**Portsmouth Children’s Services – Social Work Practitioner Performance Conversation**

The purpose of this self-assessment tool is to help qualified social work practitioners from across Children’s Services to demonstrate how they currently work to support the children and families in our communities in a way that reflects the Portsmouth Model of Family Practice (10x10x10) and the professional standards set out in the Knowledge and Skills Statement (KSS) for social workers who work with children and families.

**Portsmouth Approach to working with children and families**



In preparation for the performance conversation, practitioners must reflect on their practice and forward a written version of the document below to their manager a minimum of 1 week before the PDR meeting. Doing so will help lead the conversation with their line manager, who may also make further suggestions or recommendations as to what a practitioner is doing well and what else they should be working towards improving or learning in their practice.

At the **initial conversation** the practitioner and line manager will set out the learning and development goals for the year ahead. If there was a conversation from the previous year, part of this time will be reviewing the previous year’s goals to review and comment on their progress. Some of the previous goals may inform or link into the current performance conversation.

At the **six month review** the practitioner and line manager will review and scale the progress towards any identified learning and development goals. This may include discussing what addition support may be required.

At the **final review** the practitioner and manager will review the ending year’s goals and make final comments on what progress has been made. This may also be used to identify the learning and development goals for the next year, with any uncompleted goals from the previous conversation being forwarded for completion in the new performance year.

**The following are the 10 domains of the Knowledge and Skills Statement (KSS) for social work practitioners working with children and families:**

1. **Relationships and effective direct work 6. Child and family assessment**
2. **Communication 7. Analysis, decision making, planning, and review**
3. **Child development 8. The law and the family and youth justice systems**
4. **Adult mental ill health, substance misuse, domestic abuse, physical ill health, disability 9. The role of supervision**
5. **Abuse and neglect of children 10. Organisational context**

For further details on the KSS for social work practitioners working with children and families, click on link: <https://www.gov.uk/government/publications/knowledge-and-skills-statements-for-child-and-family-social-work>

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| **Name** | **Position** | **Date Updated** | **Period Covered** |
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| **Practice Standards Linked to KSS** | **My Self-assessment** | **Manager assessment (standards have been met Yes/No)** |
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| 1. All families understand the reason for involvement from Children and Families Services and have given appropriate consent. (KSS1,2,6,9, 10) |  |  |
| 1. Children are spoken to alone and worked with by professionals who have the skills and resources to directly engage with them. (KSS1, 2, 3, 5, 6, 9, 10) |  |  |
| 1. Impact chronologies, genograms and sociograms will support our understanding of the child's family and networks. (KSS1 2, 5, 6, 7, 9, 10) |  |  |
| 1. Assessments will consider the lived experience of the child and their parents/carer. (KSS 1, 2, 3, 4, 5, 6, 9, 10) |  |  |
| 1. Assessments will consider the past experience and trauma of the parent/carer and the impact of this on the current situation. (KSS 1, 2, 3, 4, 5, 6, 9, 10) |  |  |
| 1. We will take into account cultural heritage and equality factors and reflect on the impact of unconscious bias and privilege. (KSS 1, 2, 3, 4, 5, 6, 9, 10) |  |  |
| 1. All children have a plan which explains what needs to happen; by when; by whom; what outcomes we are seeking together; how risk is managed; and what the contingency plan is. (KSS 1, 2, 3, 4, 5, 6, 7, 9, 10) |  |  |
| 1. All case records are analytical, well written and timely, so that everyone can understand significant events that have happened; what the plan is; the purpose of our activity and intervention; and what difference has been made. (KSS1, 2, 8, 9, 10) |  |  |
| 1. Every case contains evidence of bi-monthly supervision that is reflective in nature. (KSS 1, 2, 9, 10) |  |  |
| 1. Every case will be supported by good quality management oversight. This will include reflective supervision; quality assurance of work being undertaken and a consideration of the impact of intervention. (KSS 1, 2, 6, 7, 8, 9, 10) |  |  |

| **Wider Contribution (restorative behaviours, demonstrating values and impact)** | |
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| **My Self-assessment** | **Manager assessment (standards have been met Yes/No)** |
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| **Professional, young person and family feedback** |
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**Learning and Development**

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|  | **My Self-assessment** | **Next Steps & Progress** |
| **Portsmouth Model of Family Practice Training** |  |  |
| **Core knowledge and skills.** |  |  |
| **Thematics.** |  |  |
| **Other training relating to your role & other learning opportunities** |  |  |

Enter what you propose to do to and by when to help develop or continually improve on in meeting those practice values relevant to your role and professional development. At each review you will briefly update this to reflect your progress.

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| **Specific Objectives for next year** | **Next Steps** | **By When** | **By Whom** |
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| **Practitioner’s comments at Initial Conversation (September / October) What's gone well in the last year? Hopes for the next year?** | | | | | |
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| **Name of Practitioner** |  | **Position** |  | **Date Completed** |  |
| **Comments at Six Month Review (March/April)** | | | | | |
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| **Name of Practitioner** |  | **Position** |  | **Date Completed** |  |
| **Comments at the Final Review (July/ August)** | | | | | |
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| **Name of Practitioner** |  | **Position** |  | **Date Completed** |  |

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| **Manager comments at Initial Conversation (September/ October)** | | | | | |
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| **Name of Manager** |  | **Position** |  | **Date Completed** |  |
| **Comments at Six Month Review (March/April)** | | | | | |
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| **Name of Manager** |  | **Position** |  | **Date Completed** |  |
| **Comments at the Final Review (July/ August)** | | | | | |
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| **Name of Manager** |  | **Position** |  | **Date Completed** |  |

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| **Social work England Registration / CPD evidence been recorded? Yes / No** |
| **Has the 'Wellbeing Action plan' been completed Yes / No** |

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| **Signed (Practitioner):** |
| **Date:** |

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| **Signed (Manager):** |
| **Date:** |