

Wakefield Council Children and Young People's Services

Children's Social Care Practice Standards

2017- 2018

January 2018
Review November 2018

Every person who works with children and young people, regardless of their role, has a responsibility to ensure that children and young people they are working with receive an effective service. In particular practitioners and managers should ensure they are clear about and meet the HCPC code of conduct in all areas of their responsibility.

The Practice Standards gives clear guidance to all Practitioners and Managers in respect of their roles and responsibilities as professionals within their employing Local Authority.

- We will provide a confident, professional service that is respected by families and other professionals who can champion the needs of children and young people through their work and challenge others where necessary to promote the welfare of the child.
- We will provide clarity in relation to what is expected of all Practitioners and managers against which they measure themselves and the work they do.
- We have a systematic approach to social work practice

It is important that the Practice Standards Manual is read in conjunction with Wakefield's Children's Procedures and the West Yorkshire Safeguarding Procedures.

Practice Standard	Recording	Guidance/Reflection
Child And Family (Single) Assessment		
<ul style="list-style-type: none"> • The maximum timeframe for the assessment to conclude should be no longer than 45 working days from the date of referral • Assessments will be carried out by a qualified social worker • If safeguarding concerns are identified at any stage during the Single Assessment process, there will be no delay in the decision to take immediate action to safeguard. • The child/young person must be seen alone within the first 5 working days of the assessment <ul style="list-style-type: none"> - Where an assessment is being completed subject to Section 47 enquiries the child must be seen alone within 24 hours of the strategy meeting • The Single Assessment will be provided by the Social Worker to the Team Manager 5 working days prior to completion) to allow for any required amendments. • The Single Assessment to incorporate the use of relevant assessment tools, theory and research. • The Single Assessment must evidence the child's voice • The Single Assessment must evidence the views of the parents and carers • The Single Assessment must include chronology <p>https://www.gov.uk/government/publications/working-together-to-safeguard-children--2</p>	<p>To be recorded within assessment records</p>	<p>Possible assessment outcomes:</p> <ul style="list-style-type: none"> • Emergency intervention (e.g. Emergency Protection Order, Policy protection, Section 20 placement with family member) • Strategy meeting • Child In Need support • No Further Action • Early Help offer • Advice/guidance • Signposting to other provisions/universal services <p>Chronologies are not a detailed account, entries should be brief and succinct, specify date, source of information, date information received, factual and record actions taken</p> <p>Appendix 2 Assessments One Minute Guide</p>

Practice Standard	Recording	Guidance/Reflection
Strategy/Discussion Meeting		
<ul style="list-style-type: none"> • Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm there should be a strategy discussion involving Local Authority Children’s Social Care (including the fostering service if the child is looked after), the police, health and other bodies such as the referring agency. <ul style="list-style-type: none"> - This might take the form of a multi-agency meeting or phone calls and more than one discussion may be necessary - A strategy discussion can take place following a referral or at any other time, including during the assessment process or after an assessment has concluded but new concerns have emerged. In these cases a new Single Assessment (Section 47) must be commenced. • The strategy meeting/discussion needs to take place within 24 hours of the decision being made • The child must be seen alone within 24 hours of the strategy meeting • All attendees at the strategy meeting/discussion should be sufficiently senior to make decisions on behalf of their agencies <ul style="list-style-type: none"> - Police lead the criminal investigation and the Local Authority Children’s Social Care have the lead for the Section 47 enquiries and assessment of the child’s welfare where joint enquiries take place. - 		<p>Strategy meeting will be recorded on the Record of Strategy Discussion Form</p>

Practice Standard	Recording	Guidance/Reflection
Strategy/Discussion Meeting		
<ul style="list-style-type: none"> • The strategy meeting will: <ul style="list-style-type: none"> - Consider the child’s welfare and safety, and identify the level of risk faced by the child - Decide what information should be shared with the child and family (on the basis that information is not shared if this may jeopardise a police investigation or place the child at risk of harm); - Agree what further action is required, and who will do what by when. • Strategy meeting agreed decisions, minutes and follow up actions will be recorded as a standalone record (not solely within the Single Assessment record) to ensure actions are completed in a timely manner (promoting contemporaneous recording and accountability) <ul style="list-style-type: none"> - Decisions and actions are to be recorded on CareDirector by the end of the same working day by the Team Manager - Full minutes are to be uploaded to the child’s file within 5 working days • In the event of an Out of Hours strategy meeting taking place, the same standards must be applied <p>https://www.gov.uk/government/publications/working-together-to-safeguard-children--2</p> <p>http://westyorkscb.proceduresonline.com/chapters/p_strat_disc.html</p>	<p>Decisions to be recorded on CareDirector, case observations as a management decision</p>	<p>Appendix 2 – Assessment One Minute Guide</p>

Practice Standard	Recording	Guidance/Reflection
<p>Section 47 Enquiries</p>		
<ul style="list-style-type: none"> • Local Authority Social Workers have a Statutory Duty to lead assessments under Section 47 of the Children Act 1989 • The police, health professionals, teachers and other relevant professionals must help the Local Authority in undertaking its enquiries where there is concern that a child is at risk of suffering significant harm. • The Local Authority to sustain ongoing communication with Police throughout the S47 enquiry process where this is a joint investigation. • The child must always be seen alone as part of the S47 enquiry. • The S47 enquiry must be led by a qualified and suitably experienced social worker • If the alleged offender has contact with any children in other households, enquiries will also need to be made in relation to those children. • Where concerns of significant harm are substantiated and the child is judged to be suffering, or likely to suffer, significant harm, Social Workers with their managers should convene an Initial Child Protection Conference. <ul style="list-style-type: none"> - The timing of this conference will depend on the urgency of the case and respond to the needs of the child, and the nature and severity of the harm they may be facing. - The Initial Child Protection Conference must be held within 15 working days of the strategy discussion at which Section 47 enquiries were initiated if more than one has been held. • The analysis and outcome of the S47 enquiries must be available to the ICPC <p>http://westyorkscb.proceduresonline.com/chapters/p_sec_47_cor_ass.html</p> <p>https://www.gov.uk/government/publications/working-together-to-safeguard-children--2</p> <p>http://cps.gov.uk/publications/docs/best_evidence_in_criminal_proceedings.pdf</p>	<p>S47 enquiries to be recorded on CareDirector Record of Section 47. A Single Assessment document must be launched.</p>	<p>Possible outcome of Section 47 enquiries:</p> <ul style="list-style-type: none"> • Emergency intervention (e.g. Emergency Protection Order, Police Protection, Section 20 placement with family member) • Looked After Child • Legal Planning Meeting/Care Proceedings • Section 47 • Initial Child protection Conference • Child In Need • Early Help offer • Advice/guidance • Signposting to other provisions/universal service • No further Action <p>S47 enquiries are to be completed by social workers in pairs and who have completed relevant training</p>

Practice Standard	Recording	Guidance/Reflection
<p>Child Protection</p>		
<ul style="list-style-type: none"> • Conference report must be completed (authorised) and shared with parents 48 hours prior to the ICPC <p>Plans</p> <ul style="list-style-type: none"> • Outline Child Protection Plan to be outlined at the ICPC and distributed by the CPRU within 1 working day • Plan to be specific in respect of visiting frequency requirements. • ICPC minutes to be distributed by the CPRU within 15 working days <p>Core Group</p> <ul style="list-style-type: none"> • Date and Core Group membership to be determined at the ICPC • First Core Group to be held within 10 working days <ul style="list-style-type: none"> - Subsequent Core Group meetings to be held every four weeks - CP Plan to be updated by the Social Worker within 2 working days and circulated within 5 working days - CP Plan must be quality assured by the CP Conference Chair within 10 working days <p>Reviews</p> <ul style="list-style-type: none"> • RCPC to be held within 3 months of the initial conference, and thereafter at maximum intervals of 6 months <ul style="list-style-type: none"> - Service Manager to scrutinise those cases where children have been subject to CP plans for in excess of 12 months • If the decision is to step down to CIN at review, CIN Plan to be formulated at the step-down conference and to be reviewed 6 weekly, to include all previous Core Group members <ul style="list-style-type: none"> - Core Group members can be varied at any point • If a young person is reaching the age of 18 years, review 	<p>Outline CP Plan to be recorded on the template and uploaded to the child's file in the section named Assessments.</p> <p>ICPC minutes to be recorded on CareDirector</p> <p>The updated CP plan and minutes to be recorded on CareDirector</p>	<p>Practitioners to ensure all those with parental responsibility/care of the child are invited to attend ICPC (and reviews).</p> <p>Consideration to be given to convening split conferences where additional complications exist.</p> <p>Reflection – purpose, participation, attendance, challenge, escalation of non-attendance</p> <p>Practitioners must be aware of the detrimental impact of failing to submit a conference report and the potential impact this has upon their HCPC registration.</p> <p>Conference chairs have a responsibility to ensure decisions/recommendations are evidenced based. In the absence of the Social Work report and assessment the chairs should stand down conferences and escalate to the Team Manager and Service Manager</p>

<p>conference to be convened within the 4 weeks prior to 18th birthday.</p> <p>Visits</p> <ul style="list-style-type: none"> • The child/young person must be seen at home and alone at least every 10 working days (more frequently if outlined within the CP plan) • Where a visit has been undertaken, and the child was not seen, this means the visit does not meet the criteria of a statutory visit. <ul style="list-style-type: none"> - A subsequent visit must be completed within 48 hours - In the event that the child is not seen at the subsequent visit, management direction must be sought immediately with a view to addressing potential risk. <p>http://westyorkscb.proceduresonline.com/chapters/p_init_cp_conf.html http://westyorkscb.proceduresonline.com/chapters/p_cp_rev_conf.html http://westyorkscb.proceduresonline.com/chapters/p_rel_host_fam.html http://westyorkscb.proceduresonline.com/chapters/p_childn_move.html</p>		<p>Practitioners to ensure that the Core Group meeting focuses on, reviewing and updating the plan whilst sharing information in the context of multi-agency working. Reducing risk, promoting improved outcomes and parental participation</p> <p>Appendix 3 – What is a statutory visit?</p>
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Practice Standard	Recording	Guidance/Reflection
<p style="text-align: center;">Risk Assessment</p>		
<ul style="list-style-type: none"> • Assessments should be based on an understanding of the input of adult behaviours and their ability to safeguard and promote the welfare of their children • Risk Assessment must link the historical information with current circumstances to anticipate future harm • Underlying risk factors (complicating factors):- <ul style="list-style-type: none"> ➤ Poverty ➤ Poor Housing ➤ Isolation ➤ Experiences of poor parenting 		<p>The relationship between high risk indicators is correlative not casual. See Appendix 9 High Risk Indicators</p> <p><u>Model for Analysis</u> Include a rich description of the child. Comments on the child's current</p>

<ul style="list-style-type: none"> ➤ Low education and attainment ➤ Physical Learning Disability ➤ Mental Health Difficulties ➤ Drug and Alcohol misuse ➤ Domestic Abuse ➤ History of offending behaviour ➤ Ill health • Assessments must include a clear analysis of the risks to the child the degree to which the parent or carer is able to provide for the child. 		<p>needs in relation to each domain and relate this to the parenting capacity.</p> <p>Include child and parent resilience and any strengths, positive and mitigating factors alongside complicating factors. Motivation and Capacity to change.</p> <p>Summarise and conclude Plan and recommendations</p>
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Practice Standard	Recording	Guidance/Reflection
<p>Children with SEND</p>		
<p>Safeguarding disabled children requires an understanding that disabled children are more vulnerable to abuse than non-disabled children</p> <p>All practitioners must be aware of additional indicators of abuse and/or neglect for disabled children and seek specialist advice</p> <p>All practitioners must be alert to indicators of abuse and be aware of the complicating factors of over identifying with the child's parents/carers and being reluctant to accept that abuse and neglect is taking place or is attributable to the additional stress of caring for a disabled child.</p> <p>https://www.gov.uk/government/.../safeguarding-disabled-children-practice-guidance</p>		<p>Consider:</p> <ul style="list-style-type: none"> • Bruising on sites that may not be of concern on an ambulant child. • Malnourishment • Lack of Stimulation • Unjustified use of restraint • Rough handling • Poor communication with child • Inappropriate equipment • Invasive procedures which are unnecessary

Practice Standard	Recording	Guidance/Reflection
Looked After Children		
<ul style="list-style-type: none"> • Where a child becomes Looked After, the responsibility of physically placing the child must be undertaken by a qualified Social Worker • The Placement Planning Meeting must be held within 3 working days of placement or prior to the placement when it is pre-planned • Initial Health Assessment to be initiated within 2 working days and completed within 20 working days of the child being accommodated • PEP to be completed within 20 working days of the placement (practitioner to consult the Virtual School), to be available at the first LAC review and subsequently updated before the LAC Review • If the child/young person changes placement or school, and/or is subject to any other significant educational concern (such as risk of exclusion, attendance concerns) the PEP must be reviewed and updated if appropriate • Life Story Work must be stated by the Social Worker who is accommodating the child and regularly updated to include all significant events in the child or young person's life. • Life Story must be considered at every LAC Statutory Review <p>Permanence Planning meetings must be held for all children and young people and agreed/preferred permanency plan be available for the second review</p> <p>Plans</p> <ul style="list-style-type: none"> • Placement Plan and Delegated Authority to be completed before or at the latest within 72 hours of the placement • Care Plan to be completed prior to placement, where the 	<p>Placement Plan, recorded on the Placement Information record.</p> <p>Initial/Review Health Assessments to be uploaded to the child's file.</p> <p>PEP record to be recorded on the child's file.</p> <p>Delegated Authority and Placement Plan to be recorded on CareDirector</p>	<p>See appendix 4 Care Planning Process Flow Chart</p> <p>Refer to:</p> <ul style="list-style-type: none"> • Section 20 Guidance • Permanence Panel/s Terms of Reference • Legal Gateway Terms of Reference <p>The Placement Plan deals with the day to day arrangements in placement for the child.</p> <p>The LAC Care Plan deals with the short and long term care needs of the child in the context of their journey as a Looked After Child. Focusing on</p>

Practice Standard	Recording	Guidance/Reflection
<p>Looked After Children</p>		
<p>placement is planned. In an emergency placement situation the Care Plan must be completed within 10 working days</p> <p>Reviews</p> <ul style="list-style-type: none"> • The Initial LAC Review must take place within 20 working days of the start date of the placement • The plan for permanency to be confirmed by the second LAC review (within 4 months of the child becoming looked after). • Health Assessment to be completed every 6 months if the child/young person is under 5 years of age and annually for those children/young people over the age of 5 years. • The IRO must speak to the child before the LAC review. • The IRO must speak to the social worker at least 15 working days prior to the LAC review • The IRO must be provided with, or have access to any relevant reports/plans including the current LAC Care Plan, the report from the Social Worker, which should be available at least 3 working days prior to the review. (All reports to be authorised prior to being shared). <ul style="list-style-type: none"> - The current Health Plan and current PEP must also be available • Consultation documents must be provided by the CPRU to the child/young person/carers 10 working days prior to the review • The IRO must complete a written record of the decisions and recommendations within 5 working days of the review. A full record of the review must be completed within 15 working days. The full record including the decisions should be distributed by the Social Worker within 20 working days. <ul style="list-style-type: none"> - Where there is any dispute the Team Manager must raise this in writing within 5 working days to the IRO 	<p>LAC Record of Discussion, LAC Review Decisions, and the Review of Arrangement records are to be recorded in CareDirector Assessments.</p>	<p>achieving positive outcomes.</p> <p>The Court Care Plan outlines the Local Authority's intentions/view in respect of the child's placement/safety and welfare needs.</p> <p>Reflection – do the LAC review records reflect the child's current circumstances? Has informed consent been evidenced (consider impact of LD and mental health on capacity to consent), Delegated Authority.</p> <p>Reflection – All Practitioners to be familiar with the IRO handbook.</p> <p>Appendix 5 Permanency Planning meetings</p>

Practice Standard	Recording	Guidance/Reflection
<p>Looked After Children</p>		
<ul style="list-style-type: none"> • The Social Worker has 10 working days within which to update the LAC Care Plan with any changes made at the LAC review. <p>Visits</p> <ul style="list-style-type: none"> • Child/young person to be visit at the placement within 72 hours of the placement commencing • Child/young person to be visited at the placement weekly until the first review • Child/young person to subsequently be visited at the placement, no less than 6-weekly, unless the placement has been matched as a long-term placement sustained for 12 months or more. <ul style="list-style-type: none"> - If the placement is a matched placement sustained for 12 months or more visited can be reduced to 3 monthly with managerial discretion <p>Children and Young People in External Provision:</p> <ul style="list-style-type: none"> - Child/young person to be visited at the placement weekly until the first review - Child/young person to subsequently be visited at the placement four weekly, unless the placement has been matched as a long-term placement sustained for 12 months or more If the placement is a matched placement sustained for 12 months or more visiting can be reduced to 3 monthly with managerial discretion. 		<p>Appendix 3 – What is a Statutory Visit</p> <p>Placements made at a distance i.e. beyond a neighbouring authority must have the placement signed off and agreed by the DCS.</p>

Practice Standard	Recording	Guidance/Reflection
<p>Looked After Children</p>		
<p>Where a child is placed with a temporarily approved foster carer (Reg 24 Placement) Under an Interim Care Order</p> <ul style="list-style-type: none"> • The child must be visited weekly until the first review. <ul style="list-style-type: none"> - Thereafter the child must be visited every four weeks until the carer is approved or final hearing has been completed - If the child remains in the placement post final hearing and the placement is approved, the child is to be visited every six weeks in line with statutory visiting requirements - Where a visit has been undertaken, and the child was not seen, this means the visit does not meet the criteria of a statutory visit. - A subsequent visit must be completed within 48 hours - In the event that the child is not seen at the subsequent visit, management discretion must be sought immediately with a view to addressing potential risk <p>Children in more than one placement:</p> <ul style="list-style-type: none"> • Children placed in residential school, and who are in foster care or a residential home, must be visited in line with LAC standards. This includes both settings. <ul style="list-style-type: none"> - Where a visit has been undertaken, and the child was not seen, this means the visit does not meet the criteria of a statutory visit - A subsequent visit must be completed within 48 hours - In the event that the child is not seen at the subsequent visit, management discretion must be sought immediately with a view to addressing potential risk 	<p>The Regulation 24 assessment to be uploaded to child's file under the section named Assessments</p>	<p>A 'child in more than one placement' – i.e. a child who is cared for by the parents but provided with respite care by the Local Authority for 75 (or more) days per year meets some of the requirements of a LAC child.</p> <p>Appendix 6 Guidance Note Regulation 24 Placements</p> <p>Appendix 7 ADM process for Shobpa Decision</p>

Practice Standard	Recording	Guidance/Reflection
<p>Looked After Children</p>		
<p>Children in Connected Persons Placement</p> <ul style="list-style-type: none"> • Reg 24 Assessment and Approval • The Regulation 24 assessment (Schedule 3) should be completed within 10 working days of the placement start date. • The assessment must be ratified by the Agency Decision Maker (ADM) within 10 working days of the assessment completion • Where a visit has been undertaken, and the child was not seen, this means the visit does not meet the criteria of a statutory visit • A subsequent visit must be completed within 48 hours • In the event that the child is not seen at the subsequent visit, management discretion must be sought immediately with a view to addressing potential risk. <p>Placement with Parents (Regulation 22)</p> <ul style="list-style-type: none"> • Where an ICO has been made the child must be visited at least weekly (at home and seen alone) until the first review <ul style="list-style-type: none"> - Subsequent visits (at home and seen alone) must take place at intervals of at least four weekly until the carer is approved within 20 days) under the 2002 regulations or the final hearing has been completed in the Care Proceedings • Where a Care Order has been made and the child is placed with parents/carers with PR subject to regulation 18, the child must be visited within one week of the making of the Care Order and then at intervals of no more than six weeks for the duration of the placement 		<p>Care Plan must be endorsed by a LAC review</p> <p>Why and What are the envisaged outcomes for the child or young person</p>

Practice Standard	Recording	Guidance/Reflection
<p>Looked After Children</p>		
<p>Private Fostering</p> <ul style="list-style-type: none"> • All Privately Fostered Children must be visited: <ul style="list-style-type: none"> - 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 must 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 more to an alternative carer the statutory visiting frequency will revert back to intervals of no more than six weeks. - Where a visit has been undertaken, and the child was not seen, this means the visit does not meet the criteria of a statutory visit <ul style="list-style-type: none"> ○ A subsequent visit must be completed within 48 hours ○ In the event that the child is not seen at the subsequent visit, management discretion must be sought immediately with a view to addressing potential risk. <p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/271205/Short_breaks_-_how_to_safeguard_and_promote_the_welfare_of_disabled_children.pdf</p>		<p>Private fostering arrangements</p> <p>If the carers of a child under the age of 16 (or 18 if disabled) do not have parental responsibility for the child and are not the child's grandparent, brother, sister, uncle or aunt (whether full blood or half blood or by marriage or civil partnership) or step-parent, and the placement continues for 28 days or more or is intended to do so, then the arrangement will fall within the definition of private fostering in the 1989 Act, and the provisions in that Act and in the Children (Private Arrangements for Fostering) Regulations 2005 will apply. Unless the young person is disabled within the meaning of the 1989 Act, the young person will cease to be privately fostered at the age of 16, but if the living arrangements continue then this statutory guidance will continue to apply as the arrangement.</p> <p>A child who is privately fostered may also be assessed as a child</p>

Practice Standard	Recording	Guidance/Reflection
Looked After Children		
<p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/337568/iro_statutory_guidance_iros_and_las_march_2010_tagged.pdf</p> <p>https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/441643/Children_Act_Guidance_2015.pdf</p> <p>https://www.gov.uk/government/publications/national-minimum-standards-for-private-fostering</p>		<p>in need, and be provided with support under Section 17 of the 1989 Act.</p>

Practice Standard	Recording	Guidance/Reflection
<p>Care Leavers</p>		
<ul style="list-style-type: none"> • The Local Authority has a duty towards eligible, relevant and former relevant children: • Eligible – are those young people still in care aged 16 and 17 who have been looked after for (a total of) at least 13 weeks from the age of 14 • Relevant - are Young People aged 16 or 17 who have already left care, and who were looked after for (a total of) at least 13 weeks from the age of 14, and have been looked after at some time while 16 or 17. • Former Relevant – are Young People aged 18 – 21 who have been eligible and relevant Children in Care – Young People who are looked after by a Local Authority either through a compulsory Care Order or remanded or accommodated by voluntary agreement including accommodation under Section 20 of the Children Act. • Qualifying Young People – They are over the age of 16 and under the age of 21, (or up to 24 if in full-time further or higher education), and have been Looked After or, if disabled, have been privately fostered after reaching 16, but do not qualify as Eligible, Relevant or Former Relevant. They may receive support, advice and assistance wherever they are living. If in full-time further or higher education, this may include assistance in relation to securing vacation accommodation. They may also qualify if they are the subject of a Special Guardianship Order (SGO) and were Looked After immediately before the SGO was made. <p>Personal Advisor</p> <ul style="list-style-type: none"> • A Personal Advisor will be allocated to the Young Person six months prior to their 16th birthday. • The Personal Advisor acts as the Young Person's principal 	<p>Signed copy of Pathway Plan to be uploaded to the child's file and stored in the section named Plans</p>	<p>The young person's wishes as to his/her Personal Advisor should be respected as far as possible and issues such as ethnic origin, gender and race should be borne in mind.</p> <p>Staying Put – A Staying Put arrangement is where a Former Relevant child, after ceasing to be Looked After, remains in the former foster home where they were placed immediately before they ceased to be Looked After, beyond the age of 18.</p>

Practice Standard	Recording	Guidance/Reflection
Care Leavers		
<p>source of contact in any matter relating to the Pathway Plan and is accountable for the effective implementation of the Plan.</p> <ul style="list-style-type: none"> • The Personal Advisor will provide advice and support to the Young Person. <p>Assessment</p> <ul style="list-style-type: none"> • The Local Authority must carry out an assessment of each eligible and relevant child • The Needs Assessment must be completed as part of the Pathway Pan within 3 months of the Young Person's 16th birthday • The Plan will look at the Young Person's need for support and assistance as identified in the assessment and how these needs will be met until the age of 21 (or to a maximum age of 25 when the Young Person is in full time education or training) • Both the assessment and pathway Plan must be recorded in writing and shared with the Young Person within 10 working days of completion. • The Local Authority must review the Pathway Pan when the Young Person requests it, the Personal Advisor considers it necessary, or at intervals of not more than six months. <p>Review</p> <ul style="list-style-type: none"> • LAC reviews for Eligible Young People must be completed in line with LAC procedures • The Young Person's first Looked After Review following his or her 16th birthday should consider whether a Staying Put arrangement should be an option • The IRO must be provided with the Final Pathway Plan at least 3 months prior to the Young Person's 18th birthday 	<p>The Needs Assessment will be completed and stored within the assessment section of CareDirector</p>	

Practice Standard	Recording	Guidance/Reflection
<p>Care Leavers</p>		
<p>- If a review is not due as the Young Person approaches his/her 18th birthday, consideration should be given to convening an additional review. This is a matter that should be considered in the first place at the final scheduled review before the Young Person's 18th birthday.</p> <p>Visits</p> <ul style="list-style-type: none"> • Where accommodation is provided to a young person by the responsible authority the Personal Advisor must visit the Relevant Young Person or Former Relevant Young Person at that accommodation: <ul style="list-style-type: none"> - Within 7 days of the accommodation being first provided; - Subsequently, before the Pathway Plan is reviewed; and - At subsequent intervals of not more than two months. • Eligible Young People must be seen along in their placements by a Qualified Social Worker, at least six weekly in line with LAC visiting requirements <ul style="list-style-type: none"> - The Young Person to subsequently be visited at the placement six weekly unless matched as a long-term placement which has been sustained for 12 months or more, when visiting can be reduced to 3 monthly with managerial discretion • The Personal Advisor must actively evidence efforts to keep in touch at least 2 monthly • When a Care Leaver over 18 years old moves to new accommodation, the Personal Advisor must see them at the accommodation within 7 days of the move. 		

Practice Standard	Recording	Guidance/Reflection
Care Leavers		
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/397649/CA1989_Transitions_guidance.pdf https://www.gov.uk/government/publications/staying-put-arrangements-for-care-leavers-aged-18-years-and-above		

Practice Standard	Recording	Guidance/Reflection
Case Recording		
<ul style="list-style-type: none"> • Case records must be kept up to date. Significant events management decisions must be recorded within one working day of visits or events occurring. Other events/visits must be recorded within 72 hours • In emergency and child protection situations, recording must be completed on the same day as the event or early next morning. • Case records must clearly evidence the voice of the child or young person . • Chronology must be updated with all significant events <p>Case summaries must be completed at the following key points:-</p> <ul style="list-style-type: none"> • No case is to be closed or transferred without a case file audit which has been signed off by the Team Manager <ul style="list-style-type: none"> ➤ No case is to be closed or transferred without a completed up to date chronology ➤ No case to be closed or transferred without a current assessment and plan ➤ No case to be transferred between teams without a full transfer summary ➤ No case to be closed without a full closure summary ➤ All records must clearly evidence the child's voice 		<p>Children and young people's views and opinions must be sought and evidenced, there are a range of ways of capturing their views and workers should use a range of methods for communicating with children and young people</p> <p>A good knowledge of the case history – including the child's history and that of the parents; past events and interventions What has been tried before and their success or otherwise is crucial to understanding of the current situation. This may be particularly important in long-term, chronic cases, such as those involving child neglect, to help avoid the 'start again' syndrome that has been identified.</p>
Chronologies		
<ul style="list-style-type: none"> • A chronology must be evidenced on every case record • A Chronology is an ordered, dated record of significant events in the child's life. It can help identify patterns of events, concerns, 		

positives, strengths and unmet needs.

- Provides a clear account of all significant events in a child's life to date, based on knowledge and information held by the agencies involved with the child and family.
- Reflects the best knowledge a department has about a child's history at a point in time.

When should a chronology start?

- A chronology should be created at the point when Children's Social Work Services first become involved with a child and family, and must cover all involvement, from the first point of contact, referral and assessment, taking account of the whole history including periods of case closure, new contacts and referrals etc.
- If there is no existing Chronology when a case is re-opened or transferred, one must be created as a priority. While making a Chronology on an open case can be time consuming, it is a valuable way to understand the child's history and the current issues.

When should a chronology be updated?

- When there is a significant event.
- It should be regularly updated, at minimum 4 monthly Intervals

What should be in a chronology?

- Any significant event or change which has impacted on the child or young person. For example:
- **Change of circumstances:** changes of carer, address, legal status, school, family circumstances and household composition.
- **Issue for the child or young person:** the child's views, physical or mental health, incidents of abuse, losses, developmental issues, educational issues including out of school episodes, personal achievements, incidents of running away/going missing, incidents re. bullying, gender or culture, offending or police involvement, safeguarding concerns (including CSE risk).
- **Family issues:** changes in family composition, loss and

separation, **domestic violence**, financial or housing problems, physical or mental health, substance misuse, homelessness, imprisonment, victimization.

- **Professional involvement: referrals with sources**, assessments, significant documents, interventions, **Section 47 Enquiries, Children in Need, Child Protection** and **Looked After Children** episodes, court hearings (including reasons given for court orders), Children's Centre involvement, Family Group Meetings, Information from previous LA's, involvement of Specialist Services e.g. **CAHMS**.
- Effective and concise summarising is key to the production of a good chronology.
- All records must clearly evidence the child's voice

What should not be in a chronology?

- This list is not exhaustive:
 - SW Visits – these points should be in the assessment or the case notes (although specific issues/disclosures may be relevant)
 - Analysis
 - Descriptions
 - Dialogue
 - Copy of case recording
 - Insignificant telephone contacts with parents/carers

Practice Standard	Recording	Guidance/Reflection
Management oversight and authorisation		
<ul style="list-style-type: none"> • All records presented for management authorisation must be responded to within 24 hours <ul style="list-style-type: none"> ➤ Managers must encourage Practitioners to present records in a timely manner, which allows for quality assurance and necessary amendments to be addressed prior to the records due date. • No case is to be closed or transferred without a case file audit which has been signed off by the Team Manager <ul style="list-style-type: none"> ➤ No case is to be closed or transferred without a completed up to date chronology ➤ No case to be closed or transferred without a current assessment and plan ➤ No case to be transferred between teams without a full transfer summary ➤ No case to be closed without a full closure summary ➤ All records must clearly evidence the child's voice • Managers must ensure that practitioners are supported to deliver high quality services to children, young people and families in order to address difficulties, minimise risk and improve outcomes for children and young people • In order to achieve this it is recognised that caseloads should be well managed and maintained at acceptable standards. • It is the responsibility of Team Managers in Wakefield to exercise their professional judgement and discretion to ensure that caseloads are closely monitored, recognising that a simple 'numbers' approach to managing caseloads does not support good practice. Cases should not be transferred simply to achieve a numerical target as Wakefield's commitment to delivering services is based on a relationship based approach which recognises that effective sustained relationships between 		<p>Managers are responsible for the quality assurance of all authorised records</p>

<p>worker and family, child or young person is an important element in securing positive outcomes.</p> <ul style="list-style-type: none">• Team managers will ensure that each practitioner’s caseload is reasonable and manageable taking into account issues such as the situation for each child, the number of families and the plan for each child (CP/CIN/LAC etc.) and the complexity of each situation.• Team Managers will exercise professional discretion and judgement in ensuring caseloads support good service delivery.• Service Managers are responsible for overseeing this for each of their teams ensuring that they are satisfied that work loads are reasonable and equitable.• Any reduction in caseloads and work load, for whatever reason, must be kept under close scrutiny and time limited.• The Senior Management Team of the Directorate will receive regular management information based on the indicative caseload numbers.		
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• **MASH/FRONT DOOR ONE MINUTE GUIDE**

Effective information sharing underpins integrated working and is a vital element of both early intervention and safeguarding.

What you need to know:

The purpose of the MASH is to enable partners to share information in a secure environment in relation to identifying and assessing the risks to children's well-being and welfare in order to safeguard and protect vulnerable children within the Wakefield area.

On receipt of a contact from Social Care Direct, Children's Social care within MASH should:

- Determine whether the case requires consent or whether this can be overridden due to the nature of the referral. If consent is required confirm that this has been sought and gained by the referrer and is sufficient to seek information;
- Review all historical information including all previous social care contacts and referrals from all agencies recorded on Care Director to ensure the current issue is assessed in the context of any previous concerns;
- Pass incoming referral to home agency for them to screen against all historical information (**see section b**)
- Complete a chronological summary to evidence scrutiny of available information.
- Outline clearly the reason for the current referral.
- Summarise action(s) completed within the MASH process (details of these enquiries should be provided in a separate case note).
- Using the Signs of Safety approach, staff should identify:
 - What we are worried about?
 - What is working well?
 - What needs to happen?

a) On receipt of a referral partner agencies will:

- Assess whether the referral needs additional contact with the referrer to complete gaps in information;
- Request the referrer completes a referral form;
- Partner agencies will undertake a 'light touch' look at relevant records to check for relevant information;
- Consider whether the referral requires additional information from other MASH partners (in / out of the MASH)
- Request partners meeting / request full MASH checks.

When the partner agency has completed the above, the referral will be passed back to the responsible social worker for action. *

- On conclusion of the above, options are:

1. Threshold for Section 47 established -
 - MASH ISA process initiated
 - Consent overridden if required

2. Threshold for Section 47 NOT established but concerns of sufficient gravity to warrant MASH ISA process :
 - Consent should be sought where practicable; however, there are circumstances within the MASH environment when professionals should **NOT** seek consent or inform that information will be shared if in doing so would:
 - Place a person at increased risk of significant harm
 - Prejudice the prevention, detection or prosecution of a serious crime
 - Lead to an unjustified delay in making enquiries about allegations of significant harm to a child
 - Where consent has not been gained, this must be recorded and a clear rationale for dispensing with consent clearly documented. The absence of consent is NOT sufficient to warrant unjustified delay in undertaking enquiries.

3. Information available meets the threshold for assessment as a Child in Need (S17 Children Act 1989) –
 - Direct to Assessment Teams (to include police information where required)

4. Information available meets the threshold for Early Help –
 - Direct to Early Help Hubs

5. Information available requires no further action

Any agency believing that failure to obtain consent would place their access to records into conflict with Information Governance rules, should discuss this with the MASH manager, clearly documenting why records cannot be accessed

ASSESSMENTS ONE MINUTE GUIDE

Appendix 2

INTEGRATED FRONT
DOOR/MASH;
DECISION/RECOMMENDATI
ON
PROGRESS TO
ASSESSMENT



CASE ALLOCATED TO
SOCIAL WORKER BY
TEAM MANAGER;
RECORDED AS
SUPERVISION NOTE



ASSESSMENT & INITIAL
SAFETY PLAN; 2 x VISITS
TO CHILD AND FAMILY
2 X VISITS TO CHILD AND
FAMILY



10 DAY
REVIEW

STEP DOWN TO
EARLY HELP HUB

STEP DOWN
TO UNIVERSAL SERVICES

FURTHER ASSESSMENT REQUIRED



MULTI AGENCY MEETING TO
PLAN ASSESSMENT AND
UPDATE SAFETY PLAN

MASH
SCREENING;
REFERRER
NOTIFIED OF
OUTCOME

TEAM MANAGER:

- AGREES TIMESCALE FOR COMPLETION PROPORTIONATE TO REFERRAL INFORMATION (MAXIMUM 35 DAYS EXCEPTIONALLY 45 DAYS)
- AGREES TIMESCALES FOR CHILD TO BE SEEN: IMMEDIATE (S47) OR WITHIN 3 DAYS.
- OUTLINES KEY ELEMENTS AND LINES OF ENQUIRY TO BE COVERED

WORKERS TO CONSIDER:

- REASON FOR REFERRAL
- IDENTIFIED RISKS INCLUDING LIKELIHOOD, IMMINENCE AND IMPACT OF HARM
- WHO NEEDS TO BE SEEN BY WHEN, WHERE AND HOW OFTEN
- MAKE PLANS TO SEE CHILD ALONE FOR DIRECT WORK USING TOOLS OR OBSERVATIONS IF ASSESSING BABIES
- CONSIDER ANY ADDITIONAL NEEDS AND HOW THESE WILL BE MANAGED
- CONTACT I FAD PROFESSIONALS

ASSESSMENT GUIDE

WORKERS TO CONSIDER:

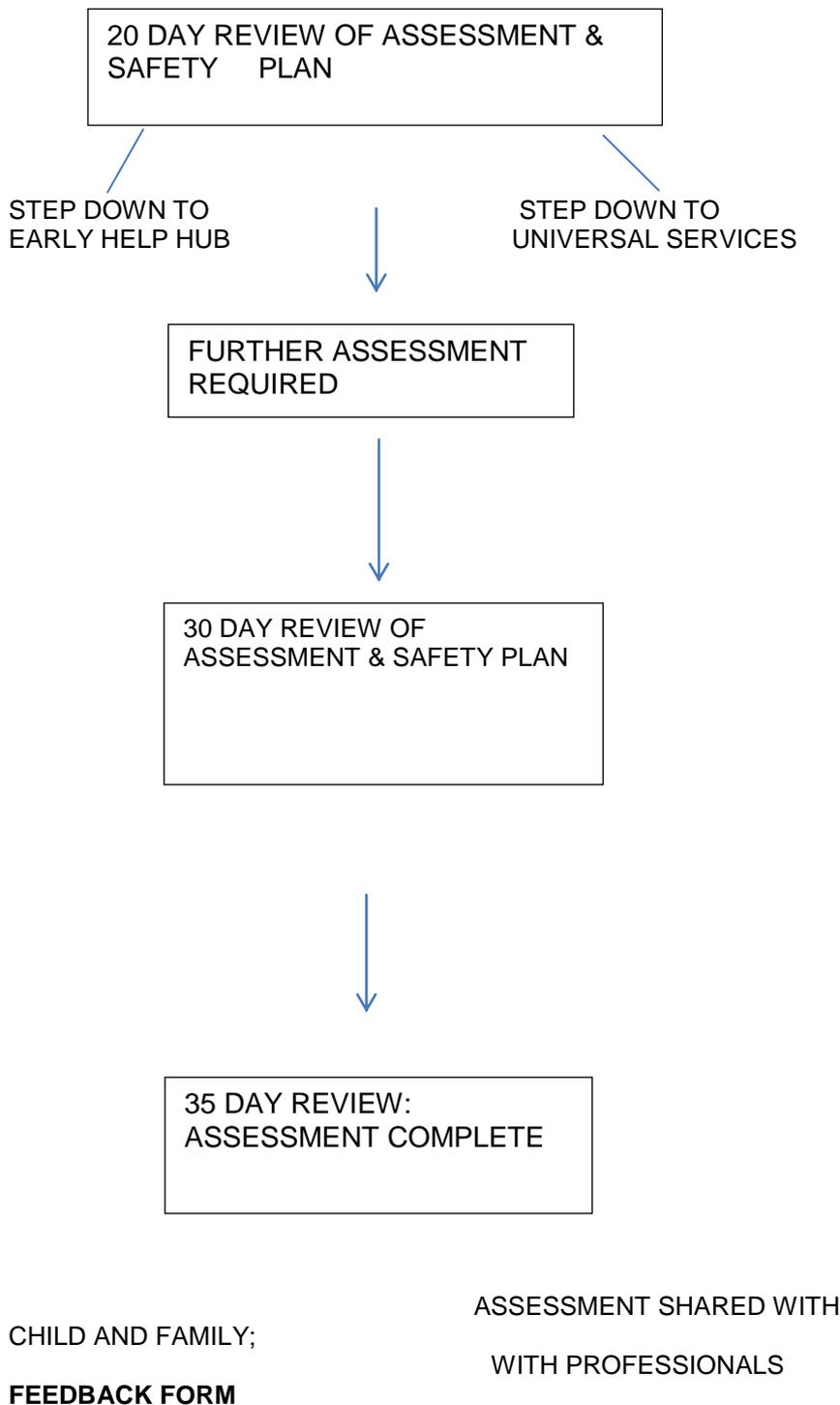
- BRIEF HISTORY OF PREVIOUS INVOLVEMENT, INTERVENTIONS. WHAT ASSISTED IN THE PAST
- DISABILITY/COMMUNICATION ISSUES

HEALTH:

- INFORMATION FROM PROFESSIONALS: AGE APPROPRIATE DEVELOPMENT, INCLUDING PHYSICAL AND EMOTIONAL DEVELOPMENT; PARENTS RESPONSES TO CHILDS NEEDS (PHYSICAL AND MENTAL WELL BEING)
- PATTERN OF MISSED HEALTH APPOINTMENTS (INCLUDING DENTAL); CONCERNING LEVELS OF HOSPITAL ADMISSIONS

EDUCATION:

- CURRENT AND HISTORICAL ATTENDANCE
- PROFESSIONALS OBSERVATIONS (INTERACTION WITH PEERS, HOME/SCHOOL RELATIONSHIPS, ACHIEVEMENTS, SOCIAL PRESENTATION, CLOTHING, HYGIENE, SELF CARE SKILLS.



CHILD DEVELOPMENT NEEDS:

- CHILDS'S VIEW OF SELF, FAMILY'S VIEW OF CHILD (HOW DO THEY 'FIT' IN THE FAMILY)
- FAMILY AND SOCIAL RELATIONSHIPS INCLUDING KEY ATTACHMENT FIGURES; BEREAVEMENT; SEPARATION; PEER RELATIONSHIPS; SIBLINGS; EXTENDED FAMILY

PARENTING CAPACITY

- IMPACT OF PARENTS CHILDHOOD EXPERIENCES ON PARENTING STYLE,
- PARENTING STYLES: DO THESE CLASH?
- ROLE OF ABSENT PARENT: CONTACT ARRANGEMENTS; IMPACT ON CHILD
- WHO DOES WHAT IN THE HOUSEHOLD; HOW WELL DOES THIS WORK (CONFLICT? HOW MANAGED?); IMPACT ON THE CHILD/REN
- IMPACT OF ENVIRONMENTAL FACTORS ON PARENTING: POVERTY; POOR HOUSING; SUBSTANCE MISUSE; DOMESTIC ABUSE; UNEMPLOYMENT
- PARENTS MANAGEMENT OF STRESS/TRIGGERS
- PARENTS VIEW OF HOW THEY PARENT; BASIC CARE; SAFETY; GUIDANCE; BOUNDARIES
- PARENTAL CAPACITY: PARENTAL MOTIVATION TO ACHIEVE SIGNIFICANT AND SUSTAINABLE CHANGE

FAMILY AND ENVIRONMENTAL FACTORS

- GENOGRAM: WHO IS WHO IN THE IMMEDIATE AND EXTENDED FAMILY; WHO PROVIDES SAFETY/SUPPORT TO THE CHILD/FAMILY
- CHRONOLOGY; IDENTIFY THEMES AND PATTERNS OF BEHAVIOUR – WHAT HAS SUPPORTED OR HINDERED CHANGE?
- CONTEXT AND COMMUNITY WITHIN WHICH CHILD/REN AND FAMILY LIVE; IMPACT?
- PARENT(S) CURRENT AND HISTORICAL RELATIONSHIPS; LENGTH OF RELATIONSHIP; HOW THEY MET; STRENGTHS AND CONFLICT
- SUMMARY OF EDUCATION/WORK/TRAINING OF PARENTS (CONSIDER TROUBLED FAMILIES CRITERION)
- PARENTAL EXPERIENCE OF ANY PREVIOUS PROFESSIONAL INVOLVEMENT

CHILDS VIEW

- CHILDRENS WISHES AND FEELINGS, INCLUDING NON-VERBAL COMMUNICATION
- OBSERVATIONS FROM DIRECT WORK
- CHILDS UNDERSTANDING OF SOCIAL WORKER INVOLVEMENT
- WHAT THE CHILD WANTS TO CHANGE AND THEIR VIEW OF THE PLAN
- WHAT DOES FAMILY LIFE LOOK LIKE THROUGH THE EYES OF THE CHILD

ANALYSIS AND PROFESSIONAL JUDEGEMENT

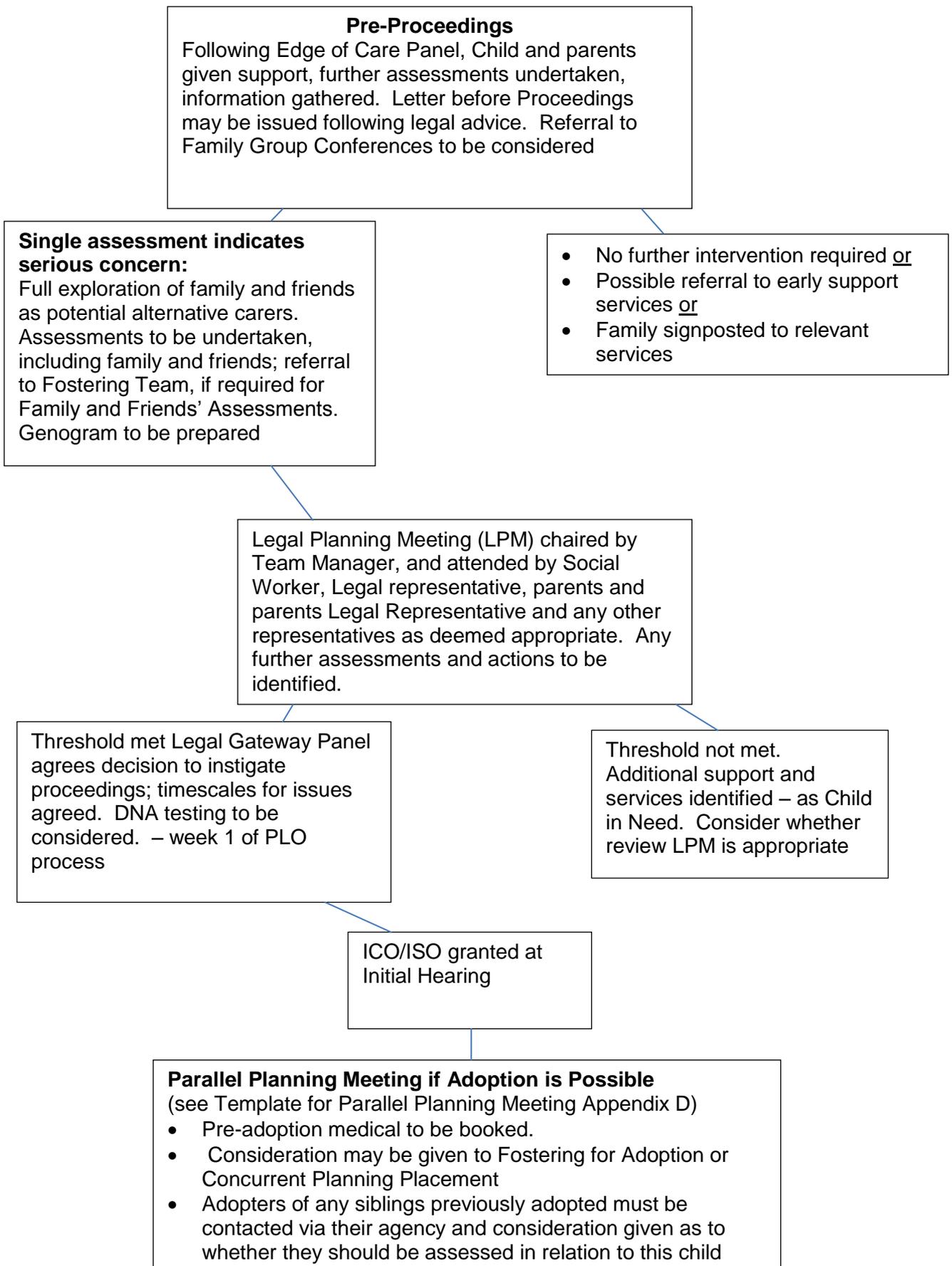
- WHAT DOES THE INFORMATION GATHERED TELL YOU ABOUT THE CHILDS SITUATION AND WHAT NEEDS TO CHANGE
- IDENTIFY THE CHILDS NEEDS, HOW THESE CAN BE MET AND BY WHO
- WHAT ARE THE RISKS; WHAT NEEDS TO HAPPEN TO REDUCE RISK (BE SPECIFIC; WHO/WHAT)
- AREAS OF UNCERTAINTY; DO THESE REQUIRE FURTHER TIME TO CLARIFY/MONITOR

What Is a Statutory visit?

Seeing the Child	Child has been seen with the carers and alone Meaningful contact established with the child to obtain their views and wishes using a range of materials subject to age and understanding
Seeing the Home	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
The child's bedroom	Practitioner able to see the bedroom and form views about the quality of care and meeting needs
Judgments about physical and emotional care	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
Purpose	Practitioner addresses the reason for the visit and concerns with family members and child where appropriate

A visit completed where the child is not seen, or which is not undertaken in the family home/placement does not meet the requirements to be considered a Statutory Visit and must not be authorised as such

Care Planning Process



Permanence Planning Meetings

The Permanence Planning Meeting will formulate a Permanence Plan following consideration of:

- The assessment of the child's current and future needs
- Whether such needs can be met on a permanent basis by remaining at home and the package of support that will be required
- Whether such needs can be met on a permanent basis by a return home or through an alternative substitute
- The immediate placement should the child become looked after (including whether placement should be with siblings)
- The current Legal status of the child.
- The Local Authority's planned application at the conclusion of care proceedings

Where an assessment concludes that an alternative to the child either remaining at home or a return home will be the plan then the following must be considered:

- The viability of any Connected Persons' placements
- The most appropriate placement type that will meet the child's permanence needs
- The most appropriate legal outcome to ensure permanence in the proposed placement type

The Permanence Planning Meeting is a professionals meeting attended by both the case accountable service, the Adoption Service and the Fostering/Placements Service.

- Timely planning takes place avoiding drift
- Placement planning is realistic
- Likely placement needs are identified so that placement commissioning/finding activity is informed
- Placement support needs identified

The meeting will include the child's allocated social Worker, their Team Manager and the most appropriate representative from the Fostering/Placements Service and the OAWY given the known needs. Consideration should also be given to whether the Councils Legal Representative should attend the meeting. It is the responsibility of the Team Manager in the team where the child is allocated to chair the meeting and it is the responsibility of the child's Social Worker to book this meeting.

Resource Allocation:

The permanence planning Meeting will determine the resource needed to enable the service to implement the Permanence Plan the detail of which will be incorporated into the Interim Care Plan that is presented to the Court or Section 20 Looked After Children Care Plan and the Initial Looked After Children Review where appropriate this should be considered by the Resource Allocation Panel.

Chair and minute taking:

The chair of the Permanence Planning Meeting will be required to keep a written record of the discussion, the options explored and the rationale for determining the Permanency Plan.

The minutes of the meeting must be stored on the child's case file and be made available to the Agency Decision maker and court on request/as required.

Permanency Classification

A Permanency Classification is to be added to each child's file, provided by the chair of the meeting.

Guidance Note – Regulation 24 Placements

Key documents to refer to when considering a placement with a friend or relative:

- Care Planning Regulations 2015 – Page 70 and 71
- Statutory Guidance for Local Authorities on Friends and Family Care 2011 –page 31 to 40 relate specifically to Friends and Family Carers providing a useful basis for the Regulation 24 Assessments
- National Minimum Standards for Fostering services 2011 –Pages 7 – 24

These are all accessible via the DfE Website.

There is the option to approve a family member or friend as a Foster Carer on a temporary basis under Regulation 24 of the Care Planning Regulations in order for a child to reside within their network. It is the responsibility of the Child's Social Worker to complete Regulation 24 Assessments.

There is an obligation under Regulation 24 when assessing this family member/friend to satisfy ourselves regarding the suitability of this placement, not just in the short term but in the medium term whilst decisions regarding permanency for the child are made. As the Social Worker, in making this placement, you must satisfy yourself that this is the most suitable means to safeguard and promote the child's welfare. In addition, you need to satisfy yourself that this carer would; if a full fostering assessment was presented to Panel, meet fostering standards, regulations and competencies. These include the child must have their own bed, ideally their own bedroom, the carer must be willing to keep daily records, to attend training, to attend LAC reviews, Peps, Health Appointments, to work within delegated Authority agreed for the child, manage contact with support etc.

There are ten standards for all Foster Carers to meet – see National Minimum Standards for details. These include:

- Safeguarding children in placement
- Providing a suitable physical environment for the child
- Ensuring they have access to education, social and leisure activities
- Listening to the wishes of the child
- Helping the child to establish and maintain relationships
- Preparing for independence

Whilst you are carrying out your assessment, you need to address these points and satisfy yourself that the carer can meet each of the ten standards.

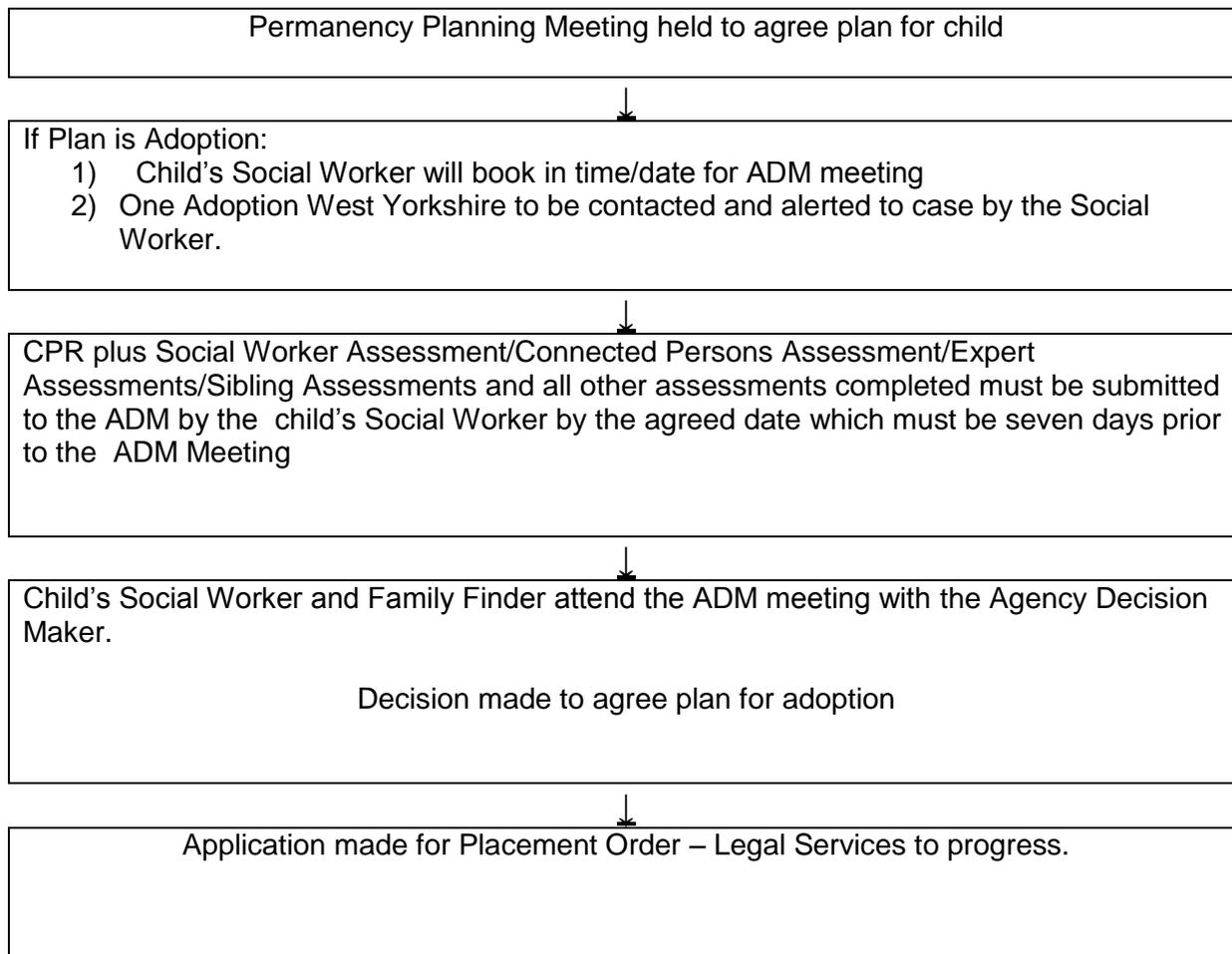
The approval is for 16 weeks only and would only be extended with the agreement of Fostering Panel for a further 8 weeks if a fostering assessment had commenced and there were, for example, delays with DBS checks, Medicals etc. Once the 16 weeks passes and the carer isn't approved as a Foster Carer or doesn't secure a SGO or CAO, this becomes an unregulated placement which must be avoided in terms of ensuring children's welfare.

The Regulations set out clearly what is required in assessing the suitability of a Reg. 24 placement to be undertaken before the placement is agreed by the ADM and before the child is placed. There will be situations where children are placed out of hours with family

members under Reg. 24 – in these situations, the assessment and report need to be completed within 2/3 days and passed to the ADM for Approval.

When placements are approved, the carer then becomes a Foster Carer and is entitled to fostering allowance for each child placed as well as access to other payments we make to carers such as initial clothing allowance, birthday allowance, holiday allowance etc. It is your responsibility to obtain the carers bank details and pass these to your Team Manager so that payments can be set up by Finance Officers in the Fostering/Placements Service. This avoids the need for cash payments to be made and ensures that carers and children receive what they are legally entitled to. Delays in doing this leads to complaints, overpayments and underpayments.

Appendix7
Flow Chart
ADM process for Shobpa Decision



Abuse Predictors

Research by Shemming and Shemming (2011) identified 3 predictors of abuse signalled by parental behaviour and 1 child related indicator

The child related indicator

- **Disorganised attachment** – characterised by ‘fear without solution’ – exhibitions of bizarre behaviours displayed by children in anxiety provoking situations into which the care giver enters.

The parent related indicators are:

- **Disconnected and extremely insensitive parenting** – sudden changes in adult behaviour including frightened or frightening behaviour and disruptive emotional communication – often involves rough handling and aggressive language
- **Low parental mentalisation and reflective function** – reduced ability to appreciate others feelings and intentions =the mother who doesn’t feed her baby because she isn’t hungry herself. Parents with low reflective function often misattribute meaning to behaviour – “she won’t feed me because she hates me” – very dangerous.
- **Unresolved loss or trauma in the adult** - repressed or denied losses that re-emerge in conditions which remind parents of their own vulnerability = caring for children can do this. Parents may experience PTSD symptoms or dissociative experiences (blacking out)

High Risk Indicators (HRI)

This list is extensive but not exhaustive (work of Dalgliegh and Drew)

- Direct allegation or disclosure of physical/sexual abuse or neglect
- Previous involvement by the adult in child physical and sexual abuse/neglect
- History of adult being seriously neglected (significantly harmed) as a child
- Seriousness of abuse (and impact on child)
- Age of the child (particularly if less than three years old)
- Incidence of abuse (how much abuse over how long a period of time).
- Record of previous and /or sexual offending (against both children and adults).
- Absence or inadequate explanation for injury (especially in younger children).
- Older children removed or relinquished.
- Unexplained bruising (particularly in pre mobile children)
- Uncontrolled mental health difficulties (including periods of hospitalisation)
- Personality disorders
- Chaotic drug/alcohol misuse
- Denial/failure to accept responsibility for abuse/neglect
- Unwillingness/inability to put child's need first and take protective action
- Cognitive distortions about the use of violence and inappropriate sexual behaviour
- Inability to keep self safe
- Unrealistic age inappropriate expectations of the child
- Evidence of CSE, HBV, excessive chastisement etc. within the family.

Case Recording Policy One Minute Guide

Case record keeping is central to the process of assessment, decision making, care planning and delivery and is an integral part of the service to children, young people and their families and carers.

What is the legislation?

The following legislation which informs the Case Recording Policy includes:

- Children Act 1989
- Children Act 2004
- Data Protection Act 1998
- Freedom of Information Act 2000
- Caldicott Principles
- Human Rights Act 2004
- Mental Capacity Act 2005
- Information Commissioners Good Practice Guidance
- Working Together to Safeguarding Children 2013
- London Child Protection Procedures (4th Edition) – due for updating

Why is it Important?

Good quality recording will:

- Provide documentary evidence of the authority's involvement with individual service users
- Provide information to assist with analysis, service/care planning, and reviews and evaluation.
- Document services provided to individual service users.
- Allow continuity when workers change or are absent.
- Provides information when dealing with investigations or complaints.
- Support supervision with employee's development.
- Provide service users with a complete record of their care and in some circumstances, for Looked After children their whole childhood.

What are the 'Good Practice' standards around case note recording?

All case records must be:

- Easily understood – clear, accurately spelt and jargon free.
- Relevant and concise – only containing relevant information
- Appropriate- language used must be inclusive and anti-discriminatory and avoid reinforcement of stereotyping, discrimination and exclusion.
- Accountable – attributable to the author and checked by line managers on a regular basis.
- Up to date (see below)

All recording must demonstrate and evidence:

- Professional practice –in line with policies and procedures

- Analysis
- Decision making process
- Objectives and timescales
- Responsibilities

The content of the record must distinguish between:

- Facts
- Feelings
- Opinions

Home and Office Visits	<p>Recording should include:</p> <ol style="list-style-type: none"> 1. Date and place of visit 2. Who was present during the visit 3. Clear reasons for the purpose of the visit 4. What information is to be gathered during the course of the visit 5. Failed appointments and home visits where no one was in should be recorded 6. Whether the child was seen (and if not why not) 7. If a visit to a looked after child is a statutory visit, the recording should be clearly headed with the wording "Statutory Visit" and full details of the visit recorded on the continuous recording sheets 8. Analysis of progress, risks or need. 9. Evidence supporting the analysis. 10. Carers views. 11. Childs views (if of sufficient age and understanding). 12. Action required, by whom and when. 13. Any use of interpretation service or an agreed decision to dispense with these when English is not the service users preferred language should be recorded.
Telephone contacts with child/family/other professionals	<p>Recording should include:</p> <ol style="list-style-type: none"> 1. Date of contact 2. A summary of discussion 3. Action to be taken, by whom and when.
E mail and letters	<ol style="list-style-type: none"> 1. The receipt and sending of an e mail should be recorded in

	<p>Activities</p> <ol style="list-style-type: none"> 2. All letters (excepting those from third parties, which contain confidential information) should be placed in the correspondence section of the case file and cross referenced in activities
<p>Meetings and Recordings of Decisions (All meetings held about the child/family)</p>	<p>When a strategy/ discussion /core group/family support etc. meeting is arranged the recording should include:</p> <ol style="list-style-type: none"> 1. Date of meeting 2. Persons present and their designation 3. Purpose of the meeting 4. A Summary of the discussion 5. Rationale for decision/s 6. Any dissent 7. A list of action points 8. An agreed timescale 9. Details of who is responsible for carrying out the action 10. Evidence that the action plan etc. has been circulated to all those present or with responsibility for the action points. 11. A specified framework for reviewing the agreed action points. 12. Any formal consultations with Child Care Legal Services should also be recorded within the legal section of the case file.
<p>Content</p>	<ol style="list-style-type: none"> 1. Recording should act as a source of relevant information about a child's circumstances and how the department has carried out its actions and duties in relation to a child and his or her family. 2. All recording should be concise, avoid the use of jargon and explain any abbreviations. 3. Sources of information should be clearly stated. 4. There is evidence to show that information received is evaluated, and its relevance assessed, whenever possible in agreement with the person giving the

	<p>information.</p> <p>5. Whenever recording includes analysis, hypothesis or opinion (to assist in the assessment and decision making process), must be made clear that this is what is being recorded. Furthermore, reasons for hypothesis and opinions must be stated.</p>
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Management Arrangements

<p>Team Managers and Social Workers</p>	<ol style="list-style-type: none"> 1. There should be regular monitoring of all case files and case recording by the responsible team manager in order to ensure accountability and to give feedback to practitioners, thereby aiding professional development. 2. Team managers should, having read the file, record the fact and the date, plus any decisions made. 3. Team managers should examine case files on a regular basis via supervision, selecting systematically two case files from each individual worker's caseload until all that workers files have been seen in rotation. 4. Team managers will check that each file's contents: <ul style="list-style-type: none"> - Adheres to all Recording and File keeping Procedures. - Records decisions. - Appropriately uses file section. - Notes any information missing from the file. 5. Feedback on the quality of case recording should be given during supervision and recorded on the case supervision records. 6. It is the responsibility of the team manager to ensure that they counter-sign all relevant documentation. 7. Team managers will record their
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	<p>own contacts with children and families in accordance with the above guidance.</p> <p>8. Team managers will ensure that formal decisions are recorded.</p>
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One Minute Guide – Case Summaries

This one minute guide provides guidance and examples of how to write a good case summary, and the standards expected for updates.

The Practice Standards provide clear expectations for case recording and include expectation regarding when case summaries must be used. These are described below:

- No case is to be closed or transferred without a case file audit which has been signed off by the Team Manager
 - No case is to be closed or transferred without a completed up to date chronology
 - No case to be closed or transferred without a current assessment and plan
 - No case to be transferred between teams without a full transfer summary
 - No case to be closed without a full closure summary
 - All records must clearly evidence the child's voice

IMPORTANCE OF CASE SUMMARIES

The case summary introduces the child/ young person you are or have been working with. Through a good quality case summary, you provide an introduction and overview which enables colleagues and partners to get to know the child and understand their current situation.

- When you are away from work, a colleague can make an immediate connection with the child and current priorities.
- The Emergency Duty Team are more prepared to respond in an emergency.
- A manager can quickly get to the heart of the case in supervision.

Most importantly, the record is for the child and a good case summary confirms that you know them personally.

The initial pen portrait should be a single paragraph, and other headings can be bullet points.

Pen Portrait

A snapshot which brings the child to life – who are they, what are they like, where do they live and with who, how do they like to communicate?

E.g Sam is a white British girl aged 5 years who currently lives in a busy household with her mother, and 4 other children - siblings of 10 months and three years, and older half siblings of 10 and 12. She is a talkative and smiley little girl who presents confidently and likes to interact with other people. Sam has significant hearing loss in her right ear. She loves to draw and colour and this is a good way to engage with her.

For Looked After Children, the pen picture may be longer and include current outcomes for the child/young person including their plan for permanence, education/ career goals, accommodation etc

Reason for Involvement

Include a number of bullet points that explain why we are involved

- *2 contacts from Nursery about Macey attending nursery unkempt and hungry*
- *Early Help involved for 5 months significant concerns about mums mental health and ability to care for children*
- *Step up agreed 21.8.16*

Summary of involvement

4 or 5 bullet points about our involvement and current case status, including specific details about contact arrangements, information about key family members etc

E.g

- *Sam was placed on the Child Protection Register on 10.10.16 due to concerns about neglect.*
- *Concerns escalated , PLO instigated on 21.02.17*
- *2nd period of CP for Sam – last in 2014*
- *In January, Sam stayed with grandparents for 3 weeks but is now back at home*
- *Dad has instigated Private Law proceedings for care of the children*
- *Father of half siblings(Name) not allowed contact with Sam unless supervised by maternal Grandmother*

What has worked well?

- *Maternal Grandmother a protective factor, appreciates concerns*
- *Father actively seeking to care for Sam and her siblings*
- *Mum engages when not under the influence of alcohol*
- *Mum has stated to work with CPN as of 3.4.17*

What are we worried about?

Summary of key current concerns, risks of harm and how these are being managed

- *Mum 's mental health a concern, alcohol misuse significant, important to be aware of Mum's state when making contact*
- *Home conditions poor – Family Worker (Name) supporting but no apparent progress*
- *Denial and disguised compliance from Mum – we know she has encouraged the children to be dishonest with us in the past,*

For Looked After Children

- *How placement supports risk management*

What is the Safety Plan or Contingency Plan for a closing summary

Include bottom lines and the safety network

Looking ahead

What are the next steps / review points for the case

- *Next CPR date*
- *PLO progress and court dates*
- *Private Law hearing date*

For Looked After Children

- *Next Review Date*
- *Health assessment date*
- *Education/ Training milestone dates*

Caseload Guidance**Safeguarding**

ASWP	10 children
Social Workers	20 children
ASYE	15 children (CIN or co-working CP)

Children with Disabilities

ASWP	10 children
Social Workers	20 children
ASYE	15 children

Early Help

ASWP	10 children
Coordinators	Case Supervisors
Lead Practitioners	15 children as primary allocation and 10 as secondary allocation
Support Practitioners	25 children as secondary allocation

Fostering Service

Supervising Social Workers and Families	20 fostering families
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