



Department
for Education

Post-qualifying standards: knowledge and skills statement for child and family practitioners

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Introduction

These new standards will replace the current [post-qualifying standards: knowledge and skills statements for child and family practitioners](#), which were first published in November 2015 and last updated in May 2018.

The children's social care national framework (national framework) was issued as statutory guidance in December 2023 and local authorities were given a one-year implementation period. This sets out the purpose, principles and enablers of good practice with children and families, along with the outcomes that should be achieved.

The early experience of social workers sets the groundwork for practice which improves the lives of children and families, since developing professional confidence and competence supports social workers to stay in practice for longer. The social work workforce play a crucial role in delivering the help, protection and care that children and young people need, which is why we want to replace the current set of post-qualifying standards: knowledge and skill statements to match the ambition set out in the national framework. These new standards provide a clearer set of professional outcomes and provide more granular detail on what a new social worker should know.

These post-qualifying standards are divided into six domains. They reflect key aspects of social work with children and families, including *relationships and communication*, *assessment and planning*, and *intervention*, along with aspects relating to the social worker's progression, including *reflection and learning* and *leadership and management*. There is a separate domain on *anti-discriminatory practice* which is fundamental to all areas of social work practice, given a social worker's role in addressing inequality and discrimination experienced by the families they work with.

Under each of the six domains are a number of outcome statements, set out in the annex at the end of this document. These outcome statements define at a high level what new social workers need to be able to demonstrate across the six domains by the **end** of the first two years.

Below the outcome statements, the 'knows' statements set out key things that a social worker would need to understand in order to achieve the outcomes, while the 'does' statements provide (non-exhaustive) example illustrations of what achieving a particular outcome might look like in practice.

In devising the outcomes and the 'does' statements, the EWG had in mind the model developed by George E Miller which suggests that to practice safely and effectively, it is

not sufficient to show that something is known, there must also be evidence that the activity can be *done*.¹

All social workers in England must meet Social Work England's [professional standards](#). The professional standards are the threshold standards necessary for safe and effective practice. They set out what a social worker in England must know, understand and be able to do after completing their social work education or training. They apply to all social workers in all roles and in all settings. Social workers must continue to meet the professional standards to maintain their registration with Social Work England. The post-qualifying standards are designed to build on this qualifying education and training, and complement the [knowledge, skills and behaviours](#) which all social work students and apprentices will be expected to demonstrate in order to meet the professional standards and apply for registration.

Evidence

The new post-qualifying standards have been designed to be compatible with the statutory national framework for children's social care, which in turn shapes the practice framework a local authority is using, and the practice of child and family social workers in their various roles within the organisation.

The standards draw on the key theories which underpin the best evidence of the most effective social work practice: systems theory, cybernetics, social learning theory, attachment theory, decision-making biases and psychoanalytic theory. They have also been shaped by best evidence of the most effective whole-system approaches to working with children and families in children's social care: systemic practice, restorative practice and strengths-based practice. The standards recognise that people are part of systems, embedded in their social context, including in their family and their wider networks. The standards are therefore relational in their approach, looking at patterns of behaviour for opportunities for positive change. They focus on working with children and families in a future-oriented way, recognising that the people who may be most in need of support can be the hardest to reach. The standards are also based on a belief that families are experts in their own lives and focus on the strengths and resources that they have to create change.

The standards also reference examples of some of the most effective methods or interventions social workers can use in practice, such as motivational interviewing or family group decision-making. This is not exhaustive and the series of practice guides

¹ Miller, GE (September 1990). ["The assessment of clinical skills/competence/performance"](#). *Academic Medicine*. **65** (9 Suppl): S63-7.

which accompany the national framework will set out best evidence on a range of interventions.

The EWG also drew on the accumulated evidence from the children's social care innovation programme (summarised in the 2022 publication [seven features of practice and seven outcomes](#)), a rapid evidence review by the University of Bedfordshire (which the DfE commissioned to inform the development of these standards), along with serious case reviews, national panel reports and other sources, as well as drawing on their own considerable experience of what works in practice. The statements in the standards will be kept under review and updated periodically as the evidence base which underpins them evolves and improves.

Definition of key terms

In this document we define a number of key terms as follows:

Children

The words 'child' or 'children' are used when referring to anyone who is under the age 18. When focusing on particular groups with this category (e.g. adolescents), we state this in the document.

Families

This term means anyone connected to or important to, a child. This might include birth parents, foster parents, adoptive parents, kinship carers, special guardians, blood relations, people linked by life experience or anyone else a whom child considers to be important.

Alternative care

This is defined as any arrangement that is a change from the child's current care living arrangements (usually from living with one or more birth parents), facilitated by the state. This includes kinship care, residential care, special guardianship orders and secure units.

Social justice

In the context of this document, this term is used to mean the work undertaken at an individual level, with social workers advocating for fair allocation of resources and opportunities for children and families, according to need.

Identity

This term is used to mean the things that make a person who they are, beyond their protected characteristics. These things will interact to shape the way people see the world.

Equity

This term recognises that people have different circumstances, and may require different opportunities and resources to reach an equal outcome.

Overview of post-qualifying standards (PQS)

1. Anti-discriminatory practice

Understands the importance of identity, advocates for equity and social justice

- 1.1. gains insight into a child and family's sense of self by consistently applying an intersectional understanding of identity
- 1.2. actively reflects on own identity and prejudices; values difference and uses this to shape approaches with families
- 1.3. integrates professional knowledge of anti-discriminatory practice to effectively manage more complex situations
- 1.4. advocates for social justice and equity across multi-agency partners by promoting anti-racist and anti-discriminatory practices and behaviours

2. Relationships & communication

Builds impactful relationships through effective communication

- 2.1. communicates effectively, to help build impactful relationships
- 2.2. communicates complex and difficult information clearly, always placing children and families as the focus of any interaction
- 2.3. builds and maintains impactful relationships with children
- 2.4. builds and maintains impactful relationships with parents
- 2.5. builds and maintains impactful relationships with family, networks, and carers
- 2.6. works collaboratively and effectively with multi-agency practitioners, providing constructive challenge where appropriate

3. Assessment & planning

Analyses information, applying understanding of harm to develop a purposeful plan

- 3.1. identifies and elicits all pertinent information about the child and family's history and lived experience in more complex situations
- 3.2. analyses and applies professional knowledge and evidence base of harm to inform decision-making in more complex situations
- 3.3. autonomously and collaboratively leads the development of a purposeful plan to effectively manage increasing complexity

4. Intervention

Delivers and facilitates effective interventions, reviews and adapts plan as needed

- 4.1. delivers and facilitates interventions in collaboration with the family to create positive change
- 4.2. delivers and facilitates interventions to sustain change and build family resilience
- 4.3. delivers and facilitates interventions to provide safe alternative care, collaborating and maintaining the relationship with the family where possible
- 4.4. is agile and timely in adapting plan, decision-making, and interventions to keep the child safe
- 4.5. continuously reviews efficacy of interventions and progress towards intended outcomes; consistently re-evaluates existing hypotheses and plans

5. Reflection & learning

Reflects on self and impact on practice; promotes own and others' learning

- 5.1. demonstrates and promotes self-reflection to effectively identify professional development needs to improve practice
- 5.2. recognises boundaries of own professional scope and responsibility; seeks support and escalates to others where appropriate
- 5.3. actively engages in CPD, learning, observation and reflection to advance own and others' practice; uses this learning to improve outcomes for children and families
- 5.4. ensures learning and professional development is impactful by aligning it to best practice and the evolving professional evidence base

6. Leadership & management

Leads and manages self, resources, and others

- 6.1. understands how practice is influenced by the local, organisational and national context
- 6.2. confidently represents the social work perspective within the multi-agency partnerships
- 6.3. actively contributes to quality assurance and practice improvement
- 6.4. uses time & resources effectively to prioritise and manage workload and promote own well-being

See [Annex: Overview of PQS outcomes](#) for a one-page summary of the PQS.

1 Anti-discriminatory practice

1.1 Gains insight into a child and family's sense of self by consistently applying an intersectional understanding of identity

Knows

- 1.1 K1** experiences related to identity characteristics (protected and non-protected) will intersect and interact to shape how children and families experience services
- 1.1 K2** children and families are experts in their identities and have their own preferences about how they would like to be described
- 1.1 K3** identity is likely to take on particular significance at adolescence
- 1.1 K4** structural and systemic racism and discrimination impacts a child's well-being, e.g. adultification
- 1.1 K5** conversations with families about identity and lived experiences can be difficult; supervision assists the social worker to be better equipped to explore the meaning of differences and similarities between themselves and the family
- 1.1 K6** models and tools can help explore identity and build trusted relationships with children and families
- 1.1 K7** children are more likely to feel welcomed, included, loved and secure if families respect, support and celebrate them
- 1.1 K8** the importance of recording children's and family identity to shape the interventions delivered to them

Does

- 1.1 D1** has conversations aided by direct working tools with children and their families that explore the ways in which identity, including the impact of structural and systemic racism and discrimination, shapes their experiences, even when this feels uncomfortable or difficult; and adapts practice to be sensitive to this
- 1.1 D2** develops children's confidence to reflect upon and talk about their identity characteristics, including ethnicity, faith, culture, disability, mental health, sex, gender, care experience and sexuality; acknowledges how these may impact on each other and helps families to support children to the best of their ability
- 1.1 D3** uses relevant models to explore, reflect upon and engage children and families, e.g. Social GRRAACCEEESSS, LUUUTT
- 1.1 D4** uses a range of tools to gain and understand information from children and families about their identity. These personal narratives help to make sense of their lived experience

- 1.1 D5** considers how racism and discrimination experienced by children and families impacts their well-being; intervenes to support and/or safeguard, where appropriate
- 1.1 D6** promotes child-centred recording about identity; ensures all records form building blocks in the construction of meaningful life stories and a stable sense of self

1.2 Actively reflects on own identity and prejudices; values difference and uses this to shape approaches with families

Knows

- 1.2 K1** the social worker's identity (including their professional one) impacts on families with different lived experiences
- 1.2 K2** the inherent power dynamic in social work and experiences of inequality and intergenerational trauma will make families less confident in engaging and challenging social workers and other professionals
- 1.2 K3** prejudiced assumptions about gender, race, ethnicity and care experience can result in too much or too little intervention
- 1.2 K4** the employer has a duty of care to social workers who have been discriminated against on the basis of their protected characteristics and how they can be supported by the organisation
- 1.2 K5** the personal cost of addressing racism and discrimination differs depending on one's own protected characteristics

Does

- 1.2 D1** uses relevant models, e.g. Social GRRAACCEEESSS, LUUUTT, to reflect upon own identity, beliefs, and prejudices, to adapt the way intervention is undertaken
- 1.2 D2** engages in constant reflection to mitigate own prejudices or experiences which may negatively impact on the plans and outcomes of children and their families
- 1.2 D3** accurately assesses if sharing aspects of own personal narrative with children and families is appropriate to help build trusted relationships
- 1.2 D4** actively seeks to improve culturally-competent, poverty-aware practice; continuously challenges self to take an anti-racist and an anti-discriminatory approach in all aspects of their work
- 1.2 D5** uses supervision and organisational processes and support to act on racism and discrimination directed at social workers with protected characteristics by families or others

1.3 Integrates professional knowledge of anti-discriminatory practice to effectively manage more complex situations

Knows

- 1.3 K1** certain situations and/or identity characteristics bring additional complexity, such as:
- experiences of racism and inequality
 - intersection of protected characteristics
 - presence of significant disability, including mental health
 - language and interpretation
 - taboo and/or rarer forms of abuse
 - homelessness and insecure housing
 - uncertainty in immigration status
 - honour-based violence, FGM, fabricated or induced illness, radicalisation, forced marriage, for example
 - working with multiple systems
- 1.3 K2** the importance and complexity of the SEND system and the social worker's role within it
- 1.3 K3** poverty has a significant impact on families' outcomes, e.g. health inequalities
- 1.3 K4** the different ways in which neglect presents in families in different socio-economic circumstances
- 1.3 K5** faith, beliefs and family cultures can positively or negatively impact on children
- 1.3 K6** parents having a sense of purpose, self-worth and connection to their communities benefits them, their children and wider society

Does

- 1.3 D1** proactively uses communication aids to ensure language and disability are not a barrier to accessing services or interventions
- 1.3 D2** actively seeks to support children and families with uncertainty in their immigration status; recognising their experiences of significant loss of home, way of life, cultural identity and community
- 1.3 D3** supports families to navigate the complexity of the SEND system and to understand the parameters and different roles within the network
- 1.3 D4** assesses and addresses abuse through an anti-racist, anti-discriminatory and culturally-aware lens, applying knowledge of faith, beliefs and family cultures that can positively and negatively impact on children
- 1.3 D5** assesses through a poverty-aware lens, applying knowledge of the differences between adverse parenting due to poverty (within the local context), and circumstances of neglect (or other forms of abuse)

- 1.3 D6** enables and supports people to pursue a range of options that promote belonging and purpose and freedom from poverty, e.g. employment opportunities, enhanced community connections and access to education, housing, health services and welfare benefits
- 1.3 D7** supports families of children with SEND to build resilience by creating a network of support from peers and professionals around them
- 1.3 D8** balances factors that are important for a child's well-being when making difficult decisions, such as the need to achieve permanence in a timely way, with the need for a child to develop a sense of cultural/racial belonging in alternative care arrangements

1.4 Advocates for social justice and equity across multi-agency partners by promoting anti-racist and anti-discriminatory practices and behaviours

Knows

- 1.4 K1** which groups of children are disproportionately overrepresented in the care system, using local and national evidence
- 1.4 K2** care-experienced children are more likely to suffer disadvantage and the social workers' role as corporate parents to advocate to address this
- 1.4 K3** the multi-faceted impact of racism and discrimination, including from language and behaviours towards children, families, colleagues and professionals, ranging from pronouncing people's names incorrectly, the lack of recognition of invisible disability, to adultification
- 1.4 K4** not everyone is skilled and comfortable in having conversations about racism and discrimination or in adapting their practice accordingly
- 1.4 K5** effective relationships with multi-agency partners bring opportunities to explore ways of challenging racism and discrimination and advocating for the rights of children and families

Does

- 1.4 D1** reflects critically on the impacts of structural and systemic racism in society to understand the full range of its effects, adapting intervention with children and families accordingly
- 1.4 D2** actively advocates for children and families who experience racism and/or discrimination, and constructively challenges other professionals and institutional biases and assumptions, recognising where escalation is needed
- 1.4 D3** advocates for care-experienced children and young people; addresses particular barriers they face through building community links and using specialised services and/or national or local procedures, e.g. the unnecessary criminalisation of looked after children, the Care Leaver Covenant

- 1.4 D4** offers feedback, advice and challenge to mitigate the harm racism causes to children and families, models how to effectively challenge and develop strategies to best respond to discrimination
- 1.4 D5** promotes corporate parenting, creating and using relationships with colleagues across the partnership and beyond to provide opportunity for care-experienced children and young people to thrive, e.g. by enhancing access to work, housing, health, enrichment and services

2 Relationships & communication

2.1 Communicates effectively, to help build impactful relationships

Knows

- 2.1 K1 effective communication takes account of the impact that past experiences may have on people's ability to trust, communicate openly and build relationships
- 2.1 K2 people are more likely to respond positively to communication which recognises how their identity shapes their understanding of the world
- 2.1 K3 a more persistent and adaptive approach is required to ensure effective communication with some children and families
- 2.1 K4 communicating care about a child assists in building impactful relationships, e.g. through creating and sharing memories

Does

- 2.1 D1 consistently practises in line with their organisation's practice framework, communicates purposefully to build impactful relationships
- 2.1 D2 actively listens and uses appropriate communication methods (including digital) to understand the child and family's lived experiences, taking into account their individual needs
- 2.1 D3 communicates care by consistently holding the child and family in mind; builds and shares memories, remembers important dates, times and the child's likes/dislikes
- 2.1 D4 builds relationships through anti-discriminatory communication, works confidently and respectfully with children and families from diverse communities, recognising different cultural models of parenting
- 2.1 D5 identifies how previous experiences of relationship, trauma, racism, discrimination and services influence the relationship between the child, family and social worker; takes steps to mitigate these, adapting approach accordingly

2.2 Communicates complex and difficult information clearly, always placing children and families as the focus of any interaction

Knows

- 2.2 K1 connecting and listening first helps to ensure families can receive difficult messages

- 2.2 K2** the need to balance supporting parents with continuously communicating how issues are impacting the child, even though this can be difficult
- 2.2 K3** individuals feeling high levels of stress may struggle to absorb information, especially when complex or challenging
- 2.2 K4** the need to repeat key information in varied and creative ways to children and families to reinforce understanding
- 2.2 K5** individuals understand information better when their options are presented at the earliest opportunity, wherever safe and helpful to do so
- 2.2 K6** the important differences between evidence-based analysis, descriptive reports and conjecture
- 2.2 K7** relationships rupture and repair and trust can be restored by being persistent, creative, empathic, accepting, curious, and playful
- 2.2 K8** the different ways to de-escalate situations and that a period after a relational crisis is an opportunity for change
- 2.2 K9** modelling how to repair the relationship between the social worker and the child or family is an opportunity to demonstrate what regulation and trusted relationships look like

Does

- 2.2 D1** when delivering complex and challenging information, ensures communication is as non-stigmatising, timely, emotionally attuned and open as possible
- 2.2 D2** explains the purpose and intended outcomes behind assessments, plans and interventions and responds constructively to challenging questions about reasoning
- 2.2 D3** proactively communicates short, medium and long-term possibilities to children and families, giving options and including them in decision-making, even in difficult situations
- 2.2 D4** ensures children and families understand their rights, entitlements, access to advocates, and the complaints system
- 2.2 D5** produces high-quality analysis and written reports, including to short timescales, sharing them clearly, openly and sensitively, e.g. assessments, plans, court statements
- 2.2 D6** presents information in an accessible, clear, accurate, balanced and persuasive way to a variety of audiences (e.g. to parents and the court)
- 2.2 D7** where there has been rupture or disagreement with children and/or families, works persistently to repair and maintain constructive relationships, including in highly challenging situations

2.3 Builds and maintains impactful relationships with children

Knows

- 2.3 K1** children's identity and experiences may influence how they communicate and receive information
- 2.3 K2** children are more likely to share things that have happened to them with those they trust, and it may take many interactions before they feel able to share their experiences
- 2.3 K3** children want to be seen and understood as a whole person (with a focus on their strengths and aspirations) and not be reduced to the harm they have experienced
- 2.3 K4** in order to establish the child's lived experience, other trusted relationships should be drawn upon where needed
- 2.3 K5** children who have suffered harm may be confused about what has happened to them and not having a clear narrative risks their ability to recover
- 2.3 K6** children who can understand their past experiences and life history are more likely to have positive outcomes
- 2.3 K7** careful thought needs to be given when sharing sensitive information – the timing, environment and context can all have an impact on how the information is received
- 2.3 K8** children may have strong relationships to those who have harmed them, and this can be complex; they may not understand that they are being harmed and may seek to protect them

Does

- 2.3 D1** builds relationships through rapport and trust with children suffering harm and who may have experienced trauma, helping them to feel safe enough to share their lived experience
- 2.3 D2** uses a range of methods to build rapport and trust with children, including observation, play and activities
- 2.3 D3** uses a range of child-centred tools and approaches to gain the perspectives and wishes of children, including those who are pre-verbal, have a disability or additional communication needs, or experience of trauma
- 2.3 D4** ensures children understand their social worker's role, including why they need one, processes involved and how communication with them will be recorded
- 2.3 D5** identifies and encourages the child's strengths and aspirations and collaborates to achieve them
- 2.3 D6** observes and interprets non-verbal communication and responds using appropriate methods, e.g. PACE principles, connection, compassion, clarity and authority

- 2.3 D7** is emotionally attuned in their relationship with children, adapting their approach to a child's age and experiences (e.g. babies and care-experienced young people)
- 2.3 D8** uses the child's other trusted relationships creatively and purposefully, to optimise communication and collaboration
- 2.3 D9** undertakes high-quality verbal and written life-story work with children, to ensure they have an accurate understanding of their story and its impact, aligned to their developmental needs
- 2.3 D10** communicates concerns sensitively to children about risks from physical, emotional, sexual abuse and neglect, including exploitation, serious youth violence, harmful sexual behaviour, radicalisation, and online abuse

2.4 Builds and maintains impactful relationships with parents

Knows

- 2.4 K1** balancing authority with empathy is critical to all interactions with parents and that the characteristics of good authority are purposefulness, clarity of concerns, and child focus
- 2.4 K2** good authority skills (within a relationship) are associated with better engagement with parents, and improvements in family functioning
- 2.4 K3** parents experiencing fear or limited capacity resulting from domestic abuse (including coercive control), substance misuse, mental ill-health or learning disability are likely to need flexible, adaptive approaches to communication
- 2.4 K4** identifying and encouraging parents' strengths, hopes, and aspirations for their child and family can improve parenting capacity
- 2.4 K5** deepening a parent's understanding of their child's lived experience can help foster motivation to change
- 2.4 K6** collaborating meaningfully with fathers, including those not living with their children, can help children to remain in their family network
- 2.4 K7** all services may overlook the strengths and/or potential risks of fathers and partners
- 2.4 K8** children in care may have better outcomes when they maintain relationships with their birth parents, wherever safe to do so
- 2.4 K9** children in care may benefit from professionals and carers making persistent efforts to collaborate with birth parents

Does

- 2.4 D1** builds trust and rapport with parents through honesty and transparency whilst effectively balancing authority and empathy; adapts approach appropriately and sensitively depending on their needs and capacity

- 2.4 D2** identifies and encourages parents' strengths and aspirations for their child and deepens their understanding of their child's lived experience, to foster motivation to change from within
- 2.4 D3** seeks out and builds relationships with fathers, collaboratively working with their strengths, including those not living with their children, partners, and ex-partners
- 2.4 D4** actively seeks to maintain relationships with birth parents whose children do not live with them, taking their views into account and ensuring involvement in their children's lives, wherever safe and helpful to do so

2.5 Builds and maintains impactful relationships with family, networks, and carers

Knows

- 2.5 K1** family members may be afraid or ashamed to share information about people they know and trust and helping them feel safe to do so takes time
- 2.5 K2** using tools like ecomaps and genograms helps to identify the important people and networks around a child or family
- 2.5 K3** Family group decision-making is more likely to lead to children thriving in their birth family's care
- 2.5 K4** families are experts in their current situation and that safe solutions they identify to their problems are likely to be more sustainable
- 2.5 K5** the more family members are engaged with, the higher the chance of driving change in the family, recognising that the presence of some network members may, in some circumstances, inhibit people from sharing information which is considered shameful/taboo
- 2.5 K6** sharing information about children's lives with family members is allowed as long as it is justified, accurate, proportionate, appropriate and necessary (JAPAN)
- 2.5 K7** to maximise the likelihood of sustained change, the family network needs to understand the challenges, how these impact on the child, and what needs to change
- 2.5 K8** children who understand their family network and see its members working together are more likely to feel protected, loved and cared for and are less likely to feel conflicted
- 2.5 K9** there may be opportunities for children in alternative care to spend time with people they care about in ways that strengthen the relationship and promote connection between different parts of their life, helping children to develop a more coherent sense of who they are

Does

- 2.5 D1** seeks to understand who children define as their family, their network and who is important in their life, e.g. lifelong friends, siblings (including foster

siblings), youth workers, teachers, previous carers, community or faith-based individuals

- 2.5 D2** proactively and consistently seeks out and builds relationships with members of the whole extended family network and connected people, not only in times of crisis; supports the parent to understand the benefit of this for children
- 2.5 D3** utilises relationships with the family network to collaborate and support a safe family plan for the child through Family group decision-making
- 2.5 D4** autonomously and confidently manages tensions between members of the extended family network and the wider community; works to repair these relationships to strengthen the child's support network
- 2.5 D5** builds relationships with the wider family network and community to utilise their knowledge and expertise to address concerns, e.g. exploitation, serious youth violence and harmful traditional practices, and includes them at decision-making points, where safe and helpful to do so
- 2.5 D6** builds trusting relationships with kinship carers, special guardians, and adopters; explores ways in which they can work together to best meet the child's needs, including in more complex situations, e.g. instances of extra-familial harm, finding creative ways of family networks maintaining contact and spending time together when a child is in alternative care

2.6 Works collaboratively and effectively with multi-agency practitioners, providing constructive challenge where appropriate

Knows

- 2.6 K1** values the role, responsibility and perspectives of each practitioner and agency working with the child and family
- 2.6 K2** building trusted relationships with all practitioners working with the child and family is likely to lead to better decision-making, especially in times of crisis
- 2.6 K3** some agencies or individuals are perceived as having greater authority than others and that this can lead to increased risk
- 2.6 K4** building trusted relationships leads to more open inter-professional discussion and constructive challenge
- 2.6 K5** agencies not sharing information with each other can lead to increased risk for children
- 2.6 K6** children and families might not be able to independently advocate their perspectives and supporting and empowering them to do so may have longer-term benefits
- 2.6 K7** the importance of local authority and safeguarding partnership escalation procedures and when to use them

Does

- 2.6 D1** uses their understanding of the expertise of other practitioners and agencies to further understand and improve the child's lived experience
- 2.6 D2** builds relationships with all agencies, including non-statutory partners, and draws on these relationships, including when swift and decisive action is needed
- 2.6 D3** contributes to developing effective teams around the child; analyses and shares information with others as appropriate, e.g. to explore hypotheses and ways forward
- 2.6 D4** confidently and constructively challenges professionals and agencies who might be perceived as having greater authority
- 2.6 D5** encourages more creative thinking and varying of approaches by the multi-agency network when progress is not going as intended; highlights the importance of this for keeping children safe and supporting families to make positive change when things appear stuck
- 2.6 D6** advocates the child and family's position to the team working with the family and empowers them to share their perspective, feelings, and plans
- 2.6 D7** collaborates to ensure that children's transitions between services, teams and agencies are smooth; children and families don't have to tell their story more than once and key factors for the family are not lost

3 Assessment & planning

3.1 Identifies and elicits all pertinent information about the child and family's history and lived experience in more complex situations

Knows

- 3.1 K1** observing children in different environments and understanding how they behave in different relationships can help make sense of their experiences
- 3.1 K2** children's functioning and biological age might be different and that observing them in different environments can help establish whether their presentation is evidence of unmet need or harm
- 3.1 K3** persistence and creativity is needed with some children and families to ensure they can be seen enough to enable a good assessment; this may involve observation, approaching different agencies or parts of the family
- 3.1 K4** children sharing experiences of abuse or neglect is a process, often non-linear; trusted relationships are often needed for this to happen, and it can cause harm to press unnecessarily
- 3.1 K5** asking questions in different ways can help elicit fuller responses, promote conversation and acquire more information (e.g. non-blaming, open questions which explore different possibilities and perspectives)
- 3.1 K6** intervention often occurs in moments of acute crisis, and this can inhibit consideration of the other support and relationships that might be important to include when planning how best to respond
- 3.1 K7** it may not be safe for children, or parents to discuss what is happening to them, so triangulating information is necessary to understand their experience
- 3.1 K8** the risk of confirmation bias requires each situation to be critically analysed through multiple perspectives, simultaneously holding multiple hypotheses in mind, to avoid unsafe certainty
- 3.1 K9** triangulating information does not mean distrusting children, or parents, but helps social workers to hold multiple ideas and perspectives in mind
- 3.1 K10** individual agencies hold different information about the same children, who may present differently to other agencies, making it more challenging to make connections and see emerging patterns of harm

Does

- 3.1 D1** effectively gathers information from different sources (including when they are brief and/or anonymous) about the child's lived experience and family history with openness and curiosity
- 3.1 D2** persistently maximises direct, purposeful contact with children, parents, carers, siblings and wider family network (including fathers, partners and

paternal family members), to understand their experiences, views, wishes, and feelings

- 3.1 D3** observes children, siblings, and parents in a variety of settings to understand their interactions and experiences, taking into account the family's context and situation
- 3.1 D4** explores the child's experience with multi-agency professionals by gathering, reflecting on and interrogating information to create hypotheses, clarify strengths, concerns, and patterns of behaviour
- 3.1 D5** asks purposeful, inquiring questions to explore actual or likelihood of significant harm to the child
- 3.1 D6** continually explores how coercion, responses to trauma, and the impact of neurodiversity and/or disabilities (including mental ill-health), may impact on how harms present in children
- 3.1 D7** proactively seeks out information from colleagues and other professionals supporting the child's wider network (including peers), including across boundaries and from professionals previously involved
- 3.1 D8** makes persistent and creative efforts to gather information in complex circumstances relating to risk, particularly in cases of exploitation, extra-familial harm, and organised child sexual abuse

3.2 Analyses and applies professional knowledge and evidence base of harm to inform decision-making in more complex situations

Knows

- 3.2 K1** stages of child development can change the risk of abuse and/or neglect, e.g. under-1s and adolescents
- 3.2 K2** different forms of abuse and/or neglect impact children differently and the interaction between harm types must be analysed to inform decision-making (e.g. between domestic abuse and child sexual abuse)
- 3.2 K3** the signs of physical, emotional, sexual abuse and neglect and their short and long-term impact on children
- 3.2 K4** how parental substance misuse, parental mental ill-health, and exposure to domestic abuse affect children
- 3.2 K5** good assessment is more than description and involves critically analysing information to ascertain what it means for the child's needs and safety
- 3.2 K6** the need for social work involvement in planning and co-ordinating child protection medical assessments and video recorded interviews to improve evidence-gathering and ensure more positive long-term outcomes for children can be achieved
- 3.2 K7** effective analysis requires the social worker to understand:
 - a. the severity, duration and frequency of actual harm, including cumulative harm, for the specific child
 - b. the difference between actual and potential harm

- c. causes of behaviour: past trauma and discrimination, cultural, social and economic context, family scripts and patterns of behaviour
- d. potential for change: intent towards the child, understanding of the concern, motivation for change and success of past efforts
- e. protective factors: wider family network and services, strength of relationships, resilience

- 3.2 K8** secure relationships and sense of permanence improve outcomes for children
- 3.2 K9** genograms, chronologies and other tools provide useful information when trying to predict future behaviour and risks
- 3.2 K10** assessing a parent's ability to understand their child's thoughts, beliefs, wishes and feelings, and how these contribute to their child's actions and behaviours, leads to a more accurate assessment of parenting capacity
- 3.2 K11** sustained change in parenting is needed to improve children's outcomes in the longer term
- 3.2 K12** children who are neurodiverse, have mental ill-health, disabilities, past trauma or have questions about their identity and sense of self can experience additional vulnerabilities during the adolescent stage of development
- 3.2 K13** outcomes for children in care are not as good as those for children who live with kinship carers, foster carers or adopters
- 3.2 K14** poverty and discrimination impact negatively on children
- 3.2 K15** abuse and/or neglect is under-identified for children with special educational needs and/or disabilities
- 3.2 K16** assessments need to demonstrate how a social worker has reached their conclusions, tested their hypotheses, and determined what is most likely to succeed based on what has and hasn't worked for the family in the past.
- 3.2 K17** assessments need to be persuasive but nuanced, showing the complexity of people's situations and potential
- 3.2 K18** any written assessment is always a snapshot of a moment in a child's life and so to help effective future planning it needs to articulate how the family understands and deals with change and stressors
- 3.2 K19** a thorough assessment of a child's situation supports good decision-making and helps keep children safe and/or avoid unnecessary escalation or delay

Does

- 3.2 D1** applies an in-depth knowledge of child development stages, including when risks are heightened (e.g. under-1s and adolescents); autonomously assesses whether the child's development is being impaired due to the care they are receiving
- 3.2 D2** applies in-depth knowledge of relevant legislation, guidance, national, regional and local policy and procedures; interprets and navigates these appropriately across the continuum of interventions for children and families

- 3.2 D3** applies knowledge of the need for secure and positive relationships and permanence for children; proactively and concurrently explores all realistic options
- 3.2 D4** applies in-depth knowledge of physical, emotional, sexual abuse and neglect (inside and outside the home, including online) by parents, carers, the family network, professionals and peers; considers the severity, duration, frequency and overlap between the types of abuse; anticipates signs of potential or actual escalation of need or harm
- 3.2 D5** applies in-depth knowledge of the distinction between actual and likelihood of significant harm to decision-making within child protection procedures, pre-proceedings and care proceedings
- 3.2 D6** uses genograms, chronologies and other tools to analyse patterns (including intergenerational patterns), gaps, concerns and strengths; applies conclusions to the assessment of the likelihood of future harm and sustained change
- 3.2 D7** analyses information, including observations of family interactions, and assesses the impact on the child's past, current, and future experiences; distinguishes clearly between fact and opinion in all decision-making
- 3.2 D8** assesses parenting capacity, including the ability to understand their child's thoughts, beliefs, wishes and feelings, and how they contribute to their child's actions and behaviours; analyses the impact this has on the child's current and future care
- 3.2 D9** analyses the significance of any adults in contact with the child and family, taking into account their individual histories
- 3.2 D10** confidently assesses how trauma, abuse, neglect, separation, and loss may impact on a child's future ability to form relationships and the support they will need; recognises the different challenges that older children face and the importance of existing relationships for a child's sense of identity and belonging
- 3.2 D11** confidently balances the need for social care intervention to improve a child's outcomes and the right to private family life
- 3.2 D12** assesses the viability of prospective kinship carers, foster carers and adopters proportionately, ensuring family relationships and connections are given sufficient weight when considering the alternatives
- 3.2 D13** analyses how poverty and discrimination affect a child and their family and applies this within their local context, assessing its impact on a child's experience
- 3.2 D14** assesses how a child's special educational needs or disability impacts on their outcomes and applies this to their assessment of actual, or likelihood of significant harm

3.3 Autonomously and collaboratively leads the development of a purposeful plan to effectively manage increasing complexity

Knows

- 3.3 K1** effective and impactful plans:
- a. are individually tailored and explain what needs to change around the specific child to improve their outcomes, taking into account any experience of discrimination
 - b. are creative and demonstrate knowledge of local, regional and national resources
 - c. explain how change can best be achieved in each family and network, taking into account best evidence on effective intervention
 - d. link clearly to the assessment analysis
 - e. have clear prioritisation, realistic actions and tangible outcomes, balancing parental interventions with the needs of children
- 3.3 K2** plans are a way of helping families understand what is expected of them
- 3.3 K3** autonomy and motivation are interlinked and so the more people feel in control of their own plans, the more likely they are to implement them
- 3.3 K4** a realistic contingency plan is needed to help improve outcomes and stability; contingency plans may be reassuring, motivating or threatening and need to be sensitively explored with the family
- 3.3 K5** sustained change and strong relationships with family networks, siblings and carers are often undermined by decisions made in crisis situations which have longer-term implications
- 3.3 K6** effective leadership of multi-agency plans involves inviting different perspectives, whilst ensuring progress through the effective balance of authority and empathy in professional interactions

Does

- 3.3 D1** analyses the professional evidence base and best practice to recommend the best course of action to improve a child's lived experiences
- 3.3 D2** makes autonomous recommendations to the child and family about the objectives, tasks and timescales within a plan (using supervision to reflect, challenge prejudices and improve judgement)
- 3.3 D3** prioritises the child's needs in plans; prioritises the interventions that will have the biggest impact on a child's lived experience and outcomes, taking into account the child's age and development
- 3.3 D4** sensitively advises the child and family of the assessment of concerns; attempts to find solutions from within the family network, using appropriate collaborative approaches, e.g. family group decision-making
- 3.3 D5** leads the network of professionals who hold relevant information and insight into the child and the adults involved with them; collaborates effectively with

them and the family network to develop the plan, utilising the hypotheses that best fit the family system and address the concerns

- 3.3 D6** co-creates potential future contingency plans as part of the overall plan, advocating sensitively for the child's need for permanency
- 3.3 D7** develops coherent and clear court care plans, including recommendations for sibling placements, contact with family members, and significant people in a child's life
- 3.3 D8** ensures plans are culturally competent in their development and promotes their successful implementation; includes meaningful ways to address the multiple forms of inequality that may be impacting on a child, working effectively and creatively to try to remove obstacles
- 3.3 D9** has an in-depth understanding of local and national agency offers to identify opportunities for support; utilises this support, promoting approaches that lead to optimum engagement
- 3.3 D10** utilises support from the local community, charities, voluntary sector organisations, and faith leaders to enrich the plan, taking into account potential strengths and risks

4 Intervention

4.1 Delivers and facilitates interventions in collaboration with the family to create positive change

Knows

- 4.1 K1** effective interventions are based on relationships which appropriately balance empathy and authority and offer clarity on what needs to change to improve a child's outcomes
- 4.1 K2** the role of the social worker is to facilitate change; every interaction between a social worker and a family creates opportunities for change
- 4.1 K3** behaviour change interventions support parents to understand the harm they may be causing to their children and lessen it by reducing their behaviour
- 4.1 K4** in situations of coercive control, domestic abuse and sexual offending, attempts to drive change in families can increase risk of harm to children; professionals, including social workers, can also be coercively controlled by abusive adults
- 4.1 K5** why a problem started can be less important than what is sustaining it and its current impact on children
- 4.1 K6** families often display patterns of behaviour which they are not always conscious of, so problems are unintentionally maintained; it is important to try to understand how people's behaviour makes sense in their context
- 4.1 K7** the purpose of asking questions can be more than just eliciting information; the way questions are asked can also help families to see themselves differently or introduce new ways of thinking
- 4.1 K8** asking inquiring questions and testing different ideas about why something is happening can help a family reflect, understand their patterns of behaviour and is more likely to elicit motivation and lead to change
- 4.1 K9** social workers, whilst understanding the limits of their expertise, can help translate evidence on parenting into helpful, individualised parenting strategies for specific families
- 4.1 K10** helping families to demonstrate love and care, as well as to set boundaries, leads to more positive outcomes; children feel more secure and stable and display more regulated behaviour
- 4.1 K11** modelling communication with a child, responding to their behaviour and/or repairing relationships in a family can be a helpful social learning opportunity for parents

Does

- 4.1 D1** integrates help and protection roles with confidence and compassion, making good use of professional authority; clearly conveys concerns to parents about what needs to change to improve children's outcomes

- 4.1 D2** articulates the ways in which the plan will result in positive change for children and families; realises the potential of every interaction and explicitly recognises improvements, praising positive change, demonstrating their role as facilitator of change
- 4.1 D3** actively and thoughtfully plans interaction with a child and their family, demonstrating that purposeful intervention is more likely to lead to positive change
- 4.1 D4** advocates for the child and family; negotiates support and resources to ensure they receive tailored, proportionate support that positively impacts on their outcomes, including in kinship care arrangements
- 4.1 D5** undertakes behaviour change interventions with parents, supporting them to reduce any harm to the child, e.g. working with perpetrators of domestic abuse and parents who are subjected to abusive behaviour by partners or family members
- 4.1 D6** uses the family's own expertise to help overcome difficulties and promote sustained change; balances this with continuous vigilance to indicators of abuse and neglect and the child's lived experience
- 4.1 D7** asks questions which support the family to reflect on their, and the child's situation; encourages new ideas and solutions and elicits motivation to change
- 4.1 D8** understands the family's unique culture and context and how this interacts with the child's age, needs and developmental stage; works with parents to understand their child's experiences, supporting parents, including fathers, accordingly
- 4.1 D9** assists families to demonstrate love and care and effectively set boundaries to improve family functioning

4.2 Delivers and facilitates interventions to sustain change and build family resilience

Knows

- 4.2 K1** families who access universal and targeted services, and build a network of support, are more likely to sustain change
- 4.2 K2** parenting can be challenging for all families; group intervention and peer learning can be a highly effective way of helping families to solve challenges together and help them to develop a support network
- 4.2 K3** educational attendance can be an important factor in keeping children safe in the short term and having better outcomes in all areas of development in the long term
- 4.2 K4** children who have suffered abuse or neglect, or who have been in need can still achieve their potential by key stage 4; having high expectations with an additional focus on their attendance, attainment and educational development as well as their relationships with their educational setting can help them to succeed

- 4.2 K5** key life transition points, stressors, and triggers may lead to future family challenges or relapses; the social worker and wider support network need to recognise them and how best to respond
- 4.2 K6** supporting children (at risk of) experiencing exploitation to build healthy relationships in their community is important to achieving sustained change
- 4.2 K7** using secure placements to ensure children's welfare is unlikely to lead to sustained change
- 4.2 K8** there is a difference between first order and second order change and that change at the level of meaning and belief is more sustainable
- 4.2 K9** the impact of trauma and adversity experienced by children may manifest itself in various ways. They may be more likely to struggle to understand and regulate their emotions and may need additional role-modelling or a wider range of safe relationships to understand what healthy love and relationships look and feel like
- 4.2 K10** some therapeutic interventions may be appropriate later and others earlier; a lack of a settled placement in itself should not be a barrier for relevant therapeutic interventions
- 4.2 K11** a parent's improved understanding of their child's experiences can improve their response to stressful/triggering situations in the future
- 4.2 K12** fragmented episodes of care make it harder for children to develop a stable sense of self; it is important to set up long-term sustainable contact arrangements which normalise relationships between the important people in children's lives as much as possible
- 4.2 K13** experiencing challenges earlier in life can increase the likelihood of children following trajectories leading to negative outcomes in the future (e.g. witnessing domestic abuse in early childhood increases the risk of criminal exploitation, experiencing in utero or early childhood trauma increases the risk of instability in permanence arrangements during adolescence); opportunities to divert individuals away from these need to be explored at the earliest opportunity
- 4.2 K14** social workers should not intervene in family life needlessly but should understand that early or sudden withdrawal of services can undermine sustained change
- 4.2 K15** involving too many services in a family's life can be overwhelming; handing over to a small number of key individuals who can build a meaningful understanding of the family's needs is more likely to lead to sustained manageable change

Does

- 4.2 D1** supports the child and family to understand the purpose of strengthening support systems which are safe and helpful, empowering them to build these systems where they do not exist, e.g. using family group decision making, lifelong links, resources in the community, the wider family network and independent visiting
- 4.2 D2** proactively assists the family to improve the child's educational attendance, their ability to be ready to learn and their mental and emotional well-being

- 4.2 D3** creates plans that ensure family members and kinship carers have access to a full range of support that addresses current and potential future needs and concerns
- 4.2 D4** creates opportunities for children, parents, the wider family network and peers that increase the likelihood of seeking help early if things change; interventions are swiftly implemented as a result to minimise future harm to the child
- 4.2 D5** prepares families for future changes, utilising support from the wider family network and multi-agency networks; manages plans to optimise chances of success, particularly for children with disabilities or those leaving care
- 4.2 D6** helps children and families to understand what healthy love and relationships look and feel like and the positive impact this will have on their future lives; provides interventions that help to build this
- 4.2 D7** works with parents and carers to develop effective strategies for managing their own historical and current experience of trauma, emotion and stress to support the safe care of the child; works in a strengths-based way with non-abusing parents with compassion and clarity
- 4.2 D8** uses direct work to support parents to communicate effectively with children, especially during times of conflict, modelling behaviour and responses
- 4.2 D9** assists the family in understanding each other's experiences of relationships and trauma or adversity, including interactions that trigger negative responses
- 4.2 D10** confidently supports children to develop a stronger sense of personal agency; gives children who have experienced adversity greater confidence and an opportunity to redefine narratives
- 4.2 D11** undertakes direct work with children to help them understand why family members may not be involved in their lives; skilfully explains the likelihood of future harm, e.g. from domestic abuse perpetrators or sex offenders

4.3 Delivers and facilitates interventions to provide safe alternative care, collaborating and maintaining the relationship with the family where possible

Knows

- 4.3 K1** certainty is often desired but is rarely achievable, decisions may nevertheless need to be made quickly in situations of significant uncertainty and competing hypotheses and may need to change as new information comes to light
- 4.3 K2** separating children from their birth family can lead to feelings of instability and result in them having difficulties understanding themselves
- 4.3 K3** the longer a child stays out of the family home the less likely they are to return to their birth family
- 4.3 K4** children are more likely to have a stable alternative home if they live within their extended family, if they can create physical and emotional safety for them

- 4.3 K5** extended family members may sometimes experience similar challenges to birth families and may struggle to balance their role as a carer with their existing relationship with the birth parents
- 4.3 K6** where children cannot live with their family networks, they are most likely to experience stability if adopted
- 4.3 K7** children having certain protected characteristics are less likely to be adopted and promoting equality as a social worker involves being persistent in finding the right placement for them
- 4.3 K8** high-quality written reports from social workers optimise matching and placement set-up; such reports are analytical and channel the child's voice, detailing their strengths and unique care needs in concrete ways
- 4.3 K9** the risk of re-traumatising children is high during crisis points/points of transition and that this may be mitigated through skilful use of the social worker relationship, clear explanation, helping them label their feelings, distraction and reassurance
- 4.3 K10** children will develop their own narrative about what is happening, or has happened, to them; this may be frightening or unhelpful, and social workers may need to support them to develop a clear and positive understanding
- 4.3 K11** children need to understand what is going to happen to them next; small actions of continuity and a clear narrative can help them to manage periods of transition, such as access to a favourite toy, or continuation of a routine
- 4.3 K12** children and carers need support to get to know and understand each other as quickly as possible, to establish a good initial relationship and feel safe; sharing information about the child's specific needs, likes, dislikes, routines and emotional state are crucial to achieving this
- 4.3 K13** new relationships are more likely to be positively formed when facilitated by someone the child already knows and trusts
- 4.3 K14** social workers are an advocate for the child coming into a foster/alternative placement and, as such, may need to challenge and support carers to meet the child's needs
- 4.3 K15** managing contact safely between parents and children in care or living with relatives supports secure and stable relationships and a more positive sense of self
- 4.3 K16** children require different levels and types of contact with parents dependent on their developmental stage and situation
- 4.3 K17** children transitioning between placements may require a pause in contact with family members
- 4.3 K18** children in care who maintain family network relationships through contact are more likely to have stable placements in care

Does

- 4.3 D1** takes decisive action in partnership with relevant agencies and extended family to protect a child, including where the evidence is ambiguous, e.g. in situations of inconclusive non-accidental injuries in young children, or cumulative harm

- 4.3 D2** confidently explains options regarding alternative care to the child and family; collaborates with them regarding the implementation of the preferred plan
- 4.3 D3** applies knowledge of legislation and procedures utilising a transparent child-focused approach (where possible) to plan arrangements for alternative care that are in line with the child's wishes and feelings
- 4.3 D4** applies understanding of when interventions need to be delivered without collaboration with children or parents, such as ex-parte interim care orders; continuously works to repair relationships and rebuild trust in such circumstances
- 4.3 D5** presents to the court a balanced picture of the child's needs and evidence of previous support and interventions that are relevant to decision-making processes relating to permanence
- 4.3 D6** works to achieve permanence for children, engaging with families, including in situations where the plan is not agreed and/or where preparation for transition is needed
- 4.3 D7** proactively supports and nurtures children through crisis and changes in care arrangements; is attuned to the child's needs
- 4.3 D8** wherever possible, minimises disruption to relationships between children and their parents/carers, considers the impact on a child's emotional well-being; undertakes direct work to prevent and/or repair any harm caused by any disruption
- 4.3 D9** supports children to make sense of their story and work towards permanence, taking particular account of past experiences of loss and any trauma and disrupted relationships
- 4.3 D10** develops high-quality plans to deliver a smooth transition that promotes secure relationships and stable attachment, working collaboratively with the child and everyone important to them
- 4.3 D11** ensures delegated authority is given to carers to reduce the impact that care has on children's everyday lives; regularly reassesses and reviews in line with the child's needs and development
- 4.3 D12** supports prospective adoptive parents to ensure that a child transitions to their care in a way that gives them the best chance of forming secure relationships and stable attachments
- 4.3 D13** persists in finding ways to safely manage and promote contact between children and birth parents and/or family members, in collaboration with carers, including adopters; balances the current and future needs and wishes of the child

4.4 Is agile and timely in adapting plan, decision-making, and interventions to keep the child safe

Knows

- 4.4 K1** effective decision-making may be enhanced when social work expertise is supplemented with other professionals' expertise; sharing responsibility for risk improves safety for children and families

- 4.4 K2** the plan is a tool to achieve improved outcomes for a child and not an end in itself; the focus has to be on the child's changing experience rather than solely on whether elements of the plan have been achieved
- 4.4 K3** there are different stages of change and support needs to take into account where parents are in the change cycle and how quickly they can progress
- 4.4 K4** change is dynamic and non-linear, and parents are likely to experience setbacks, but this does not always mean long-term progress is unlikely
- 4.4 K5** positive change for a child can create risks in the family, e.g. when a partner leaves an abusive relationship
- 4.4 K6** a child's developmental stage impacts on how quickly decisions need to be made in order to optimise chances of positive outcomes
- 4.4 K7** family history is important when evaluating current changes, particularly in situations of neglect and cumulative harm
- 4.4 K8** sometimes there is a need to act authoritatively, without parental agreement, to create change and/or achieve safety; trusted relationships are more likely to be maintained through honesty, transparency and efforts to repair
- 4.4 K9** parents may not always be able to be honest, even when the plan appears to be being implemented, meaning the child's experience is not improving
- 4.4 K10** some parents, on rare occasions, have ill intent towards their children, even when the plan appears to be being implemented

Does

- 4.4 D1** balances information about parental substance misuse relapses, parental mental health deterioration, and new incidences of domestic abuse in the context of the long-term plan for the child; is neither risk-averse nor overly optimistic
- 4.4 D2** anticipates where plans may need to be adapted, taking into consideration a child's timescales; seeks to co-create and implement new or evolving interventions in order for the child to achieve permanence through a stable, secure and loving home
- 4.4 D3** recognises when situations may require intervention without parental agreement; intervenes to gain a full picture of the child's lived experiences, e.g. communicating with children alone; is able to maintain or repair relationships following this course of action
- 4.4 D4** incorporates the views of the family and multi-agency professionals into decisions about actual, or likelihood of, significant harm where circumstances change; collaborates with them to continuously evaluate what support the family needs to achieve a stable, secure, loving home
- 4.4 D5** recognises and responds to behaviour that may indicate a lack of co-operation, considers the possible reasons for this; recognises that families may present differently to different agencies and takes action as necessary

4.5 Continuously reviews efficacy of interventions and progress towards intended outcomes; consistently re-evaluates existing hypotheses and plans

Knows

- 4.5 K1** in 'stuck' situations, social workers may need to change their approach and framework, e.g. the use of pre-proceedings PLO, or varying the use of self and authority to drive change
- 4.5 K2** change is not always easy to see or quantify and social workers need to look carefully for improved outcomes for children
- 4.5 K3** to effectively evaluate change, social workers need to invite multiple perspectives and make use of reflection in supervision
- 4.5 K4** children and families may have stronger relationships with other professionals and may present differently to different agencies; social workers need to triangulate multi-agency perspectives to understand what difference is being achieved for a child
- 4.5 K5** the family's context or other societal factors beyond the social worker's control can impact on the success of the plan
- 4.5 K6** making effective changes to the plan requires robust understanding of why previous interventions did not work and consideration of any unintended consequences

Does

- 4.5 D1** redefines more achievable objectives with the child and family in response to contextual or societal factors beyond the family and social worker's control
- 4.5 D2** utilises supervision (individual and group), the multi-agency network and other expertise to identify and evaluate any change that has occurred for the child and their family, reviewing the effectiveness of any intervention
- 4.5 D3** leads meetings in collaboration with the child, parent or carer, and multi-agency partners which evaluate the effectiveness of the plan, consider strengths and identify concerns that still need to be addressed
- 4.5 D4** collaborates with the multi-agency network to agree the timely implementation of contingency and/or permanency plans; uses evidence and best practice to reduce impact of any trauma, increase the likelihood of secure relationships and ensure improved outcomes for the future
- 4.5 D5** responds to the anxiety within the professional network about areas of the plan that are not progressing, reflecting on 'safe uncertainty', constantly challenging own hypotheses
- 4.5 D6** recognises when social care intervention is no longer needed and plans for this with the child and family; demonstrates appropriate endings to relationships

5 Reflection & learning

5.1 Demonstrates and promotes self-reflection to effectively identify professional development needs to improve practice

Knows

- 5.1 K1** effective reflection involves a social worker thinking about the impact they have on the situation; the impact the situation is having on them and how that influences their next intervention
- 5.1 K2** a social worker's own experiences (including traumatic experiences) will influence the way they practise, both positively and negatively; awareness of this and reflection are needed to enhance practice
- 5.1 K3** reflective supervision and critical analysis of practice improves safety for children because they enable a better understanding of the child's lived experience through challenge of conscious and subconscious assumptions
- 5.1 K4** effective reflection requires a consideration of one's own racial, ethnic and cultural identity and how this may interact with the family
- 5.1 K5** professionals who are open to reflect and act on constructive feedback become more effective practitioners
- 5.1 K6** seeking feedback from children and families (both formally and informally) enhances a relational approach

Does

- 5.1 D1** consistently uses a range of reflective models to critically assess their practice, both autonomously and with others; identifies areas of good practice and where development is needed
- 5.1 D2** reflects consciously on own values, assumptions, beliefs, prejudices and boundaries; uses reflection to drive learning to develop culturally competent, poverty-aware, anti-racist and anti-discriminatory practice
- 5.1 D3** proactively uses supervision and other reflective conversations to:
 - a. inform areas of development to improve everyday practice
 - b. explore why they may be having difficulty engaging some children, young people and families
 - c. explore how challenges may lead to inequitable service delivery that may not be in accordance with need
- 5.1 D4** actively seeks, and is receptive to, feedback on their practice from a wide range of individuals, including children and families; assimilates all types of feedback, including when it is challenging or difficult, communicated verbally and non-verbally, to inform changes to approach

5.2 Recognises boundaries of own professional scope and responsibility; seeks support and escalates to others where appropriate

Knows

- 5.2 K1** thresholds define the boundaries of the role and function of statutory social work
- 5.2 K2** there are areas of legislation and guidance that it may be useful to know, which sit outside of the individual expertise of social work
- 5.2 K3** the responsibilities and expertise of other professionals within the system
- 5.2 K4** there are certain situations when escalation to managers and/or senior managers is needed to resolve a situation and/or create systems change where other efforts have been unsuccessful

Does

- 5.2 D1** recognises gaps in analysis and assessment due to limits of own knowledge or skill; utilises expertise from colleagues and partner agencies to address these gaps
- 5.2 D2** recognises when interventions are needed from other qualified professionals, e.g. youth justice and youth work, adult services, mental health, and effectively communicates what is needed from them and promotes engagement with the child and family
- 5.2 D3** defers to those with more expertise, whilst respectfully balancing the need to advocate for the child and family
- 5.2 D4** escalates to managers or senior managers when needed, e.g. to address disagreements between the networks regarding decision-making, to request resources, to help resolve issues with families
- 5.2 D5** effectively explains to children, families and partner agencies who makes which decisions, why and when; clearly feeds back local authority, children's trusts and court decisions

5.3 Actively engages in CPD, learning, observation and reflection to advance their own and others' practice; uses this learning to improve outcomes for children and families

Knows

- 5.3 K1** professional learning and development can occur through a range of activities and approaches, including experiential work-based learning, observation, responding to feedback and audit, along with formal training

- 5.3 K2** professional learning is most effectively consolidated when applied in authentic practice settings, reflecting on and discussing learning with seniors and peers and keeping up to date with changes to practice
- 5.3 K3** local and national reviews include important lessons for day-to-day social work practice
- 5.3 K4** organisations that instil and promote a culture of learning and reflection are more effective at meeting their goals
- 5.3 K5** the organisational context influences workers' feelings of safety and through that their practice
- 5.3 K6** effective team-working supports better practice

Does

- 5.3 D1** autonomously undertakes a range of formal and informal learning relevant to their role; demonstrates how this has positively impacted on their practice and led to better outcomes for children and families
- 5.3 D2** follows a trajectory of learning relevant to role and career development, gaining a deeper understanding of more complex forms of abuse and neglect
- 5.3 D3** applies national and local learning, including local and national child safeguarding practice reviews to practice with children and families
- 5.3 D4** contributes to, and supports, the learning of others; contributes to reflective spaces to enhance their own, the team's and the service's practice, supports a strengths-based approach to learning; encourages others to learn from when things did not go well
- 5.3 D5** disseminates and positively role models learning in a variety of settings across multidisciplinary teams, service, organisation and partner agencies; provides learning opportunities for others
- 5.3 D6** proactively takes into account organisational learning, feedback from experts by experience and quality assurance activities; actively invites observations of practice by colleagues; utilises this feedback and data effectively to improve practice
- 5.3 D7** promotes a culturally competent and anti-discriminatory learning culture in the workplace
- 5.3 D8** actively takes part in complaint investigations and learning reviews; uses supervision to reflect on findings, implementing changes to own practice and sharing learning with others

5.4 Ensures learning and professional development is impactful by aligning it to best practice and the evolving professional evidence base

Knows

- 5.4 K1** evidence of what works can be derived from research, systemic reviews, practice wisdom and local context and should be considered alongside the specific needs of the family
- 5.4 K2** some social work interventions have a stronger evidence base than others; research findings can be nuanced, biased or have limitations and drawing simplistic linear conclusions can be unhelpful
- 5.4 K3** personal bias can affect interpretation of research findings

Does

- 5.4 D1** critically evaluates professional evidence base, seeking out new research and information in response to the specific needs of the families they work with
- 5.4 D2** applies understanding of the strengths, limitations, and potential biases of quantitative and qualitative research, professional knowledge, and expert-by-experience knowledge to assessment and intervention decisions

6 Leadership & management

6.1 Understands how practice is influenced by the local, organisational and national context

Knows

- 6.1 K1** local demographics and context will influence the work with children and families, bringing their own unique strengths and challenges
- 6.1 K2** the responsibilities, structure and governance of an organisation delivering social care services can influence how decisions are made
- 6.1 K3** national and local strategic priorities, developments and issues have implications for social work practice on the ground
- 6.1 K4** what a child and family's journey across the service looks like, and the social worker's role within that
- 6.1 K5** the professional responsibility to share their practice, experience and issues to influence organisational, local and national priorities

Does

- 6.1 D1** proactively uses the local service offer, including the voluntary sector, faith groups and wider partnership networks to support children and families
- 6.1 D2** ensures practice is aligned to the organisation's vision, values, practice framework and strategic priorities
- 6.1 D3** contributes to organisational, local and national strategic priorities (e.g. the employee health check), developments and issues, to influence social work practice and mitigate issues

6.2 Confidently represents the social work perspective within the multi-agency partnerships

Knows

- 6.2 K1** social workers are the experts within the multi-agency network at assessing and responding to actual and likelihood of significant harm, as well as bringing other relevant skills and knowledge
- 6.2 K2** effective leadership of multi-agency networks involves inviting different perspectives, whilst maintaining a focus on joint aims, an acceptance of safe uncertainty and understanding and managing the anxiety of the professional network
- 6.2 K3** some agencies or individuals are perceived as having greater authority than others and that this can lead to increased risk

Does

- 6.2 D1** acts as lead professional within multi-agency networks and coordinates interventions and effectively chairs and/or leads multi-disciplinary meetings; assimilates a range of views whilst promoting the voice and experience of children and families as experts in their situation; maintains an effective balance between being assertive and empathetic
- 6.2 D2** explores what is driving professional anxiety, listening carefully whilst using own professional expertise to aim for a joint decision (where this is possible) on how to proceed to have the best chance of good long-term outcomes for the child
- 6.2 D3** challenges partners where their action or inaction could cause detriment to a child and/or where responses to children's trauma and adversity are not aligned with good practice
- 6.2 D4** proactively demonstrates and promotes the value of social work to the public and other professionals; assists others to do the same
- 6.2 D5** recognises when collaborative agreement cannot be reached within their scope of influence and escalates appropriately

6.3 Actively contributes to quality assurance and practice improvement

Knows

- 6.3 K1** most social work takes place in private and, therefore, an increased level of scrutiny and quality assurance activity is needed to maintain standards
- 6.3 K2** there are a variety of quality assurance activities which enhance, develop and improve practice and are necessary to ensure system and public confidence in social work
- 6.3 K3** direct feedback from children and families is a powerful opportunity to have a long-lasting positive impact on practice

Does

- 6.3 D1** contributes to a team, service, and organisational culture which promotes and encourages innovation and improvement to services for children and families, engages diligently with quality assurance activities

6.4 Uses time & resources effectively to prioritise and manage workload and promote own well-being

Knows

- 6.4 K1** timescales in legislation, guidance and procedures are designed to protect children's safety and well-being

- 6.4 K2** reflection is important to determine how time and resource is most effectively allocated, in a context of multiple and competing priorities
- 6.4 K3** promoting own well-being and recognising secondary and vicarious trauma help with managing own resources effectively and improves practice
- 6.4 K4** using the support of colleagues, managers or clinical input to develop effective coping strategies is good practice and good leadership

Does

- 6.4 D1** effectively, efficiently, and safely manages multiple priorities, managing own time and workload calmly; where relevant, escalates issues related to work-related stress, pressure and capacity
- 6.4 D2** demonstrates self-awareness and emotional intelligence; reflects on, and understands, the impact a situation may have on own health and well-being, e.g. sexual abuse of children, child death; recognises the importance of supervision, peer and organisational support to manage such stress
- 6.4 D3** maintains composure even in challenging/high-pressured situations, where this is difficult draws upon support network and supervision to develop this capacity
- 6.4 D4** develops individual strategies and interventions which promote well-being throughout career and help counter the effects of any secondary and vicarious trauma

Annex: Overview of PQS outcomes

1. Anti-discriminatory practice	2. Relationships & communication	3. Assessment & planning	4. Intervention	5. Reflection & learning	6. Leadership & management
<p>Understands the importance of identity; advocates for equity and social justice</p>	<p>Builds impactful relationships through effective communication</p>	<p>Analyses information, applying understanding of harm to develop a purposeful plan</p>	<p>Delivers and facilitates effective interventions, reviews and adapts plan as needed</p>	<p>Reflects on self and impact on practice; promotes own and others' learning</p>	<p>Leads and manages self, resources, and others</p>
<p>1.1. gains insight into a child and family's sense of self by consistently applying an intersectional understanding of identity</p> <p>1.2. actively reflects on own identity and prejudices; values difference and uses this to shape approaches with families</p> <p>1.3. integrates professional knowledge of anti-discriminatory practice to effectively manage more complex situations</p> <p>1.4. advocates for social justice and equity across multi-agency partners by promoting anti-racist and anti-discriminatory practices and behaviours</p>	<p>2.1. communicates effectively, to help build impactful relationships</p> <p>2.2. communicates complex and difficult information clearly, always placing children and families as the focus of any interaction</p> <p>2.3. builds and maintains impactful relationships with children</p> <p>2.4. builds and maintains impactful relationships with parents</p> <p>2.5. builds and maintains impactful relationships with family, networks, and carers</p> <p>2.6. works collaboratively and effectively with multi-agency practitioners, providing constructive challenge where appropriate</p>	<p>3.1. identifies and elicits all pertinent information about the child and family's history and lived experience in more complex situations</p> <p>3.2. analyses and applies professional knowledge and evidence base of harm to inform decision-making in more complex situations</p> <p>3.3. autonomously and collaboratively leads the development of a purposeful plan to effectively manage increasing complexity</p>	<p>4.1. delivers and facilitates interventions in collaboration with the family to create positive change</p> <p>4.2. delivers and facilitates interventions to sustain change and build family resilience</p> <p>4.3. delivers and facilitates interventions to provide safe alternative care, collaborating and maintaining the relationship with the family where possible</p> <p>4.4. is agile and timely in adapting plan, decision-making, and interventions to keep the child safe</p> <p>4.5. continuously reviews efficacy of interventions and progress towards intended outcomes; consistently re-evaluates existing hypotheses and plans</p>	<p>5.1. demonstrates and promotes self-reflection to effectively identify professional development needs to improve practice</p> <p>5.2. recognises boundaries of own professional scope and responsibility; seeks support and escalates to others where appropriate</p> <p>5.3. actively engages in CPD, learning, observation and reflection to advance own and others' practice; uses this learning to improve outcomes for children and families</p> <p>5.4. ensures learning and professional development is impactful by aligning it to best practice and the evolving professional evidence base</p>	<p>6.1. understands how practice is influenced by the local, organisational and national context</p> <p>6.2. confidently represents the social work perspective within the multi-agency partnerships</p> <p>6.3. actively contributes to quality assurance and practice improvement</p> <p>6.4. uses time & resources effectively to prioritise and manage workload and promote own well-being</p>



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