

# Children and Families Social Work & Early Help Practice Standards

Thriving children, fulfilling their dreams.

## Contents

<b>Our 'Relationships First' Practice Model</b>	<b>3</b>
<b>Practice Standards &amp; Our Pillars of Practice</b>	<b>8</b>
<b>Voice of the child/ young person</b> .....	<b>9</b>
– Practice Standards	9
– Measures of practice	11
– Measures of practice – Visiting	11
<b>Relationships, Networks and Communities</b> .....	<b>15</b>
– Practice Standards	15
– Measures of practice	17
<b>Assessment of Need</b> .....	<b>18</b>
– Practice Standards	18
– Measures of practice	20
<b>Planning and Review</b> .....	<b>21</b>
– Practice Standards	21
– Measures of practice	23
<b>Management and Oversight of Practice</b> .....	<b>25</b>
– Practice Standards	25
– Measures of practice	27

# Our 'Relationships First' Practice Model

**R**elationships that **C**onnect; **B**uilding our **C**ommunities

**Our Mission:** When the people that love and care for you are having difficulties, we support them to keep you safe and make changes that last. If they can't, even when we and the people in your life that love you have given your carers all the help we can, we will work to put in plans so that you are loved, happy, safe and supported.

<b>Systemic</b>						<b>1 guiding principle</b>	
This means that we think about individuals and understand difficulties in the context of their relationships and connection within the world that they live. We work in a relational way recognising the strengths and stories of others. We understand that we are unlikely to create sustained change without a relationship with the child and their family, and without their support. We value the relationship that we have with others – children and young people, their families and our colleagues. We build relationships first. We put relationships first.							
<b>Signs of Safety, Wellbeing &amp; Success</b>		<b>Trauma informed</b>		<b>Family Focused</b>			<b>3 Strengths based approaches</b>
<b>Voice of the child / young person</b>	<b>Relationships, Networks &amp; Communities</b>	<b>Assessment of Need</b>	<b>Planning and review to achieve outcomes</b>	<b>Management and oversight</b>			<b>5 Pillars of Practice</b>
<b>Manage risk with safe uncertainty</b>	<b>Use restorative interventions that protect and heal</b>	<b>Make lasting change</b>	<b>Children have safe and loving homes</b>	<b>Nurture lifelong relationships and connections</b>			<b>5 Objectives</b>
<b>Curiosity</b>	<b>Compassion</b>	<b>Creativity</b>	<b>Commitment</b>	<b>Collaboration</b>	<b>Child-centred</b>		<b>6 Values</b>

## Our Mission for the children and young people we help and support


When the people that love and care for you are having difficulties, we support them to keep you safe and make changes that last. If they can't, even when we and the people in your life that love you have given your carers all the help we can, we will work to put in plans so that you are loved, happy, safe and supported.



## Our Guiding Principle

Our “Relationships First” practice model is underpinned by systemic theory. This means that we think about individuals and understand difficulties in the context of their relationships and within the world that they live. We work in a relational way recognising the strengths and stories of others. We understand that we are unlikely to create sustained change without a relationship with the child and their family, and without their support. We value the relationship that we have with others – children and young people, their families and our colleagues. We build **relationships first**. We put **relationships first**.

For our practice this means that we are transparent in approaching our work to build trust and gain positive outcomes. We work collaboratively with children and families, and each other. We work ‘with’ as opposed to doing things ‘to.’ We recognise strengths in children and families and in our colleagues, and we utilise their expertise. We are hopeful. We have high aspirations for ourselves and those we work with. We provide high challenge and high support in equal measure.

## Three Strengths Based Practice Approaches

	What this means in practice
<b>Signs of Safety</b> 	<p>Signs of Safety is a strength based, solution focused approach to working with children and families. It is a questioning model that recognises families’ own expertise in their situations and supports the worker to take them on a safety planning journey to their own solutions.</p> <p>We use the Signs of Safety model across our social work and early help services. All practitioners use the Signs of Safety Assessment and Planning process. Within this process practitioners seek to identify the family’s strengths (what is working well), develop a shared understanding of the network of the concerns (what we are worried about) and to build on the family’s own solutions and to address jointly defined goals (what needs to happen).</p>
<b>Trauma informed</b>	<p>A trauma informed approach seeks to prioritise physical and psychological safety by building trust, allowing choice and creating a culture that focuses on collaboration. In doing so we allow children, young people and their families to feel that “nothing’s done to me or for me without me.” Being trauma informed shifts our thinking, so we ask what has happened to you, rather than what is wrong with you.</p>

What this means in practice	
	<p>Trauma informed is not about following a set technique or way of doing things, it is a way of being and a way of reflecting about all that we do with children and families. It is when practitioners connect and engage with children and their families, build relationships and really understand what's going on for them, that we can truly make a difference.</p> <p>In being trauma informed every contact is seen as an intervention and an opportunity to create change. Within our practice we:</p> <ul style="list-style-type: none"> <li>• Realise the widespread impact of trauma and support potential paths to recovery;</li> <li>• Recognise the signs and symptoms of trauma in the children and families we work with, as well as our staff;</li> <li>• Respond by seeing all that we do, including our assessments, plans, practices, and policies through a trauma lens;</li> <li>• Actively seek to prevent re-traumatisation through the work that we do together.</li> </ul>
<p><b>Family focused</b></p> 	<p>Family focussed is based on the principle that safety in its whole for a child / young person can only ever be temporary without healing, connection and belonging.</p> <p>By positioning ourselves as family focused we start from the view that there is always a family or network for the child / young person and they can be found if we try. We continually ask ourselves:</p> <ul style="list-style-type: none"> <li>• Who loves the child? Who does the child love?</li> <li>• Who may love the child? Who might learn to love the child?</li> </ul> <p>A family focussed approach supports us to see people for their capabilities, their unique gifts, their strengths and their importance to the child.</p>

## Five objectives for our practice

### Manage risk with safe uncertainty

The work that we do together with children and families is not an exact science. 'Safe uncertainty'<sup>1</sup> is a concept we apply to risk assessment and management in which we accept that we can't know everything about a person or a situation, and keep open minded to what we don't know and remain ready to accept and respond to new information and understanding. In doing so, we balance our professional expertise, knowledge and beliefs with our uncertainty, our "authoritative doubt" - moving us towards positions of enquiry and collaboration rather than definition and control. Working with safe uncertainty provides a path to creativity, to seeing things in new and different ways. It opens up space for other views to be heard, and possibilities and opportunities to be identified.

We recognise that there will be many things that remain unclear or uncertain throughout our involvement; including the family's capacity to make or maintain changes. In aiming to reach a position of 'safe uncertainty,' we leave space so that we are able to consider when there is sufficient safety so that our involvement is no longer needed despite the inevitable uncertainty about the future.

<sup>1</sup> (Mason, 1993), 'Towards Positions of Safe Uncertainty'. *Human Systems*, 4 (3-4) 189-200.

	Uncertainty	Certainty
Safe	<b>Safe uncertainty</b> A state of flow and exploration with multiple explanations for the problem and the solution.	<b>Safe certainty</b> The problem can be solved or that it is solvable and that the risk can be eradicated.
Unsafe	<b>Unsafe uncertainty</b> Hopeless, having a problem and feeling that there is no solution.	<b>Unsafe certainty</b> Having a problem but being clear what is causing it and what will solve it.

### Use restorative interventions that protect and heal

We have an impact on children and families from the moment that we first meet them. Every moment and interaction can be an intervention, and an opportunity to create change. The relationship between the practitioner and the family is a vehicle for restorative and strengths-based interventions that support families to identify solutions drawing from their own resources. We intervene at the earliest opportunity, and ensure families understand the reason for our involvement, even if they don't share our concerns.

We recognise that each family is unique and sometimes they will need the help of others including family members and specialist services. We build meaningful relationships with families and other professionals that make a difference through interventions that have purpose and are proportionate to need. We celebrate progress and success with families, as they make changes that bring safety and protection for themselves and their children.

### Make lasting change

The work that we do with children, young people and their families has the potential to transform lives and shape futures for the better. We are committed to the children and families that we work with, and stick by them when things are tough. We stay involved in the lives of children and families for as long as we collectively feel is needed to have made meaningful, sustainable changes that have the potential to last.

Research tells us that having a network of extended family, friends and other professionals who would like a person to succeed can help make the work we do with families even more effective. When we are family focussed and involve everyone that is linked and important to the child, there is the opportunity to break secrecy and shame, support healing and build lasting safety.

### Children have safe and loving homes

We want all children to grow up in a safe and loving home. We believe that children and families have the right to be together, and we do everything that we can to support families to stay together and to develop their natural safety network so that they have loving and stable relationships that enable this to happen. We support children to be safe, and to feel safe. We put love at the heart of what we do, and we find all the people who care and are connected to the child, recognising the importance of relationships and the importance of children being cared for by people that know and love them already.

When children have to come into our care, we find them a safe and loving home, not a 'placement.' We find carers who we know can learn to love them, and who are able to protect them from further harm and help to heal the abuse and trauma that they have experienced.

### Nurture lifelong relationships and connections for children

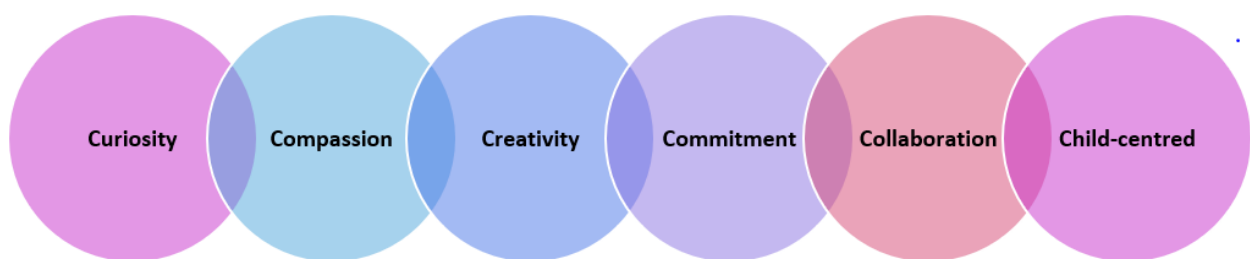
The single factor most often linked with positive outcomes for children is meaningful lifelong connection to their family and those people important to them. When becoming a child in our care is the best choice, we recognise



that the child’s relationships and communities will often become more, not less, important to them and their identity.

We support children in our care to develop and maintain loving, stable and warm relationships and lifelong connections with those people important to them. We do this because we want the children in our care to thrive, to have relationships that support, sustain and give them strength throughout their lives. We know that it is through their important relationships that children in our care remain connected to their social, relational and cultural context. Relationships and connections with family and important people can offer a nurturing foundation, allowing children in our care to have a sense of belonging, to feel loved, and to have the opportunity for relational repair and healing. Sustaining their valued relationships and connections is our best hope for the child, and a pathway to reunification.

## Our Values



<b>Curiosity</b>	<b>Compassion</b>
<ul style="list-style-type: none"> <li>▪ Exploring what is happening by observing, listening, asking questions, checking out, reflecting, and having brave and challenging conversations.</li> <li>▪ Taking account of changing information and different perspectives.</li> <li>▪ Maintaining an open mind, seeing past the obvious, not accepting things at face value.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Connecting and engaging with a person beyond the symptom, behaviour, label or crisis.</li> <li>▪ Allowing people to feel seen, heard, noticed, valued, listened to, important; that they matter and that we care.</li> <li>▪ Working with empathy and kindness, putting thought into our actions to build relationships.</li> </ul>
<b>Creativity</b>	<b>Commitment</b>
<ul style="list-style-type: none"> <li>▪ Being bold and ambitious, embracing change and looking for better ways to deliver our services.</li> <li>▪ Building and sharing new skills to create services that suit the needs of each child and family.</li> <li>▪ Innovating and trying new things not just doing what we’ve always done if it isn’t getting the results our children deserve.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Sticking with children and families, especially when things are at their most worrying.</li> <li>▪ Doing what we have said we will, and giving people our full attention and help when they need it most.</li> <li>▪ Striving to do and be our best and bring out the best in others by reflecting, adapting, and developing our skills, knowledge and practice.</li> </ul>
<b>Collaboration</b>	<b>Child-centred</b>
<ul style="list-style-type: none"> <li>▪ Working ‘with’ not to doing things ‘for’ or ‘to.’</li> <li>▪ Recognising and developing strengths in children and families, and in our colleagues. Utilising their expertise and resources to make things better.</li> <li>▪ Having respectful, open and trusting relationships that make change possible.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Understanding the child’s life, allowing them to be heard and responding to their views and feelings.</li> <li>▪ Recognising that children need to be loved by a network of trusted people around them.</li> <li>▪ Safety and needs of the child come first; progress is measured by the difference made for the child.</li> </ul>

# Practice Standards & Our Pillars of Practice

Practice standards are an essential part of making sure that the children, young people and families that we work with receive consistent, high-quality support that is respected and valued. Practice Standards describe the service or practice that our children, young people and their families can expect when we are supporting them.

**Our Practice Standards are aligned with our Five Pillars of Practice:**

- 1. Voice of the child / young person**
- 2. Relationships, networks and communities**
- 3. Assessment of need**
- 4. Planning and review to achieve outcomes**
- 5. Management and oversight**

## About this document

In Redcar & Cleveland our Practice Standards have been created to provide agreed expectations for working in Children's Social Care and Early Help. The standards are informed by statutory guidance and legislation; the social work professional capabilities framework, knowledge and skills statement, standards of proficiency for social workers; Ofsted grade descriptors; and evidence-based practice research to help us get the best outcomes for those that we work with.

Our Practice Standards are based on a belief that our staff:

- Care about what they do and are passionate about working with children and families to achieve the best outcomes together with them
- Strive to do their best and bring out the best in others by reflecting, adapting, developing and changing their practice when required
- Employ their professional judgement and expertise, and understand their responsibility to meet the Social Work England Professional Standards

Staff are empowered to develop their professional skills and expertise, and are accountable for their own practice, conduct and delivery of kind, responsive and purposeful support for children and families. We would ask that you take the time to read and understand them and to commit to the practice standards in your everyday practice.

For each of our five pillars of practice, our practice standards identify:

- A description of what this means for our practice
- Measures of our practice, and our bottom line / minimum expectation
- Who is responsible for ensuring the practice standards are met (whilst remembering the wider context that safeguarding children is everyone's responsibility)



# Voice of the child / young person

## Why does it matter?

What can be learned through direct work or achieved during a home visit cannot be underestimated. A child's voice is often the key that opens the door of our understanding, and is a powerful catalyst for change. The engagement of all our senses in home visits, including what we see, hear, smell and feel within the child's surroundings is an essential aspect of our practice and provides the greatest insight into what it is like to live in the child's world.

Children and young people must have ownership and be able to influence the assessments of their needs, the plans that are made for them, and the support that they receive. It is through the relationship we build with a child or young person that we will best develop an understanding of their world, and the difference that has been made.

## Practice Standards

### What this means for our practice

#### We seek and respond to children's wishes and feelings

- We use direct work in lots of ways to understand each child's lived experience in their own words, gather and record each individual child's views and feelings; explore children's memories of events; support children to process traumatic experiences; inform their life story work; and help us to interpret presentation and behaviour.
- We use direct work appropriate to the child's age, understanding and preferences; and understand that "direct work" includes both play materials/ engagement tools *and* relationship building conversations.
- We record our engagement with children in a way that reflects their views and can be shared with them.
- We take every opportunity to ask who and what is important to the child or young person; to understand their hopes now and in the future, and to celebrate progress and successes along the way.
- We record case notes to reflect direct work that has been done, with who and when and upload this to the child's record.
- We use the voice of the child to shape the assessments, decisions and plans to help them. Their views, wishes and feelings are always reflected in their own words in their assessments and plans.
- If children and young people decline to share any information, we record this and say why. We think of different and creative ways that we may be able to engage them so that they feel able to do this.
- Children's IROs / Child Protection Chairs seek the views of the child, review their plan effectively and challenge where necessary advocating on behalf of the child so that their needs and interests are met.
- We write to and for the children in our recordings, recognising that the records we keep are important to the child, and a record of their life and our involvement which they may read.

## What this means for our practice

### We develop a multi-sensory understanding of a child's world through visits to their home

- Our home visits are purposeful and reflective of any worries that are evidenced within the case. We plan our visits to gather information to support our assessments and safety planning.
- We use home visits to support building a relationship with the child/ren and family and undertake meaningful direct work.
- We see children and young people alone during the visit to their home (unless this isn't appropriate because of the child's young age or if they don't want to be seen alone). We record if we have been able to see child or young person alone and if their room has been seen, and record the reasons why if we haven't been able to.
- We see parts of the home in proportion to the worries that we have. For instance, if we are worried about neglect, we may check the child's bedding to make sure it is clean, or the kitchen cupboard or fridge to make sure there is food, that they have a clean and dry bed, that they have a toothbrush and toothpaste etc.
- We visit on a variety of days and times to allow the whole family to be seen together. On some occasions, visits are unannounced so that we have a true reflection of the life of the child.
- We try to see the child in different contexts, such as at school so that they have the time and safe space to share their wishes and feelings. We have consent from the person with Parental Responsibility if we plan visits with children away from the family home.
- We endeavour to be on time for home visits. If we are going to be late, we let the family know.
- When a child and their family is allocated a new worker, they will read the child's file before meeting the child and family to understand the lived experience, risk, plan and progress to inform their support and prevent the family having to tell their story again, or feel like they are starting again.

### We ensure children and young people have all the information that they need so that they can make their voice heard

We ensure that every child and young person knows:

- Who their Social Worker / Early Help Worker / Independent Reviewing Officer is
- Why they have a Worker
- How to contact them
- How often they will see them
- How they will support them
- What their plan is
- That they are able to make a complaint or share a compliment, and how to do this.

If there is a change in worker:

- We tell children and young people, families and carers if they are going to have a change of worker, and explain the reasons for this so they understand why.
- We introduce the children, family and carers to their new worker by their existing worker during a home visit.
- The rationale for any change in worker is recorded on the child's file.
- All members of the family and professional network are informed of contact details for the new worker, and the date of the change.

We tell children and young people about their rights to an advocate / independent visitor and what that means for them:

- We make sure that children who have difficulty in expressing their wishes or feelings about any decisions made about them, or where the child's wishes might conflict with a carer / decision, are offered the support of an advocate (see Appendix 1).

## Measures of Practice

	Our bottom lines / minimum expectations	Responsibility
<b>Case notes of home visits</b>	<p>Case notes for home visits are recorded in full to EHM/Protocol as soon as is possible, and within a maximum of 5 working days unless there has been a significant event or emergency, in which case they must be recorded on the same or next day.</p> <p>Any critical worries / information is discussed with the Team Manager following the visit, and recorded that day for out of hours duty services (EDT) to review if required.</p>	All practitioners
<b>Case Summary</b>	Every child's file has a case summary which is updated at least once every 3 months, or sooner if there is a significant change or worries for the child.	Allocated practitioner
<b>Dispute Resolution</b>	If an Independent Reviewing Officer identifies a problem in relation to a child or young person, they will raise this with the allocated worker and Team Manager informally. If they need to take formal action to challenge this through the dispute resolution process, they will complete this challenge within 20 working days.	Independent Reviewing Officers

## Measures of Practice - Visiting

**Timescales for visiting children and young people are determined by the progress of their plan; urgency of their situation; and the level of worry identified. The frequency of visits should be reviewed within each supervision meeting and amended accordingly, to suit the individual needs of the child. If there is an increasing risk, there is an expectation that the social worker and team manager would agree an increased visiting frequency, and that this would be recorded by the Team Manager.**

The timescales below represent our minimum expectation about how often a child or young person should be visited; this is not the frequency we aim for but reflects the very least a child and their family can expect from us. Children and young people should be visited in relation to their need or level of risk, and whenever reasonably asked for by the child or young person or their parent / carer regardless of their plan or placement status.

	Our bottom lines / minimum expectations	Responsibility
<b>Early Help</b>	<p><b>The child/family is contacted within 5 working days of allocation to arrange an initial visit, and then visited at least once every 4 weeks thereafter.</b></p> <p>The frequency of visits is set out in the child or young person's plan and is sufficient to enable assessment and intervention to be effective and to allow for review of the progress made.</p>	<p>Early Help Practitioners</p> <p>All Management/ leads</p>
<b>Children are notified</b>	<b>If a Section 47 enquiry is started, the child is visited according to the worries identified and no later than 2 working days.</b>	Social Worker

	<b>Our bottom lines / minimum expectations</b>	<b>Responsibility</b>
<b>about - contacts made to children's services</b>	The decision about the type of response that is needed is made within one working day of a referral being received and feedback is provided to the referrer.	All Management/ leads
<b>Child in Need</b>	<b>Children and young people are visited at least once every 20 working days.</b>  This may be sooner and should be set out in the Child in Need Plan. The frequency will be agreed with the Team Manager in supervision depending on the worries identified.	Social Worker All Management/ leads
<b>Children subject to a Child Protection Plan</b>	<b>Children and young people should be seen within 48 hours of a Child Protection Plan being agreed. Following this, visiting should be at the least once every 10 working days.</b>  (Note: Statutory visits can be undertaken away from the child's home, however, it is anticipated that the majority will be at home).	Social Worker All Management/ leads
<b>Children in Our Care</b>	<b>Children and young people are seen the day they are placed, then within 1 week of the beginning of the placement and weekly for the first four weeks. Visits are then at least every six weeks for at least the first year of any placement.</b>  Visits may be more frequent depending on the child's needs and worries during the first year of any placement and as agreed in supervision.  After one-year, visits should continue to be at least every six weeks, unless the <b>placement is formally agreed as a permanent placement</b> and is subsequently agreed within a Child in Our Care Review Meeting that the frequency can reduce. In this case, visits should then take place <b>at least every 3 months</b> . This should be increased should further worries be identified.  <b>Where the child has a series of short breaks</b> , they should be seen as a minimum <b>twice a year</b> in that setting (at least once unannounced).  (Note: further below guidance in relation to those who remain at home with parents under an Interim Care Order and also those who are within their network with temporary approval in place).	Social Worker All Management/ leads  Child in Our Care Review Meeting
<b>Children and young people who are placed in a series of short breaks (short break care arrangements, or short stays with relatives)</b>	<b>Children and Young People are seen within the first 7 days of placement, then within 3 months of the first placement day.</b>  This should be at intervals of <b>no less than 6 months</b> after the first visit, and <b>unannounced at least once a year</b> if placements interval is more than 6 months. The child or young person's sleeping arrangements should be seen at least annually.	Social Worker All Management leads
<b>Children placed in adoptive placements</b>	<b>Children are seen within the first week of the placement and weekly until the first review. Visits are at least every 6 weeks for the first year after this, and then 3-monthly until the Adoption Order is granted.</b>	Social Worker Team Manager  Adoption Review

	<b>Our bottom lines / minimum expectations</b>	<b>Responsibility</b>
	<p>The frequency of visits is determined at the child's Adoption Review, if not specified it should be every 6 weeks.</p> <p>Additional visits should be arranged should there be any identified worries, this will be discussed and recorded in supervision.</p>	
<b>Privately Fostered Children</b>	<p><b>Children and young people are seen within 7-days from the date of notification to the local authority to determine if the arrangement is suitable. During the first 12-months of the arrangement, visits are no less than every 6 weeks, and in every subsequent year no less than once every 12 weeks.</b> If the child is also being supported with a child in need plan, then visiting frequency must reflect this.</p>	Social Worker All Management/ leads
<b>Children with temporarily approved foster carers or parents under Interim Care Order</b>	<p><b>Children and Young People are seen weekly until the first review and then at least every 4-weeks until the carer is approved, or final hearing completed.</b></p> <p>Visiting frequency thereafter should be as agreed within the Care Plan identified for the child or young person and in keeping with the detail in other parts of the guidance dependent upon the circumstances and Order gained. Additional visits should be arranged should there be any identified worries, this will be discussed and recorded in supervision.</p> <p>Note: Assessment of such placements must be completed and temporary approval is required from the Service Manager, Children in Our Care - for such placements.</p>	Social Worker All Management /leads
<b>Children subject to a Care Order and placed at home with parents</b>	<p><b>Children and Young People are seen within the first week of being placed at home and then at least every 6-weeks for the first year.</b></p> <p>Children who live with parents subject to a Care Order can be visited at least every <b>3-months</b> or more if needed upon agreement within a Child in Care review and agreed by all parties, based on the needs of the individual child.</p> <p>Agreement for Placement with Parent Regulations is given by the Assistant Director.</p>	Social Worker All Management/ leads
<b>Children reported missing</b>	<p><b>The children missing are be visited within 72 hours of the child's return, and a return home interview completed.</b></p> <p>The missing from home procedures are followed.</p>	All allocated practitioners
<b>Young people aged 18-25</b>	<p><b>Young People are seen at least every 2-months by their personal advisor until they are 20 years old. After this, we have contact with them at least once every 6 months.</b></p> <p>We keep in touch via phone, text, email or alternatives such as video call based on the young person's preference and choice. The frequency and type of keeping in touch is agreed with the young person and set out within their Pathway Plan.</p> <p>Should the young person decline support then periodic attempts are made to engage them and to remain in contact until they reach 25 years old. All attempts are recorded.</p>	Personal Advisor
<b>Children in more than</b>	<p><b>Children and Young People are visited in each living situation, at least every 12 weeks (once every 6-weeks alternating).</b></p>	Social Worker

	<b>Our bottom lines / minimum expectations</b>	<b>Responsibility</b>
<b>one placement type</b>		All Management/leads

# Relationships, Networks and Communities

## Why does it matter?

**Collaborative relationships with children their families and other professionals working them is the bedrock of effective practice in responding to situations where children suffer abuse. If we are going to make a real difference, and one that lasts, we need to do the work together with children and families. Every contact is an intervention, and an opportunity to create connection and change with a family.**

Research suggests that having a network of extended family, friends and other professionals who would like a person to succeed can help maximise the effectiveness of professional intervention. To establish a permanent naturally connected support network around a child, we need to work with and not do to. When we are family focussed and involve everyone that is linked and important to the child, there is the opportunity to break secrecy and shame, build lasting safety, provide healing and develop lifelong connections.

## Practice Standards

### What this means for our practice

#### We are Family Focussed

- We always presume that there is a family or network, and they can be found if we try.
- We complete genograms because this is the first step to establishing the support network. We keep the relationships section on the child's record up to date. Every child has a genogram on their file.
- Our recordings clearly show who is connected and important to the child or young person.
- We use tools such as safety circles / ecomaps / This is Me and the family/friend tree to help identify who can be part of the child's network and plans.
- We recognise the unique strengths, abilities and things that people connected to the child have and the part that they can play. We support them to play whatever part they can in the child's life, not merely when they are able to provide the support we may need them to.

#### We promote a clear and shared understanding of worries and recognition of strengths

- We recognise the power of words and that what we say to and about a child, parent, carer or family member can change how we think about them, and how they think about themselves. We choose our words carefully and speak kindly.
- We explain our worries clearly to children, young people and their families; they understand why we have completed assessments and made plans. Tools such as Words and Pictures are used to help communicate this across the safety network.



## What this means for our practice

- v, for example to place a child on a Child Protection Plan or to bring a child into our care. These decisions reflect information and participation from the child, child's family, network and multi-agency partners. We record the rationale for these decisions.
- Every time we talk to, or write about children, young people, families, carers and professionals, we use clear language to explain the exact behaviours that are causing concern. We do not use professional terms with non-specific meanings such as 'neglect, 'sexualised behaviour' 'domestic abuse' or 'parenting strategies.'
- We provide copies of key documents and meeting reports to children and their families and support them to understand these. We record in case notes when these documents have been shared and explained.
- We provide support that meets the communication needs of children and families so that they fully understand what we are saying and writing about them, and they can engage with us. This may be through access to an advocate, interpreter or someone who can sign or having documents translated into other languages or braille.

### We work "with" and don't "do to"

- We involve a network of people who care and are connected to children and young people in some way in their plans. Plans identify how the network can work together to make things better for the child or young person.
- The worker's involvement empowers and supports the family to fulfil their responsibilities to each child in their care.
- When we are planning for a child or young person to return home if they have been a child in our care, we work with the whole safety network to agree a clear plan so that we are satisfied it is safe.

### We support lifelong connections

- When it is not possible for a child to remain at home, or for them to return home, we do everything we can to find all the people who care and are connected to the child.
- When we assess family members, we consider them in light of all of the child's needs so that we know we have the best match for the child.
- We approach assessments of family members in a strengths-based way considering any and all roles that they could play in the child's life however small this may be, not just a need for care of the child that we may consider necessary for care planning.
- We assess potential carers in line with procedures and complete a thorough assessment of the carers strengths and support needs.
- When we positively assess family members, we support them to be able to offer the child a safe and loving home or play a part in their life.
- We support children in our care to develop their network and maintain lifelong connections with people important to them, and their communities.
- We do everything we can to keep brothers and sisters connected, when it is in their best interests, including when they are adopted.

## Measures of Practice

	What this means for our practice	Responsibility
<b>Family network meetings</b>	<p>We hold a family network meeting <b>within 10 days</b> of a child or young person being opened to children's social care; and is considered within early dependent on the type of support offered.</p> <p>We will hold family network meetings at relevant points throughout our involvement and invite the family network to multi-agency meetings we hold.</p>	Allocated practitioner and Team Manager
<b>Chronology</b>	<p>Chronologies of significant events that have occurred within the life of their child and family are completed and regularly updated:</p> <ul style="list-style-type: none"> <li>▪ <b>At the point of transfer from MACH</b> – initiated for every child open to early help and social care.</li> <li>▪ <b>By the end of assessment</b> - Every child has a full chronology completed.</li> <li>▪ <b>Ongoing</b> - Chronologies are updated on an ongoing basis, and at least monthly.</li> </ul>	Allocated practitioner and Team Manager
<b>Genogram &amp; Ecomap</b>	<p>Every child has a full and up to date genogram and ecomap recorded on their record <b>by the end of the Children and Family Assessment or Early Help Assessment.</b></p>	Allocated practitioner and Team Manager
<b>Early Help Assessments</b>	<p>Early Help Assessments are <b>updated at every Team Around the Family (TAF) meeting (6-8 weeks)</b>. The views and experience of the child, their carers and family network are captured and shape the assessment and plan for the child.</p>	
<b>Children &amp; Family Assessments</b>	<p>Children and Family Assessments are <b>updated on an annual basis</b>. The views and experience of the child, their carers and family network are captured reflected and shape the assessment and plan for the child.</p>	Allocated practitioner and Team Manager
<b>Assessment of family members</b>	<p>We complete viability assessments of family members and connected people who wish to be assessed to care for children and young people. <b>within 24 hours in urgent situations, and otherwise within 10 working days</b>. Completed assessments and the request for temporary approval of connected persons will be requested from the Service Manager (CiOC).</p> <p>We will share completed viability assessments with the person assessed so that they know what we have said about them, are aware of the outcome, and are able to challenge the outcome of this assessment with us should they wish to.</p>	Allocated practitioner and Team Manager
<b>Long-term matching</b>	<p>We will carefully match children to their foster carers so that they have a secure base, feel loved and can enjoy their lives. The long-term matching of children will be <b>discussed in each of their review meetings</b>.</p>	Allocated practitioner, Independent Reviewing Officer & Team Manager

# Assessment of Need

## Why does it matter?

Assessment is how we make sense of complex and difficult situations, and through that understanding, find ways to navigate towards solutions. Assessments help us to understand, analyse and record what is happening for children and young people within their families and the wider context of the community in which they live. Assessments represent our best understanding of the child's needs, and whether they are in need or likely to suffer significant harm. The decisions that are made within the assessments we complete can have an enormous impact on the lives of children, young people and their families.

We approach assessments with curiosity and honesty. We think critically and help families to think their way into and through worries and concerns, and to identify their strengths, successes and solutions. We ensure that a child's needs are assessed holistically, taking into account the views of the child and the people in their life that love and care for them. We consider a range of factors that impact on a child's wellbeing, including the child's developmental needs; parenting capacity; and the family and environmental factors that affect a child's identity.

## Practice Standards

### What this means for our practice

#### Assessments are dynamic, timely and proportionate to risk

- We ensure that every child has an up-to-date assessment of their needs. This means that their assessment is updated annually, or whenever there has been a significant change, incident or event.
- We complete clear and comprehensive assessments for significant decisions we make, for example to place a child on a Child Protection Plan or to bring a child into our care.
- We consider assessment to be a continuous process. Our involvement and the individual and changing needs of the child are regularly reviewed and clearly linked to their plan.
- We seek consent to obtain and share information, unless to do so could be likely to place the child at risk of harm.
- Where needed, we provide support and interventions while we are completing assessments to improve the child's situation.

(See measures of practice for assessment below)

#### Assessments are holistic, strengths based, outline risk and consider cumulative harm

- We explain why we are completing the assessment and are involved in the child and family's life.
- We take a trauma informed approach and consider what has happened in the child, young person and family's lives so far.

## What this means for our practice

- We explore past and current harm including risk and /or parental behaviour that we are worried about, and how this has impacted on the child's care and safety.
- We identify complicating factors that can make the child/ren more vulnerable, and make life more difficult for their carers.
- We include the views and evidence from all people and agencies working with the child and their family, and make clear who has provided what.
- We capture and convey the child's lived experience, and what a day in their life looks like for them.
- We consider the child's identity, and if any specific needs arise from the child or family's ethnicity, culture, heritage, age, disability, gender, faith, and sexuality.
- We seek to understand and reflect the views, wishes, feelings, needs and expectations of the child, their parents, carers and their wider network.

### Assessments are analytical and focussed on the impact for the child

- We include a clear analysis of all the information available so that there is an assessment of risk, considering harm, complicating factors, strengths, and safety. We evaluate each protective factor or risk in terms of the impact on the child to support the decisions we make.
- We ensure that every child's file has a chronology and genogram that is used to inform the assessment to ensure the family and social history, past and current lived experience, informs the analysis.
- We use evidence-based assessment tools and research to support our analysis. For example, tools such as the harm matrix capture and map the frequency and severity of worrying behaviours over time and the impact on the child/ young person.
- We analyse through a trauma lens.
- We use our analysis to inform a plan for the child and we outline in assessment what we want the plan to achieve and who will help us to deliver it.
- We share completed assessments with parents, others with parental/carer responsibilities and the child (depending on their age/level of understanding). Their views are clearly recorded on the assessment before it is approved.
- We make sure that all our completed assessments include bottom lines that must be met and a clear contingency plan if they are not maintained

### We are curious and operate with safe uncertainty

- We use solution focussed questions throughout conversations with children, young people, families and professionals. We use strength and safety questions to elicit information about our worries.
- We use supervision for critical reflection to make sense of the information we have gathered, particularly to support a view of the strengths, safety, wellbeing and risk to the child, and parental capacity to change.
- We develop clear safety plans that include the child's network – we make sure our plans are specific actions, not a list of services. Safety plans specify clear rules that the family and their network understand and agree to.
- We have a contingency plan for every child. The family and network are clear about what needs to happen when the plan isn't working, and explains who will do what to keep the child safe.

## Measures of Practice

Our bottom lines / minimum expectations	Responsibility
<p><b>All Referrals must be completed and a decision made within one working day of the initial contact.</b></p>	<p>MACH Team Manager</p>
<p><b>All Early Help and Children &amp; Family Assessments are completed within a maximum of 45 working days</b></p> <p>There is robust <b>management review and oversight of assessments</b>:</p> <ul style="list-style-type: none"> <li>▪ Managers will ensure that assessment progress check points are utilised and recorded to evidence the assessment progress and impact to the child thus far.</li> <li>▪ Managers review all assessments ensuring that they meet practice expectations.</li> <li>▪ Managers will approve all assessments, and record the manager’s view and rationale for decisions made by 45 working days.</li> <li>▪ If an assessment is not completed by the maximum date, the manager will record on the system a clear rationale as to why this is, what impact this could have on the child and family, and when this is to be completed by.</li> </ul>	<p>All allocated workers / All Management leads</p>
<p><b>Early Help Assessments</b> are updated:</p> <ul style="list-style-type: none"> <li>▪ At every TAF meeting (6-8 weeks);</li> <li>▪ When any significant change or incident in the child’s life requires updated assessment and planning; or</li> <li>▪ When a manager considers it necessary.</li> </ul>	
<p><b>Children &amp; Family Assessments are updated as a minimum once every 12 months.</b> For children in our care, this will always consider if rehabilitation to parent’s or family care is possible.</p> <p>The assessment should also be updated:</p> <ul style="list-style-type: none"> <li>• Prior to a child becoming looked after.</li> <li>• When any significant change or incident in the child’s life requires updated assessment and planning.</li> <li>• Prior to a young person’s Pathway Plan being started.</li> <li>• Where there is a proposed significant change to the care plan; for example, to consider if rehabilitation to a parent’s care is possible.</li> <li>• Where progress is not seen to be made.</li> <li>• When a manager considers it necessary.</li> </ul>	<p>All allocated workers</p>

# Planning and Review to Achieve Outcomes

## Why does it matter?

**Our practice and the plans we develop are built on the belief that children and families have the right to be together whenever this can be achieved safely. Effective planning helps us answer the most challenging of questions: what do we need to do and see to be satisfied that the child or young person is safe, their needs are being met and they no longer need our help because they are not at risk of harm?**

To achieve the best possible outcomes we involve the child, their family and safety network as soon as possible in our work with them. We are honest about what we are worried about and work together to outline what needs to change. We develop plans together with children, young people and their family and professional network and identify how we can work together to make things better through clear actions. Planning in this way means that within our practice, even during difficult times, we are respectful, family focussed, strengths based, transparent and directed by the needs of child and their family.

## Practice Standards

### What this means for our practice

#### Plans have impact and deliver outcomes

- Children receive help to reduce the risk of harm or actual harm.
- Families are supported to stay together, and to develop their natural safety network.
- Children are safe and feel safe. They are helped to understand the plans in place to keep them safe.
- Children are safe and supported where they live, and they are not living anywhere that is failing to meet their needs.
- Children and families receive effective, proportionate and timely support tailored to their individual needs which improves their situation and focuses on achieving sustainable progress.

#### Plans are informed by analysis and the views, wishes and goals of the child and their family

- We use our analysis of the individual needs of the child and risks (from S47 enquiry or assessment), as well as the strengths and safety to develop a plan for the child. We consider evidence and research directly relevant to the child's circumstances and stages of development.
- We outline what we want the plan to achieve and how the family and professional network will work with us to achieve our shared goals.
- We analyse the risks and benefits of all the realistic options for the child.
- We act on the views, wishes and desired outcomes of the child and their carers, family and support network.

## What this means for our practice

### Relationships are at the heart of all plans

- We involve children and young people in discussions and in developing plans for what needs to happen next.
- We involve a network of people who care and are connected to children and young people in some way in their plans. Plans identify how the network can work together to make things better for the child or young person.
- Independent Reviewing Officers establish positive working relationships with the Social Workers of the children they are responsible for. This is reciprocal, and Social Workers update Independent Reviewing Officers of any changing situations or escalating issues.
- When we are planning for a child or young person to return home if they have been a child in our care, we work with the whole safety network to agree a clear plan so that we are satisfied it is safe and there is support and love.
- We ensure that plans for children separated from parents/siblings or significant others includes arrangements for family time and permanence that support them to maintain connections with people and things important to them, including family pets.

### Plans are clear, effective and shared

- We outline the reason for and purpose of the plan.
- We are clear what needs to change and include clear actions that meet the changing needs of the child which are SMART (specific, measurable, achievable, realistic and timely)
- We identify steps along the way to an outcome that can be used to evidence progress and minimise drift.
- We ensure each person is clear about the part of the plan they are responsible for, and that the plan is agreed by all parties.
- We make sure that children and young people understand their plan, and we share this with them in an age-appropriate way.

### Plans are regularly reviewed to ensure progress and safety

- We protect and support children and young people through effective multi-agency arrangements. Key participants are encouraged and invited to, attend and contribute to multi-agency meetings.
- We invite and encourage children to attend their review meetings to share their wishes and aspirations.
- We give the views and wishes of children and young people high importance in our review of their plans. They are encouraged and supported to give their views through tools such as the Safety House, Wizards & Fairies, and the Three Houses.
- We take decisive action if children's circumstances do not change, and the help provided does not meet their needs or the risk of harm remains or increases.



## Measures of Practice

	Our bottom lines / minimum expectations	Responsibility
<b>If a child is suffering or likely to suffer significant harm</b>	<p>We hold a <b>Strategy Discussion/Meeting</b> to determine whether a Section 47 enquiry is required, as well as safety planning <b>within a maximum of 2 working days</b>.</p> <p>If a <b>Section 47 enquiry</b> needs to be undertaken, this is completed within a <b>maximum of 15 working days</b> by the allocated Social Worker.</p>	Management leads liaising with agencies- Health, Education, Police as a minimum.
<b>Early Help Plans</b>	An early help plan is completed <b>within 25 working days on every open episode where there is no Early Help Assessment Required. Where there is an Early Help Assessment, the plan will follow the completion of the assessment.</b> Tools to elicit the voice of the child will be used where appropriate. Plans are reviewed at least once every 6 weeks; this may be within a TAF meeting.	
<b>Child in Need plans</b>	<p>Reviews take place at intervals agreed with the Social Worker's line manager. Child in Need Plans are <b>reviewed at least once every three months</b>. If there are significant changes in the family circumstances, there is clear consideration of whether an early review should take place.</p> <p>If a child is active to the children with disabilities service and is active for Direct Payments <u>only</u>, the plan is reviewed six monthly. The case summary / case status for Direct Payments only is clearly documented on the child's record.</p>	All Management leads / Social Workers
<b>Child Protection Plans</b>	<p>Are <b>reviewed and updated every 4 weeks at Core Group meetings</b>.</p> <p>The Plan is established at the Initial Child Protection Conference; this is further developed and reviewed by the Core Group at their 1st meeting after the conference and then reviewed and updated at every core group meeting and Review Child Protection Conference subsequently.</p>	Social Worker Conference Chair Core Group Members
<b>Children in our Care plans</b>	<p>Are <b>reviewed and updated at least every 6 months</b> as part of the Child in Our Care review process or when there is a significant change for the child. Children in Care will have a Care Team meeting in-between Children in our Care Reviews, taking place at the 3-month mid-point to review the progress of the plan and to ensure that the plan still meets the needs of the child. Any reduction in established frequency of review meetings is discussed by the Social Worker, Team Manager and Independent Reviewing Officer, in line with Tri X policy guidance. This will be informed by an updated assessment.</p> <p>Children have a <b>Permanence Plan ready for consideration at the 2nd Review</b> (incorporated into the Care Plan).</p>	Social Worker / Independent Reviewing Officer / Team Manager
<b>Care Leavers Pathway Plans</b>	Are <b>reviewed within 3 months of becoming a care leaver, and thereafter at 6-monthly intervals</b> in conjunction with the young person.	All allocated Practitioners

	<b>Our bottom lines / minimum expectations</b>	<b>Responsibility</b>
<b>Children receiving Short Breaks</b>	<p>Are <b><i>reviewed within 3 months of the plan being developed, and thereafter at 6-monthly intervals.</i></b></p> <p>Any reduction in frequency is discussed by the SW, line manager and IRO (if applicable) in line with Tri X policy guidance.</p>	<p>Social Worker All Management / leads</p>
<b>Step up / step down</b>	<p>The cases will remain open to early help lead practitioner for up to 28 days and case handover to be completed within 28 days.</p> <p><b><i>In step down they will complete a request form and undertake joint visit within 28 days.</i></b></p> <p><b><i>A Joint supervision will be considered, a management decision recorded in relation to step / step down.</i></b></p>	<p>All Management/ leads</p>

# Management and Oversight of Practice

## Why does it matter?

Social work and early help are relational and caring roles; practitioners feel deeply about the children and families that they support. The work that we do is seeped and soaked in trauma; the lives of the people that we work with are complex, and the work is sometimes distressing. We are mindful of secondary trauma; that the story of children and families we work with can become our story. Good supervision is fundamental to good practice, and is critical in supporting us to be a truly trauma informed and responsive workforce.

Staff are empowered to develop their professional skills and expertise; to and be accountable for their own practice, seeking guidance and support when they need it; and delivery of kind, responsive and purposeful support for children and families. Children, young people, and their families benefit from rigorous management and oversight so that we remain focussed on the child and their needs; the impact of our involvement; and timely decisions about what we need to do next.

## Practice Standards

### What this means for our practice

#### Children and families are supported by suitably skilled practitioners

- Managers allocate work to appropriately trained and qualified staff, with the necessary skills to provide the support that children, young people and families need.
- Practitioners have caseloads that are manageable and proportionate to their level of experience and the needs of the child and their family to allow positive and collaborative relationships.
- We complete group supervisions regularly to support practitioners make progress; share learning, hear different perspectives, and support a culture of learning, confident practice and feedback.
- Managers maximise opportunities for training and development, ensuring that staff attend mandatory training, and participate in professional development identified in supervision and appraisal.
- Managers ensure that the service continues to invest in staff professional development.

#### Children, young people and their families benefit from consistent practice and robust management and oversight of the support we give

- The child's record allows them to understand their journey. It shows clear evidence of reflection, impact of intervention and decision making.
- Managers review the quality of the service they are responsible for by monitoring performance data and ensuring statutory and practice timescales are met, scrutinising practice, and auditing children's records on a regular basis to ensure that practice standards are being consistently met.

### What this means for our practice

- When poor practice is identified, Managers have courageous conversations about the supervisees work in a way that is compassionate and ensures that identified action is taken to improve.
- Managers provide case direction from the point of allocation, through to any transfers or closure. They make timely and proportionate decisions which are evidenced at all stages of work with a child so that there is a clear audit trail.
- Managers hold regular casework supervision that is purposeful, provides clear direction including timescales that are driven by the child's situation, reflective and focussed on the impact of worries for the child, and results in clear plans and actions.
- Children's Independent Reviewing Officer's / Child Protection Chairs seek the voice of the child (as appropriate), review their plan effectively and challenge where necessary. Children can clearly see on their records the discussions and challenges made on their behalf.

### Professional / personal supervision provides a safe space to think, reflect, learn, and develop

- Supervision is relational and tailored to the needs of the individual, recognising that different people will need different support at different times and at different stages within their careers.
- Supervision is prioritised. Those attending are well-prepared and physically and emotionally present.
- Supervision is a collaborative space for reflection, an opportunity to provide feedback, share thoughts, feelings and learning.
- Supervision provides an opportunity to process difficult emotions arising from exposure to trauma when working with children and families, and seeks to support the supervisee's wellbeing.
- Supervision celebrates strengths and successes supporting supervisees to feel valued and validated. It incorporates an appreciative inquiry approach.
- Supervision promotes professional development and embedding of practice standards.

### Managers lead by example and cultivate an atmosphere that is supportive, draws on the professional strengths of all staff and is focused on continuous improvement

- Managers identify opportunities to bring about improvements in practice, and support staff in delivering good quality and evidenced based practice.
- Managers keep up to date on research findings in practice and policy documents relevant to their area of work, routinely accessing Community Care Inform (CCI) and other materials provided through practice development websites and publications.
- Managers provide good lines of communication, ensuring that important service policy and procedures are shared, understood, and acted upon.
- Managers operate an "open door policy" their staff, and make themselves available.
- Managers take action to improve practice where necessary.
- Managers complete regular audit activity, including collaborative audits to review case files and ensure social work practice meets practice standards. Managers provide assurance that children and their families are receiving services and support that meets their needs.

## Measures of Practice

	Our bottom lines / minimum expectations	Responsibility
<b>Casework supervision</b>	<p>Casework supervision is held to ensure timely decisions and effective responses in respect of each child open to the supervisee:</p> <p>Early help</p> <ul style="list-style-type: none"> <li>▪ Initial case supervision within 4 weeks of allocation and then every 3 months.</li> </ul> <p>Children's Social Care</p> <ul style="list-style-type: none"> <li>▪ Allocation supervision – completed on the day of allocation whenever possible, and no later than within 2 working days of allocation.</li> <li>▪ Child in need - 8 weekly (sooner if required due to any worries or changes to the plan)</li> <li>▪ Child protection/ Children in our care until permanence plan is made - 4 weekly (minimum).</li> <li>▪ Care leavers &amp; Children in our care following the conclusion of care proceedings – 8 weekly (sooner if required due to any worries or changes to the plan).</li> <li>▪ Joint supervisions are held between the children in our care and leaving care teams for children in our care aged 17.</li> <li>▪ Children receiving short breaks, or adoption support – 3 monthly.</li> <li>▪ Children receiving direct payments only – 6 monthly.</li> </ul> <p>It is good practice to hold joint case supervision with practitioners from other involved agencies, such as the youth justice service.</p>	All Management/ leads
<b>Professional / Personal supervision</b>	<p>We hold professional / personal supervision regularly. The frequency of supervision sessions is determined by the complexity of the work:</p> <ul style="list-style-type: none"> <li>▪ Early help- a minimum of monthly</li> <li>▪ Newly qualified social workers- weekly for the first 6 weeks and fortnightly thereafter up to the 6-month point of their ASYE</li> <li>▪ Other practitioners - a minimum of monthly</li> </ul> <p>A record of the supervision session is available within 5 days; both parties have a copy of the supervision record and it is signed as an agreed record.</p> <p>We ensure that there is a signed Supervision Agreement in place and this is reviewed annually.</p>	All Management/ leads
<b>Group supervision</b>	<p>Group supervision provides the opportunity for workers to present any cases that they are 'stuck' with. These take place at least monthly within teams.</p>	Team Managers / leads
<b>Appraisal</b>	<p>All staff have annual appraisals and agreed targets that are reviewed through the year. Appraisal formally notes achievements in the past 12 months and records any actions needed to address development needs identified during ongoing supervision and case discussions. The appraisal</p>	All Managers / leads

	<b>Our bottom lines / minimum expectations</b>	<b>Responsibility</b>
	sets goals for the coming year. Goals are clearly aligned with the Corporate and Directorate priorities.	
<b>Collaborative Case Audits</b>	Practitioners are split into three teams. Each team undertakes on collaborative case audit on a quarterly basis. This is completed within a month of the audit being assigned to the practitioner.	Team Managers
<b>Brief Case Reviews</b>	Practitioners are split into three teams. Each team undertakes one Brief Case Review on a quarterly basis. This is completed within a month of the audit being allocated.	Deputy Team Managers, Independent Reviewing Officers and leads
<b>Observations of Practice</b>	One formal observation of practice is completed for each practitioner by the supervising Manager at least once a year. This will inform the appraisal process.	All Managers / leads

## Document Control

These practice standards will be reviewed bi-annually. Please send any feedback or comments to [ChildrensQualityAssurance@redcar-cleveland.gov.uk](mailto:ChildrensQualityAssurance@redcar-cleveland.gov.uk).

<i>Date</i>	<i>Author</i>	<i>Version</i>	<i>Change Description</i>	<i>Approved / Quality Checked By &amp; Date</i>	<i>Target Audience / Circulation</i>	<i>Document Review Date</i>
<b>November 2023</b>	<b>Emma Hubert</b>	<b>1</b>		<b>Mandy Davis</b>	<i>Children &amp; Families' Services staff</i>	<b>November 2024</b>