

CHILDREN'S SOCIAL CARE PRACTICE STANDARDS

It is anticipated that the Social Care Overarching Principles are delivered by our staff operating these standards in their day-to-day practice. The standards should be used in conjunction with the detailed Children's Social Care procedures hold on the intranet.

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STANDARDS FOR ALL RECORDS	PERSON RESPONSIBLE
MULTI - AGENCY SCREENING TEAM (MAST) – also see MAST Practice Handbook	
<p>The referral records the date and time the information was received and the names and details of the person making the referral.</p> <p>It will also record full basic details of the child/young person, parent/carers, significant others, everyone in the household, ethnicity, nationality, first language, religion, disabilities, SEN status and school attendance data and any communication requirements, as well as if consent has been obtained from the parent/carer.</p> <p>Full referral information and appropriate support evidence needs to be obtained at point of referral, including service being requested and any other agency/professionals involved with the child.</p> <p>It is essential the referral is recorded on CASS on the date of referral.</p> <p>The Referral Information Coordinator (RIC) alerts the Team Manager (TM), or Practice Manager (PM) to any immediate Child Protection referrals.</p>	Referral Information Coordinator
<p>The referral is finalised within 24 hours unless it is an immediate child protection referral which should be completed within 2 hours.</p> <p>The referral records the decision made, further action required and outlines the reason for this. Decision will be informed by historical and current information held by Children Services, as well as partner agencies in MAST and this is to be recorded on Referral Record.</p>	Team Manager/ Practice Manager
<p>The referrer is informed in writing of the outcome of the referral and a case note added in the child's record to confirm this has taken place within 24 hours of the decision.</p>	Referral Information Coordinator
<p>If an immediate Strategy Discussion is required this is held with the partner agencies in MAST including relevant external agencies where appropriate.</p> <p>This is initiated and chaired by the TM, or PM, who will immediately notify the CAT Duty Practice Manager (PM) and they will identify an appropriately experienced Social Worker to attend the meeting.</p> <p>The TM must ensure that full consultation takes place with all relevant agencies prior to the strategy meeting to ensure their information informs decision making.</p> <p>The TM/PM will immediately complete the CASS Strategy document recording the discussion and outcome of the meeting.</p>	Team Manager/ Practice Manager

<p>'For all open cases where a medical is required, a strategy discussion must be held with the Police as a minimum, and this will arrangement will apply to any subsequent medicals. If 3 medicals are held within a 12 month period, a formal strategy meeting must be held with the clear expectation that the Police and Paediatrician attend as a minimum. The local authority legal representative must also be invited to that meeting.'</p>	<p>Team manager NEW following SCR</p>
<p>The PM reviews all Contacts/Referrals and identifies and allocates any tasks to be undertaken by the Screening Social Workers, that is required to make an informed decision in respect of the referral.</p>	<p>Practice Manager</p>
<p>Screening Social Worker completes tasks identified by PM so the referral can be Reviewed and Outcomed within 24 hours.</p>	<p>Screening Social Workers</p>
<p>The referral is finalised by the duty manager</p> <p>The PM is responsible for reviewing the information recorded by the Referral Information Coordinator or MAST Screening Social Worker and quality assurance of the referral.</p> <p>The referrer is notified of the outcome of their referral in writing within 24 hours of the decision.</p>	<p>Team Manager</p> <p>Practice Manager</p> <p>Referral Information Coordinator</p>
<p>CHILDREN'S ASSESSMENT TEAM (CAT)</p>	
<p>MAST TM/PM will allocate on CASS cases outcomed for further assessment to the CAT Inbox.</p> <p>Where the complexity warrants it, this will be done following a personal or a telephone discussion between the TM and Duty PM and/or the allocated social worker.</p>	<p>MAST Team Manager /Practice Manager</p>
<p>The case is allocated to a suitably trained and experienced worker within 24 hours. All Section 47 investigations will be allocated immediately.</p>	<p>Duty Practice Manager</p>
<p>A 'face to face' discussion should take place between the social worker and the allocating Practice Manager-at the point of allocation.</p> <p>Although allocation should take place electronically within the CASS System this should <u>not</u> replace the need to speak with the worker. This discussion should include:</p> <ul style="list-style-type: none"> • The nature of the concerns • Historical facts to take into account • Timescale for visit to the child/family • Who the worker should speak to following the initial visit. 	<p>Duty Practice Manager</p>

<p>There is clear recorded instruction as to the initial work to be completed during the course of the Single Assessment.</p> <p>The Duty Practice Manager-should clearly record in a “Case Management” case note and within the Single Assessment the tasks and targets which have been discussed with the worker.</p>	<p>Duty Practice Manager</p>
<p>Child and Family Single Assessment (for comprehensive guidance supporting these standards, please see the Child and Family Single Assessment Guidance document)</p>	
<p>The timeframe will be clearly identified as the standard 15 days, with a progress review by day 8, unless further time is required for completion of a more comprehensive assessment. Additional time can be 25, 35 or the maximum 45 days. The case would then be reviewed as per procedures within supervision, at additional review points, or when the assessment is completed and submitted for sign off.</p> <p>The assessment will be regarded as completed once it has been signed off/approved by their line manager. Where the assessment is not completed within timescales, the reason for this should be recorded.</p> <p><u>Refer to Child and Family Single Assessment Guidance.</u></p>	<p>Social Worker/Practice Manager</p>
<p>Unless the visit is made under Section 47, the social worker should, where appropriate, arrange to make the initial visit jointly with the referrer within 5 working days of allocation.</p> <p>At the first home visit made for the preparation of the assessment, the child/young person and his/her parent/carer is provided with a copy of:</p> <ul style="list-style-type: none"> • The consent to share information leaflet and signed • Consent obtained • The Complaints leaflet • The Access to Records leaflet. 	<p>Social Worker and referrer where appropriate</p>
<p>The child/young person must always be seen as part of the assessment and spoken to and seen alone where age appropriate.</p>	<p>Social Worker</p>
<p>The assessment record clearly, explicitly and separately records all of the following:</p> <ul style="list-style-type: none"> • Reason for the assessment • Child/young person’s developmental needs • Parents capacity to respond appropriately to child/young person’s needs • Family and environmental factors that impact upon the child and his/her family • Impact of ethnicity and diversity • The child’s and parent/carer’s views 	<p>Social Worker</p>

<ul style="list-style-type: none"> • An analysis of risk and protective factors in the family. <p>Information should be gathered from a variety of sources to inform the assessment including the child, his/her family and professionals in other agencies who know and are delivering services to the child and his/her family. The assessment should cover in detail the three domains and dimensions as detailed in the Framework for the Assessment of Children in Need and their Families, alongside Working Together (2015) Guidelines.</p>	
<p>The assessment should take into account any previous involvement with the child/young person and the current assessment is set in the context of the historical information.</p> <p>A chronology should be updated as part of the assessment, or commenced as this provides a summary of previous involvement with the child and the historical context for any assessment. The chronology should include events significant to the child’s journey and a brief synopsis of the event and its outcome. This should include the multi-agency chronology provided and any other significant events reported by other agencies.</p> <p>Previous involvement with the child and his/her family is critical information to support the evaluation and assessment of the current presenting needs. Any assessment of a child should be set in the context of previous involvement and concerns as this may highlight any emerging patterns or indicators of risk or harm in this family. As such, the chronology must be utilised whilst the assessment is being completed.</p>	Social Worker
<p>The record should detail the date/s the child/young person and family members were seen for the purposes of preparing the assessment and clearly, explicitly and separately record:</p> <ul style="list-style-type: none"> • The wishes and views of the child/young person and how they have informed decision making • The wishes and views of the parents/carer and how they have informed decision making. <p>Gathering information and making sense of a family’s situation are key phases in the process of assessment. It is not possible to do this without the knowledge and involvement of family. It requires direct work with the children and their family members and the social worker will need to meet with them to complete the assessment.</p>	Social Worker
<p>The assessment records the names and designations of all agencies/professionals that contributed or were consulted in the preparation of the assessment.</p> <p>Details of those who contributed to the assessment should be recorded in the assessment record. If information is requested but has not been provided within timescales, then this should be noted and once received,</p>	Social Worker

<p>recorded in the case notes.</p> <p>In order to effectively complete an assessment of a family, this should be undertaken on a multi agency basis. An assessment planning meeting may be considered at the outset of the process in complex cases which identifies what information is required and who should provide this.</p>	
<p>The assessment analyses the needs of the child, the parents' capacity to meet those needs and family and environmental factors impacting upon the family to inform the decision making process. There must be an analysis of the level of risk to the child.</p> <p>The most important part of the assessment process is the analysis of the information gathered and the implications of this to the protection and welfare of the child. The social worker should identify any indicators of risk or harm or impairment to child's welfare as well as protective factors that will keep the child safe.</p>	Social Worker
<p>Details of what further action is to be undertaken including the reason for this, need to be recorded within the assessment.</p>	Social Worker
<p>The outcome of the assessment is recorded and details of what further action, if any, is to be undertaken including the reason for this. The assessment record should explicitly detail:</p> <ul style="list-style-type: none"> • Any indicators of significant harm or impairment to the child's welfare • Protective factors • What needs to change or happen • What services are required to ensure that the identified needs of the child are met. 	
<p>Where the assessment identifies the need for services to be put in place immediately, then this should be actioned and not delayed until all assessments are completed.</p>	Social Worker
<p>There is documentary evidence that the child/young person and his/her parent/carer are informed of the outcome of the assessment and provided with a copy.</p> <p>Assessments are undertaken in partnership with families and the completed assessment should be shared with the child (dependent upon age) and his/her parent/carer and provided with a copy. This ensure that they fully understand the reasons for decisions reached by the social worker, have the opportunity to challenge the decision making process and can correct any factual inaccuracies in the record.</p>	Social Worker
<p>The assessment is authorised by the line manager.</p> <p>It is the role of the line manager to ensure that the quality of the assessment meets the required standards and that the decisions reached</p>	Practice Manager/Team Manager

<p>are based on a sound analysis of the information gathered and will safeguard the child and promote his/her welfare.</p>	
<p>CIN PLANNING</p>	
<p>Following completion of the assessment where the outcome is this is a Child in Need, a CiN Planning Meeting should be convened within 10 working days where the plan will be completed.</p> <p>Upon completion of the assessment, the plan should be prepared outlining the outcomes to be achieved and services delivered to meet the assessed needs. This should be completed within 10 days to ensure that services are co-ordinated and delivered to the child in a timely manner.</p>	<p>Social Worker</p>
<p>The plan will be SMART and explicitly detail:</p> <ul style="list-style-type: none"> • The outcomes to be achieved • The actions required to achieve the outcome • Timescales for actions to be completed, either a target date or frequency • Who is responsible for the implementation of the action <p>The actions outlined in the plan should be specific, measurable, achievable, realistic and have set timescales. Terms like 'ongoing' and ASAP are not acceptable.</p>	<p>Social Worker</p>
<p>The plan will state the minimum visiting frequency required of the lead professional or the social worker.</p> <p>The plan should explicitly detail the minimum frequency that the lead professional or the social worker will visit the child and his/her family. The minimum visiting frequency should be individually determined based on the needs of the child but should not be less than four weekly.</p>	<p>Social Worker</p>
<p>The plan is prepared in consultation with the child/young person and his/her parent/carers and their views are recorded on the plan and agreed at the planning meeting.</p>	<p>Social Worker</p>
<p>The objectives of the plan and how they will be achieved are discussed with all relevant family members, agencies and professionals and their details recorded.</p> <p>The plan should be implemented by the team around the child led by the lead professional or the social worker and as such, it is essential for other professionals working with the child to know what services are being provided to the child and his/her family by whom and when. This ensures that there is no duplication of service delivery, that services provided are complementary and everyone working with the child is aware of who is doing what.</p>	<p>Social Worker</p>

<p>The child/young person, his/her parent/carers and all key family members and agencies are provided with a copy of the plan within five working days of the meeting.</p>	<p>Social Worker</p>
<p>REVIEW OF CHILD IN NEED PLAN</p>	
<p>Reviews of the plan should take place at six weekly intervals. However the multi-agency group may decide that less frequent reviews at up to three monthly intervals are required. Children who are managed at CIN level 3 will be reviewed at a minimum of 6 monthly intervals.</p> <p>Plans should be regularly reviewed by the multi agency team around the child to ensure that the plan remains relevant, the services delivered are effective and timescales for action are being achieved.</p>	<p>Social Worker/ Practice Manager</p>
<p>The review monitors progress against the implementation of the plan and this is explicitly recorded with any concerns or changes to the plan.</p>	<p>Social Worker/ Practice Manager</p>
<p>Any new information received about the child is evaluated and responded to.</p> <p>Through the child in need review process, the team around the child should share information about the child and this information evaluated in the context of the assessment and plan. Assessment should continue throughout the period of intervention and professionals need to keep their judgements under constant critical review being willing to respond to and challenge new information. CIN Assessments should be updated annually, in line with other assessment processes.</p>	<p>Social Worker/ Practice Manager/Lead Professional</p>
<p>In circumstances where there is concern about additional risk, the Practice Manager may request that a Single Assessment is carried out by the social worker.</p>	<p>Practice Manager</p>
<p>The child/young person and his/her parent/carers are supported to participate in the review process. The plan will clearly indicate how their wishes and feelings have informed planning and service delivery.</p> <p>Throughout the period of involvement with a child and his/her family, it is important to develop a cooperative working relationship so that the family feels respected, informed and listened to and that professionals are working with them in an open and honest way. Parents and children should be fully prepared for any meeting understanding who will be there, the purpose of the review and how they will participate in the process. Parents and children should be given clear feedback on how their contribution has been taken into account and acted on.</p>	<p>Social Worker/Lead Professional</p>

<p>Family members and other agencies/professionals are engaged in the review process.</p> <p>Other professionals should be fully prepared for the review meeting by being informed of the type and purpose of the meeting, who will be attending and the expectations of them in the meeting. The views of partner agencies are then reflected in the documentation.</p>	<p>Social Worker/ Lead Professional</p>
<p>CASE RECORDING</p>	
<p>Case recording is child focussed.</p> <p>The child must be seen and kept in focus throughout the intervention. It is imperative that the child's circumstances are seen through the child's personal experience. What does it feel like to be this child living in this particular set of circumstances? The voice of the child must be listened to and social workers should ask themselves what the child is telling them. Direct work with the child is essential to achieving child focussed intervention to ascertain their views and understand the meaning of their experiences to them.</p>	<p>Social Worker/ Lead Professional</p>
<p>A multi-agency chronology of key events for the child is maintained up to date.</p> <p>The chronology is a means to provide an overview of significant events in the child or young person's life and must be used by practitioners as an analytical tool to help them understand the impact, both immediate and cumulative, of events and changes on the child or young person's developmental progress. An up to date and complete chronology ensures that any emerging patterns or issues within the family of a serious or deep rooted nature are identified and responded to.</p>	<p>Social Worker/ Lead Professional</p>
<p>Case records are up to date within 24 hours where there are child protection concerns and within a maximum of 48 hours for all cases.</p>	<p>Social Worker/ Lead Professional</p>
<p>All case records reflect professional practice in particular:</p> <ul style="list-style-type: none"> • Use plain English rather than jargon • Distinguish between fact and opinion • Demonstrate a commitment to the principles of equality and valuing diversity • Include evidence of use of systemic concepts <p>Are respectful of the child/young person and his/her family</p>	<p>Social Worker/ Lead Professional</p>
<p>Case notes will detail:</p> <ul style="list-style-type: none"> • The date of the contact • The reason for the contact • Who the contact was between 	<p>All social care staff</p>

<ul style="list-style-type: none"> • Details of the contact • The outcome of the contact • Whether the child was seen and spoken to and if seen alone • An analysis of the contact • Any further action to be taken arising from the contact. • 	
Professionals supporting the child and his/her family are referred to in the records by name and designation.	Social Worker/ Lead Professional
Case records show when information has been shared and with whom.	Social Worker/ Lead Professional
Case records are accurate and grammatically correct. Details of relevant agencies and family members in are updated as appropriate the maintained persons' section.	Social Worker/ Lead Professional
Case records are subject to review and quality assurance in both supervision and file audit.	Social Worker/all Supervisors
CASE SUPERVISION	
<p>Each child/young person's case is supervised on a monthly basis.</p> <p>Regular supervision is essential to safe social work practice. It should provide a safe but challenging space to oversee and review cases.</p>	Practice Manager/Team Manager
<p>Records of cases to be supervised should be reviewed by the manager either prior or during the case supervision.</p> <p>In order to effectively supervise a case, managers must prepare for case supervision by reviewing the child's record to appraise themselves of the up to date circumstances regarding the child, to quality assure the standards of practice and be reassured that the intervention with the child is outcome focussed and complies with procedures.</p>	Practice Manager/Team Manager
<p>A case supervision record is completed each time the case is supervised and explicitly details:</p> <ul style="list-style-type: none"> • Review of actions from the last supervision • Significant events since the last supervision • Any key decisions made • Reflective analysis • Actions to be taken by social worker with timescales <p>The case supervision template should be fully completed and this will promote discussion, critical evaluation and ensure management oversight and decision making.</p> <p>More general reflection on the social worker's practice will take place and</p>	Practice Manager/Team Manager

be recorded in their personal supervision (see supervision policy for more information).	
Case supervision demonstrates evidence of robust and effective management oversight.	Practice Manager/Team Manager
Where individual cases are discussed within group pod supervision, the same standards for review and recording apply. (See Safe Successful Families Handbook for more detail).	
A copy of the case supervision record is stored on the child's electronic record.	Practice Manager/Team Manager/ Pod Coordinator
CIN with FIT lead (rather than social worker lead) The case is supervised by FIT on a monthly basis and management oversight by the Practice Manager is bi-monthly.	FIT Practice Manager
STANDARDS FOR VISITING	
All children should be visited by their social worker at an individually determined level agreed by the social worker and their line manager through the planning or supervision process which enables the effective delivery of services to safeguard the child and promote his/her welfare. The child's plan should clearly detail the minimum frequency at which the child is visited by his/her social worker and visits carried out at least in accordance with this minimum level. It is essential that children are seen and spoken to regularly by their social worker and this will often need to be more frequently than the minimum level outlined in the plan. Good social work practice will be guided by professional judgement based on the needs of the child.	NQSW/SW
STANDARDS FOR VISITING CIN/CP	
In order to safeguard children and ensure that minimum standards are in place, the service has determined minimum visiting standards as follows: <ul style="list-style-type: none"> • Children in Need – 4 weekly • Children who are managed at CIN level 3 - 6 weekly. • Children subject to Child Protection plans – 10 working days from the protection plan being put in place until the first review. Thereafter at a minimum of every 15 working days. 	NQSW/SW NQSW/SW SW/NQSW (only after

successful 6
month ASYE
review)

STANDARDS FOR VISITING CLA

- The child should be visited within **5** working days of the start of the child's first placement and within **5** working days of the start of any subsequent placement. Visits should be weekly for the first **4** weeks. Thereafter, at a minimum of **6** weekly unless otherwise agreed for the first year of any placement.
- Visits during subsequent years must also take place at intervals of not more than **6** weeks unless the placement has been formally agreed as a permanent placement which is intended to last until the child is 18; in those circumstances, the intervals between visits in the second and subsequent years of placement must not be longer than **3** months. (**Formal agreement takes place at the CLA review when the Care Plan endorsing the permanent placement is agreed.**)
- Where the child is placed in a **long-term foster placement**, the child should be visited within **1** week of the start of the placement and weekly for the first **4** weeks. Thereafter, the child must be visited at intervals of not more than **6** weeks for the first year of the placement.
- Visits during subsequent years must take place at intervals of not more than **3** months, where the child, being of sufficient age and understanding, has agreed to be visited at this minimum frequency. (This local standard is more frequent than the national standard of **6** months)
- Children placed for adoption – within 5 working days of placement and weekly until the first review, thereafter minimum of monthly until adoption is finalised
- However, the frequency of visits should always be determined by the circumstances of the case and the authority must arrange a visit whenever reasonably requested by a child, foster carer or caregiver regardless of the status of the placement

Social
Worker

Exceptions to the above

Event	Visit target date is calculated:
Placements with a temporarily approved foster carer or a child living with parents under an interim care order	Placement under Regulation 24 or a child living with parents under ICO must be visited at least weekly until the first review. Subsequently at intervals of no more than 4 weeks until the carer is approved or the final hearing of care proceedings.

<p>A child placed back with parents</p>	<p>Where a care order has been made, the child should be visited within one week of the order being made and then at intervals of no more than 6 weeks. Where an assessment is underway and not completed, the child must be visited at least weekly until the first review and then at intervals of no more than 6 weeks until the assessment is completed.</p>	
<p>A child in care where accommodation is not provided by the responsible authority</p>	<p>Children placed in secure accommodation following sentence or YOIs must be visited within one week and weekly following any change. Visits must take place every 6 weeks and at intervals of no more than 3 months in subsequent years</p>	
<p>Section 30A of the Care Standards Act 2000</p>	<p>A visit must also be made within one week of receiving a notification under section 30A of the Care Standards Act 2000 when the children's home in which the child is currently placed is referred to in that notification</p>	
<p>The social worker must visit the placement if there is any proposal to remove the child from the placement where there are concerns about welfare.</p>		

CHILD PROTECTION STANDARDS

a) STRATEGY MEETINGS/DISCUSSIONS

<p>This should be timely, but take place in sufficient time to protect the child and to allow partner agencies to attend.</p> <ul style="list-style-type: none"> • For allegations/information indicating risk of significant harm to the child, the strategy meeting/discussion should be held on the same day as the receipt of the contact. • Where additional information needs to be gathered, the relevant manager may - in consultation with the police - decide to extend the timescale to a maximum of 24 hours. • For allegations against staff, a LADO referral should be initiated within 1 working day • Strategy Meetings/discussions should be led by a practitioner with line management responsibilities. • The Safeguarding Admin team must be notified within 5 working days of the strategy meeting when the outcome is an initial Child Protection Conference. <p>Timescales for subsequent strategy meetings should be set at the initial meeting.</p>	<p>Practice Manager /Team Manager</p>
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<p>The strategy meeting/discussion gathers information from and consults with key professionals involved with the child.</p> <p>Strategy meetings/discussions must involve children’s social care, health and the police as a minimum, but other key agencies should be involved as appropriate. In particular, every effort must be made to consult with the school or nursery and the referring agency. The TM-or Practice Manager must ensure that full consultation takes place with all relevant agencies prior to the strategy meeting to ensure their information informs decision making.</p> <p>The TM will immediately complete the CASS Strategy document recording the discussion and outcome of the meeting.</p>	<p>Practice Manager /Team Manager</p>
<p>The reason for the strategy meeting/discussion is recorded.</p>	<p>Practice Manager/Team Manager</p>
<p>The strategy record outlines information shared and an analysis of risk to the child.</p> <p>The tasks of the strategy meeting/discussion are to:</p> <ul style="list-style-type: none"> • Share available information; • Determined whether the threshold has been met for a section 47 enquiry/assessment to be initiated • Agree the conduct and timing of any criminal investigation, where relevant • Plan how the section 47 enquiry should be undertaken including the need for medical examination and/or treatment • Agree any action required to secure the immediate safety of the child • Determine what information will be shared with the family • Determine if legal action is required. • 	<p>Practice Manager/Team Manager</p>
<p>Information shared and action agreed is considered within the context of child’s racial, cultural, religious or linguistic background</p> <p>This will include establishing whether an interpreter is required.</p>	<p>Practice Manager/ Team Manager</p>
<p>Any need arising from a disability is taken into consideration and appropriate plans put in place.</p>	<p>Practice Manager/Team Manager</p>
<p>The strategy record details the decision of the discussion/meeting and reason for this.</p> <p>Any information shared, all decisions reached and the basis for those decisions should be clearly recorded by the chair of the strategy meeting/discussion and circulated within one working day to all parties to the discussion.</p>	<p>Practice Manager Team Manager/Pod Coordinator/RICS</p>

b) SECTION 47 ENQUIRIES	
<p>The section 47 enquiry/assessment should be led by a qualified and experienced social worker. Newly Qualified Social Workers do not lead section 47 enquiries within the first 6 months of practice, but may co-work with a suitably qualified and experienced worker.</p> <p>The lead worker is responsible for ensuring an accurate record of the section 47 enquiry/assessment.</p>	Practice Manager/Team Manager
<p>All children in the household must be visited and spoken to during a section 47 enquiry and their views recorded. Those who are the focus of the concern should be seen alone, subject to age. Parental permission should be sought wherever possible and appropriate.</p> <p>Children are a key and sometimes the only, source of information about what has happened to them. Accurate and complete information is essential for taking action to promote the welfare of the child. It is important that discussions with children are conducted in a way that minimises distress; leading or suggestive communication should always be avoided. Children may need to be seen away from home in a safe environment. Children may need time and more than one opportunity to develop sufficient trust to communicate any concerns they may have.</p>	Social Worker
<p>The child's parents/carers should be interviewed and their views recorded.</p> <p>The Local Authority has a duty to work in partnership with parents. In the great majority of cases, children remain with their families following section 47 enquiries, even where concerns about abuse or neglect are substantiated. As far as possible, enquiries should be conducted in a way that allows for constructive working relationships with families and parents/carers are given an opportunity to express their views and these are taken into consideration.</p>	Social Worker
<p>The needs and safety of all children in the household are considered and assessed.</p> <p>Those making enquiries about a child should always be alert to the potential needs and safety of any siblings or other children in the household of the child in question. In addition, enquiries may need to consider children in other households with whom the alleged perpetrator has contact.</p>	Social Worker
<p>Non resident parents, others with PR and significant others are appropriately involved and their views recorded.</p>	Social Worker
<p>A Child and Family Single Assessment is automatically commenced at the same time as a section 47 enquiry is initiated.</p>	Social Worker

<p>This should cover all relevant dimensions in the Framework for Assessment of Children in Need and Their Families, in addition to the child protection concerns. Information should be gathered in a systematic way and should include the history of the child, family and household members including any previous specialist assessments and an analysis of risk.</p>	
<p>At the completion of the enquiries, the line manager analyses the information and agrees the outcome of the enquiry and/or plan any further actions in consultation with any relevant professionals.</p>	<p>Practice Manager/ Team Manager</p>
<p>c) CHILD SUBJECT TO A PROTECTION PLAN</p>	
<p>An initial child protection conference must be convened following a section 47 enquiry that concludes that a child is suffering significant harm and remains at risk of harm or likely to suffer significant harm. This has to be agreed by the relevant line manager.</p>	<p>Team Manager/Practice Manager</p>
<p>The initial child protection conference (ICPC) is held within 15 working days of the strategy meeting.</p>	<p>Team Manager/Practice Manager/ CPCC</p>
<p>An ICPC must consider all children in the family or household.</p> <p>Even where concerns are being expressed only in relation to one child, all children must be identified and the risk of harm to them assessed.</p>	<p>Child Protection Conference Chair (CPCC)</p>
<p>The Single Assessment is the basis for the social work report presented to the conference and includes a detailed analysis of the information for the child's future safety, health and development.</p> <p>The information presented to the conference should therefore include:</p> <ul style="list-style-type: none"> • A completed Single Assessment which includes a chronology of significant events, agency and professional contact with the family, incorporating historical information. • The Single Assessment must also include analysis of the risk to the child/ren • A genogram incorporating details of the family, significant friends and the wider social network • Recommendations to the conference. 	<p>Social Worker/ CPCC</p>
<p>The Single Assessment is prepared and shared with the child/young person (where appropriate) and parents/carers at least 5 days prior to the conference. The report must be signed by the Team Manager or Practice Manager and be completed on CASS.</p> <p>For Initial Child Protection Conferences the SA should be received by the Safeguarding Admin team no later than 3 days prior to the ICPC. For Review Child Protection Conferences this should be no later than 5 days prior to the RCPC.</p>	<p>Social Worker/Team Manager/Practice Manager</p>

<p>The child (where appropriate) and parents/carers contribute meaningfully to and where possible attend the conference and their views are recorded and taken into account.</p> <p>Attendance at a conference must be carefully planned, the social worker should ensure that all person's with parental responsibility and significant others are given sufficient information and support to make a meaningful contribution. The social worker must explain to child/parents/carers the purpose of the meeting, who will attend, the way in which it will operate, their right to bring a person for support or an advocate. The social worker should refer the child to the advocacy service with the child's consent, unless this is not appropriate.</p> <p>The Social Worker and Child Protection Conference Chair to discuss any potential risks which may need managing prior to, during and after the Conference to ensure that the safety of participants is maintained.</p>	<p>Child Protection Conference Chair</p> <p>Social Worker</p> <p>Social Worker/ Child Protection Conference Chair</p>
<p>The Strengthening Families model is used within the conference and the minutes reflect the discussion held providing information on risk, safety, complicating factors.</p> <p>The record of the child protection conference is a crucial document for all relevant professionals and family members and includes:</p> <ul style="list-style-type: none"> • The essential facts of the case • A summary of the discussion which accurately reflects contributions made • All decisions reached with information outlining the reasons for the decision • A translation of decisions into an outline or revised child protection plan enabling everyone to be clear about their tasks <p>The main decisions should be recorded and circulated to all those invited to conference within 1 working day and the full minute circulated within 15 working days.</p>	<p>Child Protection Conference Chair</p>
<p>The Chair's summary accurately assesses the risk and ongoing likelihood of significant harm.</p>	<p>Child Protection Conference Chair</p>
<p>An outline Child Protection Plan which is outcome focused is discussed in conference and produced within 1 working day of the conference. The 1st core group develops the Outline Child Protection Plan into a full Child Protection Plan which is SMART at its 1st meeting within 10 working days of the ICPC. The Practice Manager should attend the first core group meeting to quality assure the SMART plan.</p> <p>Guidance for core group members is available as part of the CSCB procedures and through the conference chair.</p>	<p>Child Protection Conference Chair</p> <p>Practice Manager</p>
<p>The Child Protection plan clearly outlines what action should be</p>	<p>Social Worker/</p>

<p>taken in the event that parents/carers do not cooperate with the protection plan.</p> <p>The Team Manager or Practice Manager must sign off the final Child Protection Plan. The contingency plan should be realistic, specific and clear.</p>	<p>Child Protection Conference Chair/ Team Manager</p>
<p>Where the ICPC decides that the child does not need to become the subject of a plan, the conference will consider whether recommendations should be made for services to be provided to the child.</p> <p>The conference together with the family should consider the child's needs and what further help would assist the family in responding to them. Where appropriate, a child in need plan or Early Intervention Single Assessment (EISA) should be drawn up and reviewed in accordance with the standards.</p>	<p>Child Protection Conference Chair</p>
<p>The first core group meeting must be within 10 working days of the conference to produce an outcome focused detailed and SMART protection plan and this is distributed to family and professionals. They should be attended by the relevant Practice Manager.</p> <p>The detailed child protection plan should:</p> <ul style="list-style-type: none"> • Have the child and his/her needs at the centre of the plan; • Include specific, achievable, child focussed outcomes intended to safeguard and promote the welfare of the child; • Include realistic strategies and specific actions to achieve the planned outcomes; • Clearly identify roles and responsibilities of professionals and family members including the nature and frequency of contact by professionals with children and family members; • Lay down the points at which progress will be reviewed and the means by which progress will be judged; • Set out clearly the roles and responsibilities of those professionals with routine contact with the child as well as any specialist or targeted support to the child and family. • Set out clearly the contingency plan. 	<p>Social Worker/Practice Manager</p>
<p>At the first Core Group Meeting a Core Group Agreement should be drawn up which should address arrangements in respect of the work of the Core Group which should include:</p> <ul style="list-style-type: none"> • Chairing • Minuting <p>The same person should not be expected to both chair and minute the meeting.</p>	<p>Social Worker/Practice Manager</p>

<p>Core group meetings should take place at no less than 4 weekly intervals. The minutes of the meeting and the updated Child Protection Plan should be circulated by the social worker to all professionals and the family within 5 working days of the core group meeting.</p> <p>All professionals should be made aware that they have a responsibility to ensure they have an up-to-date copy of the Child Protection Plan.</p>	<p>Social Worker</p> <p>Child Protection Conference Chair</p>
<p>The core group meetings are attended by key family members, including the child where appropriate and professionals and these are recorded accurately to reflect what information has been exchanged, the progress against the child protection plan and future action attributed to different members of the core group.</p> <p>All members of the core group are jointly responsible for the formulation and implementation of the protection plan, refining the plan as needed and monitoring progress against the planned outcomes set out in the plan.</p> <p>Core group members may find it beneficial to arrange pre-planning time (immediately) prior to the full core group meeting to agree the agenda and approach to the meeting and highlight any specific issues to be addressed.</p>	<p>Social Worker</p>
<p>The Review Child Protection Conference (RCPC) must be held within 3 months of the initial conference and thereafter at intervals of not more than 6 monthly for as long as the child is subject to a protection plan.</p> <p>Review conferences may take place earlier, if this meets the needs of the case.</p>	<p>Child Protection Conference Chair</p>
<p>The Single Assessment which constitutes the report for the Review Child Protection Conference should be signed by a manager and be available on CASS no later than 5 days prior to the RCPC.</p>	<p>Social Worker</p>
<p>Where a child protection plan is discontinued, the conference will consider and make recommendations regarding support and services that the child may still require and if a child in need plan or an Early Intervention Plan is recommended then this will be developed within 10 working days of the conference.</p> <p>The discontinuing of a child protection plan should never lead to automatic withdrawal of help. The conference should give full consideration to and make recommendations regarding what services might be wanted or required. The multi-agency group should use these recommendations to inform any follow up planning.</p>	<p>Child Protection Conference Chair / Social Worker</p>
<p>CHILDREN LOOKED AFTER</p>	
<p>The decision to look after the child is based on a thorough assessment.</p>	<p>Social Worker</p>

<p>The decision to look after a child must be considered and agreed at Gateway Panel. A child should only become looked after where an assessment has been completed and determined it is in the child's best interests to do so and other options have been fully explored.</p> <p>Before presentation to Gateway Panel, the assessment and application for the Panel must have been agreed with and signed off by the Practice Manager and Team Manager.</p>	<p>Social Worker/Practice Manager/Team Manager</p>
<p>If adoption is being considered (even as a contingency) the adoption agency One Adoption should be notified regarding the child and any other enquiries that might be needed if there are siblings who are already adopted.</p>	
<p>The process of a child becoming looked after will wherever possible, be planned and child focused.</p> <p>Where, through a child protection enquiry it becomes apparent that a child is at immediate risk of significant harm and cannot be protected within the home or family, permission for an emergency placement should be sought from the Head of Service to secure the child's safety. In all other circumstances, the process of placing a child in care should be planned, with the child being able to visit his/her prospective placement and meet carers and a placement planning meeting held to agree the arrangements for the child coming into care. This will minimise the potential harm and distress to the child upon separation from his/her parents.</p>	<p>Social Worker/Team Manager</p>
<p>Family and friend care options have been thoroughly explored.</p> <p>Opportunities should be given for parents or carers to propose family options to keep their child safe, where they cannot do this themselves. Care by a relative should be considered in all cases before any decision is made that a child should come into care. Family group conferences are a good way of ensuring that all resources within the child's wider social networks have been tapped to benefit the child. There needs to be a clear record of the arrangements proposed by the family and clear evidence that the family are willing to make a commitment to keep the child safe.</p>	<p>Social Worker/Team Manager</p>
<p>Child has been provided with an information pack upon becoming looked after (including details of complaints procedure and advocacy services).</p> <p>Children should receive a transparent service and know their rights to complain and see any records. Children should be provided with information relating to their placement, advocacy and independent visitor services and these should be discussed with the child to ensure s/he is aware of their rights and services available to them.</p>	<p>Social Worker</p>
<p>The Placement Information Record is completed prior to or within 5</p>	<p>Social Worker/</p>

<p>working days of the placement, is authorised by the Practice Manager and signed by all parties and distributed.</p>	<p>Practice Manager</p>
<p>The child is allocated to a qualified social worker.</p>	<p>Practice Manager /Team Manager</p>
<p>The Care Plan is fully completed and identifies intended SMART outcomes and how these will be achieved. This is finalised at the placement planning meeting and at the latest within 72 hours of the child being placed.</p> <p>The child’s care plan should be based on an up to date assessment of the child’s needs and detail the services to be provided to meet these. The overall aim of the care plan is to reflect the plan for permanence for the child as agreed at the second review.</p>	<p>Social Worker</p>
<p>The Care Plan outlines the wishes and views of the child/young person and his/her parent/carer and how they have been taken into account in planning.</p> <p>Children and their birth families are important partners in the care planning process in line with statutory requirements. Consideration should be to the use of use of advocacy services to support children and parents throughout the process.</p>	<p>Social Worker</p>
<p>The Care Plan clearly details arrangements for contact between the child and his/her parents/siblings and this is communicated to child/parent/sibling/carer.</p> <p>The arrangements for contact must be at the heart of care planning including in processes and procedures related to adoption. Links with family and friends are vitally important to children looked after and provide important continuity and a sense of identity. Once a child becomes looked after, making appropriate arrangements for contact should be an early priority ensuring the child is able to see significant family members whilst maintaining their safety and wellbeing. Contact arrangements should be confirmed in writing and include a risk assessment.</p> <p>The social worker should observe any supervised contact at least once between each review and be able to report on and analyse its content and quality.</p>	<p>Social Worker/ Contact Workers</p>
<p>Effective work is undertaken with the child and family to enable those children who can return home to do so in a timely way.</p> <p>Children should not remain in care longer than is absolutely necessary and wherever possible arrangements should be made to facilitate the child’s return home with a package of support services that will meet the needs of the child and his/her parents/carers.</p>	<p>Social Worker</p>

<p>A health assessment is completed within 20 working days of child/young person becoming looked after and is reviewed annually (6 monthly for children under 5).</p> <p>Statutory health assessments are able to identify health needs and health neglect that may otherwise go unrecognised.</p>	<p>Social Worker Designated Nurse</p>
<p>The child/young person has an annual dental check.</p>	<p>Social Worker/ Carer</p>
<p>A Strengths and Difficulties Questionnaire (SDQ) should be completed for children over 4 within 6 months of becoming Looked After and at annual intervals. The Review should identify who will do this.</p>	<p>Independent Reviewing Officer/Social Worker</p>
<p>The child/young person has a Personal Education Plan completed within 20 working days of becoming looked after and this is reviewed 6 monthly.</p> <p>It is important that there is an up to date record of the child's school and social workers work in partnerships with schools and designated teachers to promote a child's education, track their progress and agree and set priorities and targets.</p>	<p>Virtual School/Social Worker</p>
<p>An independent visitor is arranged for children and young people who would benefit from this service, including those who do not have contact with their birth family, in connection with the young person.</p> <p>Local Authorities are required to appoint Independent Visitors for children and young people in their care who have had little or no contact with their parents for more than a year. Independent visitors are volunteers who are expected to befriend children visiting them regularly and helping them participate in decisions about their future.</p>	<p>Social Worker</p>
<p>The child is involved in making decisions about his/her own life and this is reflected in their plan.</p> <p>Decisions must be guided by the welfare checklist which may mean overruling a child's wishes or preference based on balance of risks. Where this is the case, a full explanation will be given to the child and ratified at the Looked After Child Review.</p>	<p>Social Worker</p>
<p>A Permanence Plan is in place for the child/young person by the four month review.</p> <p>An initial Permanence planning meeting must take place within 10 days of the child becoming Looked After. Subsequent Permanence Planning meetings must take place at least every 6 weeks in order to review the progress towards the Permanence plan. Permanence Planning Meeting should continue to be held up until the Permanence plan has been achieved.</p>	<p>Social Worker/ Team Manager/ Fostering and family Finder from One Adoption agency to be invited</p>

In the case of children who have been placed for adoption for more than 9 months, an exception report should be completed for the Service Manager Children Looked After in line Permanence Policy.	
FOSTERING	
The Placement Information Record should be completed ideally before placement commences or within 5 working days at the latest, should include historical information and be distributed to all parties.	Child's social worker
Placement Planning meetings should be held ideally before the start of the placement or within 5 working days at the latest.	Foster carer/SSW/child's SW
Delegated Authority should be completed within 5 working days of placement.	Child's social worker
The Safer Caring policy should be completed within 2 weeks of placement and reviewed at supervisory visits.	Supervising Social Worker/foster carer
Visits i) Supervisory visits should take place 4 times per year as a minimum. Supervisory visits specifically check that the national minimum standards for Fostering and Training and Development standards are being adhered to. ii) Additionally there should be 2 unannounced visits per year. iii) The best practice is that carers should be visited once a month. During the months when neither a supervisory or unannounced visit takes place, carers should be seen for a support visit.	Supervising Social Worker
Reviews of foster carers should be held annually as a minimum but more frequently if needed (eg concerns about placement or failure to progress review recommendations in a timely way).	Supervising Social Worker/ Reviewing officer Fostering
Performance feedback should be provided to the Review.	Supervising Social Worker/Child's social worker/IRO
Incident Notifications from foster carers should be responded to within 24 hours. Upon receipt, they should be logged on CASS, the Fostering Team manager and the child's social worker should be notified.	Supervising Social Worker
Life story information should be gathered throughout placement.	Supervising Social Worker/foster carer/Child's SW

LOOKED AFTER REVIEWS	
The child/young person is allocated a named IRO within 5 working days of becoming looked after.	Independent Reviewing Service (IRS) Manager
<p>The first review is held within 20 working days of the child becoming looked after, the second within a further 3 months and subsequent reviews are held at intervals of not more than 6 monthly.</p> <p>If a significant change in the child's care plan is proposed (including a change of placement), then an early review should be arranged with the Independent Reviewing officer. A review is held prior to a child leaving care. Also if the child has been accommodated for at least 20 working days.</p>	Social Worker/ Independent Reviewing Officer
A CLA Pre Review Agenda discussion should be held between the IRO and Social Worker prior to the review to plan who will be invited and whether any additional issues need to be considered.	Social Worker/ Independent Reviewing Officer
<p>The child/young person must be given full opportunity to participate in his/her review through a variety of means. The IRO has a significant role in enabling this to happen. The IRO will complete the CLA Pre Review Consultation on CASS.</p> <p>Children should be supported to participate in their looked after reviews, they may do this by attending in person, or providing their views to the meeting in writing or by other means. The review can be undertaken in a series of meetings to facilitate a more productive review. If they choose not to participate, the IRO should undertake a follow up visit or offer the child an opportunity to meet with the Children's Rights Service. The means by which a child wishes to participate in the meeting should be discussed with him/her by the IRO and the social worker in sufficient time to allow for the appropriate arrangements to be put in place.</p> <p>If key professionals do not attend the review, they are expected to provide written information. This may include the school, the Virtual School and relevant health professionals.</p>	Social Worker/ Independent Reviewing Officer
Section on CLA invites and consultation forms and who is responsible. The invitations and consultations form should be sent out within 2 working days of the first review being set. For subsequent reviews they should be sent out 28 days before.	Pod Admin should
The review is attended by the child/young person's parent/carer and key professionals.	Social Worker/ Independent

<p>The child should be consulted about who they would like inviting to the review and this should be complied with unless there are valid reasons not to. Those attending the review will need preparation about the nature and purpose of the meeting, what will be discussed and how they will be expected to contribute to the discussion, who else will be there and how the meeting will be run.</p>	<p>Reviewing Officer</p>
<p>The Social Worker should provide an updated Single Assessment and Care Plan to the IRO:</p> <ul style="list-style-type: none"> • 3 days prior to the Initial Looked After Review. • 5 days prior to subsequent Looked After Reviews. <p>A care planning meeting prior to the review may assist the social worker in reflecting activities across the agency teams.</p>	<p>Social Worker</p>
<p>The IRO records the decisions of the review on the CLA Review IRO Report within 5 days.</p>	<p>Independent Reviewing Officer</p>
<p>The Practice Manager responds to confirm or challenge the decisions within 5 working days of their receipt.</p> <p>If a decision is challenged the subsequent discussion and outcome should be fully recorded. Where agreement cannot be reached, the issue may need to be escalated using the Dispute Resolution Process.</p>	<p>Practice Manager and IRO</p>
<p>The CLA Review IRO report and review minutes are fully completed and available within 20 working days of review and sent to participants and key professionals.</p>	<p>Independent Reviewing Officer</p>
<p>ADOPTION OR LONG TERM LOOKED AFTER</p>	
<p>Work is undertaken with the child to support them in planning for the future and understanding decisions taken. Life Story Work is prepared for and where appropriate with the child. For children placed for adoption, the Life Story Work has to be provided for the child and adoptive family by the 1st review in the placement at the latest.</p> <p>The Later Life Letter has to be completed within 10 days of the Adoption Order.</p> <p>The Local Authority has a responsibility to ascertain the child's wishes and views specifically in relation to the possibility of a placement for adoption with a new family, his/her cultural upbringing and contact with his/her parent/guardian/other significant relatives. Life Story Work is an essential part of preparing a child for a permanent substitute family and helps the child make sense of their past experience.</p>	<p>Social Worker/One Adoption family Finder</p>
<p>As soon as a possible adoptive placement is identified, the One</p>	<p>Social</p>

<p>Adoption Social Worker and child's Social Worker must review the potential match within 2 working days.</p>	<p>Worker/One Adoption Social Worker</p>
<p>For children placed for adoption, information and counselling is offered to parents/birth family members.</p> <p>There is a statutory requirement to provide independent counselling and information to the parent or guardian of the child explaining the procedures in relation to both placement for adoption and adoption, and the legal implications of adoption and provide him/her with written information. The local authority has a responsibility to ascertain the parent/guardian's wishes and views specifically in relation to the child, his/her placement for adoption including any views regarding his/her cultural upbringing and contact with the child.</p>	<p>Social Worker/Adoption Social Worker</p>
<p>For children to be placed for adoption, an adoption support plan has been prepared.</p> <p>This plan should be made at the point of identifying an adoptive family and prior to matching panel.</p> <p>All children placed for adoption must have a support plan in place that identifies their individual needs and those of their new family. This plan may be updated and reviewed until the child is 18 years of age.</p>	<p>Social Worker/Adoption Social Worker</p>
<p>Exception Reports must be prepared if a child has been placed for adoption and the Adoption Order has not been made within 40 weeks. This should be repeated quarterly thereafter.</p>	<p>Social Worker</p>
<p>A statutory review must take place within 20 working days of the date the child was placed for adoption; the second review must take place within 3 months and thereafter at intervals of not more than 6 monthly until the adoption order is made.</p> <p>Each review should consider the timing of an adoption application being made. Unless there are complexities which need to be resolved, an adoption application will normally be recommended at the second review.</p>	<p>Social Worker/Independent Reviewing Officer</p>
<p>LEAVING CARE</p>	
<p>Pathway Plans 15 ½ to 17.</p> <p>Referrals are made at 15 years of age from the locality teams to the Pathway Team.</p> <p>The initial Pathway Plan and Needs Assessment is completed by the time the young person reaches 15½. There may be extenuating circumstances that require a delay for example this period coincides with revision and exams.</p>	<p>Locality Practice Manager/Locality Social Worker/Pathway Team Manager/Pathway Social Worker</p>

<p>Statutory responsibility remains with the locality team until the Initial Pathway Plan is signed off by the Pathway Team Manager at which point the case is transferred to the Pathway Team Social Worker.</p> <p>The All Age Disability Team will retain case responsibility where a young person has complex disability needs until they transfer into adult services at 18 years.</p> <p>Pathway Plans (which incorporate the Single Assessment, the Care Plan and the Permanence Plan) will be reviewed at the CLA reviews.</p>	
<p>Pathway Plans post 18.</p> <p>Pathway Plans for young adults aged 18 to 21, or up to 25 if required by the Children and Social Work Act 2017 will be reviewed in discussion with the young adult every six months.</p>	<p>Personal Advisor/ Practice Manager</p>
<p>Referrals.</p> <p>A referral will be made to the Pathway Team when a young person who is Looked After reaches the age of 15. The form is called Pathway Plan Referral Risk Assessment and Transfer Summary.</p>	<p>Locality Social Worker/ Practice Manager</p>
<p>Case Transfers.</p> <p>Following completion and the Initial Pathway Plan, Needs Assessment and Risk assessment, the locality team Practice Manager will ensure all tasks are complete and a social work self-audit is undertaken on CASS. The Pathway Team Manager will then sign off the Initial Plan and transfer the case to the Pathway Team Social Worker.</p>	<p>Locality Social Worker / Practice Manager Pathway Team Manager.</p>
<p>Looked After Young People.</p> <p>Looked After Young People transferred to the Pathway Team will have an allocated qualified Social Worker.</p>	<p>Pathway Team Manager</p>
<p>Supervision Frequency.</p> <p>Formal supervision will take place monthly in respect of all cases of young people aged 16 and 17. Where young people are aged 18-21 and settled, supervision will take place every 2 months, otherwise it will take place monthly. For young people 21+ and over supervision will take place 3 monthly.</p>	<p>Pathway Social Workers, Personal Advisors / Team Manager</p>
<p>Minimum Visiting Frequency.</p> <p>Relevant Young People remaining in a placement will be visited following Looked After Children requirements.</p> <p>Young people living semi, or fully independently will be seen aged up to</p>	<p>Pathway Social Workers, Personal Advisors</p>

<p>18, every two - three months, if they do not wish to see a Pathway Advisor the reasons why not will be recorded.</p> <p>18 to 21 there will be contact or visits every 2 months, with the expectation that the young person will be seen within the 4 month period, if they do not wish to see a Pathway Advisor the reasons will be clearly recorded.</p> <p>21 to 25 where the young adult is in Higher Education contact will take place every three months.</p> <p>Text, e mail, and Facebook contact will be attempted where those young people do not want to see a Pathway Advisor.</p>	
<p>Vulnerable Young People.</p> <p>Vulnerable young people who have a learning disability/difficulty or mental health problems will be referred to an adult services transition worker prior to their 17th birthday.</p> <p>Where a young person has a DCT Social Worker/Adult Social Care Social Worker they will remain the Lead Professional. The Pathway Team will provide access to financial support and will maintain the Pathway Plan in line with statutory requirement but will not be involved in service delivery.</p>	<p>Pathway Social Workers, Personal Advisors</p>
<p>At the first review following a young person reaching the age of 15, the review will confirm that the Pathway Plan is being completed.</p>	<p>Social Worker/Independent Reviewing Officer/ Pathway Worker</p>
<p>A Pathway Plan is in place for the first review following the young person's 16th birthday.</p> <p>A Pathway Plan records the assessed needs of the young person and the action and services required to respond to the assessed needs and to provide support during the transition to adulthood and independence.</p>	<p>Social Worker/ Pathway Worker</p>
<p>The young person is fully involved in developing the Pathway Plan and it reflects his/her priorities and aspirations.</p>	<p>Social Worker/Pathway Worker</p>
<p>Statutory reviews of the plan are held at intervals of not more than 6 months.</p> <p>The Pathway Plan should be kept under regular review to ensure the services delivered are in accordance with the wishes, views and needs of the young person.</p>	<p>Social Worker/Pathway Worker/ Independent Reviewing Officer</p>
<p>The Pathway Plan is updated following the review if any changes to the plan are identified and agreed.</p>	<p>Social Worker/Pathway Worker</p>