Herefordshire Council

Grade Descriptors

The following descriptors should be considered as general guidance and understood in the context of the wider organisational, professional and statutory processes. Auditors will use both evidence and their professional judgement to award the overall grade. Auditors will consider the last 6 months of practice. To support your own professional judgment please consider this tool in the context of:

Herefordshire Practice Standards practice-standards.docx (live.com)

Herefordshire Manual Procedures (proceduresonline.com)

Please refer to the separate case audit guidance for details on how to complete the audit and template to record your findings.

VOICE OF THE CHILD

Practice Standards: Practitioners are confident in using direct work approaches appropriate to the child's age, understanding and preferences; and understand that "direct work" includes both play materials/ creative engagement tools and relationship building conversations. Direct work means both observations and talking to the child.

Children and families will be placed at the heart of everything we do. They will be involved in shaping the plans and decisions made about them. We will spend time listening to children and they will be helped by professionals who have the skills and tools to directly work with them taking account of their learning needs. We deliver relationship-based practice with children and families. We will involve them in a genuine partnership when developing plans

OFSTED Descriptor: Children, young people and families benefit from stable and meaningful relationships with social workers. They are consistently seen and seen alone by social workers if it is in the best interests of the child. Practice is based on understanding each child's day-to-day lived experience. Children are safer as a result of the help they receive.

Children and young people are listened to. Practice focuses on their needs and experiences and is influenced by their wishes and feelings. Children, young people and families have timely access to, and use the services of, an advocate. Feedback from children and their families about the effectiveness of the help, care or support they receive informs practice and service development. Children are seen regularly and seen alone by their social worker and children understand what is happening to them.

O- Outstanding	G- Good	RI- Requires improvement	I- Inadequate
The child's voice is seen and heard throughout the file. The child is seen regularly and in accordance with statutory guidelines. Visits are purposeful and the child has been seen alone where appropriate to do so. Language used reflects and upholds the ethos of Language That Cares The lived experience is understood and acted on, clearly informing decision making, planning and intervention. Direct work with the child is creative and purposeful. The child's wishes and feelings are clearly recorded, and all steps have been taken to promote participation and engagement. Advocacy Services are encouraged when appropriate.	The child is consistently seen and seen alone by social workers if it is in the best interests of the child and in accordance with statutory guidelines. There is evidence that direct work with the child includes creative methods of ensuring age-appropriate interaction. The child views are recorded and listened to. Case records provide a good understanding of the child's lived experience in the context of presenting issues. Intervention and interaction is sensitive to the needs of the child and developmentally appropriate. Information on Advocacy Services are provided.	The child is consistently seen and seen alone by social workers. Statutory timescale may not always have been met but child has been seen regularly. There is some evidence of meaningful direct work and the child's views are recorded. Case records provide some understanding of the child's lived experience however this could be strengthened.	The child has not been seen regularly and not seen alone without reasonable explanation. There is little or no record of the views of the child. There is little or no evidence of meaningful direct work. Case records do not reflect the child's lived experience.

ASSESSMENT (In most cases, the assessment will be a Child & Family statutory assessment under s.17 or s.47, or a Pathway Plan Needs Assessment. However, in some cases the most recent assessment details may be recorded in the allocated worker's report for a CLA planning/ review meeting or a CP conference).

Practice Standards: Every child will have an assessment of their individual needs which reflects how their life experiences, wishes, feelings and any risks to them are known and understood. Assessments will take full account of family histories, parents' and wider family's views and those of other agencies involved with the family. Assessments will be regularly updated to take into account changes to the child and their family and to help to plan for their future.
Every child will have an assessment which reflects the strengths and assets within themselves and their family and community alongside any worries and risk. A detailed genogram will be included with all assessments with an ecomap where possible. Safety planning will be clear in the assessment.

OFSTED Descriptor: Assessments and plans are dynamic and change in the light of emerging issues and risks. Assessments (including early help assessments) are timely and proportionate to risk. They are informed by research and by the historical context and significant events for each child. They result in direct help for families if needed and are focused on achieving sustainable progress for children. Help given to families is proportionate to the level of need. Information-sharing between agencies and professionals is timely, specific, effective and lawful.			
O- Outstanding	**G- Good**	**RI- Requires improvement**	**I- Inadequate**
The child is the focus of the assessment and clearly incorporates the views of the child, their understanding of children's services involvement, presenting concerns, their lived experience, worries and aspirations. Wider needs of siblings in and out of the household are identified and taken into account when looking at the subject child's needs and safety Historical risks are referenced and taken into account The assessment identifies and involves significant adults and family members. Their views and understanding of presenting needs and concerns are clearly recorded. There is evidence of a restorative approach being used to develop the assessment. The assessment is evidence-based, strength-based and rooted in child development. The assessment is holistic, exploring all assessment domains and the contextual impact on the child. The assessment focuses on the individual needs and safety of the children. Safety planning tools are utilised to assess risk.	The assessment focuses on the individual needs and safety of the child. Safety planning tools are utilised to assess risk. Immediate risk is addressed in a timely manner. Safety plans and risk assessments are evidenced on child's file when required. There is good use of information from relevant professionals to evidence the general well-being, development, risk and history of the child and family. The views of parents and significant family members are included and considered. Throughout the case there is evidence that the child has remained the focus of assessment and planning. There is clear analysis that picks up all the issues of risk, need and protective factors identified in the assessment	The assessment is limited to largely presenting needs and risk to the subject child without clear reference to other children in the family. There is some use of information from professionals but is limited to some key professionals. There is limited detail of the history of the child and family. The child does not always remain the focus of the assessment, parental needs eclipsing those of the child. Some evidence specific areas arising from diversity needs have been considered. Analysis is present but could be strengthened to better reflect needs and risk identified. Evidence of some drift and delay completing the assessment however this has not adversely impacted the child.	The assessment lacks detail on presenting risks and safety planning. The child has not been seen. The child's views are not evident within the assessment. None or very limited information from professionals evidenced. No evidence of engagement or other family views obtained where it is clear this would have been valuable i.e. a grandparent in regular contact/care of the child / network. The history of the family has not been explored fully. Analysis of information obtained does not draw on the details of the assessment.

Key risks identified in the assessments have been indicated on the assessment documentation. Any appropriate “warning marker flags” are against the child. Specific areas of need arising from diversity are recognised and addressed. There is good use of information from relevant professionals to evidence the general well-being, development, risk and history of the child and family. There is clear analysis, the assessment outlines strengths, vulnerabilities risk and impact of harm. Decision making is proportionate and appropriate to presenting needs. The Chronology, Genogram and Eco Map is up to date. These have been used as analytical tools to help understand the impact, both immediate and cumulative, of key events and changes in a child or young person’s developmental progress. The assessment was completed in a timely way and within statutory timescales. Evidence the assessment has been shared with the child and family.	There is good use of information from relevant professionals, history of the child and family included. Specific areas of need arising from diversity are recognised. Chronology is up to date and has been used as an analytical tool to inform the assessment. The assessment was completed in a timely way and within statutory timescales. Evidence that the assessment has been shared with child and family.	Chronology is present but requires updating to be meaningful. Evidence the assessment has been shared with the family.	Drift and delay has created barriers to achieving timely intervention. Diversity needs have not been considered within the assessment.
QUALITY OF PLANS (Please refer to Herefordshire Procedures Manual for relevant guidance depending on legislative mandate Procedures (proceduresonline.com) **Practice Standards:** All children’s plans will explain what needs to happen by when; by whom; what outcomes we are all working towards together as a multi-agency team. We will be clear what the contingency plan is.			

In reviewed plans, the progress in meeting outcomes is clear and evidenced. Plans are reviewed at agreed intervals. If there are significant changes in the family circumstances, there is clear record decision making on whether an early review consideration should take place.
Staff will use strength-based approaches to resolve problems and improve children's lives; working with children and families as opposed to doing things 'to' them.
We will acknowledge the risks and what we are worried about and help to find ways to keep children safe through thoughtful, considered and clear multi-agency plans which children and families can relate to and which will support them to achieve positive changes.

OFSTED Descriptors: Children in need of help and/ or protection have a plan setting out how they will be helped, how their needs are going to be met and how risk will be reduced within the timescales appropriate for the child. If families refuse to engage, clear contingency plans are in place. These are based on the assessment of need and risks to the child. Action is taken to avoid drift and delay. Plans and decisions are reviewed. Alternative decisive action is taken if children's circumstances do not change and the help provided does not meet their needs, or the risk of harm or actual harm remains or intensifies.

Children's looked after care plans comprehensively address their needs and experiences, including the need for timely permanence. Children's plans are thoroughly and independently reviewed with the involvement, as appropriate, of parents, carers, residential staff and other adults who know them. Plans for their futures continue to be appropriate and ambitious and consider how they will be supported and prepared for the experience of leaving care.

O- Outstanding	**G- Good**	**RI- Requires improvement**	**I- Inadequate**
The plan has been developed restoratively with the child and family. The views of the child and family are thoroughly incorporated into the plan. The plan is child centred and has SMART actions. The plan is understood by the child/ family i.e. no jargon. The plan is strengths-based, robustly identifying protective factors, needs, risk and vulnerabilities. Safeguarding needs are responded to accordingly and the right risk management plans to support the primary plan, are in place e.g. Get Safe / Neglect tool.	The views of the child and family have been sought and recorded. The plan is child centred and has SMART actions. The plan is strength based, identifying protective factors, needs, risk and vulnerabilities. Safeguarding needs are responded to accordingly and the right risk management plans to support the primary plan are in place. There is evidence of contingency planning.	The views of the child and family are limited within the plan. Limited evidence of SMART planning with the potential for uncertainty, drift or delay. Limited evidence of strength-based practice, protective factors, needs, risk and vulnerability being defined. Safeguarding needs are responded to, however risk management plans and tools not clearly defined.	The Plan is not SMART or child centred. The views of the child and family are not recorded. The plan is not multidisciplinary in approach and partnership accountability is not clear. Safeguarding concerns are not responded to with the appropriate risk management plans and tools.

There is clear a contingency plan. The plan is multi-disciplinary in approach; with accountability clear for the partnership working. There is strong evidence professionals are working collaboratively and clear of individual roles and responsibilities. Actions and intended outcomes are defined. The plan has been distributed to involved parties within agreed timescales.	The plan is multi-disciplinary in approach; with accountability clear for the partnership working. Actions and intended outcomes are defined. The plan has been distributed to involved parties within timescales.	Contingency plans are not developed. Limited evidence of effective partnership working to progress the plan. Some delay in distributing the plan to involved parties within timescales.	Needs, risks and protective factors, are not sufficiently identified. There is insufficient contingency planning. The plan has not been written and/ or distributed to relevant parties.
QUALITY OF PARTNERSHIP WORKING **Practice Standards:** There is multi-disciplinary input, used to triangulate social work views and those of the child, parents and other family members, with evidence from professionals involved with the child and family. It is clear which agency provided which information. **OFSTED Descriptors:** Children and young people are protected through effective multi-agency arrangements. Key participants attend multi-agency meetings. These meetings are effective forums for timely information-sharing, planning, decision-making and monitoring. Actions happen within agreed timescales and the help and protection provided reduce risk and meet need. Professionals understand thresholds. This leads to children and families receiving effective, proportionate and timely interventions, which improve their situation.			
O- Outstanding	**G- Good**	**RI- Requires improvement**	**I- Inadequate**
The contact details of key professionals are recorded on the file and relevant documents. The professional group working together with the family has a shared vision, working together to achieve these goals, leading to positive outcomes for the child. The child's holistic needs are met through robust partnership working.	The contact details of key professionals are recorded on the file and relevant documents. Partnership engagement is proactive and collaborative. The child's needs are met through effective partnership working.	Incomplete contact details recorded on file for key professionals. Some evidence of effective and collaborative partnership working. Roles and responsibilities are not clearly defined.	No contact details recorded on file for key professionals. Little or no evidence of collaborative partnership working. Poor partnership attendance at key meetings.

Individual roles, remits and responsibilities are clearly defined. Meetings are well attended by the multi-agency network. Interagency information sharing is timely, recorded and considered within the context of decision making. Professional differences are recorded. There is evidence of challenge/ agreed resolution or escalation.	Meetings are well attended, and individual roles and responsibilities are defined. Evidence of timely interagency information sharing on the file. This information is considered within the context of decision making. Professional differences are recorded. There is evidence of challenge/ agreed resolution or escalation.	The child's holistic needs are only partially met through the partnership. Inconsistencies in attendance at partnership meetings. Some evidence of effective information sharing. Where professional differences are recorded, there is limited evidence of challenge/ agreed resolution or escalation.	The child's holistic needs are not met. Little or no evidence of information sharing. Where professional differences are recorded, there is no evidence of challenge/ agreed resolution or escalation.

SUPERVISION AND MANAGEMENT OVERSIGHT

Practice Standards: All children's case records will be clear, using language that is easy to understand, analytical, and timely, so that everyone can understand significant events that have happened.

Every child's case must be supported by regular, timely, recorded management oversight of the work.

Supervision demonstrates evidence of reflection, impact of intervention and management oversight. It includes clear case direction from the point of allocation, through to any transfers or closure. Management oversight ensures timescales are understood as being 'outside boundaries' i.e. the last date for completion. These are not targets to work to; timescales are driven by the child's situation and plan.

OFSTED Descriptor: Decisions are made by suitably qualified and experienced social workers and managers. Actions are clearly recorded. Systematic and high-quality management oversight of frontline practice drives child-centred plans and actions within the timescales appropriate for the child. Effective and timely planning, support and decision-making takes place during pre-proceedings work.

O- Outstanding	**G- Good**	**RI- Requires improvement**	**I- Inadequate**
Management oversight is regular and proactive, responding to the child's changing needs and circumstances and is clearly recorded on the file. Case discussions are reflective and restorative. There is evidence a high challenge/ high support ethos.	Management decision making and rationale is clearly recorded on the child's file in line with significant events in the child's journey. Supervision is regular, effective and reflective.	Limited management oversight recorded on the file. Supervision is regular but not always within timescales. The effectiveness of supervision is limited, with little evidence of	Little evidence of management oversight recorded on the child's file. Supervision is not taking place regularly.

Supervision is regular, reflective with clear actions. The impact on, and the experience of the child is at the forefront of decision making. Supervision records demonstrate evaluation and impact of intervention. Decision-making is based on clearly defined thresholds. Analysis leads to specific actions based on what needs to change and how. Actions are regularly reviewed to prevent drift and delay. Assessments and plans have manager comment and sign off.	Supervision records demonstrate evaluation and impact of intervention. The impact on the child is clearly considered within decision making. Agreed actions are revisited and addressed in a timely way. Assessments and plans have manager comment and sign off.	reflection and evaluation. Supervision tends to be task orientated. Limited evidence of previous actions being reviewed, resulting in some drift and delay. Limited evidence of manager sign off on assessments and plans.	Supervision is ineffective with no evidence of reflection and a lack of robust analysis. Rationale for decision making is unclear and there is a lack of clear management direction. No actions recorded, or previous actions have not been revisited / progressed leading to clear drift and delay. No evidence of manager comment and sign off on assessments and plans.

EMBRACING DIVERSITY

Practice Standards: Diversity is considered in the context of the individual, their environment and family network. Age; disability; ethnicity; faith or belief; identify; language; race; gender; and sexual orientation are considered and respected and will not be treated different or unfairly because of these characteristics. Reports and case records are written in plain language, free from acronyms and jargon, so they can be understood by the child and their family.

OFSTED Descriptors: Social workers recognise the factors that can make children more vulnerable and tailor their interventions appropriately. This includes, but is not limited to, disabled children, children who are privately fostered, children not attending school, vulnerable adolescents and children at risk of radicalisation or exploitation or becoming involved in gangs. Decisions about care leavers consider any needs related to their specific circumstances, including whether they are an unaccompanied asylum seeker, a young parent or have had contact with the criminal justice system.

O- Outstanding	G- Good	RI- Requires improvement	I- Inadequate
Commitment to anti-oppressive and anti-discriminatory practice is strong and clearly evidenced throughout the file. Diversity data is clearly captured and recorded correctly on file. Diversity has been considered in the context of the individual and their environment and family network. Protected characteristics: age; disability; ethnicity; faith or belief; identify; language; race; gender; and sexual orientation have been considered and informed assessment and planning. Communication needs – sensory impairment, learning disability, or individual language needs are clearly defined. The potential impact is considered in assessment, planning and intervention. Interpreter and advocacy services have been used where appropriate.	Diversity has been considered in the context of the individual and their environment and family network. Diversity data is clearly captured and recorded correctly on file. Protected characteristics: age; disability; ethnicity; faith or belief; identify; language; race; gender; and sexual orientation have been considered and informed assessment and planning. Communication needs – sensory impairment, learning disability, or individual language needs are clearly defined. The potential impact is considered in assessment, planning and intervention. Interpreter and advocacy services have been used where appropriate.	Diversity has been considered at times in the context of the individual and their environment and family network. Protected characteristics: age; disability; ethnicity; faith or belief; identify; language; race; gender; and sexual orientation have been considered and informed assessment and planning but could be strengthened. Communication needs – sensory impairment, learning disability, or individual language needs are somewhat defined but are not always clearly considered in the assessment, planning and intervention. Interpreter and advocacy services have been used where appropriate.	Little or no evidence to inform diversity needs have been considered and explored. Protected characteristics: age; disability; ethnicity; faith or belief; identify; language; race; gender; and sexual orientation have not been considered and has not informed assessment and planning. Communication needs – sensory impairment, learning disability, or individual language needs are not considered in the assessment, planning and intervention. Interpreter and advocacy services have not been used where it would have been appropriate.