



Children's Social Care Practice Handbook 2022



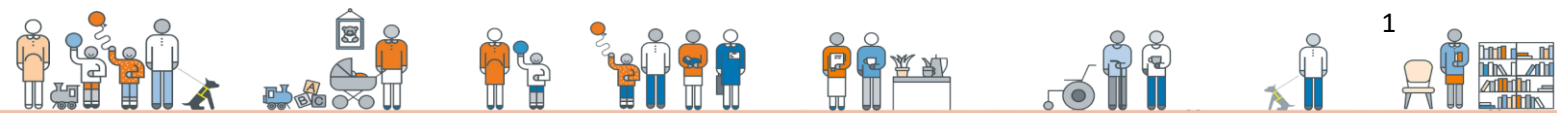
CITY OF LONDON CORPORATION

DEPARTMENT OF COMMUNITY & CHILDREN'S SERVICES

Contents

Introduction	1
Building Blocks for Success in the City	2
Our Social Work Practice Model	2
Practice standard one - Reasons why we become involved	6
Practice standard two - The relationship with children and their families are key in creating change .	7
Practice standard three - Completing an assessment with a family.....	8
Practice standard four - Planning the Intervention	13
Practice standard five - Interventions we offer to achieve outcomes.....	15
Practice standard six - Reviewing the progress with families.....	18
Practice standard seven - The child-centred recordings	20
Practice standard eight - Culturally competent and self-reflexive practice	22
Practice standard nine - Management oversight, supervision, support and challenge	24
Practice standard ten - Highest quality practice and service delivery.....	26
Appendices.....	31

Document Reviewed and Updated December 2021, Rachel Talmage



Introduction

Across the City of London, we aim to provide the very best services to children and young people who are vulnerable and at risk of harm. Evidence shows that good quality social care practice is key to safeguarding young people, enabling them and their families to create change and improve their lives. In the City, we use a systemic practice model which informs how we work with children and families to achieve positive outcomes. This practice guide sets out the standards we expect of all our staff working with children and families and offers useful tips and examples of successful practice.

Building Blocks for Success in the City

The way in which we do things is just as important as what we do. These are the principles and behaviours that guide our decisions and underpin how we deliver services.

Relationships are central to our practice, with children, families, professional networks and each other. Relationships are strengthened with clinical support, and with manageable caseloads.

We will focus on the experience of children, young people and their families and ensure their voices are the first we hear in decision making. We will establish a co-production model of service development.

We practise a ‘Think Family’ approach which promotes coordination with adult and health services and works with the whole family to understand their needs, while recognising their strengths to deliver tailored solutions.

In delivering our objectives, we will stay focused on the impact we want to achieve for our children and young people.

We will use assessment, evidence, performance management and evaluation to ensure that high quality outcomes are achieved and that the impact of these outcomes is experienced by all. We value the importance of research informing practice for example through our work with Goldsmiths University regarding affluent neglect and the DfE / RBKC Sponsored Centre for Systemic Social Work Practice



Our Social Work Practice Model

In order to develop a skilled workforce with shared organisational values, we have chosen to develop and implement a model of systemic practice as a framework for delivering our social work with families. This systemic model centres on:



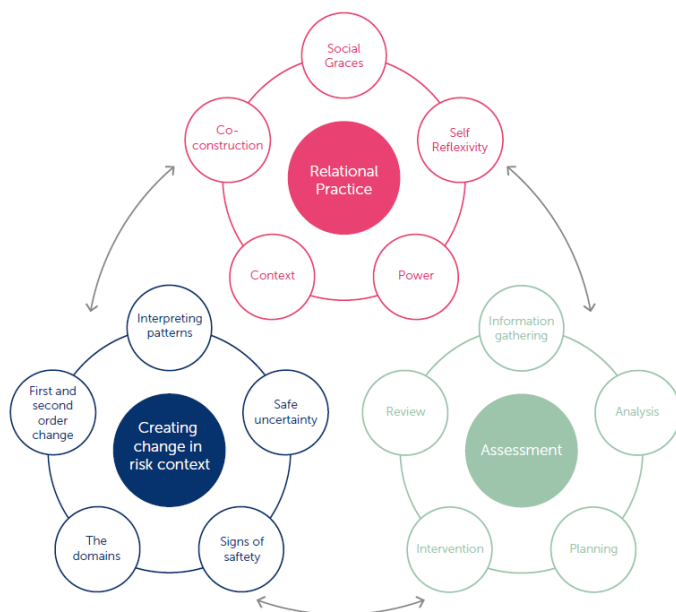
- Understanding relationships and how interactions can both foster problems and solve them when considering; the context in which they exist.
- How they are co-created.
- Their strengths and patterns.
- Responses to problematic situations.
- Understanding the best ways to intervene to generate lasting change in the life of families and children.

The ways that relationships function in a family are fundamental to the happiness, wellbeing and safety of all family members, and this is especially important for children and young people’s safety, development and growth.

Systemic approaches are flexible and evidence-based, enabling us to think about relationships within families and how these impact on the child. They also allow us to reflect on the relationships that we build with families and each other as professionals and our professional systems. This helps us as practitioners to use consultation and supervision to keep in mind the part we play in solving problems or reflecting on what we might need to do differently to effect change.

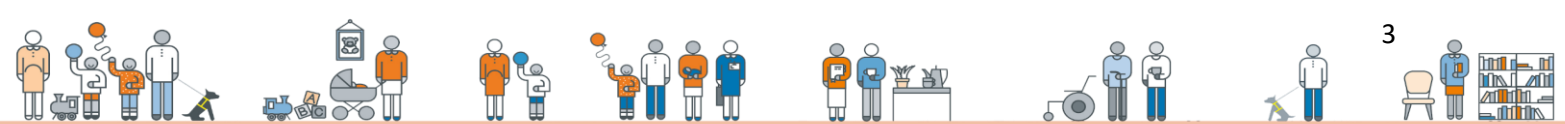
A core principle is that the relationship between the social worker and the child and family are the key in co-creating change. Systemic social work practice builds on well- established social work theories and introduces ideas grown from systemic psychotherapy and family therapy with a focus on patterns of communication within family relationships.

The systemic social work approach generates and opens multiple views, hypotheses, options and pathways in working with families and children, (and each other) whilst understanding that promoting lasting change in relationships sits simultaneously with managing risk and actively promoting a child’s safety.



Our systemic social work model utilises a systemic clinician to facilitate continuous development of practitioners and to help create a flexible organisation that enables growth, wellbeing and development of its staff. The clinician also brings specialist therapeutic and clinical knowledge and expertise that benefit children and families directly.

The diagram (left) outlines the systemic social work practice model. It highlights the different tools available to professionals when working with families to simultaneously manage risk and create change in relationships.

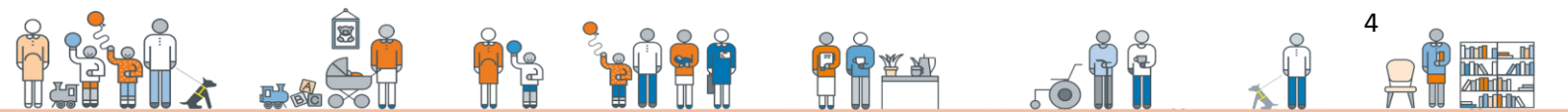
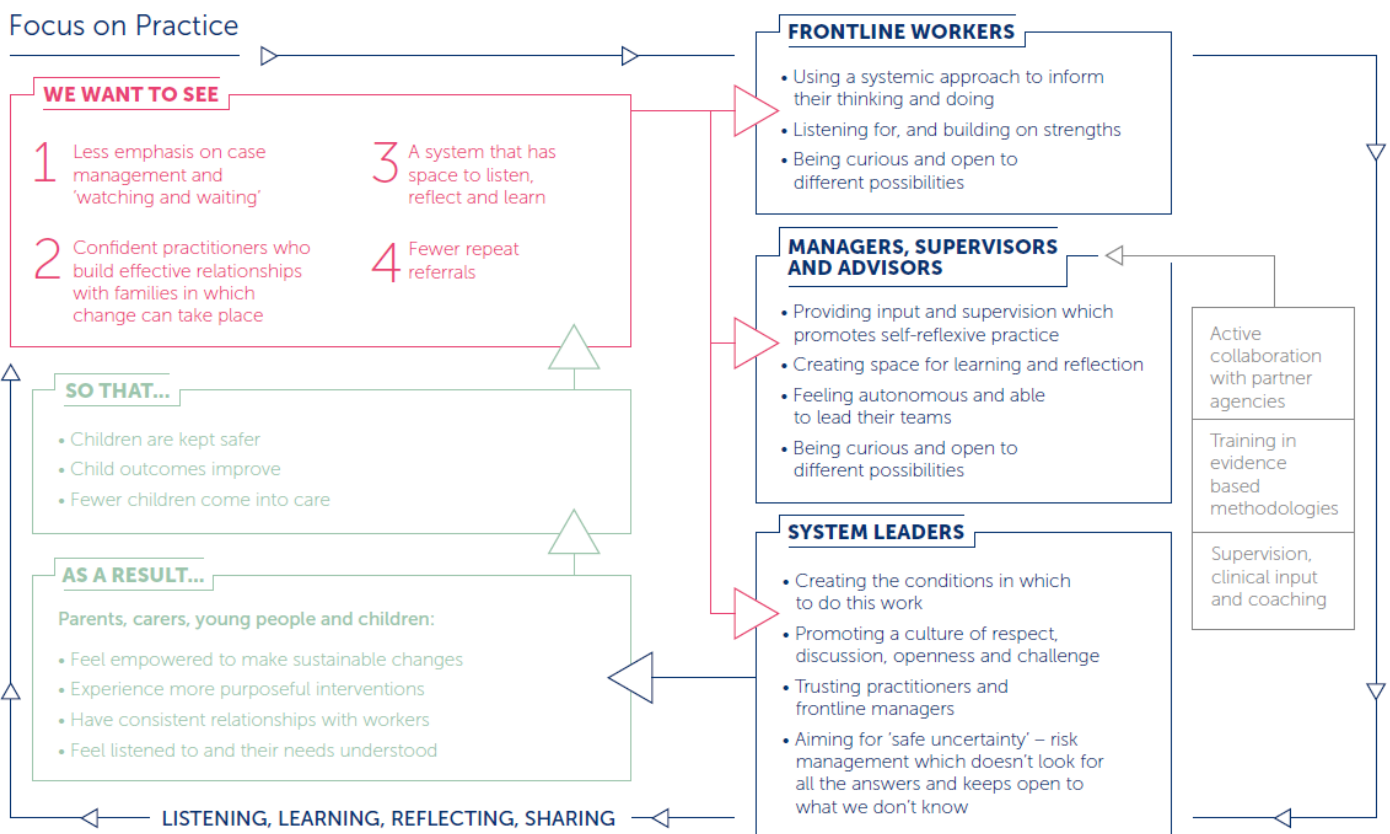


Using this model means we think about individuals in relationships with the people around them and with the world they live in. Genograms, timeliness, family trees, ecomaps and Social Graces are examples of systemic tools that help us to explore and make meaning of these relationships with children and their families.

The systemic approach encourages practitioners to work on the basis that problems are embedded in relationships and not just assigned to an individual child or parent. In our work with families to co-create sustained change, in a risk context, it can be helpful to use systemic tools and concepts such as: safe uncertainty, signs of safety, understanding patterns, domains of action, first and second order change, relational responsibility and relationship to help.

Across the City, we started to implement the model in 2018. This followed a period of consultation with the service. We chose to train all practitioners and managers at all levels of the organisation at the same time, to be true to the practice model. We researched what worked in embedding systemic practice across England and Wales and found that having commitment at all levels in an organisation was critical to successful embedding. Training is provided by the Centre of Systemic Social Work. Front line staff are undertaking year one in Social Work Practice with Children and Families, front line managers are in the Systemic Social Work Supervision and Management group, and senior managers are engaged in the Systemic Leadership programme. Our systemic clinician is in post commissioned from the London Borough of Hackney.

The schematic (below) sets out what we want to see from working in this way, what it means for practitioners and the outcomes we expect systemic practice to drive:



This practice handbook has been developed with kind permission from Kensington and Chelsea, who are well established in systemic practice. K&C worked with staff working in their Children's Services, setting out the standards that relate to good practice in social work and early help services. Children, Families and Practitioners from K&C have contributed to the development of the handbook. Locally, we in the City will use it as a working tool which is updated and revised regularly in accordance with our commitment to continuous development.

The standards of practice outlined should support consistency of practice. They should be considered in conjunction with local procedures and national legislation and regulations. Whilst this is a handbook for social care practitioners, we work in a multi-agency context with a range of partners and organisations and therefore we consider throughout how we cultivate, develop and promote these relationships as part of our assessment, planning, intervention and review activity with families and wider networks.

This handbook sets out ten practice standards to strengthen practice through positive engagement, assessment and planning, enabling families to understand what needs to change, how change will be achieved and how they will know when it has been achieved. Practitioners are encouraged to familiarise themselves with these standards and the principles underpinning them.

Specific local policies and procedures are referenced and signposted where appropriate.



Practice standard one - Reasons why we become involved

Aims

- Children and Families understand the reason for the involvement of our Services. We believe relationships are key to creating change, therefore how we start our conversations with families from the initial point of contact is critical to successful engagement.
- The relationships that we create with families from the outset will be key to achieving change.
- Families are referred into our services in a variety of ways, as set out below.

One point for referral

There is one social work team and one early help team in the City. A duty social worker and duty managers manage all concerns (contacts) about a child's safety or wellbeing. They will apply the locally agreed thresholds criteria to determine whether statutory services should be provided by Children's Social Care or whether Early Help support should be offered to meet the level of identified need. The duty manager then processes and allocates referrals after determining threshold for an Early Help or Social Care assessment. Once allocated, a visit is then conducted within ten working days.

City Virtual Multi-Agency Safeguarding Hub (MASH)

In the City, MASH is operated at the one point of referral. Due to our size and composition, we operate a Virtual MASH that includes health, police, education and probation partners. Once a referral has been received (as above), the Virtual MASH serves to provide further information to assist in making decisions. Multi-agency information sharing supports good and proportionate decision making so that the right children and families can access the right services at the right time. The Virtual MASH is used on a case by case basis, but is automatically triggered on the second time a case is referred in.

Where a referral meets the threshold for Early Help involvement the case will be transferred to Early Help. The case will be transferred to an early help worker for support and assessment. Where a case meets the threshold for a referral for Children's Social Care, the case will be transferred to an appropriate social worker for an assessment. The rationale to support this decision should be recorded. This will assist the Practitioner making the first contact with the family to clarify why we are getting involved.

Practitioners in children's social care and early help teams will have access to any previous referral, assessment and intervention information held in the electronic children's social care record. Where cases have been previously opened to children's social care there should be a genogram and chronology to assist any updated assessment and intervention.

Outcomes

- Children and Families understand why we are involved, what they should expect from us and what we will expect from them.
- We begin to build a working relationship with children and families from the outset.

Useful tools and resources

- Introductory leaflets
- Virtual MASH process map
- Threshold of Need Document
- Information sharing guidance



Practice standard two - The relationship with children and their families are key in creating change

Aims

- To develop successful working relationships with children and families which increase the likelihood of sustainable change.
- To promote a culture where work is undertaken with children and families; we encourage feedback in order that the work is not done to them.
- To understand what life is like for children in the context of the world they live in and the relationships that are significant to them.

Relational context of work with families

Research tells us that it is through a successful working relationship that we are most likely to be able to effect sustainable change. As highlighted in the DfE Knowledge and Skills statement for child and family practitioners, effective relationships with children, young people and families form the bedrock of all support, including child protection responses.

Every contact is seen as an opportunity to create change with a family. Practitioners are invited to be creative in their work with families, adjusting their approach to suit the needs of the family, to support them to make the sustained changes required.

Practitioners should actively encourage families to be involved in the development of the work.

Our practice model is relational

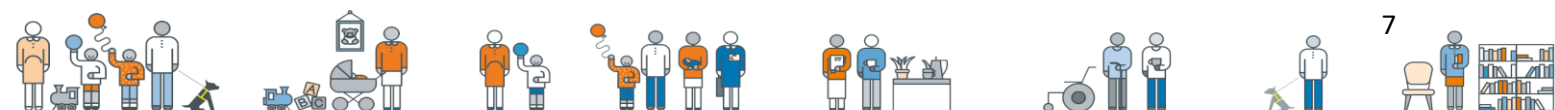
Children are central to our practice; we strive to understand what their life is like within the world they live in. Our practice is underpinned by systemic theory. Working within this framework means we think about individuals in relationships with the people around them and with the world they live in. This encourages practitioners to work on the basis that problems are embedded in relationships and not just assigned to an individual child or parent. The approach highlights the importance of the relationship between a practitioner and a family, through which interventions will be delivered and received. Without a relationship with a family, we are unlikely to create change. Within these working relationships, practitioners seek to identify the family's strengths, to build on their own solutions and to address jointly defined goals.

We visit families regularly to get to know each other and begin to build trust. These trusting relationships form the basis of creating safety for children and young people who are vulnerable. It is from here that we can have conversations to understand the challenges that a family is grappling with.

Following a referral to Children's Social Care, the first visit to the family must be within ten working days and the practitioner should spend time getting to know the child/ren. The visiting frequency should be determined through professional assessment about the level of risk, the intensity of support and the working relationship with the child/ren and their family. Visits will generally be at least every four weeks (every ten working days where children are subject to protection plans).

Outcomes

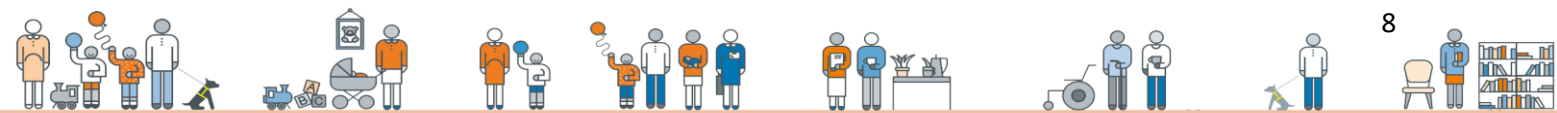
- Children and Families are actively involved in the process of sustainable change.



- Difficult conversations take place openly and respectfully with children and families, keeping the focus on the child.
- Children and Families feel enabled to seek and access help.

Useful tools and resources

- Theory of Change cycle
- Signs of Safety SOS tools (refer to Standard five for further details about the range of interventions we use)
- [Post-qualifying standard KSS for child and family practitioners](#)



Practice standard three - Completing an assessment with a family

Aims

- To gain an understanding of the family history, including patterns of behaviour and how this may have influenced their current lifestyle, parenting capacity and family functioning. Linking the past with the present.
- To understand who is in the family and the nature of relationships between family members and to clarify who might be able to provide support.
- To understand what life is like for the child living in their family and community now.
- To inform what needs to happen next and to make recommendations about the way forward.

Clarifying what the family can expect

It is important that children, young people and families are aware of the reasons for completing an assessment. This may have been explained initially, but sometimes when people are in stressful situations they can struggle to retain or understand information. Research suggests that people are more likely to make positive changes when there is a clear agreement between the practitioner and the child, young person or family member about the purpose of the assessment.

Assessments as a dynamic process

Assessments may be discrete pieces of work, for example, at the beginning of a family's involvement. However, assessment may also be an ongoing process, which is dynamic in response to the changing needs of children and the families over a period of time. The purpose of assessment is to recognise strengths and identify a family or child's needs in order to clarify the interventions required to address them.

There has been much debate about the difference between risk and need in assessment. Across the City we believe it is important to identify any harmful behaviours and to have open and honest conversations about them, but in such a way that does not promote blame or shame. There are several tools and systemic ideas that will assist with this.

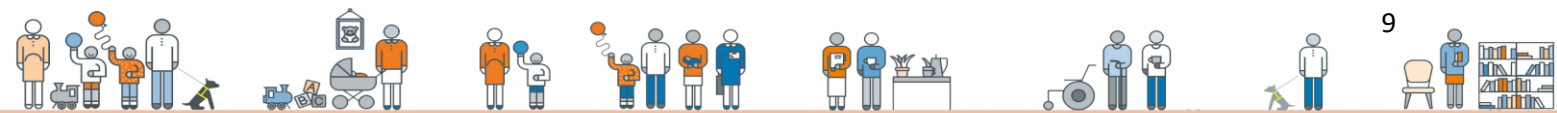
Using genograms and chronologies with families

Genograms – Drawing a family tree collaboratively with a family can often provide a useful opportunity to explore the Social Graces; and to think with them about family scripts e.g. “which aspects of how you were parented do you strive to replicate in how you raise your child/children; and which parts do you try to do differently?”

Chronology/Timeline – Simplistically a chronology is a list, in date order of all the major changes and significant events in a child and family's life. It also provides families/parents with an opportunity to understand patterns more closely and how these contribute to the difficulties they are experiencing. These conversations begin to open up ideas for solutions.

Who we involve in the assessment

It is important to include a child's father where possible. Research suggests that early engagement increases the chances of men being successfully engaged with child and family services (see the One Minute Guide to Engaging with Fathers).



All children, irrespective of age, are encouraged to contribute to an assessment. This may involve direct work or for younger children, direct observations.

The purpose of this is to understand as best we can, the lived experience of a child/children within a family. This can be particularly powerful in helping parents and carers understand what is happening for children and what might need to change.

To complete a meaningful assessment, it is also important to liaise with key professionals who may know the child and family. Wherever possible, this happens with the agreement of the family. In some circumstances, the level of risk will justify consent being overridden, but we continue to try to have collaborative conversations with families.

Culturally competent approaches

In systemic practice we place an emphasis on exploring aspects of a family's culture, race, class, ability, ethnicity, gender, sexual identity, education, spirituality etc. that families feel are important for us to consider when working with them. These are referred to as the Social Graces. Having these conversations can sometimes seem like we are taking a "relational risk", but it can be very helpful to explore similarities and differences between the worker and family at the outset of the assessment. Remember that some similarities (such as race) may be visible; and some (such as spirituality) may be invisible.

Formulating hypotheses, analysis and recommendation

As the assessment progresses, we begin to develop hypotheses about what might be happening for the family without "favouring or holding" a hypothesis. Eileen Munro and her colleagues have highlighted the importance of social workers "holding their hypotheses lightly" and being willing to change their view as to what might be happening (see nspcc.org.uk/global-assets/documents/research-reports/10-pitfalls-initial-assessments-report.pdf).

As an organisation we are wanting to promote a culture of respectful challenge. We give encouragement to practitioners to discuss cases in supervision with their manager and in consultations with clinicians; so that multiple hypotheses can be developed, accepting that no family/individual can be reduced to "one story or truth".

At the conclusion of a period of assessment, the practitioner shares their findings with key parties. The assessment will be based on hypotheses generated and an analysis of the family's strengths, difficulties and future risks. This is documented as to demonstrate the differing perspectives that have contributed to the assessment as this better enables a plan to bring about change.

Ultimately there will be many things that remain unclear or uncertain at the end of the assessment; including the family's capacity to make or maintain changes. As an organisation, we aim to reach positions of "safe uncertainty" (Mason 1993) where we consider there to be sufficient safety to close the case in spite of inevitable uncertainty about the future.

Intervention as part of the assessment

We have an impact on families from the moment we first meet them. Whilst we may be undertaking an assessment, every conversation with a family is an opportunity to create change. These conversations form the basis of our assessment and our hope is that they will help the family begin to create change by gaining more insight into the problems they face and more understanding of how they have come to communicate and interact together in helpful or unhelpful ways.



Our approach to an assessment

We strive to develop shared goals with families and/or young people at the beginning of an assessment about what (if anything) they would like to be different - "if this assessment was to be helpful, what positive changes might you want to see?". Sometimes, families may not have experienced services as positive in their past and it is therefore helpful to explore this with them. For some families, even without past experience, they will be anxious about our involvement, and may not have an understanding of how our systems work, and so we talk with them about this as part of the assessment process.

Where it is difficult to agree goals, we are transparent with families about what change we identify as essential to ensure the safety of the children. A child or young person is central to any assessment that we undertake.

Whilst we are often working with adults to change their behaviour (or reduce their difficulties), we do this with the view as to how this will improve the lived experience of the child or young person.

Sharing the Assessment

All families receive a written copy of their assessment; unless there are exceptional circumstances that would be unsafe for a child or parent. Interpreters are used to ensure families who don't speak English understand their assessments.

Assessments can be very difficult documents for family members to read and so we consider carefully the language we use when writing them, aiming to use jargon free, straightforward language; and avoiding lengthy reports. We separate fact from professional opinion by using language that conveys this e.g.

"Although I can't know for certain, it may be that when Michael has been really stressed, he has become so frustrated that he has hit the children."

"If Laila keeps on drinking alcohol during the week, there might be times when she gets so hungover that she struggles to get Omar into school the next day."

Finally, we consider how assessments are best shared with children.

Other helpful tools for assessment

- Ecomaps – are helpful in visually representing important people (family, friends, professionals); and in asking families questions e.g. "who is closest and who is distant?", "where would you like your grandmother to be?", "if you had completed this two months ago, where would you have placed your partner then?".
- Tools to support direct work with children – we place an importance on seeing children alone where possible and meaningfully engaging them in direct work. Many practitioners are familiar with the "three houses" or "wizard /fairy" worksheets. The Mind of My Own App with modules for children with SEND is also available to gain children's wishes and feelings in assessment.
- The Social Work Toolbox includes a range of tools to support participation in assessment, including for adolescents.
- Scales and Questionnaires – although there are limits to the usefulness of standardised scales and questionnaires in child protection; sometimes asking parents to fill out a form can provide new/different information about the family. The Department of Health published a



pack to complement the assessment process; and this has many useful scales such as “Strengths & Difficulties Questionnaires” or the “Parenting Daily Hassles Scale”. Barefoot Social Work also includes a range of scales and questionnaires that can be useful.

Outcomes

- We have a robust understanding of what life is like for the child living in their family and community.
- We have identified strengths and positive aspects of family life/parenting. These can then be mobilised.
- We understand the need of the child/carers and any areas of risk and the contributory factors which can then inform our safety planning.
- We have reached an understanding of parents’ capacity to change in the context of their own experiences, culture, values and motivation.
- We have made recommendations about the way forward.

Useful tools and resources

- One-minute guide on Genograms and Chronology and Ecomaps
- One-minute guide on Visits
- One-minute guide to Working with Fathers
- Direct work tools e.g. three houses, who am I?, My family
- Assessment triangle

[Parenting Daily Hassles Scale](#)

www.socialworkerstoolbox.com/

barefootsocialwork.weebly.com/tools



Practice standard four - Planning the Intervention

Aims

- We have a shared understanding with families (wherever possible) about what needs to be achieved and within what timescales.
- Children contribute to the creation of plans that keep them safe and promote their welfare and aspirations.
- The professional and family network is clear about the purpose of intervention, the outcomes to be achieved, including their role in implementing a successful plan.
- We have a roadmap that is clear about direction of travel, markers of progress and destination.

The principal of developing the plan

Plans are constructed within a range of different frameworks. However, the principles that inform positive care planning, to reduce risk and improve outcomes, are the same irrespective of which framework. Plans are best created in collaboration with families and networks of professionals.

Written in simple and clear language

Plans are best written in plain language and aimed at achieving clear outcomes so that families know what is expected of them. A plan makes clear what is expected, what the impact will be on the child/young person, and how the intervention proposed will achieve this. Wherever we can draw on the strengths and solutions of a family, these are included in the plans, as such plans are more likely to work.

Child versions of plans

Children and young people need to understand the reasons why we are involved, allowing them to understand what is happening and share their views, in their own words and reflected in versions of plans that are child orientated.

Plans are co-constructed with families wherever possible

Our model of practice is underpinned by working together with a child-centred, contextual and collective approach that is linked to positive outcomes. In working with families to collaborate on writing plans we are more likely to achieve effective and sustainable outcomes.

Plans are SMART

A SMART plan is: specific, measurable, attainable, realistic and timely. The plan shows who is involved, the interventions and how change will happen in a timely way to ensure the best chance of success. The clearer we are together about the outcomes we are working towards the more likely that change will happen.

(See the One Minute Guide to SMART Planning)

Plans are used proactively to guide and inform our work. They are taken to visits, meetings, panels, supervision etc to inform discussions, interventions and decision making. We review how the plan is working to address need and risk and whether it needs to be amended or adapted for further progress to be made.



Plans are shared with the family and the professional network in a timely way

A helpful plan sets out the outcomes we are intending to achieve for the child in the context of their family e.g. for Child Protection - what it will look like when things are safe enough for the child and for Child in Need- what it will look like when the child is developing and thriving. We use plans to be clear with families, professionals and ourselves about bottom lines and contingency planning. Once the plan is drawn up it is shared and reviewed in a timely way to assess whether change is happening.

A simple planning format is:

Identified need	Activity	Who will provide this and by when?	Outcome to be achieved
What you are worried about?	What is working well?	What still needs to happen?	What are the success measures?

A simple reviewing format is:

What are we worried about?	What is working well?	What still needs to happen?	The outcome and success measures
Past Harm Future Worries Complicating Factors	Existing Strengths Existing Safety	Safety Goals Next Steps	What needs to be achieved?

Outcomes

- Collaborative plans that have a clear timeframe of when interventions will take place and what they will look like.
- Measurable impact and outcomes linked to the planned intervention.
- Plans that are meaningful to the child and family.

Useful tools and resources

- Examples of plans
- Legal framework – assessment and planning work
- [The Case for Clear Blue Water, paper on care proceedings – by Isabelle Trowler](#)
- One Minute Guide to SMART Planning



Practice standard five - Interventions we offer to achieve outcomes

Aims

- We intervene in a purposeful and proportionate manner.
- We intervene at the earliest opportunity and lowest level of intervention, to effect positive outcomes and prevent cases escalating further within our service.
- Our intervention is informed by theory and research.
- We intervene in an ethical manner which draws on strengths within families and is respectful of culture norms and values.

What we mean by intervention

Intervention is the activity we offer to a family to deliver the outlined work identified in the assessment. We are clear about how the interventions will bring about the changes that we seek to make with families. Practitioners can articulate the theory of change which underpins their intervention.

Because we understand that problems arise within the context of relationships, we believe that solutions are usually found within the strengths and resources of families themselves. Relationships between practitioners and families are the vehicle for delivering interventions that create change.

We will support the development of family capacity, resilience and independence by building on strengths and enabling them to find their own solutions - including taking responsibility for sustaining positive changes.

Visits to a child and family

Most of the interventions provided to families by professionals are through interaction and conversation with families, children and young people on visits to them. Visiting frequency is tailored to the intervention and level of risk and need. Research evidence suggests that even highly skilled interventions, delivered at low frequency, are unlikely to create sustained change, and as such, we endeavour to see families at a frequency that is likely to be helpful.

The visits depending on the status and threshold will be conducted announced and unannounced. Most of these visits should take place in the home and the child seen alone. Recordings of the visit must include:

- Purpose of the visit.
- Home conditions/conference household members or new additions.
- Educational issues and health Issues.
- Who you have seen?
- Have you spoken to the child on their own – what was discussed?
- Parental views.
- What part of the plan you have been working on?
- Have they seen a difference, do they feel things are getting better or worse?
- Risk factors and plans to mitigate.
- So what? – brief analysis of your visit.
- Actions to take forward.
- Include a skeleton plan for the next visit.



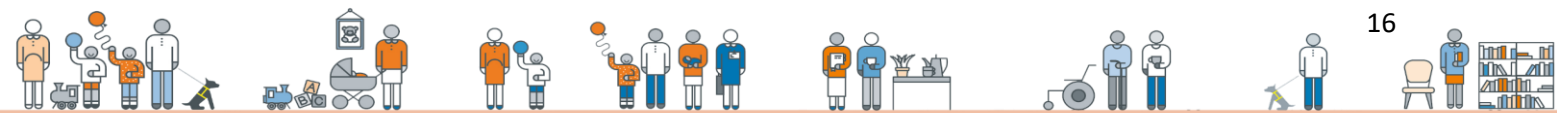
The frequency of visits should be determined by the work that is required within the context of the working relationship being developed. Generally, visits will be at a minimum of every four weeks (and every ten days where a child is subject to a protection plan).

Direct work with children

Undertaking direct work with children and young people allows time to build a relationship and gain the views on what life is like from the child’s perspective. Making time to complete direct work with children is essential, without their voice our assessments are not holistic and forward thinking.

What should you consider/hold in mind?

- Whether the child or young person is comfortable with the environment in which you are going to conduct the direct work.
- Use of plain/age appropriate language and check with them their understanding of things you may explain to them.
- Direct work may be undertaken with the child/ren on protective behaviours, this may give an insight and understanding on how the child feels living in the home and how they protect themselves when faced with parent’s behaviours.
- The child’s wishes and feelings and what life is like for them.
- Families understand why we have chosen to intervene in a particular way and the evidence that underpins this.
- Families feel included in intervention and not ‘done to’.
- Parents have a stronger understanding of the impact of their behaviour on the child, and on their physical and emotional wellbeing.
- Improved relationships within families.
- Their understanding of why you are involved with their family.
- How they explain/describe their family/experiences.
- What makes them happy, sad, angry, and scared?
- What makes their parents happy, sad, angry, and scared?
- How the child manages their emotions. What are their coping strategies?



Useful tools and resources

- Video Interaction Guidance
- Mind of My Own App
- The theory of change
- Resources at www.socialworkerstoolbox.com/
- Resources at barefootsocialwork.weebly.com/tools
- One Minute Guide to Voice of the Child
- Pipe, C. (2017) Safe returns from Care. In L. Smith (Ed). Clinical practice at the edge of care. London. Palgrave Macmillan. pp 229 – 248.
- Aggett, P. Tapsall, D and Swainson, M. 2011. “Seeking Permission” an interviewing stance for finding connection with hard to reach families. Journal of Family Therapy, 37 (2) 190 – 209.

Outcomes

- The child has been able to express concerns, make sense of challenges experienced and has hope/aspirations for the future that things are going to get better.
- Intervention leads to meaningful and sustainable change for families.



Practice standard six - Reviewing the progress with families

Aims

- We measure the impact of our intervention and can articulate what the outcomes for children are. That is, we know what has changed as a result of us being involved.
- We can change direction or amend/adapt plans at the earliest possible opportunity, where impact is not evident.
- We reinforce positive changes and evaluate progress.

Reviewing our intervention and plans

As the family engages with the intervention identified we will want to measure the progress being made.

We build in review meetings with children and families to assess whether the plan we have put in place is achieving change. We will celebrate with the family the progress they are making, whilst also talking together about what we need to add or take away to optimise the likelihood of success.

Where progress is not happening in the time agreed for the child, we will need to consider what else we can offer or what might need to happen differently.

Frequency of reviewing plans and interventions

Plans are reviewed at a frequency that fits with the child and family and the pace of change required. Some types of plans will have statutory minimum frequency requirements (e.g. CP plans and CIC plans) but these can always be reviewed more frequently, and progress should not be slowed by following a standard requirement.

Where plans are not working as effectively as they need to be or are not bringing about change, this should be challenged by managers as well as those who sit outside the teams, such as the Independent Reviewing Officer/CP Chair (for CIC children and for child protection plans).

How we identify and articulate progress for children and their families and how we measure success

It will be important to acknowledge strengths and the progress that has been made by children and families whilst also being transparent about what has not improved or is outstanding. If things have not improved sufficiently, we explain this clearly alongside the further progress there is to be made. This will provide an opportunity to identify any areas for further support.

- Areas to consider - some ideas that may be helpful (not an exhaustive list and you will have many more ideas yourself).
- Warm and positive relationship with parents/carers - child feels loved, valued, safe and secure.
- Reduced risk of seeing/hearing violent or abusive behaviour because risk of domestic abuse has reduced.
- Safe/healthy/positive relationships - with parents/carers, siblings, family network, peers, boyfriend/girlfriend.
- Safe from crime and anti-social behaviour in and out of school.
- Ready for school, attending and enjoying school.



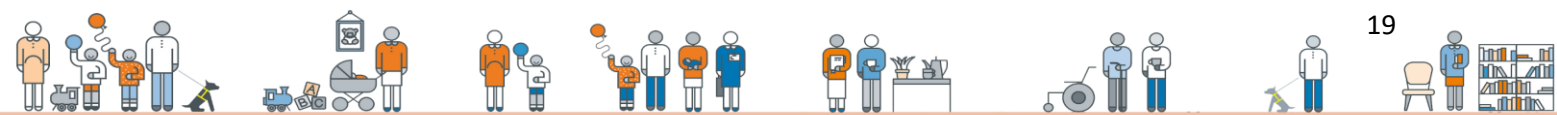
- Achieving national educational standards (any S.E.N. taken into consideration). Also consider success and achievement in addition to/beyond/separate to academic.
- Achievement - opportunities to grow talents and skills.
- Developing positive peer relationships - free from bullying, exploitation or discrimination.
- Healthy attitude to sexual relationships understanding of consent, keeping safe and healthy, ability to make fully informed choices, self-efficacy.
- Developing self-confidence and successfully dealing with significant life changes.
- Positive emotional or mental health - accessing the right help where necessary in response to impact of trauma/abuse or specific mental health symptoms/conditions and this is making a difference.
- Healthy - any health conditions are responded to and well managed, accessing health services, indicators of healthy lifestyle.
- Engaging in further education, employment or training on leaving school. This is suited to the young person's personal goals and aspirations.
- Child/young person has goals and aspirations and is being supported to nurture and work towards these.
- Developed a range of life skills to prepare for adulthood.
- Positive relationship with help – able to recognise that sources of help are available, know how to access them and confidence to do so when necessary.
- We are open and transparent with parents/families about pace, progress, expectations and next steps.
- We identify early indicators that plans need to be amended or escalated to avoid drift and delay.

Useful tools and resources

- Guidance on conducting core group meetings, CIN meetings and TAF meetings
- Review plan documents
- Timescales of reviews
- Care Planning Regulations

Outcomes

- We evaluate changes with families to promote timely progress.
- Plans are dynamic and are informed by review cycle.
- Families can celebrate success building motivation and self-esteem.



Practice standard seven - The child-centred recordings

Aims

- We have an accurate record of the child's story which shows accountability and enables children and families to understand the journey of our involvement.
- We can identify patterns and themes that inform our intervention.
- We can share information in an accurate and proportionate way.
- Families do not have to tell their story to different practitioners at different times.

The recording principles

Records are written with the child in mind and are shared in a timely way. This demonstrates respect for the family and value in the work.

We get to know young people and children at critical moments in their lives and part of our role is to record their experiences. They often ask to read what we have written when they are older. Knowing that records have an afterlife, informs how we write in the present day. It is far more helpful for young people to read this record of their lives when it provides a coherent narrative that make sense of what has happened and has been written with compassion and thoughtfulness. Therefore, when we are writing our notes and reports we write holding this in mind.

The record of the visit should assist the practitioner reflecting on the progress against the plan - and re-evaluating the family functioning, including any newly identified strengths and difficulties. The social worker is likely to be completing direct work with family members and this should be both recorded and shared with the family.

Case Recordings

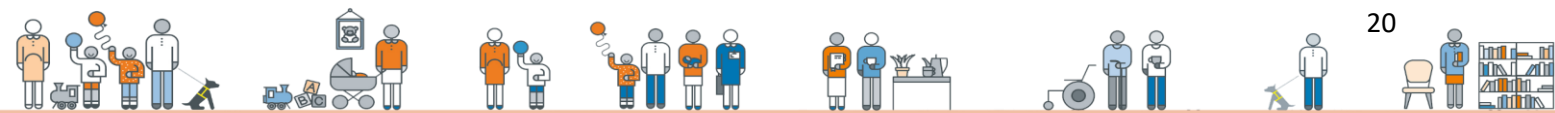
A few pointers to help you think about efficient and helpful case recordings.

What is the purpose of case recording?

- If the child wanted to access their file, does it help give a picture of their life and what has happened.
- Does the information contribute to a plan to safeguard the child?
- If a duty worker picks up the case, can they easily find important information about arrangements and plans.
- Are key decisions easy to find and is there justification/explanation for how these decisions were reached.

Things that are important on a child's record:

- Genogram
- Chronology
- Assessment
- Case summary
- Visits
- Plans
- Reviews
- Direct work, Pictures and diagrams completed with the families as part of direct work are important to hold in the client record



We write these documents in a child centred way to support a purposeful and sensitive approach in our work with the family.

The analysis of the information is important as it helps build a picture of the child's life which other social workers can then easily understand.

Outcomes

- We have a sound record of a child and family at critical moments in their lives.
- We have kept in mind the record has an afterlife which can be accessed by the young person when they are older.
- The record provides a coherent narrative that make sense of what has happened and has been written with compassion and thoughtfulness.

Other important records:

- Contact arrangements and finance arrangements.
- Critical developments - e.g. violent incidents, arrests, mental health information, placement breakdowns, progress being made, positive changes in behaviour/relationships.
- New referrals/police notifications.
- Minutes of meetings.

Useful tools and resources

- Access to records information
- Good example of case recordings
- One-minute guide to Voice of the Child
- One-minute guide to Recording



Practice standard eight - Culturally competent and self-reflexive practice

Aims

- As families are often worried when referred to our service, we aim to link the family system and its individuals with the social work processes, in a collaborative way.
- We aim to contribute to a culturally inclusive context for change with self-reflections, self-reflexivity and relational reflexivity within an ethical frame of embracing diversity.
- We invite families and children to give feedback on their experiences in relating with us by being curious, confident and able to generate conversations about difficult topics with empathy.
- We aim to create conversations that are experienced as secure, validating, trusting and generate environments allowing families and children to share their stories and feel confident about working with children's services, including on areas of power and oppression.
- We are continually curious about what we bring as practitioners into our work with families, and how this links with the families, by creating conversations where this can be spoken about with openness.

There are many areas of difference between individuals and groups of people where unequal power and social prejudice are well known to be active. These are likely to affect the relationships with families, as well as relationships between practitioners and supervisors, and the different meanings that we might attribute to behaviours and ideas.

John Burnham (1993) introduced the acronym GRRRAACCEEESSS (Gender (Sexism), Geography; Race (Racism), Religion; Age (Age-ism), Ability, Appearance; Class, Culture; Ethnicity, Education, Employment; Sexuality, Sexual orientation (Homophobia), Spirituality) as a tool to use think about the impact of these differences. As a systemic organisation we believe it is important that we are conscious of these differences and attend to the prejudices and biases we all bring to the work we undertake and that these should continuously inform the development of practice that takes place within professional supervision. This is what we mean when we say that we practice in a way which is self-reflexive.

Feedback from families and children is the best way of us knowing how we are doing. When we finish working with families, we ask them what it has been like working with us. Have we contributed to helping change things for the better in their family? What worked well and what didn't you like so much?

We use this feedback to help us plan what services would best look like for families in the future. We are a learning organisation in which we value feedback on their experience of our intervention and what families think of the quality of the work we have provided for them. Feedback from families to inform future services is key to understanding what good practice looks like, strengthening areas we can do better on and areas for development to be challenged.

Audits offer a good opportunity to 'step back' and look at the quality of work through different lens. We have developed a way of auditing that allows a reflective conversation with the Practitioner, a detailed look at the client record and how this evidences the work that the Practitioner has



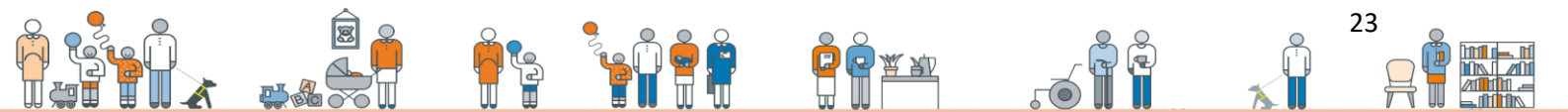
described and feedback from the family receiving the service. This activity provides an opportunity for professional development and service improvement. (See One Minute Guide to Good Auditing).

Outcomes

- We have a continual sound record of a child and family feedback to us as practitioner and the organisation.
- We practice in a feedback informed manner with families and children on all levels.
- The voice of the child and the young person is at the core of our work and this comes through in our record by us using creative, playful, child focused ways of relating and working with children.

Useful tools and resources

- One-minute guide on Voice of the Child
- One-minute guide to Recording
- One-minute guide to Good Auditing



Practice standard nine - Management oversight, supervision, support and challenge

Aims

- We consistently provide direction and oversight which promotes excellent practice and commitment to developing excellent practitioners.
- Supervision offers oversight, ensuring purposeful and effective intervention with families.
- We nurture and develop supervisory relationships that can offer critical challenge and ideas which influence practice.
- Managers and supervisors have a strong grip on practice and quality assure work in an evidence-based way being clear about expectations.
- Managers and supervisors' evidence their accountability and confident decision making.

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

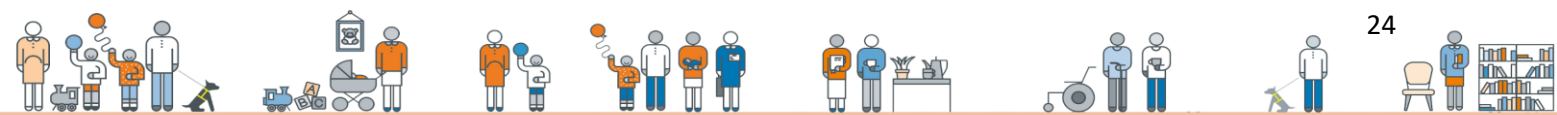
Supervision within the context of children's social care can include multiple purposes and priorities. Time is needed for thoughtful consideration of what is happening in the lives of children and their families. Critical challenge is needed to help social workers catch such biases and correct them - hence the importance of supervision.¹

While line management and professional supervision involving thoughtful consideration and critical challenge may be undertaken by the same person, it is important that supervisors are clear about the distinctions between these elements. Supervisors must ensure that the demands of line management do not happen at the expense of supervision. A main focus of supervision is also the generation of ideas to develop practice. It is not the same thing as the management of risk, although these aspects may overlap. Thus, the key functions of management oversight and professional supervision may, where appropriate, available and formally agreed, be undertaken by different people.

Supervisors in their role as line managers are responsible for a broad range of management activities with supervisees including quality assurance of practice, management of service delivery, teaching and enabling of professional development. Such features and functions hold both the case holding supervisee and supervisor to account for their practice by being aligned to organisational values, professional standards of conduct and statutory guidelines and regulations.

Managers across the service, including The Head of Service, Early Help Lead, Team Manager and Deputy Team Managers, have overall responsibility for ensuring that a good quality service is provided which includes the following:

- Ensuring a professional response from the initial referral to the closure of the case.
- Overseeing good quality decisions about the type of response or investigation to be undertaken, and ensuring the skills, competences and capabilities are in place for a quality service.
- Providing clear direction and setting priorities in the service and management oversight of cases.



- Ensuring the young person and families voice is heard and fully considered when implementing the plan.
- Quality assuring to ensure good quality recording, analysis of need and report writing.

Outcomes

Oversight and supervision promote clear case direction and focus on achieving identified outcomes for children and their families.

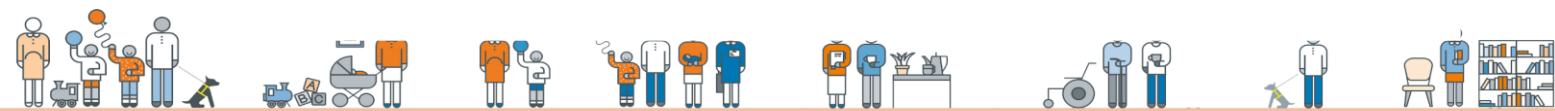
Confident and effective challenge is provided in the context of supportive supervisory relationships.

There is clear accountability and rationale for decision making which is well evidenced.

Managers and supervisors quality assure and prioritise work to ensure services of the highest quality are provided to children and their families.

Useful tools and resources

- Supervision policy
- One-minute guide on Supervision
- Supervision templates
- Good examples of supervision



Practice standard ten - Highest quality practice and service delivery

Aims

- We continue to provide robust and responsive services to a high standard.
- We notice and attend to new challenges, build on and replicate our successes, and plan for future needs of methods.

In order to provide a quality service, practitioners need to know what their managers expect of them; and managers need to be assured that work has been carried out to an acceptable standard.

In a practitioner's absence, colleagues need to be able to access records to understand how best to respond to any need arising. Information needed should be available from the contact summary screen, chronology, recent reports, and the latest records, plan, reviews and summaries.

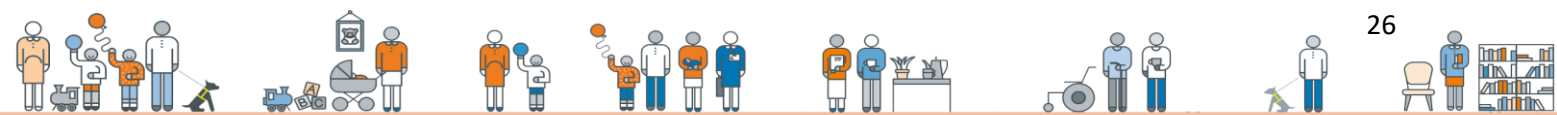
Quality assurance processes and practices allow us to check the work we are doing with families and that the support we are providing is timely and effective in improving outcomes. For this reason, our work is reviewed regularly in many ways.

We incorporate feedback from audits into how we deliver the services that we are providing for families. We take an appreciative and curious stance when chairing CP, CIN and CIC reviews.

Our Quality Assurance principles

- Child-centred – informed by the voice of the child and primarily considers the lived experience of the child and the impact of our intervention on their lives.
- Outcomes focussed – considers what is different for children as a result of our intervention.
- Reflects our systemic approach to practice.
- Collaborative – auditing and review are undertaken with staff rather than done to them. Everyone is invested in maintaining outstanding practice and improving outcomes for children.
- Positive - a strengths-based approach encouraging improvement, learning and development. Considers what we do well and what we could be even better at.
- Analytical in approach and uses evidence to support judgements. Intelligent use of data supports our understanding of practice and enables us to attend to emerging themes or patterns at an early stage.
- High standards - learning used to drive improvement. We ensure that we use what we have learnt from the consolidation of findings to drive ongoing improvement within the organisation.
- Accountable – we are all part of a system that continually challenges professional practice in order to promote the best outcomes for children and their families.

Outcomes are the results or effects of services or interventions. A focus on outcomes for children and young people help frontline staff understand the direct correlation between their actions in making a difference to the lives of children and families who receive services. Often the focus is on the process rather than the outcome, an



outcome’s approach puts children and families at the centre rather than the process.

Using an outcomes-based approach reinforces for frontline practitioners their role and responsibility, enabling them to see the direct link between their actions onto children, young people and families. If an assessment does not look beyond the superficial presentation of that child or family’s life, then all you are dealing with is the behaviours resulting from the underlying issue, and change will be limited and unsustainable. This leads to poor outcomes, as plans become task focused with limited evidence of change or impact. An outcomes-based approach combined with a strong ethos around learning and development supports improved outcomes for children, young people and their families, in making meaningful and sustainable change.

CLEAR DEFINITION OF QUALITY

- Improves outcomes for children and their families
- Underpinned by our model of practice (systemic)
- Children and families are clear about the purpose of interventions
- Reflects standards agreed locally and the policies, procedures and guidance that apply to our work

CLEAR MEASURES OF QUALITY

- Child and Family feedback
- Reflective, regular, and thematic case auditing with practitioners
- Moderation mechanisms to quality assure audits
- Continuous QA as part of management oversight at every level
- QA Service IRO/CP chair, LADO and workforce development)
- Data – used in a SMART and analytic manner
- Learning from others - Ofsted, peers, partners

DRIVER OF CONTINUOUS IMPROVEMENT

- We are challenging of ourselves and ask the uncomfortable and difficult questions
- Focussed action is taken to develop, improve and strengthen
- All staff are invited to engage in improvement as habit
- We continue to measure the impact by monitoring and reviewing the action taken

Our Quality Assurance System

Outcomes

- We have a good understanding of the quality and impact of our practice.
- Quality assurance activity provides robust challenge in the context of a learning culture.



- We are responsive to new challenges, areas of development and themes arising from data and audits.
- We are an organisation that engages in improvement as habit.

Useful tools and resources

- Audit tool
- Quality Assurance framework



Specialist Contextual Safeguarding Tools

During your work with a family, specific issues might arise. There is a lot of separate guidance on each of these issues, some of which have been highlight in the table below:

Specific area	Where to find information
Domestic abuse	<ul style="list-style-type: none"> gov.uk/government/consultations/support-for-victims- of-domestic-abuse-in-safe-accommodation
Mental health problems	<ul style="list-style-type: none"> nice.org.uk/guidance/cg123/ifp/chapter/ Common-mental-health-problems
Substance misuse	<ul style="list-style-type: none"> turning-point.co.uk/drug-and-alcohol-support
Sexual exploitation	<ul style="list-style-type: none"> gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners
Criminal exploitation	<ul style="list-style-type: none"> gov.uk/government/publications/criminal-exploitation- of-children-and-vulnerable-adults-county-lines
Learning difficulties	<ul style="list-style-type: none"> helpguide.org/articles/autism-learning-disabilities/learning-disabilities-and-disorders
Contextual safeguarding	<ul style="list-style-type: none"> contextualsafeguarding.org.uk/about/ what-is-contextual-safeguarding
Female Genital Mutilation	<ul style="list-style-type: none"> gov.uk/government/publications/safeguarding- women-and-girls-at-risk-of-fgm
Child going missing	<ul style="list-style-type: none"> Refer to the City children going missing procedures. This can be found on the website and within teams.
Gang involvement	<ul style="list-style-type: none"> Contact the Integrated Gangs unit in the City to see support and help, the Integrated Gangs police officers in the City or https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/189392/DCSF-00064-2010.pdf
Criminal behaviour	<ul style="list-style-type: none"> assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/676072/youth_justice_statistics_2016-17.pdf Seek advice and information from your Youth Offending Services
Private fostering	<ul style="list-style-type: none"> privatefostering.org.uk/
No recourse to public funds	<ul style="list-style-type: none"> nrrpfnetwork.org.uk/guidance/Pages/default
Legislative and Statutory guidance	<ul style="list-style-type: none"> Children Act 1989 /Children Act 2004 /Children and Families Act 2014: legislation.gov.uk/ukpga/2014/6/contents/enacted Working Together to Safeguard Children 2018: assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf Children and Social Work Act 2017: legislation.gov.uk/ukpga/2017/16/contents Homelessness Reduction Act 2017: legislation.gov.uk/ukpga/2017/13/contents General Data Protection Regulation May 2018: gov.uk/government/publications/guide-tothe-general-data-protection-regulation The Department for Education’s statutory guidance: gov.uk/government/collections/statutory-guidance-schools



Care of unaccompanied migrant children and child victims of modern slavery	<ul style="list-style-type: none"> assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/656429/UASC_Statutory_Guidance_2017.pdf
The National Society for the Prevention of Cruelty to Children	<ul style="list-style-type: none"> learning.nspcc.org.uk/research-resources/?type=4574
The United Nations Convention on the Rights of the Child (UNICEF)	<ul style="list-style-type: none"> downloads.unicef.org/wp-content/uploads/2010/05/UNCRC_united_nations_convention_on_the_rights_of_the_child.pdf?ga=2.209951125.103771176.6.1562148906-969124518.1562148906

Frequently asked questions

Q: Where can I find the One Minute Guides for all subjects?

A: This can be found on the shared drive. Note we are to migrate to Teams Site and the guides will be held there too.

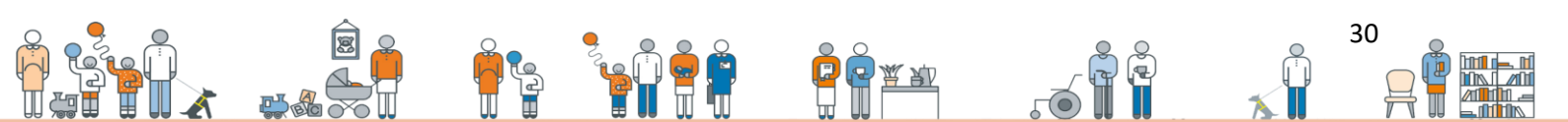
Q: Where can I find the Good Practice examples?

A: This can be found on the shared drive and once migrated, on the Teams Site

Q: Who can I contact to find systemic practice theories and tools?

A: The following email address for all information on systemic materials –

Social.CareLearning@cityoflondon.gov.uk



Appendices

Types of Assessments completed in Social Care and the expectations:

Type of assessment review or visit	Purpose	Corresponding plan	Timescales
Early Help assessment	To assess the needs of the family and agree goals	Early Help plan	One visit per month and TAF meetings eight-12 weeks
Child and Family Assessment	To assess the holistic needs of the child/family	CIN or CP	As agreed with Supervisor as timely and proportionate in the circumstances. 20 days is standard. No later than within 45 days
Children in Need plans and Reviews	To assess the needs of the family under S17 of the CA 1989	CIN plans CIN reviews	Visits at least every six weeks and three monthly review of CIN plan. This is unless the child is supported solely as a child with a disability with a long term care plan as CIN, visits, with agreement of the manager and family, and subject to risk assessment, can be every 12 weeks. This is reviewable depending on changing need and risk.
Child protection investigation (s.47)	To assess the level of risk following allegation or indication of harm (or risk of harm)	CP investigation through to ICPC process	Investigation to commence within 24 hours. Other processes are dependent on child's circumstances ICPC within 15 days of strategy discussion, 1st review conference within three months then at six monthly intervals
Child protection	To ensure and oversee safeguarding risks and continue to assess the families	Child protection plans / Core Group Meetings CP visits	Children should be seen at a minimum every ten working days, core group meetings held every



	need under child protection procedures		six weeks and CP plan to be reviewed
Looked After Children	To ensure all children in our care are being reviewed regarding their needs	LAC reviews LAC visits	1 st review within 20 days of children becoming CIC, 2 nd review within three months and then six monthly. Visits weekly for the first four weeks after any placement move. Then every four to six weeks unless otherwise agreed as part of permanency plan, which can reduce to every three months with agreement of manager and subject to review at CIC reviews.
Pathway plan/ reviews	To ensure our looked after young people are receiving the right support	Care leavers plan	Every six months
Private fostering assessment	When a child under the age of 16 (under 18 if disabled) is cared for by someone that is not their parent or a ‘close relative’. This is a private arrangement made between a parent and a carer, for 28 days or more	CIN plan	As agreed with Supervisor as timely and proportionate in the circumstances. No later than within 45 days
SGO	Initial Viability assessment required to assess suitability to proceed to full assessment Assessment of connected persons to the child as alternative permanent carers Usually completed as part of parallel	Connected Persons Assessment and support plan	Ten working days from point of referral 12 weeks for full assessment



	planning in care proceedings		
Reg 24	This is when a child that is LAC is placed with a connected person. ADM approval is required to make the placement. In law this gives 16 weeks for them to be assessed and approved as a foster carer (for that specific child only)	Connected Persons Assessment	16 weeks. If this case is in court, then court timescales will be met, and support plans will also be completed
Age Assessment	This is when there is reason to consider a young person is significantly above their given age	If of given age, LAC visits & reviews. If found to be an adult, transfer to Lunar House, Croydon for adult support.	28 days

