



Children's Services

Social Work Practice Standards

Authorised by:

Director C&ASC

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Document 3 of 6 Key Documents

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Page 1 of 34

Contents

1. What are Practice Standards?	3
2. Why do we need Practice Standards?	3
3. Getting it right for children and families	4
4. Vision and Social Work Values	4
5. City of York Practice Standards and expectations	4
6. Practice Guidance	
• Referral	14
• Assessments	17
• Working with children in need	20
• Strategy discussions and Section 57 enquiries	22
• Child Protection Conferences	26
• Children in Care	29
7. Good practice in case recording	30

1. What are Practice Standards?

Practice standard should be viewed as part of an approach to ensure that services are delivered to an agreed quality. The standards do not stand alone but are an integral part of achieving service strategies and policies and meeting procedural and operational requirements. There are three key drivers in any organisation for determining the way a service is delivered. These are having agreed standards, procedures and policies.

The following definitions help show how these are related and dependent on each other:

Practice Standards: These are the rules that describe the (minimum) service or practice that can be expected by our children and families. Most of them are set out in government guidance and legislation or are based on evidence-based research. They are the absolute must do's of our work with children and families.

Practice Expectations: The Practice Expectations set out the minimum requirements for social workers in order for them to meet the required standard of practice.

Procedures: The policies and procedures are centrally held on the Children and Adult social care data base.

Policies: These provide the strategic context for shaping the standards and procedures and answer the question of why the service is delivered in particular way and why the service is important. The delivery of the policy requirements, as set out by St Helena Children and Adult social Care Directorate is the responsibility of all staff. The standards in the document are designed to improve consistency in practice across the Island and to drive up the quality of the service provided to the vulnerable children and young people of St Helena and their families.

2. Why do we need Practice Standards?

- Confident professional service that is respected by families and other professionals that can champion the needs of children through their work and challenge others, where necessary to promote the welfare of the child
- All social workers, supervisors and managers have clear guidance on their roles and responsibilities
- Consistent approach to the social work task

- Clear expectations of what is expected of social workers and front-line managers and that they can measure themselves against
- A set of standards that quality assurance work can measure against

3. Getting it Right for Children and Families

- Children and young people and their families receive the right help at the right time and benefit from high quality social work.
- Children and young people are empowered to have their voices heard, and their wishes and feelings are understood.
- Children and young people experience positive, loving, trusting and nurturing relationships with significant others and a stable place which they call 'home'.

4. Social Work Vision and Values

This is our vision for St Helena; Children Services: *"a place where people feel safe, risk is understood and managed well, where we know practice is consistently good and that we make a difference by improving outcomes for children"*

Social Workers told us these are their values they aspire to in practice:

- Children at the heart of everything we do
- High quality effective services
- Working with families
- Outcome driven and impactful
- Services around families
- Effective early help
- Effective partnership working
- Committed workforce
- Being part of high performing teams
- Reflective and responsive to change

5. Practice Standards and Practice Expectations

We have 7 core practice standards and for each one there are a number of Practice Expectations that underpin the standards.

This document also sets out the Practice Guidance in some specific circumstances.

The 7 Core Practice Standards:

Standard 1 Direct work with children and young people: Practitioners understand the lives of children and build lasting relationships with them.

Standard 2 All children have a holistic assessment of their needs, reflecting how their experiences, wishes, feelings and needs are known and understood. An assessment of need, harm and risk will be included.

Standard 3 All children have an assessment reflecting the wishes, feelings, needs, strengths and capacity of parents and carers to change; enabling them to fulfil their responsibilities. Assessments will be child centred, proportionate and high quality.

Standard 4 All children have a plan which explains what needs to happen; by when; by whom; what outcomes we are seeking together; how risk is managed; and what the contingency plan is.

Standard 5 All case records are analytical, well written and timely, so everyone can understand significant events that have happened; what the plan is; the purpose of actions and contacts; and what difference has been made so far for the child.

Standard 6 Every child is supported by timely management decision making and oversight at day 5 following allocation and there after day 10, 20 and/or 30 of the work being undertaken with them and their families. This includes reflective supervision; checking that work has been done to agreed standards; seeing what difference it is making; and what needs to happen next.

Standard 7 A professional culture of learning and development is actively promoted. Relationship based practice approaches to resolving issues and improving children's lives are used.

Practice Expectations:

Standard 1

Direct work with Children and Young people

Practitioners understand the lives of children and build lasting relationships with them.

Practice Expectations	Person Responsible
Children and young people are seen alone, in a variety of settings, observed and communicated with according to their age, understanding and developmental needs, as part of assessment or intervention. Statutory Visits must take place in the child's home or care placement. These must take occur as a minimum within statutory guidance timeframes.	Social Worker
Every child knows who their Social Worker is, why they have a Social Worker, how to contact them, how often they will see them and what their plan is.	Social Worker
Practitioners are familiar with and use direct work approaches reflecting the child's age, understanding and preferences; and understand that "direct work" includes play materials/ engagement tools and relationship building conversations.	Social Worker
Practitioners make appropriate arrangements for the use of translators, interpreters and communication tools to meet any specific sensory or language needs.	Social Worker
Communication with children is recorded in a manner that reflects their views and is appropriate to be shared with them.	Social Worker
Social Workers must be relentless in their attempts to see children. When children express a desire not to see their social worker, the reason for this and how to overcome it, is given careful consideration and unsuccessful attempts to see a child are recorded. Managers must give clear direction when a child refuses to see a social worker and evidence of attempts must be recorded. If a child refuses to be seen outside of statutory timeframes this must be escalated to a senior manager and risks assessed accordingly.	Manager
Other than in an emergency (e.g. the worker is absent from/leaves work unexpectedly), all children will be notified of a change in worker, the reason for it and have the opportunity to be introduced to their new worker by their existing worker.	Manager
Families, carers and agencies involved will be notified both verbally and in writing of the new workers contact details.	Social Worker

Standards 2 and 3

Assessment of Need

Practice Expectations	Person Responsible
The reason for the assessment is clear and child-focused (i.e. not just a process), stating why we are assessing this child's needs now and what questions this assessment is seeking to answer. All information in the assessment is sourced clearly and accurately. Manager direction is provided.	Social worker
Consent is sought to seek and share information, unless to do so could be likely to place the child at risk of harm.	Manager
Every child open to a social worker has an up to date assessment. Assessments must be updated every year or on the event of a significant event. It is evidence based and includes a clear analysis of all the information available. There is multi-disciplinary input, used to triangulate social work views and family views with evidence from professionals involved with the child and family. It is clear which agency provided which information.	Social Worker
All Assessments will be allocated to a Social Worker within 24 hours of the referral being accepted. Children should be seen as soon as a case is allocated, as a maximum this should be within 3 working days of allocation.	Multi-Agency Professionals
Assessment is understood to be a continuous process; it is regularly reviewed and clearly linked to the plan that details actions to meet the changing needs of the child.	Manager
Each child's file has a chronology and genogram that has clearly been used to inform the assessment. The chronology is used as a tool to ensure previous involvement and family history informs the analysis. The assessment does not contain the full chronology, but a summary of the significant events for the child.	Social Worker
Each child's file has a Case Summary that reflects the wishes and feelings of the young person, their likes and dislikes, the care plan and a summary of progress/impact. It is updated in light of significant events and at least every 3 months	Social Worker
The assessment accurately conveys each child's lived experience, gathering and recording each individual child's views and feelings, seeing the child in a variety of settings where possible, including alone.	Social Worker
The assessment presents a clear professional view, with the impact on the child of the dynamics and issues the assessment uncovers. This means an accurate understanding of the child's development in the context of their family social history, past and current lived experience.	Social Worker
The social work involvement empowers and supports the family to fulfil their responsibilities to each child in their care; the assessment records each parent or carer's needs and views (including partners).	Social Worker
Diversity is clearly considered, with the assessment noting if any specific needs arise from the child or family's ethnicity, culture, heritage, age, disability, gender, faith and sexuality.	Social Worker

Commented [AM1]: We currently have 3 working days in the process flow map

The assessment is clearly informed by assessment of risk; considering protective factors. It evaluates each protective factor or risk in terms of the impact on the child and how significant the risk is. It must include the parental capacity to change. Contingency plans are set out including practical steps to ensure the safety and welfare of the child.	Social Worker
The assessment makes use of evidence-based assessment tools and cites research where it is relevant, explaining how it is relevant for this child in this situation to inform the analysis.	Social Worker
The assessment includes consideration of other children and family members within the close or wider family network, including their contact with and impact on the child, gaining their views where appropriate and possible. This includes fathers or mothers not living with their child.	Social Worker
The social worker is professionally curious and uses supervision for critical reflection to make sense of the information they are gathering, particularly to support a view of parental capacity to change and a clear analysis of the issues and what needs to happen.	Social Worker
The analysis concisely sets out the practitioner's reflective record of how the information in the assessment impacts on the child's world or their development (including risk and protective factors) and what interventions need to be made in the child's interests, or what is the expected outcome of an intervention. This includes the parent/carer understanding of the issues and their capacity to keep the child safe and respond to their needs. The analysis feeds into the Plan.	Social Worker
Social workers ensure intervention and the provision of services during the assessment period where needed to improve the child's situation.	Social Worker
Assessments are written in plain language, with correct spelling, punctuation and grammar, free from acronyms and jargon so they can be understood by the child, parent/carer as far as possible. If needed so as to ensure the child/family can understand and engage in the assessment, it is translated into their first language.	Social Worker
Assessments are shared with parents, others with parental/carer responsibilities and the child, depending on their age/level of understanding. Their views are clearly recorded on the assessment before it is signed off.	Social Worker
All assessments are scrutinised and approved by a manager with the manager's view and rationale for this view clearly recorded. The assessment will only be regarded as completed when signed off by the manager.	Manager
Assessments must be completed within 35 days as a maximum. Progress review dates must be set on allocation.	Manager

Commented [AM2]: We work to 35 working days

Standard 4

Planning including visiting frequency for CP, CIN & CLA

All children have a plan which explains what needs to happen; by when; by whom; what outcomes we are seeking together; how risk is managed; and what the contingency plan is.

Practice Expectations	Person Responsible
Whenever there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm, a Strategy Discussion/Meeting is used to share available information, agree the conduct and timing of a criminal investigation, determine whether a Section 57 enquiry is required and develop a safety plan. Strategy Discussion/Meetings should take place within one working day if there is a possible need for medical treatment, to obtain forensic evidence or the allegations indicate a serious risk to a child and as a minimum involve CSC, Police and health. More than one discussion/meeting may be needed and routinely Review/Follow On Strategy meetings are held within 10 working days of the Initial Strategy discussion/meeting	Manager in liaison with the Police
If Section 57 enquiries are initiated, the enquiry will be completed within a maximum of 15 working days. A child safety plan must be put in place pending an ICPC. An ICPC must be convened within 15 working days of the strategy discussion/meeting. The Single Assessment is the means by which the S.57 enquiries are undertaken and children must be seen alone during enquiries.	Social Worker
The reason for and purpose of ALL plans are clearly set out. This includes Safety Plans.	Social Worker
Plans following assessments must be developed from the analysis of the preceding assessment.	Social Worker
Plans MUST clearly address needs and risks as well as building on strengths.	Social Worker
Plans must convey the views, wishes and desired outcomes of the child, family and other relevant parties.	Social Worker
Plans must be based on evidence and research directly relevant to the child's circumstances and stages of development.	Social Worker
Plans for children separated from parents/siblings or significant others includes arrangements for contact and permanence	Social Worker
Plans result in action. Actions are agreed by all parties and each person is clear about the part of the plan they are responsible for.	Social Worker
Plans must be SMART (specific, measurable, achievable, realistic and timely), clear what needs to change and includes clear timescales that meet the changing needs of the child. Plans must be outcome focused and demonstrate impact.	Social Worker
The plan contains clear arrangements and timescales for review. In reviewed plans, the progress in meeting outcomes is clear and evidenced.	Social Worker
It includes a contingency plan should it fail to achieve the intended outcomes to keep the child safe in the event of an emergency or where a carer places the child at risk.	Social Worker

There is evidence of management oversight of the plan to ensure the practice expectations above are met before the plan is agreed.	Manager
<p>Children subject of a Child Protection Plan have an outline plan established at the 1st Child Protection Conference, developed by the Core Group at their 1st meeting (held within 10 working days of the conference) and reviewed and updated at every subsequent core group meeting. The core group must meet monthly as a minimum.</p> <p>The Child Protection Plan should guide the work undertaken with the family to address the presenting issues in the case. Actions can be added within core group meetings and updated by removing completed tasks in order to keep the plan relevant and live.</p> <p>Reports for Conferences must be shared with parents and the child at least 3 working days before the conference and their views recorded on the record. The report will be with the Conference chair within 3 working days of the conference.</p> <p>A Child must not come off a CP Plan until all the required actions in the plan have been met and there is clear evidence that they have been met.</p> <p>Visits to children subject to a child protection plan should take place within 7 working days of the plan being agreed and thereafter at a minimum of 10 working days. This may vary depending on the level of risk.</p>	Social -- Worker Conference Chair/ Core Group Manager
<p>Children in Need Plans - the plan will focus on improving outcomes and should be multi-agency. A CIN meeting should be held within 10 working days of the decision to support the family under section 30. The meeting should be chaired by the social worker or Team Manager. Everyone involved in the meeting will receive a copy of the signed and dated plan.</p> <p>The CIN plan should be reviewed within 12 weeks of the initial meeting (first review) and subsequently at intervals of no less than 12 weeks. All Child in Need Plans exceeding 26 weeks will be reviewed by the team manager and reported to the Director. These include children who are need that are open to the Health and Disability Service.</p> <p>If progress is not satisfactory, consideration will be given to alternative action including stepping up to CP.</p> <p>A child subject to a CIN Plan should be visited a minimum of every 30 working days and their views sought and recorded. This should be considered on a case by case basis and visits should be more frequent if required.</p>	Manager
<p>Children in Care - an up to date care plan will be recorded on AZEUS within 10 days of placement. The first review of the care plan must take place within 20 working days of the date when the child became looked after. A Permanence Plan must be ready for consideration at the 2nd Review (3 months after the first review) and incorporated into the Care Plan.</p> <p>Subsequent Reviews should take place at no less than every 6 months after the previous review. Any reduction in established frequency of review meetings is discussed by the SW, AND Team manager in line</p>	Social Worker IRO Manager

Commented [AM3]: 12 weeks is in line with the KPIs

<p>with local policy guidance i.e. children with a plan of long-term foster care.</p> <p>Reports for Reviews must be shared with parents and the child at least 2 working days before the Review and their views recorded. The report will be with the team manager at least 3 working days before the Review</p> <p>Where there are concerns about a child/young person going missing this should be considered and a plan agreed to reduce the likelihood of this. This should be incorporated into the placement plan.</p> <p>A child/young person must be visited within 24 hours of being placed, then within 1 week of the beginning of the placement.</p> <p>Thereafter;</p> <ul style="list-style-type: none"> • Intervals no longer than six weeks during the first year of any placement • Every six weeks during subsequent years unless formally agreed as a permanent placement and once agreed, at intervals of not more than three months • Whenever reasonably asked for by a child or foster carer, regardless of placement status. • Where the child has a series of short breaks, they are seen as a minimum twice a year in that setting (at least once unannounced) <p>A Placement Agreement meeting should take place prior to a placement. Where a child is placed in an emergency the meeting should take place within 72 hours and all relevant information about the child provided to the provider at the point of placement. A placement planning meeting will take place within 5 days of the placement starting.</p> <p>An initial health assessment should be requested within 28 working days and a Personal Education Plan meeting arranged within 28 working days.</p> <p>Any significant changes to the child's care plan or legal status should not be made without first discussing it with the team manager and Director.</p>	
<p>Care Leavers - A pathway/needs assessment will be started when a young person is 15 ¾ years old or a Pathway Plan will be in place 3 months after placed in care post 16 years and will be reviewed by the IRO/Chairperson as part of the statutory review until the young person is 18 years old. Subsequent reviews will be within a maximum of six months.</p> <p>When a young person becomes a 'Relevant child' and care leaver the Pathway Plan will be reviewed every 6 months.</p> <p>A Personal Advisor (PA) will be allocated at age 16.</p> <p>For young people age 18-25, visiting will take place every 8 weeks unless frequency is changed and authorised by the manager.</p>	<p>Social Worker, Social Care Officer and Team Manager</p>

Commented [AM4]: The timescale is 28 days in the process flow maps (with a note to be updated)

Children receiving Short Breaks have their plans reviewed within three months and thereafter within a maximum of six months. Any reduction in frequency is discussed by the SW and team manager.	Social Worker, Team Manager
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Standard 5

Recording

All children's case records are analytical, well written and timely, so that everyone can understand significant events that have happened; what the plan is; the purpose of actions and contacts; and what difference has been made so far for the child.

Practice Expectations	Person Responsible
Social workers ask adults and young people for written consent in respect of information sharing and ensure the consent is placed on the child's file. Unless, gaining consent is not possible due to the level of risk. In these circumstances parental consent is not a barrier to information sharing and workers should follow information sharing guidance. If consent has been dispensed with, the rationale for this must be recorded on the child's record.	Social Worker
Children's records are kept up to date, with significant events recorded within one working day of the event occurring. Otherwise, records of work should be recorded within three working days. These must include all statutory visits.	Social Worker
A chronology and genogram is started for every child subject to a single assessment, completed before the single assessment is approved by a manager, and thereafter kept up to date by the allocated social worker.	Social Worker
The chronology and genogram is 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.	Social Worker
Reports and children's records are written in plain language, free from acronyms and jargon, so they can be understood by the child, parent/carer as far as possible. If required so as to ensure the child/family can understand and engage in the purpose and completion of the report, they are translated into the child and families first language.	Social Worker
Assessments, plans, records of visits and of direct work with the child include the child's voice. The way the child's voice has been gained is clearly included.	Social Worker
Where a child's plan is changed following a review, it is updated on the child's records within 48 hours.	Social Worker

Standard 6

Management of Practice

Every child is supported by timely management decision making and management oversight of the professionals' working with them. This includes reflective supervision; checking that work has been done to agreed standards; seeing what difference it is making; and what needs to happen next.

Practice Expectations	Person Responsible
Work is allocated to suitably trained and qualified staff, with the necessary skills and capacity to undertake the task.	Manager
Professional supervision is held regularly. This means, for newly qualified social workers weekly for the first 6 weeks and fortnightly thereafter; and a minimum of monthly for other practitioners. The frequency of supervision sessions is also determined by the complexity of the work. There is a signed supervision agreement in place, reviewed annually.	Manager
A supervision casework episode is recorded in respect of each child open to the supervisee: At a minimum of 4 weekly for CP/Care Proceedings and for Children in Care until the permanence plan is made; 8 weekly for CIC following proceedings and also for Care Leavers; 3 monthly for children receiving short breaks and adoption support; every 2 months for Children in Need (this may be more frequent where concerns are escalating)	Manager
Supervision encompasses wellbeing, health & safety, professional development and standards, and casework supervision.	Manager
Casework shows 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.	Manager
A record of supervision is available to both parties in respect of professional supervision, relevant sections of which are recorded on the child's file within one working day of casework supervision.	Manager
Management oversight is recorded at all stages of work with a child and there is a clear audit trail of decision making on Mosaic.	Manager
Managers check performance data and audit children's records on a regular basis to ensure that identified action is taken to improve practice where necessary.	Manager
Managers maximise opportunities for training and development, overseeing that staff attend mandatory training, and participate in other agreed professional development as identified in supervision and appraisal.	Manager
Formal observation of practice by the supervising manager will be recorded in supervision at least once a year. This will inform the appraisal process.	Manager
All staff have an annual appraisal. These formally note achievements in the past 12 months and record any actions needed to address development needs identified during ongoing supervision and case discussions. The appraisal sets goals for the coming year.	Manager

Standard 7

The promotion of a culture of professional learning and development

Practice Expectations	Person Responsible
Preconditions for Good Practice - Managers ensure staff work in a professional environment conducive to good professional practice. This includes support, challenge and bringing professional rigour to daily practice.	Team Manager Senior managers Director
Support: Managers will lead by example and cultivate a staff atmosphere that is mutually supportive and draws on the professional strengths of all staff. <ul style="list-style-type: none"> Managers will provide good lines of communication, ensuring that important service policy and procedures are shared, understood and acted upon. Managers will provide meaningful supervision and annual appraisals that take account of staff strengths and areas for improvement, and seek to ensure that the service continues to invest in staff's professional development 	Team Manager Senior managers Director
Constructive Challenge: Managers will monitor the quality of the service they are responsible for through regularly scrutinising practice and auditing children's case recording, and take steps to rectify poor quality when identified. <ul style="list-style-type: none"> Managers will look for opportunities to bring about improvements in practice, and support staff in delivering those improvements. 	Team Manager Senior managers Director
Professional rigour:- Managers keep up to date on research findings in practice and policy documents relevant to their area of work. They will routinely access Research in Practice and other materials provided through practice development websites and publications. They will expect staff to develop their professional skills and expertise by keeping up to date with applied research.	Team Manager Senior managers Director
All staff must be accountable for their conduct, development and delivery of a high quality service. This includes being accountable within their role and responsibilities, supporting and holding others to account, and seeking appropriate assistance when needed.	All Staff
For Social Workers this includes accessing research and using its materials in day to day practice, continuing professional development (CPD) in line with Social Work England and also meeting the Knowledge and Skills Statements (KSS)	All Qualified Social Workers
We will support you to apply relationship based practice approaches with children and families.	Team Manager/senior managers/ Director
We will support your practice by implementing a Practice Model and train you in how to apply it in your practice.	Senior Leaders

6. Practice Guidance

In addition to the Practice standards, specific practice guidance has been developed for:

- Assessments
- Working with children in need
- Strategy meetings and Section 47 enquiries
- Child Protection Case conferences
- Children in Care
- Case recording

6.1 Referral

The principles are;

- Earlier identification and understanding of need, harm and risk
- Better informed decision ensuring earlier, proportionate and necessary interventions, help and support.
- Shared knowledge from safeguarding partners to identify hidden victims and those in need of help and support
- Harm identification for individuals, families and communities
- Dynamic analysis of information on a day to day basis to identify harm to individuals, families and communities

	When:	What you need to do:
1.	The referral and/ or telephone consultations gives full consideration to indicators of need, risk and harm.	<p>The referral, or consultation template should explicitly outline the nature of the concerns, how and why they have arisen including details of any allegation, and what appear to be the needs of the child and family. Police can also make referrals to social care following an incident.</p> <p>Consent must be obtained to proceed except in the following circumstances:</p> <ol style="list-style-type: none"> a) Where there are clear child protection concerns i.e. child has an injury and or has made allegations against the parent/ carer b) When the referrer suspects that by attempting to get consent from the parents that this could potentially place the child/ren/ young person and or the adult victim at potential risk of harm c) When the referrer has sought consent but the parent/ carer has refused permission. In this instance the referrer believes that by not sending the referral to the front door team then the identified concern (s) are likely to escalate and may place the child/ren/ young person at further risk of potential harm.
2.	The contact is finalised within 24 hours unless it is a child protection referral which should be	Upon receiving a referral from professionals / police or using consultation (telephone calls or walk-ins), further information should be gathered and the information evaluated on the day of receipt by the Screening desk.

Commented [AM5]: At present we treat all as referrals and not notifications. If we treat them as notifications it would greatly affect our number of referrals.

	<p>completed within 12 hours and progressed to the assessment teams</p>	<p>A screening assessment is completed with the following information considered:</p> <ul style="list-style-type: none"> • History known to on the IT system • Liaison with the referrer • Liaison with the parent • Current need, harm and risk identification and information from the referral/ notification • Voice of the child <p>Once the information is analysed a recommendation will be made by the Manager and a decision will be made by the manager as follow:</p> <ul style="list-style-type: none"> • Level 1 • Level 2 • Level 3 • Level 4 <p>A timely response will be adhered to ensure the earliest opportunity for prevention, diversion or intervention activity and no delay for children and or young people.</p>
3.	<p>On all cases where further information is needed to establish the level of need given gaps in information an analysis will be completed alongside a chronology that is started or updated on every referral</p> <p>The contact will be assigned to a social worker to gather further information. This should be finalised with a management decision within 24 hours.</p>	<p>The analysis by social worker will give consideration to:</p> <ul style="list-style-type: none"> • The screening form • Professional referrals, police reports or the consultation form completed by a social worker or early help member of staff • Any assessments completed previously by Children Social Care or received from another Local Authority • Professional information known on the IT system • Liaison with the referrer • Liaison with the parent • The analysis completed is to inform decision making • Where information is not known the social worker should record "none identified" <p>Chronologies should demonstrate:</p> <ul style="list-style-type: none"> • History • Significant events • Clear identification of patterns of behaviour, need, harm and risk <p>Once the information is analysed a recommendation will be made by the Manager and a decision will be made as follows:</p> <ul style="list-style-type: none"> • Level 1 – for information only and to track repeat contacts in future • Level 2 single or multi agency support • Level 3 intervention required with consent from

Commented [AM6]: Is this a realistic timeframe?

Commented [AM7]: We do not have a screening form

		<p>the parent who holds parental responsibility</p> <ul style="list-style-type: none"> • Level 4 S57 intervention <p>A timely response will be adhered to ensure the earliest opportunity for prevention, diversion or intervention activity and no delay for children and or young people.</p>
4.	Cases identified as closed by Social Work Team	<ul style="list-style-type: none"> • Cases closed within 12 weeks of involvement will be reallocated to the previous allocated worker. (This to include telephone calls, new information or additional information received) • The Manager will ensure a brief oversight on all referrals and with regards to any Level 3 or Level 4 concerns identified the manager will ensure that there is no delay for children.
5.	Quality assurance	<ul style="list-style-type: none"> • Clear decision making with a rationale ensuring that need, harm and risk are identified in a timely and proportionate manner demonstrating evidence of improving outcomes for children. • Management oversight at every stage of the front door process.

6.2 Assessments

Assessment is undertaken by Children's Social Care to identify the needs of individual children to determine what services to provide and action to take.		
	When:	What you need to do:
1.	Assessments will follow the local procedures	<p>A 'face to face' discussion should take place between the worker and the allocating manager at the point of allocation.</p> <p>The manager should also clearly record an instruction and tasks to the allocated social worker (which have been discussed with the worker) on the social care data base. Called an allocation note</p> <p>These will include:</p> <ul style="list-style-type: none"> • Requirement to visit the child in a specified timescale - within 3 days of allocation • Requirement to continue and update a Social Work chronology • Consultation of partner agencies with whom to consult/undertake joint visits (if required) • Additional social work assessment tools to be used <p>The manager will review the progress of a single assessment with the social worker at day 5 when a decision will be made as to whether the assessment is complete or needs to be extended due to presenting issues.</p>

	<p>The assessment process will immediately focus on:</p> <ul style="list-style-type: none"> • The child (depending on age and understanding) and the family know about the assessment and are actively involved in any assessment. • Consent to undertake agency enquiries have been gained unless there is a clear safeguarding issue that makes this inappropriate (this decision will be recorded by the appropriate manager). • All single assessments are completed in a timely way in line with statutory guidance and as directed by the team manager recorded on the electronic system. • The child is seen and spoken to alone with their views, wishes and feelings recorded. If the child is not seen the professional reason and rationale, agreement sought and recorded by the team manager on the electronic file. • All members of the household will be included — i.e. all adults and children living in the home; those that spend significant periods in the home or have child care responsibilities supporting the family. • Partners, estranged parents — i.e. fathers or mothers not living with their child and extended family — will be identified and their role and involvement in the family understood and included in the assessment in an appropriate way — analysis of this should be clear. • Due regard will be given to race, ethnicity, gender, disability, religion and communication needs of the family. • The concerns of other professionals are listened to, clearly recorded and this information is used in the assessment. • The history of previous involvement is read, understood and used to inform the current thinking and a chronology of significant events completed. • Assessment tools are used where appropriate, their use is identified in recordings and the resultant analysis is used clearly in the assessment. • Risk and protective factors are identified, analysed and assessed with rationale for the decisions being made. • The assessment provides evidence for the findings, all sources of information are identified and there are clear recommendations including for future work or no further action, referral to other agency. • Letters will be sent to families and professionals to inform them of the outcome of assessments; if the case is to be closed or will be supported by other agencies or, step down who the contact or lead professional will be.
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		<ul style="list-style-type: none"> The assessment has been read by the manager and comments and feedback provided as part of the authorisation process. The assessment is shared openly with the child and family and their feedback sought and their views recorded. A transfer/closing summary should be placed on the file and will be authorised by the manager.
2.	Analysis of information will be structured in the three domains and judgments will be informed by a professional knowledge base	<ul style="list-style-type: none"> Summaries will be recorded of information gathered in the three assessment domains – child's developmental needs, parenting capacity, family and environmental factors. Conclusions will be drawn from the summaries as defined above Judgments will be informed by a professional knowledge base and referenced
3.	Feedback will be given to those involved in the process	<ul style="list-style-type: none"> Parent(s) and the child/young person will receive feedback verbally and also in writing The comments of parent(s) and the child/young person will be recorded Agencies and individuals involved in the Assessment will receive the summary information about the Plan, if one is made.
4.	Recommendations from Assessment will be outcome focused	<ul style="list-style-type: none"> Need, risk and harm identified and assessed Define what needs to happen to achieve desired outcomes, by when and whom If A transfer/closing summary should be placed on the file and will be authorised by the Manager.

Assessment Timescales at a glance:

- Single assessments are carried out within a maximum of 35 working days.
- The Manager will review the progress of the single assessment at 5 working days (concluding whether no further action is required and the assessment can be closed, or whether further work is needed); again at 15 working days; and signed off with appropriate comment as an assessment that meets good standards by 35 working days at the latest.

The single assessment has been updated:

- As a minimum once every 12 months;
- Prior to a child becoming looked after;
- When any significant change or incident in the child's life requires updated assessment and planning;
- Prior to a young person's Pathway Plan being started;
- Where there is a proposed significant change to the care plan;
- Where progress is not seen to be made;

- When a manager considers it necessary.

6.3 Working with Children in Need

A Child in Need (CIN) is defined in Section 30 of The Welfare of Children Ordinance:

- The child is unlikely to achieve or maintain a reasonable standard of health or development without the provision of services by Children's services, or
- Their health or development is likely to be significantly impaired, or further impaired, without the provision of such services, or
- Children with disabilities and special and complex need

When:	What you need to do:
1. CIN meetings are convened for all children and young people who meet the threshold of a CIN.	<ul style="list-style-type: none"> • The definition of a CIN is applied • If a Child Protection Conference does not make a Child Protection Plan for a child it will consider the formulation of a CIN Plan that addresses the areas of concern and set a date for a CIN Meeting where the plan will be developed with appropriate consent.
2. CIN meetings are held within agreed timescales	<ul style="list-style-type: none"> • Where the single assessment identifies that a child as being a child in need of support as defined by Section 30 of The Welfare of Children Ordinance then an initial Individual Support Plan will be created by day 10 at the first Child in Need meeting • Where a strategy discussion decides that the child is a Child In Need then the Child In Need Meeting will take place within 10 working days of the strategy discussion • Where the outcome of an s57 Enquiry is that the child is in need of support and not at risk of on-going harm then the first Child In Need Meeting will take place within 10 working days of from the end date of the s57.
3. Membership is appropriate to the needs of the child and their situation	<p>CIN Meetings are:</p> <ul style="list-style-type: none"> • Convened by Children's Social Care • Attended by all agencies which have direct and relevant involvement with the child and family (e.g. schools, Children's Social Care and health services) • Those who hold relevant information that can be shared in the meeting • The child and their family.
4. Involvement of the child and the family	<ul style="list-style-type: none"> • Children and families should be prepared for attendance at meetings (unless the young person objects to parental involvement) • Where children and/or parents do not wish to attend, efforts should be made to ascertain their wishes and represent these at the meeting • In all circumstances the views of all children should be ascertained using whatever medium is appropriate

		<ul style="list-style-type: none"> • A child subject to a CIN plan will be seen monthly or as directed by the Manager.
5.	CIN meetings will address key issues for the child or young person	<ul style="list-style-type: none"> • The Assessment will be available to the CIN meeting with copies distributed to appropriate members of the family and all involved professionals • The manager will facilitate a clear analysis of the needs, difficulties and concerns that have led to the need for a CIN meeting • Outcomes of CIN meetings are clear and developed by those attending.
6.	Quality Child in Need plans	<p>Development of a CIN Plan that addresses the needs, difficulties and concerns in relation to the child shall include:</p> <ul style="list-style-type: none"> • The objectives • Ensure the plan is robust and outcome focused • Support the family and ensure risks are managed and safety plans are in place • Identify and engage the network around the child/young person to provide support and ensure the safety plan remains in place • The plan will include working with the strengths in the family and are measured to enable the family and professionals working with them to show the progress in achieving outcomes – how do we know things are improving? • The plan should also explore the worries, what is working well and identify next steps • The coordination and review of the CIN Plan, the Assessment and membership of any future review meeting will be decided at the initial meeting. • The progress of the CIN plan should be monitored through supervision which takes place every 4 weeks • A supervision recording of progress and barriers to progress will be placed on the file with the contingencies and recommendations by the Manager • CIN plans should be multi agency and be agreed at the CIN meeting which should be held within 10 days • The first CIN meeting will be chaired by a Manager.

7.	Clear recording of CIN Meetings and Plans	<ul style="list-style-type: none"> • The Plan will be recorded on the CSC computer system • The decisions and minutes from the CIN meeting will be recorded on the electronic system within 3 days and quality assurance by a manager within 5 days • Everyone involved in the CIN meeting will receive a copy of the CIN plan within 10 working days • All plans will be provided in an accessible format • The CIN Plan should be reviewed at least every 3 months. • By the second review if satisfactory progress is not being made consideration will be given to escalating the intervention to child protection.
8.	There is clear resolution when the plan cannot be progressed or outcomes achieved for the child	<ul style="list-style-type: none"> • If the plan is not progressed or has failed to meet the child's needs, the manager must make an informed decision whether to reconvene the meeting before the planned review date.

6.4 Strategy meetings and Section 57 enquiries

Strategy discussions are multi-agency meetings called by Children's Social Care (CSC) to plan an effective course of action for a child where there are child protection concerns

	When:	What you need to do:
1.	Strategy discussions are convened whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm	<ul style="list-style-type: none"> • In line with best practice strategy discussions are more effective when carried out face to face and should always be convened where possible. However, this should not delay a strategy discussion taking place at the earliest opportunity, e.g. by conference call. • The need for a strategy discussion will be identified: <ul style="list-style-type: none"> ✓ At the point of referral ✓ During an assessment ✓ During the inter-agency checks and information gathering stage • Where there are immediate child protection concerns the strategy discussion must be held within 24 hours. • This will be in the form of a meeting – face to face, where ever possible, the plan for the enquiries and decisions recorded and a record sent to all participating professionals. If no face to face meeting is held this needs to be recorded and authorised by the Manager. • Checks with all relevant agencies have been

		<ul style="list-style-type: none"> undertaken and recorded on the electronic system. The interim safety plan will include any planning for further enquiries, arrangements for seeing the child within 24 hours and the requirement for any written agreement with the parent is fully recorded under S57. An interim safety plan should ensure that there is management oversight of a clear plan to ensure that the child(ren) continue to be safeguarded during the period from commencing the S57 to the ICPC.
2.	Membership is appropriate to the needs of the child or their situation	<ul style="list-style-type: none"> Convened by Children's Social Care (CSC) Essential attendance – The SHG social worker, their manager, health professionals and a Police representative should, as a minimum be involved in the strategy discussion. However it is recognised that on occasion there may be a need for an urgent strategy discussion to take place which must at a minimum include CSC and the Police. This should only be in exceptional circumstance. CSC will invite all other agencies which hold or need to be given relevant information about the child – The professional or agency that made the referral, the child's school or nursery and any other health services.
4.	Strategy discussions will have an agenda, noting all requirements laid out in the child protection procedures	<ul style="list-style-type: none"> Share relevant information and take appropriate action to obtain further information that is required. Decide whether a Section 57 enquiry should be undertaken. If agreed, then agree: <ul style="list-style-type: none"> ✓ The need for medical treatment/examination ✓ The conduct and timing, if initiated of any criminal investigation ✓ The scope of the enquiry, including siblings and other children at possible risk of harm ✓ Name of social worker who will visit the child and a timescale for any visits ✓ Whether an ABE interview will take place with the child ✓ How the child's wishes and feelings will be ascertained ✓ Who other than the family should be interviewed, by whom, when and for what purpose ✓ What information may be shared, with whom and when ✓ Any implication for disciplinary action, e.g. use of evidence statement ✓ Any legal actions required ✓ Whether an assessment should be initiated or continued if it has already begun ✓ Consent (where appropriate)
5.	Strategy discussions	<ul style="list-style-type: none"> Action will include timescales, agency and

	will formulate SMART actions and outcomes	individual responsibility for each agreed action, including the timing of police investigations and relevant methods of evidence gathering and the mechanism and date for reviewing the completion of agreed actions (i.e. further strategy meetings in complex cases).
6.	<p>By day 15 S57 enquiry to be completed by the social worker and signed off by the social worker manager with clear analysis and rationale to support recommendations for ICPC.</p> <p>A manager agrees whether the ICPC is necessary and records decisions. Invitation to be completed on AZEUS</p>	<ul style="list-style-type: none"> • The child has been seen and spoken to alone as part of a single assessment and their presentation, views, wishes and feelings recorded. All siblings in the house will be considered as part of the investigation. • The history has been read, understood and used to inform the current investigation. • Risks have been identified and analysed using recognised risk assessment tools. • The strengths of the family have been considered and used to inform any decision. • The investigation concludes within 15 working days following evidence based assessments and a judgement about the level of the risk of harm and whether it is significant will determine the action required to safeguard the child.
7.	The outcome of the Section 57 enquiry will be shared with the relevant multi-agency professionals including members of the strategy discussion	<p>Outcomes will be shared in a number of ways:</p> <p>(a) Reconvene strategy discussions where:</p> <ul style="list-style-type: none"> • The circumstances are particularly complex or unknown • Enquiries have been delayed <p>(b) Through an Initial Child Protection Conference</p> <p>(c) By phone/email where the above does not apply</p> <p>Any significant change to the outcome of the Section 57 enquiry must be endorsed by the original strategy discussion members.</p> <p>A review/follow on strategy meeting is convened within 10 working days of the Initial Strategy discussion/meeting to review the actions taken and to allow the decision maker to gather additional information and provide an update to all professionals involved.</p>

Commented [AM8]: We complete s.57 investigations in 15 working days not 5

6.5 Child Protection Conferences

Child Protection Conferences bring together family members (and the child where appropriate), supporters/advocates and those professionals most involved with the child and family to plan and review how best to reduce risk to an individual child

Standard	Criteria
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1.	<p>Initial Child Protection Conference (ICPC) will be held whenever a child is likely to suffer significant harm.</p> <p>Reports should be written in line with the template on the CSC case management system.</p>	<ul style="list-style-type: none"> • ICPCs will be held where the concerns of Section 57 enquiries are substantiated and the child has or is likely to suffer significant harm. Requests by involved professionals for a conference will normally be agreed. • If Children's Social Care (CSC) decides not to proceed with a child protection conference then other professionals involved with the child and family have the right to request that CSC convene a conference, if they have serious concerns that a child's welfare may not be adequately safeguarded. Where concerns remain, agencies should follow the Professional Resolutions Practice Guidance.
2.	<p>Conferences are convened within timescales.</p>	<p>ICPC takes place within 15 working days of:</p> <ul style="list-style-type: none"> • Strategy discussion (where Section 57 enquiries initiated) • Notification from another authority outside of St Helena. <p>Where an Emergency Protection Order (EPO) is in place a strategy meeting will be convened to consider making Section 57 enquiries in order to establish the child's safeguarding needs.</p> <p>First Review Child Protection Conference (RCPC) takes place within three months of the ICPC.</p> <p>Further RCPCs are held at intervals of not more than six months (unless a pre-birth conference)</p>
3.	<p>Membership of conferences is appropriate to the child's case</p>	<p>The time, date and venue with all involved professionals for a conference will normally be agreed</p> <ul style="list-style-type: none"> • Location and timing of conferences will be planned to ensure maximum attendance from most critical attendees • Members should have sufficient professional expertise and/or knowledge of the child/family to provide a report to the meeting and to contribute effectively the discussion • Professionals who cannot attend should submit a written report and arrange a well-briefed agency representative to attend and speak to the report • A professional observer must have agreement of the conference chair. <p>CSC will support alternative arrangements for child care to support parents/carers in their attendance</p>
4.	<p>Conferences will be quorate</p>	<p>As a minimum attendance there should be CSC and at least two other professional groups or agencies that have direct contact with the child</p> <ul style="list-style-type: none"> • Exceptionally the conference chair can decide to proceed with an inquorate conference, creating an interim protection plan and setting another early conference date – this should be noted in the

		<p>conference minutes</p> <ul style="list-style-type: none"> • The outline child protection plan will be devised at the conference will address what needs to change in order to protect the child and the outcomes to be achieved. • The child protection chair will set the date of the next conference; the date of the core group together with the membership.
5.	Parents will be involved in the conference process	<p>The Social Worker should ensure parents have sufficient information to make a meaningful contribution to the meeting. Professionals are expected to share their report with parents before the conference (see standard 9 for timescales)</p> <ul style="list-style-type: none"> • Written information about the conference system and the complaints procedure will be supplied to parents in advance of the meeting • Parents may bring a supporter or solicitor to the conference • All equality issues will be taken into account • The chair will meet the parents before the Conference to confirm the above
6.	Involvement of family members in the conference process	<ul style="list-style-type: none"> • The parents will be prepared for attending the conference and consideration to be given to whether the child should attend for at least part of the conference. If they are not attending the conference they will be encouraged to contribute in an age appropriate way and their views recorded in the social work report if appropriate providing there are no safeguarding issues that would prevent this. • The conference chair will meet with the child and parents in advance of the meeting to ensure they understand the purpose and the process: <ul style="list-style-type: none"> ✓ Where appropriate the chair will seek the child's views independently ✓ Explicit consideration should be given to the potential for conflict between family members and the need for children and adults to speak without other family members present ✓ Representation for an exclusion must be made to the conference chair in advance of the meeting ✓ Exclusion should be for a minimum duration ✓ Exclusion may be for only one section of the meeting ✓ If excluded for the whole meeting, the conference chair must write to the parent and explain how they can have their views heard, how they will be told the outcome and about the Complaints Procedure ✓ The conference chair will provide edited minutes for the excluded parent.

7.	Children may be involved in the conference process	<ul style="list-style-type: none"> • The child must be given opportunity to contribute to the Conference, subject to their age and understanding – this may involve attendance • The Social Worker should ensure that children have sufficient information and opportunity to make a meaningful contribution • Written information about the conference and complaints procedure will be provided for older children • Children who attend may bring a supporter or an advocate to the conference • All equality issues will be taken into account • The conference chair will decide the nature and extent of attendance of a child • The conference chair will meet the child if they attend before the conference to confirm the above • If the child does not attend, the Social Worker will convey the child's wishes.
8.	Agencies will all provide written reports to the conference	<ul style="list-style-type: none"> • All reports should be made available to the Chair three working days before the ICPC • All reports should be shared by the authors (or a representative) with parents (and child if appropriate) at least three working days before the ICPC • The child protection chair will be responsible to escalate any non-engagement by partners in the child protection process to the Manager for Child Protection in the Quality Improvement Service for tracking and monitoring to feed back to the safeguarding board.

The social workers report to the ICPC includes:

- Summary of the reason for the referral and information analysed as part of the investigation (referral, assessment).
- Chronology of significant events including risk and protective factors.
- Child's current and past developmental needs.
- Parent's capacity to keep child safe from harm and respond to needs.
- Child's views, wishes and feelings including any other children within the household.
- Analysis of risk and protective factors, the impact on the child and the understanding of the parents of these factors.

6.5 Children in Care

The definition of a looked after child (child in care) is found in the Welfare of Children Ordinance. A child is looked after by a local authority if a court has granted an order or when the parent with parental responsibility has agreed for the child to be accommodated for more than 24 hrs.

Standard	Criteria
<p>1. The child's journey will be planned without delay</p>	<ul style="list-style-type: none"> • The child's journey in care should be based on developing a positive and meaningful relationship with the child • All professionals involved with the child will be informed of the child's legal status within 24 hours • The child will be visited within 24 hours of coming into care or having a change in placement • The placement meeting will be held within 5 working days to agree how the placement will meet the child's needs • An initial health assessment will be requested and carried out within 28 working days • A PEP meeting will be arranged within the school within 28 days • An up to date care plan will be recorded on the electronic system within 10 days of placement and this will include the child's needs, consider intended outcomes and placement and service provision that is needed to meet the child's needs. • A child in care review will be arranged within 28 days.
<p>2. A meaningful experience as a Child in care</p>	<ul style="list-style-type: none"> • The social worker and relevant other professionals will provide a written report for the review and this will be with the looked after review chair 3 days before the review. The social worker will ensure that the review and care plan has been discussed with the child, family and/or carer 10 days prior to the review. • For young people in our care their aspirations for the future including their interest, views on careers and how they want their lives to develop should be included in the care plan from early teens. • Depending on the age of the child they will be encouraged to participate in their review and planning for that review. They will be given the opportunity to speak to their looked after review chair on their own. Parents will be encouraged to participate in the review process and their views recorded
<p>3. Contact will be promoted (where</p>	<ul style="list-style-type: none"> • Arrangements for contact with parents and other

	appropriate) with the parents with parental responsibility	<p>significant family members will be made at the time of the child coming into our care and regularly reviewed</p> <ul style="list-style-type: none"> • Contact will be in the best interest of the child and supported and supervised as necessary.
4.	Permanency planning	<ul style="list-style-type: none"> • A plan for permanence must be presented to the 4 month review • Any significant changes to a child's care plan or legal status should not be made without first discussing it at a review meeting • If a placement is at risk of breaking down a Disruption Meeting will be held and chaired by the Manager to look at ways of maintaining the placement or seeking an alternative placement that will better meet the needs of the child.

7. Good practice in case recording

- As part of the planning with children and families adequate time to record work with them is allowed for and any event or contact is recorded within 48 hours. This also includes telephone calls made and received
- Records clearly show when a child has been seen, spoken to and their wishes and feelings included.
- Any direct work or assessment tools used are identified and analysed.
- If interpreters, specialist workers or communications tools are needed this is clearly recorded.
- Records of the child's journey lived experience and the purpose and outcome of any contact are clear and analysed.
- Facts and opinions are separated in the recording and any relevant research or tools used identified with appropriate references.
- All records are respectful of the child and their family including education, communication, language, cultural, gender, sexuality, disability and diversity is celebrated.
- If information is provided by other professionals or family/friends the records give the person's name, contact details and their relationship to the child.
- Management oversight is regularly recorded on the case management system Azeuscare including case discussions and supervision (informal supervision).
- Management decisions and authorisations together with the rationale for the decision made are signed off within 24 hours.
- Audits carried out are placed on the file with actions and the manager and/or Director ensure through supervision that any actions are completed and recorded to ensure that the case is of the highest standard.

- A closing summary will be completed with a cultural genogram

All staff to read the workplace Policies/Procedures/Protocols/Guidelines then sign below to indicate that they have understood the document and will implement to daily practice.

NAME OF PPP/GUIDELINE	STAFF NAME	STAFF SIGNATURE	DATE

All staff to read the workplace Policies/Procedures/Protocols/Guidelines then sign below to indicate that they have understood the document and will implement to daily practice.

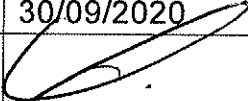
NAME OF PPP/GUIDELINE	STAFF NAME	STAFF SIGNATURE	DATE



**St Helena
Government**



Children & Adult Social Care Directorate

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Contents Page

- 1. Policy Statement.**
- 2. Aim of the Policy.**
- 3. Objectives of the Policy.**
- 4. Roles and Responsibilities.**
- 5. Fire Risk Assessment Protocol.**
- 6. Administrative Guidelines.**
- 7. Monitoring and Review.**
- 8. Supporting Documents - Appendixes.**

Contents

Policy Statement	Page 4
Aim of the Policy	Page 4
Objectives of the Policy	Page 4
Roles and Responsibilities	Page 4
Designated Residential Fire Safety Co-ordinator	Page 4
Fire Safety Marshals	Page 5
Fire Risk Assessment Protocol	Page 5-7
Administrative Guidelines	Page 7
Monitoring and Review	Page 7
Personal	Page 7
Training	Page 8
Supporting Documents – Appendixes	Page 9
Appendix 1 - Discovery of/or Suspicion of a Fire	Page 9
Appendix 2 - In the Event of a Fire Alarm Sounding	Page 9
Appendix 3 -In the Event of a Fire	Page 9-11

1. Policy Statement

- 1.1 Service users, staff and visitors should be as safe as possible from the threat of fire or from injury in the case of an outbreak of fire. The best way to ensure this is to have robust fire policies and procedures in place. In addition, staff should be well trained to act in the event of an outbreak of fire.
- 1.2 Service users have varying levels of capacity, ability and understanding. There needs to be appropriate arrangements in place to ensure that where possible, all service users understand the fire policy and are supported as far as possible to ensure they maintain safety relating to fire hazards.

2. Aim of the Policy

- 2.1 The aim of this policy is to ensure that, as far as is possible, fires are prevented and that, in the event of a fire, staff know exactly what to do and how to respond in all services managed by the Children & Adult Social Care Directorate.

3. Objectives of the Policy

- 3.1 The objectives of this policy are:
 - To minimise the risk of fire by the use of adequate fire prevention and risk assessment techniques.
 - To ensure that staff are trained and familiar in what to do in the event of a fire.
 - To ensure that all staff attend a fire drill at least six monthly and at other times when necessary.
 - To ensure that, in the event of a fire, all services can be evacuated as quickly, safely and efficiently as possible.
 - To ensure that service users are supported to understand what to do in the event of a fire.

4. Roles and Responsibilities

4.1 Designated Fire Safety Lead

The Designated Fire Safety Lead (FSL) is Gavin (Jack). The FSL is responsible for ensuring that this policy is being implemented across the Children & Adult Social Care Directorate. The FSL will audit and implement any fire safety standards within this policy with support from all managers and staff with delegated responsibilities, whilst liaising with the Fire Service for continuous service development in this aspect of practice.

4.2 Appointed Fire Safety Marshals

Each service is encouraged to appoint and train a relevant number of named individuals as Fire Safety Marshals.

The appointed Fire Safety Marshals are responsible for:

- Supervising evacuation assembly points.
- Carrying out roll calls.
- Liaising with the fire brigade on arrival.
- Support managers with the upkeep of fire-safety records, visual checks of the premises and responding to environmental matters relating to fire safety.

Where possible, at least one fire warden should be on duty at all times. Special evacuation arrangements for staff and service users with limited mobility, wheelchairs or sensory impairments are to be clearly documented. Where necessary, personal emergency evacuation plans (PEEPs) must be completed. Managers are responsible for ensuring that the PEEPs are shared with the fire service, made known to all staff, and updated according to service users' assessed or changing needs. Managers must also ensure that PEEPs are referenced in the fire risk assessment.

5. Fire Risk Assessment Protocol

5.1 In order to control fire safety risks, managers will be required to complete fire risk assessments for their designated services. It is the responsibility of all staff to alert the manager, fire marshals or the FSL of any potential fire risks. Fire risk assessments must be reviewed and updated at least annually, and at other times when required. This may include: physical changes to the premises, changes among service user or staff groups, and compliance with updated legislation.

5.2 The aims of the fire risk assessment will include the following:

- Identify any fire hazards.
- Reduce the risk of those hazards causing harm to as low a level as reasonably practicable.
- Decide what physical fire precautions and management arrangements are necessary to ensure the safety of people in the building if a fire does start.

5.3 Daily/visual checks of the premises should be undertaken to ensure that:

- Fire exits and doorways are free of clutter.
- All unnecessary electrical equipment and heaters are turned off.
- Storerooms or refuge areas do not have smouldering fires.
- Areas where contractors have been working are free of fire hazards
- Access points for Fire Rescue Services are clear and unobstructed.

5.4 Weekly checks should be undertaken to ensure that:

- Alarm systems function and can be heard in all parts of the building.
- All firefighting equipment is in good repair and are in place.
- Stocks of flammable materials or gases are kept to an absolute minimum and are stored safely away.
- All goods and boxes are safely stored away to minimise clutter, reduce the fuel available to a fire and to enable people to exit the building safely in the event of an emergency.
- All fire instruction notices and no smoking notices are in place and have not been obscured.

- Individual rooms do not contain obvious fire hazards such as overfull waste baskets or portable heaters placed close to curtains.
- All electrical equipment is free of obvious defects such as worn or broken cables and leads.
- Trailing electrical cables are secure, not overloaded with electrical appliances and checked periodically for wear and tear.

5.5 Annual checks that the following are serviced on an annual basis and at other times when necessary:

- Fire alarm systems.
- Smoke detectors.
- Emergency lighting.
- Firefighting equipment.

After inspections are carried out by the St Helena Fire & Rescue Service (SHFRS), the visiting fire officer will complete a log book to confirm what was checked, and what needs to be addressed.

6. Administrative Guidelines

6.1 Full records of fire precautions should be kept in the fire log. This information should be entered by managers or nominated fire wardens and should include:

- For fire drills: the times and dates of drills and the time between sounding the alarm and the last person leaving the building.
- For fire alarm tests: the times and dates of tests.
- For firefighting equipment, alarms and fittings such as emergency lighting: the times and dates of inspections, of replacements and of servicing.
- For training: times and dates of training events, who attended and what was covered.
- Add fire risk assessments

Managers are responsible for ensuring that nominal rolls are kept up to date for service users and staff.

7. Monitoring and Review

7.1 This fire policy will be reviewed at least annually, after any fire-related incident, change in guidelines or at other times when required. All fire-related incidents, including false alarms and 'near misses', should be investigated thoroughly by the home's manager or person in charge, and the fire risk assessment amended as necessary. Professional fire safety advice should be obtained from SHFRS for this review where required. Changes arising from the results of any review should be communicated to staff, SHFRS, senior management and all persons concerned.

7.2 Training

In-house training sessions facilitated by managers or fire marshals for existing staff should be arranged at least annually. In-house fire safety training should provide staff with a basic understanding and familiarisation of workplace requirements and expectations including: roles and responsibilities towards maintaining a safe environment, compliance with the 'Smoke free SHG' policy, location and safety of firefighting equipment and signage, accessing fire assembly points, contact with the fire and rescue service, and reporting of any fire-safety concerns, and what to do in the event of a fire. Records should be kept in the fire log of who attended each session.

All staff must attend fire training (in-house and/or formal), including night staff, part-time staff and casual staff. Staff who are not employed as carers will be nominated to attend fire safety training at the discretion of their line manager. Fire marshals will be required to attend bespoke training facilitated by SHFRS.

Managers of all residential services will be required to arrange fire drills at quarterly intervals within a calendar year. These drills may be planned or unplanned. Managers must take into account the type of drill, residents' participation, and times of day. The SHFRS may attend and facilitate one of these drills at least annually. These drills may be planned or unplanned. SHFRS will be liaise with managers when these drills will take place.

7.3 All new staff are required to read, understand and sign the fire safety policy as part of their induction process. Managers are required to ensure that all new staff. All members of staff should be aware of the procedures in case of a fire. They should also all be aware of how they must respond in the event of an emergency.

7.4 All new and existing staff should know:

- Who is responsible for ensuring the correct fire procedure is carried out.
- Who the fire marshals are.
- The location and usage of all fire extinguishers and where special extinguishers (e.g. those suitable for use on electrical equipment) are located.
- The location of fire alarm points.
- The emergency fire evacuation procedures.
- Methods of communication across each of the services, taking into account service users' communication needs.
- How to use the telephone systems and what to say when calling the fire and rescue service.

7.5

7.6 Where possible and appropriate, service users should be briefed according to their needs and understanding about fire safety and their involvement in fire drills.

8. Supporting Documents - Appendixes.

Appendix 1 –Discovery of or Suspicion of a Fire.

On the discovery of, or suspicion of a Fire:

- Staff should remain as calm as possible.
- The first person aware of the fire or on the scene should raise the alarm immediately by operating the nearest call point or by shouting “FIRE”, “FIRE”, “FIRE” in a loud clear manner.
- If the suspicion is raised by seeing smoke coming from under a door or by seeing smoke in a closed room staff should **on no account attempt to open the door**, but should raise the alarm and summon the fire and rescue service as quickly as possible.
- Small fires can be fought with the appropriate fire extinguisher, but only if safe to do so and only if the alarm has first been raised and staff trained to use the equipment.

Appendix 2 – In the Event of a Fire Alarm Sounding.

In the event of the fire alarms sounding, follow instructions as given by the manager, fire marshal or shift leader. This may involve evacuation.

Appendix 3 – In the Event of a Fire:

In the event of a fire:

- Evacuate the building immediately according to the home's evacuation plan and go to the nearest designated fire assembly point. If the establishment has a phased/stay put evacuation plan in place, await instructions from the manager, fire marshal or shift leader.
- Remain as calm as possible and where possible and practicable to do so, help any service users, visitors, or disabled persons on the premises to evacuate.
- Where possible and safe to do so, check all rooms (in particular toilets) to ensure no service users or staff remain in them or are trapped.
- Close all windows and doors if safe to do so.

- Ensure that any person not accounted for is immediately reported to the manager, fire marshal, shift leader or directly to a fire officer.

Staff should never:

- Stop to collect valuables or possessions.
- Open doors where they can see smoke coming through unless that is the only means of escape.
- Attempt to re-enter the building until told it is safe to do so by the manager, fire marshal, shift leader or fire officer.

The Fire Marshal is responsible for ensuring that:

- The Fire and Rescue Service has been called to any fire by dialling **999** and asking for fire service.
- The Fire and Rescue Service is met on arrival.
- The staff nominal roll, service user roll and visitor book is removed from the building and used to account for staff, service users and visitors by roll call.
- Any person not accounted for is immediately reported to the Fire and Rescue Service upon arrival.

The fire safety procedures for all social care settings are based upon the following principles:

- In the event of fire, the safety of life should override all other considerations, such as saving property or extinguishing the fire.
- If a fire is discovered, the alarm should be raised immediately as the first action taken.
- All employees are required to take this action if they believe there is a fire and no authority need be sought from any other person.
- St Helena Government will always support employees who operate the fire alarm system in good faith, regardless of whether or not it is ultimately determined that a fire existed.

St Helena Government does not require persons to attempt to extinguish a fire, but extinguishing action may be taken if staff have been trained,

staff are confident in using the extinguishers, and it is safe to do so after the alarm has been raised.

All staff to read the workplace Policies/Procedures/Protocols/Guidelines then sign below to indicate that they have understood the document and will implement to daily practice.

NAME OF PPP/GUIDELINE	STAFF NAME	STAFF SIGNATURE	DATE

All staff to read the workplace Policies/Procedures/Protocols/Guidelines then sign below to indicate that they have understood the document and will implement to daily practice.

NAME OF PPP/GUIDELINE	STAFF NAME	STAFF SIGNATURE	DATE

