

Children and Families Practice Standards

Together making a difference



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1. Introduction

Westmorland and Furness Council is committed to ensuring that children and families receive consistent support and care. Practice standards are an agreed set of expectations of managers and practitioners in Westmorland and Furness which are carried out by our Children and Families staff. The practice standards are at the heart of our vision to deliver a good quality service which improves outcomes for children, young people and families living in Westmorland and Furness, **the absolute must do's in our work with children and families.**

How to use this document?

These standards have been written in a comprehensive manner to cover all areas of our Children's Social Care and Family Help services. As such, the document is not designed or intended to be read in its entirety. Rather, it is our hope that it will provide a useful point of reference for practitioners who are seeking to refresh their knowledge on a particular area of our work, and the standards of practice that should underpin it – whether that be with regard to the specific timescales for completing actions, or the attributes and values that we would expect to see underpin the approach taken.

2. Our Principles:

Children first: Children are safe, children are seen, children are heard. Our practitioners understand each child's journey, they are curious about what the child's life is like now and know the people that are important to them. The child's safety and success are at the centre of their own plan and our direct work practice should be reflected throughout all of our work. Demonstrating how we heard, what we heard and what we did with knowing the child or young person's feelings and views.

Working with, not doing to: In Westmorland and Furness all practitioners use the Signs of Safety practice model to build resilience within the family and address the core issues leading to difficulties in the family setting. This is a strengths-based, safety-organised approach focusing on working in partnership. It 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. We work on the principle that families know more about their own lives than we do. They know what works well and who is helpful. We draw on their expertise to put together a plan that ensures children can remain at home.

Relationships: Our relationship approach emphasises the need to foster open, honest and respectful relationships with families. This means all practitioners who have difficult conversations with families do so in a compassionate and respectful way. Utilising the same approach with the

We will achieve this by:

A One Team approach, removing silos and pooling resources: We continue to create a culture of inclusivity and collaboration that values the individuality and uniqueness of our staff. We understand the skills and experience our diverse workforce bring and encourage a sense of unity as work together for the same goal.

Innovation, creativity and ambition: We support our practitioners to 'think outside the box' to find solutions, be brave in their decision making and not be afraid of trying new things. We know for families one size does not fit all, and we continue to work in adaptable ways that fits the children and families we serve.

Collaboration is key: We are committed to strengthening our relationships with our partners to make sure that children, young people and families receive the right help at the right level, at the right time when they experience difficulties to support families to remain together.

Champion a learning culture: We recognise we are on a path of continuous development, both as one team and as individuals. As individuals we utilise supervision, robust management oversight and workforce expertise to continue our growth. As a team we use research, evaluation from our interventions and feedback from the children and families we work alongside to inform and improve our services.

3. Standards for Visiting

Timescales for visiting children are driven by the child's plan, urgency of their situation or level of concern. Decisions about when/how often practitioners visit are taken in supervision, with these decisions recorded on the case record and in the child's plan.

Targeted Early Help	<ul style="list-style-type: none"> Initial visit within 10 working days and recorded on EHM. Frequency of contact will be at least weekly. At least fortnightly for face-to-face home visits/direct work as outlined in the plan with the child seen. Each visit will be planned for and will have a specific purpose in relation to the goals outlined in the plan.
Children about Whom we are Notified	<ul style="list-style-type: none"> The decision about the type of response the child needs and feedback to the referrer is made within one working day of a referral being received. If a Section 47 enquiry is triggered, the child is visited according to risk and need within 24 hours.
Child in Need	<ul style="list-style-type: none"> As set out in the Child in Need Plan as agreed with the Team Manager. At least every 4 weeks.
Children subject to a Child Protection Plan	<ul style="list-style-type: none"> Following ICPC visit to be undertaken within 72 hours. Following this, at least once every 4 weeks.
Cared for Children	<ul style="list-style-type: none"> On the day the child is moved to their new home, then weekly until the first Looked After Review. Intervals no longer than six weeks during the first year of any placement. Every six weeks during subsequent years unless formally agreed as a permanent home and once agreed, at intervals of not more than three months. Whenever reasonably asked for by a child or foster carer, regardless of status of where they are living. Where the child has a series of short breaks, they are seen as a minimum twice a year in that setting (at least once unannounced).
Children and young people who are placed in a series of short breaks (short break care arrangements, or short stays with relatives)	<ul style="list-style-type: none"> Within the first seven days then within 3 months of the first day. Intervals of no less than six months after the first visit. Unannounced at least once a year if the shortbreaks stay is more than six months. At least annually the child's sleeping arrangements will be seen.
Children placed in an Adoptive Placement	<ul style="list-style-type: none"> Within the first week of the placement and weekly thereafter until the first Looked After Review. Thereafter, the frequency of visits is determined at the child's Adoption Review or, if not specified, every six weeks for the first year and after this, three-monthly.
Privately Fostered Children	<ul style="list-style-type: none"> Within 9 days (7 working days) from the date of notification to the local authority. Intervals of not more than six weeks during the first twelve months. Intervals of not more than 12 weeks in any 2nd or subsequent year.
Children subject to a Care Order and placed at home with parents	<ul style="list-style-type: none"> Within the first week. Intervals of no more than six weeks thereafter.
Young People aged 18-25	<ul style="list-style-type: none"> At least every 3 months by their Personal Advisor.

4. Working with our children

Direct work includes work we undertake with children and their families to support them and to help to understand what they need help with, helping them to make positive necessary changes in their lives. Direct work and capturing the voice of the child or young person is considered a key priority within our social work practice.

- We will build a relationship with the child by taking the time to get to know them, working with and not doing to.
- Children and young people are seen alone, in a variety of settings, observed and communicated with according to their age, understanding and development needs. Statutory Visits must take place in the child's home. These must occur as a minimum within statutory guidance timeframes.
- Practitioners are familiar with and use direct work approaches appropriate to the child's age, understanding and preferences; and understand that "direct work" includes both play materials/engagement tools and relationship building conversations.
- Where children are too young or do not have the ability to verbalise their views, we will still strive to hear them, using observations between them and their family and seek the views of those who know the child best to capture their voice
- Each child or young person within the family is recognised as unique and separate to their siblings, this will be mirrored within case recording.
- We will listen to what children say and will use a child's views and wishes to influence those decisions made about their life.
- Every child knows who their social worker or practitioner is, why they have a social worker/ practitioner, how to contact them, how often they will see them and what their plan is.
- Children and young people will have information explained to them in a manner that they can understand and their worker will be prepared to answer questions they may have as openly and honestly as possible.
- We understand how best to communicate with children and young people we are working with. We will make appropriate arrangements for the use of translators, interpreters and communication tools to meet any specific sensory or language needs.
- Where a child would prefer to share their views and wishes with an independent person such as an advocate, we will make a referral to an independent advocate service.
- We will be proactive in our attempts to see children. When children express a desire not to see their worker, the reason for this and how to overcome it, is given careful consideration and unsuccessful attempts to see a child are recorded. Managers must give clear direction when a child refuses to see a worker and evidence of attempts must be recorded.
- Other than in an emergency (e.g. the worker is absent from/leaves work unexpectedly), all children will be notified of a change in worker, the reason for it and have the opportunity to be introduced to their new worker by their existing worker.

Every Practitioner should know:

- How does the child feel?
- How does the child communicate his or her needs?
- What does it feel like living in the family?
- How is our intervention impacting on improving the child's circumstances?
- How do we know this?
- What support have the family been previously offered and/or engaged with?
- Has there been any change in the level of risks and protective factors?

5. Recording of the child's journey

This needs to be considered in conjunction with Westmorland and Furness Children's Services Procedures Manual Recording Policy and Guidelines (trixonline.co.uk)

- Children's records reflect their lives, achievements and the work that is carried out with them, and clearly relate to the plans for their futures. The style and clarity of records should be such as to increase the understanding that children have about their histories, background and experiences.
- We understand the importance of having accurate and up to date recording of their work with children and their families.
- We record visits as soon as practicable or, at the latest, within 24 hours for significant events and for all other events within 5 working days.
- The purpose of our visits to see the child or their family are clear, purposeful and linked to the child or young person's plan.
- Within our recording we are clear about what is fact, opinion and professional judgement in case recordings.
- We will record our visits using the agreed guidance.
- Information is written and stored in line with information sharing protocols and the principles of the Data Protection Act
- Reports and children's records are written in plain language, free from acronyms and jargon, so they can be understood by the child, parent/carer as far as possible. If needed to ensure the child/family can understand and engage in the purpose and completion of the report, they are translated into their first language.
- Assessments, plans, records of visits and direct work with the child include the child's voice. The way the child's voice has been gained is clearly included.
- Where a child's plan is changed following a review, it is updated on the child's records within 48 hours.

6. Supervision & Management Oversight

This needs to be considered in conjunction with Westmorland and Furness Children's Services Supervision Policy

Regular	Practitioners should access planned supervision every month
Restorative advance	Supervision should be a two-way process and a joint responsibility. It should be well planned and both the practitioner and the supervisor should prepare in to enable effective support and challenge. Language used should be positive and respectful
Protected	Supervision should be a protected time that is free from interruption and a safe space that operates within confidentiality principles
Reflective underpinning	Enable exploration of issues that are relevant to the worker-client relationship and the thinking behind decision making, including evidence base and theories
Proactive	Children and families are discussed in line with their risk and needs. Practitioners are given the opportunity identify the children they want or need to discuss
Effective	Needs to effect change for children and families Needs to support and enable personal and professional development Should include discussion about opportunities and development (including other experiences, exposure to other teams / services) Should consider what we can celebrate
Recorded	Clear, SMART agreed actions need to be recorded to ensure we meet both the needs of the child and the practitioner

Assessment and Intervention	<ul style="list-style-type: none"> • There will be regular management oversight during the Child and Family Assessment process. • The first management oversight takes place with 24 hours. • Supervision takes place at a minimum frequency of monthly -six weekly during the course of Assessment & initial planning. • Best practice would include additional management oversight at day 10 and day 25 of the assessment period. • Supervisor and supervisee should agree which children they will discuss more frequently and which they will discuss in more detail, dependent upon risk and need.
Targeted Early Help	<ul style="list-style-type: none"> • Children/ Young people who are subject to Early Help Assessment are discussed in supervision 6 weekly.
Child in Need & Child Protection	<ul style="list-style-type: none"> • Monthly, with priority for detailed reflective supervision and/or mapping where children's plans are complex or 'stuck'. • Moving from monthly to bi-monthly if deemed appropriate & plan is progressing.
Children subject to a Child Protection Plan	<ul style="list-style-type: none"> • Following ICPC visit to be undertaken within 72 hours. • Following this, at least once every 4 weeks.
Child with Disability ie. No parental concerns, focus is primarily on disability)	<ul style="list-style-type: none"> • Every 3 months as a minimum
Child with Disability subject to CIN, CP, Cared for planning	<ul style="list-style-type: none"> • See guidance above/below for children with a disability who are supported/ safeguarded through CIN, CP and CLA plans.
Cared for children up to 2nd Cared For Review	<ul style="list-style-type: none"> • Monthly – to bi-monthly weekly depending on stability and progress of plans.
Cared for children who are settled in placement	<ul style="list-style-type: none"> • Bi-monthly. This can be extended to every three months with Service Manager agreement.
Care Experienced	<ul style="list-style-type: none"> • Every 3 months.
Youth Justice Service	<ul style="list-style-type: none"> • Every 4 weeks, cases of greater complexity/ risk will be discussed in more detail. • Supervisor and supervisee should agree which children they will discuss more frequently and which they will discuss in more detail, dependent upon risk.

7. Chronologies & Case Summaries

Chronologies

We ensure that a child impact chronology is reviewed, commenced, and/or updated, at the point of involvement.

Each 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.

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

We ensure that all children have an up to date chronology (updated as significant events occur and otherwise updated at a minimum of every 12 weeks) that is multi agency informed.

Case Summaries

All case summaries will provide a summary of key information regarding current intervention with the child or young person and their family.

1. Pen picture of the child
2. Brief reason for Current Social Care/Early Help involvement
3. Significant relationships (including contact details)
4. What is the plan? This should be a brief overview of the child's plan, not actions from the care plan.
5. What is the progress of the Plan since last Case Summary?
6. Are there any specific risks/identified harm to the child/young person? Detailing any risks i.e., risk of sexual abuse/ physical harm, Risk of CE etc
7. What is the plan in the event of an emergency?
8. Any known Risks that those working with the family need to know about?

A Case Summary will be written within 1-week of referral and must be regularly kept up to date.

Updates should be completed every 3-months and /or:

- When there has been a significant event or change in circumstance to the child and family.
- Upon transfer to another Social Worker/Team
- When ending our involvement



8. Contacts to the Multi Agency Children's Hub and Initial Responses

- All single contact forms will be reviewed within 30 mins by a business support officer and the Social Work Team Manager/Duty Social Worker alerted if the form includes significant concerns.
- Where a contact to the Multi Agency Children's Hub (MACH) raises significant concerns for the welfare of a child it will be identified as Urgent and given to the Duty Social Worker to review and work on until safety is identified, or the child has been transferred to the area team for a Strategy Meeting.
- Where a Strategy Meeting is identified a discussion will have taken place with the Duty DS in the Multi Agency Children's Hub to agree the outcome and so that the police can open a log and liaise with the area DS.
- The Hub duty manager will alert the duty TM in the area by email of an urgent matter being transferred.
- All non-urgent contacts received into the Multi Agency Children's Hub Outlook Tray/CJSM/ phone call will be reviewed within 4 hours and initial management oversight provided and where a MASH Assessment is required, the manager will allocate this to the most appropriate agency to lead on the piece of work within 4 hours.
- Where no consent has been provided for the single contact form the SW Duty manager will review as above. Work will only commence in the MACH without consent if the SW Duty manager considers that there is a likelihood of significant harm has/will occur without intervention.
- The referrer will be spoken with to confirm the worries they have reported wherever possible without delaying the work to find safety for the child within the MASH Assessment. The parent /carer will be spoken with, or a clear rationale provided as to the reason why not. This conversation will be done by phone and include verification of informed consent for the referral, the reason for the referral, the parents' response to this, consent for additional checks, and an exploration of the family's support network.
- The lead worker will seek information from other agencies within and aligned to the Multi Agency Children's Hub through a delegation in the MASH assessment. Information can be obtained from other agencies not represented in the MACH as well through phone calls and emails.
- The lead worker will review the EHM/LCS histories for all children.
- MASH assessments will be completed and have manager oversight within the allocated timescale which will be no more than 72 hours.
- Where the decision is made for an early help assessment/continue with early help/child and family assessment the SW Duty Manager will authorise the MASH Assessment and assign the outcome to the appropriate area tray.
- Where there has been a MASH assessment that does not meet threshold for social work intervention and early help support is identified, these will be allocated to the Early Help duty tray for allocation through the Early Help pathway.
- The parent is informed by telephone of outcome by the worker leading on the MASH Assessment.
- A professional referrer is informed in writing of the outcome of their contact within 72 hours of the work being completed.

9. Early Help Assessment

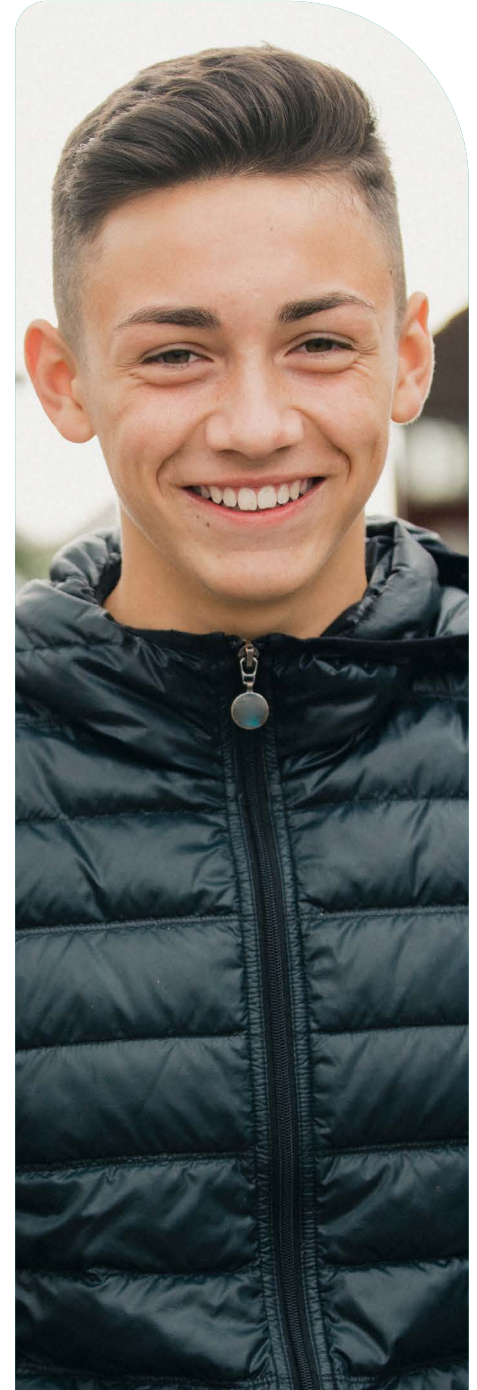
We will see the child and their family within a minimum of 10 working days from the referral decision date. The timescale for the assessment of 35 working days as agreed with the team manager. For those assessments that do not meet the 35-day timeframe, this will be discussed with the TM 5 days prior to completion date and MO added with rationale and timescale for completion.

Early Help will be child or young person focused and include their views and opinions. An Early Help Assessment will:

- Will consider both current and historical information.
- Will identify the needs and level of risks to the child or young person, building on strengths and safety factors.
- Will demonstrate the impact of parenting capacity and family and environmental factors on the child or young person.
- Will consider the parent(s) individual and collective ability to respond to meet those needs and address those risks.
- Will be shared with the child or young person and their parent(s) or carer(s) and network so they can contribute to positive change.
- Will demonstrate management oversight in the decision making.
- Must include information from a range of agencies involved with the child or young person and their family.
- Will be updated at least annually or when a significant event occurs.

10. Early Help Planning

- The Early Help Plan will be solution focused, trauma informed, and include the family and network systems of support.
- The EH plan will clearly outline what the family and network will do to respond to the worrying behaviours should they arise to keep children and young people safe and well cared for.
- The EH Plan should be SMART, detailing who will do what and when in order to achieve the goals of the plan.
- The EH Plan will be written in plain English so that the plan is understandable to the family including what progress needs to occur to step down the support.
- The EH Plan will be formally reviewed and updated regularly using information from the child or young person, parent(s) and carer(s) and other professionals involved at every meeting.
- Review meetings are held at least 6-8 weekly, as outlined in the plan, and the follow-up review is booked at the time of review.
- Reviews are updated on EHM within 10 working days of the review taking place and the plan shared with the family.



11. Child and Family Assessment

We will see the child and their carers within a minimum of 5 working days from the referral decision date.

The timescale for the assessment of 13, 25 and 35 working days is to be determined by the allocating manager in line with identified need. In exceptional circumstances, the timescale may stretch to 45 days. Team Managers will provide a clear rationale for these circumstances.

Each assessment will contain a genogram which will be developed with the family detailing who is in their family and the wider network. The genogram will demonstrate an understanding and overview as to who is in the child's network and what support role they each have.

Child and Family Assessments will:

- Consider both current and historical information.
- Consider information from a range of agencies involved with the child or young person and their family.
- Identify the needs and level of risks to the child or young person, building on strengths and safety factors.
- Demonstrate the impact of parenting capacity and family and environmental factors on the child or young person.
- Consider the parent(s) individual and collective ability to respond to meet those needs and address those risks.

We will see the child or young person during the course of the assessment and their views will be gathered through meaningful direct work which will be included within the assessment.

We will gather the views of the child's parents/carers and extended family and will use these to inform the assessment. The assessment will include the whole family, **not leaving anyone out**.

We will ensure that all Child and Family assessments will have Statements, Goals and Scales providing clear overall analysis, developed in partnerships with parents/carers using child and family friendly language.

Where neglect is a concern, we will use the Day in the Life toolkit to explore those concerns and this will be included within the Child and Family Assessment. More guidance to be found at www.cumbriasafeguardingchildren.co.uk/professionals/neglect/default.asp#

The Child and Family assessment will be shared with the child or young person and their parents or carers and network so they can contribute to positive change.

We will update the Child and Family Assessment at least annually or when a significant event occurs for all children under 16 years of age.

During the course of the assessment we will develop a Timeline to show all the task and steps required to support the family to achieve safety/wellbeing or success. This will be included within the Child and Family Assessment.

We will create bottom line/s where necessary to ensure the immediate safety of the child or young person, in addition to a viable contingency plan if plan rules are not keeping children/young people safe.

12. Pre-Birth Assessment

- A Pre-Birth Assessment must always be completed if there is reasonable cause to suspect that the unborn baby is likely to suffer significant harm before, during or after birth.
- During the process of completing a pre-birth assessment, a meeting of all professionals involved must be convened as per multi-agency child and family assessment. All professionals should give high priority to attendance at child and family assessment planning meetings if requested.
- Social Workers to follow the Pre-Birth Assessment template found at **Pre-Birth Assessment Pack (Feb 2021).docx (live.com)**

13. Children With Disabilities

If a referral is made solely on safeguarding grounds this will be allocated to district Support and Protect Teams as with all children deemed to be at risk.

If a Referral is made to the Safeguarding Hub with no other concerns other than the impact of the child or young person's disability:

- Safeguarding Hub will notify the Duty Children with Disabilities Social Worker and Team Manager then allocate the contact to the Team Manager.
- Team Manager reviews the contact and either allocate to the duty Social Worker to undertake a provision of information and advice record or to a Social Worker for Child & Family Assessment.
- For Provision of Information and Advice the Duty Social Worker will contact the parent/ carer to discuss the referral, gain further information and options for support, making any appropriate referrals to other agencies (encouraging parent/carers to self-refer where possible), completing the contact and reallocating to the Team Manager within specified timescales (5 days) with making recommendations for a C&F assessment, if required.
- If the outcome is for a Child and Family Assessment the Team Manager completes the contact and allocates for completion.
- If a decision is made to undertake a Child and Family Assessment, follow Child and Family Assessment section for guidance.

Child and Family Assessment outcomes:

- If needs relate solely to disability and the outcome is a support package for the children i.e direct payments, a Child in Need Plan should be initiated however Team Manager to set LCS CWD Visiting rule.
- Following assessment, the initial Child in Need Review will take place within 3 months and thereafter 6 monthly. Visits will be undertaken at a minimum frequency of 3 monthly. This can be changed through consultation in supervision, or as a response to change in circumstances.
- Child in Need Plan, for needs over and above the child's disability, follow Child in Need and Child in Need Planning and Reviews section.
- There will be a Child and Family Re-Assessment for all children and young people every 12 months with the exception of those aged 17, who will be assessed as part of the transition planning under the Care Act 2014.

During the course of the Child in Need plan, if the social worker identifies potential risk of harm towards a child:

- Social Worker to discuss concerns for the child or young person with their Team Manager, strategy to be arranged and child protection procedures to be followed. See section 16, 17, 18 & 19
- Where there are siblings who are not open to Children's Services and the risk is also relevant to them, (for instance Domestic Abuse) the Children with Disabilities Team will action.





- However, if the risk relates solely to the sibling (for instance CE, Self-Harm, Offending) then this will be allocated via usual process to district Support and Protect Teams.

14. Child in Need Planning

- Child in Need plans will reflect the needs of the individual child as carried out during the assessment.
- Child in Need plans will identify who is responsible for carrying out the action, by when, in what timescale and how progress is to be measured.
- Child in Need plans will focus on the child and what needs to happen to reduce risks, enhance their welfare and improve their outcomes.
- Child in Need plans will detail effective contingency planning.
- Child in Need plans will be formally reviewed and updated regularly using information from the child or young person, parent(s) and carer(s) and other professionals involved at every Child in Need meeting.
- Child in Need plans will be written in plain English so that the plan is understandable to the family including what progress needs to occur to step down the support.
- A copy of the plan will be provided to parent(s), children and young people and all professionals within 5 days of the Child in Need meeting.

15. Child in Need Review

- A Child in Need Review meeting will be held within 20 working days for all cases where the assessment identifies the child/young person is in need.
- The second and subsequent reviews will take place at a minimum of 8 weekly.
- The Child in Need Review meeting is to include all relevant professionals, parents, child or young person and their support network.
- The purpose of the Child in Need review is to check progress against the plan, review the risk of harm in light of any lack of progress in respect of identified tasks and what new actions need added to the plan.
- It is the responsibility of each family member and professional to have a clear sense of understanding of their role in respect of the Child in Need Plan, what tasks they have responsibility for and the timescale for completion of the tasks. This must be achieved at the initial and future Child in Need meetings.
- The allocated social worker will send a copy of the completed Child in Need plan and the minutes to the child, family and professionals within ten working days of the Child in Need meeting.
- Should a child or young person continue to be the subject of a Child in Need plan over 6 months, a case review will be undertaken by the Service Manager

16. Strategy Meeting

- A strategy meeting should take place as soon as it has been identified that the child or young person is suffering or likely to suffer significant harm.
- Where a decision is made that strategy discussion is needed, that meeting will take place within 48 hours. If a Strategy Discussion is considered with partners but does not take place, a clear management oversight rationale needs to be recorded.
- All strategy discussions must be quorate and involve colleagues from Police, Health, Education, and any other key agencies involved including adult based services.
- Strategy meetings must plan for the immediate safety and protection of the child or young person, the production of an immediate safety plan where necessary and identify the actions to be taken, by whom and when, as part of the enquiries/investigation to be undertaken.
- Strategy meetings need to consider historical and current information.
- The meeting will consider the needs of each individual child or young person within the family and their ongoing protection.
- The minutes of strategy meetings should document the decisions made for each child and young person and any contingency planning.
- In circumstances where an allegation has been made about a foster carer, a Service Manager will chair the strategy.
- In circumstances where potential Fabricated and Induced Illness is being considered, strategy meeting to be chaired by an IRO and following pathway to be followed www.proceduresonline.com/cumbria/lscb/user_controlled_icms_area/uploaded_files/FII%20-%20Flowchart%20for%20when%20FII%20is%20Suspected.docx

17. Section 47 Enquiry

- A section 47 enquiry will be initiated to establish whether and what type of action is required to safeguard and promote the welfare of a child who is suspected of or likely to be suffering significant harm.
- A section 47 enquiry is carried out by undertaking or continuing with an assessment and following the principles and parameters of a good assessment. There will need to be a particular emphasis on the issues of concern and the analysis of risk.
- Social workers should lead assessments under section 47 of the Children Act 1989. The police, health professionals, teachers and other relevant professionals should support the local authority in undertaking its enquiries.
- Social workers are responsible for deciding what action to take and how to proceed following Section 47 enquiries and include a clear rationale to support decision making. The outcome of a Section 47 Enquiry must be endorsed by the team manager.
- The child must be seen and spoken to alone during the S47 Enquiries within 24 hours of the strategy meeting.
- The S47 Enquiries must be completed within 10 working days.
- Safeguarding Consultations between Children's Social Care and Independent Reviewing Officers before conference are available to offer expert advice and to identify outcomes, consultation is at the discretion of Children's Social Care and may be used in circumstances where an independent perspective may be of benefit to the progression of plans; decisions in respect of management oversight remain with the Social Worker and Team Managers

18. Child Protection Conferences

- Initial Child Protection Conferences are undertaken within 15 working days of the strategy meeting taking place and s47 concludes that an Initial Child Protection Conference is required.
- The recommendations of the IRO to be sent to the Team Manager within 3 days.
- The Review Child Protection Conference must be held within 3 months of the initial conference, then 6 months thereafter.
- Child Protection Conferences will involve the parent(s), Carer(s) and network and a wide range of agencies involved with the child or young person and their family as an in-person meeting or using 'Teams'.
- The allocated social worker will consider the attendance and participation of children and young people including the use of advocacy services to represent their needs.
- The allocated social worker will ensure that the conference report is shared with parents and young people where appropriate at least three working days before the Initial Child Protection Conference and at least five working days before a Review Child Protection Conference.
- The meeting should identify the needs and the level of risk to the child and young person while establishing and building upon the identified strengths while considering the parents ability to meet the needs and address the risks.
- The conference chair will ensure that there is a clear risk analysis and that there is an agreed plan on how to safeguard the child and that there is a corresponding robust timeline in place that details the necessary steps to achieve safety and wellbeing.
- The conference chair will ensure that the network has been invited to, and participates in the Conference, Review or core group meetings.
- A child's attendance at Conference will be planned and discussed with the IRO. A decision will be made with the IRO in advance and consider issues of confidentiality, information-sharing and the impact on the child. If it is agreed that the child will attend the Conference, the child must be adequately prepared by the Social Worker. Where the IRO does not think it is appropriate for the child to attend or for the IRO to speak to the child directly, the IRO will record this on the child's record to ensure consideration of the child's best interests.
- The IRO will thoroughly prepare for each Conference and will speak to the family and network at least two days prior to attending, to ensure they have received and understand the paperwork, know what to expect and who will be there.
- The IRO will meet with family members immediately prior to the Conference to explain the process and discuss their contribution. The IRO will invite family members to highlight any factual inaccuracies in any of the reports and discuss at the beginning of the Conference.
- The IRO will review the progress of the Child Protection plan between review meetings and record this with a Midpoint Review on the child's record.
- The IRO will consider any requests for a confidential section in the Conference.
- The reason for any exclusion of family members of the network in the Conference will be noted on the child's file by the IRO.
- The IRO will seek a consensus regarding the need for a Child Protection Plan and any dissenting views will be recorded in the report.
- If a significant change of circumstances occurs, the Social Worker will contact the Chair to request that the Review Conference be brought forward.
- When a child subject to a Child Protection Plan becomes a Cared for Child, the IRO will hold the Conference concurrently with the first Cared for Child Review and record the multi-agency discussion and decision making about the proportionality of the Child Protection Plan.



19. Child Subject to a Child Protection Plan

- The Child Protection plan is recorded within 3 days of the Initial Child Protection Conference and circulated within 5 working days to the family/child/young person where appropriate and relevant professionals.
- The Chair's Report of the Initial Child Protection Conference and subsequent will be circulated within 15 days.
- The Initial Child Protection Case Conference will set the date of the first core group within 10 working days. Thereafter Core groups must be at a four-weekly intervals as a minimum.
- The primary aim of the first core group is to develop a detailed child protection plan setting expected outcomes for the child within clear timescales.
- It is the responsibility for each member of the core group to have a clear sense of understanding of their role within the core group, what tasks they have responsibility for and the timescale for completion of the tasks.
- The progress of timeline will be reviewed at every meeting, and updated where necessary, with tasks and steps marked as completed when completed.
- Social Workers will ensure that scaling is being used to gather the ongoing perspectives of core group members who are involved in planning.
- The core group minutes must be sent to all core group members within five working days of the core group meeting being held.
- Should a child be subject to a Child Protection Plan over 9 months, a Service Manager will conduct a review of the child's circumstances.
- The IRO will ensure every child will have a Midpoint Review recorded to monitor the progress of plans and prevent drift and delay.

20. Pre-Proceedings

- The purpose of the Pre-Proceeding process is to avoid proceedings if possible and ensure that the proper preparation is done before proceedings are issued.
- If concerns are such that the social work team believe the threshold has been met for Pre-Proceedings;
- The Legal Workspace Pathway needs to be triggered on ICS.
- An LP1 should be completed by the social worker and signed by the Team Manager and Service Manager.
- Legal Advice should be requested by the social work team.
- The child's circumstances should be presented at Legal and Placement Panel,
- If agreed by the Senior Manager chairing LPP Panel, the Pre-Proceedings Letter and a list of solicitors to be sent out within 5 working days.
- An Initial pre proceedings meeting should be held within 10 working days of receiving the letter.
- Review pre-proceedings meetings to take place every 4- 6 weeks
- Parents must be clear about what is expected of them to make changes in the care of their children, be clear about the timescales in which they must make these improvements and be clear about the consequence of failing to do so.
- Pre-proceedings work will be reviewed by a Service Manager every 6 weeks and will be concluded within a 16-week period. Any request for an extension beyond 16 weeks should be exceptional and will need to be requested from Legal and Placement Panel.
- A review of pre-proceedings form will need to be completed in order to end a period of pre-proceedings, the social worker and team manager will need to attend Legal and Placement Panel.
- If there is escalation in concerns during the course of pre-proceedings, LP1 to be completed for request to issue care proceedings.
- Legal workspace to be updated regularly during the course of pre-proceedings. Service Manager will review use of Legal Workspace at Week 12.
- Children and Young People's Services - Westmorland and Furness - All Documents (sharepoint.com)

21. Care Proceedings

For Planned Applications

- The Social Worker and Team Manager to complete LP1 requesting permission to issue care proceedings.
- The child's placement options must be explored as part of the LP1. If you are requesting a foster placement, this must be agreed by Team Manager,
- Service Manager and Senior Manager in advance prior to attendance at LPP.
- Legal Advice should be requested by the social work team.
- The child's case should be presented at Legal and Placement Panel
- If agreed social worker to prepare Social Work Evidence Template sent to legal within 10 working days of Panel (unless otherwise agreed at panel)

Please see **SWET_guidance_April2021.pdf** for guidance on how to complete.

For Unplanned Applications

- Legal and Placement panel must be attended in retrospect.

See 21. Cared for Children for further guidance re processes for permanency

22. Cared For Children

- A Placement Plan should be in place for any child/young person prior to spending their first night in placement (for emergency placements it must be completed within 5 days from the start of the child or young person's stay).
- When a child or young person moves to a new placement all the information (including family history and a view on the vulnerability of the child or young person) needed to care for
- The child or young person is shared with the foster carer straight away and a placement meeting is held to agree how their new home will meet the child or young person's needs.
- The Delegated Authority tool is to be completed at the placement planning meeting at the start of a child's stay. Decisions of delegated authority should be re-considered at every review of the care plan by the allocated social worker.
- In most cases, a child need to be staying in a place where they can continue to spend regular time with their family, friends, and people important to them. In exceptional circumstances, where this is not possible, alternative means of ensuring ongoing Family Time is to be rigorously explored.
- The child/young person is allocated an Independent Reviewing Officer within 24 hours of being cared for by the Local Authority.
- The Care Plan is completed within 10 working days of the child moving to a new home.
- The progress of the timeline will be reviewed at every meeting, and updated where necessary, with tasks and steps marked as completed when completed.
- A Personal Education Plan is initiated as part of the Care Plan and completed within 28 days of the child or young person being looked after.
- A Child and Family Assessment will be undertaken every 12 months for all children under 16 years of age.
- The IRO will ensure every child will have a Midpoint Review recorded to monitor the progress of plans and prevent drift and delay.
- Care planning meetings are to take place once every 3 months to review and update the child's care plan, these will include a review of the child's placement, health, education, permanency and family time.

Health

- An Initial Health Assessment is completed within 28 days of the child being cared for by the Local Authority. The CLA health team should be notified and receive medical consents within 2 working days of children becoming cared for in order for the medical to take place. The social worker is required to attend the IHA.
- Following this the child or young person will have an annual health review. This will be arranged by the Children in Care Health team, who will arrange for an appointment to be sent to the carer and social worker. Where an interpreter is required, this should be arranged by the social worker.
- The child or young person should have an annual dental appointment, and it is the responsibility of the both those who care for the child and the IRO to ensure this happens. It is the responsibility of social worker to record this on LCS.
- All children between the age of 4 and 18 who are cared for by the Local Authority require a yearly SDQ.

Initial SDQs

- It is the role of the allocated worker to initiate the process by asking the child/ young person's carers and education provider to complete a copy of the relevant SDQ questionnaire within 3 months of the child or young person becoming cared for.
- It is the role of the allocated worker to undertake the questionnaire with the child/ young person as direct work during their visits.
- When the allocated worker has collected the questionnaires, they are to return them to the business support team who will score the questionnaires and add the overall score to LCS in the Strengths and Difficulties tab.
- For children and young people placed within Westmorland and Furness footprint
- For all children and young people placed within Westmorland and Furness, the SDQs will be undertaken by the CLA health team as part of the review health assessment (RHA). The score will be uploaded to LCS.
- For children and young people placed outside of Westmorland and Furness footprint

- For children and young people placed out of county and for many unaccompanied minors, the allocated worker will need to complete the SDQ with carers and young people yearly and request one from school. Once they have all three questionnaires these can be scored by the Business Support Team and uploaded to LCS.
- For more detailed information regarding Cared for Children's health please visit Health Care Assessments and Plans.

Permanency

- A Permanency Planning meeting should take place at the earliest opportunity and before the second review.
- Permanence planning should be clear by the child/young person's second CLA review.
- Robust consideration will be given to siblings living together as part of planning for permanence. Any decisions to live separately will not be made without a thorough sibling assessment.
- Permanence Panel to be attended prior to submitting Final Evidence and/or SGO Support Plans to filed.
- If the plan is Adoption, Permanence Panel to be attend prior to SHOBPA and send to allocated legal advisor for checking and filing.
- If a child or young person's permanence is not achieved by the third review, the Permanence Panel is responsible for tracking the progress.
- When a child or young person is to be long term matched with a foster carer as a means of achieving permanence, the carer must agree to the plan.
- A match with inhouse foster carers must be agreed at Fostering Panel.
- All IFA foster placements funding must be agreed prior to Permanence Panel.
- For those children and young people not matched long term, an annual Family Network meeting will be held to explore permanence and placement options.
- When a child or young person is to Stay Put after the age of 18 with a foster carer, the Supervising Social Worker and the young person's Personal Advisor or Social Worker, will ensure that the foster carer agrees and understands the implications in terms of fostering. A Staying Put agreement will be completed before the arrangement commences.
- Life story work will commence as soon as a child or young person becomes cared for. Life story work is much more than just completing a book that outlines events in the life of a child or young person, it is a way of working that can help children or young people separated from their birth families maintain a good sense of their life journey and identity. A wide range of people can contribute to the creation of a child or young person's life story. For example, children and young people, foster carers, birth family members, network members, social workers, and teachers.
- The IRO will ensure that plans for permanence are evidence based and are in the best interests of children and young people.

23. Cared for Reviews

- Child Looked After reviews will be child focused and where possible take place with the child or young person present and in the place where the child and young person is living.
- The allocated social worker must consider and record the views of the child and young person when arranging the Child Looked After Review meeting.
- The Initial Child Looked After review meeting must take place within 20 working days of the start date of the child becoming cared for by the Local Authority. The second Child Looked After review meeting will take place at four months from the date the child or young person became looked after. Any subsequent Child Looked After meeting will take place at a minimum of 6 months thereafter.
- The allocated social worker will ensure that the report for the initial review meeting is shared with parents and young people where appropriate at least three working days before the meeting and at least five working days before any subsequent review meeting.
- The review considers the child or young person's holistic needs and including how the child or young person's connection to family, friends and community, current home, education and employment, self-care, identity, and culture needs are being met.
- The child or young person is actively involved in the review and is seen by their IRO as part of the review process.
- The first review sets out a multi-track plan, setting out all potential options including contingency plans.
- The review fully considers issues of Permanency at the second Review. A further decision-making review will be convened in the event further work is required to identify a plan.
- Review Outcomes are SMART and underpinned by high expectations for our cared for children and young people. The review fully considers the social worker's visiting arrangements for the child or young person in line with the current plan and statutory guidance and local arrangements. The IRO will ensure that each Cared for Child knows who their IRO is and knows how to contact them between reviews, and this will be clearly recorded on the child's file.
- The IRO will ensure that each Cared for Child has been consulted about chairing their own review and that the review will take place in the child / young person's preferred venue where possible and appropriate.
- The IRO will review the Care Plan and ensure the plan sets out what help and services will be provided to a Cared For Child and their family.
- The IRO will ensure that permanence planning is progressed by the second Review and within the wider context of assessment, care planning and review.
- The IRO will ensure that every home a child is to stay is approved by the Local Authority, that the accommodation is suitable and meets the child's needs, that there is evidence that the arrangements have been considered through the reviewing process and if unregulated, that the unregulated placement procedure is followed.
- The Social Worker should provide information to the IRO in a timely manner to help the IRO to fulfil their responsibilities. This includes providing reports prior to meetings, alerting the IRO to important changes in circumstances for the child, invites to Strategy Discussions, Matching Meetings, Permanence Planning and meetings in the Adoption process.
- The IRO will check in the child's review that the Personal Education Plan has been completed within 20 working days of becoming a Cared For Child and every school term thereafter.
- Additionally the IRO service will chair reviews of private fostering arrangements, using the Cared For Children's Review format, chaired at the same frequency as for a Cared For Child.

24. Care Experienced

- A referral for a Personal Advisor (PA) will be made by allocated social worker when a child is 15 years and 9 months old.
- An allocations meeting will be held with social worker, PA and care experienced team manager to enable positive matching for a child with a PA, following referral. This will include PA profiles being shared with children in advance of allocation so they are involved in this process.
- PA will visit children at least every 3 months up until their 18th birthday, to support the building of positive working relationships, in preparation for transition into adulthood.
- The Pathway Plan is updated within 5 days of the Pathway Plan Review meeting being held.
- The PA will work alongside the allocated social worker to support pathway planning and personal education/opportunity plans up until a child's 18th birthday. The social worker will maintain statutory responsibilities for a child up until their 18th birthday.
- A family network meeting will be convened by allocated social worker when a child is 17.5 years and this plan will feed into overall pathway plan so we fully understand a child's support networks prior to them entering into adulthood.
- 2 months before a child's 18th birthday, a transfer meeting will be convened between social worker, PA and team manager from care experienced team to ensure a smooth handover from social worker to PA.
- PA's will take lead on pathway planning from a child's 18th birthday, the pathway plan will be reviewed and updated at least once every 6 months until the 21st birthday.
- Support needs will be reviewed 1 month prior to a young person's 21st birthday to determine if any on-going PA support/pathway planning is required beyond their 21st birthday. If on-going support is required, or if the young person requests ongoing support from their PA, pathway planning will continue. The frequency of keeping in touch will be agreed in line with their needs, wishes and feelings, and the pathway plan post 21 can be completed every 6-12 months for those 21 years and over. If no support needs are identified, they will be closed to the care experienced team and an annual review of their needs will be undertaken up until their 25th birthday.
- PA's will keep in touch with care experienced young people at intervals of at least once every 8 weeks from their 18th birthday up until their 21st birthday, when support needs will be reviewed as point 8.
- The IRO will ensure that care leavers have an effective Pathway Plan and are effectively prepared for independence and supported through their transition to adulthood. If our Care Experienced Young Person gives consent, the IRO will offer to chair a minimum of two Pathway Plan Reviews, following the young person ceasing to be Cared For by the Local Authority.



25. Children and Young People at Risk of Exploitation

If a social worker has concerns regarding child exploitation a Child Exploitation vulnerability checklist must be completed on LCS which will be assigned to the Complex Safeguarding manager to outcome which would be to call an Initial CE Assessment or provide a consultation to further explore the risks.

If an initial CE assessment meeting is agreed the Complex Safeguarding Manager will request this and the social worker/targeted family help worker is to send a list of attendees/forward the invite where needed. It is good practice to invite parents/carers and the young person (if appropriate) to attend for the first part of the meeting.

Prior to an initial CE assessment meeting, the child/young person and their family is to be seen and their views ascertained.

An initial CE assessment meeting is to be held within 20 days following the completion of the vulnerability checklist.

At the initial CE assessment meeting, a decision will be made as to whether a CE Pathway is required, and the level of concern identified for the child; Low, Medium or High A CE marker will be added to the child's file.

For children and young people considered to be High concern for exploitation:

- The child or young person must have an allocated social worker.
- There must be a strategy meeting held following the CE meeting that has deemed there to be a high concern.
- There will be 4 weekly CE review meetings chaired by the Complex Safeguarding Team Manager to review the child's risk of exploitation
- A child exploitation intervention worker will be allocated in order to deliver direct work to the child, young person and their family.

For children and young people considered to be Medium concern for exploitation:

- They child or young person must have an allocated social worker.
- There will be 8 weekly CE review meetings chaired by the Complex Safeguarding Team Manager or Complex Safeguarding Social Worker to review the child's risk of exploitation
- They will also be allocated a child exploitation intervention worker to deliver direct work to the child, young person, and their family.

For children and young people considered to be low concern for exploitation:

- Any child identified as Low Concern under 13 years of age, should have a Child and Family Assessment.
- The child or young person do not require allocation to a social worker, and they can be allocated to Early Help Practitioners.
- There will be 12 weekly CE review meetings chaired by a worker in the Complex Safeguarding Team.
- A CE Intervention Worker is not automatically allocated to children and young people of low concern, however it can be agreed if there is an outstanding need through agreement with the Complex Safeguarding Manager.

If a young person is on a CE pathway at 17 and a half, a safeguarding referral will need to be made to Adult Services who must be invited to the next CE meeting as per the transitional policy, so they can assess if there is any role for them.

When it is decided that a child or young person no longer needs a CE pathway, it is only the Complex Safeguarding Manager who is able to close the pathway and remove CE markers from the LCS file.

26. Children and Young People Missing from Home

For Westmorland and Furness children and young people who live in Cumbria and are reported missing:

- Police notifications will be shared with the Multi-agency Children's Hub.
- A Return Home Interview will be generated and allocated to the Complex

Safeguarding Team to undertake within 72 hours.

For Westmorland and Furness children and young people who are living outside of Cumbria and are reported missing:

- The child or young person's placement will complete an Out of County Missing Notification form and return it to Business Support in the Multi-agency Children's Hub.
- A Return Home Interview will be generated, the Complex Safeguarding Team will undertake this where possible, or will be outsourced to NYAS to undertake within 72 hours.

If a child or young person is missing over 24 hours, a strategy meeting or a Stage 1 Missing Meeting should be held.

If a child or young person is missing over 48 hours, a 'Need to Know' form is to be completed by the allocated Social Worker/Team Manager and escalated to the Assistant Director. A strategy meeting must also be held to be arranged by the Social Worker and Team Manager for the child/ young person's team.

If a child or young person has been missing 3 times in 90 days, a Stage 1 Missing Meeting chaired by the Team Manager should be held. Where possible a Stage 1 missing meeting should be held within 10 days of the last missing.

If a child or young person has been missing 5 times in 90 days, a Stage 2 Missing Meeting should be held. This will be chaired by the Service Manager leading on Missing from Home or the IRO.

Children and Young People continuing to go missing following Stage 2 Missing Meeting will have 4 weekly review meetings in order to monitor the effectiveness of the safety plan.

A multi-agency safety plan will be devised at the Stage 1 or 2 Missing Meetings to reduce the risk of missing episodes.



27. Conference and Review Service

Participation:

- The IRO expects to see evidence of direct work with the child, use of creative methods to involve the child or young person in seeking their voice and evidence of involving the child in their care plans.
- The IRO will invite the child to participate in their conferences and reviews, to attend their meetings or be helped to take part in another way.
- The use of advocates, independent visitors, Children's Promise, and the Children In Care Council will be promoted by the IRO.
- Where possible we will invite parents and significant adults to attend their child's meeting or help them to contribute in another way.

Timeliness:

- The IRO will ensure Minutes of any Reviews/Child Protection Conferences are clear and on file.
- The IRO will ensure Reviews/Child Protection Conferences have been held within timescales.
- The IRO will record whether timescale standards are met and, if not, record the reasons.
- The IRO will ensure that the date of the next review is agreed at the meeting and is within statutory timescales.

Outcome Resolution:

- Positive working relationships are at the heart of the Outcome Resolution Process and the IRO should 'walk alongside' colleagues.
- Where possible the IRO will resolve disputes about a child's care plan informally and in a timely way, this will be evidenced on the child's file as an Informal Dispute Resolution.
- If unresolved, or where concerns are sufficient to enter straight into the Outcome Resolution Process, the IRO will initiate the formal outcome resolution process.
- The outcome resolution will be recorded on the child's file using the appropriate forms.
- The IRO will utilise the CAFCASS or legal pathway protocol when proportionate and necessary and following discussion with the IRO Team Manager and Service Manager.
- The IRO will raise any issues both individually and collectively with the appropriate person and service when the Local Authority is failing to fulfil its responsibilities.
- Where a Children's Guardian is appointed for the child/young person, the IRO will liaise with them in accordance with the local protocol.

