supervision
Guidance

Case Mapping
Group
Supervision
Guidance

Trajectory
Group
Supervision
Guidance

Chronologies & Genograms

Chronologies

Our work relies on understanding the links between behaviours and what this means for the child in the short and long term (impact). The question being asked is: *Who has done, or is doing, what, when and how it impacts upon the child?*

A well developed child impact chronology and genogram is the foundation of a high quality assessment providing understanding of the immediate and cumulative impact of events upon a child. Done effectively, the child's impact chronology helps to place children at the centre of everything we do. With accurate chronologies underpinning the continual process of assessment and planning, being used in our direct work practice to promote engagement from children and families.

When carried out consistently across agencies good chronologies can improve the sharing and understanding about a child's life so each professional may understand how to contribute to promote the safety and well being of the child.

Therefore as an organisation we:

- We ensure a child impact chronology is reviewed, commenced, and/or updated, at the point of involvement.
- We ensure a child's chronology is factual, as brief as possible and with clearly recorded entries that detail where the information is from, the outcome or actions taken, or to be taken, and clearly reflects the direct/indirect impact upon the child from significant events.
- We ensure that all children have an up to date chronology (updated as significant events occur and otherwise updated at a minimum of every 6 weeks) that is multi agency informed.

To ensure the best outcomes for children and young people through effective assessment, analysis and planning it is expected all agencies working with children and families to maintain case chronologies on each child who is in receipt of services beyond the universal offer.

It is expected that the child impact chronology is used to inform decision making:

- At the point of referral;
- As part of an assessment;
- Within Step up/Step down processes;
- At Strategy Meetings;
- During Initial and Review Child Protection Conferences;

- During Initial and Review Care planning meetings;
- During Supervision (individual and group);
- At Legal Gateway Panels and other multi-agency panels;
- Within Court proceedings.

As part of the continual assessment process the chronology should be used:

- To share information;
- Check for accuracy of information;
- Check child's and families' views and perceptions of the information and significant events.
- To consider the domains of the Framework for the Assessment of Children in Need and Their Families (2000), to help judge whether there is significant information or events relating to these dimensions.
- To aid analysis and planning, considering the relationship and relevance to individual entries in a holistic context identifying behaviour patterns and how this positively or negatively impacts the child and family functioning.
- In direct work with the family and partner agencies the child's chronology should be used to assist in case planning and evaluating progress. For example, in preparation for reviews and other meetings, reviewing the chronology with family and professionals as part of assessments.

Child Impact
Chronology
Guidance

Genograms

Lessons from serious case reviews provide further confirmation of the importance of seeing, hearing and listening to the experiences of the child from the child directly to enable a child to share the risks and safety issues within their lives.

Both the child's chronology and genogram will inform our work both as part of our information gathering for assessments and analysis to understand a family's functioning and how the child may be impacted through as a result.

- As part of the assessment process the child's family genogram is reviewed with the child and family to ensure all members of the child's family and household and significant adults (especially those who provide care, financial support, discipline to the child) are identified and these people are fully considered/assessed in relation to:
 - Any harm, complicating factors, strengths or existing safety in relation to the child.
 - So an effective Family Support Network can be established around the child.
 - To ensure we are able to develop effective contingency planning to promote permanence for children and young people.
- Through the use of the child's genogram we check that the family's details (e.g., names, spellings,

relationships, and dates of birth) are correctly recorded.

- We continually review the child's genogram with the child and family, capturing any changes in the family structure, anyone the family has identified as possible supports to achieve safety goals and review possible kinship carers for the child as part of ongoing contingency planning.

Using
Genograms,
Research in
Practice

Genogram
Symbols

Quality of Assessments & Plans

Assessments

The child's safety and quality of life (happy, healthy and successful) is paramount in all assessments. Our practice in Manchester is conducted under the **Signs of Safety framework** and all assessments are undertaken using the Signs of Safety risk assessment and the seven domains that comprise it.

This is complemented by the use of other models and tools. This includes the **Safe and Together model** where there is concern of domestic abuse and controlling and coercive behaviours and tools like the **Graded Care Profile2** to inform assessment where neglect is concern.

In order to carry out effective assessments and plans all practitioners and those with oversight of their work must understand the Signs of Safety framework and its components and the complimentary models and tools used in Manchester to inform assessments.

- Assessments will not be static but reflect a continuous process (assessment, analysis, planning, and re-assessment).

- Assessments are carried out and plans developed in collaboration with partner agencies and considering all the dimensions within the Framework for the Assessment of Children in Need and their Families. With particular emphasis on parent/carer capability to promote the safety and wellbeing of the child or young person and to make changes where required.
- Management oversight must provide an independent review of assessments, keeping the focus on the child's needs and the adequacy of parenting over time, and promote the strengths based approach of Signs of Safety, understanding that this will support practitioners work.
- Planning for permanence for children and young people begins at the point of assessment, having three particular aspects:
 - Legal permanence (ensuring whoever is caring for the child has Parental Responsibility or that there is somebody in a position to effectively exercise Parental Responsibility);
 - Psychological permanence (when the child feels attached to an adult who provides a stable, loving and secure relationship.);
 - Physical or environmental permanence (involves a stable home environment within a familiar neighbourhood and community which meets the child's identity needs).

All plans must be underpinned by robust assessment that provides behavioural detail about who is doing what to ensure a child is safe, happy, healthy and successful.

Assessment Planning

We strive to work jointly with professionals to promote more robust and efficient assessments, with less duplication for families, shared experience of the work and multi agency ownership of outcomes. This involves assessment planning and preparation for how we will carry out an assessment and using the right tools or models in the right circumstances.

When carrying out assessments, the assessment process must begin immediately with a focus on:

- Information gathering - what are we worried about and what's working well;
- Analysis - danger statement and safety goals with a judgement of risk and existing safety, and;
- Next Steps - actions and behaviours moving forwards/desired outcomes with clear timescales.

This ensures:

- We develop a plan for carrying out assessments, following a review of all current and historical information known about the child and family.

Considering our next steps for engaging children and families by preparing our best questions and direct work tools to be used to promote the child, family and partner agencies participation in the process of completing assessments.

- The Safe & Together model and appropriate tools or resources are used at the right time in the best way.
- Management oversight is evidenced at all stages of an assessment, from the point of allocation through to completion, which provides guidance and direction on the plan for carrying out the assessment, and, records management decision-making and rationale.
- Assessments are reviewed by day 10 when a final date for completion is agreed if the assessment is not completed. While the assessment timescale is up to 45 days it not expected to take that significant length of time. The Signs of Safety Assessment process asks practitioners to move quickly to completion, and, where this does not happen there will be a clear rationale recorded by the manager as to why more time is required, what information/work needs to be done to complete the assessment, with a clear date for completion.

Evidence Informed Assessments

“The evidence-informed practitioner carefully considers what research evidence tells them in the context of a particular child, family or service, and then weighs this up alongside knowledge drawn from professional experience and the views of service users to inform decisions about the way forward.” - Barratt and Hodson (2006).¹

As a professional organisation evidence based working is incorporated into our assessments to promote confident decision making, which is considered, transparent and appropriate to the child’s and family’s needs. Drawing on sources of evidence that include:

- Professional judgement from experience;
- Relevant policy and research, and;
- The views of children, young people and families themselves..

While we will listen to and record the views of families we also understand that accepting information at face value can lead to assumptions being made and we utilise professional curiosity to explore the reliability of the information provided, using triangulation; where different perspectives are

sought about events or information to understand what is factual and what is not.

Assessments are multi-agency informed, completing checks with partner agencies and other local authorities, and information from them about the family is considered in relation to the safety and well being of the child or young person.

We ensure to support our judgments and limit the influence of bias (such as over optimism, stereotyping, confirmation bias, fundamental attribution error, etc) through the use of:

- Appropriate measures and tools;
- relevant research, theory and knowledge;
- Individual and group supervision.

Analysis in Assessments

Analysis moves us on from information collecting to actionable planning.

Every assessment we complete has an analysis that tells the reader about how the child’s care or circumstance has impacted on their safety, well-being and quality of life, considering their physical, emotional, social and cognitive development; detailing who has done what when and how this has impacted upon the child being safe, happy, healthy and successful. Providing a clear understanding of

¹ Barrat and Hodson (2006) Firm Foundations: A Practical Guide to Organisational Support for the Use of Research Evidence.

what needs to change and basis for planning. Considers adult capacity for change and how this may inform plans for children or young people and what it may mean for the child/young person if change is not realised.

A good analysis allows us to be clear about:

- What is the assessment was for?
- What is the story?
- What does the story mean?
- What needs to happen?
- How will we know we are making progress?

We ensure our assessments provide informed judgements, considering all the information in relation to the concern(s) in the assessment, using the Signs of Safety risk assessment, with other relevant models or tools through:

- Developing Danger statement(s) that detail who is worried about what and what will happen for the child in relation to the evidence of past harm and complicating factors. (Where concerns are interlinked I make sure they are covered within one Danger Statement, as good practice it should be no more than 4 danger statements).
- Developing Safety goal(s) that link to the danger statement(s) that are clear about what the parents/ caregivers will be doing in their care of the child to address the 'Future Danger'. Ensuring, where appropriate, our 'bottom-lines' (i.e., what has to

be addressed for the case to be able to be closed are clearly stated).

- Ensuring the family, their network and professionals scale themselves in relation to the concern and record their justification and views.
- Developing Next Steps that relate to the danger statement(s) and safety goal(s) detailing agreed service/family actions as part of the assessment are relevant to the future safety planning for the child; as well as provide a timescale for change (trajectory).
- When recommending a child, adult or family for support service (i.e., parenting program, CiN/CP plan, CAMHS) we ensure to be clear how this is linked to the assessed harm or strengths and is evidenced, as well as, what the expected outcome from the service.
- The assessment must provide analysis of the parent's motivation to make changes to reduce risk and sustain them in future.

Writing up the Child's Assessment

We appreciate and value the history we hold about children and their families, realising that for some children, we will become keepers of their life story. We write our assessments with this in mind they are accurate, written in a language that is factual and non judgemental and consider the impact of language upon victims/survivors of domestic abuse, young people who are exploited and people who suffer ill mental health.

- We ensure assessments are well balanced, recording positive information, personal information and their wishes and feelings of the child/young person, including an explanation as to why their wishes are not acted upon if this is the case.
- We ensure that our written assessments capture behaviours specific to the family using language understandable to them, and in their own words as best as possible, and do not use sweeping statements and generalisations.
- We ensure accuracy in our assessments distinguishing facts from opinions with ensure sources of information referenced.
- We ensure that third party information is used with care, without jeopardising someone's safety or sharing information unnecessarily.

Re-assessment Timeframes

All cases should be reassessed to reflect a continuous assessment process, which should consider all family members and significant adults in the child's life, and, be clear about what has changed for the child, the family in terms of harm, complicating factors, strengths and safety compared to previous assessments. Taking into account the progress, or lack of, made against the child's plan, the child's age and developmental needs.

In Manchester re-assessment periods consider the child's situation and plan with a view of ensuring that the right support and plan is in place for the child or young person at the right time.

Re-assessment timeframes are:

- For children subject to CiN planning a reassessment of the child's situation, every 6 months.
- For those children in receipt of Short Breaks every 6 months.
- For those children subject to Supervision Orders, 3 months prior to the Supervision Order expiring.
- For children subject to Child Protection planning, every 9 months, however, good practice will be every 6 months.

- Those children living in Foster Care, every 12 months.
- Those children living in Residential Care, every 6 months, or as determined jointly by the Team Manager and Independent Reviewing Officer.
- Those children living in Residential Care long term and settled, every 12 months.
- For children with disabilities living in residential care, every 6 months.

Other situations or events that trigger re-assessment include:

- A child is deemed to be at significant harm - a section 47 enquiry is undertaken as part of a re-assessment.
- For *Our Children*, when a child's placement has ended in an unplanned manner or deemed vulnerable to breaking down.

Strategy Meetings

Whenever there is reasonable cause to suspect that a child has suffered or is likely to suffer significant harm a strategy meeting should be held.

Strategy meetings are valuable opportunities to share information and develop a multi agency response to ensure children are safeguarded appropriately. It is recognised that many Serious Case Reviews have noted a lack of partnership working which has resulted in serious gaps in safeguarding. During Strategy Meetings consent can be overridden if significant harm has been evidenced or suspected.

The purpose of the Strategy Meeting is to decide whether a Section 47 Enquiry under the Children Act 1989 is required and if so, to develop a plan of action.

- A Section 47 Enquiry must always be commenced immediately if there is a disclosure, allegation or evidence that a child is suffering or likely to suffer Significant Harm. This applies equally to new, re-referred and open cases.
- We ensure strategy meetings are chaired by Team Managers, who take responsibility for the accuracy of the information recorded.
- Strategy meetings will be face to face meetings, involving Police, Health, Education and other partner agencies that may be working with the

child or family in accordance with Working Together. Where this is not possible telephone strategy meetings will take place. However, we always ensure that it takes the form of a meeting if there are concerns about:

- Multiple or organised abuse;
 - Fabricated or induced illness;
 - The concerns are considered to be complex or;
 - Following the death of a child where there are safeguarding concerns and there are surviving siblings or other identified children who are deemed to be vulnerable.
- We ensure that the decisions and actions from the strategy meeting are recorded, along with the rationale through the development of draft danger statement(s), safety goal(s) that are factual and based on all the relevant information shared during the meeting. If it is decided that the threshold for a Section 47 enquiry is not met the rationale for this is recorded and what, if any, action will be taken.
 - Strategy meetings will formulate SMART actions and outcomes and will include timescales, agency and individual responsibility for each agreed action, including the timing of police investigations and relevant methods of evidence gathering. The means and date for reviewing the

completion of agreed actions (i.e. further strategy meetings).

- We ensure that all agreed actions take into consideration diversity and equality issues relevant to the family.
- We ensure that when there are worries about a professional who works with children may have caused harm, there is consultation with the Designated Officer (previously known as Local Authority Designated Officer) and complete a referral.

Section 47 Enquiry

This will be a focused and robust assessment of the safety of the child and the ability of those caring for the child to ensure their safety in light of the presenting harm, to determine what actions need to be taken to safeguard the child to protect s/he from harm and ensure their needs are met.

- Practitioners and Team Managers should be familiar with the policies and procedures for Conducting Section 47 Enquiries.
- A multi-agency assessment is the means by which a Section 47 Enquiry is carried out. It should be led by a qualified and experienced Social Worker.
- The Child and Family Assessment, under Section 47 of the Children Act, should begin by focusing primarily on information identified during the referral and Assessment and which appears most important in relation to the risk of Significant Harm. It should, however, cover all relevant dimensions in the Assessment Framework, including any previous specialist assessments before its completion.
- We ensure that the plan agreed at the strategy meeting is followed and if required the plan is updated to ensure that the children are safeguarded whilst the Section 47 enquiry is being carried out.

- We ensure that parents/carers are informed of the concerns and fully involved in the assessment unless it has been agreed at the strategy meeting that to do so would jeopardise a child's safety or undermine a criminal investigation.

A Section 47 Enquiry should conclude with:

- An assessment that clearly demonstrates the significance of risk of harm (as defined by the Children Act 1989) in relation to each danger statement.
- An appropriate recommendation, based upon sound analysis and rationale, of:
 - Not substantiated; although consideration should be given to whether the child may need services as a Child in Need;
 - Substantiated and the child is judged to be suffering, or likely to suffer, Significant Harm and an Initial Child Protection Conference should be called.
- The outcome of the Section 47 enquiry will be shared with the relevant multi-agency professionals.. We ensure there is multi-agency decision making through a strategy discussion whether to refer for an Initial Child Protection Conference (ICPC) that is endorsed by a team manager with an analysis.
- We understand that referring for an Initial Child Protection Conference is a process to organise a multi agency meeting to decide if it is appropriate

for the children to be subject to a child protection plans and does not increase safety for a child. Therefore, we ensure there is a provisional safety plan that promotes the safety and well being of the child.

- Where child protection planning is recommended this will be a next step to further develop this provisional safety plan into a robust plan, which will always strive to increase the safety for the child.

MCS
Conducting
Section 47
Enquiries

Practice
Briefing: Risk
Assessment
and Analysis

Plans & Planning

Our intervention with families should be focussed on securing permanence for children, increasing resilience, empowering families and decreasing dependence. Ensuring children are safe, healthy, happy and successful.

Plans are developed in recognition and acceptance that the family and the family network spend the most time with the child and are therefore able to offer the highest level of protection and support. Developed in collaboration with the child's family network and focus on identifying clear expectations/ actions that address particular stressors, triggers or issues.

Plans are child relevant. Creating explanations and safety plans, together with parents, that are age-appropriate and capture the issues without trivialising or minimising the seriousness of the concerns is the core skill of putting children in the middle of the safety planning work.²

We are clear in understanding that one of the key functions of a child's plan (whether, Child in Need, Child Protection or Care Planning) is to ensure that each child has permanence. This can be achieved for children through the following ways:

- Staying with or returning to birth parent(s);

- Placements with Relatives, Friends or other
- Connected Persons via Private Fostering or a Child Arrangement Order or a Special Guardianship Order;
- Adoption;
- Permanent Fostering;
- Long Term Residential Care.
- We actively support families and their networks to utilise their strengths, promote healthy behavioural change, and develop resilience in families. Ensuring harmful behaviours are clearly addressed to promote the safety and well being of children and young people.
- We ensure to apply SMART principles (Specific, Measurable Agreeable, Realistic and Timely) to all our plans. With actions that are directly related to the worry/danger statements and wellbeing/safety goals, to ensure plans are actionable and promote behavioural change.
- It is the role of practitioners, managers, CP Chairs/ IROs (if involved) and other professionals to ensure plans are not only multi agency informed and actionable, also, our 'bottom-lines' and trajectory (timescale for change) are clear. Detailing what must be addressed and specific actions/tasks for the case to be stepped down or closed, or, a Care Order discharged in cases of family reunification.
- This relies on planning meetings, visits and reviews taking place within timescales; it also relies on the child being visited, seen alone and their views being heard and recorded throughout the duration of the plan. Visits should be focused on progressing actions agreed in the child's plan.
- Goals detail what it will look like and what will be in place when achieved, addressing particular vulnerabilities and utilises strengths, and the behaviours needed to ensure the child's safety and well-being.
- There is clear contingency planning in place for the child as part of the family's and services' contributions to any plan, which will clearly states what we will do if bottom lines are not met.
- There should be the same level of scrutiny applied to all plans whether a child or young person is being supported/ safeguarded through Child in Need planning, Child Protection planning, or Care Planning with robust management oversight.
- It is expected that practitioners and managers will have read and understand the Social Work and Early Help Working Together guidance, which covers the Step up, Step Down processes and joint working between Social Work and Early Help services.

SMART
Planning
Guidance

² Turnell (et al) (2017) Signs of Safety Workbook, 2nd Ed., p.69.

Child in Need Planning

Child in need planning should aim to support the family to not only meet the needs of a child, but also support the parents and their family/ professional network to develop a plan they will take responsibility of and carry forward.

- It is expected that practitioners and managers will have read and understand the guidance and procedures related to Child in Need planning detailed in, Manchester Children in Need Guidance and Procedures, 2017, which details the main deadlines in CiN casework and incorporates children in special circumstances:
 - Private Fostering;
 - Children with Disability;
 - Short Breaks, and;
 - Direct Payments for children and young people who have an Education, Health and Care Plan.
- The Family Network meetings, in particular, should be facilitated in all cases so that the best plan can be developed, and always before escalating to child protection procedures or requesting a Looked After Child placement. Family Network Meetings should be used to explore and, if possible, plan family-based actions to reduce risk. Judgment will be used to decide when it is safe to

take this step rather than move straight to strategy discussions or seek an agreement for Looked After Children.

- We ensure that If a decision is made at an ICPC or a RCPC that the child should be made the subject of a CIN Plan the draft child in need plan developed by the CP Chair will be developed further and both the child and parents/carers are supported to participate in the development of the Child in Need Plan.
- Where a child subject to CiN planning transfers between individuals, teams or services we ensure relevant transfer protocols and procedures are followed.
 - When transferring within social work services this is the MCS Case Transfer Protocol.
 - When transferring between social work and Early Help services this is the Step up, Step Down Processes between the MASH, Contact Centre, Area Social Work Teams.

MCS CiN
Guidance &
Procedures

MCS Social
Work & Early
Help Working
Together
Guidance

Child Protection Plans

All children subject to Child Protection Planning will have met the threshold to be at risk of significant harm. Plans should be purposeful and clear at how safety for the child will be developed by the family with professional support. With every child protection plan inclusive of the child through the use of Words & Pictures safety plan.

- We ensure that children, families and professionals clearly understand our bottom lines and there is a clear trajectory for the work and activities to be carried out in developing a safety plan the parents and their family/professional network will develop, take responsibility of and carry forward after a period of monitoring.
- We ensure the first core group meeting will take place within 10 working days of the ICPC and within 7 days the Child's Protection Plan is updated, recorded and shared with the core group members.
- We ensure that if a family network was not identified at the ICPC that a family network meeting is organised, either as part of a core group meeting or as a separate meeting, inline with the family's views.
- We ensure the core group meets at a minimum of every 6 weeks, (good practice every 4 weeks) or more frequently to ensure effective

communication, shared responsibility of management of risk and responsive to changes in the family,

- At each core group meeting we ensure:
 - That the danger statements and safety goals, and safety plan are reviewed to ensure they remain relevant and that they are understood by the, child, family and their network.
 - That the next steps and actions are reviewed through identifying what has been working well and what people are worried about to identify what the next SMART steps and actions will be;
 - That any significant family events that has happened since the last meeting and the impact upon the child, is discussed;
 - That the daily lived experience is for the child/young person and their wishes and feelings is considered;
 - That all core group members scale the current risk posed to the child.
- It is ensured a Review Child Protection Conference (RCPC) occurs within 3 months of the Initial Child Protection Conference and subsequent RCPC's occur every 6 months.
- We ensure conference reports evidence the progress, or lack of, made against the child's plan and these are reviewed with the family and shared

5 days before Review Child Protection Conference.

- We ensure our CP Chairs and IROs provides scrutiny of the progress and effectiveness of the child's protection plan between conferences.
- We ensure to continue to work with the family for a minimum of 3 months through Child in Need after a case is stepped down from child protection to ensure changes made are maintained, and this is supported by CP Chair oversight.

The Child's Timeframe - Avoiding Drift & Delay

Purpose of Legal Gateway

Working openly and honestly with families we are clear from the outset of any child protection planning, where the trajectory is defined, that if the required changes are not being realised by the 3rd RCPC, or if the level of risk is increasing or remaining unchanged, that legal advice may be sought through the process of a Legal Gateway Meeting and the Letter Before Proceedings may be issued. To ensure to prevent delay for a child and where the child's plan is not progressing in a timely manner, or, that if progress is not being realised, we ensure this is considered to explore the appropriate next steps, and, there is management oversight reflecting this.

Care Plans and Care Planning

Care plans are collaborative the children, their parents and other significant adults in the child's life are actively consulted about, and involved, in the child's plan for their care. Where the child or young person's families will be encouraged to take part in their reviews, expecting that their views will be listened to and will help shape the child's Plan.

For *Our Children* we ensure that their Permanence Plan is incorporated into the child's Care Plan and practitioners and managers are familiar with and understand Manchester's Permanence Policy - [Our Manchester, Our Children - Securing Permanence Policy, Procedure and Guidance](#).

As part of effective care planning, every child or young person should have access to advocacy and be informed of their rights while living away from their families.

- It is an expectation that the Permanence Plan includes one or more parallel contingency plans and we ensure parents are informed of the reasons why more than one plan is being made to meet the child's needs and prevent unnecessary delay. Where clarity is reached around which option is most likely for a child. This needs to be reflected in the Care Plan.

- We ensure social work reports includes the views of the child, their parents/carers and multi agency partners, and evidences the progress, or lack of, made against the child's plan are available to the IRO 48 hours prior to a child's planning review taking place.
- Children's participation in their reviews and care planning is encouraged by discussing their care plan and any changes to it with them and supporting them to attend, participate and contribute within their review meetings. If they are unwilling or unable to attend their care planning review meeting we present their wishes and feelings, ensuring these are taken into consideration, at their review.
- We ensure significant change to a child's or young person's care plan are not made in isolation. Proposed significant changes to the child/young person's care plan have been considered by the child's IRO at their Care Planning review. (e.g., change of carers, contact arrangements, change of school).
- That unplanned events leading to a change of the child's care plan (e.g., hospital admission, school exclusion, breakdown of care arrangements), the IRO is informed to agree these changes as soon as possible
- We ensure our CP Chairs and IROs provides scrutiny of the progress and effectiveness of the child's care plan between reviews.

Health Assessments

We ensure are child's health needs are understood to inform the child's care plan and *our children* have timely Health Assessments, with initial health assessments within 5 days of placement and subsequent health assessments:

- Every 6 months for children 0 - 5 years of age;
- Annually for children and young persons 5 years and older.

Personal Education Plans

We ensure that every from the age of 2yrs old up to 18yrs old has a PEP that clearly sets out how the child will be supported in education and this informs the child's care plan.

- We ensure our children have a Personal Education Plan (PEP) meeting with the school within 5 days of placement, which is reviewed every 3 months. With a copy of the PEP is given to all relevant parties and that the PEP is uploaded to documents on the child's file.

Our Manchester, Our Children - Securing Permanence Policy, Procedure and Guidance

MCS Policies and Procedures: The Care Plan.

MCS Care Planning for Young People on Remand or Youth Detention Accommodation

Placements

We will endeavour to place children in family placements unless there are clear reasons why residential care or an alternative type of placement is the better option, and, siblings are placed together, and, ensure to support them to spend time with their birth family, except where this may not be in the child's best interest. That children and young people are living in properly approved foster/residential homes that are suitable to meet their needs and will be supported to heal from any traumas and develop their resilience.

- We ensure to develop well informed, balanced and accurate profiles about *Our Children* to provide to the Centralised Placement Team when seeking alternative care arrangements for those who are not able to be cared for within their family network.
- When a child/young person comes under the care of Manchester Children Services the Independent Reviewing Officer (IRO) service (SIU) is notified within 2 working days (ideally within 1 working day) so that an IRO can be allocated to the child, a review of the child's care arrangements is convened in timescale and the IRO given the opportunity to visit the child prior to the first Review of Care Arrangements.
- Ensure that all other professionals involved in the child's or young person's life are informed of the

child's legal status within 5 working days of the child becoming looked after including the host authority if placed out of county.

- Where an emergency/unplanned admission into care has occurred a Child and Family Assessment is completed within 45 days, in time for the child's second care plan review to consider the child's care arrangements.
- We always give consideration to convening a Disruption Meeting in relation to children whose placement has ended abruptly or on an unplanned basis, or where this is an imminent possibility.
- Wherever possible, a child will be moved by their allocated social worker, and, if the child does not have appropriate suitcase to move their clothing and personal items we provide this for them, ensuring *Our Children* do not move with their belongings in a bin liner.

Placement Planning Meetings

- Good practice will be that Placement Planning Meetings, that will set out how the placement will meet the needs of the child, take place before the child moves to the placement, or if not possible, within 5 working days of the placement starting.
- We ensure the child's personal history, religious persuasion, cultural and linguistic

background, racial origin, as well as, the child's health and education needs and how these are to be met in placement to ensure careful matching.

- We ensure it will also include the arrangements for registering the child a GP, dentist and optician. Ensure that the Placement Plan is recorded and given to all relevant parties.
- All of those involved in a child's care keep the child's wishes and feelings at the forefront and can clearly and accurately answer the question: What is life like for this child in this foster home?

Longterm Matching

- We ensure that there is management agreement and oversight recorded from the allocated team manager, service manager and IRO where children/young people are matched to carers on a long term basis.
- We ensure the match has been presented at the long term matching panel for approval.

MSC Placement
Placements in
Foster

MCS Placement
Planning &
Disruption
Meetings

Pathway Plans & Leaving Care

If a young person remains in care until adulthood, Children's Services will ensure that they are supported when they leave care, including through remaining in their foster placement (Staying Put), at least until they are 21 (or 24) if in full time education, to give them a positive start to independent living. This support will include personal assistance with living independently and with accessing and making the most of education and employment opportunities.

Social workers and managers should be familiar with Manchester's Leaving Care Policies.

When the young person reaches 15 years and 6 months of age, we ensure to start developing their Pathway Plan with them, and this is completed with the young person and their Personal Advisor from the Leaving Care Team.

- Pathways Plans are informed through an up to date assessment of the child's needs and includes their future aspirations.
- We ensure that a young person's plan is reviewed every 6 months by the social worker until the young person turns 18 and the personal advisor thereafter.

Case Recording

The recording of case notes, uploading of documents, accuracy of details for a child and involved professionals is key to multi agency working, timely decision making and a child's life story.

The importance of recording information is central to our practice so that a child may have a thorough understanding of their journey and that this contributes to their sense of identity and wellbeing, providing the basis of the life story for our children.

Our recordings should use language which does not blame families (this is something which has been unfortunately common amongst professionals when talking about victims/survivors of domestic abuse, young people who are exploited and people who suffer ill mental health).

There is clear evidence that an individual's recollection of events and ability to retain information declines over time, and, key pieces of information may be omitted or not recollected accurately. Therefore maintaining timely accurate, factual and non judgemental case recordings is central to our work and the responsibility of everyone.

- We ensure that our visits to children and families, meetings with involved professionals, or decisions

are recorded promptly, within 24 hours of the event

- We ensure direct work is added to the child's file with a written annotation, being aware they could be called upon as court documents, to be used in life story work and for analysis and measuring the changes the family may have made and the effectiveness of support being provided to a family.
- We ensure to record all relevant information so children and families don't have to repeat themselves and where their stories are already on file take information from records.
- We cross-reference rather than duplicate records on the computer system.
- We ensure that case records reflect professional practice, in particular:
 - Being in plain english, concise, non-judgmental, factual and clearly distinguish between a summary of an event, observations, and professional opinion.
 - Demonstrating a commitment to the principles of equality and valuing diversity, ensuring they are respectful of the child/young person and his/her family.
 - Reflecting the words, views of the child and family members with the child in mind, expecting a child or young person would access their records at a later date.

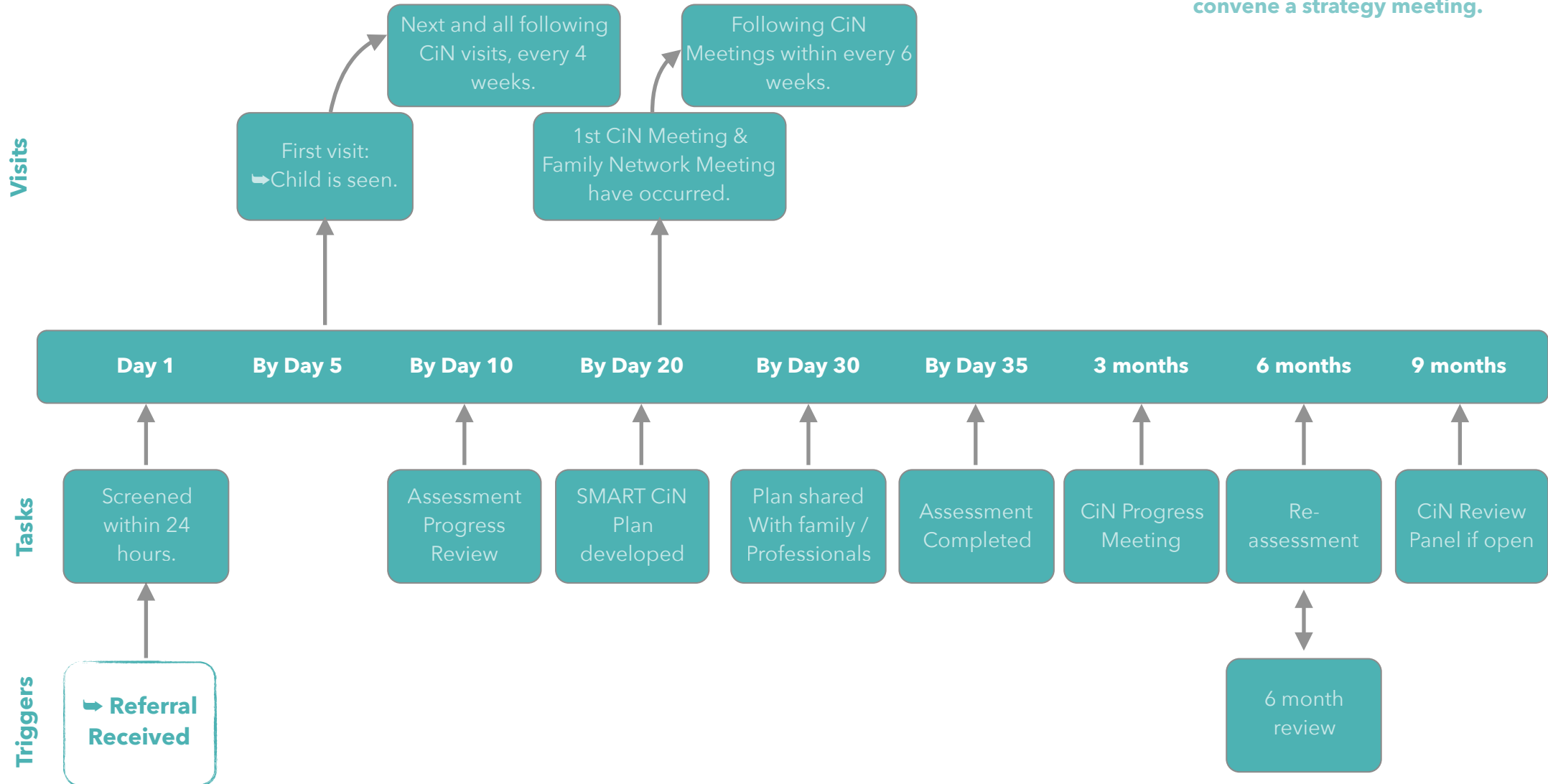
- An analysis of the contact / visit / meeting and any further action to be taken arising from the contact / visit / meeting, and, the rationale for the actions.
- Where interpreters, specialist workers or tools and activities have been used to facilitate communication, this is clearly recorded.

Case Summaries

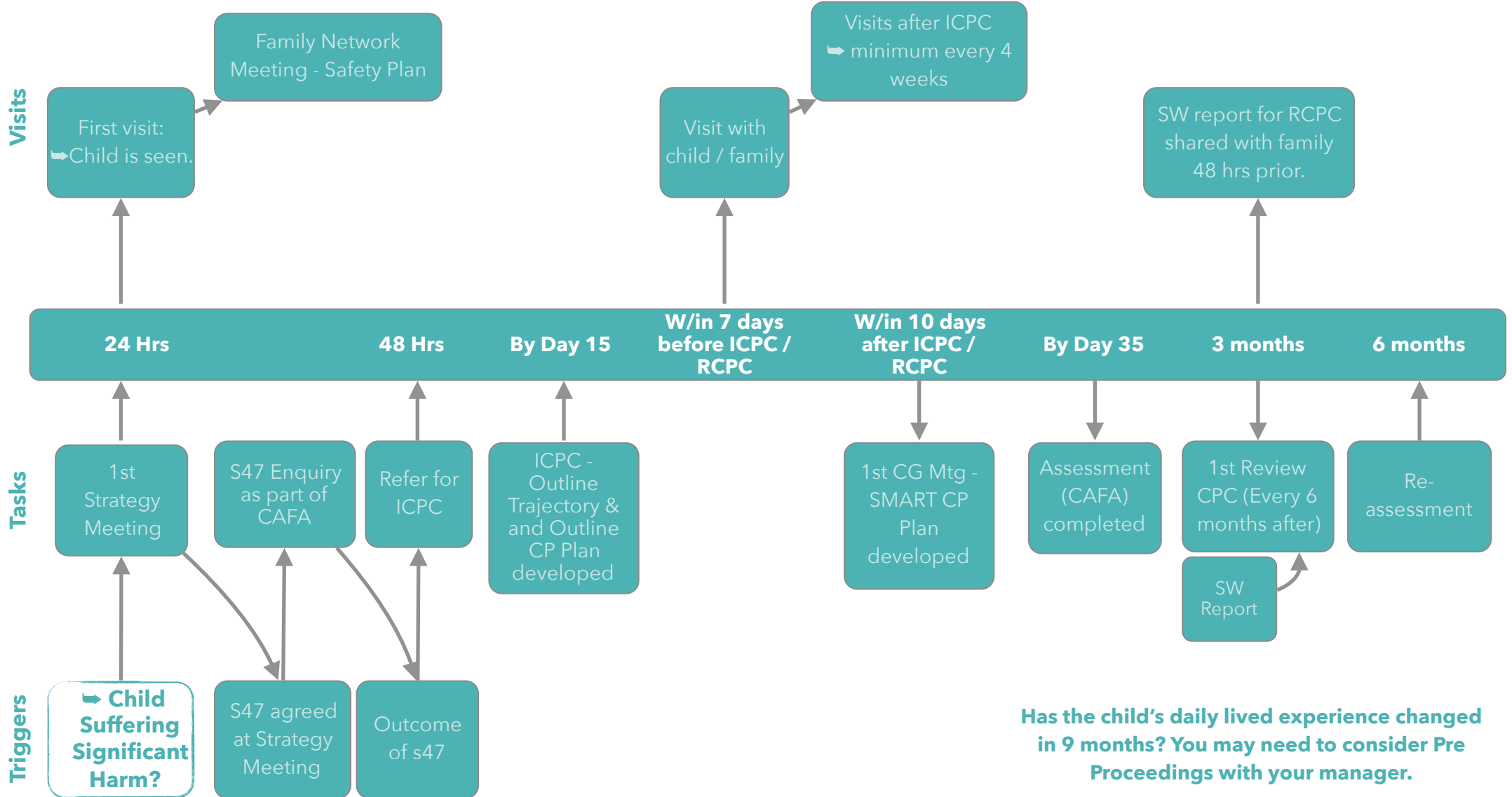
All cases should have a summary, updated every 3 months and at any point of transfer and closure of a child's file. This should be linked to the analysis from the most recent assessment, and, should speak to the child's experience of being Safe, Happy, Healthy, and Successful.

Appendix 1. Children in Need Flow Chart

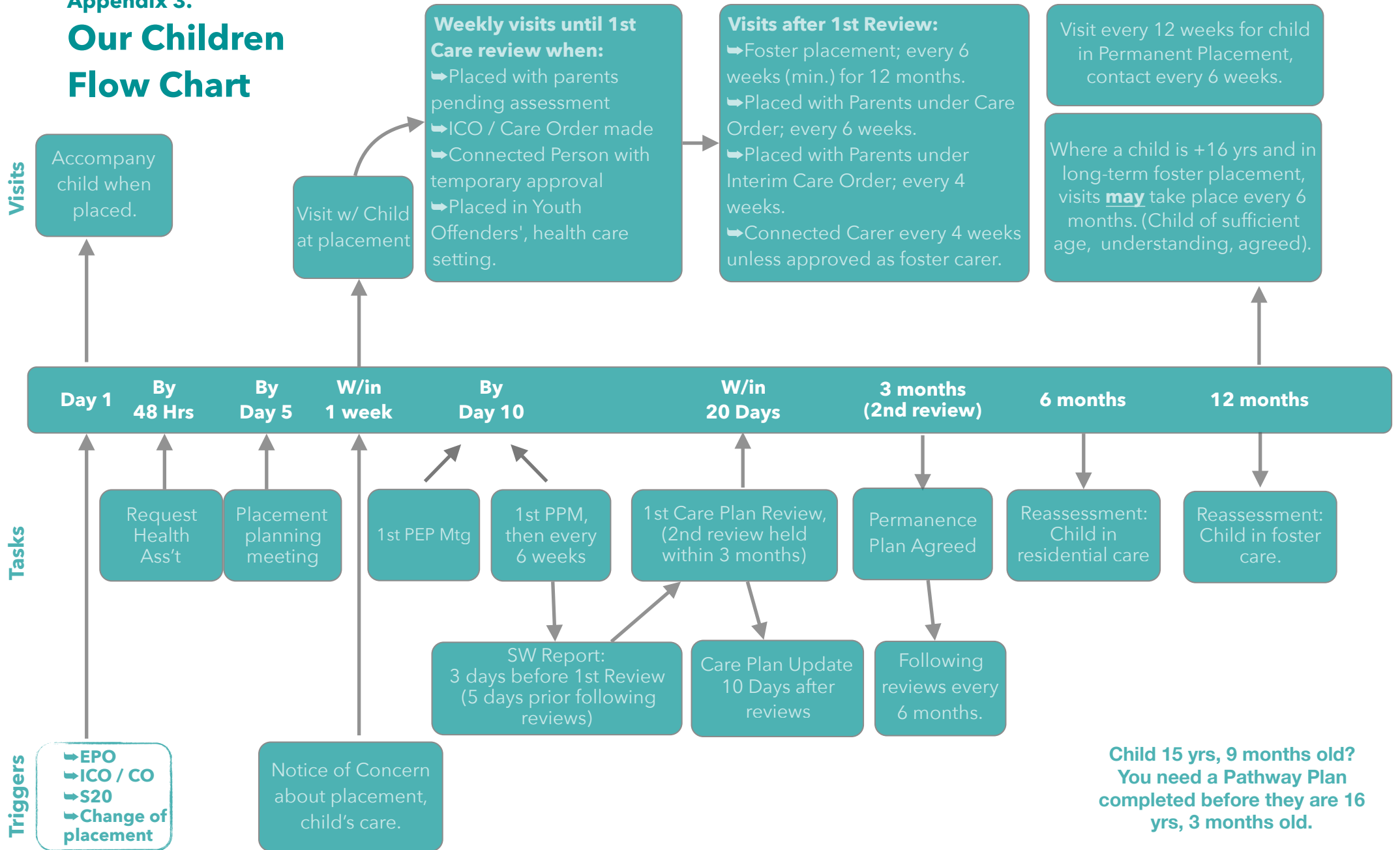
Suspect child is suffering, or likely to suffer, significant harm? You need to convene a strategy meeting.



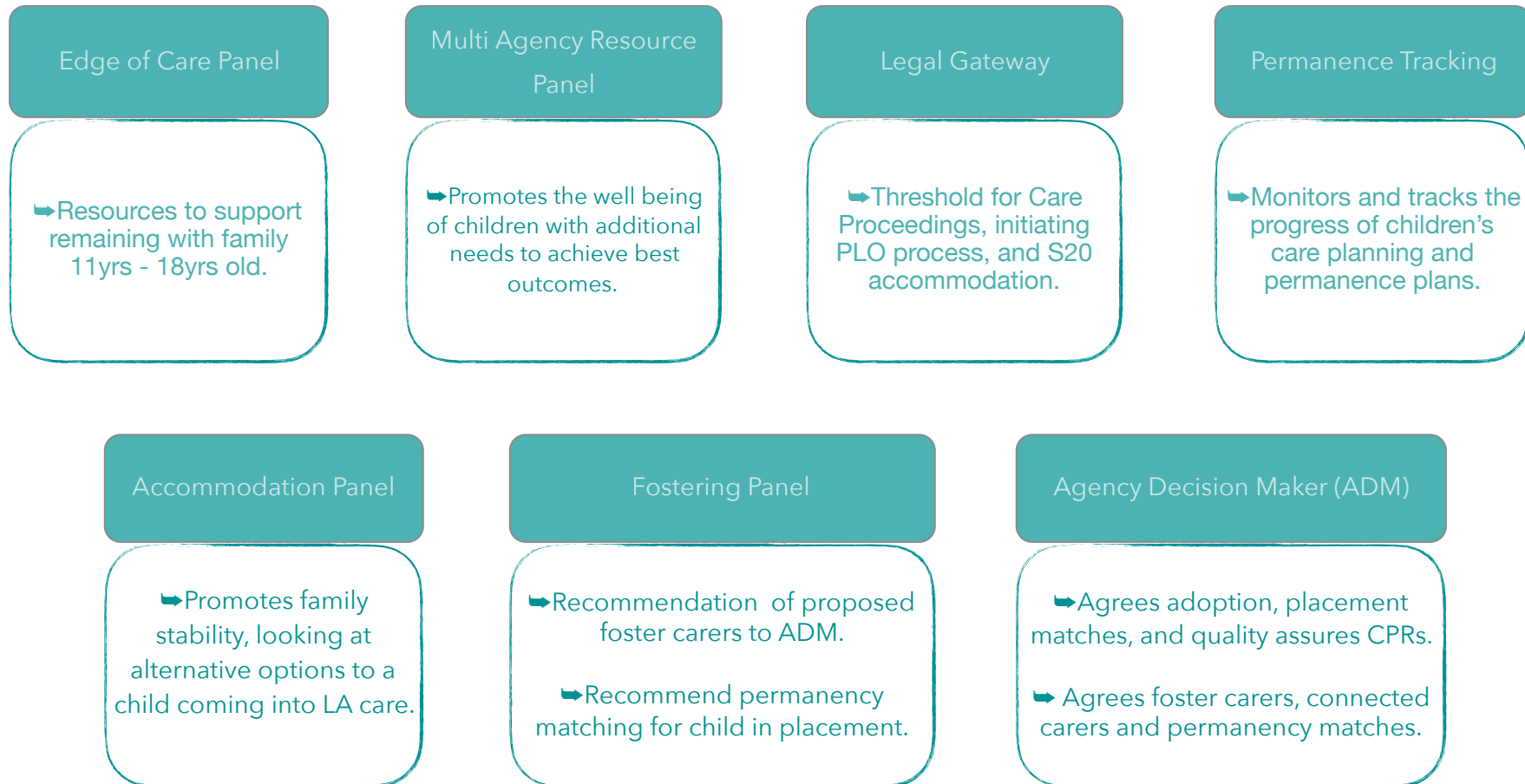
Appendix 2. Child Protection Flow Chart



Appendix 3. Our Children Flow Chart



Appendix 4. Panels and Their Function



Signs of Safety Resources

Signs of Safety Comprehensive Briefing Paper

Signs of Safety Workbook

Signs of Safety Workbook Volume 2

Signs of Safety Harm Matrix

Signs of Safety 3 Houses

Signs of Safety Wizard

Signs of Safety Fairy

Signs of Safety Safety House

Creating "a" Safety "Planning" Trajectory

Words and Pictures Safety Planning