

# Reclaim Social Work

## **Social Work Units – The Way We Do Things Here**

**London Borough of Hackney  
Children's Social Care  
September 2008**

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## INTRODUCTION

In April 2006 we launched a new initiative, 'The Way We Do Things Here'. This set out what we wish to achieve through our child care strategy and set out expectations of practitioners and managers within Children's Social Care. It also outlined the level of support staff could expect from the organisation and the performance management arrangements in place.

We have had significant achievements over the last two years, but there is still much more to do. Our strategy to reclaim social work is now in place and our vision and approach has caught the imagination of a nation of social workers keen to get back to doing professional social work.

In order to realise our vision for children's social work, Children's Social Care in Hackney has undergone a comprehensive restructure which is now in its final stages. We have had enormous success in retaining a large number of our current staff group and in recruiting new people. We believe we now have the workforce we require to deliver social work of the highest calibre.

The change programme overall will need time to embed into the organisation, over the next 3 to 5 years, as it is based on a long term strategy. We have set out to change a culture of practice and management which has built up over many years in the profession nationally and locally here in Hackney.

Those of you who have either decided to stay with us or have recently joined us need to understand this and take responsibility for what you are taking on and what you might achieve during your time with us. Our starting point is that we trust that you are committed to achieving what we wish to achieve and that you will do your utmost at all times to contribute. This journey will be hard work, challenging, interesting, rewarding, fast paced, frustrating and thoughtful. Our absolute priority however is that we must make it a safe journey for the children and families we work with.

In the coming months as the new system becomes operational there will be teething problems and we may need to change arrangements that do not work well. This means that we all need to be open minded, flexible and welcoming of suggested improvements. This is a partnership agreement between all of us.

Reclaiming Social Work is about providing high quality services to children and their families. We recognise that the job of a social worker is a challenging one requiring a range of complex skills and a sound knowledge base from which to practice. This includes:

- The skills and knowledge to successfully carry out effective assessments.
- Implementing evidence based intervention methodologies with families.
- Understanding both the physical and emotional development of children and young people.
- The ability to make positive relationships with families and other professionals.

- Strong report writing skills and good communication skills.

Practitioners also need to be confident, articulate, professional and have stamina and determination. In short to provide an effective social work service is a difficult job. We have set high expectations of ourselves to support good social work practice and also expect staff to perform at a consistently high standard.

Social Work Units started to go live early in 2008. Each Unit will have a week long induction and then move immediately into operation. This handbook sets out the basics that you will need to know. The more detailed operational procedures are on the intranet. We are working to update these to reflect the new arrangements. All our safeguarding work is guided primarily by the London Child Protection Procedures and you must make sure that you are familiar with the updated version.<sup>1</sup>

We know that what we are proposing charges the organisation to effectively manage significant change in how we conceptualise our role, function and attitude. We are confident we can do this. Reading this will help you with that conceptualisation. Use it as a tool to help you build upon your thinking and your understanding of what we do, and how we do it.

## **The State of Play**

Children's Social Care in Hackney is in the middle of its journey towards excellence. In recent years there has been substantial improvement in meeting and in exceeding many national performance targets. Many systems and operational procedures are now in place and new performance management arrangements are developing.

Over the last 12 months our success in some of our strategic objectives has met and in some cases exceeded our expectations.

For those of you who have been part of the process you should be very proud of these achievements. You should also recognise that this has been achieved through the leadership of the same Heads of Service who will lead you through this change process. Be confident in their collective ability to take care of you as a staff group, run safe services and translate the vision of Reclaiming Social Work into workable solutions for children and families.

## **Knowing the Families We Support**

Hackney is an exciting place to work. It is a diverse borough where many different communities live and thrive. Its cultural richness is one of the many positive aspects of working in Hackney. The challenge for social work is to effect positive

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<sup>1</sup> London Child Protection Procedures 3<sup>rd</sup> Edition 2007

change in children's lives within the poverty and deprivation that many families live and the discrimination that many families face on a day to day basis. Race and class impact on every aspect of people's lives.

We know that the needs of the families we support are hugely diverse and that our responses must be tailored to individual need and family circumstances. However, there are clearly some very striking and frequently presenting features of our case work in general. Adult behaviours and health are central to understanding parenting capacity which is often limited to a greater or lesser extent by parental mental ill health, learning difficulties and drug and alcohol mis-use. These behaviours can lead to dysfunctional and chaotic family circumstances which result in the neglect of children's needs.

We need to develop our response in particular to these circumstances. This needs to reflect the multi-professional skills mix within the local workforce and in particular a robust and tested methodological approach.

With some families support must be long term. The level of family dysfunction within the families who come to our attention is often very entrenched and quick fix solutions will not work. We need to stabilise a family's situation and then consider how best to approach long term change where that is consistent with the welfare of the children. Sometimes we need to accept that parents will not or cannot change but, particularly where attachments are strong, make a decision that the best we can do is provide continued support to maintain children and young people within those familial networks. Critical to our assessment of children's needs is an understanding of the importance of emotional warmth and positive attachment and the role this plays in predictions of future positive outcome.

We also always need to remember that where we do need to bring children into the care system, the quicker they return, the higher the chance of successful reunification. This is why we have invested in a Rapid Response Service which has the resources to provide immediate and intensive support, within the hour and on a daily basis if necessary, to ensure we try everything we can to get children back home.

Some adults' present serious risk to children and in these circumstances the concept of dangerousness emerges. The ability to accurately assess risk is crucial and the ability to act immediately is vital. Protective factors and the strengths of families need to be emphasised in every instance but in high risk scenarios, a child's welfare and safety is always paramount. Whilst we want to give a clear message that we are in the business of supporting families, child protection takes priority, every time.

Where there is evidence of significant harm and action to protect children is necessary, we will fully support taking appropriate steps to secure their safety. This will result in the removal of the adult or where that is not possible, the child, from the family.

## **The Way We Work With Families**

We believe that to some extent social work as a profession has lost its way, lacks confidence, expertise and gravitas and is over-bureaucratized. Overall, local authorities have to grapple with the consequences of this. It is important to state from the start that it is our intention to reclaim social work and change what it has become. Our expectation is that, whilst assessment will remain central to planning and decision making, more of our time must be spent on direct intervention with families to effect positive change. We will provide strong professional development and clinical support to help achieve this.

Primarily our core business in Children's Social Care is child protection, supporting families where their children are on the edge of care and improving long term life chances of children permanently looked after by the state. As preventative thinking and services develop across the Children and Young People's Partnership, more of the tasks that have traditionally been seen as the preserve of Tier 3 (specialist) children's social care services, but which these Tier 3 services have never been resourced to deliver, will be provided through Tier 2 (additional support) children's services and Tier 1 (universal) children's services. We already have a growing Tier 2 social work response in place in partnership with local children's centres and schools and all agencies are thinking through the balance of resources needed at Tier 2.

If we want to get better services delivered earlier and quicker to families our relationship with other professionals is critical. It is hard enough for families to have a number of different people with different professional perspectives impacting on their family life without the relationships between those professionals being fractious, competitive and mutually dismissive. Unfortunately in the past this kind of interaction would not be unusual. We need to demonstrate the utmost respect for the other professionals we work with, and resolve differences and tensions far away from our interactions with families. Well coordinated and thoroughly planned interventions, whether additional or specialist support, will bring with it great benefits for children and families.

Too often in the past it is possible to see how professional stories that are built around families and their children have lacked substance. This has led to ill informed and sometimes harmful approaches and decisions. In the often stressful, high risk and highly active environment that is children's social care it is all too easy to lose sight of our purpose and our values. This is often illustrated by a tendency to behave in punitive, risk averse ways towards some of the most vulnerable children and families in our society.

In our work with families we need to stop, listen and think about what has been said and the meaning this has for the child's welfare. Take responsibility for your work by checking the facts and exploring the substance of allegations. Have confidence in your ability to adopt a position, even if it is different from an historic professional stance and test your hypothesis in circumstances safe for the child. This is principally about learning to manage risk rather than remove it by removing the child.

Whatever the circumstances, we must facilitate partnership with parents and show empathy in our professional behaviours. This will ensure the best chance for enhancing wellbeing, safety and life chances of the children and families we work with.

### **One Family, One Worker**

The new system increases consistency of care for children and support for families. The system allows us to respond holistically to families' needs, and in such a way that ensures continuity of understanding and consistency in decision making. Arrangements so far as possible support the promotion of the concept of 'one family, one worker' but we have balanced that with the advantages which specialists can bring. Over time we will see whether the specialists we have retained justify, in terms of quality of work and outcomes for children, the change of workers they create.

Families and children want consistency and we have a responsibility to make sure that we achieve this wherever possible. This requires units to be flexible and responsive in the roles and tasks they undertake. The driver for decisions on who does what within the Units and across the organisation should be the interests of children and families and not dictated by procedural and/or service specifications. The latter are there to guide, not to bind us.

### **Family Support Services**

We have expanded significantly our capacity to provide targeted family support and reduce the need for children to become looked after. We are supporting families with appropriate skilled interventions and practical support in times of crisis and, for some families, long term support. Everyone needs to be very familiar with the menu of services on offer and how to access them. The role of the Joint Allocation Resource Panel is pivotal to providing a holistic response to families' needs. More detail on how this process works is contained in Section 3. But this is your gateway to additional support for families – additional to the direct work you will be undertaking with families and includes both in house provision and those services we commission through the community and voluntary sectors.

### **Separating Children from their Families**

Using family support services alongside focussed social work intervention, short or long term, in order to keep families together will in almost all circumstances be in the best interests of children.

We think that separating children from their families, either through voluntary agreement with parents or through care proceedings, is such a monumental decision in a child's life that, despite our wish to devolve what we can through the

organisation, this is one decision in which senior management should be involved. The weekly Resource Panel, chaired by the Assistant Director, or in her absence the Deputy Director and attended by Heads of Service and the Principal Lawyer, can help to ensure that where there is a significant chance that, with a coordinated care plan, children can safely remain with their parents or extended networks, the resources required to do this are properly mobilised. In essence the Panel shares an informed responsibility for separating families and shares the risk when decisions are made to keep children with families or extended family.

For the last 12 months the Resource Panel has particularly operated to scrutinise our initiation of care proceedings. The Panel is presented with a case following all preparatory work for removal. The new Public Law Outline now being piloted in London sets out very clear guidance on what that preparation should be. The Resource Panel in Hackney has been using very similar standards for many months. Cases are better prepared and there is consensus between all senior managers and the Principal Lawyer that care proceedings are in the child's best interests and that all alternatives have been properly explored.

Through various mechanisms our reputation in Court has improved dramatically. We have moved from a position where calls from Judges for Hackney's senior management to attend Court were a frequent event to that now being very rare. In addition, through better scrutiny of applications for proceedings and the extensive family support services on offer, the number of children in Court proceedings has decreased. This is having a very positive effect on the organisation as it means that the focus is directed in avoiding unnecessary and very costly proceedings and concentrating resources into keeping families together.

Our relationship with Legal Services is good and they have managed to recruit a permanent, and now, specialist children's team.

## **Children in Care**

Some children will inevitably end up in care despite our very best efforts to avoid this. When this happens our absolute priority should be to return them home as quickly as possible wherever it is safe to do so. Inevitably for a small group of children it will be our responsibility to find permanent alternative care for them and sometimes that will mean staying in our care until they become adults. This is a huge commitment to children and one we need to carry out with determination and warmth.

Wherever there is drift this will be robustly challenged, whether within Children's Social Care (CSC) or across the Children and Young People's Partnership. Work with babies or very young children needs to be accelerated towards permanency. When we are in Court and we believe any prognosis for rehabilitation with birth parents is poor we should be arguing for adoption without delay. Where this is the child's best chance we mustn't ignore it because of the competing interests that the Courts must consider. It is not our job to balance the interests of all parties. Ours is to promote and protect the interests of the child. We mustn't allow our professional

opinion to be sidetracked by our concern for others' responses. If we believe permanency is the best option then we should pursue it, even when this is at the early stages of proceedings.

Everyone when considering plans for children in care should be asking the question, 'what does this child want to happen next?' This is not because their wishes will be always and necessarily met but they must be considered. In care planning the wishes and feelings of children will tell you a lot about the chances of those plans being successful. Most importantly, talk to and listen to children. And keep on listening. We must not be afraid of children's emotional lives as this can block a supportive relationship. The loss and change that children in care experience can be very painful and it's sometimes easier for professionals to ignore it. This will add to a child's sense of isolation and rejection. Make sure you don't add to that. One of the best ways to do direct work with children in care on an ongoing basis is through life story work. There are some excellent tools that can be used and we have workers within Adoption and Fostering services that can help you think through how you may want to use these. Children often love this kind of engagement and it is a great way of showing your interest and care as well as enabling them to think through their story and make better sense of it.

## **Checks and Balances**

The new system requires us all to stop using middle and senior managers for tasks which should clearly be within the skill set of practitioners. We have placed appropriate responsibilities within appropriate roles and salary grades and want to encourage a much stronger sense of ownership of casework amongst those who best know the children and families we work with.

There needs to be a new paradigm for social work. The Social Work Units will need to have both a good understanding of evidence based interventions and they will need to be able to manage risk, and conceptualise significant harm within all the work they do with families. We must never lose sight of the need to protect children from significant harm.

The management relationship to Consultant Social Workers needs to be very different to the managerial relationship we currently have. This does not mean a complete free reign on major decisions, for example, whether to commence care proceedings or use of residential care. There is a clear set of decisions which will be made within the system. This is called our matrix of responsibility. We are giving Consultant Social Workers a lot more responsibility as well as flexibility about their day to day case work and how staff manage their work time and personal commitments.

In order for the Units to be able to spend more time with children and their families and be involved in constructive and well thought through interventions, they need to be released as much as possible from the day to day business of keeping an organisation running effectively. This means that Group Managers need to be

supporting Units by doing that which would otherwise reduce direct work with families. For example:

- Sickness monitoring, return to work interviews
- Occupational health matters
- Health and safety
- Recruitment processes
- Capability and disciplinary matters
- Budget monitoring and planning
- Case audits
- Developing procedures and recording formats
- Corporate engagement
- Strategic management

Group Managers need to create the optimal conditions for enabling Social Work Units to flourish. Group Managers will be available to discuss complex cases and provide supervision to Consultant Social Workers but in general they should be far less involved on a day to day basis in case work and much more involved in creating a culture which supports and develops the units and other staff in the organisation.

Unit Co-ordinators also have a critical role in making life as easy as possible for the units. They need to be very proactive, thinking ahead of the game and finding solutions before the others in the Unit even know there is a problem. They will lead on:

- Diary management
- ICT Solutions
- Organising statutory reviews and conferences
- Organising other meetings – venues, invites etc
- Setting up children's medicals, dental appointments and holiday activities
- Making sure the right papers are available in the right format at the right time
- Recording case decisions taken in the unit meetings direct onto children's files
- Being available to sort out basic things for children, young people and families when the rest of the Unit isn't available
- Devising and supporting systems which enable the Unit to track timescales for statutory visits, reviews, Court Directions etc

## **Our Partnerships**

Increasingly we will see more joining together of skill, expertise and resources as we develop our children's trust arrangements. For example, we have excellent working relationships with CAMHS and much of the work already undertaken in the last two years lays the foundation for further collaboration. In general we have a clear expectation of everyone working within CSC to take a much stronger and influential position within the local children's trust arrangements. We recognise that

perhaps the right mechanisms for staff to do this may not have been present to date and this needs to change.

We also believe it is crucial to nurture good partnerships with others, particularly in adult mental health, adult drug and alcohol services and learning difficulties services for adults.

Senior and middle managers in particular will have a critical role in nurturing good relationships with partners and ensuring that the reputation of Children's Social Care is enhanced across the partnership. This includes openness to exploring new ways of bringing resources together in order to reduce duplication, create innovation and enhance knowledge and skill.

### **New Ways of Working**

Flexible working is an important part of attracting staff to work and ensure they remain working with the Council. We envisage that each Social Work Unit will determine their work patterns according to the needs of families. However, we want to be as flexible as we can, to meet the personal commitments of practitioners. Arrangements could also include options to work weekends and evenings or early start and late finish arrangements. These kinds of arrangements are much more likely to be feasible with the Social Work Unit structure, where tasks are allocated across a group of workers who all know the case and its priorities. We are considering how and if we should pilot home working and desk sharing arrangements for the Social Work Unit staff.

## Conclusion

We hope you find this handbook useful. This chapter provides key messages from the leadership group which you need to listen to and put into practice. It gives a consistent message about our direction of travel and will introduce key mechanisms in place to support you in your task. The task is a very complex one and we depend on staff at all levels to share the vision to reclaim social work. Our prime focus is to improve our response to families in need.

We seek to continually improve on how we do things. We will engage in debate and explore how we can do things better. We are not afraid of changing our minds, even on major aspects of operations. We will strive towards finding solutions to the challenges we face.

From our on-going dialogue with many of you, through staff meetings and conferences, informal discussions and debates on cases, and from the conversations we have already had with new staff arriving, we know we have the staff support to move things forward. These are exciting, if changing, times. There is great opportunity for all of us to refocus on how we see social work and reflect on our values in our day to day work, at both operational and strategic levels. We believe that these new arrangements will bring great benefits to the families we work with and together can demonstrate how social work can be reclaimed nationally.

Isabelle Trowler  
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## **SECTION ONE: SERVICES**

### **Outline of Services in Children's Social Care**

We have changed how our service areas are organised and this section describes the thinking behind this. In the introduction we touched briefly on the tension between having specialist areas for different groups of children e.g. adoption, looked after children, children with disabilities and the benefits they bring, balanced with the need for continuity of case work.

In theory the need for specialist service areas makes sense and in practice there are tangible benefits to families. This is particularly pronounced in the area of disabilities where the social, health and educational needs in particular are specific and crucial, and having dedicated workers building up a knowledge base and a professional network of specialist advice and skill to support families brings enormous benefits.

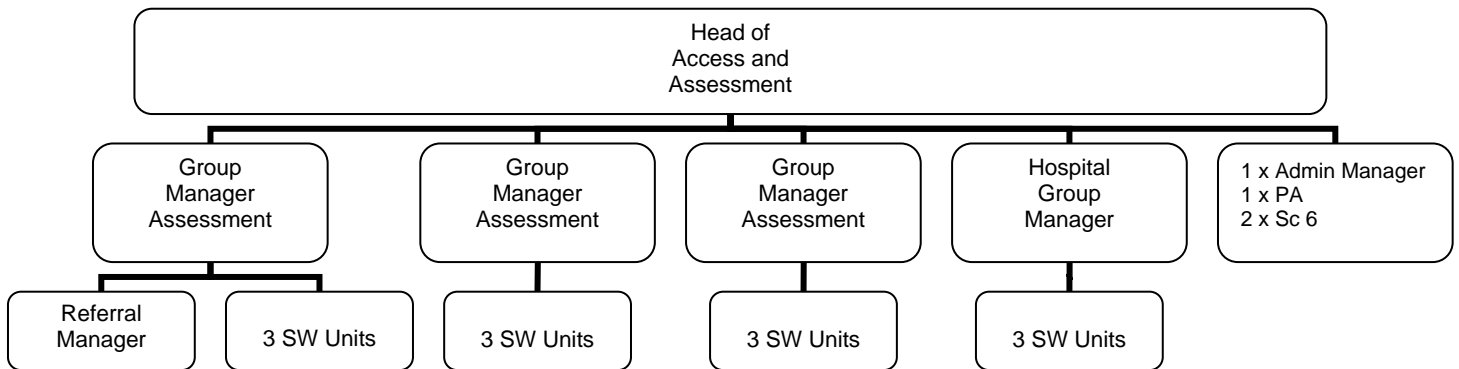
In other areas however, the benefits of specialist services can often be obscured by the practical difficulties such structures create. A child moves from one specialist service to another as their specialist status changes, for example from a child in need, to a looked after child, to prospective adoption, and each time there is a change of worker. This persistent change of worker has been a source of criticism of social care in the past and our aim is to minimise transfers.

The unit model is designed at least in part to minimise this over dependence on one worker and mitigate against the risks within the professional labour market which we can't control. Whilst families or a child will often have a primary identification with one worker there is a need to be able to carry through the social case work during periods of absence or change of staff.

The general principle we have developed is:-

- A service for dealing with all incoming work and making decisions about whether a longer term input from Children's Social Care is required (Access and Assessment).
- A service that will work with children and their families on a longer term basis and will continue to do so unless a plan is in place for permanency and separation from birth families (Children In Need).
- A service that will receive children from CIN and hospital services when adoption has been decided as in their best interests (Adoption).
- A service to all permanently looked after children (Looked After Children).
- A family support service to promote early intervention and enable children to remain with their families.

## The Access & Assessment Service



- The Access & Assessment Service will receive all new referrals to Tier 3 children's social care. Their key task is to efficiently process those referrals and decide on the most appropriate exit route following initial assessment into further service response.
- Initial Assessments will be undertaken within 7 days by a dedicated Initial Assessment service and Core Assessments and Section 47 enquiries will be undertaken by the remaining six units.
- Hospital Service.
- Hospital referrals will be managed through the Social Work Units at the Homerton Hospital.
- Transfer out of the service.
- The Access and Assessment Service will act as an intelligent signpost service to Tier 2 and other appropriate services as well as provide advice and information.
- All cases of imminent family breakdown will move immediately to the Rapid Response Service for urgent and intensive support. This will frequently require same day action, sometimes within the hour.

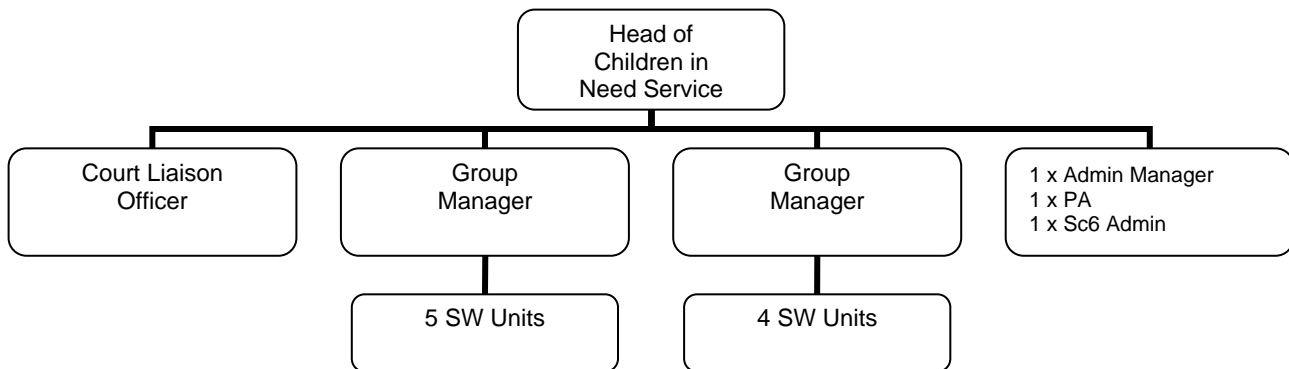
Transfer out of this service will need to be timely and smooth if the work with the family is to remain in Children's Social Care. The details of this are within the Case Transfer Policy<sup>2</sup>. The aim is to ensure that children and families receive a service as soon as possible, and that there is capacity to deal with incoming work within the Access and Assessment Service. Where a core assessment recommends a service response for which we commission an external service, but where there is no need for an ongoing tier 3 response,

<sup>2</sup> See Section 2 of this document

the case will be closed or transferred to the Children in Need service depending on the individual circumstances of the family.

## The Children in Need Service

Due to the large number of families worked with in this area, this service has two Heads of Service, each responsible for the areas as outlined below.

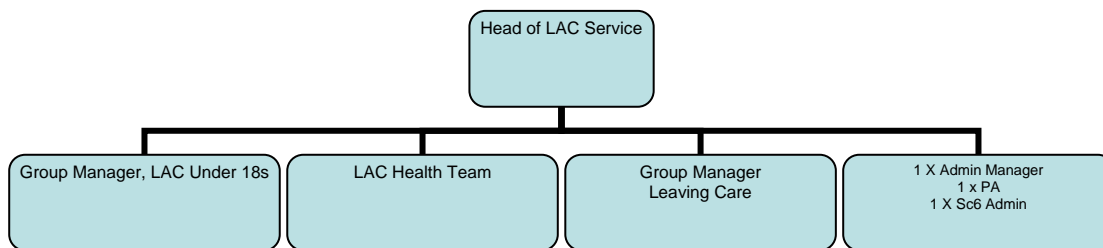


- The CIN Service will be responsible for all children in need cases from the point of transfer until case closure or transfer to the Looked After Children (LAC) Service.
- The CIN Service will hold case responsibility for all children looked after under Section 20 unless permanency arrangements have been established, it is clear that the child will not be returning home, or the Rapid Response Service is working with the family.
- The CIN Service will hold all children's cases where there is a child protection plan in place.
- The CIN service has responsibility for all court work which will be undertaken within the social work units until the close of proceedings.<sup>3</sup>
- There are Complex Case and Court Liaison Officers. These post holders:
  - Troubleshoot as required.
  - Attend in Court as and when necessary to spell out the Authority's position in complex or highly contested cases.
  - address training and quality in respect of court work issues as they arise

<sup>3</sup> Care proceedings for children with disabilities will remain in the Children with Disabilities Service.

- advise on court strategy where appropriate
- monitor all court directions and ensure that they are complied with, before the next hearing.
- They also play a key role in commissioning locally robust and independent assessments where requested by the Courts.
- CIN Service will host most of the activity in Children’s Social Care and will manage high volumes of high risk cases.

## Looked After Children Service



We want to strengthen further our focus on the long term outcomes for looked after children. This service will focus solely on long term looked after children where the likelihood of returning home is slim. Children transfer to the Looked After Children Service when their care plan indicates that they will be permanently looked after.

We have created a Virtual School for all looked after children which contains teaching and other staff. The Virtual School is overseen by a Head Teacher who is tasked with driving up standards and for promoting the educational attainment of looked after children. The Virtual School supports all children in care regardless of where they go to school. It provides professional leadership for designated teachers, monitors children’s progress and establishes systems to provide robust management information to illustrate progress and achievement of all looked after children and young people. This work is led by the Learning Trust in partnership with Children and Young People’s Service.

The LAC Education Team members will work closely with the Social Work Units and will be assigned specific units

The Looked After Children and Young People’s Health Team, based at St Leonard’s in Nuttall Street, oversees the health of all children and young people in Hackney’s care. The Team provides full health assessments, including hearing and vision, help and advice in co-ordinating health services, health promotion and a confidential drop in service for the 16+ age group at the Leaving Care Service and specialist service to children with disabilities who are looked after.

Ongoing statutory visits to children who are privately fostered are also undertaken by the LAC Service.

The Leaving Care Service works with all 'eligible' and 'relevant' [Children (Leaving Care) Act 2000] care leavers from the age of 16 to the age of 21 (24 if in higher education). Young people are allocated to a Social Work Unit who will work closely with the young person to draw up and review the pathway plan. The pathway plan sets out what the young person wishes to achieve towards independence, how they will achieve it and what help they need along the way. The service provides young people with help with their housing, education, training and careers, as well as finances, immigration and health. There is also a confidential counselling service.

The Leaving Care Service supports all young people from 18 years who come under the category of "Former relevant Children" (Children Leaving Care Act 2000).

All looked after young people require a pathway plan by the age of 16. The pathway plan is based on an individual needs assessment and sets out how independence will be achieved for that young person. The plan outlines agreed targets and identifies individual responsibilities and resources necessary to assist the young person to achieve good outcomes.

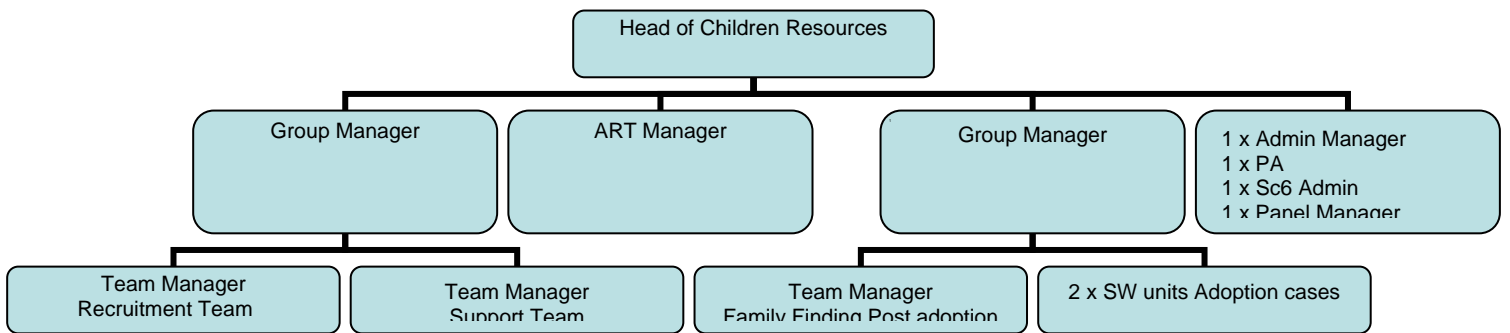
The pathway plan requires input from professionals, carers and family members and most importantly the young person themselves.

When a young person reaches 18, the Leaving Care Service takes over the co-ordination of the pathway plan and assists young people, up to the age of 21, with housing, education, training and careers, finances, immigration and health.

Where young people have a pathway plan that has identified suitability for higher education, the Leaving Care Service can support those young people up to the age of 24.

The Leaving Care Service includes a residential facility spread across 3 properties each comprising 3 bed sit units with shared kitchen and bathroom. The units accommodate young people on a semi-independent basis whilst they learn the skills towards independence. Referrals for the residential facility are processed by the Access to Resources Team.

## Children's Resources Service



### The Adoption Service

- Two Adoption Social Work Units who work with children for whom it has been agreed that adoption is in their best interests and a permanency plan for adoption is in place. These Units hold case responsibility for children before and after placement up to the point of the final adoption hearing.
- The Family Finding team recruits and assesses parents and provides support until the point when the Adoption Order is made.
- Adoption support services - The purpose of this service is to provide a service for adoptive parents who may need help in caring for their adopted child as he or she grows up. The service runs a support group, produces a newsletter and is also responsible for operating the letter box contact system. This service also facilitates requests from people who wish to look at their birth records (Schedule 2 counselling) and helps them get information about their birth history and make contact if required.  
The service is also responsible for providing support for Special Guardianship Orders.

### The Fostering Service

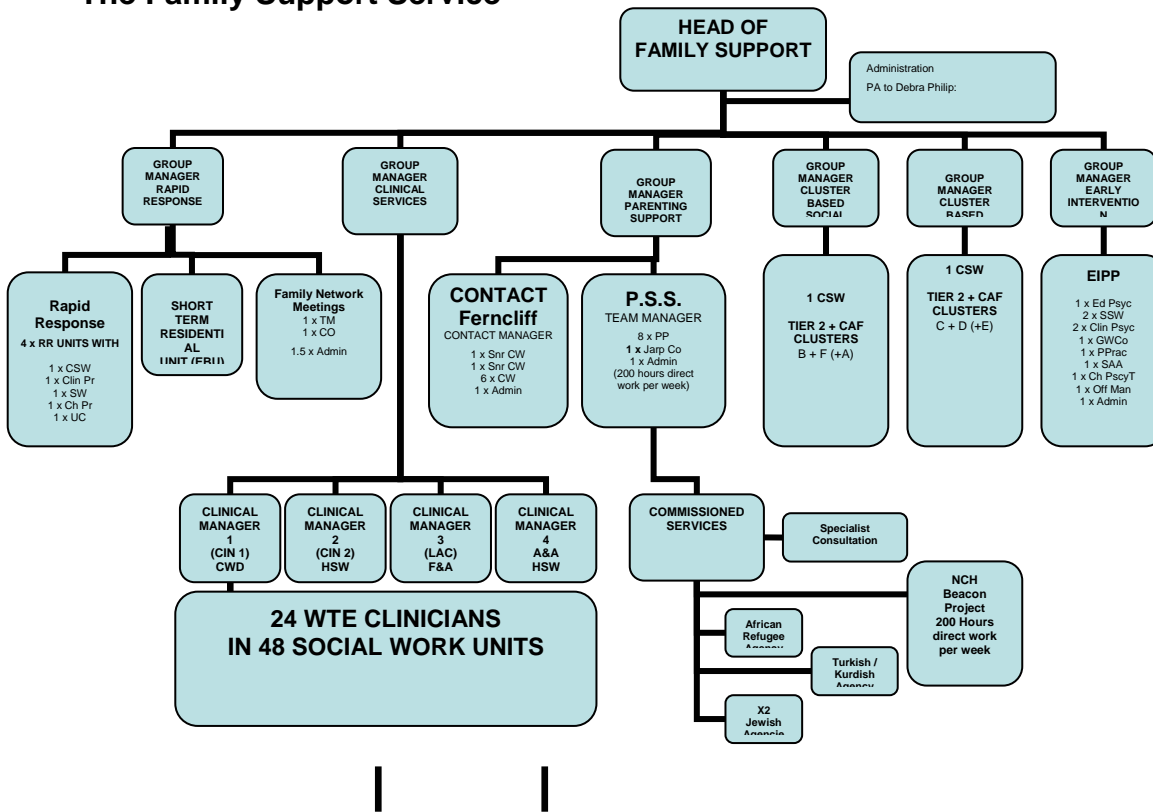
- The fostering recruitment and support services have established a large group of in-house foster carers and support an active foster carers association. The service has provided good placement stability and there is a high level of support and supervision provided to foster carers.

### The Access to Resources Team

Access to Resources controls all placements including kinship placements with family and friends under Regulation 38. This includes all commissioning of placements as well as the recruitment and support services to in-house foster

carers and adoptive families. Much of the decision making on support packages for permanency arrangements lies within this service.

## The Family Support Service



The Family Support Service has several components:

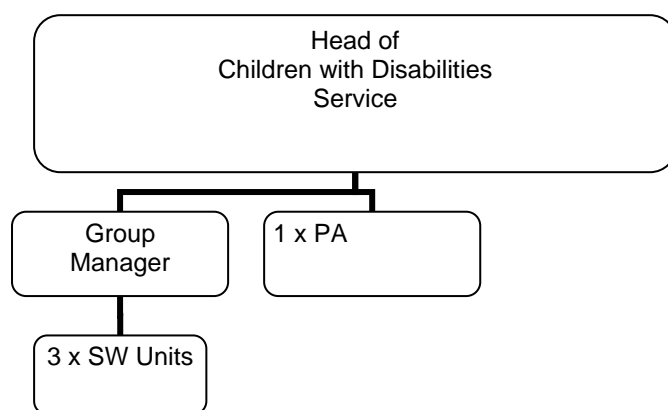
- The Rapid Response Service will respond to all situations of imminent family breakdown. They will provide an immediate response depending on the need – within the hour if necessary. They will provide therapeutic and practical input to prevent children becoming looked after. They will be responsible for minimising the number of Section 20 admissions to care. The aim will be to stabilise the family situation so families can eventually move through to the neighbourhood based tier 2 Youth Support Services or other community based support. It is envisaged that the work of the Rapid Response service will in the main involve older children (over 11s). Where Rapid Response works with younger children, the cluster based tier 2 parenting support services will be available for families to move on to when appropriate. This will provide longer term support and a more systematic move on arrangement.

Rapid Response will also be responsible, should children come into care, for their return home. The Rapid Response Manager will manage the Emergency Bed Unit (EBU) so that this resource can be easily accessed and ensure a quick return back home for those young people who use it.

- Family Network Meetings will be a critical tool in stabilising situations and providing permanent solutions for children and young people in the community. The service will offer the best chance of families finding safe solutions within their own family and community networks.

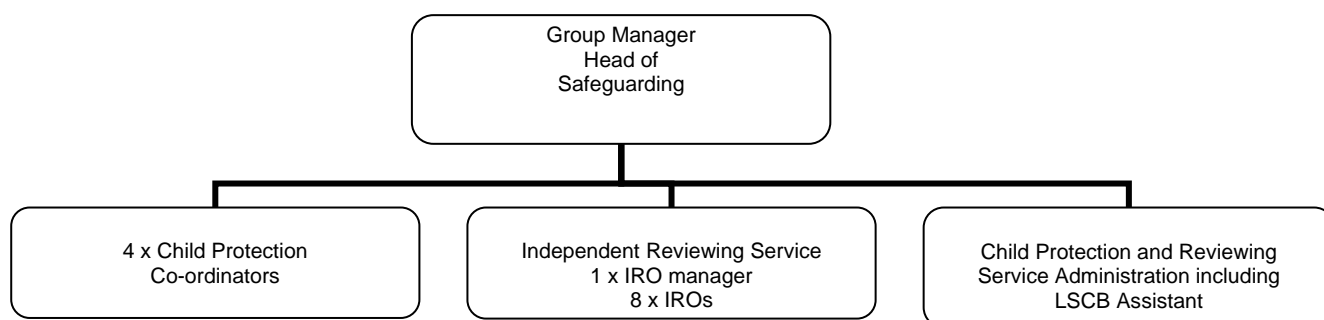
- The Parenting Support Service will provide practical assistance and support to families being managed within Tier 3 using task centred methodology. Parenting Support Practitioners may support a family in the short, medium or long term. The manager also has a commissioning budget. A significant proportion of the support going into homes will be purchased through community and voluntary organisations.
- The Tier 2 Family Support Group Manager will manage social care input to the 6 cluster based Tier 2 Parenting Support Teams and also work closely with the clinical lead in parenting support and strategy. This area of work will oversee the Webster Stratton Parenting Programmes, the introduction of the Common Assessment Framework and the development of the lead professional.
- Whilst named therapists will be linked into each of the Social Work Units, their clinical practice will be supervised by the Clinical Managers.
- The Contact Service will also be located within this service area. The Contact Centre is open evenings and weekends in partnership with a voluntary organisation and we have a preferred providers list for contact arrangements that have to be facilitated and / or supervised outside of the Centre. There is a clear, systematic process for contact arrangements which will be overseen by the Contact Manager, who will ensure that the resources provide best value for money as well as high quality contact arrangements.
- This service is also the home for three areas of specialist advice for cases where there are adults with learning difficulties, mental health and drug and alcohol misuse. This service will provide on site and immediate access to expertise on specific cases. They will be instrumental in helping to design support to children, young people and families as appropriate and be a resource for all Tier 3 workers.

### Children with Disabilities Service



- This service has been based at a new building, The Hackney Ark, since March 2008. The building co-locates teams from the City and Hackney Primary Care Trust, The Learning Trust and the London Borough of Hackney, to provide a high quality and cohesive service to children and young people with disabilities, and their families.
- The Children with Disabilities Social Work Units will work closely with partner agencies in delivering Tier 3 social care services. The SW Units will carry out Initial and Core Assessments and, where appropriate, will provide services for children with disabilities according to the Council's eligibility criteria.
- Some children with disabilities and their families will need to move through to the Tier 2 social workers based in the clusters or other community based provision. Others will move through to the services within Hackney Ark provided by colleagues from the City and Hackney Primary Care Trust and The Learning Trust. There will be a close working relationship with colleagues in Hackney Ark and the services will all ultimately report to the Head of Children with Disabilities Service.
- The service will strive to maintain children with their families/communities wherever possible and should there be imminent family breakdown, the Rapid Response Service would be utilised (see Family Support Service). Where court proceedings are initiated for children with disabilities, the case will not transfer to the CIN Service, but will transfer to LAC once a final care order has been granted. Children who are the subject of protection plans will remain in this service unless the majority of the work stems from work with the children without disabilities within the family, when the case would transfer to the CIN Service. There, decisions would be made on a case by case basis between Group Managers.
- The service will keep open and regularly review all cases where a care package is being provided and ensure that effective transition plans are in place for all such cases.

## Safeguarding Service



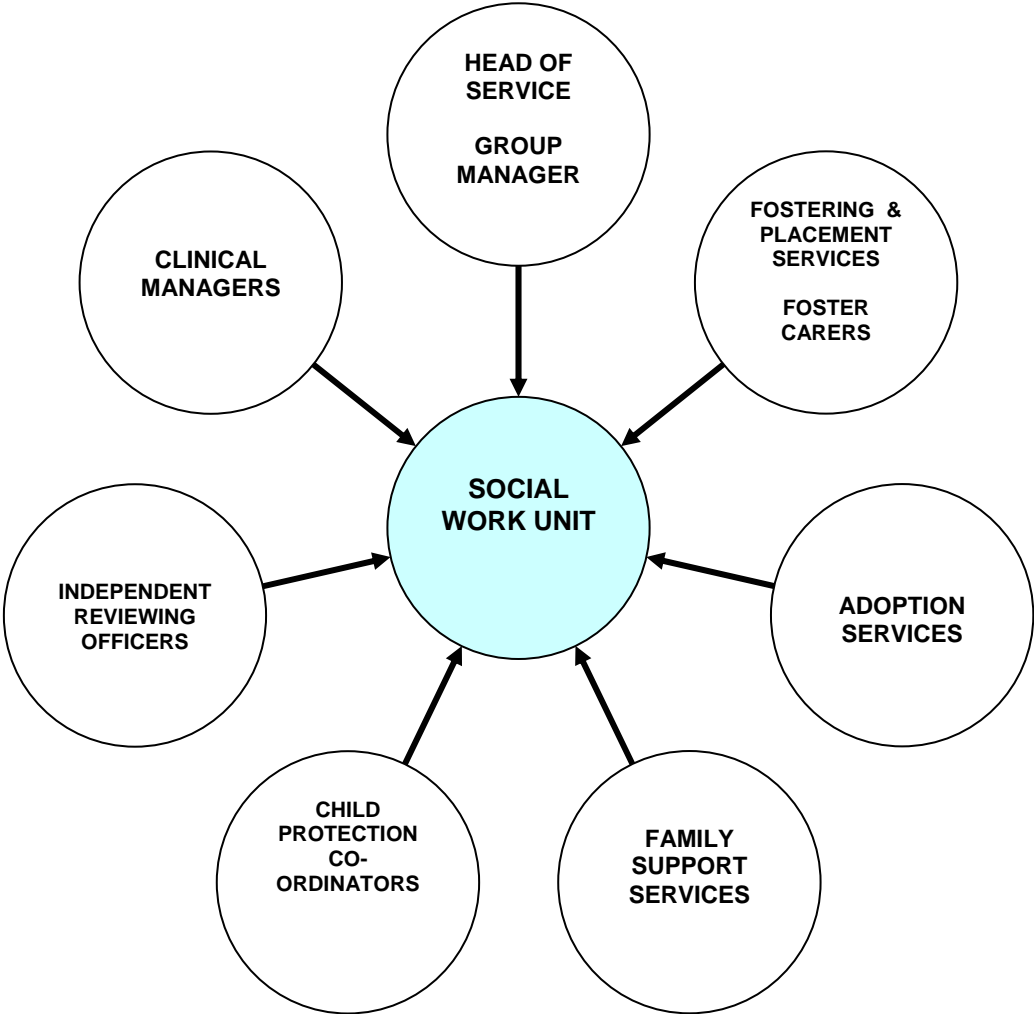
- The Group Manager ensures that the Local Safeguarding Children's Board (LSCB) is effective and that safeguarding is a priority for all agencies.
- Child Protection Co-ordinators chair all child protection conferences and liaise with Social Work Units and other staff outside the conferences.
- The Independent Reviewing Officers chair reviews for children who are looked after and liaise with Social Work Units and other staff outside these meetings. This service includes chairing of respite care reviews.
- Independent Reviewing Officers fulfil a statutory role and are bound by the Review of Children's Cases (Amendment to the Adoption & Children's Act 2000) Regulations 2004 which states as follows:

"The review is one of the key components within the core processes of working with children and families: which are assessment, planning, intervention and reviewing. The purpose of the review is to consider the plan for the welfare of the child and then monitor the progress of the plan and make decisions to amend the plan as necessary in light of changed knowledge and circumstances."

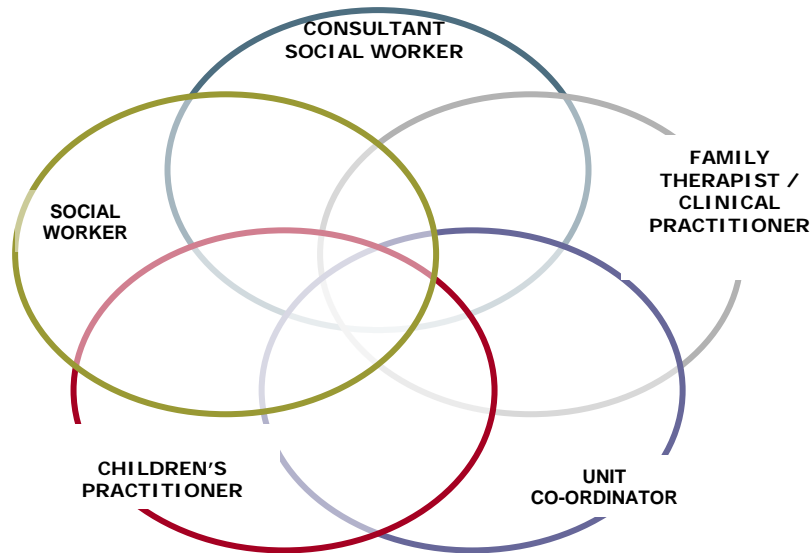
**SECTION 2: THE SOCIAL WORK UNIT**

**Roles and Responsibilities**

The Social Work Units will relate to other areas and staff within Children’s Social Care and the Safeguarding Service.



## The Social Work Unit



### Shared Responsibilities

The Consultant Social Worker, Social Worker, Clinician and Children's Practitioner within each Social Work Unit (SWU) will take an active role in the following key activities:

- **Assessment**
- **Case planning and review**
- **Interventions (direct work) with children and families**
- **Implementation of child protection plans and risk management of cases**
- **Liaison and joint work with other agencies**
- **Production of case summaries and reports as required**

## SPECIFIC RESPONSIBILITIES AND ACCOUNTABILITIES

### 1. CONSULTANT SOCIAL WORKER

<b>Role</b>	<b>Accountable for</b>	<b>Supervisory arrangements</b>
<ul style="list-style-type: none"> <li>○ To lead and manage the social work unit</li> <li>○ To undertake social work tasks, modelling good practice</li> <li>○ To chair the weekly case review, allocating tasks and activity</li> <li>○ To monitor the work of the unit within the performance framework</li> </ul>	<ul style="list-style-type: none"> <li>○ Case accountability</li> <li>○ Fulfilling statutory requirements</li> <li>○ Monitoring case work activity of members of the unit</li> <li>○ Regular reporting to Group Manager</li> </ul>	<ul style="list-style-type: none"> <li>○ CSW is supervised by Group Manager (monthly)</li> <li>○ Supervision of casework of all members of the Unit at the weekly case review</li> <li>○ Supervision of Social Worker and Children's Practitioner (monthly)</li> <li>○ Annual appraisal and mid year review of Social Worker and Children's Practitioner</li> </ul>

NB. The Group Manager is responsible for performance management of social work staff within the unit.

### 2. SOCIAL WORKER

<b>Role</b>	<b>Accountable for</b>	<b>Supervisory arrangements</b>
<ul style="list-style-type: none"> <li>○ To undertake social work activity</li> <li>○ To manage own workload and prioritise tasks</li> </ul>	<ul style="list-style-type: none"> <li>○ Fulfilling statutory requirements</li> <li>○ To attend and contribute to the weekly case review</li> </ul>	<ul style="list-style-type: none"> <li>○ Supervised by the CSW</li> <li>○ No supervisory responsibilities</li> </ul>

### 3. CHILDREN'S PRACTITIONER

<b>Role</b>	<b>Accountable for</b>	<b>Supervisory arrangements</b>
<ul style="list-style-type: none"> <li>○ To undertake activities as directed by the CSW</li> <li>○ To manage own workload and prioritise tasks</li> </ul>	<ul style="list-style-type: none"> <li>○ Fulfilling statutory requirements</li> <li>○ To attend and contribute to the weekly case review</li> </ul>	<ul style="list-style-type: none"> <li>○ Supervised by the CSW</li> <li>○ No supervisory responsibilities</li> </ul>

#### 4. FAMILY THERAPIST / CLINICAL PRACTITIONER

<b>Role</b>	<b>Accountable for</b>	<b>Supervisory arrangements</b>
<ul style="list-style-type: none"> <li>○ To provide clinical assessment of families</li> <li>○ To provide clinical direction to other members of the Social Work Unit</li> <li>○ To undertake clinical intervention with children and families</li> <li>○ To manage own workload and prioritise tasks</li> </ul>	<ul style="list-style-type: none"> <li>○ Clinical intervention</li> <li>○ Fulfilling statutory requirements</li> <li>○ To attend and contribute to the weekly case review</li> </ul>	<ul style="list-style-type: none"> <li>○ Family Therapists and Clinical Practitioners receive clinical supervision from the Clinical Managers in Family Support Services</li> <li>○ Will receive case direction and allocation of tasks at the weekly case review</li> </ul>

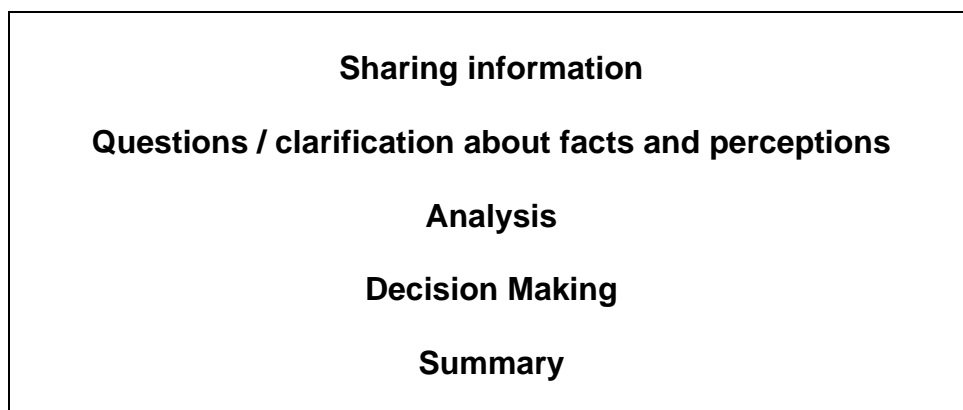
#### 5. UNIT CO-ORDINATOR

<b>Role</b>	<b>Accountable for</b>	<b>Supervisory arrangements</b>
<p>To co-ordinate the activities of Unit members by :</p> <ul style="list-style-type: none"> <li>○ Ensuring diaries are up to date and co-ordinated</li> <li>○ Arranging meetings</li> <li>○ Providing management information to the CSW</li> <li>○ Keeping a record and informing the CSW of statutory requirements e.g. CP visits, statutory reviews</li> <li>○ Servicing and recording decisions of the weekly case review</li> </ul>	<ul style="list-style-type: none"> <li>○ First response to contacts to the unit</li> <li>○ Smooth running of the weekly case review</li> <li>○ Provision of management information</li> </ul>	<ul style="list-style-type: none"> <li>○ Supervised by Administration Manager</li> <li>○ Will receive day to day supervision from the CSW</li> </ul>

#### The Weekly Social Work Unit Meeting

1. This meeting provides the forum for:
  - sharing information about the case
  - ensuring that everyone within the Unit has knowledge and understanding about the needs of the children and family dynamics
  - ensuring risk is being managed in cases
  - problem solving

- looking at creative solutions
  - decision making
  - updating case records
2. The meeting will be chaired by the Consultant Social Worker. In his or her absence, another member of the Unit, or Group Manager, will be appointed as chair.
  3. **ALL** cases which are allocated to the Social Work Unit must be discussed and a record of the discussion made on the case file including any new information, actions, recommendations for case closure etc. In some cases the discussion will be very short and may only reflect that there has been no activity during the previous week, or that none is required in the following week, but this must still be recorded.
  4. The case review meeting is to be held on a weekly basis and all members of the Unit are expected to be present at every meeting. This is a priority and absences without good reason will be noted and acted upon.
  5. The meeting will be most effective if members have prepared by doing some thinking about the case, and noting the information they will bring to the case discussion. For newly allocated cases, all members of the Unit will be expected to have read key documents within the case file, for example, the chronology, assessments and care plans and/or other relevant materials.
  6. Other professionals from within the department, are expected to attend for discussion of certain cases, for example: Clinical Managers; Child Protection Co-ordinators; Independent Reviewing Officers; Fostering and Adoption staff; Parenting Support Practitioners; Court Liaison Officers; Specialist Advisers from Family Support Service (learning disabilities, drug and alcohol, mental health). Attendance can be initiated either by a request from the CSW or from one of the professionals listed above asking to attend.
  7. The agenda for the meeting is not prescribed but the following format is recommended.



**Sharing information:** Contributions from all members who have had contact with the family or information / discussions with other agencies or relevant parties during the previous week.

**Questions / clarification about facts and perceptions:**

An opportunity for questions, reference to the case file, reference to other documents which may have been provided by other agencies.

**Analysis:** Breaking down the information into elements (as listed below) and developing a shared understanding within the Unit about how all these elements relate to each other:

- examining social history and patterns
- examining family dynamics and the perspective for each child
- examining racial, cultural and religious influences
- providing a clinical lens to the thinking
- looking at child development, parental capacity, wider family and environmental factors
- looking at the child's views
- looking at the parent's views and those of other family members
- formulating views about risk and protective factors and ensuring that in each and every case risk is clearly understood and managed
- testing hypotheses
- bringing in research evidence

**Decision making:** Relating these different elements to each other to inform case planning and make decisions

**Summary:** The Consultant Social Worker will summarise the decisions and allocation of tasks.

**Recording:** The Unit Co-ordinator will type the summary and allocation of tasks directly on to the child's case file during the meeting.

Clearly all the factors listed above will not all be discussed for every case for every meeting. However, in depth case discussions are expected to take place for:

- newly allocated cases
  - cases where a critical incident has occurred during the previous week
  - cases which have not been subject to detailed case discussions during the previous month.
8. The Unit Co-ordinator will prepare the agenda under the guidance of the Consultant Social Worker, ensuring times are allocated to each case discussion, and that other staffs are invited and have confirmed their attendance.

9. The weekly case review will be a crucial discussion and decision making forum. Some basic elements for effective dialogue should be encouraged, in particular:

- Openness
- Reflection
- Ability to challenge practice without personal criticism
- Ability to receive challenge without becoming defensive
- Responsibility and accountability for own practice
- Ability to be concise
- Ability to challenge one's hypothesis in the face of conflicting evidence
- Value given to all contributions

The ultimate responsibility for the assessment and direction of work in all cases rests firmly with the Consultant Social Worker who is accountable for the management of risk and holds full responsibility.

## Case Transfer

### 1. Principles

- **NO DELAY**  
Transfer of cases should not cause delay to social work intervention with families
- **FLEXIBILITY**  
The protocol outlined below must be used flexibly and with discretion between Consultant Social Workers (CSW). The protocol is here to provide guidance – not rigid rules
- **ONE SERVICE**  
Standards of service delivery across Children's Social Care are the responsibility of all managers and staff. The attitude of sole concern for the service within which staff are located should be discouraged.

### 2. Passing of information about families from one service to another

**2.1** Information about families is passed from one service to another through various means: the case file; case discussions between staff; attendance at key meetings e.g. core groups, court hearings, child protection conferences.

**2.2** The case file is central in documenting assessments, case analysis and summaries of the family's circumstances, but it can only provide part of the picture. Case discussions and attendance at key meetings will provide further insight and understanding.

**2.3** Expectations about standards of written information in the case file will be agreed between Group Managers and outlined separately from this document. If case files consistently fall below these standards then Group Managers may need to implement a tighter strategy to improve the exchange of information – missing information in case files must never cause more than a 24 hour delay in transfer.

### 3. Points of transfer

Outlined below is the guidance for points of transfer which most cases will follow. There may be occasions when for service reasons, cases will be transferred outside these points, but the principle of no delay and child focus should underlie such diversions.

Service areas may choose to arrange regular transfer meetings, but such meetings should never be used for gate keeping purposes, or cause delay. The expectation is that all cases will be transferred within 3 working days of

the request to transfer.

### **3.1 Transfer of cases from Access and Assessment**

- **Child Protection cases**

At least 6 weeks before the first Review CP Conference receiving Social Work Units must send a representative to the Core Group and the new worker will take the minutes. A joint home visit (A&A and CIN) must take place within the week leading up to transfer. The family will have been introduced to a member of the new Social Work Unit at the Core Group. This introduction should not replace a joint home visit.

- **Pre – birth**

For pre-birth child protection cases with a plan for court proceedings, transfer to CIN within 8 weeks of expected delivery date. CIN take responsibility for initiating proceedings.

For pre-birth child protection cases which take place within 4 weeks of the expected delivery date, A&A will retain case responsibility and transfer will take place following the initial hearing.

- **Looked After Children or Leaving Care**

Cases will transfer after the first review. The majority will go to CIN rather than LAC because it is only in exceptional cases where a permanency plan involving separation from birth parents would be established at this point. A joint visit (A&A and receiving service) must take place within the week leading up to transfer.

- **Cases in court**

Case transfers at First Hearing which must be attended by staff from Social Work Units in both services. CIN should be invited to attend legal planning meetings. Paperwork will be completed by A&A service.

- **Children in Need**

For children in need cases in A&A that are not subject to either child protection or looked after children processes, but where an initial assessment is not sufficient, a core assessment will be undertaken.

If the completed core assessment recommends that further work with the family is required, the case will transfer to CIN with a clear plan. The assumption is that the family receive an intervention as if it was one service, and therefore CIN are not able to reject the case on the grounds of thresholds or a perceived lack of role for the Social Worker.

If there is a need for a family support service, either in house or external services, the case will be referred to the Joint Allocation Resource Panel (JARP). Referrals to JARP may come from either the A&A or CIN service. If the JARP recommends Tier 3 services, the Social Work Unit

will remain involved. If the JARP recommend Tier 2 services, the Social Work Unit may close the case.

A joint visit (A&A and receiving service) must take place within the week leading up to transfer

- **Children with Disabilities** Immediately or following completion of an initial or core assessment depending on the specific circumstances of the child and family. A joint visit (A&A and receiving service) must take place within the week leading up to transfer. Eligibility criteria will be outlined by the Children with Disabilities Service. In instances where there are child protection factors, a Consultant Social Worker in the CIN service will take case responsibility. Joint working with the Disabled Children's Service may take place by negotiation between Group Managers in each service.

### **3.2 Transfer of cases from CIN to LAC / LAC Adoption / Leaving Care**

Cases will transfer when there is a plan for permanent separation from birth family. For children going through the court process this will be at the Final Hearing. For those not in court, this will be following approval of a permanency plan at the Fostering or Adoption Panel.

Young people transferring who are between 15 and 16 years may be transferred directly to the Leaving Care service by agreement between Group Managers, if it is felt that it would be best for the young person concerned.

A joint visit between CIN and the receiving service must take place in the week leading up to the transfer.

### **3.3 Transfer of cases from LAC to Leaving Care**

Cases will transfer at an appropriate point following the young person's 16<sup>th</sup> birthday i.e. in their 17<sup>th</sup> year, or later. Care will be taken to transfer cases at a time which doesn't interfere with exams or other critical events in the young person's life (NB. Transfer to take place following GCSEs).

- Young people should be fully involved in discussions about transfer and there may be instances where requests from the young person not to transfer, but to remain in the LAC service, will be met.
- Leaving Care workers will attend the statutory review before the young person's 16<sup>th</sup> birthday to begin pathway planning and will be involved in joint working during the final year before transfer.
- A joint visit (LAC and Leaving Care) to the young person must take place in the week leading up to transfer.

### **3.4 Transfer to and from Rapid Response**

- Cases where children or young people are at risk of being looked after due to family conflict will be allocated to Rapid Response immediately
- Rapid Response will work with families for between 4 - 6 months. If no resolution is achieved during this period and the child is not at home, the case will transfer to CIN, LAC or Leaving Care. If the case is transferred to LAC or Leaving Care, there must be a permanency plan approved by the Children's Resource Panel.

### **4. Mechanisms to resolve difficulties**

Difficulties or disagreements should be resolved in the first instance between CSWs involved in the transfer. Group Managers will be involved if there is no resolution, but the principle should be to find an agreed solution by face to face discussion, not by exchange of e mail.

## **Cover Arrangements**

The cover arrangements outlined below are recommended, but do not need to be strictly followed. Group Managers are ultimately accountable for ensuring that cover arrangements between Units are established. There may be variations to the systems outlined below depending on the service.

### **General Principles**

1. The Consultant Social Worker (CSW) has responsibility for ensuring there is always at least one member of the SW Unit available to respond at all times between 8:30 a.m. and 5:00 p.m. Monday to Friday.
2. The Unit Co-ordinator will ensure that all diaries are up to date on Outlook. The Unit Co-ordinator will produce copies of the weekly diary for all members and circulate hard copies at the weekly case discussion meeting.
3. All members of the SW Unit will have access to view each others diaries on Outlook. The Unit Co-ordinator will have full access to Outlook for all members of the Unit in order to arrange meetings and to respond to urgent e mails.

### **Planned Absence**

4. Annual leave, training and other planned absence from the office will be co-ordinated to ensure that there is always at least one member of the SW Unit available to respond to contacts from families or other professionals.
5. The whole SW Unit will be unavailable for phone contact or office visits once a week for half a day when the weekly case discussion meeting takes place. During these periods, phone messages or equivalent will be taken by another Unit Co-ordinator from the same management group, on a rota basis as directed by the Group Manager. The case discussion meeting will be interrupted if the matter is deemed to be urgent.
6. There will be occasions when the whole SW Unit is out of the office for training. In these instances, a prior arrangement will be made with other CSWs to ensure that they are fully briefed about any cases which may emerge. As above, another Unit Co-ordinator will take messages during these periods as directed by the Group Manager.
7. Each CSW will have a long arm arrangement with the other CSWs within their group, which means they are responsible for cover.
8. When a Consultant Social Worker goes on leave it is their responsibility to fully brief the covering CSW and the Group Manager about the key issues on the caseload and arrangements in place for rest of the unit.

## **Unplanned Absence**

9. When there is an unplanned absence of CSW, the Group Manager is responsible for arranging cover for the Social Work Unit.

## **Cover for long term sickness or other prolonged absence**

10. In instances of long term sickness or prolonged absence within any one SW Unit, the Group Manager will be responsible for taking one or more of the following actions:
  - providing additional advice and support to the CSW in managing the caseloads with depleted numbers
  - giving direction about short term allocation of cases to another SW Unit for a specified period, no longer than 2 months
  - giving approval for funding for short term or agency cover.
11. In instances where it is the CSW who is absent for a prolonged period, short term or agency cover will always be provided. The GM is responsible for ensuring adequate arrangements exist including finding a short term CSW to cover if necessary.

## SECTION 3: DECISION MAKING

### The Matrix of Responsibility

The table below provides guidance about which posts have authority for decision making in the areas of childcare; finance and human resources. The posts listed indicate the lowest level at which decisions can be made but do not preclude decision making at a higher level.

The Matrix of Responsibility should be used in conjunction with the London Child Protection Procedures (LCPP). The LCPP has been written within the context of the traditional model of teams and team managers, and therefore there are some difficulties in translation. However, for the purposes of decision making, the Consultant Social Worker is equivalent to the first line manager as described in the LCPP.

### CHILDREN'S CASEWORK DECISIONS

Decision	Post	Body	Notes about the process
Decision about acceptance of referral	Referral Manager		
Initiation of an Initial Assessment	Referral Manager		Group Manager to monitor activity and performance on a monthly basis
Approval of an Initial Assessment	Consultant Social Worker		
Approval of a Core Assessment	Consultant Social Worker		
Commence Section 47 enquiries	Consultant Social Worker, Referral Manager	Strategy meeting with the police and other agencies	Referral Manager in A&A, otherwise CSW
Approval of Section 47 report	Consultant Social Worker		
Agreement to end S47 investigation without going to Child Protection Conference or Legal Proceedings	Group Manager		
Agreement to refer a child for a Child Protection Conference	Consultant Social Worker		
Presentation and attendance at Child Protection Conference	Consultant Social Worker / Social Worker		CSWs should attend all Initial CP conferences, Social Workers and Children's Practitioners may attend reviews with

			approval from CSW
Attendance at court	Consultant Social Worker		Other members of Unit may be delegated to go if straightforward hearing
Transfer to another local authority	Consultant Social Worker		
Acceptance of a case from another local authority	Consultant Social Worker / Referral Manager		
Case closure - Initial Assessment	Consultant Social Worker		Group Manager to monitor activity and performance on a monthly basis
Case closure – Core Assessment	Consultant Social Worker		
Children staying with friends or family under Section 17 payments	Consultant Social Worker		Expenditure over £1000 per annum on one family to be monitored by GM

## Looked After Children

The table below only gives the level of decision making – not the detailed procedure. The assumption is made that parents / carers with parental responsibility will be consulted when appropriate.

<b>Decision</b>	<b>Post</b>	<b>Body</b>	<b>Notes about the process</b>
Accommodating a child under Section 20	Consultant Social Worker to recommend to Children's Resource Panel	Children's Resource Panel	CSW and Group Manager take cases to Children's Resource Panel. HOS give approval for case to go to Panel
Accommodation in an emergency	Head of Service		
Application to the court to look after a child including ICO and EPO	Consultant Social Worker to recommend to Children's Resources Panel	Children's Resource Panel	Applications will only be accepted following a legal planning meeting and compliance with PLO regulations. EPO applications must be approved by the Head of Service
Children subject to Care Orders placed at home	Assistant Director		
Children looked after by extended family members	Recommendation to panel by Consultant Social Worker	Fostering / Kinship Panel	Social worker can attend panel but assessment must be signed off by

			Consultant Social Worker
Placement of child in secure accommodation	Assistant Director	Secure Planning Meeting chaired by Head of Service	Assistant Director must approve recommendation from Secure Planning Meeting
Attendance at LAC review	Consultant Social Worker, Social Worker or Children's Practitioner		
Public advertisement for missing child	Head of Service		
Overnight stays away from placement for LAC	Consultant Social Worker		
Holidays abroad for LAC	Consultant Social Worker		
Approval of passport applications for LAC	Consultant Social Worker		
Case transfer to another local authority	Consultant Social Worker		
Case closure	Consultant Social Worker		
Placement of young person in bed and breakfast accommodation or independent accommodation	Consultant Social Worker		Group Manager to monitor activity and performance on a monthly basis
Adoption is the plan for a child	Consultant Social Worker	Adoption Panel to approve Best Interests decisions	In some cases social worker will attend the panel to present the Form E
Placing a child for adoption	Consultant Social Worker	Adoption Panel to approve matches	
Approval of long term foster care for a child	Fostering manager to sign off the report	Fostering Panel to recommend to HoS Resources for decision	
Approval of foster carers	Fostering manager to sign off the report	Fostering Panel to recommend to HoS Resources for decision	
Allowances paid for Special Guardianship, Residence Orders or Adoption	HoS Children's Resources	Clarity of policy about entitlements	
Revocation of Care Order	Group Manager with legal advice		

## FINANCE

Decision	Post	Body	Notes about the process
Section 17 payments	Up to £50 – Social Worker / Children’s Practitioner Up to £500 – CSW Up to £5,000 – Group Manager		Within council guidelines about cumulative amounts and ceilings. Sums above an agreed amount to go to Group Manager for decision.
Placement fee for LAC	Group Manager / HoS		
Jointly funded placements with health or education	Head of Service	Multi agency panel, Complex Needs Panel Resource Panel	
Adoption Allowances, Residence Order Allowances, Special Guardianship, interagency adoption fees	Head of Service, Children’s Resources		
Payments to support a LAC in placement e.g. equipment, transport costs, educational materials, leisure activities	Up to £50 – Social Worker Up to £500 – CSW Up to £5,000 – Group Manager		
Payments to support contact arrangements for LAC (including transport costs)	Consultant Social Worker within agreed limits / guidance		Group Managers until systems are robust to manage spend
Increase in placement fees for specific services	Group Manager / HoS	ART to be consulted	Consult with ART regarding details of the contract
Payments to care leavers – Section 24 Children Leaving Care Act	Consultant Social Worker		Payment limits in this area need to be transparent for both staff and young people using the service
Packages of care for children with disabilities	Consultant Social Worker	Care Package Panel chaired by Head of Service	Limits to be set for individual children by Head of Service within clear eligibility criteria
Commissioning expert reports for court process	Court Liaison Officer		Court Liaison Officer recommends to Group Manager (budget holder)
Budget expenditure for temporary staff	Group Manager		
Budget expenditure for permanent staff	Group Manager		

## HUMAN RESOURCES

Decision	Post	Body	Notes about the process
Recruitment and selection of temporary staff	HoS, Group Manager and CSW depending on level of staff being recruited		Head of Service is appointing officer in all cases, but CSW and GM may be involved in recruitment, short listing and interviewing
Recruitment and selection of permanent staff	HoS, Group Manager and CSW depending on level of staff being recruited		
Implementing disciplinary procedures	Group Manager		
Implementing poor performance procedures	Group manager		<ul style="list-style-type: none"> <li>Group Manager for all staff in the social work unit</li> <li>HoS for Group Managers</li> </ul>
Hearing Grievances or Disciplinary	Senior managers as in Council HR procedures		
Monitoring sickness absence and associated procedures	Group manager		<ul style="list-style-type: none"> <li>Group Manager for all staff in the social work unit</li> <li>HoS for Group Managers</li> </ul>
Decision to suspend a member of staff	Assistant Director		Recommendation from HoS
Decisions about Criminal Records Bureau checks	Assistant Director		
Recruitment and selection of CSW's, GM's and HOS	Deputy Director and Assistant Director		Deputy Director and Assistant Director are appointed officer but HOS, GM's may be involved.

## **Panels: Roles and Functions**

There are a range of checks and balances we have in the system to ensure that children are safe, that standards are met and that we are providing the best possible service response to children and families. These have been raised elsewhere in this handbook.

This chapter focuses on the different Panel arrangements operating across Children's Social Care. These Panels act not only to provide additional checks and balances but also to fulfil a variety of statutory functions.

We have recently recruited a Panel Manager who will have key accountability for ensuring that these arrangements run smoothly and that there is speedy through-put of children's cases. This post also has responsibility to ensure that papers received for Panel are fit for purpose and that the minutes of panel meetings are of the highest standard.

There are six key Panels operating across the service. Each section gives the Panel's Terms of Reference, membership and frequency of meetings and any specific notes relevant to the respective Panel.

In general however, there are some matters for consideration consistent across all Panels. Every set of Panel papers need to be accurate, well presented and timely. Information provided must be well considered and a full analysis provided.

The Consultant Social Worker has the responsibility to ensure that this happens. We have to remember that everything we receive could end up in the public domain but most importantly that every word we write and opinion we record becomes an important part of the story for the child concerned. One day they may very well read these records so they can piece together the story of their lives and we have a responsibility as the corporate parent to make sure that the story is coherent.

The other crucial reason of course, is that the information provided will be the basis on which life changing decisions are made. It has to be the right information – well balanced and well presented.

## **1. Children's Resource Panel**

### **Frequency**

- Weekly

### **Primary Purpose**

- The Local Authority's decision to look after a child either by agreement with parents or through a Court Order is a very serious decision and one that should not be taken without due process.
- The London Borough of Hackney's Children's Child Care Strategy states that "there are unique advantages for children experiencing life in their own birth family and in most circumstances children's needs are best met by being cared for within their families."
- Hackney's Children's Resource Panel aims to ensure that this value is delivered in practice.

### **Aims**

The primary aims of the Children's Resource Panel are as follows: -

- To ensure that where possible every consideration is given to maintaining a child or young person safely within their home environment or extended family.
- To reduce the number of children formally looked after by the Department, so far as is consistent with the duty to safeguard and promote the welfare of children and young people.
- To ensure that wherever possible, in house resources are considered as a first option and used whenever possible and appropriate.
- To reduce the Department's use of external resources.

### **Children's Resource Panel Tasks**

It is the Children's Resource Panel's responsibility to:

- Approve all plans to accommodate any child or young person under Section 20 of the Children Act 1989 (planned & unplanned).
- Approve all plans to apply for an order under Section 31 of the Children Act 1989 (Care Orders, Supervision Orders).

- Approve plans for an order under Section 25 of the Children Act 1989 (Secure Accommodation Orders).
- Approve plans to apply for an emergency protection order (EPO), although agreement for such plans may be sought from a Head of Service outside of the Panel if required.
- To approve any use of residential placements including parent and baby placements.

### **When to Use The Children's Resource Panel**

When you think a child may need to be accommodated under Section 20 of the Children Act.

When it appears necessary to apply to the Court for an Emergency Protection Order (EPO), a supervision order or an interim or full Care Order.

In some cases, a secure accommodation order may be required (there are times when a Secure Panel will need to be convened for this purpose – please see separate procedure).

When it appears that a residential placement is required, including mother and baby placements.

### **How to refer to the Children's Resource Panel**

#### **A New Case**

The service area responsible for the case will need to discuss the relevant case and make a decision as to their professional position regarding the best plan for the child or children.

It is the responsibility of the Head of Service to decide which cases come to the Children's Resource Panel and to ensure that the timeliness is appropriate.

Any proposal for accommodation or care proceedings must be able to evidence that adequate family support services have been used to support the family within the community.

Where family support is not considered viable the relevant Head of Service should agree this with the Head of Family Support prior to coming to Panel.

The Head of Service should notify the Panel Administrator of the need for a case to come to Panel by 12 noon on Thursday each week and also ensure that all appropriate paperwork is provided by email by that same deadline. Cases will not be heard by the Panel where this paperwork is not received by that time. Panel

members must be given work time opportunity to look at papers in advance of the Monday morning meeting.

It is at the discretion of the Head of Service which members of the Social Work Unit should be present at the Panel to discuss the case.

The Children's Resource Panel will normally sit on Mondays from 9.00am to 1.00pm in the Assistant Director's Office at 205 Morning Lane. Any emergency decisions should be agreed with the relevant Head of Service and then brought to the next Panel.

It is expected that the presentation for each case take the form of a written note (See Panel Pro-Forma). This is very brief but should be supplemented with an up to date genogram, chronology and most recent core assessment. The assessment must provide a comprehensive analysis of risk, which demonstrates why the risks are so high as to warrant the child becoming looked after.

In addition, where approval for care proceedings is being sought:

- a) the pre-proceedings case plan should be provided.
- b) Cases must not come to Panel until after the Legal Planning meeting has been held and the negotiation meeting with the family has taken place.

### **Existing Cases**

Some existing cases will be reviewed by the Panel. The Panel Administrator will notify a week in advance if the panel is considering the case. The latest up to date genogram, chronology and most recent core assessment and review as well as Panel pro-forma should be provided.

### **Operation of the Panel**

#### **Membership**

- Assistant Director of Children's Social Care/Deputy Director of Children's Services (Chair)
- Head of Service – Access and Assessment
- Head of Service – Children in Need
- Head of Service – Family Support
- Head of Service – Looked After Children
- Head of Service – Children's Resources
- Principal Lawyer – Children's Services
- Manager of Independent Reviewing Team
- Manager of Access to Resources Team
- Head Teacher of the Virtual School for LAC

## **Standing Agenda:**

- Introductions
  - Brief Outline of Background and Presenting Reason for Referral
  - Presentation of Suggested Plans (see appendix guidelines)
  - **Discussion** (Checkpoints)
  - Risk Analysis
  - Previous or current involvements
  - Previous Panel decisions
  - Alternatives to suggested plans
  - Whether plan has outcomes and means of measuring if outcomes are being achieved.
  - Outcome required.
  - **Decision** (Checkpoints)
- 
- Be explicit about what is being approved and under what section
  - Ensure all understand the decision and rationale
  - Resource Panel Administrator to record decision accurately – (decision later approved electronically by the Panel Chair).

## **Guidance for Presenting Cases**

As the presenting officer you will be expected to present a written report of your most recent assessment (including evaluation of risk) of the family and child(ren)/young person and the up to date chronology and genogram.

The following areas should be covered in your presentation:-

- Brief History – of the department’s involvement with the family including any significant events, court orders, child protection registration, update of any progress within legal proceedings
- Presenting reason/issue regarding resource requested
- What has already been attempted to resolve the problem?
- Reasons for and against resource requested (positive features of family relationship)
- Have all known relatives or friends been contacted and asked to care for the children. What has been their response? Is there anyone else not contacted?
- What are the views, wishes and feelings of the young person/child?
- What are the views of the parents/Children’s Guardian/ Court (if any)?
- Has legal advice been taken? Are there any other legal options which may be more appropriate to address the present situation? What are the legal implications of those options?
- How the home situation could be changed to prevent the need for accommodation/resource requested – what resources/action would accomplish this?

- Are there any other legal options which may be more appropriate to address the present situation?
- Health care needs
- Education issues including school placement issues
- Siblings
- Existing services to family

### **Guidance for Panel Chair and Panel Administrator**

There are occasions when the discussions within the Children's Resource Panel and the decisions made are discussed within the court arena. There are also occasions when details of the discussions and the decisions made are requested by Court or the family or other professionals.

It is important that all of the discussions in Panel are carefully and accurately recorded by the Panel Administrator. The decisions made must reflect the discussions held within Panel

All sections of the decision sheet must be completed by the Panel Administrator and then be electronically approved by the panel chair after checking that the decision sheet contains all information and that it is an accurate record of the discussions and the decisions made.

## **2. Looked After Children Case Review Panel**

### **Frequency**

Every 6 weeks

### **Primary Purpose**

To have oversight of all children where they are looked after by the authority for more than 12 weeks.

### **Priority Focus**

Top 20 most expensive placements  
Cases where there is serious drift  
Cases of children who should be discharged from care  
All private and voluntary placements  
All trans - racial placements

### **Membership of Panel**

Head of LAC (Rotating Chair)  
Head of Children's Resources (Rotating Chair)  
ART Team Manager

### **Reporting Officers (as requested)**

Group Manager LAC  
Group Manager Adoption  
Group Manager Fostering  
Independent Reviewing Team Manager

### **Support to the Panel**

Senior Performance Officer / Panel Manager

### 3. Kinship Panel

#### Primary Purpose and Remit of the Panel

- To have oversight of all looked after children and young people placed with relatives and friends, and to monitor and track cases of children and young people looked after who are placed in the care of a family member or friend and who are subject to Section 38(2) of the Fostering Services Regulations.
- To ensure that all such cases are adhering to requirements as set out under Regulation 38 and that all matters are proceeding in a timely fashion during the six week emergency period.
- To agree after four weeks an interim approval and review plans in all cases to ensure a suitable and timely permanent arrangement, reviewing cases until this is achieved.

The term `Kinship Care' is not defined in legislation and means different things to different people. As well as children looked after placed with family and friends, other groupings fall under the umbrella of kinship care.

- Children placed with family and friends who are **not** looked after but are financially supported by Children's Social Care. These are children in need cases and financial support is assessed and linked to the necessary family support.
- Children placed with 'approved' family and friends' foster carers.
- Children placed on Residence Orders who receive an allowance from the London Borough of Hackney.
- Privately fostered children.

Initially the Panel will monitor Reg. 38 cases and review its remit in relation to other kinship arrangements as described above.

#### What Panel Considers

The Panel will consider all cases that are subject to Reg. 38 emergency six week arrangements. The start of the six weeks begins at the point of being looked after and includes;

- Section 20
- Section 31
- Police Protection
- Emergency Protection Order

- And all cases where there is a child already looked after but a new network may be required.

After four weeks from point of child or young person being looked after, the case will come before the Kinship Panel for a review of arrangements. This is to ensure that proper procedures are being followed as laid down under Section 38(2) of Fostering Services Regulations (2002) and Children Act 1989 and to include CRB/police checks, signed undertaking and a viability report.

At Panel interim 'approval' will be given whilst the Department determines its options, these being;

- Discharge from accommodation or looked after status
- Residence Order
- Special Guardianship
- Adoption
- Approval of carer as foster carer under Regulation 28 of the Fostering Services Regulations (2002) (this is approved at Fostering Panel).

Cases will be subject to review by the Panel until one of the above is achieved.

### **Membership of Panel**

The Chair will be the Head of Service (Children's Resources). The Vice-Chair will be the Head of Children in Need.

Members to include – Group Manager (Fostering), Family Support representative, Independent Reviewing Team Manager and one independent.

### **Frequency and Scrutiny**

The Panel will meet monthly. Those presenting to the Panel must be CSW in the first instance, and on subsequent occasions members of the Unit must attend depending on complexity.

The Chair of the Panel and members will need to consider how frequently the case will be required to return to Panel and notes of decisions will be sent to managers advising them of the new date or actions that are required following scrutiny.

### **Support to the Panel**

Senior Performance Officer / Panel Manager

## **4. Adoption Panel**

### **Frequency**

- Monthly.
- Extra panel dates can be added if needed.

### **Primary Purpose**

- The purpose of the adoption panel is governed by the Children Act 1989 and the Adoption & Children Act 2002.

This adoption panel has the following roles:

- To recommend/decide whether the child should be placed for adoption.
- To recommend/decide that the child should be placed with prospective adopters (Matching).
- To determine the suitability of prospective adoptive applicants.

### **The Courts**

The Courts are now placing a greater emphasis on the role of the adoption panel in relation to adoption best interest for children.

If a case is in Court proceedings, a date for best interest consideration at the adoption panel needs to be offered to the Court at the initial hearing to avoid drift.

### **Submitting papers**

The panel manager will distribute a yearly timetable of panel dates with deadlines for submitting forms and reports.

Cases must be booked in advance through the panel manager.

A booking form will need to be completed for submitting a case onto the adoption panel. The panel manager will distribute these forms on request.

Booking forms must be sent via e-mail.

Forms and reports not submitted by the deadline will not be accepted unless there are special circumstances and this has been agreed by the panel advisor.

In receipt of the booking form and relevant reports, the panel advisor will ensure that the standard is adequate for submission to the panel.

## **Documentation required**

### **Documents to be included for whether child should be placed for adoption**

- a. Child Permanence Report
- b. Photos – do not send originals
- c. Foster Carer's Report
- d. Medical Report
- e. Psychiatric Report
- f. GAL's Report
- g. Educational. Last PEP Report, school attendance
- h. Psychologists Report
- i. Additional Specialist medical report
- j. Child's written statement on his/her views about proposed placement/adoption
- k. Views of the birth mother
- l. Views of the birth father

### **Forms to be attached for Approval of Adopter(s)**

- a. Form F, Part I and II
- b. The following documents should also be included in the body of the report:
  - c. CRB cleared CRB
  - d. Medical Report(s)
  - e. NSPCC Check
  - f. Local Authority Checks
  - g. Independent References
  - h. Family References
  - i. Education Reference (if applicable)
  - j. Ex-partner's Reference (if applicable)
  - k. Workplace Reference (if applicable)
  - l. Health and Safety Checks
  - m. Photos

### **Forms to be attached at Matching**

- a. Child Permanence Report (updated if appropriate)
- b. Child Placement Report
- c. Form F Part I and II
- d. Updated CRB
- e. Updated Medical Report
- f. Placement Order

### **Forms to be attached for Termination of Approval**

- a. Form F Part I and II
- b. Termination Report

## **Information to be attached for Approval of Change of Plan**

- a. Child Permanence Report
- b. Report outlining change with recommendation
- c. Family Finding activities

## **Information to be attached for approval case**

- a. Form F I and II and updated information

**All BAAF forms such as the child's permanence report and form F's can be obtained from the adoption team administrator.**

## **Cancellations**

In the case of cancellation, this must be cleared with the Head of Service (Children's Resources) and be supported by the Group Manager of the relevant Service area.

A cancellation form will need to be completed by a member of the Social Work Unit.

## **Attendance**

It is expected that both the social worker and the consultant social worker attend the panel. The panel is a vital part of the planning process and is represented by a majority of independent members who expect managers to accompany their social workers.

## **Implications of the new system**

A maximum of six cases can be booked for each panel.

Any additional cases will go on the reserve list and a firm place allocated to the next available panel date.

The panel advisor will decide on case priority if more than six cases are booked for the same panel.

## **Panel Configuration**

- 1 Independent panel chair
- 3 Independent members
- 1 Councillor
- 1 Health advisor
- 2 External Council representatives

3 CYPS representatives  
1 Legal advisor  
1 Panel advisor

## **5. The Fostering Panel**

### **Frequency**

- Monthly.
- Extra panel dates can be added if needed.

### **Primary Purpose**

- The purpose of the fostering panel is governed by the Fostering Regulations 2002.

The fostering panel has the following roles:

- To consider applications for approval as a foster carer and to monitor the performance of foster carers.
- To make decisions as to whether a child or young person should be placed in short term or long term foster care.
- To match children and young people to foster carers.
- Responsible for de-registering foster carers who are not longer able to undertake the fostering task.

### **Submitting papers**

The panel manager will distribute a yearly timetable of panel dates with deadlines for submitting forms and reports.

Cases must be booked in advance through the panel manager.

A booking form will need to be completed for submitting a case onto the fostering panel. The panel manager will distribute these forms on request.

Booking forms must be sent via e-mail.

Forms and reports not submitted by the deadline will not be accepted unless there are special circumstances and has been agreed by the panel advisor.

In receipt of the booking form and relevant reports, the panel advisor will ensure that the standard is adequate for submission to the panel.

### **Documents Required**

#### **Forms required for permanence fostering as in best interest**

- a. Child Permanence Report

- b. Photos
- c. Foster Carer's Report
- d. Medical Report
- e. Psychiatric Report
- f. GAL's Report
- g. Educational and PEP Report
- h. Psychologists Report
- i. Additional Specialist medical report
- j. Child's written statement on his/her views about proposed placement
- k. Views of the birth mother
- l. Views of the birth father
- m. Approval of change of plans (rescinded adoption plan)

### **Forms required for Approval as foster carer(s)**

- a. Form F, Part I and II assessment reports
- b. Safeguarding checks:
  - CRB cleared
  - References including employment
  - Local Authority checks
  - Education references (if applicable)
- c. Ex-partner's view (if applicable)
- d. Medical reports
- e. Health and Safety Checks
- f. Photos

### **For required to Variation of Approval & 1<sup>st</sup> Review**

- a. Original Form F
- b. Extracts from last panel
- c. Updated Review
- d. Updated safeguarding checks as listed above
- e. Feedback from social workers of children currently in placement & recent placements as in the last year.
- f. Feedback from young person
- g. Education progress report of child/ren in placement
- h. Health feedback
- i. Health & Safety Checklist

### **Forms required for Re-approval following Change in Circumstances e.g. allegations, change in household etc.**

- a. Updated Review
- b. Report on investigation or report on continuation
- c. Report of circumstances / recommendation (if applicable)
- d. Updated safeguarding checks
- e. Health & Safety Checklist
- f. Feedback from social worker of child/ren placed
- g. Feedback from other professionals (if applicable)

- h. Previous panel extracts

### **Forms required for Matching**

- a. Child Permanence Report
- b. Matching report
- c. Report on Foster Carer
- d. Previous panel report / extracts (if applicable)
- e. Updated medical
- f. Safeguarding checks
- g. References
- h. Health & Safety Checklist

### **Forms required for Approval of Change of Plans (i.e. rescinded best interest)**

- a. Recent Panel Extracts
- b. Updated Form F E (permanence report)
- c. Professional reports i.e. psychologist and any additional Specialist medical report
- d. Recent reviews

### **Forms required for Termination of Approval**

- a. Forms F, Part I & II
- b. Recent Reviews
- c. Termination report

### **Forms for Kinship Approval**

- a. Kinship Assessment or F2
- b. Child's Matching Report
- c. Safeguarding Checks
- d. Health & Safety Checklist

**All BAAF forms such as the child's permanence report and form F's can be obtained from the fostering team administrator.**

### **Implications of the new system**

Only eight cases can be booked for each panel.

Any additional cases will go on the reserve list and a firm place allocated to the next available panel date.

The panel advisor will decide on case priority if more than eight cases are booked for the same panel.

### **Panel Configuration**

The panel is largely independent. The Chair and Vice-Chair are both independent members. The panel also has a panel advisor, who is a non-voting member, three independent members who have previous fostering connections (either foster carers or people with fostering experience) and a local Councillor.

In addition there is a medical advisor and a representative from the Virtual School.

The panel has a monitoring and quality assurance function and holds annual training and business meetings on a quarterly basis involving the Chair and the Assistant Director.

## **6. Joint Allocation Resource Panel**

### **What is JARP?**

JARP (Joint Allocation Resource Panel) is a multi-agency and multi-disciplinary forum which meets weekly (Tuesday's 9.30pm- 11am) and manages all Children's Social Care Service requests for in-house and commissioned Family Support Services.

Agreement for all in-house and commissioned Family Support Services can only be reached via referral to JARP.

External service providers sit on JARP to agree joint working arrangements, lend multi-agency perspective and identify alternative community services provided to families at risk. External service providers will continue to receive and respond to referrals through their usual referral routes and procedures.

### **Who attends JARP?**

The JARP panel comprises of management representatives from the following services and/or agencies:-

- Administrator/Coordinator (Family Support Services)
- Chair (Group Manager Parenting Support Service)
- Child & Family Consultation Services (CFCS)
- Manager(s) of commissioned Family Support Services
- Early Intervention Parenting Programme (EIPP)
- Education (BEST/Attendance)
- Sub19 Drug & Alcohol Team (DAT)
- Tier 2 Services (under 11's)
- Youth Offending Team (YOT)
- Youth Support Panel (YSP)
- Youth Support Team (YST 11+)

The above service representatives form a Core Group of Managers. Other in-house managers may be required to attend on request and will include

- Contact Service Manager
- Parenting Support Service Manager
- Family Network Meeting Coordinator

Representatives attending JARP will be required to have the authority to accept and allocate work within their service.

### **The purpose and aims of JARP**

The purpose of JARP is to target, coordinate and monitor services provided to families with complex needs receiving Children's Social Care interventions and to produce a timetable delineating roles and responsibilities with agreed timescales.

The aim of JARP is to reduce duplication and overlap of intra/inter-agency service provision and to ensure that families are able to access services appropriate to their needs as and when they need them. JARP aims to ensure that services are provided in a coordinated and responsive way that is reflective of the changing needs of families; encouraging multi-agency/disciplinary consideration of how those needs might be met through creative and coordinated service delivery.

### **Who can refer to JARP?**

Referrals can be made by case holding Social Work Units (SWU), including:-

- Access and Assessment
- Children in Need
- Children with Disabilities
- Fostering & Adoption
- Hospital Social Work
- Leaving Care
- Looked After Children

The Children's Resource Panel can also make referrals to JARP.

The referral and allocation pathway is outlined in Appendix A. Case holding social workers in Tier 2 are not currently able to refer into JARP unless the families needs meet the Tier 3 threshold. Cases requiring a Tier 3 intervention will need to be referred to Tier 3 via Access and Assessment. This will remain under review.

### **Threshold for services provided via JARP**

- All families referred must have a Tier 3 case holding social worker
- All referrals to JARP must be accompanied by an evidenced based assessment that indicates a risk of any or combination of the following:-
  1. Familial breakdown
  2. Placement breakdown
  3. Child protection concerns
  4. Becoming Looked After
  5. Cases in Court (Supervision, Care or Secure Accommodation Proceedings)
- NB: Referrals will be prioritised by the severity and complexity of the above risk indicators (Appendix B); Referrals carried over to the following week will be given priority points

## Appendix A Allocation Panel (JARP) Referral Pathway

### Step 1

JARP referral form to be completed (see attached) providing a brief summary of the assessment, support services requested, including duration (hours/weeks) with expected outcomes. The referral is to be completed by the referring SWU.

### Step 2

The referral form is to be sent to the JARP Coordinator no later than 2pm each Friday. The JARP Coordinator will collate and electronically distribute all the referrals to JARP members the same day.

Urgent referrals may only be directly made to Family Support Services if a family requires an urgent response (see attached thresholds for direct referrals).

### Step 3

The referral will be discussed at Tuesday's JARP meeting for a multi-agency decision on which services are required and/or appropriate to meet the family's needs, identify referrals made to other services and review services already being provided. A decision on which agencies will allocate work within their teams will be made.

A record of discussion and decisions will be recorded on COMINO for the attention of the referring SWU.

### Step 4

Relevant JARP representatives will take appropriate referrals back to their agencies for allocation and notify relevant SWU of allocation (within an agreed number of working days – to be agreed at next review meeting).

### Step 5

The SWU will be required to provide all relevant and appropriate assessments, care plans and reports to agencies unable to access COMINO.

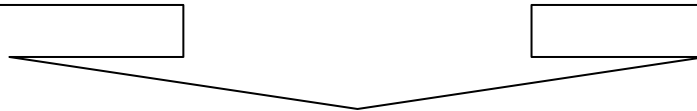
**Step 6**

The JARP Coordinator will record decisions onto COMINO for the attention of the referring SWU



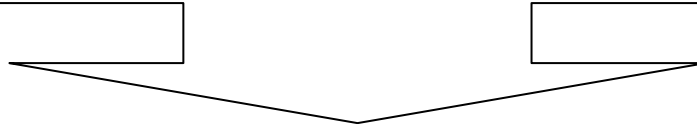
**Step 7**

Service providers are to provide progress summaries to JARP at six week intervals. The JARP Coordinator will electronically flag up cases one week in advance of review to JARP members.



**Step 8**

The six week review will monitor the progress of provided services to ensure that services are meeting the family's needs. Additional services may be agreed or services may be reduced/transferred as appropriate. A record of the discussions and decisions will be recorded on COMINO for the attention of the referring SWU.



**Step 9**

The JARP Coordinator will record decisions onto COMINO for the attention of the referring CSW.



## Appendix B

### JARP Criteria for Prioritisation

Each referred case will be scored using the criteria set out below to determine its level of prioritisation.

**Priority 1** Cases with 11 – 20 points will be assessed as priority 1/urgent and will be discussed and allocated for family support services at the next available JARP meeting with a recommendation for a family support response within 48 hours.

**Priority 2** Cases with 7- 10 points will be assessed as priority 2 and will be discussed and allocated at the next available JARP meeting with a recommendation for a family support response within 2-5 working days.

**Priority 3** Cases with 1-6 points will be assessed as priority 3 and will be discussed and allocated at the next available JARP meeting with a recommendation for a family support response within 3-10 working days.

1. <b>Court Proceedings in progress</b> (Secure, Care or Supervision)	3
2. <b>Child has started a Looked After Episode</b> (Within past two weeks)	3
3. <b>Child Protection Concerns</b> (Threat of imminent removal)	3
4. <b>Threat of Placement Breakdown</b>	3
5. <b>Parent or Carer has requested removal of child from home</b>	3
6. <b>Drug or Alcohol Dependency</b> (In both parents)	3
7. <b>Child has a diagnosed mental illness</b> (CAMHS)	3
8. <b>Child has a diagnosed disability</b>	2
9. <b>Parent/carer has been hospitalised or imprisoned</b> (Within past two weeks)	2
10. <b>Child Protection Registration</b> (Within past two weeks)	3
11. <b>Child has experienced an unplanned placement move</b> (Within past two weeks)	2
12. <b>Case previously referred to JARP but carried over</b>	2
13. <b>Long-term familial dysfunction</b>	2
14. <b>Care Leaver 16- 19yrs</b>	2
15. <b>Teenage Pregnancy or Parent</b>	2
16. <b>Drug or Alcohol dependency in Parent</b>	2
17. <b>Mental Illness of parent</b>	2
18. <b>Parental Learning Disability</b>	2

19. Care Leaver 19 – 24 years	2
20. School exclusion	1

### **Exceptions**

Referrals may be made directly to the Contact Service and Parenting Support Service if the following criteria are met:-

1. Child is subject to Police Protection
2. Child is subject of an Emergency Protection Order
3. Child is 1<sup>st</sup> episode and newly looked after
4. The Court has directed family support services allocated

Direct referrals to the Contact Service and Parenting Support Service will be discussed at the next available JARP meeting.

- The Social Work Unit does not need to make a separate referral.
- Feedback will be provided to the Social Work Unit using the usual procedure.
- Direct referrals to services will be assessed as Priority 1/urgent.

## **SECTION 4: PERFORMANCE MANAGEMENT**

### **The Accountability Framework**

#### **Principles:**

- All members of the Social Work Unit should take responsibility for good practice and a professional approach to all case work.
- The Consultant Social Worker is accountable for:
  - social work practice with children and families who are allocated to the unit;
  - case work decisions;
  - fulfilment of statutory requirements.
- The Group Manager is accountable for performance management of the social work units within their area.

The Matrix of Responsibility<sup>4</sup> provides the framework for decision making and delegated authority in case work, finance, and human resources. The accountability framework outlined below provides specific requirements, responsibilities and checks and balances to ensure there is a high standard of social work practice across all Social Work Units.

#### **1. Accountability for case work**

The CSW will monitor case work activity and the fulfilment of statutory requirements by :

- Weekly discussions at the case review meeting
- Daily management of case activity through communication with members of the Social Work Unit
- Systems which are maintained by the Unit Co-ordinator to provide management information about the fulfilment of statutory requirements. These will vary depending on the service area and will be decided by the Head of Service
- Provision of a monthly report about case activity and performance indicators to the Group Manager

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<sup>4</sup> See Section 3

- Supervision and Appraisal of the Social Worker and Children's Practitioner within their unit

## **2. Accountability for performance management**

The Group Manager will monitor performance of the Social Work Unit using the following processes:

- Weekly monitoring of a small sample of cases
- Monthly review of performance indicators with the CSW
- At least quarterly attendance at the case review meeting for each of the Social Work Units in their areas
- Specific case decisions as outlined in the Matrix of Responsibility
- Monthly examination of sickness returns
- Responsibility for undertaking any HR processes in relation to performance of staff within the social work units i.e. capability or disciplinary procedures
- Supervision and appraisal of the CSW
- Approval of the appraisal record of other staff within the Social Work Unit

The Head of Service will supervise the Group Manager and receive regular reports providing an overview of performance of the Social Work Units. The Head of Service will take responsibility for ensuring that any underperformance is addressed.

## **3. Clinical Accountability**

1. The Clinical Manager is accountable for clinical practice
2. The Clinical Manager will provide a monthly report on clinical activity, CAMHS performance indicators, use of Strengths and Difficulties Questionnaires and CHI. Quarterly reports will be presented to the CAMHS Performance Group
3. It will be the decision of the Clinical Manager to agree the need for clinical input

## **4. External Scrutiny**

The following processes and monitoring arrangements will provide external scrutiny of performance and social work practice:

- Child Protection conference framework and feedback from CP Co-ordinators
- Statutory Review framework and feedback from Independent Reviewing Officers
- Panels
- Court framework and feedback from Court Liaison Officers

- Case file audit
- Inspections and Annual Performance Assessment
- Feedback from children and families

## **SECTION 5: COMMUNICATION**

### **Communication Principles**

The following standards should underpin all communication with children, families and other professionals<sup>5</sup>:

- Think before you speak
- Know who you are speaking to – understand their role and responsibilities
- Be aware of contextual factors – what might influence what they hear (e.g. culture, language)
- Be concise – don't use more words than you need or repeat yourself
- Think about body language and tone
- Avoid jargon
- Speak to others with respect
- Demonstrate openness and honesty
- Listen
- Do what you say you'll do
- Think about the power imbalances in relationships and it's impact on communication

#### **1. Mode of communication**

It is important to think about how we use different modes of communication, for different situations.

The following principles should be followed:

- for communicating sensitive information, or conflict resolution, it is **always** preferable to use face to face communication, or telephone contact in the first instance

- telephone contact is usually preferable to e mail – enabling dialogue to take place

- e mail and other written communications are useful when the information needs to be recorded, or to present a number of points clearly and concisely

- e mail is not good for a professional discussion but can be helpful following a discussion to confirm in writing the participant's understanding

- think about who needs to be copied into e mails, and keep the number to a

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<sup>5</sup> The following standards are drawn from ideas generated by a small working group of staff, 'Let's Talk', who met regularly during 2007

minimum

## 2. Diaries

It is the responsibility of the Unit Co-ordinator to keep the Social Work Unit diaries up to date on Outlook – all members of the Unit should help to ensure this is an easy task by updating their own diaries when it is straightforward to do so.

All members of staff across Children's Social Care should have access to the Outlook diary for every member of staff.

Unit Co-ordinators will provide weekly hard copies for all members of the unit which will be available at the weekly case review.

## 3. Communicating with families and other professionals

It is expected that all telephone contacts from children and families will be responded to on the **same day** they are received. If the Social Work Unit member is not able to return the call, then the Unit Co-ordinator will call to explain the reason for delay, and provide a time when the service user can expect to hear. If it is believed that the child or family are in difficulties then the CSW must be informed immediately.

E mail 'out of office' should be turned on for all absences of 1 day or more, and the message should include reference to the contact details of the Unit Co-ordinator if there is a need for urgent contact.

Contacts from professionals should be responded to by the next working day. This is a minimum, but the nature of the contact will mean that some should be responded to much sooner.

Lateness communicates a lack of value to the person you are meeting. All staff are expected to arrive on time, or in exceptional circumstances when it is not possible to do so, the family or professional receive a message in advance

### What children and young people say they want from social workers

- **Be on time, don't cancel unless you absolutely have to**
- **Get to know us**
- **Be honest**
- **Do what you say you'll do**
- **Show interest in the positives as well as the problems**
- **Pay attention to the detail of our lives**

