

Rebranding of ‘Social Workers’ to ‘Child Led support’

Introduction

Written by Victoria Leonard for Family Court Superheroes © 2021

The Children’s Services has faced widespread scrutiny and investigation over the past few years, but that’s not to say there hasn’t been systemic failings for much longer.

Due to the ‘private & closed’ Family Court there is a huge amount of speculation around the conduct and policy that underpins this huge sector of the Social Services, and how its deeply impacting the cultural, religious, and ethical rights of thousands of British people today. With there being no open policy or legislation that control these services there have begun a deluge of unanswered complaints and both care leavers, parents and extended family members are suffering, often in silence, with far reaching generational curses being applied by Local Authorities in a basic negation of the Human Rights Act 1998 and The Children’s Act 1989.

Upholding standards that support legislation is obviously an issue the current system has. There needs to be a clearer evidenced based system so that everyone ‘has the right to fair trial’ and that children are not removed and torn away from families, and its used as a last resort as opposed to ‘the new normal.’

In order to create a fairer system that is universally ‘child centered’ The organization, or body, known as ‘Social Workers’ would change to ‘Child led support.’ In this document I aim to give a summary behind my reasoning and how it can work in the best interest of children, and in conjunction with The Child Led Liberty Program©.

Reasoning and Regulation.

The application and connotations of ‘social worker’ has been sullied by the deep impact it’s had on the nation to date. Often they are coined as ‘SS workers,’ this negative portrayal often leaves them feeling ‘targeted’ by families, and further divides and creates hostility between ‘Child – led support’ and families. ‘Social Workers’ also gives

the idea that this person works in the best interest of the family. However, it is often stated that the 'primary purpose of the social worker is for the children.' This is then contradicted throughout the most recent regulations that were based around the HCPC codes of practice. Currently there are NO legislations in place to regulate the social workers since December 2020. This has led to disruption, corruption and distrust of the services set to protect.

We would also like 'Social work England' to be regulated by an independent body- that as professionals have NOT worked in the social care sector, but instead are lay persons and professionals that can work around a safeguarding framework to determine if misconduct should result in expulsion and the inability to work with children. There should never be a situation whereby information regarding the best interest of children isn't shared.

"There is nothing within the Caldicott report, the Data Protection Act 1998 or the Human Rights Act 1998, which should prevent the justifiable and lawful exchange of information for the protection of children" (Carlisle Review, 2002) (New 2018)

We also propose that individuals that have escalated stage 2 complaints to 'Social work England' can then apply in writing to the Independent Body and demand a response within 28 working days. The complaints protocol will ultimately always reflect the ethos of an establishment that is designed to underpin ethics, and child led safeguarding procedures. The current system fails massively by NOT addressing misconduct in an appropriate or timely manner. Thus affecting court decisions, children's and parent's futures, and the well being of generations there after. In a report written by Professor Eileen Monroe 'A child-centred system' presented to Parliament by the Secretary of State for Education by Command of Her Majesty in May 2011, Monroe drew attention for the very real need for an address on the relationship between the child operative and families. There seems to be a particular focus on paperwork as opposed to communication, and ultimately care.

"The centrality of forming relationships with children and families to understand and help them has become obscured. The review is making recommendations to enable social

workers to exercise more professional judgment but is also concerned to improve their expertise. Building on the work of the Social Work Task Force (SWTF) and the Social Work Reform Board (SWRB), this review makes the case for radically improving the knowledge and skills of social workers from initial training through to continuing professional development. The review highlights the importance of social workers' use of research evidence to help them reach the most appropriate decisions." C2s (10) The Monroe Child protection Final report 2011

The scrutiny of children's services has been wide spread. From birth to adulthood many have seen the social struggle of care leavers and those in social care. The Nuffield Institute and Lancaster University have spear headed research that proves the failings need redress. Further more to the findings in Professor Karen Broadhurst 's report "We need to see agencies routinely seeing pregnancy as an important window for change – pre-birth help needs to start much earlier."

There is often a great 'fear ' associated with local authority involvement and therefore there needs to be a redress of communications and a separation of agencies from the family support network as apposed to blanket approach of authority vs. family. This rebranding framework hopes to encompass the Equality Act 2010 and The Human Rights Act 1998, and also underpin the ENFORCEABLE nature of the breaches of codes of conduct.

Although birth assessments are important, if physicians and midwives deem it appropriate, we are finding more professionals that work in paediatrics and midwifery are stating that there is no need for these pre birth assessments if there is 'no cause for concern' flagged by professionals. In many cases it seems that pre birth assessment carried out by the social workers in fact is a document to enable healthy, loved, and well cared for babies in uteri that then ultimately end up being shipped off before registration and a court date is set to 'pre-ordered' parents.

In many cases perfectly capable mothers have been reported to be 'targeted' in pregnancy by social workers, midwives have echoed this.

In Wales Propel and other movements echo the concerns of a heavy handed social care system. In fact the use of social services to many in Wales acts moreover as a huge trafficking agency and never in the best interest of the children or Mothers. The duty of care within hospitals and of the midwifery staff is protect the life of the mother and child; it currently is being overridden by barbaric practices that doctors are too scared to report. Family Court Superheroes © would like to of ascertained that there was only problems in pockets of the UK. Sadly it seems the analysis is correct and the plight widespread, and far greater an issue than anyone could of predicted.

There needs to be an internal training, protocol, policy and procedures and safeguarding element that as well as health and safety legislation that makes sure all child led support adhere to the same functionality protocols as police officers due to the nature of their job. Failure to notify parents of imminent or planned proceedings will be deemed a stackable offence after rebranding and as servants of the State and the 'people' they will adhere to that same public safety laws, compliance and protocol.

National compliance.

In order to eradicate corruption or 'postcode lottery' I'd like to ensure the framework is set out nationally and NO amendments can be made at local council level. Interference with the plan will result in a serious case review performed on any local authority not monitoring there own Child Led teams and ensuring positive child and family centered ethics.

There needs to be accountability made to those who work within the system. We believe that child protection does not go far enough to protect Social Workers who want to speak against their manager's decisions, and also protect families who repeatedly complain about social workers lying in paperwork.

In the application of a new training programme, we will detail this in a separate report. It will, in overview, consider for an entire year the psychological impact of 'strangers' entering family units, and the on-going social and economic factors, as well as the emotional impact on mothers, and creating the eradication of targets and future intervention, as detailed by Lisa Morriss (CFJ) & Siobhan Beckwith.

“They will present the initial findings of a pilot project funded by the Sociological Review. They used a narrative approach alongside arts-based visual methodologies to explore the inscription of tattoos with 8 mothers who live apart from their children. Highly stigmatised and often silenced through the scrutiny of state intervention and personal shame, these mothers carry images and the names of their children on their body in the form of tattoos. Tattoos can be used as a form of indelible memorialisation: inscribing ‘profoundly painful and intimate memories directly onto the flesh’ (Caplan, 2010, p.138). For these mothers, this is a unique form of loss and trauma as their children are alive, but many mothers are not allowed to know where their children are living. The children are a ‘ghostly presence’; there and not there at the same time (Gordon, 2008). The loss is especially difficult during the pandemic when the mothers are desperate to know that their child is well.” Lisa Morriss Lancaster University.

Training and qualification.

Child Led support will endeavor to understand different cultural views; they will also obtain EXPERIENCE with children at key stage 1 & 2 levels, prior to entering the field. As well as a social care degree they will obtain a safeguarding qualification, and Level 2 in understanding children’s emotions and development.

All Child Led Support will have to take regular training days and failure to do so will result in suspension, and pay cuts. This way individual's can be closely monitored by trainers to ensure they are sticking within ethical guidelines. In attending this training they will then become PERSONALLY liable for any wrong doing thereafter. All Child Led Support/SLP will also undertake basic negotiation, mediation and personal handling courses NOT set by Government bodies. These need to be with the leaders in their field, both nationally and internationally and they need to be performed annually. Failure to do so will result in a breach of health and safety protocol written into their contract and they will be instantly terminated.

All trainees will chair meetings with victims of the system, in an attempt to work in the best future interest of children. These will be annual conferences held to support the victims of the previous system. Many feel that they have suffered emotional abuse from the system, how it has made them feel being spoken to and treated in certain ways. I feel it is a necessity to make people starting in child led services to ascertain the impact their actions have on children's and parents lives long term.

'The abuser criticizes the victim by targeting their self-respect, highlighting their weaknesses and sometimes by false accusations, lead them to have low self-confidence and increase in anxiety levels.

This ultimately results in a person's inability to perceive them as equal or good in any situation. Victims also go through symptoms of emotional abuse like being frightened and afraid to fight for or stand up for themselves in even normal daily situations.

Another sign of emotional abuse is that victims are socially withdrawn and prefer to isolate themselves by refusing to participate in regular activities such as school, work, or family gatherings.' Sylvia Smith. Symptoms of Emotional Abuse and Its Effects on Victims (13 Jun, 2019)

Within the training and the work in the field Child led support will step down from being the 'go between' between agencies.

ALL parents' who hold PR will have the right to speak with **ANY** care providers, support staff and professionals **DIRECTLY** in the best interest of safeguarding and child protection. If there is a physical

risk to either parties it can be done virtually e.g. via zoom, or phone, once weekly, **BUT NOT** via text, email, or messenger. Physical contact is preferable. (Please refer to the Child Led training guide).

There have been many independent research studies on the direct effects emotionally, economically, and socially that the social care system has on children and young adults in the U.K. Arguably the biggest criticism is that the front line staff don't follow universal codes of practice, and that enforcing stricter measures on staff proves difficult with heavy work loads. I will include in this report some studies that have been conducted by **Reform Advocates** that detail some of the suffering within the social care sector, across many platforms including the Midwives Unions and Teachers Unions there's an outcry for protection as whistleblowers are being targeted and having to take their concerns underground to avoid being targeted by corrupt social workers and local Councils. The relevant reason for rebranding all sectors is a lack of trust as detailed in these findings by **Reform Advocates**;

How did Social Services initially become involved with you and your family?

122 out of 122 answered

1 A referral was made by another agency i.e. Health Visitor, Nursery, School, Police, GP or Hospital

54.1%/ 66 resp.

2 You contacted them yourself - requesting support etc

26.2%/ 32 resp.

3 Someone made a complain - anonymously

12.3%/ 15 resp.

4 Someone made a complaint - identified

9.0%/ 11 resp.

5 You are a care leaver yourself and were already working with them when you fell pregnant.

2.5%/ 3 resp.

Samples from reform Advocates Study 2020.

Links below to the studies.

<https://reformadvocates.typeform.com/report/qsgYmk/uAxnazbjcCMoXKeyQ>

<https://reformadvocates.typeform.com/report/WtsY9I/sx7GxHS5I3nScx5p>

The collusion of services coupled with multiple complaints across the sector; result in serious failings towards children and parents. We need to redress **TRUST** within the system and families.

Procedures and complaints to Child Led Support

The fact the ombudsman services for the Social Services are run by ex social workers defeats the objectivity it's supposed to have. Had we not had a large body of evidence to support these claims we perhaps would be a little less agreeable with re-branding, as it's a mammoth task to adapt a workforce towards new ethical management and practice. Sadly, when dealing with inherent safeguarding risks we need to ensure all areas of the Children's Act 1989 and the Humans Rights Act 1998 are adhered to.

The progression into a child centered system with more family and community based ethics is echoed from many areas, Isabelle Trowell, Karen Broadhurst, Family Court Superheroes, Child First, Women's Aid Gingerbread, Mind... I could name another hundred organizations including the police force that see the inherent failing and collective communication of the social care system and many often say it actually causes more harm than good.

Due to the nature of the task and in order to understand the framework of ethics, I believe returning to the old HCPC codes of practice, with amendments, would be easily agreeable to frontline staff, and with the training adaptations would mean many members of staff could remain in the same positions. All Child led support would wear body cameras and therefore be accountable for their actions and hopefully they and the public will feel safer.

The scrutiny on procedure would mean each service user would also need to be aware of the breaches and ensuring there was a set framework for all staff falling out of the guidelines would result in "not fit to practice" referrals, staff would then quickly learn that the old regime would NOT be tolerated.

With our new 'National flagging form' for safeguarding and disclosures by children, young and vulnerable adults within social

care and in general; we would aim to eradicate that first referral not being made and the child can be better supported from the start and predators can be kept away from the vulnerable.

This form has to be submitted **AT THE TIME** of disclosure. Often children retract statements and this has been proven when social workers question them and don't allow them to seek support from family members. This is inherently causing issues within the protection of children separated from their parents, and family, and moreover pushing physical and sexual abuse underground and not causing a deterrent for predators within the children's sector.

Below is an example of the national safeguarding Flag form.

This form aims to:

- Unify services with correct information quickly.
- Ensure vulnerable individuals are dealt with effectively and ethically.
- Help triage disclaimers surrounding safety.
- Ensure all information in all areas is the same
- Help monitor data around individuals and offences.

**National Multi-Agency Safeguarding
Child/Persons Alert Form**

This form should be completed to report any incident or suspicion of abuse.

Safeguarding Children's Team
Social Care & Learning Directorate
Child Led Support

Where a criminal act may have been committed against a vulnerable person, police must be also be notified.

Address of Local Authority

(This form is to be completed and forwarded to the Safeguarding Adults Team within 24 hours of the allegation being reported)

POLICE LOG:

Tel:
Email:

1. Details of vulnerable Child/Persons

Current section if applicable:	First name:	Surname:	Client ID Hospital No. Swift No.
Address:		DOB:	
Postcode:	Tel:	Age:	
Type of accommodation: Own home <input type="checkbox"/> Residential Care <input type="checkbox"/> Nursing Care <input type="checkbox"/> Supported Housing <input type="checkbox"/> Other <input type="checkbox"/>	Communication Needs: Other language <input type="checkbox"/> Due to illness <input type="checkbox"/> Hearing impaired <input type="checkbox"/> Deaf <input type="checkbox"/> Blind <input type="checkbox"/> Interpreter required <input type="checkbox"/>	Others already notified: Police Yes <input type="checkbox"/> No <input type="checkbox"/> Incident No: Date: Please list others:	
Access: Key safe No:	Resident status of child? Eg foster placement	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Trans/G <input type="checkbox"/>	Ethnic origin: Religion:
User group: (tick as appropriate) self funding <input type="checkbox"/>			
Older People <input type="checkbox"/>	Mental Health <input type="checkbox"/>	Supporting People <input type="checkbox"/>	Learning Disabilities <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Alcohol/Substance Misuse <input type="checkbox"/>
		Physical Disability <input type="checkbox"/>	Carers <input type="checkbox"/> Other (Sensory) <input type="checkbox"/>

In order to better address corruption and the collusion of services we must ensure that Child Led Support have less paperwork, and that the paperwork they do have contains more relevant information.

It is important that the number of investigations WARRANT the level of invasion and disruptions for children and family life. There needs to be an instant impact made upon disclosures, and parents MUST be able to talk openly with their child and offer them comfort. There needs to be more attention and training paid to the emotional impact of siblings and parental separation, and we need to ensure that foster placements are always a LAST resort. The first resorts will always be professional assist housing, Mother and baby units, and 24/7 supervision orders to be given to the support network and community.

This form will help services collect data of repeat offenders, ensure certain foster placements are safe, and make sure the amount of abuse reported LESSENS over a ten year timescale. Please note the location of abuse and whether the person is in care is stated. Too often the blame is placed upon the parents and the abusers continue to harm children, due to bad paperwork, timescales of reporting, and closed courts.

Addressing the wrongdoing.

The abuse children suffer in care is often far worse than any 'emotional neglect' their parents were accused of in their own homes. **86% of children abused in the U.K are abused in care**, according to a study by the National Crime Agency. Sadly assaults on children in care are not recorded properly, many often **NEVER** report to police. In a very startling study it was revealed that **40% of adopted children were abused in care in a study compiled of Adopted Adults by Rabz Rivers**. We need to ensure that if we are disrupting families we have more solid evidence and that we have attempted to support them sufficiently within the community for at least 6 months. Failure to assist the genetic family network **BEFORE** seeking alternatives **WILL NOT** be allowed.

If there are factors 'in the way' then they must be helped by the Child Led Support to ensure that the family is getting the help they need in the best interest of the child. **79% of children return to their parents** when they get to teenage years, and in some instances run away before. It seems a barbaric miss-use of resources to remove children for 'risk of future harm' when statistically they are likely to

return and want to be with that family anyway. Children that can be are **ALWAYS** better off with their parents. One child abused in care stated that: -

“ They accused my mum of emotional neglect and took me to a foster placement that I was raped everyday begged for my mum, and I was 10 years old... My mum never did anything but love me, they lie and make up this emotional harm so they can steal kids and abuse them. I’m more messed up from being sexually abused in care than a poor mum that loved me was raising me. There was no police involvement they made my mum sign me over, making out she’d get me back.. And then moved me all over the country so I couldn’t see her and it really messed my head up. I thought my mum didn’t want me. Soon as I was old enough I ran away back to my Mum and now we live together. I’m scared of having kids because all my mates that grew up in care with me have had theirs taken off them straight away- Mum says we can leave the country if I want to have kids- I wont have them here.” Demelza 16 Lincolnshire.

Child Centred Practice

There is a need for a clear and definite view that all the services within the family court system reflect child led practices. Successes globally with practices that promote families, and communities as outreach often have much lower social services removals, and far less ‘state cared for’ children.

We have developed The Child led Liberty program© in order to best support the direct needs of the child, and it offers a framework whereby all services are ensuring they are inclusive, ethically and holistically driven, and child focused in all of their outcomes.

Countries such as Sweden have a child centred approach to child protection, and learning, and a far more socially inclusive holistic approach to children. Laws sought to protect the child’s environment and individual rights underpin Sweden’s policies. If we are to rebrand and create a fairer system, then no accusations can be made

without proof and undeniable confirmation. For example, If a woman is being accused of being mentally unwell and placed on a section 47 because someone has called the MASH team and she says she 'feels fine'. Then the Child Led services are expected to order a doctors referral for assessment **within 5 days**. It then cannot be argued that there were any safeguarding errors to the child or parent and the pair get to remain together with little to no stress. If the doctors confirm what the mother says then services can walk away. What we are seeing currently is social workers branding mothers mentally unwell, with little to no evidence, and then documenting scenarios that are irrelevant to parenting and focus on attributing blame. We need to ensure we are not labelling people or ignoring the Mental Health Act 2007, so that children who truly need the resources are catered for. This is reflected in their approach to the social care sector, here is a quote from [The Best Interest of the Child](#)- Ina Furtenbach Lindén July 2018.

“Governance on the national level is by Parliament and is based on the Education Act, the Discrimination Act, and the United Nations Convention on the Rights of the Child. There is a national curriculum for preschool. Our National Agency for Education creates materials and tutoring for development and support, and the National School Inspectorate supervises and performs quality assurance evaluations of preschools every three years, in each municipality. Preschools that the inspection finds do not live up to the goals in the curriculum lose their licenses.”
Ina Furtenbach Lindén. 2018

We need to have rigidity and law applied to the application of care for children. We need to stop being so careless with our treatment of children, and I'm afraid to say the current system leaves children feeling **unloved, unheard** and **targeted** throughout life. We hope to make it so children feel **understood, safe, helped** and **looked after**. There needs to be an openness, and more communication between parents and care givers to ensure all safety measures, and laws are adhered to. The failure to apply perjury to social workers that lie in family courts means managers can amend paperwork that affects children's lives, often irreversibly. We need to **ENSURE** all future Child Led Support in fact herald Human Rights' laws and stick within international laws in order to best protect children.

(5) In accordance with Article 34 of the United Nations Convention on the Rights of the Child, States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. The 2000 United Nations Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography and, in particular, the 2007 Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse are crucial steps in the process of enhancing international cooperation in this field.

**DIRECTIVE 2011/92/EU OF THE EUROPEAN PARLIAMENT
AND OF THE COUNCIL**

Of 13 December 2011

**On combating the sexual abuse and sexual exploitation of children
and child pornography, and replacing Council Framework Decision
2004/68/JHA**

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE
EUROPEAN UNION,

Having regard to the Treaty on the Functioning of the European Union,
and in particular Article 82(2) and Article 83(1) thereof,

Having regard to the proposal from the European Commission,

After transmission of the draft legislative act to the national parliaments,

Having regard to the opinion of the European Economic and Social
Committee ⁽¹⁾,

After consulting the Committee of the Regions,

Acting in accordance with the ordinary legislative procedure ⁽²⁾,

Whereas:

(1) Sexual abuse and sexual exploitation of children, including child pornography, constitute serious violations of fundamental rights, in particular of the rights of children to the protection and care necessary for their well-being, as provided for by the 1989 United Nations Convention on the Rights of the Child and by the Charter of Fundamental Rights of the European Union ⁽³⁾.

(2) In accordance with Article 6(1) of the Treaty on European Union, the Union recognizes the rights, freedoms and principles set out in the Charter of Fundamental Rights of the European Union, in which Article 24(2) provides that in all actions relating to children, whether taken by public authorities or private institutions, the child's best interests must be a primary consideration. Moreover, the Stockholm

Program — An Open and Secure Europe Serving and Protecting Citizens ⁽⁴⁾ gives a clear priority to combating the sexual abuse and sexual exploitation of children and child pornography.

(3) Child pornography, which consists of images of child sexual abuse, and other particularly serious forms of sexual abuse and sexual exploitation of children are increasing and spreading through the use of new technologies and the Internet.

(4) Council Framework Decision 2004/68/JHA of 22 December 2003 on combating the sexual exploitation of children and child pornography ⁽⁵⁾ approximates Member States' legislation to criminalize the most serious forms of child sexual abuse and sexual exploitation, to extend domestic jurisdiction, and to provide for a minimum level of assistance for victims. Council Framework Decision 2001/220/JHA of 15 March 2001 on the standing of victims in criminal proceedings ⁽⁶⁾ establishes a set of victims' rights in criminal proceedings, including the right to protection and compensation. Moreover, the coordination of prosecution of cases of sexual abuse, sexual exploitation of children and child pornography will be facilitated by the implementation of Council Framework Decision 2009/948/JHA of 30 November 2009 on prevention and settlement of conflicts of exercise of jurisdiction in criminal proceedings ⁽⁷⁾.

(5) In accordance with Article 34 of the United Nations Convention on the Rights of the Child, States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. The 2000 United Nations Optional Protocol to the Convention on the Rights of the Child on the sale of children, child prostitution and child pornography and, in particular, the 2007 Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse are crucial steps in the process of enhancing international cooperation in this field.

(6) Serious criminal offences such as the sexual exploitation of children and child pornography require a comprehensive approach covering the prosecution of offenders, the protection of child victims, and prevention of the phenomenon. The child's best interests must be a primary consideration when carrying out any measures to combat these offences in accordance with the Charter of Fundamental Rights of the European Union and the United Nations Convention on the Rights of the Child. Framework Decision 2004/68/JHA should be replaced by a new instrument providing such comprehensive legal framework to achieve that purpose.

What will Child Led Support do?

- Ensure the law is being kept to in terms of the Equality Act 2010, the Human Rights Act 1998, and the Children's Act 1989, Mental health Act 2007 & The United Nations Convention on the Rights of the Child, or UNCRC.
- Make sure they are up to date with ALL training and ethical procedures and policies.
- Is Child Led **AT ALL TIMES**.
- **Secure** attachments and don't sever communication between parents and children.
- Promote positive language and actions- do not divide families **create unity.**
- Wear body cameras **AT ALL TIMES**. This will be a health and safety requirement under new legislation by 2025.
- Be answerable to perjury charges and conflict of interest in a court of law.
- Be made to provide evidence and reference the evidence in ALL written reports. **NO MORE FIRST PERSON NARRATIVE OR PERSONAL OPINIONS**, all accusations must be **PROVEN** before they are documented and filed. **NO LIES** can be saved on **ANY** files and it will be the Child Led supports job to ensure all paperwork that's factually incorrect is **RETRACTED** from the courts, or face serious ramifications.
- Adhere to the Child led support Procedural Conduct policy 2021©

We have included OUR version of the HCPC codes of Practice. Please read all the amendments and memorandum.

CHILD LED SUPPORT©

Procedural Conduct Policy.

September 2021©- September 2022 *to be revised annually in conjunction with up to date research documents.*

- **Child Led Support MUST**

- – promote and protect the interests of service users and carers;
- – Communicate appropriately and effectively;
- – Work within the limits of their knowledge and skills;
- – Delegate appropriately;
- – Respect confidentiality;
- – Manage risk;
- – Report concerns about safety;
- – Be open when things go wrong;
- – Be honest and trustworthy; and
- – Keep records of their own work that is TRUE and NOT corrected by secondary officers.
- Ensure they're up to date with data handling
- Ensure they have kept up to date with training and handling procedures as written in their contract.
- Hold up to date DBS & Acro report AT ALL TIMES.
- Ensure they are paediatric first aid trained annually
- Standards of conduct, performance and ethics 1

About us **Memorandum**

We 'The Child Led Support' are a replacement of the role of 'Social Worker.' We aim to promote child led policies and teachings and ensure we adhere to all aspects of child safety and training protocol when it comes to implementing a family friendly approach to our work.

We aim to deliver a friendly holistic service that underpins good family support ethics for those in communities in need of support with their children.

We will ensure child focused safety and make sure that above all else we allow the voice of the child to be reflected in our own independent appraisals based on time with the children in child led play activities, and equal time within the home setting.

We aim to promote healthy nurturing environments, and peer led support groups to enable outreach in communities. Our approach

is an evidenced based system respecting the right to a peaceful family life, and aiming to be as quick, and non intrusive as possible.

We aim to include the family and support network in mandatory family group conferences in the first 10 days and ensure all family members remain in contact with their loved ones.

We will remain up to date with annual training or face removal from Child led support service. We as child led support swear to uphold the International and National laws that protect and promote children's safety, above all else.

About this document

This document sets out the standards of conduct, performance and ethics. The standards set out in general terms are how we expect Child Led supporters to behave.

Standards of conduct, performance and ethics must be adhered to in EVERY aspect of Child led support.

In this document we have tried to use terms, which everyone can understand, but a glossary can be found at the end of this document.

What the standards mean for different groups

Service users, carers and the public

If you are receiving care, treatment or other services from one of our Child Led Supporters, or you might do so in the future, the standards will help you to understand how our CLS's should behave towards you.

These standards will also be helpful if you are a carer, or looking after anyone with safeguarding detail. All risk assessments should detail the need for Child Support and ALL approaches must be centred through this practice, whether it's in the field or in paperwork.

On the rare occasions that something goes wrong, anyone can raise a concern through our 'FITNESS TO PRACTICE' process. We can take action when there are serious concerns about the health and care professional's knowledge, skills or behaviour. We use the standards of conduct, performance and ethics to help us decide whether we need to take action to protect the public.

Standards of conduct, performance and ethics 3

ANY CHILD LED SUPPORT & applicants.

If you are registered with us, you must make sure that you are familiar with the standards and that you continue to meet them. If you are applying to be registered, you will need to sign a declaration to confirm that you will keep to the standards once you are registered.

These standards will be monitored regularly and breaches of the Human Rights Act 1998 or the Equality Act 2010 will result in review of your contract or education.

As a CLS, you are personally responsible for the way you behave. You will need to use your judgement so that you make informed and reasonable decisions and meet the standards. However you will be monitored annually and failure to meet the ethical standards required will result in **expulsion**.

You must always be prepared to justify your decisions and actions, in a court of law. You will be charged with perjury if you're ever found to be lying in documentation affecting children. You will adhere to the Freedom of Information Act and **wear a visible body camera, at all times when in the presence of service users**. Failure to do so will result in investigation, and suspension instantly. I.T support will ensure that a back up can be provided in such cases, but under **NO circumstances must operatives enter without a body camera**, or speak to **ANY** members to the public, for their own, and others piece of mind without it being recorded.

Failure to record meetings will mean that notes made are not useable in reports. **ALL CLS should evidence their findings**.

Making informed and reasonable decisions might include getting advice and support from colleagues, education providers, employers, professional bodies, trade unions or other people. In particular, we recognise the valuable role professional bodies play in representing and promoting the interests of their members. This often includes providing guidance and advice about good practice, which can help you meet the standards.

If a professional that is of a higher qualification has a different view you are LEGALLY obliged, and in accordance with this policy duty bound to notify your management, as their expertise can't be ignored. **NO Child led support can purport to recognise, or diagnose individuals, as it is only a qualified doctor that can do so.** Similarly Doctors must be present in all meetings amounting to health concerns. **NO Child Led support can make ANY medical decisions or enforce any changes in the family unit without two doctors consent, that they have met more than once with that party.**

Students

These standards also apply to you if you are a student on a Child Led Support Programme or mentoring Scheme. If you work with children, or vulnerable adults you will be subject to the same scrutiny.

Failure to adhere to **ALL** aspects upon enrolment will result in expulsion.

4 Standards of conduct, performance and ethics

The standards

1. Promote and protect the interests of service users and carers

Treat service users and carers with respect

1. 1.1 You must treat service users and carers as individuals, respecting their privacy and dignity.
2. 1.2 You must work in partnership with service users and carers, involving them, where appropriate, in decisions about the care, treatment or other services to be provided.
3. 1.3 You must encourage and help service users, where appropriate, to maintain their own health and well being, and support them so they can make informed decisions.

Make sure you have consent

4. 1.4 You must make sure that you have consent from service users or other appropriate authority before you provide care, treatment or other services.

Challenge discrimination

5. 1.5 You must not discriminate against service users, carers or colleagues by allowing your personal views to affect your professional relationships or the care, treatment or other services that you provide.
6. 1.6 You must challenge colleagues if you think that they have discriminated against, or are discriminating against, service users, carers and colleagues.

Maintain appropriate boundaries

7. 1.7 You must keep your relationships with service users and carers professional; this includes language, cultural references, and age appropriate language, in public, or private.

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2 Communicate appropriately and effectively

Communicate with service users and carers

1. 2.1 You must be polite and considerate.
2. 2.2 You must listen to service users and carers and take account of their needs and wishes.
3. 2.3 You must give service users and carers the information they want or need, in a way they can understand.
4. 2.4 You must make sure that, where possible, arrangements are made to meet service users' and carers' language and communication needs.

Work with colleagues

5. 2.5 You must work in partnership with colleagues, sharing your skills, knowledge and experience where appropriate, for the benefit of service users and carers.
6. 2.6 You must share relevant information, where appropriate, with colleagues involved in the care, treatment or other services provided to a service user.

Social media and networking websites

7. 2.7 You must use all forms of communication appropriately and responsibly, including social media and networking websites.
8. 2.8 You **MUST NOT** stalk service users private social media sites as EVIDENCE against them, as this is HARRASMENT and can not determine a persons ability to PARENT. Anything that may fall under the Mental Health Act 2007 should be reported to a physician. A CHILD PROTECTION

issue should be reported to the appropriate bodies if shown to a Child led Support, and safeguard flag form should be filled in immediately.

3 Work within the limits of your knowledge and skills

Keep within your scope of practice

1. 3.1 You must keep within your scope of practice by only practising in the areas you have appropriate knowledge, skills and experience for.
2. 3.2 You must refer a service user to another practitioner if the care, treatment or other services they need are beyond your scope of practice.

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Maintain and develop your knowledge and skills

3. 3.3 You must keep your knowledge and skills up to date and relevant to your scope of practice through continuing professional development. Failure to attend annual training will result in licence recall.
4. 3.4 You must keep up to date with and follow the law, our guidance and other requirements relevant to your practice.
5. 3.5 You must ask for feedback and use it to improve your practice.

4 Delegate appropriately

Delegation, oversight and support

1. 4.1 You must only delegate work to someone who has the knowledge, skills and experience needed to carry it out safely and effectively.
2. 4.2 You must continue to provide appropriate supervision and support to those you delegate work to.

5 Respect confidentiality

Using information

1. 5.1 You must treat information about service users as confidential. You must ALWAYS ask for permission before sharing information.

Disclosing information

2. 5.2 You must only disclose confidential information if:
 - – You have permission;
 - – The law allows this;
 - – It is in the service user's best interests; or
 - – It is in the public interest, such as if it is necessary to protect public safety or prevent harm to other people.

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6 Manage risk

Identify and minimise risk

1. 6.1 You must take all reasonable steps to reduce the risk of harm to service users, carers and colleagues as far as possible.
2. 6.2 You must not do anything, or allow someone else to do anything, which could put the health or safety of a service user, carer or colleague at unacceptable risk.

Manage your health

3. 6.3 You must make changes to how you practise, or stop practising, if your physical or mental health may affect your performance or judgement, or put others at risk for any other reason.

7 Report concerns about safety

Report concerns

1. 7.1 You must report any concerns about the safety or well being of service users promptly and appropriately. Ensuring to use the safeguarding flag form.
2. 7.2 You must support and encourage others to report concerns and not prevent anyone from raising concerns.
3. 7.3 You must take appropriate action if you have concerns about the safety or well being of children or vulnerable adults.

4. 7.4 You must make sure that the safety and well being of service users always comes before any professional or other loyalties.

Follow up concerns

5. 7.5 You must follow up concerns you have reported and, if necessary, escalate them.
 6. 7.6 You must acknowledge and act on concerns raised to you, investigating, escalating or dealing with those concerns where it is appropriate for you to do so.
 7. You must not allow other colleagues to deter your judgement or appraisal of concerns. Collusion will be deemed as an offence, concerns must be discussed directly with safeguarding leads or appropriate bodies.
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8 Be open when things go wrong

Openness with service users and carers

1. 8.1 You must be open and honest when something has gone wrong with the care, treatment or other services that you provide by:
 - o – Informing service users or, where appropriate, their carers, that something has gone wrong;
 - o – Apologising;
 - o – Taking action to put matters right if possible; and
 - o – Making sure that service users or, where appropriate, their carers, receive a full and prompt explanation of what has happened and any likely effects.

Deal with concerns and complaints

2. 8.2 You must support service users and carers who want to raise concerns about the care, treatment or other services they have received.
3. 8.3 You must give a helpful and honest response to anyone who complains about the care, treatment or other services they have received.
4. You must ensure to follow up on all complaints within 21 days; if the complaint has not been dealt with you have a

duty of care to help the service provider escalate the complaint appropriately.

9 Be honest and trustworthy

Personal and professional behaviour

1. 9.1 You must make sure that your conduct justifies the public's trust and confidence in you and your profession.
2. 9.2 You must be honest about your experience, qualifications and skills.
3. 9.3 You must make sure that any promotional activities you are involved in are accurate and are not likely to mislead.
4. 9.4 You must declare issues that might create conflicts of interest and make sure that they do not influence your judgement.

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Important information about your conduct and competence

5. 9.5 You must tell us instantly if:
 - – You accept a caution from the police or you have been charged with, or found guilty of, a criminal offence;
 - – Another organisation responsible for regulating a health or social-care profession has taken action or made a finding against you; or
 - – You have had any restriction placed on your practice, or been suspended or dismissed by an employer, because of concerns about your conduct or competence.
6. 9.6 You must co-operate with any investigation into your conduct or competence, the conduct or competence of others, or the care, treatment or other services provided to service users.
7. You must disclose when asked anything that may affect your ability to work safely with children.

10 Keep records of your work

Keep accurate records

1. 10.1 You must keep full, clear, and accurate records for everyone you care for, treat, or provide other services to.
2. 10.2 You must complete all records promptly and as soon as possible after providing care, treatment or other services.

Keep records secure

3. 10.3 You must keep records secure by protecting them from loss, damage or inappropriate access.

Fitness to practise

When we say someone is 'fit to practise', we mean that they have the skills, knowledge, character and health they need to practise their profession safely and effectively. In accordance with their training and guidelines book.

ANY persons who are seen to be not adhering to the training procedures will be removed from the field immediately pending investigation. The use of body cameras will remove the risk of complaints in the field or vexatious complaints around 'Fitness to practice' as it can be evidenced.

We consider concerns from members of the public, employers, professionals, the police and other people raise about a CLS fitness to practise.

When we are deciding whether we need to take any action against a CLS to protect the public, we look at whether the CLS has met these standards.

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Glossary

Apologising

Making it clear that you are sorry about what has happened. The HCPC does not regard an apology, of itself, as an admission of liability or wrongdoing.

Carer

Anyone who looks after, or provides support to, a family member, partner or friend.

Care, treatment or other services

A general term to describe the different work that our registrants carry out.

Colleague

Other health and care professionals, students and trainees, support workers, professional carers and others involved in providing care, treatment or other services to service users.

Conduct

A health and care professional's behaviour.

Consent

Permission for a registrant to provide care, treatment or other services, given by a service user, or someone acting on their behalf, after receiving all the information they reasonably need to make that decision.

Delegate

To ask someone else to carry out a task on your behalf.

Disclose

In these standards, this refers to making a formal decision to share information about a service user with others, such as the police.

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Discriminate

To unfairly treat a person or group of people differently from other people or groups of people. This includes treating others differently because of your views about their lifestyle, culture or their social or economic status, as well as the characteristics protected by law – age, disability, gender reassignment, race, marriage and civil partnership, pregnancy and maternity, religion or belief, sex and sexual orientation.

Escalate

To pass on a concern about a service user's safety or well-being to someone who is better able to act on it, for example, a more senior colleague, a manager or a regulator.

Ethics

The values that guide a person's behaviour or judgement.

Practitioner

A health and care professional that is currently practising in their profession.

Refer

To ask someone else to provide care, treatment or other services which are beyond your scope of practice or, where relevant, because the service user has asked for a second opinion.

Scope of practice

The areas in which a registrant has the knowledge, skills and experience necessary to practise safely and effectively.

Service user

Anyone who uses or is affected by the services of registrants, for example, patients or clients.

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