Leeds City Council
Children’s Social Work Service.

Practice Standards Manual

June 2015
| CONTENTS |
|----------|----------|
| SECTION  | PAGE     |
| Foreword | 4        |
| **What are Practice Standards** | 5        |
| Where these practice standards fit with policies and procedures and the service strategy. |
| **SECTION ONE: Management of practice.** | 6        |
| Scrutiny |
| Supervision |
| Service culture and support |
| References and recommended reading |
| **SECTION TWO: Practitioner contact with children and young people.** | 20       |
| Statutory visiting requirements (P20) |
| Making contact meaningful |
| Taking care of yourself (P30) |
| Guidance re statutory visits to children looked after |
| Guidance re involving children in reviews |
| References and recommended reading |
| **SECTION THREE: Assessment and Needs Analysis.** | 34       |
| General Issues when carrying out assessments |
| Lessons from serious case reviews & other research (P41) |
| Over Optimism and disguised compliance (P43) |
| Child and family assessments (including the home visit) (P45) |
| Child and family assessments (P48) |
| Section 47 child protection enquiries (P49) |
| Assessments in different social care settings |
| References and recommended reading |
| **SECTION FOUR: Planning for children and young people** | 62       |
| Child in Need Plans (P63), Child Protection Plans (P68), Core Group Meetings (P71), Looked After Child Plans (P74). Each section includes: |
| • Standards and key practice issues |
| • Practitioner, team manager and conference chair / Independent Reviewing Officer responsibilities |
| • Reviewing plans |
| Pathway planning |
| Contributions from health and education |
| References and recommended reading |
SECTION FIVE: Recording and report writing
Recording (including core summaries, genograms, and chronologies, data protection and freedom of information legislation, Leeds’ use of data)
Report writing – core skills (P99)
References and recommended reading

APPENDICES
A. Working with hostile families and disguised compliance. 106
B. Allegations of abuse made against a person who works with children. 107
C. 10 pitfalls in assessments of need and risk – and how to avoid them. 111
D. Table of social work methods of intervention 113
E. Research and practice: useful websites 115
F. The eight principles from the Data Protection Act. 118
G. Kinship Care Family and Friends Policy 118
H. One Minute Guides (OMG) on Preventative and Early Intervention Services such as FGC 118

TABLES re acceptable / unacceptable practice
Table 1. Management of practice 16
Table 2. Practitioner contact with children and young people 33
Table 3. Home visits to prepare assessments 57
Table 4. Assessment and Needs Analysis 59
Table 5. Planning for children and young people 88
Table 6. Recording and report writing 103
FOREWORD

"Professionals should be spending more time with children, asking how they feel, whether they understand why the social worker is involved in their family, and finding out what they want to happen." Munro (2011).

High quality social work is vital to safeguarding the most vulnerable children and young people in our city. The Munro Review and government policy are now, quite rightly, recognising the importance of social work, and the need to free the profession from unnecessary bureaucracy to enable us all to take a leading, learning role in developing practice and improving the lives of children and young people. It is our role to set out the future of a child-centred system of care.

This manual has been developed by social work staff in Leeds and sets out standards that relate to good practice in social work. Adherence to the standards will play a vital role in making Leeds a Child Friendly City, and help lead joint working to improve outcomes for the most vulnerable children. At the heart of this document is a new, restorative philosophy that seeks to work with children, young people and families, building on their strengths to better manage the risks and challenges they face.

Our ambition is not just to be the best city for children and young people, but to be the best city for the staff and services that work with them. This is a great opportunity for us to work together to make Leeds a centre of leading practice in social work.

Saleem Tariq
Chief Officer Children’s Social Work Service.
WHAT ARE PRACTICE STANDARDS?

The standards and practice matters contained in this manual should be viewed as part of an approach to ensure that services are delivered to an agreed quality. They do not stand alone, but are an integral part of achieving service strategies and policies and meeting procedural and operational requirements.

There are three key drivers in any organisation for determining the way a service is delivered. These are having agreed standards, procedures and policies.

The following definitions help show how these drivers are related and dependent on each other.

**Standards**: these are the rules that describe the (minimum) service or practice that can be expected by the service user. Most of them are legally set through government guidance and legislation, or are based on evidence based research. They are mandatory.

**Procedures**: These are the steps that describe the actions needed to deliver that service or practice – the what, how, when, where and who. They are mandatory.

**Policies**: These provide the strategic context for shaping the standards and procedures, and answer the question of why the service is delivered in particular way and why the service is important. The delivery of the policy requirements, as set out by Leeds City Council is the responsibility of all staff.

The standards in the manual are designed to improve consistency in practice across the city and to drive up the quality of the service provided to the vulnerable children and young people of Leeds and their families.

It is important that the standards manual is read in conjunction with the children’s procedures manual and the safeguarding procedures available online at **Children’s Social Work Services Procedures Manual**.
SECTION ONE: Management of practice

WHY THIS IS IMPORTANT?

'Effective leadership sets the direction of an organisation, its culture and value system, and ultimately drives the quality and effectiveness of the services provided'. (Laming 2009: 2:1)

The decisions and actions made by managers and practitioners will have a profound impact on the lives of those children and their families for whom they have a responsibility, whatever happens. They therefore have to be undertaken with the greatest care and diligence to ensure the best possible outcomes for those children and their families.

Managers across the service, including heads of service, service delivery managers, team managers and registered managers have overall responsibility for ensuring that a good quality service is provided which includes the following:

- Ensuring a professional response from the initial referral to the closure of the case;
- Overseeing good quality decisions about the type of response or investigation to be undertaken, and ensuring the skills, competences and capacities are in place for a quality service;
- Providing clear direction and setting priorities in the service;
- Ensuring the young person’s voice is heard and fully considered when implementing the plan;
- Scrutinising to ensure good quality recording, analysis of need and report writing;
- Providing good quality supervision, annual appraisals and well-organised staff and team meetings;
- Making sure staff work within a supportive team culture, with good communications, and routine commitment to rigorous professional practice; and
- Demonstrating effective multiagency collaboration and working.

As well as the above, registered managers also have responsibilities set out in the National Minimum Standards for Fostering Services and Children’s Homes. (http://www.minimumstandards.org/)

In order to provide a quality service, practitioners need to know what their managers expect of them; and managers need to be assured that work has been carried out to an acceptable standard. In a practitioner’s absence, colleagues need to be able to access the records and know quickly what has been happening in the child’s life and how best to
respond to any need arising. Information needed should be available from the contact summary screen, chronology, recent reports, and the latest records, plan, reviews and summaries.

Managers are responsible for ensuring that there are systems in place to monitor and review the performance of staff, and provide protection, support and professional development for practitioners, so they can deliver the best possible service, as well as comply with service procedures and legal requirements.

Consistent scrutiny of practice makes explicit the service’s expectations of each practitioner and enables the manager to provide evidenced feedback about good or acceptable practice, or to address unacceptable performance where it is identified. The process itself often improves performance, as noted in an Inspection over 10 years ago:

“Where [case file] auditing takes place, the quality of case recording is pushed up.” (Recording with Care 1.23. 1999).

This section is intended to assist managers in providing and evidencing consistent scrutiny, support and supervision, and ensuring defensible decision-making. It will also help practitioners understand better what the manager can reasonably expect from them when evidencing their child care practice through accurate and up to date records.

**STANDARDS: General management**

**1.1. All managers will ensure that all managerial responsibilities for children and young people for whom the local authority has a responsibility, will be carried out in line with the standards set out in this section and the rest of the practice standards manual.**

‘Senior Managers should be confident that decision making, communication and information sharing within and between each of the local services is effective in keeping children safe even when those services are under pressure. In turn they should support and value first line managers, ensuring that management oversight of decision making is rigorous and that the lines of communication between senior managers and frontline child protection staff are as short and effective as possible’ (Laming, 2009: 2.12)

‘Managers must lead by example by taking a personal and visible interest in frontline delivery.’ (Laming, 2009: 2.12)
STANDARDS: Scrutiny

1.2. All children and young people for whom the local authority has a responsibility will have evidence in their records of managers scrutinising practice to make sure that decisions are made in the interests of the child or young person, and are properly recorded.

1.3. Managers will ensure all recording and reports are of good quality and are completed in a timely manner.

1.4. Managers will ensure that thorough enquiries are undertaken that produce good quality assessments and analysis of needs, leading to well argued and evidenced recommendations for actions to be taken.

1.5. Managers will aim to observe and give constructive feedback to social workers on an annual basis.

Scrutiny of practice will be evidenced through case audit, supervision and observations. It is important that observation of practice is a constructive and learning activity for practitioners. An observation record proforma is available from the online forms library.

The service has identified a number of key requirements to assure ourselves that children and young people are kept safe and receive a quality service. These include the requirement for an allocated social worker; that their needs are assessed and they each have a plan which meets those needs, among other things. In order to assure ourselves each social worker and every manager is responsible for their own performance and can check this in the reporting section of the Framework, our recording system. This is then collated in a report 'Doing Simple Things Well' which is sent to the Chief Officer at regular intervals so that team managers can show that they are achieving in their teams.

The supervision record is a key management tool for child care planning and case records. It must be used in every supervision session relating to that child and must include consideration of the following:

- The purpose of allocation, expectations of the practitioner’s intervention – including the purpose of home visits (Laming 2003 Rec53)

- Guidance as to the course of action required if expectations cannot be met, and contingency plans in the event of no access visits (Laming 2003 rec34)
• A key management decision outside supervision, that will shape the actions and interventions of a practitioner, must be recorded by the manager responsible not the practitioner.

The discussion will also cover:

• Any potential risk to the practitioner; and
• Any training or support needs he / she may have in order to complete the agreed actions to an acceptable standard.

Information on these issues must be placed in the practitioner’s personal supervision file and not on the child’s record.

It is also essential to effective and visible management scrutiny that records contain evidence that they have been regularly audited and routinely read.

**KEY PRACTICE ISSUES:**

**Supervision records.**

• There must be a record of the discussion completed for each child at every supervision session concerning this child. It must be located with the child’s case records within two working days. (Where non case holders (e.g. senior managers) discuss individual cases and make decisions this must be recorded on the child’s file);

• The team manager must retain a copy for the practitioner’s supervision file; and

• It is good practice to remember that the person being discussed may see the supervision record in the case recordings at some point in the future.

**Auditing.**

Team Managers are responsible for the auditing of all of a child’s records to ensure that:

• The details held on the child and family on the contact summary screen, and the paper file, are accurate and up to date;
• The chronology is up to date;
• Records are up to date and well written, with entries owned by the practitioner;
• Records must meet agreed standards of practice, e.g. in regard to statutory visits, seeing the child alone, recording the child’s views;
The record is maintained electronically and a ‘decision activity’ must be logged;

There is a recent photograph of the child, with name and date on the back, correctly located on file for children looked after;
There is a birth certificate correctly located on file for Children Looked After;
There is a quarterly summary based on case records, case discussion, agreed actions and recent reports;
The child’s most recent plan and review minutes are on record;
The most recent court order, where appropriate, is on record;
Reports and quarterly summaries are owned and dated by the practitioner and, where appropriate, by the team manager using a ‘decision activity’;
All documents are located in the correct sections and in the correct order;
In accordance with the Data Protection Act, only documents that are relevant to the child in question are retained, and they are not kept longer than is necessary;
Managers’ supervision records for the child are filed with the case recording, or under the appropriate FRAMEWORK heading; and
The ‘qualified access’ section is used only for essential third party documents that it would not be appropriate to share with the child.

Any action needed to address poorly maintained records must be discussed with the practitioner and steps to address this noted on the audit tool. Managers will need to speak to the independent reviewing officers or child protection chairs about late or missing planning and review documentation.

Regular case file checks will be conducted by social workers together with their allocated administrative support worker. This will ensure that case files are well presented and maintained to the required standards should they be required for auditing by:

- Team managers
- Service delivery managers
- Independent reviewing officers
- Heads of Children’s Social Work Service
- Ofsted during unannounced inspections

A copy of the case file check is held in the Procedures
STANDARDS: Supervision

1.6. All staff will have supervision contracts and annual appraisals in place that are being acted upon and progressed within agreed timescales.

‘Supervision is the cornerstone of all good social work practice’. (Laming, 2003, Victoria Climbie Inquiry Report).

It includes:

- Guaranteed supervision time for practitioners that may vary depending on experience (Laming 2009, rec15)
- High quality supervision focused on case planning, constructive challenge and development (Laming 2009, rec16)

The purpose of supervision is to offer a Managerial, Representative, Supportive and Developmental element to practice.

The management element will address:

- Overall management of the quality of work practice;
- Overall management of workload and priorities of resources
- Provision of a safe environment in which to work
- Professional discussion of performance against individual and team objectives
- Role of supervision in ensuring that Council policies are communicated and made clear by both parties

The representative element will address:

- Advocacy between the practitioner, senior management, the team and any outside agencies
- The transfer of relevant information between the practitioners, senior Management, the team and any outside agencies

The supportive element will address:

- Support for the practitioner as a professional and as an individual person in her/his own right, including acknowledgement of issues of diversity
- Support for well being at work

The developmental element will address:

- Identifying individual strengths
- Identifying areas for development in order to carry out the job
to the required standard and objectives
• Identifying development opportunities
• Planning how development needs could be met
• Ensuring that the practitioner has induction training
• Evaluating development opportunities taken

(Adapted from Tony Morrison: Staff Supervision in Social Care 2001)

Effective supervision is:

• **Regular and scheduled:** both parties need an opportunity to prepare for it.

• **Documented:** there needs to be a clear audit trail.

• **Supportive:** issues such as workload, stress, safety in dangerous situations and the emotional effect of difficult cases must be addressed.

• **Probing and challenging:** cases must be discussed in detail to ensure all issues have been covered.

• **Non-adversarial:** a blame culture will lead to defensive behaviour and the cover up of omissions.

• **Skilled:** line managers need to be fully trained in supervision skills

(Adapted from; ‘*What ever happened to supervision?’* 23.04.09, *Community Care*).

**KEY PRACTICE ISSUES.**

There must be a **supervision contract** between every member of staff and their manager.

Every manager has a duty of care to staff. This includes a requirement to ensure that they are safe within their work environment.

Staff have a professional responsibility to be accountable for their own conduct, development and delivery of a high quality service. This includes being prepared for supervision, bringing evidence of progress, seeking appropriate assistance when needed and using a range of learning opportunities.

Formal supervision for practitioners, which includes case discussion, professional development and personal support, will normally be held monthly.
The frequency of supervision sessions will also be determined by the level of experience and the complexity of the work being undertaken. Additionally, supervision for practitioners involved in assessments will need to be more frequent as caseloads can change within four weeks.

Formal supervision will be undertaken every **two weeks** for newly qualified practitioners (practicing for less than one year), practitioners who have undertaken a major change of role in transferring to a different team and practitioners returning to work following a career break or other long term absence. This will be increased to monthly soon after.

The business support centre will ensure that a practitioner’s DBS, HCPC registration and work permits are up to date.

When supervising newly qualified social workers team managers will refer to the guidance issued by *Children’s Workforce Development, NQSW: Guide for Supervisors (2009)*

<table>
<thead>
<tr>
<th><strong>Summary of frequency of supervision</strong></th>
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</thead>
<tbody>
<tr>
<td>Newly qualified social workers</td>
<td>Every two weeks for the first twelve months and monthly thereafter</td>
</tr>
<tr>
<td>Social workers returning to work or who have had a major role change</td>
<td>Every two weeks for an agreed period, then monthly.</td>
</tr>
<tr>
<td>Social workers with more than twelve months experience</td>
<td>Monthly</td>
</tr>
</tbody>
</table>

**See also** Leeds LSCB Supervision: Policy and Guidance
Minimum standards for the supervision of staff and volunteers working with children, young people and families

**Annual Appraisals.**

All staff must have an annual appraisal. This is an important opportunity to formally note achievements in the past twelve months and record any actions needed to address learning and development needs identified during ongoing supervision and case discussions. The appraisal will set goals for the coming year.
As part of preparation for this appraisal the team manager will have directly observed the practice of the social worker (on a home visit where appropriate) and will provide constructive feedback and record this on the appraisal documentation.

**Managing performance.**

Effective supervision and support, and holding practitioners to account, can substantially reduce the risk of poor or under-performance by practitioners. Where poor or under performance by the practitioner is identified, managers must seek support and guidance from their own line managers and their local human resources service.

Managers will monitor and report on all indicators included in the 'Doing Simple Things Well Report', these are as follows:

**Three Mindsets/Behaviours**

- Do the simple things better
- The child is the client
- Safeguard and Promote

**STANDARDS: Service culture and support**

**1.7.** All managers will lead their staff group and ensure that staff work in a professional environment that is conducive to delivering good professional practice. This includes having a staff culture that brings support, constructive challenge and professional rigour to daily practice.
All staff groups work best when there is a culture of mutual support, management leadership, good communications and clarity in defining and acting on shared understandings of professional responsibilities, standards and expectations.

Children's services has adopted Restorative Practice as our overarching framework for managing staff; working with partners and families. All managers in the CSWS have accessed training in restorative approaches. The main tenet of this approach is to work with people in a 'high support, high challenge' methodology, rather than doing things to or for them, or nothing at all.

In addition, staff need support from their managers that demonstrates Commitment to their professional development and opportunities to innovate, that provides the practical means to work in a supportive Physical environment, and gives protection so that the workload is manageable.

The Chief Officer and Heads of Service have a number of methods to support a culture of learning and listening. These will include regular 'Time to Talk' sessions; spending time in social work offices; attending team meetings and holding briefing sessions.

**KEY PRACTICE ISSUES**

**Support**

Managers will lead by example and set standards of behaviour.
presentation and conduct that promotes good professional practice

Managers will cultivate a staff atmosphere that is mutually supportive and draws on the professional strengths of all staff.

Managers will ensure that staff have manageable workloads.

Managers will provide good lines of communication, ensuring that important service policy and procedures are shared, understood and acted upon.
Managers will provide regular supervision and meaningful annual appraisals that take account of the strengths and areas for improvement of staff, and seek to ensure that the service continues to invest in staff’s professional development.

Managers will ensure that the internal administrative and information sharing systems and arrangements support professional practice.

Constructive challenge

Managers will monitor the quality of the service they are responsible for through regularly scrutinising practice and auditing case recording, and take steps to rectify poor quality when identified.

Managers will look for opportunities to bring about improvements in practice, and support staff in delivering those improvements.

Professional rigour

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

Managers will ensure that all staff adhere to the standards of practice in the Practice Standards Manual, and that staff at all times conduct themselves in a professional manner in terms of their dress, language and behaviours.
Table 1. Management: Acceptable/Unacceptable practice

<table>
<thead>
<tr>
<th>Theme</th>
<th>Acceptable</th>
<th>Unacceptable</th>
</tr>
</thead>
</table>
| **SCRUTINY**  
Auditing practice | Evidence of regular auditing of case records to ensure that practice standards are met routinely. Evidence of follow up of corrective action requirements arising from audits. | Little or no auditing of case records and practice. Little or no evidenced understanding of the quality of the service. |
| **Quality of Assessments, Plans and Reports** | Evidence of signatures / electronic equivalents and scrutiny of practitioner | Signatures etc. are tokenistic and do not show that work has been scrutinised or met |
| **Addressing poor performance** | Evidence that appropriate steps are being taken to address poor or unacceptable performance of practitioners to bring about improvements. Timely use of formal procedures around improving performance. | Acceptance of practice that is below standards and an inability or unwillingness to tackle issues to bring about improvements. Continued use of informal measures where formal processes should be deployed. |
| **SUPERVISION**  
Contracts & frequency | Evidence that regular quality supervision is taking place with all staff. Management advice and decisions are well evidenced and professionally sound. Recording of supervision demonstrates reflective practice. Supervision contract in place. | No evidence of regular supervision or it is sporadic and does not meet staff professional development needs. Little evidence of management decisions, or advice appears confusing. No supervision contract in place. |
<table>
<thead>
<tr>
<th>guidance</th>
<th>guidance changes and research findings and makes sure that this is shared with staff, with an expectation that they do the same.</th>
<th>no acknowledgement in the manager’s work or in the interaction with the staff group.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th><strong>Annual Appraisal</strong></th>
<th>Evidence that annual appraisals take place within guidance and play an active part in the recognition and development of staff skills and are limited to service priorities.</th>
<th>Annual appraisals do not happen, or are tokenistic and the opportunities they provide to develop staff are not utilised.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUPPORT</strong></td>
<td>Manager has a proactive approach to developing staff professional skills.</td>
<td>Manager acts in a way that simply reacts to service demands and gives little attention to staff development.</td>
</tr>
<tr>
<td><strong>Development of staff</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Acknowledging and stretching good practice</strong></th>
<th>Manager acknowledges and gives credit to good practice and promotes this within and outside the staff group.</th>
<th>Good practice is not acknowledged or celebrated. Little attention is given to cultivating it in the staff group.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policy, research and</strong></td>
<td>Manager keeps up to date with key policy and research are given little or</td>
<td></td>
</tr>
<tr>
<td><strong>CULTURE</strong></td>
<td>The manager ensures that the work demands are matched to the skills and abilities of staff members, and staff capacities and capabilities are defined and protected.</td>
<td>The manager does not match work demands to capacity and skills of the staff. This results in staff being exploited, overloaded and not working efficiently or effectively.</td>
</tr>
<tr>
<td><strong>Workloads</strong></td>
<td>Communication</td>
<td>Communication arrangements are absent or sporadic. Staff meetings are poorly organised. Important developments and information are not shared with staff. No records of staff meetings.</td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td>The manager ensures that good communication takes place within the staff group, and all staff are informed of important matters affecting their work. Regular staff meetings take place and are properly set up, chaired and recorded. Staff meetings have formal agendas and are fully minuted.</td>
<td>Staff mutual support</td>
</tr>
<tr>
<td><strong>Staff mutual support</strong></td>
<td>The manager cultivates a staff group atmosphere that is mutually supportive and respectful, and an office atmosphere that is calm and purposeful, and one in which staff are focused to work.</td>
<td>Challenge and professional rigour</td>
</tr>
<tr>
<td><strong>Challenge and professional rigour</strong></td>
<td>References and recommended reading:</td>
<td>REFERENCES AND RECOMMENDED READING:</td>
</tr>
</tbody>
</table>


Health care Professionals Council (2012). Standards of Conduct, Performance and Ethics


SECTION TWO: Practitioner contact with children and young people.

WHY THIS IS IMPORTANT

- Most children for whom the local authority has a responsibility, have had damaging experiences and need help from practitioners to regain their confidence and trust in adults.
- Research shows that children want to be listened to and to be treated respectfully.
- Part of the practitioner’s role is to build a relationship with the child. This relationship is crucial to ensuring that planning for children, and practice, is centred on the child’s needs, and takes account of their views and their understanding of their world.
- Building a relationship with a child requires regular contact, not only in times of crisis but also at times when the child’s life is relatively calm and undisturbed.

STANDARDS

2.1. All children and young people for whom the local authority has a responsibility have regular contact with practitioners, within specified timescales, and the contacts are recorded in their case records and are up to date.

Visits and statutory visits

The purpose of a visit is to:

- Safeguard the child
- Ensure the welfare of the child
- Meet statutory responsibilities
- Address specific issues
- Work directly with the child
- Assess the home environment
- Inform planning for the child

Before a visit takes place, the practitioner must arrange the visit, book

Leeds Practice Standards Manual June 2015 updated version
the visit to ensure it is within timescales; record the visit due date on FRAMEWORK; consider if the visit is announced or unannounced. If the visit is to be announced, the time and date will need to be arranged with the family or carer and the child. Points to consider include:

- Check accuracy of current data held about the child and the family or carer
- Plan what specific issues are to be covered in the visit aligned to the five outcomes
- Be clear about the purpose of the visit
- Be clear about what to do if no one is at home

**During all** visits and statutory visits the practitioner must:

- See the child / see the child alone
- Ask the child how they feel and for their views about their life
- Observe relationships
- Assess health, welfare, religious, racial, cultural, linguistic, educational, social and leisure needs – are they being addressed?
- Prepare for the next review with the child
- Consider how to capture the child’s contributions and feelings
- Note any significant events / changes to the plan

**In addition:**

<table>
<thead>
<tr>
<th>Child in Need and Child Protection visits</th>
<th>Children looked after statutory visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Challenge safeguarding concerns</td>
<td>Assess stability and review suitability of placement – does this placement still form an integral part of the child’s care plan?</td>
</tr>
<tr>
<td>Assess stability of the home environment</td>
<td>Note any complaints by or concerning the child</td>
</tr>
<tr>
<td>See family and others in the home</td>
<td>Note any changes in circumstances or attitudes within the placement</td>
</tr>
<tr>
<td>Observe how the child engages with family</td>
<td>Observe how the child engages with the carer</td>
</tr>
<tr>
<td>Address specific issues raised in plans and reviews: hygiene, food, violence, drugs and alcohol, domestic violence, pets</td>
<td>Assess whether contact arrangements with parents / relationship with parents are meeting the child’s needs</td>
</tr>
<tr>
<td>Assess progress of any interventions</td>
<td>See child’s sleeping arrangements (minimum of once a year)_</td>
</tr>
<tr>
<td></td>
<td>Check last / next dental, eye and health assessment appointments</td>
</tr>
</tbody>
</table>
After the statutory visit or visit:

- Clarify what actions have been identified
- Identify what needs to be done, when it needs to be done by, who needs to be contacted and how to check that it has been done
- Identify and record any changes to the child’s plan
- Set a date for the next statutory visit within timescales.

### Recording the visit on FRAMEWORKI

Record on FRAMEWORKI within two working days of the visit. (Record the visit date and not the recording date)

<table>
<thead>
<tr>
<th>Record as:</th>
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<tbody>
<tr>
<td>o Type – Visit</td>
</tr>
<tr>
<td>o Sub type</td>
</tr>
<tr>
<td>• CIN</td>
</tr>
<tr>
<td>• Stat CP</td>
</tr>
<tr>
<td>• Stat CLA</td>
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<table>
<thead>
<tr>
<th>Outcome the statutory visit as:</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Child seen</td>
</tr>
<tr>
<td>o Child seen alone</td>
</tr>
<tr>
<td>o Child not seen</td>
</tr>
</tbody>
</table>

Use the statutory visit recording template (forms library) to record the details of the visit. Select all the text and copy straight into the FRAMEWORKI Statutory Visit or Visit activity.

<table>
<thead>
<tr>
<th>Quality of recording:</th>
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<tbody>
<tr>
<td>o Description must be short with emphasis on analysis which can be recorded throughout or at the end. Include underpinning theory</td>
</tr>
<tr>
<td>o State clearly where own opinion is given and what prompted the opinion</td>
</tr>
<tr>
<td>o Be mindful of the purpose of the recording</td>
</tr>
<tr>
<td>o Be mindful of the potential audience for the recording (child, young person, families, inspectors)</td>
</tr>
<tr>
<td>o Include the child’s views and perceptions and their actual words</td>
</tr>
<tr>
<td>o Evidence the child’s journey / story</td>
</tr>
</tbody>
</table>
**Frequency of visits**

**Child in need plans**

The frequency of visits must be:

- Agreed with the team manager on a case-by-case basis
- At least once every **20 working days**
- Or more frequently if indicated in the CIN plan

It must be sufficient for a credible review of the local authority intervention to be made. Contact with children in need may be delegated to other professionals working on behalf of the social worker.

**Child protection plans**

A child subject to a child protection plan must be seen:

- At least every **15 working days**
- Or more frequently if indicated in the child protection plan

The lead worker should be a qualified and experienced social worker.

**Children looked after (statutory minimum requirements).**

**General Requirements:**

All children looked after in continuous placements must be visited:

- On the day the child is placed.
- **Within one week** of the beginning of any placement commencing
- During the first year of any placement, at intervals of **not more than six weeks**
- Visits during subsequent years must also take place every six weeks **unless** the placement has been formally agreed as a permanent placement and once agreed, at intervals of **not more than three months**

**Guiding Principles and Good Practice:**

Significantly Social Workers are expected to have an evolving, dynamic and meaningful relationship with the child therefore visits
should reflect this approach. Very clearly children will have their own needs and requirements peculiar to them in placement therefore it is incumbent on the Social Worker to take this into account when forming, developing and sustaining their relationship with the child.

This will mean that in the majority circumstances ‘minimum requirements’ are just that and Social Workers will be having contact and visiting children significantly more than those requirements as outlined above.

There may be a number of reasons that Social Workers are visiting children at a frequency significantly more than ‘minimum requirements’, this will include (but not limited to):

- Developing a new relationship with a child
- Sustaining a relationship with a child
- Direct Work with children, e.g. Life Story Work
- Support around therapeutic interventions with a child

As with all interventions with children; their views will need to be taken into account when discussing, negotiating and agreeing the visiting frequency with them.

There is a number of underlying assumptions that all Social Workers will need to take into account when carrying out a Statutory Visit to a child in care, these are:

- All children, notwithstanding their age, will be seen and spoken to alone
- The child’s personal physical surroundings, e.g. bedroom/play areas must be seen on a regular and appropriate basis
- The child must know and agree in advance when a visit is to be completed*
- Social Workers should ensure that they are not late and only in very exceptional circumstances should visits be cancelled
- The Social Worker must manage their time to allow the visit to be meaningful, dynamic and creative
- Not all visits will be completed in the child’s home, however this should be agreed with the child and carer before the visit is undertaken
- *There will be circumstances that may require an unannounced visit to be undertaken to see the child, however this will need to happen after discussion with either an Advanced Practitioner and/or the Team Manager
- In the first instant, as and when required, the Social Worker should be responsive to a child’s request for contact and/or visit and secondly if required at the request of the carer
A summary guidance sheet can be found in the **Procedures Manual - Appendices 5.9.** A statutory visit recording form/document and good practice recording examples are located in the forms library. However for specific recordings with each child those forms/documents are accessed in each child’s individual electronic case file (Framework).

**Private Fostering**

All Privately Fostered Children must be visited:

- Within seven working days from the date of notification. (This is the date the notification of a private fostering arrangement is first ever received by the local authority.”).
- During the first twelve months the privately fostered child should be visited at intervals of not more than six weeks.
- In any second or subsequent year, visits should be undertaken at intervals of not more than 12 weeks.
- If a privately fostered child spends a period of more than 27 days away from the care of the private foster carer then the private fostering arrangement will cease. Should the child then return to live with the same carer or move to an alternative carer the statutory visiting frequency will revert back to intervals of not more than six weeks.

**Specific Requirements:**

**(General Requirements must still be adhered to)**

Where a child is placed with a **temporarily approved** foster carer or with **parents** under an Interim Care Order, the child must be visited weekly until the first review. Thereafter the child must be visited every four weeks until the carer is approved or final hearing has been completed.

Where a child is made subject to a Care Order and placed **at home with parents**, the child must be visited in the first week and then at intervals of no more than six weeks.

When a child who has been **reported missing** from care returns, a visit to see the child will be made **within 72 hours**, and the “missing from care” procedures followed. If the child is in foster care or is placed with parents this visit is normally done by the allocated Social Worker. The missing from care procedures must be followed. These can be found on the **Leeds Safeguarding Children Board’s online procedures (section 5.8 Children and Families who go Missing)**.

**Children in more than one placement:** Children placed in **residential school**, and who are in foster care or a residential home, must be visited at the school at least once in every term, and be seen in
both settings.

**Children in residential care** must be seen by their allocated Social Worker within the statutory timescales outlined above in General Requirements.

**Children who are placed out of area** may have an increased vulnerability and therefore visits must be regular and include those that are unannounced where possible. However clear and recorded decisions between the Social Worker and Team Manager in supervision should decide the specific visiting requirements.

**Children in secure accommodation or in custody**: Social Workers are also required to keep regular contact with children and young people in the secure unit or custody as this continuity of contact can be an important factor in them being able to settle back into the community.

**Young people aged 18-21** will be contacted by their personal advisor at least every **20 working days**. That contact must be face-to-face. However, the means and frequency of contact must be agreed with the young person and be included in their pathway plan. Young people who are engaged in higher education up to the age of 25 will also have the type and frequency of contact included in their pathway plan.

**Frequency of visits.**

**The statutory requirements provide only a minimum standard.** Decisions need to be taken in supervision about how often practitioners visit and make contact with children, and about the changing role and nature of the support that needs to be provided – for example whether there is a need to undertake direct work with children, or whether visits should be arranged in a particular way to support work being undertaken by other agencies. These decisions must be recorded by the manager on the case record.

Ongoing review of the plan for the child requires that visits take place **at least** at the minimum frequency set out in the Regulations. However, best practice relating to the individual needs of the child / young person may indicate more visits than the statutory minimum requirements.

- Contact with the child should occur regardless of whether the placement is going well or not. This is to make sure that the practitioner is able to identify problems in advance and help resolve problems as they arise, in the full knowledge and understanding of a child’s current circumstances and
feelings.

- There are some circumstances where visits need to be significantly increased. For example, when the placement is under particular stress, when the role of the child’s parents is changing, when the child’s needs have changed, or when there are other concerns about the placement.

- The child or carer may ask for a visit at any time. There is a legal duty to visit on receiving a reasonable request. The visit **must take place within 72 hours of the request.**

**KEY PRACTICE ISSUES.**

**Contact being child and young person focused**

The Children in Care Council (Have a Voice) worked with senior leaders to revise and re-launch the promise for looked after children and young people in Leeds in December 2013. The concept of the promise is based on a “Pledge for Children and Young People Looked After” which was first introduced as a proposal in the **Government Green Paper Care Matters 2006.** Further recommendations were made in the White Paper ‘Care Matters’ and ‘Care Matters: Time for Change’ 2007 supported by Department for Children, Schools and Families (DCFS) who produced guidance on the basic elements that should be included within a pledge. For more information go to Care Matters Summary.

- The Promise tells all children and young people in the care of the local authority what they can expect regarding the support they will be offered from all LCC staff, over and above their legal entitlements.

- The promise is available in a card / card with magnetic backing and an accessible poster. All young people over the age of 10 should all be given a promise card by their social worker who must also include their name and mobile number in the space provided on the front of the card.

- From December 2014 Social Workers will be able to help explain their role and share the promise with younger children through a parallel story developed for under 5s and promise poster for under tens.

- Social workers have a responsibility to make certain that each young person they are responsible for has a card, understands the
meaning of the Promise and also understands what they can do if the Promise is not being kept (see contact details on the cards)

- Independent Reviewing Officers now ask children and young people in their consultation meeting prior to their review whether they have received a promise card or are aware of the promise and if they are not this is then identified as an action for the Social Worker to address in the review meeting.
- Promise cards and posters include a phone number and email address for young people to report if a promise is not being met or share give positive feedback on how well promises are being kept by staff.

The Promise

1. We promise to help and support you to stay safe and have a healthy lifestyle.
2. We promise to involve you in all decisions about your life.
3. We promise to have high aspirations for you and encourage you to reach your full potential.
4. We promise to support you throughout your education and to plan for the future.
5. We promise to listen and make sure you know what will happen next.
6. We promise to celebrate your achievements.
7. We promise to make sure you have lots of different people to support you.
8. We promise to help you have new experiences and develop your own interests.

The social worker must:

- Be a good listener
- Make time for you
- Be on time for visits
- Do their best to get to know you
- Be able to explain things clearly with no jargon
- Show that they care, e.g., remembering birthdays and special dates
- Show that they are there because they enjoy it, not because of the wage packet
- Be aware of your feelings
- Ask where you want to talk, when you want to talk and what you want to say
- Treat you like an individual
- Show respect for your wishes
- Give you some space when you need it without questioning it
Key observations from children and young people about their social worker and why things can go wrong.

- They hardly come to see you
- They don’t understand you
- They don’t listen
- They speak in an alien language
- They change the subject when all you want is a straight answer You tell them things and they do nothing
- They don’t listen
- They go behind your back
- Sometimes social services judge you because you are in care
- They act like they care but they don’t
- They take you to places like McDonalds to talk about personal problems in front of other people
- Sometimes social services judge you because you are in care
- They act like they care but they don’t
- They listen to the adults in your life more than they listen to you
- They don’t ask you what you think
- Being told that you have to talk at a certain time about a certain thing
- They spend too much time ticking boxes instead of being there because they care
- They don’t respect your privacy

Making contact meaningful: Practitioner contact with children is not just about fulfilling statutory requirements. To be a meaningful experience for the child it must be undertaken with thought and sensitivity. All the following points are applicable to

Children looked after, and most are also relevant to other children for whom the local authority has a responsibility:

Ensuring time to see children and young people alone: It is a statutory requirement that a child is seen alone during statutory visits. This does not always have to be specifically planned, but should allow enough time and feel safe enough for the child to engage in communication about their placement, any issues and concerns that they have and whether they feel safe and appropriately cared for. Most importantly of all, children want to speak and expect to be heard. Time to see children alone can be approached creatively; it doesn’t have to feel contrived or obvious, especially with children who are only just getting to know their practitioner. Practitioners should familiarise themselves with direct work and other play materials which are appropriate to the child’s age, understanding and preferences.

Respecting private space: There is also a requirement that

Leeds Practice Standards Manual June 2015 updated version
practitioners see where children looked after (or those subject to child protection plans, child and family assessments) sleep, which means getting their permission to go into their private space. With some children an honest explanation about your duty to check the quality of their care might give reassurance, but with others it may be important to build trust first and establish an interest in their lives before they will give permission. It is also important to visit the child’s home or placement at different times, including unannounced visits, so that there is an opportunity to see and assess their relationships in different contexts and with different people.

**Establishing good relationships with children and young people.**

- **Building respect and trust:** Being trustworthy and being respectful have been key ‘rules’ which children themselves have suggested for practitioners. This means practitioners turning up when they say they will, being on time and not cancelling visits at the last minute. It also means being respectful, never swearing or shouting, and not speaking down to, or belittling, children.

- **Prioritising time with children:** Time spent with children during visits, whether alone or shared with other people needs to be protected. Avoid the agenda and focus of your visits being ‘hijacked’ by other people. Be proactive in planning and agreeing with carers how time will be given to meeting with them and gathering information about the child as part of any placement visits.

- **Contact does not just mean visits:** Be creative about contact between visits. It is a good opportunity to establish interest and involvement. A lot of children appreciate getting personal letters, e-mails, phone calls and texts. Take care to safeguard your own contact details if these need to be confidential. Also make sure that these quick contacts are evidenced in case recording. Try to remember key events for children and mark them with an E Mail, text call or card.

- **Being clear about confidentiality and information sharing:** Dependent upon age and stages of development, it is important to talk about when you can keep things private and when you cannot. Consultation with children shows that they themselves see safety as important, and most children will understand the need to share information in order to keep them safe.

- **Difficulties engaging with children:** Many children will have family and personal histories which give rise to attachment needs and this may make it difficult for them to establish trust and...
engagement with practitioners. Other strategies include giving a clear message that your interest and involvement do not depend upon them engaging with you, and let them dictate the pace of your relationship.

- **Keeping children informed:** Visits to children are an important opportunity to share information about their plan, key events, and changes. Do not wait to be asked, as children do not always feel that this is allowed, and practitioners may need to give a consistent message that it is okay to ask questions. Plan ahead what information should be shared and how to do this. Also think about preparing carers for any ‘bombshells’ beforehand.

- **Following up issues and questions:** Do not make promises you cannot keep and do not give answers that you are not sure of. If possible try to find out information or get answers during the visit – for example quick calls to managers or parents for issues of consent, or checks on information if these can be done quickly. If this cannot be done straight away agree a time to contact them and keep to this even if you still do not have the answer. Reliability and trust is more important than always having the answer straight away. Also be honest if something cannot be done or answered and try to explain the reasons as clearly as possible, including steps to enable complaints or contacts with other people who may be able to help or explain.

**Taking care of yourself.**

- **Importance of safe caring practice:** It is always important to be aware of safe caring practice and professional boundaries in relation to seeing children alone. If there are known issues or risks, or heightened concerns for any other reasons, strategies for
managing them should be discussed and recorded as part of supervision. The same is true of contacts with children that could potentially result in conflict or aggression. Agree and record strategies for making sure that these are safe for you and other people. Work with your manager to ensure the risk assessments for staff safety are undertaken where necessary.

- **Personal contact details:** Home and personal mobile telephone numbers, email addresses and home addresses must not be disclosed. Do not allow access by children or other service users to your personal social networking sites and check that your personal security settings are fully maintained and regularly updated. See *Procedures Manual 1.8.1 E-Safety*.

- **Time and workload management:** Where visits to children need to be combined with other tasks or commitments – for example, contact visits/appointments, be clear about setting aside time with the child as part of this, however briefly – for example, car journeys, stopping to get a drink on the way home, or time spent at the placement when collecting or dropping off children. Whatever else happens, make sure that this time is protected.

Leeds City Council supports the aim of the Anti Bin Bag campaign highlighted by the ‘Who Cares’ Trust.

Looked after children must be provided with adequate luggage, holdalls or suitcases of their own when travelling i.e. day trips or longer holidays. You may purchase these from the allowance provided for the young person.

Also when children are moving on from their placement, suitable and adequate personal luggage must be provided to accommodate their belongings.

You are asked to liaise with your Supervising Social Worker if there are difficulties regarding storage of children's belongings.

Children should not be stigmatised by having their belongings transported in black dust bin bags / flimsy carrier style bags with associations of refuse being attached to these. Neither should luggage be ‘borrowed’ unless there are exceptional circumstances to explain this.

**Guidance re involving children in their reviews.**

Send reminders to the child **at least six weeks** ahead of the review date.

Discuss age appropriate ways to participate in the review during
statutory visits.

Ensure that the child or young person’s views are sought and responded to regarding the venue of the planned review.

Invite and encourage older children looked after to lead their own reviews with support and advice from the independent reviewing officer (IRO).

Manage the meeting so that people can contribute at different times in the meeting to keep the numbers down, and ensure the meeting is not too daunting for the child.

Try to make sure that the review meeting is not simply a professionals’ discussion where the child sits and listens. Rather, find a way for that professional discussion to take place elsewhere so that the review meeting explores options and changes with the child, age appropriately, and with parents where appropriate.

Avoid meeting in a formal boardroom setting.

Help children to use other methods to share their stories, for example drawings, letters, scrapbooks, audio or video recordings, and other media.

Where English is not the child’s first language, or the child has complex communication needs because of a disability, make use of translation arrangements and specialist communication equipment/systems to ensure that children can participate fully in their reviews.

Planning for reviews also needs to take account of other aspects of diversity and identity (including different faith, culture, ethnicity and sexuality).

While the child’s involvement in reviews is essential many of the above points also apply to parents or other family members who have a contribution to make at reviews. This is particularly the case where a child is in voluntary care (Section 20) and the parents are the senior partners in the decision making process.

In spite of every effort some children and young people may still refuse to participate. In these circumstances it is essential to look at other ways whereby their views can be included such as agreeing for someone else that they trust to share their views and wishes about issues being discussed.
In such circumstances, look at opportunities to use other forms of communication that do not require the child to attend e.g. using DVDs, video clips (including mobile phone), telephone calls or emails.

The child doesn’t have to be in the room to be involved.

Table 2. Practitioner contact with children and young people
Acceptable/ unacceptable practice

<table>
<thead>
<tr>
<th>Theme</th>
<th>Acceptable</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evidence of a relationship with the child</td>
<td>Evidence that a trusting and respectful relationship has been developed between the child and practitioner.</td>
<td>The nature of the relationship is not documented or expressed, and steps are not being taken to ensure that the relationship develops appropriately.</td>
</tr>
<tr>
<td>Evidence of understanding a child’s physical and emotional development</td>
<td>Practitioner describes the child’s physical and emotional needs and understands and acts upon where the child is developmentally.</td>
<td>Little or no evidence that the practitioner understands or acts upon the development needs of the child.</td>
</tr>
<tr>
<td>Evidence of understanding the child’s world</td>
<td>Practitioner shows understanding of the child’s world and their perception of events affecting them.</td>
<td>Practitioner shows little or no understanding of the child’s world and is not taking steps to rectify this.</td>
</tr>
<tr>
<td>Evidence of understanding and recording the child’s needs</td>
<td>Practitioner is taking account of the five ECM outcomes in assessing needs and pursuing plans.</td>
<td>Practitioner is limited in approach to child’s needs, only considering short term or contained set of needs.</td>
</tr>
<tr>
<td>Evidence of appropriate level of contact to meet needs</td>
<td>Level of contact is at least to statutory / legal minimum and is appropriate to the needs of the child.</td>
<td>Level of contact falls short of statutory /legal requirements and good practice guidance.</td>
</tr>
<tr>
<td>Evidence of seeing the child alone</td>
<td>Practitioner regularly sees Child alone.</td>
<td>No evidence that child is regularly seen alone.</td>
</tr>
<tr>
<td>Evidence of contact furthering the plans for the child.</td>
<td>Quality of the contact demonstrates that the plan for, and needs of, the child are being met.</td>
<td>Little or no connection between contact and bringing about planning outcomes for child.</td>
</tr>
<tr>
<td>Evidence of the child’s wishes, feelings and aspirations given expression</td>
<td>Practitioner is taking steps to both understand the child’s wishes, feelings and aspirations and ensuring they are recorded, expressed and fully considered in implementing plans</td>
<td>Practitioner mainly concerned with service led issues with little or no attention to the child’s wishes, feelings and aspirations, or ensuring they inform decisions.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Evidence of child attending meetings and discussions where appropriate</td>
<td>Practitioner takes steps to encourage and support child’s active involvement in decisions or meetings about them. Evidence of full and active communication / use of restorative practice approach</td>
<td>Practitioner does not encourage or support child’s involvement in decision making, and is taking few or no steps to rectify this.</td>
</tr>
<tr>
<td>Evidence of direct work to meet needs, eg life story work.</td>
<td>Practitioner is working directly with the child to help them develop emotionally and reconcile previous trauma.</td>
<td>Practitioner takes on the limited role of case manager with little evidence of direct work with the child.</td>
</tr>
<tr>
<td>Evidence of sibling and family contact</td>
<td>Practitioner arranges continuing contact with siblings and appropriate family members</td>
<td>Limited or no arrangements for continuing contact with family members.</td>
</tr>
</tbody>
</table>

**REFERENCES AND RECOMMENDED READING:**


CAFCASS. My needs wishes and feelings packs. [www.cafcass.gov.uk](http://www.cafcass.gov.uk).


International Institute for Restorative Practices (IIRP) UK & Ireland [http://uk.iirp.edu/](http://uk.iirp.edu/)

**SECTION THREE: Assessment and needs analysis.**

**WHY THIS IS IMPORTANT**

If we are to help vulnerable children and young people, and provide a caring and nurturing environment for them to be able to grow and develop, we need to understand what has happened to make them vulnerable, what sense of the world they have, and what the future
holds for them.

A good quality social work assessment is central to this understanding of what is happening to a child and family, and to informing decisions about action to be taken or services to be provided. An assessment is also an intervention in itself and the process of assessment may create change and lead to help from the extended family and/or the provision of services.

The social work assessment has a particular contribution to make to a holistic understanding of a child’s needs, taking account of other professional assessments from health colleagues, psychologists, or educationalists.

STANDARDS

3.1. All children and young people for whom the local authority has a responsibility will have a good quality social work assessment and analysis of their needs on their record that is produced within specified timescales.

The assessment and continuing analysis of need will be shown not just in reports but also in the planning processes and recording so as to provide a rounded view of a child. A good assessment will include the child’s history, current behaviours and view of the world, and indications of what the future holds.

Good quality assessments will show evidence that they:

- Are child centred,
- Are rooted in child development,
- Are ecological in their approach (an understanding of the child is located within the context of the family, community and culture),
- Take account of a child’s religious, cultural or racial background,
- Involve working with children and their families,
- Take account of individual and family strengths as well as identify difficulties,
- Identify risk factors and preventative factors,
- Take account of parent’s own childhood experiences and the impact that this may have on their own parenting capacity, experience and knowledge of support services,
- Are interagency in their approach to assessment and the provision of services,
- Are a continuing process, not a single event,
- Separate out facts from opinions,
- Are carried out in parallel with other actions and provide a service,
• Are grounded in evidence-based knowledge.

The Department for Education has published the 2015 edition of the Working Together guidance.

The guidance covers:
• The legislative requirements and expectations on individual services to safeguard and promote the welfare of children: and
• A clear framework for local Safeguarding Children Boards (LSCBs) to monitor the effectiveness of local services

This document replaces Working Together to safeguard Children (2013)

In Leeds, after Children’s Social Work Service has been contacted about the family, a social worker will make a brief first Child and Family Assessment that should take no more than 10 working days. If they already have a Common Assessment we shall use this information to start with. At this point the team manager will make a decision about any further assessment needed which will take up to a further 35 working days. A Team Manager could decide that the family needs a full assessment (up to 45 working days) from the outset. If the child or the family require help immediately and can’t wait for the assessment to be completed, we will try to provide this help before the assessment is finished.

Once the full Assessment is finished, a plan will be drawn up setting out what help and support will be provided and by whom.

Practitioners must refer to ‘Working Together to Safeguard Children’ Department of Health 2015, interactive online version at www.workingtogetheronline.co.uk/

KEY PRACTICE ISSUES FOR ALL ASSESSMENTS

Authoritative practice

The quality of the interaction with families on behalf of children by social work staff is a determinant in achieving the best outcomes. Leeds City Council requires that staff are always mindful that their primary role is to protect children.

Authoritative practice is that which intervenes on behalf of the child with official authority.

It requires practitioners to:
• Avoid the tendency to believe what they are told but to always question.
• Take all plans seriously and work towards them.
• Hold a tight grip on intervention, being purposeful in their work.
• Clarify and check all family members and significant others, including those who do not live with the child.
• Be tenacious and exercise respectful uncertainty in examining and challenging adults’ accounts of situations.
• Practice in a way that makes demands on parents, and objectively measures their progress in reducing risks and meeting the needs of their children.

The place of description and analysis in assessments.

Too often, a practitioner’s assessments are limited to accounts of activities and actions, and description of what happened in a child’s life. What needs to be more evident is the practitioner’s reflective record of why particular actions and behaviours occur, how these matters impact on a child’s world or their development, and what interventions need to be made in the child’s interests, or what is the expected outcome of an intervention. This is where analysis of risk and need coupled with drawing on theories of human behaviour comes into play.

The analysis of risk and need in safeguarding children and young people. (See also Procedures Manual 1.2.4 Service Responses to Levels of Vulnerability and Risk of Harm)

In undertaking a risk analysis practitioners need to establish what the risk and protective factors in the child’s situation are (consider the child’s developmental needs, family and environmental factors, and parenting capacity from the Assessment Framework domains). The risk factors, if not balanced by adequate protective factors, are difficult to manage and are likely to lead to harmful and damaging outcomes for the child.

‘The child should not be lost or unseen by the enmeshed interaction between overwhelmed families and overwhelmed professionals. If using strength based approaches do not preclude weighing up the risks of harm to the child’. (Brandon, 2009)

Practitioners must identify the factors most likely to be significant in terms of reducing/increasing the probability of harm to the child, and to estimate the level of risk of future harm.

Practitioners must ensure they have undertaken an analysis of both risk and need in their work with children and families. In developing analytical skills practitioners should source toolkits, research websites
and further reading. (For further information on useful websites, see Appendix D at the end of the manual)

Multi-agency information gathering in assessment

‘Serious case review information showed that many of the families were living chaotic and complicated lives, making it difficult for professionals to obtain a good picture of the family circumstances and dynamics. Some agencies were often missing from the early information-gathering processes, notably housing and adult services in general, such as social care, adult mental health services and drug and alcohol services. These agencies were later found to have held important information about family circumstances’ (Ofsted, 2009).

There can still be real problems with professional and organisational boundaries getting in the way of joint working and information sharing. Working Together to Safeguard Children 2015 sets out sound principles and procedures for collaborative working. All professionals working with a child should understand their responsibilities in order to achieve the positive outcomes that keep children safe, and complement the support that other professionals may be providing.

Statutory guidance and good practice dictate that there must be joint working between police, health and children’s services to ensure that the risk of harm to children is well understood, assessed and acted upon as appropriate.

- Practitioners often report having limited opportunities to meet with other agencies and professionals to discuss what they do, thresholds, and good practice. There is a need to build strong links with other agencies at both practitioner and manager level to improve relationships and the quality and relevance of referrals.

- For families in need of longer term support due to complex family support issues, practitioners need to have knowledge of community services so that they can refer and signpost families to alternative support. Referrals to support services may prevent re-referrals and an escalation of concerns in the future. Practitioners must refer to the Family Hub service directory for up to date information on services available.

Interagency communication and joint visiting

- All agencies must work together to ensure that the welfare of the child is maintained with clear lines of communication and joint working where appropriate. Where there is the presence of a contributing factor relating to another agency, joint visiting must
be considered.
• If you are worried about a visit think about other professionals who may be able to assist in engaging the family such as the police or health visitor.

Incorporating issues of equality and diversity within assessment

Practitioners must ensure that they address issues of race, language, culture, religion, sexuality and disability within the assessment and in their work with families. Findings from Serious Case Reviews (Ofsted, 2009) have highlighted that this area was not covered well in the way in which professionals worked with the families.

Safeguarding Children whose Parents have Complex Problems

‘Factors related to drug and alcohol misuse, domestic violence, mental illness and learning difficulties were often not properly taken into account in assessing risk and considering the impact on the child. Agencies were found to be particularly poor at addressing the impact of chronic neglect on children and intervening at an early stage to prevent problems from escalating’ (Learning lessons from Serious Case Reviews (2009) p22).

The key findings of 189 children’s cases in A Biennial Review of Serious Case Reviews 2005-07 (Brandon, 2009) were that domestic violence was known to be present in 49 cases, parental ill health in 32, parental drug misuse in 28 and parental alcohol misuse in 19 cases and disability was known for 14 children.

Domestic Violence - Routine enquiry for all women

At every first contact with a woman on her own (i.e. not accompanied by any adult) practitioners must routinely ask a direct question about her experiences, if any, of domestic violence regardless of whether there are indications, in the referral or otherwise, that violence is suspected.

It is known that a routine enquiry about domestic violence to all women using a service has a number of advantages: it uncovers hidden violence, women report that they want to be asked, many will not disclose unless asked directly.

Information about specialist services must then be passed on to the woman, and given to her at a time when the alleged perpetrator is not present.
This discussion must be recorded.

(Men and violence within same sex relationships: whilst men are not normally as vulnerable as women in abusive relationships, practitioners...
must also bear in mind the possibility of a male partner being a victim, or the existence of violence between same sex partners, and the impact that witnessing this will have on children.)


**Safeguarding children and young people abused through domestic violence:** In cases of domestic violence the level of risk should be assessed using the Barnardos multi agency domestic violence risk identification threshold scales. It can be accessed at: http://www.londonscb.gov.uk/domestic_violence/

**Mental health problems**

In many cases more serious parental mental illness could adversely affect a child’s developmental needs. However it is essential to assess the implications of parental mental illness for each child in the family. In undertaking an assessment practitioners should refer to the SCIE, parental mental health and child welfare guidance, *Think Child, Think Parent, Think Family* (2009). Also refer to the DOH (2000) Framework of Assessment of Children in Need and their Families.

Where parents have known or suspected mental health issues always liaise with specialist mental health services. Plan how you should visit this family - this must include a joint visit to assess the risk. **Remain focused on the child whilst other agencies will focus on the adult.**

**Alcohol and drug misuse**

Where parents have known or suspected drug or alcohol problems they must be assessed in the same way as other parents whose personal difficulties are contributing to poor parenting. The possibility of substance misuse must be considered in all cases and practitioners must also be mindful of the impact the degree and context of the misuse has on the risk to the child.

See also the Procedures Manual 1.4.5 Guidelines for the Assessment of Parental Substance Misuse (http://leedschildcare.proceduresonline.com/chapters/p_asses_par_sub_mis.html) for detailed guidance on undertaking assessments where drugs or alcohol use is a cause for concern. The Child’s World (Horwarth; 2001) also has some useful assessment tools.

Leeds Practice Standards Manual June 2015 updated version
Lessons from Serious Case Reviews, and other research, when undertaking assessments.

It is important for practitioners to draw on current research findings, outcomes of recent Serious Case Reviews as well as key social work theories in assessing and planning for children and young people they are working with.

Key findings from Serious Case Reviews (Brandon, 2009) have highlighted the repeated theme of children not being seen or heard and being ‘lost’. There is often insufficient focus on the needs of the child with many of the children having a long complex history of concerns some of which dated back to birth (Ofsted, 2009; p24).

Practitioners need appropriate support and training to ensure that as far as possible they put themselves in the place of the child or young person. They need to be able to notice signs of distress in children of all ages, but particularly amongst very young children who are not able to voice concerns (Laming 2009: 3.1).

Practitioners must ensure children and young people are consulted and that siblings are spoken to. The timing of the visit is important and that the child is at home and not at school, or a baby is awake when you visit. Is the child being kept out of sight? Will different communication methods be used for children who are unable to speak because of disability or trauma?

It is the responsibility of the practitioners to satisfy themselves that they have seen a healthy child. The needs, feelings and safety of the child should be kept ‘in mind’: adopt professional curiosity.

The key findings of A Biennial Analysis of Serious Case Reviews 2005-07 (Brandon, 2009) of 189 children’s cases revealed:

- The highest risk of maltreatment related deaths and serious injury are in the first five years of life.
- 17% of children were subject to a child protection plan. The major category of concern was neglect.
- A third of the 40 children studied in depth had a history of missed health appointments.
- 45% of families were highly mobile and were living in poor conditions. Half of the parents/carers had criminal convictions.
- There was a failure to take into account the dearth of information about fathers and other men connected to the family.
The SCR review recommends that practitioners:

- Look for previous evidence of poor or inadequate parenting and potential patterns of behaviours or concerns. Through seeking patterns of behaviour affecting child welfare, assumptions based on the parent’s character or personality can be avoided.

- Avoid ‘silo’ practice as highlighted in key findings of Serious Case Reviews (Brandon, 2009). Silo practice is where professionals fail to look at aspects of the child’s needs outside of their own specific brief.

- Avoid rigid or fixed thinking about the family. Findings of Serious Case Reviews (Brandon, 2009) revealed that once a view had been formed there was a reluctance to revise a judgement about the family. It is okay to revise your judgements in response to evidence and analysis as the case progresses.

- Many serious case reviews have revealed a ‘neglect case’ mindset, in which thinking tended not to encompass any other harm or danger to the child other than from the prime concern of poor physical (and emotional) care.

- Avoid the phrase ‘rough handling’ as this may mask the risk of physical injury or death for babies and older children. Using this term has the effect of downplaying concerns and therefore delaying a protective response for a young child.

Re-establishing the importance of the home visit

‘Practitioners need to give attention to the core experience of ‘doing social work practice’ in particular the practice of home visiting. The most important reason to focus on the home is that it is the common place in which children and families are seen and actual child protection work goes on’ (Ferguson, 2009)

Practitioners must not undertake home visits without being clear about
the purpose of the visit, the information to be gathered, and the steps to be taken if no one is at home.

- As part of the home visit practitioners must check the general condition of the household. A practitioner should ask the parent to accompany them in checking the child’s bedroom, bed/cot and bedding. The family’s kitchen and fridge/freezer should also be checked. This action may feel oppressive to the service user and it is important to explain why it is necessary to do this as part of the assessment. Practitioners must be aware of over optimism and disguised compliance in safeguarding children. Undertaking this level of investigation and observation will help to validate parent’s accounts.

- If as a staff member you live in an area of the family you are going to visit you need to discuss the appropriateness of this with your team manager.

- Relevant risk assessments need to be undertaken on visits where it may be considered a practitioner would face additional risks.

- Ensure efforts not to be judgmental do not become a failure to exercise professional judgement.

**Over optimism and disguised compliance when undertaking assessments.**

Working with parents and carers who have complex problems can be a difficult issue and practitioners need to adopt ‘professional curiosity’. Looking for evidence of behaviour and verifying parents/carers' accounts through multi agency information sharing, and using open questioning within the assessment can help guard against being misled by accepting the parent’s version of events at face value. Contemporary research, findings of SCR and the Laming report have highlighted the emerging concepts of ‘disguised compliance’ and ‘over optimism’ in social work practice.

“They [the parents] become clever at diverting attention away from what has happened to the child. People who work in this field have to recognise this in their evidence gathering. They have to be sceptical; they have to be streetwise; they have to be courageous.” (Laming 2009)

**Disguised compliance** can be defined as those with parental responsibility who fail to admit to their lack of commitment to change and work subversively to undermine the process. Superficial cooperation can be seen as a front for concealing abuse.
Examples of disguised compliance may include cleaning the house before a visit, school attendance improving in the days leading up to a review, or parents presenting for a clinic appointment the day before a home visit. The complicating factor is that a practitioner’s work often goes on in an atmosphere of intimidation, danger and fear.

**Non-compliance and intimidation** may include:

- **Hostile and threatening behaviour** which produces damaging effects, physically or emotionally in other people, including the practitioner.
- **Non-compliant behaviour** involves proactively sabotaging efforts to bring about change or, alternatively, passively disengaging.

Practitioners need to have the skill, courage and personal resources to ask really hard questions. They need support within their organisation to reflect, process their feelings and gain insight into their experiences.

Practitioners must adopt ‘**professional curiosity**’ and remain sceptical of the explanations, justifications or excuses they may hear in connection with the apparent maltreatment of children. (Though practitioners need also to be aware that their own communication may be misunderstood and may lead to misinterpretation around compliance; behaviour may seem to be non-compliant but the issue may be the way in which workers are communicating.)

Where families are hostile or hard to engage practitioners must ensure they do not develop **low expectations** of what can be achieved (Laming, 2009:23). Hostile behaviour is often a distraction technique. Sometimes getting through the door feels like a major achievement with little energy left to use the time with the child.

If as a practitioner you became fearful during a visit you should discuss this with your manager. **Think how a child or young person may feel in this situation.** Being ‘seen’ does not mean a child is safe. Ask yourself: ‘what’s it like to be this child?’ Ensure also that you ask them this when you see them on their own.

You are the professional. Be confident in your responsibility to challenge if you believe it is in the child’s best interests. (See Appendix A for further guidance re working with hostile families and disguised compliance. There is also a new section on working with unco-operative parents in the **Procedures Manual 1.4.10 Working with Unco-operative Families**).

**Importance of Supervision**

_Leeds Practice Standards Manual June 2015 updated version_
If any practitioner feels uncomfortable or unhappy working with a family, they must consult immediately with a supervisor. The practitioner and their manager should record safety issues so that other professionals are alerted and a multi-agency meeting convened if necessary.

Managers should encourage staff to express feelings of discomfort and promote good reflective practice (see Section One – Management of Practice).

(See Appendix C re 10 pitfalls in assessments and how to avoid them)

ASSESSMENTS

Different types of assessments frequently undertaken by practitioners.

The three main assessments undertaken by practitioners in assessment and care management roles are:

- Child and family assessments
- Child and family assessments
- Section 47 Enquiries

Child and family assessments. (See Procedures Manual 1.2.7 Assessments)

Preparation – gathering information and history.

- The practitioner must liaise with the referrer in order to gather more information about the referral.

- Practitioners will ensure they gather the details of the family network and household members who may not be on the referral. Ensure that the names are spelt correctly and recorded correctly on the electronic case file. Details of schools, GPs, health visitors and any other professionals involved with the child and carer/s must be gathered. Diligence during the information gathering stage will ensure that gaps in information and inconsistencies are avoided.

When undertaking an assessment or any involvement with a family it is crucially important that fathers and significant men are included in the work. This might be where their behaviour is a significant risk factor, for example in domestic violence or where they are absent from the family home. It is essential that these men have support and an opportunity to change this behaviour in a way that their children need. There is a requirement for sensitivity in this area, particularly when children have little contact with their fathers.
• Practitioners must check for and read past records, including court bundles relating to the child or family. The presenting information is not enough. Serious Case Reviews have highlighted that too often practitioners accept the parent / carer’s explanation without such checks.

• Practitioners must refer to any chronology, which must be kept up to date. Chronologies must include key events relating to the child, not every telephone call etc. (A chronology is not simply a cut and paste of case records). Being able to refer to a previous history of key events is particularly important in cases of re-referrals.

• Within the assessment practitioners will ensure that they refer adequately to information included in the original referral. For example in cases of domestic abuse where the parent is minimising concerns by the time the child and family assessment is undertaken. Assessment reports must evidence liaison with partner agencies in particular schools and health professionals.

• Repeated referral, completion of child and family assessments and then case closure due to dis-engagement of the family must be monitored in the longer term. This can help to identify a child who continues to be a risk of significant harm in the longer term as any previous positive change is not sustained. The trigger point for reviewing the number of child and family assessments undertaken is three.

Planning and undertaking the initial home visit

• When undertaking the assessment practitioners will incorporate the Every Child Matters, Five Outcomes Framework: Be Healthy, Stay Safe, Enjoy and Achieve, Make a Positive Contribution, Achieve Economic Wellbeing.

• Circumstances will determine if an unannounced visit is necessary and if there are problems with the visit practitioners will discuss these immediately with their manager. Where there are concerns regarding neglect, poor home conditions or a child home alone an unannounced visit must be undertaken.

• Practitioners must ensure that the arrangements for their visit does not place any person at further risk, for example where there are issues of domestic violence. Practitioners must think seriously about the implications of planning their visit where there is a
perpetrator, or alleged perpetrator, in the house.

- Practitioners must seek parental permission before undertaking an child and family assessment.

- Where there are safeguarding concerns and parents refuse to engage, practitioners must discuss with their team manager whether they consider adequate checks have been undertaken in order to conclude on the assessment and prevent ‘drift’ in awaiting outstanding agency checks. (Note: In regard to a S47, the manager can override the need for consent so as to undertake checks without delay).

- Where other children have been located in the house they must be added to the essential information held on record. Consideration must be given to any unborn child in the household. The practitioner must discuss with the team manager whether an assessment needs to be completed on an unborn child as well (see Procedures Manual 1.4.4 Pre-Birth Assessment Guidelines for further information re pre birth assessment guidelines). Any other child living in the house must also have a child and family assessment, not just the child in the referral.

- As part of the child and family assessment practitioners must ensure they speak to the (alleged) perpetrators about their behaviour and taking responsibility for that behaviour. This is particularly important in cases involving domestic violence.

- Practitioners must also ask about domestic violence even if it is not part of the presenting information.

- Practitioners must ensure that fathers/ key carers are included within the assessment process. Key findings of Serious Case Reviews (Brandon, 2009) revealed a lack of evidence of fathers being included in assessments, or consulted in regard to their children.

(See Table three on page 56 for more information on acceptable / unacceptable practice re home visits)

Concluding the child and family assessment

- It is important to remember that, even if the reason for a referral was a concern about abuse or neglect that is not subsequently substantiated, a family may still benefit from support and practical help to promote a child’s health and development.

- Where the assessment concludes that social care support is not
required consideration must be given to how the family’s needs can be met through other single or multi agency involvement, and the appropriate referrals made prior to closure.

- It is the practitioner’s responsibility to keep their manager informed as to the progress of the assessment and if they are experiencing difficulty in completing the assessment within timescales.

- Children and families must be informed of the outcome of the assessment. Although a standard letter is sent out it is good practice to send a more specific letter outlining the expectations of the service on closure. This is helpful to the family and is also a record of the view of the department at closure.

- Other agencies must be informed of the outcome of the assessment, including if the case is being closed, and a record of this placed on the file.

- Only in exceptional circumstances should a team manager decide to conclude an assessment before completion. If this does occur the reason for this must be reported to the service delivery manager and fully recorded.

Assessments. (See also Procedures Manual 1.2.7/1.2.8 Including Section 47 Enquiries)

Key practice issues covered at the start of this section, and in the paragraphs on child and family assessments, are integral also to undertaking a child and family assessment.

The assessment must follow the assessment triangle diagram in Working Together to Safeguard Children 2015

- The child’s developmental needs,
- Parenting capacity,
- Family and environmental factors).

The child and the parent / carer must be actively involved in the preparation of the assessment. They must see it and sign it in advance of conference.

Child and family assessments are a multi agency responsibility and other appropriate agencies must contribute. Reference should also be made to any appropriate theoretical bases for multi agency planning. Key theories include:

Leeds Practice Standards Manual June 2015 updated version
• Attachment theory
• Resilience theory
• Permanence planning
• Child development
• Child abuse and family adversity theories
• Risk assessment and risk management theories
• Anti-discriminatory practice theories
• Restorative practice theories

Practitioners should look to using other tools in order to inform their analysis and decision-making. A recommended tool is the National Children’s Bureau publication: *Putting Analysis into Assessment: Undertaking Assessments of Need—a Toolkit for Practitioners*, Dalzell, R and Sawyer, E.

The ‘methods of interventions table’ in **Appendix D** is a guide and prompt for practitioners to assist them in their choice of social work intervention. Practitioners are encouraged to access additional resources in order to build on their skills through self directed learning which can be recorded as part of post registration training and learning. Further information regarding research and practice issues can be accessed via key websites (see **Appendix E ‘Research and Practice: useful websites’**) and the References and Recommended Reading at the end of this section.

A child and family assessment must be reviewed and updated at least annually. A new child and family assessment will be required when, for example, a child is at risk of becoming looked after, is moving to a pathway plan; prior to a return home on a care plan, prior to discharging a care plan, prior to instigating a placement with parents under placement with parents regulations (PPR), or any other significant change in the child’s circumstances.

**Section 47 child protection enquiries (see also Procedures Manual 1.2.8 - end section).**

• Best practice in Section 47 enquiries, as with other assessments, involves all relevant agencies sharing information. Safeguarding is a multi agency function.

• A strategy discussion or meeting, which must involve the Police and Social Care, and other agencies as appropriate, has to take place prior to the commencement of a Section 47 enquiry/child and family assessment. The timescale for holding an initial child protection conference (**fifteen working days**) starts with this date. The purpose of the discussion / meeting is to share
information, plan how the Section 47 enquiries are to be undertaken, and identify roles and responsibilities.

- Whenever a joint investigation by police and social services is required into possible injury or harm to a child, a manager from each agency will always participate in the strategy discussion. *(Laming, 2009 Recommendation 93, 13.52).* Both parties must have the same copy of the strategy discussion minutes.

- Parents, and children if of appropriate age and understanding, must be involved throughout the child protection procedure.

- For those parents/carers/children whose first language is not English an interpreter is to be used at all stages of the process. It is not acceptable to use a family member, neighbour, teaching staff or another social worker especially during the child protection medical and any interviews with the child and family.

**Allocated (accredited) social worker responsibilities**

- All children and their families must have their case allocated or case oversight from a named qualified social worker who is accredited to undertake child protection work.

- It is the allocated practitioner’s responsibility to undertake the Section 47 enquiry/child and family assessment and ensure the work is completed and progressed within timescales and that the enquiries are child focused. A confident practitioner will be able to evidence their analysis, judgements and reasoning to other professionals. The practitioner must seek guidance and support from the team manager if worried about the case.

- In conducting a s47 enquiry, the practitioner must always attempt to establish whether any family member works with children or has significant contact with children and if they do, to seek advice from the Local Authority Designated Offer (LADO). *(See Appendix B Allegations of abuse made against a person who works with children).*

- Unless responsibility is formally reallocated to another named practitioner and/or manager, the original practitioner and manager hold responsibility for carrying out enquiries until the initial child protection conference or until a decision is made that no further action is necessary.

- The allocated practitioner is accountable for the quality of the
work and must take responsibility for maintaining and improving their knowledge and skills. *(HCPC: Health and Care Professionals Council)*

**Concluding the Section 47 enquiry**

Section 47 enquiries may not substantiate the original concerns about the child ‘being at risk or suffering harm’ but it is important the assessment is completed to identify what support if any is required in the long term. The assessment in itself can be the support/intervention that the family requires to enable them to discuss their difficulties and identify their own strengths/solutions.

There are several outcomes from a completed Section 47 enquiry assessment:

- The risks are such that a child/young person requires a multi-agency protection plan – proceed to initial child protection conference. *(See also Safeguarding Procedures - 3.5 Initial Child Protection Conferences)*

- A need for a period of multi-agency support may be identified. In these cases a child in need plan should be devised. The plan must have a review date. The review date enables workers and team managers to promote focused work based on the plan and prevent the case drifting. A child in need plan may not require active social work involvement through the allocation of a social worker but social care professionals should offer advice and support to other agencies in implementing some plans. Sometimes, a single agency may offer support to a family, but best practice suggests that this would usually be multi-agency.

- Intervention may be required but not from Social Care. Such cases should be referred to another more appropriate agency for support *(signposting)*.

- Referral for a Common Assessment Framework *(CAF)*, if a more structured period of non social work support would help the child and family. *(See also Procedures Manual 1.2.1 Levels of Need and the Common Assessment Framework – Leeds Approach to CAF)*

- The child is not at risk and the decision is taken that no further intervention is required.

- If the case is to be closed a closure summary detailing the main issues, the action taken and the reasons for closure must be completed as this will be invaluable if the case has to be re-
opened in the future.

- If the Section 47 enquiry has been on a looked after child (CLA) then the CLA plan is the dominant plan.

**Note:** If at any time during the assessment the child is found to be at immediate risk then emergency action must be taken. There must be adequate investigation of new concerns and risk assessments must be revised and reappraised when new evidence emerges. Any changes of decision-making must be clearly recorded by the practitioner and team manager.

**See Table Four on page 58 re acceptable / unacceptable practice re social care assessments**

**Assessments in different social care settings.**

**Safeguarding children and young people with disabilities**

‘**Good practice in safeguarding children [with disabilities] is seen where there are robust links between child protection workers and disability workers and where there is sufficient training to increase the understanding and ability of disability workers to take into account both disability and child protection issues**’ *(Ofsted, 2009, p29)*

For those children who have special needs or communication difficulties the allocated worker will ensure that they are assisted in their enquiries by a professional who has an understanding and experience of working with the child and is able to communicate with the child. (See Safeguarding Disabled Children: Practice Guidance (2009).

There will be more barriers and communication issues with children with disabilities and practitioners need to liaise with professionals who have the most involvement such as teachers and special education needs co-ordinators (SENCOs).

**Safeguarding privately fostered children and young people**

Recent findings have indicated more than one in ten children in England and Wales could be living in “invisible” arrangements (BAAF; Somebody Else’s Child campaign). Regulations require parents and carers to notify the local authority of the private fostering arrangement. It is the specific duty of local authorities to promote public awareness of notification requirements. Private fostering arrangements need to be vetted to ensure both that the child is safe, and that their welfare is being promoted.
Assessments in adoption and family placement practice

Local Authorities and Adoption Agencies are required by law to carry out a full assessment of applicants before approving them as adopters. The information to be collected is detailed in the Local Authority Adoption Service (England Regulations 2003) www.legislation.hmso.gov.uk and Adoption Guidance 2011 www.education.gov.uk.

A comprehensive assessment of prospective carers is paramount in ensuring the appropriate matching and placing of children which takes into account the child’s needs, characteristics and parenting capacity of potential foster carers or adoptive carers. The assessment will help the prospective carers identify their family’s skills and strengths and any specific areas where they many need support as carers. Additionally the assessment allows the practitioner to gauge what it would be like for a child living in the household. Is it the right time for them and their household to be fostering or adopting a child? A useful summary of the key considerations in determining a good match is provided in the adoption task force notes on permanence planning http://www.scie-socialcareonline.org.uk/

Specific areas of focus within the assessment will be the general health of carers ensuring they are emotionally and physically robust to provide quality care to other people’s children. The assessment process needs to ensure that prospective carers have an understanding of the diverse needs of children looked after and that carers have the emotional resilience to cope with the demands and challenges that caring presents.

The types of assessments you may be undertaking within adoption and fostering practice are:

- Prospective adopter reports for adopters
- Form Fs for foster carers
- Special guardianship order assessment
- Kinship care assessment
- Child’s permanence reports (CPRs)

Other types of assessments you will be undertaking within the assessment will be:

- Health and safety risk assessment
- Pet assessment

Practice standards within adoption and family placement practice

Standards of practice within adoption are laid down within the

**Assessment tools within adoption and family placement practice, and fostering.**

Practitioners must source additional tools to assist in their assessment of prospective carers. The BAAF Form F is an assessment tool used by the Adoption and Family Placement Teams with prospective foster carers or adopters. The fostering network has also produced an assessment framework linked to the Skills in Foster training course due out in May 2010. It covers all of the areas that must be considered during the assessment, preparation and training of carers and provides the standard way of collecting, analysing and presenting information. BAAF also issue useful Practice Notes to offer guidance on particular issues encountered during the assessment. For example Practice Note 40: Undertaking Competence Assessments and Practice Note 47: Use of BAAF Health Assessment Forms which can be obtained from [www.baaf.org.uk](http://www.baaf.org.uk).

Materials and assessment tools for prospective foster carers to assist with the Skills to Foster Assessment can be found at: [www.fostering.net](http://www.fostering.net) and [www.baaf.org.uk](http://www.baaf.org.uk).

**Assessments undertaken for Placement with Parents Regulations (1991)**

The regulations relate to children on Care and Interim Care Orders (Section 31, Children Act 1989) where; (i) a child is subject to a child protection plan and the plan is for rehabilitation or (ii) a child is to return home and there have previously been child protection concerns. See *LCSC policy and procedure for Placement with Parents Regulations*.

A series of home visits will be undertaken to assess the potential placement, and any other children in the household will be interviewed and their views sought. Information will be gathered and compiled on a child and family assessment form along with a copy of a chronology.

The assessment will include a social history and the child’s history of
why the child came into care and the causes for concern. Details of changes in the family composition since the care episode will be recorded and the family’s social networks or lack of them. The key factor in deciding if the child should be returning home under the Placement with Parents Regulations is the level of risk posed to the child. Therefore a good quality child and family assessment is required which looks at thresholds for risk in the proposed placement and details of signs of safety/protective factors, giving a strong analysis of the likelihood of future risk, and a clear recommendation about whether the placement should be approved.

**Assessment practice within residential and secure estate**

Standards of practice within residential and secure estate are laid down by the Children’s Homes Regulation 2001, the associated amendments in 2011 and 2013 [www.legislation.hmso.gov.uk](http://www.legislation.hmso.gov.uk) and National Minimum Standards 2011 [www.dh.gov.uk](http://www.dh.gov.uk). This is to ensure that young people in care are effectively supported to achieve their aspirations and the best possible outcomes delivered by an appropriately skilled children’s workforce.

Residential practitioners will be contributing to a young person’s assessment of needs and the development and implementation of care plans that detail the care and education that children and young people will receive within their home. They will ensure that:

- Assessments of need and care plans are regularly reviewed and revised in order to ensure the home meets the needs of the child or young person.
- Children and young people can actively participate in, and influence, the planning and review process.
- Information from different sources is collected and **analysed** to inform the planning process.
- Observations will be combined with theoretical and research knowledge to inform assessments of need.
- Robust risk assessments take place to ensure the child’s and practitioner’s safety.
- Peer relationships between individual children and groups of young people residing together within a residential home must be discussed between residential practitioners and the one or more responsible social worker practitioners for individual young people. This is to assess risk and inform supportive and effective care planning.

**Assessments of children leaving care**

Pathway / leaving care and residential practitioners will contribute to the
needs assessment and pathway plans of children leaving care as outlined in the Children (Leaving Care) Act 2000: Regulation and Guidance.

Pathway planning must be discussed and agreed at the young person’s looked after review prior to them turning 16 years old.

A needs assessment and pathway plan fulfils the requirement for both assessing the young person’s needs and planning services and should help bring a sharper focus to the leaving care stage. A good assessment should assist in identifying future support to be in place, leading to the seamless provision of services from children’s services to leaving care and adult services.

Young people must be fully involved in the production of the pathway plan, supported by knowledgeable professionals and robust assessments, which are able to offer comprehensive support in future plans. Their plans should demonstrate their active participation, and so must be signed off by the young people themselves.

The responsible authority must complete a needs assessment within 3 months of a young person becoming an eligible or relevant child, whether they do so when becoming 16 or later.

It is a requirement that young people actively participate in the development of their own pathway plan. To support young people’s participation in their pathway planning the consultative document called “My Pathway Plan” can be used.

Methods of assessment must take full account of the young person’s communication skills and mobility requirements and whether a young person requires additional assistance. Pathway planning must also take account of any existing assessments and plans related to the young person. These may include the care plan, placement information records, personal education plan, health plan, transition plan, ASSET assessment from Youth Offending Services and Special Education Needs assessment.

The assessment will consider the young person’s needs and enable a robust plan to be put together in order to respond to these needs and to support positive outcomes in the future. The pathway plan must be formally reviewed at least every six months or earlier if there are any substantial changes in circumstances for the young person.

A summary guidance sheet can be found in the Procedures Manual - Appendices 5.9. A pathway assessment template, a pathway plan / review template, eligibility tick list and information sharing consent form are located in the forms library.
Table 3. Home visits to prepare assessments: Acceptable/unacceptable practice

<table>
<thead>
<tr>
<th>Theme</th>
<th>Acceptable</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seeing the child</td>
<td>Child has been seen with carers and alone, and checks made against date of birth etc. to confirm correct child. Meaningful contact established with child to obtain their views and wishes using a range of materials subject to age and understanding.</td>
<td>Child not seen or questions about the child relating to the referral still outstanding. Child seen but not age appropriately and views and wishes not obtained. The child’s voice is not heard and they are not able to influence the assessment and any subsequent planning.</td>
</tr>
<tr>
<td>Seeing the home</td>
<td>Practitioner has entered the home and been able to assess the quality of the home environment to meet the child’s needs, hygiene, food, warmth, affection, caring.</td>
<td>Practitioner not able to enter the home, or only allowed very limited access to the home, therefore unable to form a view of needs being met.</td>
</tr>
<tr>
<td>The child’s bedroom</td>
<td>Practitioner able to see the bedroom and form views about the quality of care and meeting needs.</td>
<td>Practitioner not able to see bedroom and unable to form views about care and sleeping arrangements.</td>
</tr>
<tr>
<td>Judgements about physical and emotional care</td>
<td>Practitioner able to form views based on evidence about the physical and emotional care of the child by parents and family members through direct observation of family interactions and good recording of such.</td>
<td>Insufficient evidence to form a view about the quality of care and therefore judgements are partial or insufficient to inform actions.</td>
</tr>
<tr>
<td>Covering referral issues</td>
<td>Practitioner addresses the reason for the visit and concerns with family members and child where appropriate.</td>
<td>Practitioner does not, or is unable to address reason for referral with family members, and child where appropriate. Family not clear as to purpose of visit or assessment.</td>
</tr>
<tr>
<td>Evidencing</td>
<td>Practitioner takes</td>
<td>Practitioner does not record</td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>-----------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>explanations</td>
<td>account of explanations and references them against other information or sources.</td>
<td>explanations from family or child, and does not check them against other sources.</td>
</tr>
<tr>
<td>Judgements based on evidence</td>
<td>All judgements are based on evidence that can be substantiated and on theoretical or researched models and frameworks of interventions.</td>
<td>No judgements are forthcoming, or limited judgements are made that are unsubstantiated.</td>
</tr>
<tr>
<td>Possibility of domestic violence in the family</td>
<td>Practitioner checks with mother/female in family re any domestic violence and this is recorded.</td>
<td>Possibility of domestic violence not covered by practitioner in assessment.</td>
</tr>
<tr>
<td>Holistic approach to child’s needs</td>
<td>Assessment takes account of the five ECM outcomes covering the needs of the child.</td>
<td>Assessment is not holistic and is limited to particular issues, concerns or needs.</td>
</tr>
<tr>
<td>General child care</td>
<td>Practitioner acquires sufficient information to form a view about the quality of child care and actions to be taken.</td>
<td>Practitioner does not collect sufficient information about the quality of child care, or bases judgements on partial evidence or unsubstantiated claims.</td>
</tr>
<tr>
<td>Possibility of family members caring for or working with other children outside of their own family</td>
<td>The assessment clearly identifies whether a significant family member may have contact with children in other settings and the need to activate Allegations Management procedures if required.</td>
<td>There is very little reference to this in the assessment, either in terms of questions being asked to gather such information or that concerns are not acted upon.</td>
</tr>
<tr>
<td>Completion of assessment within timescales.</td>
<td>Assessment completed within timescales and shared with manager, child and family.</td>
<td>Assessments not completed within timescales and progress reporting not shared with manager, child or family.</td>
</tr>
</tbody>
</table>
### Table 4. Assessment and Needs Analysis: Acceptable / unacceptable practice

<table>
<thead>
<tr>
<th>Theme</th>
<th>Acceptable</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>A reflective record</td>
<td>Assessments that analyse events and actions and lead to conclusions based on sound professional practice.</td>
<td>Description of events, lists of activities and actions without any assessment of their relevance.</td>
</tr>
<tr>
<td>Based on theories and models</td>
<td>Assessments are based on the application of evidenced theories and models of human behaviour and the assessment clearly references which theory is being applied.</td>
<td>Assessments are simply based on opinions, comments.</td>
</tr>
<tr>
<td>Demonstrating observational skills</td>
<td>Assessments are based on the application of observational skills, theories and frameworks that explain what is going on, why it’s happening, and what interventions can be taken to bring about improvements.</td>
<td>Accounts of observations are provided but in the absence of a theoretical framework or evidence based contribution.</td>
</tr>
<tr>
<td>Capturing the child’s world</td>
<td>Well argued understanding of the child’s perception of their world and events around them, and an analysis of the child’s emotional and physical development and aspirations. Assessment uses direct quotes from child/young person and differentiates between “wishes and feelings” and “best interests”.</td>
<td>Little or no reference to the child’s perception of their world or events. Little or no reference to stages of development of the child, physically or emotionally.</td>
</tr>
<tr>
<td><strong>Understanding parent /child relationships</strong></td>
<td>Well argued account of the nature and quality of the relationship between both parents and child, and includes investigation of parenting capacity and is based on a theoretical framework that provides explanation and interventions.</td>
<td>Little theoretical framework on which to base judgements on the nature and quality of parent /child relationships. Little information on absent fathers, whether they are present in the home or not.</td>
</tr>
<tr>
<td><strong>Family history</strong></td>
<td>There is a description and analysis of family history that impacts on the needs of the child and family members, their behaviour, past experiences i.e. parents having being CLA themselves and current actions. This is shown through an up to date chronology, and genogram, and evidence of reading and absorbing previous records.</td>
<td>Explanations of behaviour and actions are not placed in the context of the family’s history. There is no evidence that previous records about the family have been read and incorporated into the assessment. No investigation into whether parent(s) had experienced being CLA or otherwise vulnerable themselves and the impact that this may have on their own parenting capacity and knowledge of support services. There is no up to date chronology or genogram.</td>
</tr>
<tr>
<td><strong>Race, language, religion, culture, sexual orientation.</strong></td>
<td>Racial, religious, cultural and language aspects of the family and child are taken into account in the assessment to support an understanding of concerns, behaviours and perceptions.</td>
<td>There is little or no reference to these aspects of the child and family. These aspects may be taken account of and described, but are not analysed and do not assist in understanding behaviour or actions.</td>
</tr>
<tr>
<td><strong>Partner agency contributions.</strong></td>
<td>Assessments have appropriate contributions from professionals in other agencies that contribute to a holistic view of the needs of the child.</td>
<td>Partner agency contributions that would be included are either partial or absent from the assessment.</td>
</tr>
</tbody>
</table>
### Assessments are developmental and fluid.

Over time there is evidence of assessments being developed, added to or amended. There is demonstration that the assessment is a fluid progressive process offering judgements that incorporate changes in the child and family’s life. The last assessment is up to date and accurate.

The assessment is out of date and does not take account of recent or current changes in the child or family. The assessment has not been reviewed or revised within expected timescales.

### Coherent and logical

The assessment takes account of changing circumstances of the child and family, acknowledges conflicting or contested information, but forms a judgement based on rigorous analysis.

The assessment describes different views and changes without analysis. The findings and proposals are not based on a coherent and evidence based set of propositions.

### Summarising and shaping interventions and plans

The assessment summarises complicated and detailed information in a form that highlights key factors and helps shape plans and interventions to bring about improvements.

The assessment describes the complications for the child and family’s lives, behaviours and actions, but does not summarise or provide an explanation of what is going on that can help decision making.

### REFERENCES AND RECOMMENDED READING:


Working Together to Safeguard Children (2015) ([www.workingtogetheronline.co.uk](http://www.workingtogetheronline.co.uk))


Haringey Local Safeguarding Children Board, Serious Case Review ‘Child A’ March 2009

SECTION FOUR: Planning for children and young people.

WHY THIS IS IMPORTANT

Good quality planning for children starts from the initial contact. Effective intervention at an early stage can ensure children’s needs are addressed promptly, and potentially reduce the necessity for more intensive interventions by the local authority later in their lives.

Good quality planning prevents drift, ensures the children’s best interests are kept under constant review, and ensures the most effective use of the practitioner’s time and of local authority resources.

The development and completion of formal plans for children, and the ongoing planning and review process, are essential parts of a practitioner’s work with children and their families. The plan may be a child in need plan, a child protection plan, a care plan (for a looked after child) or a pathway plan.
STANDARDS

4.1. All children and young people, who have been assessed as being in need, will have a multi-agency plan in place that describes the conclusions and judgments of the assessment, the actions and interventions to be taken and the expected outcomes.

4.2. Arrangements will be in place for reviewing progress against the plan within timescales, and for updating the plan as required.

Planning for children starts from the very first point of referral and continues throughout the assessment process. Planning is a fluid process. Plans need to be reviewed regularly and changed to suit changing needs.

From the outset, all planning must consider the long-term needs of the child, not just the immediate presenting problem.

All plans for a child must be based on a comprehensive assessment of need that includes an analysis of previous history, clear monitoring of any significant changes, and a formal risk assessment. The type of intervention required will determine the type of plan decided upon.

The practitioner, with their team manager, is responsible for coordinating and completing the child’s plan. This should be signed and dated by both the practitioner and the team manager. They hold case management responsibility in respect of the child’s day-to-day and long term planning needs. Any plan must demonstrate evidence of active participation in the plan by the child – where of sufficient age and understanding - and their parents or carers. Where, in exceptional circumstances it has not been possible to include the child or family in developing and agreeing the plan, the reason for this must be recorded in writing.

This manual looks at the three main plans used by practitioners when working with children and young people:

- The child in need plan
- The child protection plan
- The care plan for children looked after.

CHILD IN NEED PLANS (see also Procedures Manual 2.1 Children)
in Need Plans and Reviews)

A child in need (CIN) plan is based on an assessment, usually a common assessment (CAF), initial or child and family assessment, of a child and their need/risk and whether support services can meet the needs of the child. The plan identifies the assessed needs, the services to meet those needs and sets the framework for the services provided to the child and family to enable the desired goals and outcomes to be achieved.

The aim of the CIN plan is to provide targeted and time limited intervention, with children’s services withdrawing within twelve months (though some children and families, e.g. children with disabilities, may need longer term support).

The principles of the CIN plan reflect the key principles underpinning all safeguarding process:

- The child is the primary client and their needs are paramount.
- Any planning or intervention is underpinned by a thorough assessment.
- The family should always be present at a child in need meeting.
- The plan will be completed using the child in need template.
- The child’s welfare is everyone’s responsibility. To achieve this all involved agencies must work together in partnership to ensure the progress of the plan.

Child in Need meetings
Child in Need (CIN) meetings are arranged where a child / family has been assessed to require support under Section 17 of the CA 1989.

It is an opportunity for the child, parents / carers and other key agencies to identify and agree the most effective inter-agency services to meet assessed need and to update a CIN plan.

The family must be supported and encouraged to engage and attend the meeting. Consideration should be given to involving the child and supporting their attendance.

CIN meetings can take place in a variety of locations to support full attendance and a record of attendees is maintained.

Parents / carers must give consent as it is a voluntary service. If consent is not obtained, consideration must be given to how the child’s needs will be best met. For example:

- Escalate to CP plan
- De-escalate to CAF

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Single agency response.

**Timescales and frequency** – A CIN initial meeting must be convened within **15 working days** of a decision that the CIN meeting is required. This decision may be made during or on the completion of the child and family assessment.

The frequency of subsequent CIN meetings will be determined at the initial CIN meeting. However, subsequent CIN review meetings should be held **at least every six months**.

Once each CIN meeting has taken place, the plan must be:

- Updated within two working days
- Circulated within five working days

**Key responsibilities** - The social work team manager should chair the initial CIN meeting and an agreement must be reached at this meeting regarding who will chair subsequent CIN review meetings.

A social work practitioner is the lead professional and they are responsible for arranging the CIN meetings and recording agreed updates to the plan and circulates the plan.

Key professionals are responsible for the formulation and implementation of the plan and for their own attendance.

**The purpose of the initial CIN meeting** is to agree and clarify the actions of the CIN plan and to challenge the plan to ensure that it is robust enough to reduce any identified risks and develop strengths.

Actions must be challenged to ensure that they are SMART:

- Specific
- Measurable
- Achievable
- Realistic
- Time-scales

All actions must have identified people responsible for them. In addition decisions and actions agreed are recorded.

Planning and intervention through the child in need meeting must be underpinned by a thorough assessment, which should be ongoing.

The purpose of **subsequent CIN review** meetings includes all of the above and also to review and monitor progress against the intended outcomes set out in the plan.

In addition, at review meetings, the plan must be amended and updated.

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as required and action taken if risks escalate / de-escalate.

**Before the CIN meeting** – the CIN plan activity should be set up on FRAMEWORKI with a due date. In addition arrangements should be made to organise the meeting, book a room etc.

Three to four weeks in advance of the meeting, invitations should be sent out using the template letters available. The social work practitioner must visit the child and family to prepare for the meeting and to seek their views. This must include exploring ways in which to engage the child in the meeting and consider advocacy services if required.

If the child has communication needs, consult with parents / carer / school and consider creative methods of communication including: visual aids, toys, Boardmaker, Makaton and photographs.

If professionals are unable to attend the meeting they must update the social worker and provide a written update regarding their involvement with the family (a template is available to be sent out with invitations).

**At the CIN meeting** all attendees should be introduced and the attendance list must be maintained. The invitee list must be reviewed and consideration given to whether anyone else should be invited including other family members or friends or other professionals.

There should be discussion, review and challenge on the progress of agreed actions. Any written information provided by professionals not at the meeting must be shared. In addition, updates to the plan must be noted and issues identified that cannot be resolved. If there is agreement to de-escalate to CAF or single agency response, a lead professional must be identified and agreed.

A date should be set for the next CIN meeting.

**After the CIN meeting** – the social work practitioner must update the plan within two working days and circulate the updated plan to the family, child/ren and key professionals within five working days. The updated plan must be recorded on FRAMEWORKI.

If there are any identified issues that were not able to be resolved at the meeting, these should be raised with the team manager.

Any newly proposed invitees should be contacted and invited to the next meeting.

After the initial meeting (and again if there are any significant changes to the plan) the CIN plan must be shared with the family and signed by
them. In addition the initial plan should be shared with the team manager and signed by them and again for each subsequent plan review.

When the **decision to close the case** is reached the work undertaken and areas addressed should be recorded in a closing summary. This should give the reasons for the closure and include the views of the professionals involved, and the views, wishes and feelings of the child / young person and their parent / carers.

<table>
<thead>
<tr>
<th><strong>Recording the CIN</strong> meeting on FRAMEWORKI</th>
</tr>
</thead>
<tbody>
<tr>
<td>The social work practitioner must record the CIN meeting on FRAMEWORKI within two working days using the CIN meeting template</td>
</tr>
</tbody>
</table>

**Copy the updated plan** into the activity directly from the CIN meeting template. The social work practitioner must make sure that the **signed copy** of the plan is placed in the **paper file**.

The social work practitioner should also set up the **next** CIN meeting activity.

**To ensure quality of recording**, the social work practitioner must check that all actions have allocated responsibilities and action by dates. They should be mindful of the purpose of the recording and mindful of the potential audience for the recording (young people, families, inspectors etc.).

Key discussions at the meeting can be recorded using bullet points, ensuring that significant events, areas of disagreement are recorded with a level of detail to appropriately reflect the discussion held.

A summary guidance sheet can be found in the **Procedures Manual - Appendices 5.9**. Child in Need meeting recording template, an invitation letter for families and one for professionals, a professionals attendance and consultation sheet and two good practice recording examples are located in the forms library.
CHILD PROTECTION PLANS (See also the Safeguarding Procedures 3.7 Implementation of the Child Protection Plan – Lead Social Worker and Core Group Responsibilities)

The threshold for creating and implementing a child protection plan is that the child has suffered significant harm and is likely to suffer significant harm in the future (or is assessed as likely to suffer significant harm on the basis of enquiries into this case or research evidence).

The child protection plan states how agencies, professionals and the family intend to work together to ensure that the child will be safeguarded. The child protection plan will include the Five Every Child Matters outcomes of being healthy, staying safe, enjoying and achieving, making a positive contribution and achieving economic well being, and the developmental needs of the child are included. The plan identifies the risk and purposeful actions to reduce the risk to the child.

Quality of child protection conference reports and child protection plans

Child protection conference reports must show evidence of analysis and reflect management oversight in discussions around the assessment and the plan. Practitioners must regularly ascertain the parents’ and child’s wishes and feelings, and keep them up-to-date with the child protection plan and developments or changes. All reports and plans must be shared with the child and family.

Conference reports must be shared with families at least three days before the day of the conference and five days prior to a review. It is unacceptable to expect family members to participate in conferences without having had prior opportunity to consider the social care reports and to comment on them.

'Where children are supported at home, the child protection plan must clearly identify the objectives to be achieved, with timescales, that signal either the withdrawal of support to the family or, if the objectives are not achieved, indicated the point where further action must be taken. This is particularly important in cases of child neglect where often there is no single event that ‘triggers’ matters escalating to an application for a court order...Realistic timescales need to be applied for these cases to ensure that a child is not subjected to long term neglect.’ (Laming, 2009 3.12)

Child protection plans must be actively reviewed and updated through core group meetings.

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Guidance on core group meetings is available at the end of this section, page 71.

**Key Practice Issues**

**Any child or young person subject to a child protection plan must be allocated a qualified social worker.**

- The practitioner must ensure rigorous information gathering and analysis during the initial stages of involvement with the family. Gathering the right information in these initial stages can assist with family network mapping, later life story work and good child care planning and, if appropriate, permanency options.

- The practitioner must ensure that the invitation list for the initial child protection conference (ICPC) has the correct details of everyone who should attend. All agencies with statutory responsibilities must be invited: Police, Probation, Health and Education. Other key people in the child’s life must be included on the invitation list. The practitioner must give clear information about which family members, including where appropriate the child or young person, are to be invited (or excluded). Where a family member is to be excluded, reasons must be given in writing for this. The conference will not be confirmed without a full invitation list.

- A conference report must be completed for the meeting. The report must include comprehensive information about the child’s situation including historical information, and current information about all household members and key visitors. It should include analysis of the information and an assessment of risk to the child. It should contain a clear recommendation about whether a CP Plan is required or not.

- Parents and children must be prepared for the ICPC by having read the report ahead of the conference. They must be aware of the recommendations the practitioner is making and why. Their views must be recorded. The practitioner must give active consideration as to whether it is appropriate for the child or young person to attend the conference. If the child does not attend, then consideration must be given to the best means of talking to them about the outcome.

- The practitioner completes the report for the ICPC. The report focuses on areas that need to change in order to reduce ‘risk’ and concludes with recommendations for safeguarding the child. The team manager authorises the report. The decision that conference
makes is whether the child should be subject to a child protection plan. The outline child protection plan is the responsibility of the chair with the agreement of conference members as it is a multi agency plan.

The practitioner responsibilities:

The social work practitioner is the lead professional in child protection cases. They must attend the initial conference and all scheduled review conferences to provide continuity and is responsible also for:

- The completion of the section 47/child and family assessment
- The implementation of the child protection plan.
- Arranging and chairing core group meetings.

The core group will develop and implement the detailed child protection plan. This will set out what work needs to be done, why, when and by whom. There will be a written record using the core group meeting template of the decisions taken and actions agreed at the core group meetings. This recording task should be shared by core group members and is not the sole responsibility of the social worker.

Within the core group the practitioner has the lead role, however all members of the core group, including the child (if this is appropriate for their age and development) and parents, are jointly responsible for the formulation and implementation of the child protection plan. The group refines the plan as needed, and monitors progress against the intended outcomes set out in the plan.

Team manager responsibilities

The team manager has management responsibility for ensuring that work with the families of children who are subject to a child protection plan is undertaken to prescribed standards as set out in section one of this manual.

Child protection conference chair responsibilities

- The conference report must be completed on Frameworki and an alert sent to the conference chair three working days prior to the conference. The chair must be independent of operational and line management responsibilities. The chair’s role is to ensure that conferences are administered efficiently, attended assiduously, managed authoritatively and produces decisions which are child focused, with child protection plans that are purposeful and authoritative. For this reason it is important they receive the report ahead of conference.
• The chair must ensure that an outline child protection plan and the recommendations of the child protection case conference, category, identification of the key worker and core group members are distributed within **two working days** of the case conference.

**Distribution of case conference minutes and plan**

• The Integrated Safeguarding Unit (ISU) is responsible for the distribution of the conference minutes with expectation of the parent/carer whereby it is the responsibility of the Key Worker to ensure that they receive a copy of the minutes. The practitioner must alert the ISU of any risk issues in sending out initial and review minutes so that alternative arrangements can be made.

**Reviewing Child Protection Plans**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child protection plans</td>
<td>must be reviewed <strong>within three months</strong> of the date of the initial child protection conference,</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>A second review</td>
<td>must take place <strong>within six months</strong> of the first review.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Subsequent reviews</td>
<td>must be at intervals of <strong>not more than six months</strong>.</td>
</tr>
</tbody>
</table>

When a child becomes looked after as a result of child protection concerns the child protection plan is incorporated into the care plan. This is discussed at the first child care review. Where there are child protection issues in respect of a looked after child the process of opening a Section 47 enquiry will be followed.

**Core Group Meetings**

Core group meetings are arranged following a child protection conference (initial or review). They are formal, statutory meetings. At the meetings, updates to the child protection plan are recorded and a register of attendees is maintained. Core group members are originally agreed at ICPC. Core group meetings can take place in a variety of locations and as such the location may be chosen to support full attendance.

The family must be fully involved and supported to attend. Consideration must also be given to how to involve the child and support them to attend.

**Timescales and frequency** - The first core group must be convened within 10 working days of the ICPC. Subsequent core group meetings must take place at least every six weeks thereafter – whether a review takes
place in the period or not.

Once each core group meeting has taken place, the child protection plan must be updated within two working days and circulated within five working days.

**Key responsibilities** - The social worker is the lead professional and is responsible for arranging and chairing the core group meetings and for recording agreed updates to the child protection plan and for circulating the plan following core group meetings.

Core group members are responsible for the formulation and implementation of the plan. They are also responsible for their own attendance.

The **purpose of the first** core group meeting is to:
- Agree and clarify the actions of the outline child protection plan and to challenge the plan to ensure that it is robust enough to reduce and eliminate identified risks in the risk statement
- Challenge the actions to ensure that they are SMART (specific, measurable, achievable, realistic and have time-scales identified)
- Ensure that all actions have identified people responsible for them
- And to record decisions taken and actions agreed

The **purpose of subsequent** core group meetings is to review and monitor progress against the intended outcomes set out in the child protection plan and to amend and update the plan as required. Where risks have escalated, the meeting must address this and identify appropriate actions to take.

**After the ICPC**, the outline child protection plan is sent out within 48 hours by ISU to core group members.

**Before the** core group meeting takes place, **the Child Protection Plan and Initial Core Group will need to be developed in Frameworki**: the social worker must set up the core group activity with due date and send out invitations to core group members

The child protection plan should be **shared with the family** and signed by them. Signatures should be captured on the plan agreed at the first core group meeting and again if there are significant changes made to the plan at subsequent core group meetings. In addition, the plan must be shared with the team manager for approval and signature.

**Before** core group meetings, the updated child protection plan must be circulated to core group members.

**At the core group** meeting, introductions must be made and the
attendees, absentees and apologies must be recorded. Agreed actions must be reviewed and challenged. Any changes or updates to the plan must be noted and issues that cannot be resolved by the group identified.

The membership of the core group should be reviewed and consideration made about whether membership should be extended to others including professionals, family members and family friends. Lastly a date should be set for the next meeting.

The plan is set out on the core group meeting template. This is where updates to the plan must be recorded.

**After the core group** meeting, the social worker must update the plan within two working days and circulate it to core group members and the child protection conference chair within five working days. There is no longer a separate child protection plan document as the plan is now contained within the core group meeting minutes. The core group meeting template must be used and any changes made to the child protection plan clearly indicated using this template. Any newly proposed core group members must be contacted.

With regard to issues that the core group has not been able to resolve, these must be discussed with the team manager in the first instance and then with ISU as advised by the team manager.

Following all core group meetings, a copy of the developed child protection plan must be sent to the ISU.

**Lace.** If the meeting has not taken place, a decision is recorded by child protection chairs on the case episode. The decision will state that a core group meeting must be held within five working days. Also the child protection chair will send the alert to the team manager and SDM to inform them of this.

**Recording the core group** meeting on FRAMEWORKi

The social worker must record the core group meeting on FRAMEWORKi within two working days using the core group meeting template.

Record the activity as:

- Core Group Meeting

**CLA**

**To record the Core Group Meeting in frameworki**

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The episode will appear in a Social Worker’s incoming work folder as “Child Name – Core Group Meeting”.

‘Start work’ on the episode
Start the document ‘Record of Core Group Meeting’ and record the invitees in the table
‘Core Group Members’
Send the task ‘Please send invitations’ to the area team admin support

After the Core Group meeting has taken place the Social Worker will:
Continue work’ on the episode
Record the details of the meeting in the ‘Record of Core Group Meeting’ document

If appropriate update the ‘Child’s Plan’ document
Send the task ‘Please review plan and authorise’ to the social work team manager

The social worker should also set up the next core group activity

To ensure quality of recording, the social worker must check that all actions have allocated responsibilities and action by dates. They should be mindful of the purpose of the recording and mindful of the potential audience for the recording (young people, families, inspectors etc.)

The plan must be written up as updates to the planned actions and not as minutes of the meeting.

A summary guidance sheet can be found in the Procedures Manual - Appendices 5.9. A core group meeting recording template and good practice recording example are located in the forms library.

CHILDREN LOOKED AFTER CARE PLANS (See also Procedures Manual 1.2.9 Care Plans Guidance)

The care plan is the responsibility of the practitioner and team manager. It must be prepared before the child is first placed by the authority, or if this is not practicable, within 10 working days of the start of the first placement.

A care plan must identify intended outcomes for the child and set objectives for work with the child, the birth family and the carers in relation to the child’s developmental needs (Every Child Matters: The Next Steps. 2004). This will also form the basis of the specification for a placement for every child, and the effectiveness of the placement will be assessed against this.
These outcomes will cover:

- The child’s health needs, and health history. (Health assessments and health plans)
- The child’s educational needs and educational history. (Personal education plans)
- The child’s emotional well-being and behavioural characteristics and needs.
- The child’s sense of their personal identity, including racial, cultural, sexual, religious and social characteristics.
- The child’s family and social relationships and impact on their behaviour.
- The arrangements for a child to continue in contact with their birth family.
- How the child presents socially.
- The child’s self care skills.
- The care plan must be based upon an up to date analysis of the child’s needs, which includes an analysis of their previous history.
- The care plan must evidence the active participation and agreement of key individuals e.g. the child, those with parental responsibility, and key agencies. Where the child or the parent / carer do not agree with the plan, this should be recorded, and their views formally noted.

Grimshaw and Sinclair (1997) identified a number of guiding principles for reviewing the care plans of children looked after:

- What have been the outcomes of the last review?
- Is a new assessment of need called for?
- Has the care plan been called into question by developments?
- Do its objectives need to be reformulated or is it a question of choosing new means to achieve the same ends?
- How integrated does the care plan now appear?
- How is the principle of sensitive, open and shared planning upheld?

The practitioner and team manager must consider the care plan prior to the first and all subsequent reviews. It is not the function of the review to rewrite the care plan, but to review the updated plan. In the unusual event that there are no changes to the care plan it should reflect that the need to update it has been considered.

The care plan must name the person who is to be responsible for carrying out any actions which are needed to achieve the aims of the care plan, along with specific timescales for these to be carried out.
Key Practice Issues

All children looked after and young people must be allocated a qualified social worker, though an unqualified practitioner can also undertake some tasks with the child and family.

All children looked after must have a written care plan or a pathway plan. Care plans are detailed and ‘live’ documents which describes the overall aims and desired outcomes for the individual child, based on a thorough assessment of their needs as described in section three of this manual, and the way these are to be achieved. The core feature of the child care planning process is for it to be child centred in achieving long term permanence for the child.

‘Permanence is the framework of emotional permanence (attachment), physical permanence (stability) and legal permanence (the carer has parental responsibility for the child) which gives a child a sense of security, continuity, commitment and identity. The objective of planning for permanence is therefore to ensure that children have a secure, stable and loving family to support them through childhood and beyond’. (The Children Act 1989 Guidance and Regulations Volume 2: Care Planning, Placement and Case Review).

The care plan also needs to do Framework services and interventions that are needed to meet the child’s day-to-day and long term care needs. In particular, this must include the type of placement to meet the child’s individual needs, and clear detailed proposals for maintaining contact between the child and their family and friends. The plan should identify how best to meet the specific needs of individual children, in particular children with disabilities and those children with particular needs in relation to identity – e.g. culture, faith, language and sexuality. (Care Matters: Time for Change 2007).

Timescales for CLA documentation

<table>
<thead>
<tr>
<th>Planned placement</th>
<th>Unplanned placement</th>
</tr>
</thead>
<tbody>
<tr>
<td>The placement plan must be completed prior to the placement commencing</td>
<td>The primary information section on the placement plan must be completed prior to placing the child.</td>
</tr>
<tr>
<td>The placement plan would be completed at the placement planning meeting</td>
<td>The placement meeting must be held within 72 hours of placement start where the remainder of the placement plan will be completed</td>
</tr>
<tr>
<td>Care plan must be completed by the day of placement</td>
<td>Care plan must be completed within <strong>10 working days</strong> of placement</td>
</tr>
<tr>
<td>---------------------------------------------------------------</td>
<td>-------------------------------------------------------------------</td>
</tr>
</tbody>
</table>

**All placements**

Updated care plan / placement plan and SW report must be completed and received by the IRO **three days** before the review. Along with the PEP, health plan and individual health plan

Placement plan must be updated if the child changes placement

**Planning for safeguarding and assessment of risks for children looked after.**

Where children looked after have identified needs in relation to safeguarding, the care plan needs to include specific and detailed plans and objectives to address these needs, as well as plans for monitoring any ongoing risks.

Care Matters: Time for Change. (2007), specifies a requirement that all children returning home from care must have a child in need plan. This should be based upon an up to date child and family assessment. All care plans must be based on ongoing assessment of need, clear monitoring of any significant changes, and risk assessment.

**The place of personal education planning in care planning. (See also Procedures Manual 3.6.1 Education of Children looked after)**

The practitioner has a key responsibility to:

- Initially choose a school place.
- Apply for a school place.
- Contact the head of the extended school for children looked after if they believe an appeal for a school place may be necessary.
- Clarify arrangements for signing permission slips
- Form a good working partnership with the education provider and understand their policy and practice.
- Take an active interest in the child’s progress at school or college, attending events, performances or progress evenings as appropriate.

The practitioner is responsible for initiating the **personal education**

*Leeds Practice Standards Manual June 2015 updated version*
planning process and the formulation of the personal education plan (PEP) in partnership with the child, designated teachers and other education professionals, parents, relatives and carers. The PEP is the key tool in education planning for the child. It is an integral part of the child’s care plan. All children looked after who are of statutory school age should have a PEP, which should be completed within 20 working days of a child becoming looked after, joining a new school, or moving to another authority. This should be in time for the 28 day (20 working days) statutory looked after child care plan review.

The PEP must be reviewed in line with statutory reviews, including early years PEP for pre-school children, or whenever monitoring suggests there has been a significant change in attainment and progress, attendance or engagement with learning.

The PEP is a living document that should be used as the means of recording the outcomes of significant meetings between education professionals, carers and/or social work practitioners.

PEPs are designed to ensure that all important decisions about the education of a looked after child are made jointly by the ‘corporate parent’ (that is the education professionals, social work practitioners, parents, carers and other local authority professionals involved with the child). It should reflect any existing education plans, such as an Education, Health and Care Plan, individual education plan (IEP), or other plans a school may already have in place to support the child or young person.

Social work practitioners will work in partnership with designated teachers, special education needs co-ordinators (SENCOs), other education professionals and carers to ensure that the PEP:

- Includes the views of the child or young person.
- Provides a clear picture of current attainment and progress compared to valid and realistic targets for achievement current attendance and engagement with learning, as well as achievements beyond the taught school curriculum.
- Includes an analysis of the barriers limiting attainment or progress.
- Sets objectives and SMART targets which clearly relate to the lowering of these barriers and the improvement of attainment and progress, attendance, engagement with learning and/or out of school activities.
- Describes the specific support that will be offered to achieve these targets and the role of the parent/carer, social work practitioner and education professionals in providing it.
The place of health plans and health assessments in care planning.

It is the responsibility of the practitioner to ensure that each looked after child has a health assessment and health plan. **Health assessments must be undertaken twice a year for children under five years of age, and annually for children looked after aged five to 18 years.**

Young people are often reluctant to attend, but should be strongly encouraged by practitioners to fully engage in health assessments.

The practitioner is responsible for ensuring that the health plan for each looked after child forms part of the care plan. The health plan should set out the objectives, actions, timescales and responsibilities, arising from the health assessment for meeting the child’s health and emotional well being needs. The health plan as a minimum should include:

- The child’s state of health, including physical, emotional and mental health.
- The child’s health history including, as far as practical, their family’s health history.
- The effect of the child’s health history on their development, and
- Arrangements for the child’s medical and dental care appropriate to their needs.

Reviewing children looked after plans

The review of the looked after child occurs when the quality of the child’s care plan, based on the local authority’s assessment of the child’s needs is considered. The care plan for each individual child must specify how the authority proposes to respond to the full range of the child’s needs, taking into account their individual views, wishes and concerns. The review will need to monitor the progress of the plan and to make decisions to amend the plan as necessary in the light of changed knowledge and circumstances. The review must set clear timescales and allocate responsibilities for achieving the plan’s objectives. (IRO Handbook March 2010).

Two key principles are emphasised:

- The review of care plans is one of the key components of care planning along with assessment, planning, intervention and reviewing
- All of these components of care planning form a continuous and dynamic process in itself, and not a single event. **The review process is not just the meeting itself**
The review meeting must **address a specified range of issues** and must take place at specified intervals.

**Child care review timescales**

<table>
<thead>
<tr>
<th>Contact must be made with the Integrated Safeguarding Unit (ISU) within one working day of when the child first began to be looked after to book the first review.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The first review of the care plan must take place <strong>within 20 working days</strong> of the date when the child first began to be looked after.</td>
</tr>
<tr>
<td>The second review must take place <strong>no more than three months</strong> after the date of the first review.</td>
</tr>
<tr>
<td>The third and any subsequent reviews should take place <strong>no more than six months</strong> after the previous review.</td>
</tr>
</tbody>
</table>

Arrangements can be made to review the care plan more frequently. This must be considered each time there is a significant change to the care plan.

**For some children looked after timescales for reviews are slightly different.**

**Children placed for a series of short breaks** – The first review of their care plan will take place **within three months** of the day that they start their first short break placement and the second and all subsequent reviews must take place within **six months** of the previous review.

**Children subject to placement orders** (or where the local authority has other authorisation to place children for adoption): These children fall into two groups:

- Where the placement order or other authorisation has been granted, but the child has not yet been placed with prospective adopters - these children must continue to have a care plan until they are placed with a prospective adoptive family.

- Following the LA being given authorisation to place a child for adoption, there is a statutory requirement that a first review of the care plan takes place **within three months** of that date and thereafter at least **once every six months**.

- If the child is not placed nine months after the granting of the placement order, the review must consider whether the plan
remains appropriate and other options for achieving permanency must be considered. Notification must be forwarded to the adoption panel.

- Where the placement order or other authorisation has been granted and the child has been placed with prospective adopters, the child ceases to have a care plan and this is replaced by the adoption placement plan and adoption support plan. The sequence of reviews then takes place as if this is a new care episode: i.e. **within 20 working days, three months and then at least six monthly**. These reviews continue until an adoption order is granted.

- It is important to remember that parents continue to have parental responsibility until an adoption order is granted.

**The IRO must speak with the child or young person prior to the first review** and before every subsequent review. Since 1st April 2011 this has been a statutory duty under Care Planning Regulations.

This first meeting will be important and may set the tone for the longer-term relationship that will develop between child and IRO. Time and consideration must be given to planning it. At this meeting it is important to work with the child to discuss how they will be able to make the most meaningful contribution to the review.

**Preparation before the review.**

- All children looked after must have a named independent reviewing officer allocated to them **within five working days** of the child becoming looked after.
- Sibling groups, whether or not placed together must have the same IRO.
- The practitioner must inform the child beforehand about what information needs to be shared as part of their review meeting. This may include showing them reports or updated care plans, or having the proposed changes to their care plan explained to them.
- The practitioner must ensure that all key parties are sent consultation forms at **least 20 working days** before reviews. The practitioner must ensure that arrangements are made for children and parents to have the support that they need to complete their contributions.

**Advocacy**

Every child has the right to be supported by an advocate. The IRO is responsible for making sure that the child understands how an advocate could help them and their entitlement to one.
Advocacy is an option available to children whenever they want such support and not just when they want to make a formal complaint.

Some children will feel sufficiently confident or articulate to contribute or participate in the review process without additional help. Others may prefer the support of an advocate. This could be a formal appointment from a specialist organisation or might be an adult already in the child’s network.

**Documents to be prepared for child care reviews.**

**Part 1: Practitioner’s report for a statutory child care review:**
This is to be completed by the practitioner prior to the review meeting.

It is important that completion of this document does not assume prior or shared knowledge when read by participants in the review. Good practice includes:

- Not simply stating that there has been ‘no change’ in the child’s development and progress across all dimensions of the care plan
- Providing brief historical context to key developments in the care plan
- Ensuring that safeguarding needs are also addressed and proposals included for how these might be managed
- Ensuring that the need for contingency or parallel planning is also addressed

This report and the child’s care plan must be with the IRO **at least three working days** prior to the review meeting. Other CLA documents (Essential information record 1 & 2, placement plans 1 & 2) are also required for the first review and for subsequent reviews where key information in these has changed.

All CLA documents must be updated at least once every 12 months, and whenever there are significant changes in the child’s circumstances.

**Part 2: IRO record of the review-statutory child care review:** This document is completed by the IRO, and forms a record of the review meeting.

**Children looked after aged over 16** must have a **pathway plan** completed three months after their 16th birthday. This pathway plan will replace the care plan and will be reviewed at the first scheduled statutory review after their 16th birthday. All subsequent reviews must continue to take place at statutory intervals, or if requested by the young person.

*Leeds Practice Standards Manual June 2015 updated version*
The role of the practitioner and team manager.

The practitioner and team manager must ensure that the agreed actions of the care plan are carried out in their role as corporate parents. They must also ensure that the IRO is notified of any significant changes in the child’s circumstances.

The team manager or practitioner must also inform the IRO if the child’s care plan cannot be carried out/progressed. The IRO may direct that the review be brought forward to consider this.

The review is the child’s meeting and discussion must take place between the practitioner and the child at least six weeks before the meeting in relation to who the child would like to attend the meeting and to the venue. This discussion must also include how the child wishes to participate. It is important to give a range of options to a child beyond those of attendance at the review or completing a form. For example a child may wish to record a video contribution, or use some other media. (See also the end of section two of this manual in regard to making reviews more child / young people friendly).

The six weeks period allows time for subsequent discussion about attendance and venue between the IRO and the practitioner, and for written invitations to be sent out. The practitioner and the IRO must speak together at least 15 days before the review takes place.

Prior to the care plan review, the practitioner will consult with all of those people who have a key interest in the child’s well-being in order to gain their views and experiences, and to gather key information about the progress of the care plan. This promotes the ongoing assessment of need and informs the long term planning for the children. It also helps to reduce the number of people who have to attend the review meeting. This in turn allows for the meeting to be child friendly and encourages attendance by young people.

The Children Act 1989 guidance also identifies the people who must be consulted by the practitioner as part of the review process:

- The child or young person
- Birth parents and those with parental responsibility
- Carer (fostering/residential/ adoptive/ kinship)
- CLAs teacher/designated teacher
- GP/health practitioner/designated clinician
The role of independent reviewing officers (IROs).

The IRO must be independent of the case management responsibility for the child and of the management responsibility for any resources the child may receive.

There are two separate aspects to the function of the IRO:
- Chairing the child’s review
- Monitoring the child’s case on an ongoing basis including whether any safeguarding issues arise.

Fulfilling these two aspects include the need:
- To maintain a consistent and supportive relationship with children looked after.
- To consult the child about his/her care plan at each review and at any time that there is a significant change to the care plan. (Refer to Procedure Manual 3.4.1 Looked After Reviews for more detail regarding significant change).
- To ensure that care plans have given proper consideration and weight to the child’s current views, wishes and feelings and that the child fully understands the implications of any changes to their care plan.
- To make sure that the child understands how an advocate could help and his/her entitlement to one.
- To give support to the child to access independent arrangements for advocacy, make a complaint and apply for an order or seek to discharge an order.
- To attend all meetings concerned with the reviews (this would usually mean the statutory review, but would also enable the IRO to attend other significant care planning meetings at their discretion).
- To ensure that all participants at reviews are able to contribute fully and that every action in the plan is owned and has a timescale, and to monitor the progress of these actions at subsequent reviews.
- To provide an accurate and detailed record of the reviews.
- To ensure that the care plan for the child fully reflects the child’s needs based on a detailed and informed assessment. That the care plan is up to date, effective and that the actions and outcomes set out in the plan are consistent with the local authority’s legal responsibilities towards the child.
- To monitor the activity of the local authority acting as a good corporate parent and of other agencies in supporting the child. Also to challenge any areas of drift, poor practice, poor service provision or delivery.
- To inform senior managers of any specific issues that relate to an
individual child that require immediate action or any emerging themes across the service that need addressing.

- To attempt to resolve any disagreements in review process and where it is not been possible to do so informally, to activate the local authority’s formal dispute resolution procedure.
- There are actions that the IRO must take if the local authority is failing to comply with the 2010 Regulations or is in breach of its duties to the child in any material way, which include making a referral to CAFCASS at any stage, not just as a last resort.

If it appears that the child’s human rights are being breached, and all other informal and formal strategies have failed to resolve the concern, the IRO has specific powers to refer the child to CAFCASS, who may apply to court for judicial review or initiate proceedings under human rights legislation. (The Review of Children’s Cases – Amendment (England) 2004).

### Key Changes to the IRO Function from 1 April 2011

This shows the changes introduced by the Care Planning, Placement and Case Review (England) Regulations 2010 (‘the Regulations’).

<table>
<thead>
<tr>
<th>Statutory provision</th>
<th>Key change</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 25A(1) 1989 Act</td>
<td>When a child first becomes looked after, a named individual must be appointed by the local authority as the IRO for the child.</td>
<td>The intention is that each looked after child should have a named IRO to provide continuity in the oversight of the case and to enable the IRO to develop a consistent relationship with the child.</td>
</tr>
<tr>
<td>Section 25B(1)(a) 1989 Act</td>
<td>IRO to monitor the local authority’s performance of its functions in relation to the child’s case.</td>
<td>This duty extends the IRO’s monitoring role, which was previously confined to the Local Authority’s functions in respect of the review. The intention is to give the IRO a more effective independent oversight of the child’s case and ensure that the child’s interests are protected.</td>
</tr>
<tr>
<td>Section 25B(1)(c) 1989 Act</td>
<td>IRO to ensure that the local authority give due consideration to any views expressed by the child.</td>
<td>This requirement is intended to reinforce the local authority’s duty under section 22(4) and (5) of the 1989 Act to ascertain and give due consideration to the wishes and feelings of the child when making any decision with respect to the child.</td>
</tr>
<tr>
<td>Regulation 36(2) of the Regulations</td>
<td>IROs have the authority to adjourn review meetings if they feel that the process would be unproductive</td>
<td>This new flexibility is meant to prevent the meeting becoming a ‘tick box’, exercise. So, for example the IRO might use this flexibility because there is a lack of key documentation or because the child has not been consulted about the purpose of the review.</td>
</tr>
<tr>
<td>Regulation 36(1)(b) of the Regulations</td>
<td>IROs must speak in private with each child prior to each review so that the IRO can better understand his/her wishes and feelings.</td>
<td>This requirement is intended to ensure that the child is properly consulted on matters relating to his/her care and is...</td>
</tr>
</tbody>
</table>
Adjournment of reviews

The revised regulations give the IRO a new power to adjourn reviews. However, careful consideration must be given to taking such action, and the views of the child must be sought before any decision is made. The IRO will want to think of the effects on the child of delaying a meeting for which they have been prepared and will need to weigh up the benefits between proceeding with the meeting on limited information and the delay in decision making as a result of adjournment. Responsibility for deciding whether or not a review should be adjourned rests with the nominated IRO for the child concerned. In such circumstances the review may be adjourned once but must be completed within 20 working days.

Where a decision to adjourn a review would mean that it would fall out of statutory timescales, then the IRO must discuss this in advance with their Team Manager and the Children’s Service Delivery Manager for the child’s social worker.

Actions after the review has taken place.

- The IRO must produce a written record of the decisions made within five working days of the review and a full record of the review within 15 working days of the review.

- The practitioner report, review record and decisions must be distributed within 20 working days of the review.

- All those who attend the review must receive a copy of the record and the decisions, with any identifying details removed as necessary, for example the address of the placement.

- Where parents do not attend the meeting part of the review and contribute their views in some other manner, a discussion must take place between the practitioner and the IRO as to whether it is in the child’s interest for the parents to receive a full record of the review and, if not, what written information should be sent to them. This must be recorded on the child’s record.
• **Within 10 working days,** following the completion of the review, the practitioner must update the care plan in relation to any changes agreed at the review.

**Planning for permanence.**

The purpose of care planning is to prevent ‘drift,’ to reduce the number of placement changes for children looked after, and to focus work with the child and the family. In particular guidance and good practice requires that a **clear plan for permanence is agreed by the second review of the care plan (i.e. within four months of the child becoming looked after)** which can include long term plans for children to be returned to the care of their birth family, or extended family members, or placement outside of their family.

As part of the permanence planning the independent reviewing officer needs to be satisfied that:

- The practitioner has explained fully to the child and the parents the implications of the permanence plan
- The practitioner has provided information on post-adoption or Special Guardianship support to parents or extended family, where the plan is for adoption or a Special Guardianship Order
- There are clear arrangements made for contact with the birth family. There must be an assumption of direct contact being maintained unless this is detrimental to the child’s safety or proper development.

In addition, as part of permanence planning, review decisions must include timescales for the completion of:

- Life story work
- Later life letter
- Post adoption/special guardianship plan.
- Contact with birth family members.

Guidance specifically supports the use of parallel or contingency planning, which allows analysis and balancing of different outcomes and objectives at the same time, in a way that is transparent for children and their parents, and avoids delay in the event that specific planned interventions are unsuccessful.

**See also Procedures Manual 3.1.2 Permanence Planning Guidance for more information.**
Table 5. Planning for children and young people: Acceptable / unacceptable practice

<table>
<thead>
<tr>
<th>Theme</th>
<th>Acceptable</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of the plan</td>
<td>The plan is well written and presents the evidence based assessment of needs and risk, the proposed interventions and actions to be taken, with a risk analysis of each action. The expected outcomes, the resources and timescales to make progress and the reviewing arrangements are in place.</td>
<td>The plan is poorly written, the assessment is partial and not fully evidence based, there is a weak connection between needs and risk and actions to address these, and it is not clear how the actions will bring about improved outcomes. The timescales are unclear and resources are unspecified.</td>
</tr>
<tr>
<td>Meeting timescales</td>
<td>The plan has been written, discussed, agreed and circulated within statutory timescales.</td>
<td>The plan has not been produced within timescales and is delivered on the day of the meeting. Insufficient or no discussion has taken place to proposals prior to the meeting.</td>
</tr>
<tr>
<td>Coherence of the plan</td>
<td>The plan brings together appropriate contributions from assessments and other professionals. For example child care plans include the contributions from the PEP and health plans.</td>
<td>The plan is not holistic in approach and is single agency based or focussed on a single issue.</td>
</tr>
<tr>
<td>Progress made on interventions and actions</td>
<td>The plan and the planning process show evidence of progress on agreed actions and interventions that are meeting the child’s needs. The responsibility for the actions and timescales for delivery are recorded.</td>
<td>The plan and planning process may demonstrate meeting timescale requirements (or not) but show little evidence of progress being made to benefit the child or improve outcomes; therefore it is failing as a practice devise.</td>
</tr>
<tr>
<td><strong>Involvement of parents in the plan</strong></td>
<td>Parents of the child are actively involved in discussions about proposals within the plan prior to meetings and decision-making. This takes account of the legal status of the parent and upholds the principle of partnership working with parents and families. Members of the extended family network are involved if appropriate.</td>
<td>Parents have minimal or no involvement with the drafting of the plan or the planning process. They are not actively informed of intentions or actions to be taken and are marginal to planning actively. Extended family are not involved even if it might be appropriate.</td>
</tr>
<tr>
<td><strong>Involvement of children in the plan</strong></td>
<td>Children are involved (appropriately for their age and development) in the preparation of the plan. Their wishes and feelings are given full expression and they are actively involved in the planning process.</td>
<td>Children are marginal to the production of the plan, have not made a contribution and their wishes and feelings are not taken account of or recorded in the plan. Discussions with the child are tokenistic and do not take account of their age or development.</td>
</tr>
<tr>
<td><strong>Reviewing the plan</strong></td>
<td>The plan is thoroughly reviewed and updated, in line with statutory timescales. The preparation for the review meets statutory requirements and the review is conducted in a professional manner. The results of the review are shared within timescales.</td>
<td>The reviewing process does not meet the timescales required. The preparation for the review does not meet practice standards, the conduct of the review is not conducive to good involvement and decision making and the results of the review are not shared within required timescales.</td>
</tr>
<tr>
<td><strong>Involvement of parents and child in the review</strong></td>
<td>Parents and the child, age and status appropriate, attend the planning and review meetings and actively participate in decision making. Or there is evidence that they have been invited, but declined.</td>
<td>Parents and/or the child, age and status appropriate, do not attend the planning or review meeting and are marginal to decision making. There is no evidence that they have been invited.</td>
</tr>
</tbody>
</table>

**REFERENCES AND RECOMMENDED READING.**


IRO Handbook, March 2010


SECTION FIVE: Recording and report writing.

WHY THIS IS IMPORTANT

Records are an essential account of a child’s life during the time that the local authority is involved. The records are used to help understand a child’s circumstances and needs, to progress therapeutic work with the child and family members, and to share information about the child and family with colleagues.

Recording is therefore an integral part of the service for children and their families. It is an essential component of gathering information, analysis and decision-making and a means by which staff can justify, explain, and be accountable for their actions.
Recording is not an end product in itself. It is an important part of the professional process of capturing information that underpins the practitioner’s work. It should be concise and clear, so that children and families can understand what is going on when they access their files.

Case records are an essential source of evidence for investigations and enquiries, and may also be disclosed in court proceedings.

‘Over the last 25 years, inadequate case records have often been cited as a major factor in cases with tragic outcomes.’

Recording with Care (1999).

**Social work reports** encapsulate key events in a child’s life at critical times and are integral to decision making about that child. Well written, accurate and timely reports with sound assessments of need and risk and evidence-based recommendations are essential in determining the provision of the most appropriate services for vulnerable children.

Records and reports are a live record of a child’s life and the agency’s attempts to meet its corporate parenting responsibilities. Accurately maintaining a child’s records is also an extension of professional practice, capturing a range of activities, demonstrating work activity, and being used as a communication tool between colleagues within the office and across services.

As adults, people may wish to look at their records. This could be many years, even decades after their involvement with children’s services, and so the record can often be their only link to their early life and family experiences. It is vital that people can look back and feel that they experienced a professional service which has accurately and fairly recorded it’s work with them and their families.

**STANDARDS (Records)**

**5.1.** All children and young people for whom the local authority has a responsibility have records within which management and practitioner activity and the child and families key life events are properly recorded.

**5.2.** Records must include an accurate and up to date contact summary screen, chronology, genogram, plan (and review), and quarterly case summaries, as well as accurate and up to date case records.

Recording.

Records must not just be a log of tasks completed by the practitioner.
Practitioners must reflect on their contact with the child and family. They must review the information they gather and use knowledge from research to move beyond description of what is happening to explanations of why a situation has occurred. From this, they can plan services to meet need, identify risk and safeguard the child. Team managers must review a practitioner’s recording through supervision and audits to ensure that the content is reflective and analytical.

All CSWS staff must become familiar with the procedures that underpin the ways in which work is recorded. This is important, as by following the procedure staff will be complying with the principles of the Data Protection legislation and standards of good practice laid down by the Commission for Social Care Inspection.

These principles relate to both electronic and paper records (although in practice all local authority social work areas will now be recording most or all of the case records electronically). The same diligence, analysis and professionalism previously applied to paper-based recording must also be applied to the electronic case record and any other electronic means of holding service information.

The relationship between practitioners and their managers is informed by procedural roles and responsibilities - for example team manager approval and auditing of work completed by practitioners, and the supervision relationship.

Case records must be kept up to date, and recorded within two working days of visits or events occurring. However in emergency and child protection situations recording should be completed on the same day as the event or early next morning.

Records may be viewed by the child at any time and must conform to the eight principles set out in the Data Protection Act.

Personal data must be:
- Fairly and lawfully processed
- For a clearly defined, legitimate and limited purpose
- Adequate, relevant and not excessive
- Accurate and where necessary kept up to date
- Kept no longer than necessary
- Processed in accordance with the data subject’s rights
- Stored with appropriate technical and organisational security
- Not transferred to a country outside the European Economic Area without adequate protection.

(See appendix F for a fuller explanation of these principles)

**Records of contact** following supervised contact are also covered by the Data Protection Act and provide essential information about children and their environment. As with other recording, the record of contact...
must be made within two working days.

**Case summaries.**

Following the start of the care plan, practitioners must complete a case summary every six months. The case summary and the case review will run alternately every three months to form a pattern as shown below.

<table>
<thead>
<tr>
<th>Timescale</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLA only - 20 working days after placement start</strong></td>
<td>Review</td>
</tr>
<tr>
<td>Three months after start of plan</td>
<td>Review</td>
</tr>
<tr>
<td>Six months after start of plan</td>
<td><strong>Case summary</strong></td>
</tr>
<tr>
<td>Nine months after start of plan</td>
<td>Six month review</td>
</tr>
<tr>
<td>12 months after start of plan</td>
<td><strong>Case summary</strong></td>
</tr>
<tr>
<td>15 months after start of plan</td>
<td>Six month review</td>
</tr>
<tr>
<td>18 months after start of plan</td>
<td><strong>Case summary</strong></td>
</tr>
</tbody>
</table>

A case summary is a concise overview (approximately 300 words) of any significant events and changes that have taken place in the child or young person’s life over that period and analysis of progress against the plan and outstanding actions.

**The purpose** of the case summary is:

- For case reflection
- To provide an overview of what has happened over the previous three months
- To better understand the child’s journey / story
- To demonstrate continuous assessment of the needs of the child
- To review progress against the plan and to address the needs of the child to improve outcomes
- To identify patterns and triggers, and to plan future interventions based on this knowledge
- To enable any team manager, duty worker or any non allocated worker to establish quickly, the plan, progress and issues for the child

**What to do before completing the case summary**

Before completing the case summary, practitioners must:

- Review the needs of the child
- Review the plan
- Clarify significant dates
• Clarify outstanding actions
• Update the chronology
• Ensure that a case file check is carried out
• Ensure that contacts are fully up to date in the relationship tab on the FRAMEWORKI record. This must should include the names and contact numbers of other agencies involved and must include service providers in addition to GP, health visitor etc.

What must be in the case summary?

Practitioners must record the following:

• Significant events
• Changes to the plan
• Progress against the plan
• Consideration of the child’s needs regarding: health, education, welfare, social etc.
• Summary of other agencies involved and who provides what support to the child
• The future plan for the child: what, who, when, how will success be measured?
• The contingency plan

Actions following completion of a case summary

• Practitioners must ensure that the case summary is ready to present at supervision
• Team managers must ensure the completion of case summaries and reviews through supervision and auditing
• Practitioners should use case summary analysis to develop the future plan

Recording the case summary on FRAMEWORKI

The practitioner should record the case summary on FRAMEWORKI as soon as it is completed.

Record as:
  o Type – Summary
  o Sub type - Three month (this is the correct one to use)

Use the Case Summary Template (forms library) to record the details of the visit. Select all the text and copy straight into the FRAMEWORKI Case Summary.
Quality of recording:
- Include significant events and analysis of progress against the plan
- Record changes to plan
- State clearly where own opinion is given and what prompted the opinion
- Be mindful of the purpose of the recording
- Be mindful of the potential audience for the recording (child, young person, families, inspectors)
- Evidence the child’s journey / story

A case summary guidance sheet can be found in the Procedures Manual - Appendices 5.9. A case summary recording template, good practice recording examples, meeting invites and confirmation of attendance forms are located in the forms library.

Genograms.

The starting position for any child and family assessment should be to establish who the family and extended family members are through completion of a family map (family tree), eco-map or genogram. This will establish from the onset family members and extended family members who may be able to offer support to the family and prevent further delay, for example if they only become identified later during the course of care proceedings hearings.

Chronologies.

A social work chronology is an important document for understanding the case history and identifying key events over the child and young person’s life. It should be started as soon as a case is opened.

A chronology is a succinct summary of significant events and changes in a child’s life. It is not simply a list of tasks undertaken. Nor is it a cut and paste of running records. It is part of the child and family assessment process, and its primary function is to record and organise key factual information into the order in which the events happened.

A chronology should help practitioners to:
- Identify potential risk of harm to the child
- Understand a child’s background
- Identify and prioritise needs.

It is also of use in report writing and in planning the delivery of services.
A chronology should be 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. Professional judgement is required to decide on the relevance of an event for a particular child or family.

Maintaining an ongoing chronology provides a sequential story of significant events in a child’s history. Poorly maintained or absent chronologies lead to gaps in the child’s life history.

A chronology does not replace the case record that the practitioner keeps of contact with the child, their family and other agencies. It is a summary, and is not the place for a detailed account of the child’s life – that information should be recorded elsewhere in the case records.

Social work chronologies are also essential documents in the legal process:

- The purpose of the chronology to be submitted to the court is to assist in understanding the case history by identifying and dating key events.

- A good social work chronology can help to cut down on the need for the filing of statements, as at an early stage the parents and other respondents will be directed to make statements in response to the local authority case and to provide a position statement in response to local authority documents. These will include the chronology and a schedule of facts upon which the Court is invited to make findings. If facts are not in dispute it will not be necessary to seek statements from the witnesses concerned.

- The chronology must be kept simple. It does not need to list every event or provide the level of detail in a case record. Each and every phone call does not need to be recorded.

- A simple test is that the chronology must not confuse or mislead in assisting the reader to reach a clear understanding of the case. When the chronology has been completed, read it to make sure that crucial events have not been omitted and ask yourself if it aids understanding.

- It is important to include the dates on which social workers were allocated to the case or ceased working on the case.

- The chronology must be a balanced document so should include information that does not necessarily support the local authority case. It is important to consider parental strengths as well as
• Child protection conferences and reviews are important events. The dates on which these took place should be included along with a bullet point list of plans made. The chronology should be clear as to whether plans were implemented.

• A chronology must also include the outcome of any assessments, why that outcome was reached and the recommended plan.

Closure / transfer of case records.

When a case is transferred the newly allocated practitioner must be able to understand the circumstances and needs of the child as quickly and easily as possible so that a seamless service can be provided.

When a case is closed, it can rarely be assumed that there will be no further social care involvement Therefore important information about the nature of the involvement and the reasons for closure must be readily available so that a newly allocated practitioner can gain information about the previous involvement quickly if the case is re-opened.

• No case to be closed or transferred (including within teams) without a case file audit signed off by the manager.
• No case to be closed or transferred without the chronology being up to date.
• No case to be closed or transferred without a current assessment and plan being included in the case records.
• No case to be transferred between teams without a full transfer summary.
• No file to be closed without a full closure summary

KEY PRACTICE ISSUES in case recording

Child centred recording

• It is a good discipline to remember that the child may read the recording at some future date. This will help ensure that records are honest, balanced, and respectful.

• Records must reflect the complexity of the child’s life, and the interventions of key people in their life.
address the child’s identified needs.

- Records must state wherever possible the purpose of the contact with the child, e.g. statutory visit, care plan, assessment etc., and must indicate on which occasions the child was seen alone, what views were expressed by the child and how the child’s voice was fully considered in implementing the plan.

- When important decisions are made about a child, who was present must be recorded, as must who stated what, and whether there was agreement in respect of the practitioner’s analysis, understanding and assessment.

- Records must show that children and parents:
  - Have been consulted and;
  - Have been informed of decisions and plans and;
  - Include their views about proposals, decisions and plans.

**Legal and policy requirements**

- Practitioners must pay particular attention to matters of confidentiality and the permissions needed to share information, and to planning for giving access to the information held in records.
- Practitioners must record, where appropriate, that consent has been given for information about a child to be shared, and keep signed copies of consent for activities or medicals on file.
- Notes taken for the purpose of completing an assessment must be kept for the duration of the care proceedings.
- Where notes are hand written in to a notebook for later reference, the personal details of the child and their family such as name, address and contact details must be anonymised as far as possible. This is to prevent direct identification of children and their families if the notebook were to become lost or stolen.
- All hand written notes whether loose leaf or in notebook format must be kept securely at all times and not left unattended for non authorised personnel to view.
- When a decision is influenced by legal advice the record must state this.
- Reports or records that must not be disclosed to the child must be clearly identified and located in the confidential section of the file.

- **Adoption records**: When a child is adopted, they must have a...
new, separate electronic record created in their new adopted identity. Their previous (birth identity) record will then be locked down and can not be altered. (For further information re adoption case records see Procedures Manual 4.1.12 Adoption Case Records)

Interagency working

- It is vital that we co-ordinate activities between different agencies and ensure accountability. When professionals from different agencies pass information to each other or agree action points there needs to be a shared understanding of the nature and implication of the information and any actions which have been agreed.

- To ensure consistency, it is expected that all professional meetings be minuted and shared with all those involved and that a copy is attached to the child or young persons electronic social care record. Where information regarding safeguarding or risk is shared, whether or not it requires specific action to be undertaken by either party, there needs to be a joint understanding of the nature of that communication and what actions are to be taken / not taken by each agency involved. The information and any planned action by whom must be logged onto the child or young person’s electronic record.

Presentation and content

- A child or their family may wish to read their records, sometimes many years later in their lives. It is important that their records are of high quality in order to give confidence that the child’s important life issues were dealt with to the highest quality standards.

- Recording must be free of grammatical and spelling errors. Practitioners must ensure their recording makes sense, and that the same child and correct gender is referred to throughout.

- Records must clearly differentiate between observed fact, reported fact and interpretation / opinion.

- On the electronic record all appropriate fields relating to an activity must be completed. Additional information can be entered into free text boxes. This will ensure that statutory performance information can be obtained from the record.

- Avoid only writing description of events. Think of the reader trying to understand the record. It helps to put headings and use
bullet points.

• It is important when using professional language, shorthand terms or initials, to describe what they mean.

• Chronologies are important ways of capturing activity in a concise and straightforward way and must be kept up to date.

• Quarterly summaries must be concise – around 300 words.

• The amount of information collected and recorded in whatever form must be the minimum necessary for the particular purpose, and include all essential details.

• Comments and disputes regarding other professionals must not appear in a child’s case records.

**Recording as part of case management**

A child’s file is a practice tool that helps answer the basic questions:

- What is this child’s story – their history and their current life?
- Why is the local authority involved with this child?
- What is it doing to help?
- What difference is it making?
- What does the future hold for this child?

When practitioners can easily access what they need to support all the work that they do, expertise and experience becomes shared. Information and knowledge are two of CSWS’s biggest assets when managed well.

Integrated working and best practice means that we need to gather, collate, share and store our information properly so that it can be used locally and at a national level to improve the care given to children.

Along with the therapeutic information that is recorded by practitioners, there is a need to record information about adherence to processes and procedures. This information can be very focused, for example, the start and end dates of a placement. This kind of performance information is used locally:

- To plan services
- Allocate resources
- Improve efficiency and effectiveness
- Monitor good practice
• Know more about children in Leeds and their needs.
• To provide evidence for inspections
• Monitor compliance with the Data Protection Act

Nationally, performance data is used to predict growth, change policy and monitor trends. Our statutory reporting requirements include the following:

• The Children in Need (CIN) Census aims to collect data on all children receiving support from CSWS, including LACs, those supported in their families or independently, and children subject to a Child Protection Plan.

• SSDA903 Return (The aim of this is to collect information about children who are looked after by local authorities during the previous 12 months; and for those who have recently left care, information as to their whereabouts on their 19th birthday).

• National Indicators

To do this accurately the performance information used must be consistent, of good quality and reliable. It is the responsibility of all staff to ensure that they adhere to the standards set out for the management of CSWS information, making optimum use of electronic recording at all times.

For more information on recording see also the Procedures Manual 1.1.1 Policies, Values and Principles - Recording

STANDARDS (report writing)

5.3. All social work reports must be well written and provide evidence of assessment and analysis.

Practitioners are called upon to complete a range of reports on the children they work with. As well as initial and child and family assessments, these could be reports to present to child protection and children looked after conferences, admissions panels, or court.

Any report must be written on the approved template, address the areas specifically requested, and be completed within the agreed timescales.

Key practice issues in report writing

Presentation
The report must be neat, well presented, and easy to read, with numbered paragraphs and pages where appropriate. Where signatures are required, these must be included. Signatures that are handwritten can be scanned into electronic documents. Do not leave signature boxes blank.

**Language**

Reports must have good grammar and spelling. There must be no unnecessary, unexplained jargon. The tone must be appropriate, i.e. no slang, no contractions, no use of first names or ‘Mum’ ‘Dad’ for adults, but not unduly academic or ‘professionalised’. Aim for simple sentence construction and sensitive phrasing.

**The facts**

The report must be accurate and tell the story chronologically. You must outline facts sufficiently to satisfy the threshold criteria or to justify the recommendations made (and also to refute counter arguments). First hand evidence is best but give the source of any information (can include hearsay). Where facts are disputed, say so.

**Supporting evidence**

It is your job to make judgements but avoid empty evaluative words like ‘inappropriate’ or ‘inadequate’. Give evidence for descriptive words like ‘cold’, ‘dirty’ and ‘untidy’. Ensure views, wishes and feelings of the child, parents and/or carer are in your report. Use research findings or theoretical frameworks to support any findings.

**Conclusions and recommendations**

Summarise the main issues and the conclusions to be drawn from them. (The facts do not necessarily speak for themselves: it is the report writer’s job to speak for them). Draw conclusions from the facts, and recommendations from the conclusions. Explain how you arrived at your conclusions (Have you demonstrated the factual/theoretical basis for each?)

**Court reports – additional considerations:**

A court report and accompanying documents must be e-mailed to the allocated local authority legal representative at least five working days before the filing date. This allows time for any alterations or additions.

The final copy must be signed and dated by the author. **NB:** a court
direction stating ‘to be filed by 4pm’ means that the final copy of the report must be with Legal Services by 1pm that day in order to allow them time to file the report with the court.

In care proceedings, in addition to the main report(s), the following documents will need to be prepared for the first hearing:
- Initial statement.
- Chronology.
- Interim care plan.
- Child and family assessment where this is available
- Any other relevant documents e.g. Section 47 reports.

All reports and other accompanying documents must be read and agreed by the Team Manager prior to them being forwarded to Legal Services.

**Note:** there is further guidance on completing reports for court available via the legal section.

Information regarding giving evidence both written and oral can be found on the [Social Care Institute of Excellence website](http://www.scie.org.uk)

**Table 6. Recording and report writing: Acceptable / unacceptable practice**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Acceptable</th>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Records up to date</strong></td>
<td>All recording of practice and management of practice is up to date as defined in the manual.</td>
<td>Records are not up to date.</td>
</tr>
<tr>
<td><strong>Records are accurate</strong></td>
<td>All records, including placement details, home address, change of circumstances are accurate / contemporary.</td>
<td>Records are out of date and inaccurate.</td>
</tr>
<tr>
<td><strong>Records and key content</strong></td>
<td>All records include regular quarterly summaries, an up to date chronology, a genogram, plan and, where appropriate for CLA a recent photograph, copy of the care order and birth certificate.</td>
<td>Key contributions to records are missing.</td>
</tr>
<tr>
<td><strong>Child centred recording</strong></td>
<td>All records are written in a way that is mindful that the child or family members may one day read them. Records are written in a way that shows an understanding that they are an account of a child’s life.</td>
<td>Recording does not take account of the possibility that the child or family members may read them in the future. Records are jargon populated, opinion driven with inappropriate or personal practitioner entries being made.</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Records are legal</strong></td>
<td>Records take account of the data protection and freedom of information act legislation, and the requirements, where necessary, to gain consent before sharing information, and recording this consent.</td>
<td>Recording is not meeting the legal requirements of data protection and freedom of information act legislation.</td>
</tr>
<tr>
<td><strong>Hand written notes</strong></td>
<td>The names of children and family members are not directly referenced, anonymised as initials or abbreviations. Where possible personal details are gathered in an office environment. Separate</td>
<td>Hand written notes are left out on desktops at work and on kitchen tables at home. Notebooks are left in the handbag that the practitioner also uses at home over the weekend. Notes are stored and</td>
</tr>
<tr>
<td>secure handbag / briefcase is used for work purposes and any loss or theft is reported immediately to the Head of Service. The clear desk policy is used to ensure that all paperwork is securely stored away when not in use.</td>
<td>transported in a plastic carrier bag or a bag that is not properly fastened shut. The child and their family can be clearly identified by the notes made.</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td><strong>Quality of recording</strong></td>
<td>Recording is concise, grammatically correct; uses appropriate terms and can be easily understood by the reader.</td>
<td></td>
</tr>
<tr>
<td>Recording is poorly written. It is grammatically flawed, and is difficult for the reader to understand the meaning.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Quality of reports</strong></td>
<td>Reports are written in a style suitable for purpose and the audience that will be reading the document. The layout is clear and covers key points, and is produced within the timescales required. Details of the author and date of report are evident.</td>
<td></td>
</tr>
<tr>
<td>Reports are written in a style that does not take account of the audience or the purpose of the document. The layout is confusing and does not demonstrate a coherent argument. It is not produced within the timescales required, Date and authorship are not evident</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**REFERENCES AND RECOMMENDED READING:**


*Write Enough* interactive training pack designed to support good practice in recording (Department of Health, 2003) [www.writeenough.org.uk](http://www.writeenough.org.uk).


APPENDICES

APPENDIX A:

Working with hostile families and disguised compliance.

Indicators of disguised compliance

- No significant change at reviews despite significant input
- Parents/carers agree with professionals regarding required changes, but put little effort into making changes work
- Change does occur but as a result of external agencies/resources, not the parent/carer’s efforts
- Change in one area of functioning is not matched by change in other areas
- Parents/carers will engage with certain aspects of a plan only
- Parents/carers align themselves with certain professionals
- A child’s report of matters is in conflict with parent’s report

Recognition of potential hostility and non-compliance

Factors associated with hostility and non-compliance includes:

- Isolation
- Stress and violent experiences in childhood
- Dis-inhibiting effects of alcohol and certain drugs
- Mental Illness
- Some psychotic states
- Learning disability
- Medical or social history indicating low tolerance of frustration and the potential for violence

Situations associated with hostility and non-compliance includes:

- Child protection enquiries
- Removal of a child into care
- Domestic violence
- Previous threats of violence
- Presence of weapons and
- Potentially dangerous animals (snakes/dogs)
- Professional interventions
- Siblings can provide an obstruction

www.peterborough.gov.uk
APPENDIX B:

Allegations of abuse made against a person who works with children

Children can be harmed by those who work with them in any setting. All allegations of abuse of children by a professional must be taken seriously and treated in exactly the same way as any other child protection concern. In addition, there can be occasions when a professional’s behaviour may make them unsuitable to work with children.

Please refer Section 6.2 of the West Yorkshire Interagency Safeguarding Children Procedures.

Since 2006, every authority should designate officers, known as the Local Authority Designated Officer (LADO) to be involved in the management and oversight of individual cases.

Within Leeds City Council, there are two LADO posts located in the Integrated Safeguarding Unit of Children’s Services.

The LADO should be informed whenever there are concerns that a professional working with children has:

• Behaved in a way that has harmed, or may have harmed, a child or
• Possibly committed a criminal offence against, or related to, a child or
• Behaved towards a child or children in a way that indicates that s/he is unsuitable to work with children.

There can be up to three strands in considering any allegation:

• A police investigation of a criminal offence
• Enquiries by Children’s Social Work Services about whether a child is in need of protection or in need of services and
• Consideration by an employer of disciplinary action against the individual.

These strands are not necessarily exclusive of each other and there are occasions when more that one will apply at the same time.
The term professional incorporates those who are employed directly to work with children (for example, social workers, teachers or other school staff, residential workers, child minders and so on) and those who have some child care responsibility entrusted in them (foster carers, religious organisations, sports coaches and so on). The LADO can provide advice to a practitioner if the practitioner is unsure whether the professional comes under the scope of these procedures.

The current procedures for allegations management arose from procedures that have existed in Leeds since the early 1990s into allegations made against foster carers that provided a template for other professional groups and a number of national level high profile cases, in particular the Bichard Enquiry that followed the Soham murders.

Whilst it is not possible to cover all possible eventualities, the need for practitioners to contact the LADO will normally come up in two different ways, as follows:

- A practitioner may become aware that child or young person on their caseload, regardless of the nature of involvement, has been harmed by a professional. The practitioner will need to inform their team manager and alert the LADO immediately so that the safety of that child or young person in that setting can be assessed and appropriate actions taken with regard to the professional. On occasions, given that a number of children and young people will be in a living placement or receiving educational services outside of Leeds, that professional may be outside of this authority. In that instance, it would be the LADO for the authority where the harm is alleged to have occurred who should be informed. The Leeds LADO will give advice to practitioners about who to approach.

- A practitioner in conducting s47 enquiries into harm that a child or young person has suffered within their own family becomes aware that the parent/carer or family member who may be implicated in causing that harm is employed in some form of child care or has significant contact with children in some capacity. The practitioner will need to inform their team manager and alert the LADO immediately, so that person’s suitability to continue to have contact with children can be assessed. Similar to the above, this may involve someone who works outside of Leeds and the Leeds LADO will give advice to practitioners about who to approach.

In order to ensure these situations do not get missed, it should be part of any s47 enquiry that a practitioner establishes from a parent/carer or family member their employment and involvement in delivering any services to children. Equally, in...
any contact with children, that a practitioner should keep an open mind as to the possible source of harm for a child or young person.

There will be occasions when the LADO may need to contact a practitioner because information may have come to the LADO’s attention from another source about harm to a child or young person known to that practitioner.

It is also worth pointing out that there are some occasions when concerns about professionals harming children may not be absolutely clear cut. The LADO is available to give advice in such situations.

**APPENDIX C: Ten pitfalls in assessments of need and risk and how to avoid them**

1. An initial hypothesis is formulated on the basis of incomplete information, and is assessed and accepted too quickly. Practitioners become committed to this hypothesis and do not seek out information that may disconfirm or refute it.

2. Information taken at the first enquiry is not adequately recorded, facts are not checked and there is a failure to feedback the outcome to the referrer.

3. Attention is focused on the most visible or pressing problems; case history and less “obvious” details are insufficiently explored.

4. Insufficient weight is given to information from family, friends and neighbours.

5. Insufficient attention is paid to what children say, how they look and how they behave.

6. There is insufficient full engagement with parents (mothers/fathers/other family carers) to assess risk.

7. Initial decisions that are overly focused on age categories of children can result in older children being left in situations of unacceptable risk.

8. There is insufficient support/supervision to enable practitioners to work effectively with service users who are uncooperative, ambivalent, confrontational, avoidant or aggressive.

9. Throughout the child and family assessment process, professionals do not clearly check that others have understood their communication. There is an assumption that information shared is information understood.
10. Case responsibility is diluted in the context of multi-agency working, impacting both on referrals and response. The local authority may inappropriately signpost families to other agencies, with no follow up.

Taken from:
Ten Pitfalls and How to Avoid Them - What research tells us.
September 2010
www.nspcc.org.uk/inform.
### APPENDIX D: ANALYSIS OF NEEDS AND ASSESSMENTS - SOCIAL WORK METHODS OF INTERVENTION.

<table>
<thead>
<tr>
<th>Method</th>
<th>Focus for intervention</th>
<th>Main theorists</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brief solution focused work</td>
<td>A short term, strengths based method with an emphasis on utilising existing coping mechanisms/skills to resolve new challenges. For use in child in need cases, not child protection work.</td>
<td>De Shazer (1982); Milner (2001)</td>
</tr>
<tr>
<td>Care management</td>
<td>The process of identifying the social and health care needs of individuals in the community, together with the planning and delivery of integrated with the planning and delivery of integrated programmes designed to meet those needs.</td>
<td>Orme and Glastonbury (1994); Coulshed and Orme (1998)</td>
</tr>
<tr>
<td>Community work</td>
<td>A wide-ranging set of practices designed to improve the quality of life for individuals within designated areas, geographical localities and communities.</td>
<td>Popple (1995); Twelvetress (2002)</td>
</tr>
<tr>
<td>Counselling</td>
<td>The process whereby a trained professional counsellor gives another person support and guidance in an individual or group setting.</td>
<td>Brearley (1995); Seden (1999)</td>
</tr>
<tr>
<td>Section</td>
<td>Description</td>
<td>References</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------</td>
</tr>
<tr>
<td>Ecological/systems work</td>
<td>A perspective in social work that emphasises the adaptive and reciprocal relationship between people and their environment.</td>
<td>Pincus and Minahan (1973); Bilson and Ross (1999)</td>
</tr>
<tr>
<td>Family work</td>
<td>A range of techniques and strategies for helping families to resolve relationship problems, attain goals and function more harmoniously.</td>
<td>Walker (2004); Barnes (1998)</td>
</tr>
<tr>
<td>Feminist/narrative work</td>
<td>A diversity of social work approaches that have as their common element recognition of women’s oppression and the aim of overcoming its effects.</td>
<td>Dominelli (2002); Hamner and Stratham (1999)</td>
</tr>
<tr>
<td>Group work</td>
<td>A range of activities, including a method of social work intervention, that can enable individuals and groups to develop problem solving skills to address both their own concerns and those of members of the wider community.</td>
<td>Brown (1992); Doel and Sawdon (1999); Douglas (1993)</td>
</tr>
<tr>
<td>Psychosocial</td>
<td>Based on psychodynamic theories that focus on the impact of past events on current lived experience-the interplay of psychological and societal influences.</td>
<td>Hollis (1972); Ryan (1993)</td>
</tr>
<tr>
<td>Task centred</td>
<td>A short term systematic method focused on the completion of achievable and agreed tasks.</td>
<td>Doel (1992) Reid and Epstein (1972)</td>
</tr>
</tbody>
</table>

APPENDIX E: RESEARCH AND PRACTICE: USEFUL WEBSITES.

British Agency Adoption and Fostering: Website with publications, research, and ‘Be My Parent’ information: http://www.baaf.org.uk/?gclid=CJurlsyoy8UCFSUUwwod_1MAaQ

Barnardos: Publications and research: www.barnardos.org.uk

British Psychological Society: Research and practice information from a psychological perspective: www.bps.org.uk

Case recording: www.writeenough.org.uk

Child Exploitation and Online Protection Organisation: Publications and research analysis related to child protection on line: www.ceop.gov.uk

Children and Young People Now: Practice information related to professional involved in working with young people: www.cypnow.co.uk

Children’s Society: Research and practice information re disability: www.sites.childrenssociety.org.uk/disabilitytoolkit

Communication Trust – Explaining speech, Language and communication needs: www.ican.org.uk.

Community Care: Website and weekly journal of jobs, learning development, relevant social work practice and events: www.communitycare.co.uk

Contact a Family: Information for families with children with disabilities and specific information regarding types of disabilities: www.cafamily.org.uk

Direct Gov: Information on benefits: www.direct.gov.uk

Department for Education: www.education.gov.uk

Department of Health: Website for Legislation, Acts and Bills, White and Green Papers and Research: www.dh.gov.uk/en/Publicationsandstatistics/Publications/DH_4122399


Drug and Alcohol advice: www.talktofrank.com

Dyslexia: www.bdadyslexia.org.uk
Eating Disorders: www.b-eat.co.uk/Home

Home Office: Legislation and latest research such as youth justice, domestic violence, and substance misuse: www.homeoffice.gov.uk


Joseph Rowntree Foundation: Research information and practice issues: www.jrf.org.uk/

Learning Disabilities: www.mencap.org.uk

Mental Health: www.mentalhealth.org.uk, www.mind.org.uk

National Asylum Support Service: www.asylumsupport.info/nass.htm

National Children’s Bureau: www.ncb.org.uk

NCH – Action for Children: Policy, research and publications: www.actionforchildren.org.uk

NSPCC: Research and practice information. Practitioners can sign up to CASPAR for weekly alerts to keep up to date on relevant social care issues in the media: www.nspcc.org.uk/inform/resourcesforprofessionals/freshstart/publications/publications

Ofsted: https://www.gov.uk/government/organisations/ofsted

Research in Practice:www.rip.org.uk

Social Care Institute of Excellence: www.scie.org.uk

Youth Justice Board: https://www.gov.uk/government/organisations/youth-justice-board-for-england-and-wales/about
APPENDIX F:

The eight Data Protection Act principles

1. Fairly and lawfully processed: be honest with the service user about why you are taking the information and what you intend to do with it, including who you may share it with.

NB: ‘processed’ = recording, storing sharing, deleting, archiving...

2. For a clearly defined, legitimate and limited purpose: You must not use the information for any reason that is incompatible with your original stated purpose.

3. Adequate, relevant and not excessive: Don’t collect / keep information that ‘may become useful at a later date.’ Or be explicit why you think it might be useful later.

4. Accurate and where necessary kept up to date: If the information is not accurate and up to date, is it of any use to you and your colleagues? How will the subject user feel about wrong information on his / her file?

5. Kept no longer than necessary: Every organisation will have polices relating to how long they keep different categories of information.

BUT there will be times when legislation will override this: e.g. adoption records must be kept for 100 years.

6. Processed in accordance with the data subject’s rights: The data must be factual, relevant, substantiated, dated and signed. Service users are entitled to see what information is held on them.

This does not mean you can not record an opinion or interpretation (analyse), but such information must be clearly indicated as such. E.g: ‘In my opinion....’

7. Stored with appropriate technical and organisational security: e.g. providing lockable filing cabinets, locks on desk drawers, passwords on doors and PCs use of virus protection, making sure computer screens are away from windows and the public, taking appropriate care when working away from the office.

8. Not transferred to a country outside the European Economic Area without adequate protection. (EEA includes Iceland Norway and Liechtenstein, as well as the EU countries).
Appendix q

Leeds Kinship Care Policy

www.leeds.gov.uk/kinshipcarepolicy

APPENDIX H

One Minute Guides

You can view the new guides, and all of the guides we have previously published here.

Please note that our total number of guides is now over 50, to view a glossary of all the available guides please see the following link.