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**Operational Guidance Appendices 2022**

**Appendices**

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13. **Locality Meetings Terms of Reference**

Bristol Children and Families services are arranged into 3 localities (North, South and East Central). Each locality works closely together with the aim of providing a seamless service to children and young people and their families, providing timely and proportionate support depending on the child and family’s needs.

Locality Meetings occur in all three localities across the city of Bristol on a weekly basis.

**Purpose:**

* To ensure that children and families receive the right service at the right time in the right place, proportionate to their need.
* For children and their parents/carers to be supported by the most appropriate professionals or service providers closest to them.
* To provide a seamless delivery of support and to ensure that as needs intensify, or change, appropriate services remain in place, with minimal disruption to the child and family’s support systems
* To embed a consistent application of threshold across the locality, using the available resources within the localities to meet the needs of children and families in their communities
* To work together and strengthen partnerships between Social Care (including the Disabled Children’s Service and Through Care services), Families in Focus, Youth Offending Teams, Children Centres, Education Providers, Targeted Youth Support, Police, Health, and other statutory, voluntary and community services.
* To provide information on good practice, local challenges and future locality needs to the Locality Advisory Boards.

**Membership:**

Membership of the Locality Meeting needs to include representation from a range of multi-agency partners. Representatives must be in a position to make decisions in relation to their agency and in the case of representation on a rotational basis, (ie health, education) make decisions for their colleagues in other settings. Those in attendance must be able to take on active operational role in providing direct work in supporting children and families, or delegate to someone that can within their agency.

Members are asked to send a substitute to any meeting they are unable to attend.

A table of proposed agencies and suggested role are included at the end of this document.

**Accountabilities**

Chaired by the Families in Focus Area Manager and deputised by the Deputy Area Manager for Social Care, the accountabilities for the Locality Meetings are as follows:

* Locality Meetings to be held weekly in each area over TEAMS or ZOOM
	+ North Locality meeting : Tuesday @ 10am
	+ South Locality meeting: Thursdays @ 9.30am
	+ East Central Locality meeting: Wednesday @ 2pm
* Referrals to the Locality Meetings will be made in timely manner and paperwork will be prepared by the Locality Business Support Officer.
* Decisions about which professional or service is best placed to co-ordinate the support to a child and or family is clearly documented in the child’s record.
* Any disagreement regarding decision making of the Locality meeting, will be investigated through the [BSCB Escalation Policy](https://bristolsafeguarding.org/media/27294/revised-escalation-procedure-230418.pdf)
* The Chair will report quarterly to the Local Advisory Board good practice, emerging issues and challenges as identified in the weekly Locality Meetings.

**Functions**

The Locality meeting is a forum in which a group of multi-agency professionals:

* Discuss and review cases that are referred to a locality team
* Allocate resources to the case where appropriate
* Provide advice back to agencies who are concerned about cases where they are the Lead Professional
* Signpost the referrer to appropriate resources/services to meet the needs of children and young people
* Consider non – urgent referrals for area social work teams
* Consider step out of area social work teams to an alternative Lead Professional

**For more detailed guidance on thresholds, please refer to the Bristol Safeguarding Board** [**thresholds document**](https://bristolsafeguarding.org/children-home/professionals/policies/#ThresholdGuidance)

The Locality Meeting accepts referrals from anyone working within Children and Families Services which includes Area social work units, Through Care, Disabled Children Services, YOT, Families in Focus and Children’s Centres.

Clear referrals, containing full and accurate information will do much to assist in good decisions being made and a timely and appropriate response being completed. Referrals into Locality must be done using the Family Transfer and Locality Referral form in LCS / EHM. Incomplete forms will be returned by the Locality business support officer.

The Locality Meeting will discuss the family and decide about how best to meet the child and families presenting needs. This could be:

* Signposting the referrer to appropriate and suitable existing community-based resources.
* Access to Children’s Centre services
* A request to a Health / Education or other appropriate professional to co-ordinate a plan to support the child and family.
* A Families in Focus worker allocated who will undertake a *specific* piece of intervention with a child / parent / family, based on their professional background, as part of a multi-agency team.
* A Families in Focus worker to work as part of a Team Around the Family (TAF), with professionals from other agencies including schools, health and CAMHs to deliver a specific piece of intervention.
* A Families in Focus worker, either Family Support worker or Strengthening Families keyworker, to act as a Lead Professional and co-ordinate a multi-agency intervention to support the child and family.
* A Social Worker to act as Lead Professional and investigate any concerns where a child/young person may be at risk of significant harm.
* Joint work between professionals working within Children and Families Services

On some occasions, it may be necessary or in the best interests of the child and family for Families in Focus to work jointly with area Social Work colleagues for a period of time. In these circumstances, the Joint Working protocol should be followed.

Confirmation of decisions made will be communicated back to referring individuals/agencies through the Locality Business Support Officer

|  |  |
| --- | --- |
| **Agency** | **Suggested role** |
| **Families in Focus** | **Area Manager/Deputy Manager / Co-ordinator** **Education Inclusion Manager****Locality Business Support Officer** |
| **Social Care** | **Area/Deputy Manager** |
| **Children’s Centres**  | **Family Support Lead** |
| **DCS / Social Care HUB** | **Team Manager / Social worker** |
| **Pathways to Independence** | **Team member on rotation** |
| **Youth Offending Team** | **Area Team Leader** |
| **Secondary Schools** | **Head Teacher / DSL / SENCO – on rotation** |
| **Primary Schools** | **Head Teacher / DSL / SENCO – on rotation** |
| **Families in Focus Specialists** | **PMHS , IDVA, AMH, TFEA, BDP link worker** |
| **Health Visiting Services** | **Clinical Lead** |
| **Police** | **Neighbourhood Inspector****Early Intervention Seargent / PCSO** |
| **Youth work services** | **BCC Senior Youth Practitioner / Youth and Community Worker****Manager (Area Lead) Commissioned Provider** |

1. **Guidance: Locality Transfer Form**

**Introduction**

All proposed transfers between EHM and LCS **must** be agreed at the Locality Meeting. Before the meeting takes place a **Family Transfer & Locality Referral form** needs to be completed on EHM.

The Family Transfer and Locality Referral Form has been created on EHM and LCS to record:

• Locality referrals (including requests for joint work with another team or for transfers to a team using LCS),

• Urgent Family Discussion/Transfer (in EHM only)

• Internal Transfers

This form replaces the step up and step down process for any cases on EHM or any open cases to Social Care on LCS.

Previously practitioners could trigger the step up process manually in EHM to LCS either from the Transfer to Social Care standalone form, as an outcome from the contact, or within the SAF Episode. This is no longer possible.

If the transfer to LCS is agreed at Locality, once the new Family Transfer and Locality Referral Form has been completed, a contact will need to be created in LCS and then once the new contact is added then the case can then be closed on EHM.

**Starting the Family Transfer & Locality Referral Form from an EHM Contact**

A new question has been added into the EHM contact which enables you to complete a Family Transfer & Locality Referral form if required at the contact stage.

1. If a Family Transfer & Locality Referral form **is** required to be completed at this stage then answer **yes** to the below question.

**Do not** separate out the question for different family members.

If you answer **yes** to this question then a link to the Family Transfer & Locality Form will appear, the linked Family Transfer & Locality Form will need to be completed and finalised before the contact can be finalised.

2. To open up the form click on the link **Start Family Transfer & Locality Referral Form**

3. Click on the below link to open the form.

4. The form is automatically consolidated.

If you do not want all the family members included in the form you can remove them from within the form from the Consolidation tab – and untick if needed.

5. For more information on completing the Family Transfer & Locality Form, go to the section Completing the Family Transfer & Locality Form for a Contact or SAF Episode

6. The linked Family Transfer & Locality Form must be completed and finalised before the contact can be finalised. Otherwise you will get the below message.

If you get this message, click back into the above link to complete the Family Transfer form.

7. Under **Action Taken** select the appropriate outcome and follow the normal process. **Please note,** if the outcome is to Transfer to Social Care then select the outcome **No Further Action, including Transfers to Social Care.** Finalise and authorise.

**Starting the Family Transfer & Locality Referral Form from a SAF episode**

1. Start the **Family Transfer & Locality Referral Form** from the forms tab or from the personal screen.

2. **The standalone form is not automatically consolidated,** to add the relevant family members into the standalone form follow the below steps:

a) Within the form click on the **Consolidation** tab.

b) Click **Start Assessment** for all family members that you want to include in the form.

c) The family member will then appear in the list as ticked and, in the form.

**See next section – for information about completing the form**

**Please note** the Transfer to Children’s Social Care box is still visible in the local map. If you click on the box you can manually trigger the old Transfer form, **do not do this.**

If you do open the form, you will see this form is **no longer in use and you are advised to cancel the form and trigger the Family Transfer & Locality Form from the Form tab.**

**Completing the Family Transfer & Referral Form for a Contact/ SAF episode**

Check the consolidation is correct and all family members are included in the form.

The form opens up differently depending on which answer is selected.

Click into the relevant page to complete the Locality Meeting request, Urgent Family Discussion/Transfer or Internal Transfer. Information is contained in the form to remind you of the process.

**For Locality Meeting Requests**

1. Within the Locality Meeting Request page, complete the section called **To be completed by the referrer.** Save as you go.

2. At the bottom of the section called **To be completed by the referrer** add in the Locality Business Support Tray.

a) Click in the link **Click here to select a user** to select the Locality Referral Tray

b) To select the Locality group, click on page **All Groups** on the left of the Address Book and search in the description box.

c) Click on correct tray for your area

d) Click **Confirm**.

*Tip: bookmark if it is one you might use again.*

If this is incorrect, click on the red cross and select the correct area.

3. Once completed click on the button **Send to Locality Business Support**

If the Locality Transfer is agreed at the Locality meeting, Locality Business Support will then add an LCS contact, this needs to happen before the case in EHM can close if the case is being stepped up.

**For an Urgent Family Discussion/Transfer**

1. Within the Urgent Family Discussion/Transfer page, complete and **finalise** the form.

2. If relevant, add the LCS contact before closing the case on EHM. Ensure you add the correct date to the LCS contact, this should be the same date as the date the Family Transfer & Locality Referral form was completed.

**For an Internal Transfer**

1. Within the Internal Transfer page, complete and finalise the form.

2. Add the LCS contact before closing the case on EHM. Ensure you add the correct date to the LCS contact, this should be the same date as the date the Family Transfer & Locality Referral form was completed.

**Starting the form from a Short Intervention, PIT episode or DCS episode**

1. Start the **Family Transfer and Locality Referral Form** from the Active Episode task, under Decisions.

**Please note** if the episode has already been started before the changes to the step up process goes live you might not see all these changes. For Children Centre’s Short Intervention’s already started you will not be able to trigger the new form from the episode.

2. Ensure all relevant people are included, add the date and reason for decision.

3. Click Create form

4. Complete the form, save as you go.

The form opens up differently depending on which answer is selected.

Click into the relevant page to complete the Locality Meeting request, Urgent Family Discussion/Transfer or Internal Transfer. Information is contained in the form to remind you of the process.

**For Locality Meeting Requests**

1. Within the Locality Meeting Request page, complete the section called **To be completed by the referrer.**

2. Once the form is Finalised, you need to assign the authorisation task for Locality Meeting Requests to the Locality Referral Area tray to complete the form.

Please note, if the below Locality Referral trays are not showing then type in the name of the relevant Locality tray into **Other**.

If the Locality Transfer is agreed at the Locality meeting, Locality Business Support will then add an LCS contact, this needs to happen before the case in EHM can close if the case is being stepped up.

**For an Urgent Family Discussion/Transfer**

1. Within the Urgent Family Discussion/Transfer page, complete and finalise the form.

2. Once the form is finalised, under **Other**, type in your managers name and send to them clicking the **Assign** button to enable them to authorise the form.

3. If relevant, add the LCS contact before closing the case on EHM. Ensure you add the correct date to the LCS contact, this should be the same date as the date the Family Transfer & Locality Referral form was completed.

**For an Internal Transfer**

1. Within the Internal Transfer page, complete and finalise the form.

2. Once the form is finalised, under **Other**, type in your managers name and send to them clicking the **Assign** button to enable them to authorise the form.

3. Add the LCS contact before closing the case on EHM. Ensure you add the correct date to the LCS contact, this should be the same date as the date the Family Transfer & Locality Referral form was completed.

**3. Families in Focus and Social Care Joint Working Protocol**

This protocol supports Families in Focus and social work teams to safely and effectively joint work when the family situation requires it. The decision to jointly work with a family will come via referrals into the weekly Locality Meetings or following an urgent family discussion. The outcome of the meeting or discussion will be recorded on the Family Transfer and Locality Referral form in LCS / EHM.

The decision to jointly work with a family should be proportionate to the child and family’s needs. Joint working requires mutual respect and understanding, where both parts of the service are given equal importance and value, both for the family and the professional network.

**Reason**

The reason for joint working needs to clear to both the family and professional network. Circumstances for when a period of joint work may be necessary:

- Families in Focus are working with a child / young person and risks are increasing to the extent that a strategy and / or social work assessment is required.

- Social work unit is working with a child or young person who is on the edge of care or custody and require support from the Strengthening Families Team (please see document re SFT criteria)

**Timescales**

Where a family is being supported by Families in Focus and a social work assessment or strategy is required, the family should remain open to Families in Focus whilst the assessment takes place in most situations. There may be times when this is not deemed appropriate; this will be mutually agreed by the Families in Focus supervisor and Consultant Social Worker.

If the family is open to a family support worker in Families in Focus and the outcome of the assessment is that a social work service is required, the FiF family support worker will need to end their work with the family. Review meetings as outlined below will allow for endings to be properly undertaken with children, young people and their families.

Where a social worker and strengthening families keyworker are jointly working with a family, the joint working arrangements are likely to be longer. Timescales should be revisited at each review. It is important that there is no drift in joint working arrangements.

**Planning and Review**

A joint working meeting should take place **within 7 days** of the urgent family discussion or Locality meeting and include the CSW and SW, supervisor and FIF worker.

A **case direction** will be added to the child’s record and will be recorded in both EHM and LCS It should be agreed at the meeting who will record the direction. This will set out the reason, roles and responsibilities and estimated timescales as discussed above.

In complex joint working scenarios (ie between Strengthening Families Teams and Area Social work), a **joint work meeting should take place at least every 4 weeks**. The CSW, social worker, SFT keyworker and Supervisor should attend the first meeting and then decide at that meeting who should attend the monthly meetings that follow. Monthly meetings should be recorded on LCS/EHM. If the family situation is particularly complex or when there is differences of view, managers from the respective services should attend. This should allow for the two teams to review the work and roles and reflect on the efficacy of the plan. This should be recorded in both EHM and LCS as a case direction. This may take place in addition to other meetings (ie CIN reviews / Core groups) but managers are expected to use their professional judgement to determine if additional meetings are needed or if the discussion at CIN and CP meetings is adequate. To avoid unnecessary meetings managers and the workers involved could have a short teams call before a review or core group.

***Please note, if there is also a YOT worker involved, then the initial meeting would also include the YOT worker and team leader if available.***

At the end of the joint working arrangement a **case direction** will be added to conclude the joint working arrangement and outline next steps, including how the family will be supported going forward. This can be added by the Supervisor or the manager – the author should be agreed during the discussion.

In the event that there is a dispute that is not able to be resolved through the joint working arrangement then this will be escalated through the appropriate line management chain for resolution.

**Roles and Responsibilities**

It is essential that both the family and the professional network understands who the main point of contact is; the Social Worker or Families in Focus practitioner and also that all those involved are clear on their roles and responsibilities.

For ongoing joint working arrangements, Social workers will be responsible for overseeing statutory responsibilities and leading on risk management. Keyworkers will be focussing on intensive interventions with the young person and / or their parent / carer.

If specific tasks are to be assigned to individual workers, then these are to be agreed at the planning and review points (see above) and not directed on an ad-hoc basis.

Roles and responsibilities will ideally be shared with the family and professional network face to face, during a joint home visit or planned meeting.

**Recording**

In joint working arrangements recording will take place on both LCS and EHM. It is essential that the workers involved in joint working arrangements (and their supervisors) are able to “toggle” between EHM and LCS on the child’s record. If the worker does not have this function, it is their responsibility to request this from the LCS / EHM helpdesk.

Workers will record the work they complete with the child and family on their allocated system (LCS or EHM) for the duration of the joint working arrangement. Should a significant event occur, then it is the responsibility of the workers involved to share information quickly and effectively with each other.

If a case has a statutory plan in place then this plan will reference the work of Families in Focus. An **action plan** will be started in EHM and SAF will be initiated where appropriate (there may be a delay in starting the EHM SAF if a safeguarding assessment is underway). A plan should also be evident in LCS. **Both plans should be aligned**.

**4. Social Work and Children’s Centre 1:1 Family Support**

This protocol aims to describe the processes and pathways to follow when social workers and Family Support workers within Children’s Centres work together. Please note, this is in relation to 1:1 Family Support (as opposed to a parent accessing universal / universal plus services within the setting).

* If a child is open to a Children Centre on EHM and something comes in to the First Assessment Service (FAS) , then FAS will then review that information and apply a threshold decision following enquiry where needed. FAS may then choose to take a discussion to MASH, allocate for an assessment or send directly to a unit or DCS for an assessment. FAS will inform the children centre that this has happened but it is important that social workers speak to the children centre to explain next steps and look on EHM to understand the work undertaken by the Family Support worker. If a strategy is required then it may be helpful to consult / invite the Children Centre Family Support Worker.
* If a Children’s centre has increasing concerns for a family with regards to safeguarding then they will use the Locality meeting to discuss that concern (by completing the Locality Family transfer request form).
* All requests for 1:1 family support from a Children’s Centre from a social work unit or other social work teams **must** come via the weekly Locality meetings using the Locality Family transfer request form. This is both for work alongside the social work team in CIN, CP or PLO work, as well as transferring to the CC in a lead professional role. If a social work team is involved with a family, another professional (ie Health visitor) is not able to send a direct request for support to the individual setting. Should such a request be made, then the referral will be refused and a request made for the social worker to follow the set process.

There are a number of scenarios which will involve Family Support in Children’s Centres working alongside Social workers:

**Family supported by social worker as CIN, CP or PLO and require a specific piece of work from a Children’s Centre Family Support Worker**

Children Centre will open a Short Intervention pathway in EHM to work alongside the social work plan. This will be to do the specific piece of work agreed at Locality, for example; 1:1 Parenting, Parental conflict work, bonding and play work etc. When this work is complete the intervention will be closed to the Children’s Centre. Should the social work team require something further from the Children Centre, then agreement would need to be made with the CC Supervisor / Team manager.

Please note, if social work involvement with the family is assessed as no longer being required and they require the children centre Family Support worker to take the role as Lead professional following closure, then this needs to be agreed with the CC Supervisor/ Team Manager prior to case closure.

**Family supported by Children Centre Family Support worker as lead professional (and has an open SAF episode in EHM) and a referral is made to social work units from First Assessment Services**

The Children Centre will keep the SAF episode open whilst the social work assessment is completed. At the end of the social work assessment, a decision will be made (with the agreement of the CC supervisor / team manager) whether the CC will close their involvement, whether they will open a short intervention for a specific piece of work, or if the social work unit will close and hand back to CC FSW as lead professional (please note, an open SAF episode should not be open to a CC FSW alongside an active CIN or CP plan – the work of the CC FSW needs to be specific in this instance).

**Family supported by Children Centre Family Support worker as lead professional (and has an open SAF episode in EHM) and a request for social work support agreed at locality. The decision is made for CC FSW to remain involved to be a specific piece of work.**

The children centre will close the open episode in EHM and will open a short intervention for the purpose of what has been agreed.

**In any situation, please ensure that the role of the social worker and the family support worker is clearly defined, for the family and the professional network, most helpfully made clear in a TAF, CIN review, core group or conference. There will always be a focus from the family support worker to encourage the family to use the children centre setting and access universal groups and activities. Whilst Family support workers in Children’s Centres are not able to work long term with families on a 1:1 basis to monitor concerns, families can access universal services in settings for as long as they wish.**

**5. Guidance for Social Workers Referring to Evidence Based Parenting Programmes**

This document has been developed to support Social Workers referring parents to Evidenced Based Parenting Programmes delivered by Families in Focus (FiF) Parenting Specialists.

There are currently 5 different Parenting programmes delivered by FiF Parenting Specialists:

• Incredible Years

• Timid to Tiger

• Parents Plus Adolescents Programme

• Non-Violent Resistance

• Parents Plus Parenting When Separated Programme

Our Children Centre colleagues deliver:

• Ante-natal Nurturing Programme

• The Nurturing Programme

• Rock-a-bye

• Circles of Security

• Others dependent on area

By Social Workers and Parenting Specialists in Families in focus working together in partnership, the parents’ experience is strengthened, family’s progress is more easily understood, and outcomes ultimately improved.

**Referrals:**

• Parenting Models Training delivered by Families in Focus Parenting Specialists provides information on the differences and values of each parenting programme so that professionals can identify which will be best suited to the need of the family. It also provides invaluable insight into what parents can expect when attending a parenting programme and through this helps other professionals to support parents to attend. Training happens 7 times per year and is bookable via Eventbrite. The workforce will be notified when courses are running.

• Parenting consultations from Parenting Supervisors and Specialists are available to Social Workers and Family Support Workers (see contacts – Appendix 1) to consider the best intervention for parents (taking into account, parent location, needs and issues).

• Social Workers referring parents to group work courses should complete the appropriate referral form, identify risks and return to the appropriate locality area Families in Focus Parenting Team (Appendix 2).

**Aim:** To give front-line practitioners an overview of the core principles underpinning evidence based parenting programmes; to inform staff about what the parents who attend courses should be experiencing and learning, and of how they can look for and build on the changes that carers make. The catalyst for this parenting awareness training is a recommendation that workers referring or supporting parents to attend a programme or intervention should be able to complement this in their own role by recognising and building on positive changes and reinforcing key messages.

**Guidance for Social Workers referring to Evidence-Based Parenting Programmes**

• Parents are not able to join a group work programme once it has started as groups close after session 2. It is important therefore that referrals for group are made as soon as possible to ensure parents can be added to waiting lists for next the available course.

• Social Workers can refer to 1:1 parenting services when parents are unable to access a group work programme (see 1:1 Criteria – Appendix 1). These referrals should come via the weekly Locality Meetings. It is helpful to arrange a consultation with a Parenting Supervisor before referring for a 1:1 intervention to consider the most appropriate parenting service and gain additional information on waiting times and other resources that may be able to support the parent.

• Referrals for 1:1 parenting support should occur as early as possible when starting work with a family. This will maximise the potential for effective joint working, as a part of the plan for the intervention, with time to complete the parenting work whilst the family remains open to other services. This is particularly important where there are multiple and complex needs within a family unit.

• Parenting Interventions delivered by FiF Parenting Specialists are a psychological intervention (all Specialists are CYP-IAPT trained). It is essential therefore that parents are fully consenting to a referral being made. Parents should not be mandated to attend a parenting programme in any circumstance.

• Particular consideration needs to be taken when referring parents for a parenting programme when they do not have their children in their care, or are going through pre-proceedings or court proceedings. For parenting interventions to be successful, parents need to be able to practice what they are learning on a regular basis. In these circumstances, Social Workers should arrange a consultation with a Parenting Supervisor before referring.

• The Parenting team will do all they can to support parents to access their services. If the parent does not respond to the Parent Specialist’s attempts to engage them into a parenting service or disengages with an intervention then the Social Worker will be informed.

• In these circumstances, careful consideration will need to be given as to whether or not the parent referred is able to continue with the parenting intervention. The Parenting team do reserve the right to close the referral without the provision of a service if parents are not able to commit to the intervention.

**Information Sharing:**

• All parents accessing Families in Focus delivered parenting interventions will receive a 1:1 pre-course assessment to identify the most appropriate parenting service to meet the need. The assessment and parents’ attendance will be recorded on the Early Help Module (EHM) in the “Parenting Pathway”.

• Parenting Specialists will record their 1:1 parenting intervention work in EHM. They will use tools such as SDQ2 and other Routine Outcome Measures to support their assessments.

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire about 3-16 year olds. It exists in several versions to meet the needs of researchers, clinicians and

is important that ROM outcomes are interpreted and understood in the context of the family experience and wider assessment information.

• Social workers will have access to EHM in order to understand the work being undertaken including attendance at sessions, what has been covered and details of home practice set between sessions.

• For parents attending group work programmes, parenting specialists will share the parents’ attendance and engagement in the group, as well as details of home practice set and progress (please note this will be by email as we do not currently have the ability to record group work in EHM).

• Social workers will inform the Parenting Specialists of any significant changes to the family circumstances, e.g. DVA in the family

• Parenting Specialists should, where possible, be invited to review meetings with the professional network and the family when delivering a 1:1 intervention.

**Confidentiality Agreement:**

• It’s important that parents attending group or 1:1 psychological interventions feel safe to share openly in order to develop good self-awareness and make changes to their parenting.

• The confidentiality of parents will be maintained unless there are safeguarding concerns.

• Parents engagement with the course, progress and learning will be shared to enable Social Workers to understand progress against the plan.

• All professionals to understand and abide with the parenting intervention Confidentiality Agreement

**FAMILIES IN FOCUS PARENTING TEAMS (FIFPT)**

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**1:1 Criteria**

This service is aimed at parents with at least one child aged 3 or above who are not able to attend a parenting course and are in a priority group as set out below. Where possible, the service aims to include both parents or an adult who is supporting a parent.

Priority groups are parents of children with challenging behaviour as evidenced through a score of 18 and above on SDQ and who are:

• *Disabled parents, including parents with a learning disability and physically disabled parents*

• *Parents with mental health issues that prohibit group attendance*

• *Fathers, (including non-resident fathers)*

• *Parents with overwhelming or complex issues*

• *Parents with English as an additional language*

• *Shift workers and other people whose work patterns prohibit group attendance*

• *Kinship carers*

• *Care leavers*

**6. Team Around the School (TAS) Terms of Reference**

The [Department for Education ‘Keeping Children Safe in Education’](https://www.gov.uk/government/publications/keeping-children-safe-in-education--2) guidance highlights the important role school staff take in identifying concerns about children early, providing help as a problem emerges and preventing concerns from escalating. It says that all staff should be aware of early help processes and understand their role in sharing information with other professionals to support early identification and assessment.

The delivery of an effective early help offer is not the responsibility of a single agency; it requires a co-ordinated approach supported by Health, Local Authority Services, Police, Schools, Adult Services, housing and voluntary and community organisations. Both [Working Together to Safeguard Children 2018](https://www.gov.uk/government/publications/working-together-to-safeguard-children--2) and the [Children Act 2004](http://www.legislation.gov.uk/ukpga/2004/31/contents) place a duty on local authorities to work with key agencies to improve the well-being of children and young people.

As part of this co-ordinated approach, Families in Focus is committed to providing support to schools to support children and young people in their setting whom they are worried about through the provision of Team Around the School meetings and virtual surgeries.

**Purpose**:

* Provide an opportunity for early conversations to take place about children and young people that schools are worried about (who are not already in receipt of support from Children’s Services), in order to provide information, support planning and signposting
* To support schools when there are emerging concerns about a child, for example, with regards to attendance, behaviour, emotional health and wellbeing
* Early identification of risks and support for children and young people, who without intervention could be vulnerable in the future and ensure correct referral pathways for those identified at risk in a timely way
* Support for schools to feeling more confident in their decision making and gain greater understanding of risks and threshold decisions of specific services and systems
* Reduce the need to refer to First Response where the threshold for Safeguarding would not be met.
* Develop a shared understanding of the needs of the school and local community
* Improved Multi-Agency working which avoids duplication and creates supportive but challenging professional conversations.
* Reduce rates of exclusion, improving attendance, educational achievement, attainment and wellbeing.

# **Functions**

Provide advice and guidance about families where there is no current involvement from Children’s Services (area social work, Families in Focus, Disabled Children’s Service) and the school hold concerns that they feel may escalate without support.

Assist with Signs of Safety Mappings where there are concerns about a child or young person’s wellbeing, to identify family and agency goals and next steps.

Review children that have been previously discussed, updating on progress and any outcomes achieved.

Consider referrals to partner agencies to address specific needs as identified for child and/or family network

Identify themes within school, which could be used to inform youth work planning and delivery either in the school or local area, by targeted youth services and/or in house Youth & Community Work teams.

### Membership

* Membership of the Team Around the School will vary and school settings can invite which ever professionals they feel would contribute to the discussion plan. Examples of attendees are as follows:
	+ Pastoral representation from school e.g. Designated Safeguarding Lead and/or SENCO
	+ Youth and Community worker
	+ Families in Focus Social Worker
* Representatives from the following agencies can attend, where appropriate, as invited by the school:
	+ School nurse
	+ Police / PCSO
	+ Primary Mental Health Specialist
	+ Families in Focus Specialists e.g. Independent Domestic Violence Advisor, Substance Misuse Worker,

### Frequency

* All Primary, Secondary and Specialist educational settings will be provided with a Team Around the School offer
* The frequency of Team Around the School meetings will depend on the assessed need for that particular school using a number of collated data sets including social care, public health, police and demographic information. Schools will be placed in one of two bands:
	+ **Band 1** – 4 meetings per year
	+ **Band 2** – 2 meetings per year
* Regular surgeries will be available in each Locality which will offer bookable slots for schools to discuss children they are worried about. The scheduling of these surgeries will depend on Locality need / schools requests and will be offered virtually via TEAMS.
* The service also offers telephone advice and guidance
* **North:** 0117 3521499
* **East Central:** 0117 3576460
* **South:** 0117 9037770

### Accountabilities

The Families in Focus Locality Business Support Officer will work with schools in the locality to organise and book TAS meeting dates throughout the academic year.

The DSL or other identified person within the school will be responsible for collating the children and young people to be discussed and in ensuring that parent / carer consent is obtained. The School should provide the family with the TAS leaflet and keep signed consent for their records They will ensure that these are received by the Families in Focus business clerk one week ahead of the TAS, so that relevant historical children’s services involvement can be checked to inform the plan.

The school will meet with the parents prior to the meeting to outline their concerns and complete a Signs of Safety mapping which will help to outline the worries and begin to inform a plan of next steps for the family.

Families in Focus will provide an overview of historical involvement with children and families services and will bring this to the TAS, to provide history and context to discussions.

Where there is no parental /carer consent, children’s services will NOT provide an overview of previous involvement in any detail.

The Families in Focus Social Worker will chair the meeting.

The TAS members will commit to regular meetings with the school, to build a strong network in their locality, will be proactive in sharing their expertise and provide links to their host agencies.

Any families discussed are recorded with specific and measurable actions with clear timescales.

Where serious or complex concerns are identified, the social worker may facilitate a referral into to a weekly Locality Meeting for further multiagency discussion which could allocate resources to the case

**7. Families in Focus Generic Team Structure**

Parenting Supervisor

Families in Focus Area Manager

Deputy Area Manager

SFT Supervisor

SFT Keyworkers

**North 6**

**East Central 8**

**South 11**

Supervisor

Family Support Workers

**North 7**

**East Central 7**

**South 10**

Coordinator

Parenting Practitioners

**3 per area**

Social Workers

**2 per area**

Locality Business Support

Business Support

Education and Inclusion Manager

Partnership Manager

**FIF Specialists**

Department of Works and Pensions Employment Advisor

Next Link IDVA

AWP Adult Mental Health Specialist

Bristol Drugs Project Link Worker

Police PCSO

Senior Youth & Community Worker

Area Youth & Community Worker

Youth Justice Support Worker

Participation & Youth Voice Worker

CAMHS PMHS Lead

FIF Area PMHS Specialists

East Central & South

Housing Coordinator

**8. How We Handle Your Information**

|  |
| --- |
| **Name (parent/carer):** |
| **Date of Birth:** |
| **Members of the family:** |

**Bristol City Council and the people we have working for us have a legal duty to provide health and care support to families, who may need our help.**

**To meet the needs of these families and those of the wider community, we work with relevant partner agencies, sharing information to achieve a better outcome for all. We will only share necessary information about you and your family/household to meet these outcomes.**

**The types of partner agencies we work with are:**

* **Health Agencies**
* **The Police**
* **The Probation Service**
* **Education settings**
* **Youth and Community Settings**
* **The Department of Work and Pensions**

**We may also give your details to commissioned service providers e.g. a charity that we ask to provide services on our behalf. These commissioned service providers will always have the same security standards as the council.**

**To achieve these outcomes we will work with you in different ways, but we need you to participate fully in working together with us and our partners.**

**This will include:**

1. **Home visits: this involves meeting with our family worker (this could be at home or other more appropriate places) to share information and work with you to put together a support plan for your family.**
2. **Assessment: this involves your family worker gathering information about you as a family and the members in it. This will involve talking to different agencies mentioned above who may already be working with your family.**
3. **Support plan: we regularly review your support plan with you and all the agencies working with your family.**

**My commitment**

**I understand that to achieve the best for me and my family, I need to work with my family worker who is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Family worker name).**

**I understand that our family worker has a duty to report illegal activity, or activities that may lead to a person/persons being harmed or at risk of harm, to the relevant authorities, e.g. the Police or the Children and Families service.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional information**

**Compliments, Comments, Complaints**

**We are always interested to hear your views about our services, and welcome your feedback. Likewise, if you do come across a problem, please approach your family worker who will do their best to resolve this with you.**

**If you cannot resolve the matter with your family worker, then phone or write to the Team Supervisor.**

**For more information about how Bristol City Council handles personal information we have created a Frequently Asked Questions sheet which can be accessed via the privacy pages** [**bristol.gov.uk/privacy**](http://www.bristol.gov.uk/privacy)

**How to see the information we hold about you:**

**Under the Data Protection Act 1998, you can ask us for the following information:**

* **clarification that your personal data is being processed by the Council**
* **a description and copy of the personal data**
* **the reasons why the data is being processed**
* **details of who we have or might give it to**

**If you wish to see information held by the council about you, please make a subject access request by email at** **foi@bristol.gov.uk** **or by writing to The Data Protection Officer, Bristol City Council, P.O Box 3176, Bristol, BS3 9FS and they will send you the appropriate form and advise you of the process and fee for this service.**

**9. Families in Focus Case Work Process Chart**

Holding & Coordination

Triage within 3 days

Contact family/referrer within a further3 days

New Referral

Closure

Clear justification of closure

Service-user feedback to be gained

Case Work

Purposeful and led by the plan

Minimum visits - once a week (SFT), once a fortnight (FSW)

Plan reviewed at TAF meeting

The plan informs the work with the family

Copy forward plan from SAF

Identify family network in SAF

Family network included in plan

Family Action Plan

Next Steps must be SMART

Initial Visits

SAF

Agree deadline with Supervisor (1-6 weeks)

New Family – First Steps

Worker to make contact within 3 days

Home visit within 1 week

Building Networks

Establish Family Support Network

TAF

Review SoS Mapping/Plan

Agree Next Steps

**10. Young People’s ASB Multi-Agency Meeting Terms of Reference (Example: South)**

This meeting aims to bring together the locality based ASB meeting that is chaired by the Senior Youth worker for Families in Focus and the children and young people that ordinarily would be discussed in the wider ASB MAMs in South Bristol chaired by the ASB co-Ordinator’s based at Broadbury Road Police Station.

**1. Purpose**

To discuss anti-social behaviour activity of children and young people in South Bristol that requires a multi-agency response.

To share information regarding the ASB activity of identified children and young people and think creatively together to find solutions, identify support and interventions.

To optimise the operational collaboration between Families in Focus, Children’s social care, Education, Youth Work agencies, Police, Youth offending, BCC Estate Management, community development teams and the ASB team in order to avoid duplication and align children and young people’s support plans.

To identify and examine emerging local hot spot areas of concern, including streets, open spaces and individual addresses and consider the needs for problem solving plans where necessary.

To consider the support needs of both children and young people as well as victims of ASB and witnesses to such behaviour.

**2. Geographical Area**

This meeting is interested in the geographical areas of South Bristol. These includes:

Hartcliffe, Withywood, Bishopsworth, Bedminster Southville, Windmill hill, Hengrove, Whitchurch, Stockwood, Brislington, Knowle and Filwood.

**3. Membership**

Representatives to this meeting must be in a position to make areas decisions of behalf of their agency and allocate resources where needed.

Members are asked to send a substitute to any meeting that they are unable to attend. Where this is not possible, updates should be provided via our Business support officer ahead of the meeting.

A table of proposed agencies and role are included at the end of this document

**4. Functions**

Monthly meeting co-chaired by ASB Co-ordinator and the South Senior Youth Practitioner for BCC

Review case by case decisions on children and young peoples’ plans and effectiveness of that plan in tackling ASB, ensuring that these plans align with other such plans for children and young people (e.g. FiF support plan, CIN plan, CP plan)

Ensure that such plans and decisions about next steps are recorded clearly on the child’s or young person’s file in LCS and / or EHM

Decide on cases that need to be forwarded to ASB case conference

Review and monitor actions set at previous ASB case conferences

Identify and examine hotspot areas and consider locality-based support, disruption and prevention interventions for those areas

Review all high risk vulnerable and repeat victims and consideration given to their support needs and whether they are being met

Ensure that there is a clear line of information sharing with Safer Options when there are increasing concerns for young people around CCE, CSE and EFH

|  |
| --- |
|  |
| * **Families in Focus**
 |
| * **ASB Team, Avon and Somerset Police**
 |
| * **Avon and Somerset Police**
 |
| * **Youth Offending Team**
 |
| * **Education (various)**
 |

**11. Qlik Application**

**Background**

The Insight team use Qlik Sense to create applications based on the Think Family Database (TFD) and any number of other data sources. Analytics is much more than data visualization; it is the art of discovering insights from data. Our Qlik deployment is designed to empower everyone in an organization to be more data literate, regardless of skill set. Qlik allows us to deliver insight directly to supervisors and commissioners across the city. This means that decision makers have access to information at their fingertips; and our co-design process ensures the continued operational relevance of our apps.

**Who’s it for?**

Qlik Sense is a powerful tool for a range of roles across the council and wider public sector. It is primarily a data exploration tool, allowing staff to interpret and understand the broader picture that data paints. It works well as a signposting tool, encouraging managers and commissioners to be inquisitive, to prompt further questions and create a conversation. Apps are intuitive meaning there are no training overheads and self-serve analytics is a reality for all skill levels.

There are a number of different apps that have been developed by the Insight team, created collaboratively with operational staff.



**Examples**

**Self Serve Analysis**

Self Serve Analysis is an app created for area managers and commissioners to inform policy and to get an impression of the data as a whole. Managers can filter by a host of different options to create a detailed picture of the issues and risks facing specifc areas/age brackets/genders. Furthermore, managers can see a detailed breakdown of costs and can assess the effectiveness of policy through viewing historic trends in the fluctuation of indicators. It serves as an effective demonstration of the art of the possible and reduces demands on the team for simple analytical requests.



**EHM Reporting**

EHM Reporting was created for area managers to effectively manage their staff and case loads. The app gives at-a-glance dashboards on data quality and case loads. It also highlights poor recording practice and within team variation. Through better access to data and clear visuals we can improve throughput of cases and ultimately deliver better services for families in the city.



**12. Quality Assurance Framework**

Day 1:

* Case **randomly** selected by auditor
* Auditor to contact worker to book the collaborative session
* Auditor to carry out an initial desktop review of the case (cover 12 last months of service involvement)
* Auditor to contact family to gather feedback
* Collaborative audit session with the worker
* Auditor to add the 'audit' status on EHM
* Auditor to send the audit report to FiF business support worker
* Business support officer forwards to moderator
* Moderator reviews the information (within 10 working days) provided by the auditor against the Ofsted grade descriptions and the case file.
* Moderator may include comments for auditors about their audit write ups to support them in improving their auditing skills.
* Moderator to regrade if needed
* Moderator send moderated report to QA social worker, auditor, deputy area manager and allocated worker

Within 5 working days:

* If audit graded Inadequate, Area Manager or Deputy Area Manager should write a case direction
* QA SW log moderated info to the tracker
* Area Manager or Deputy Area Manager request feedback from allocated worker about the audit

In 8 weeks, if audit graded Inadequate, Area Manager or Deputy Area Manager to re-audit:

* 2nd Auditor to re-audit following up the actions recommended (desktop audit)
* Re-audit to be sent to QA SW for log into the tracker and to be sent to TM and allocated worker.

Quarterly:

* QA SW and QA Service Manager to provide a report to CMT and Performance Board

**Case file audit process map**

****

Day 1:

* Auditor select worker to be Observed

Within 10 working days:

* Auditor to discuss the case with the worker before the observation
* Allocated worker to get consent from parents/child for the observation
* Post observation the auditor should request feedback from the family
* Auditor to write the report on the observation template and send it to the worker, QA social worker (to log it on the tracker) and FiF Deputy Area Manager
* Auditor discuss report with allocated worker and save on supervision file
* QA social worker log it to the tracker

Quarterly:

* QA SW and QA Service Manager to provide a report to CMT and Performance Board

**Observation of Practice audit process map**

**Child Case Audit Form (2020)**

**Consider the last 12 months for this audit**

**Status:** FSW ( ) SFT ( ) Parenting ( ) Social Worker ( ) Joint Work ( )

**Type of audit:** Manager/senior ( ) CMT ( ) Deep Dive ( ) SAV ( ) Multi-agency ( ) Thematic ( )

|  |  |
| --- | --- |
| Child’s ID:  | Child’s initials and age: |
| Current caseholder/role: | Manager/Team: |
| CP chair or IRO: | Auditor/Date of audit: |

|  |
| --- |
| **Main referral factors:** |
| Domestic abuse |  | Substance misuse |  | Mental ill health |  | CCE/ Serious Youth Violence  |  |
| Physical abuse |  | Sexual abuse |  | Emotional abuse |  | CSE |  |
| Neglect |  | Physical disability or illness |  | Young carer |  | Youth homelessness |  |
| Other (FGM, Trafficking, Honour based violence, parenting): |  |
| Date referral FR? |  | Re-referral within 12 months? |  |
| Re-referred for a similar issue? |  | FR decision made in 24 hours? |  |
| Which teams in the service have been involved last 12 months? |  |
| Number of allocated workers since last referral? |  |

|  |  |
| --- | --- |
| **File recording:** consider how these areas were used on the intervention | **Quality** |
| **Demographics**: name, DoB, contact, relationships, ethnicity, religion, disability | Good ( ) Requires update ( ) |
| **Genogram:** extended family, peer networks… | Good ( ) Requires update ( )  |
| **Chronology:** life events/changes, strengths, unmet needs, agencies involvement | Good ( ) Requires update ( )  |
| **Case notes:** well structured, up to date, clear picture of intervention | Good ( ) Requires update ( )  |
| **Case summary:** concise, reviewed following significant event | Good ( ) Requires update ( )  |
| **Appropriate flags**: Misper, CSE, CWD, EHCP, HZD… | Good ( ) Requires update ( )  |
| **Closure summary:** work done, ongoing needs, sustainability plan, SU’s feedback | Good ( ) Requires update ( )  |
| **Updates required:**  |
| **Judgement:** Outstanding ( ) Good ( ) Requires improvement ( ) Inadequate ( ) |

|  |
| --- |
| **Service user feedback** (auditor to contact the children/parents/carer)1. What is going/went well?
2. What can/could have been done better?
3. Are/were you clear about the reason for this intervention and what is expected from you/your family?
4. What changes have been achieved for you and your family?
5. Scaling Q - If 0 was a service where you did not feel listened to and no positive change was made for your child and 10 was a service where you felt able to work with us and positive change has been made for your child?
 |
| **Parent/carer 1:** Resident ( ) Non-resident ( ) |
| **Parent/carer 2:** Resident ( ) Non-resident ( ) |
| **Young person/child:** |

|  |
| --- |
| **Assessment/Mapping** (S47; SAF; Parenting Assessment; CiC Care Plan Analysis; Specialist Assessments ie GCP2, RHI, CSE Form): |
| **Reflect on how assessment(s) for the child were undertaken and recorded. Were they appropriate and effective given the child’s situation and needs?** | Strengths | Areas for improvement |
| **Grading Evidence:*** Identification of Existing Safety, Harm, Danger
* SoS methodology: collaborative, accessible, safety goals, considering diversity and identity, scaling
* Child’s voice (verbal and non-verbal)
* Contribution from child, both parents, carers, extended family, relevant agencies
* Considered previous interventions, family functioning, chronology
* Analytical
* Within timescale
 |  |  |
| **Judgement:** Outstanding ( ) Good ( ) Requires improvement ( ) Inadequate ( ) |

|  |
| --- |
| **Child’s plan** (Action plan/CIN/CP/care plan/placement plan/pathway plan…): |
| **Do the plans address the needs identified at the point of the referral and by the assessment?** | Strengths | Areas for improvement |
| **Grading Evidence:*** Actions linked to danger statement/analysis
* Realistic and evidence based
* Actions SMART (with who, what, by when)
* Child’s voice: child’s views influenced the plan
* Recognise child’s identity/diversity
* Co-created and shared with families/child
* Contingency plans
 |  |  |
| **Judgement:** Outstanding ( ) Good ( ) Requires improvement ( ) Inadequate ( ) |

|  |
| --- |
| **Purposeful Interventions** (direct work, building family networks, safety planning…) |
| **Is there evidence of high quality, evidence-based direct work supporting improved outcomes?** | Strengths | Areas for improvement |
| **Grading Evidence:*** Child seen alone, in different settings, within timescale
* Developmentally appropriate, therapeutic, creative tools, resources and interventions
* Family networking and family led safety plans
* Set out in plans and reviews
* Clearly recorded
* Use of direct work kits and resource libraries
 |  |  |
| **Judgement:** Outstanding ( ) Good ( ) Requires improvement ( ) Inadequate ( ) |

|  |
| --- |
| **Reviews (TAF, Network meetings, Children in Care Reviews, Child in Need Reviews, Child Protection Reviews):** |
| **Are reviews effective interventions supporting change and promoting outcomes?**  | Strengths | Areas for improvement |
| **Grading Evidence:*** Child has contributed and influenced the review – Participation, Advocacy, Engagement
* Family/extended family participation
* Professional network effective
* Reflective review minutes/report
* Within timescale
* Participatory chairing, collaborative approaches
 |  |  |
| **Judgement:** Outstanding ( ) Good ( ) Requires improvement ( ) Inadequate ( ) |

|  |
| --- |
| **Risk management** (Locality meeting; CP Strategies; Section 47 Investigations; Critical Case Discussions; Professionals Meetings; MARAC; MAPPA) |
| **Has the approach taken to manage risk been proportionate, safeguarded children from further harm and enabled effective outcomes?** | Strengths | Areas for improvement |
| **Grading Evidence:*** Threshold decision in line with legislation
* Immediate and future safety actions
* Promoting positive risk taking/independence
* Intervening proportionately
* Contextual approaches used (ie peer mapping, disruption, location plan)
* Clear rationale and decision-making linked to SMART multi-agency planning
 |  |  |
| **Judgement:** Outstanding ( ) Good ( ) Requires improvement ( ) Inadequate ( ) |

|  |
| --- |
| **Management oversight** (Line manager; service manager; IRO; CP Chair): |
| **Is there evidence that reflective supervision and management oversight is supporting high quality, effective interventions to be delivered?**  | Strengths | Areas for improvement |
| **Grading Evidence:*** Management decisions and rationale recorded at key decision points
* Evidence-based thinking
* Reflective and analytical
* Actions agreed and recorded
* Timely and Ad hoc supervision
* Robust CP chair/IRO oversight
 |  |  |
| **Judgement:** Outstanding ( ) Good ( ) Requires improvement ( ) Inadequate ( ) |

|  |
| --- |
| **Impact – What does it all mean for the child?** |
| **What evidence is there positive difference to the child (changes in the child’s relationships, education, health, emotional well-being, community links, and permanency? How sustainable is this change?** | Strengths | Areas for improvement |
| **Grading Evidence:*** Improved safety for the child
* Wellbeing indicators
* Sustainability plan
* Well-managed endings and hand-overs
 |  |  |
| **Judgement:** Outstanding ( ) Good ( ) Requires improvement ( ) Inadequate ( ) |

|  |
| --- |
| **Based on Ofsted grade descriptors has the service provision over the last 12 months been:** |
| Outstanding ( )  | Good ( ) | Requires improvement ( ) | Inadequate ( ) |
| **Improvement** – What would it take to move this case to Good or from Good to Outstanding? |
|  |
| **Comments on organizational learning (training, policy, systems…)** |
|  |
| **Action Plan for Improvement** |
| **Action Required** | **To be completed by** | **By when** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Moderation** The moderator must:1. Review whether there is sufficient evidence to support the grading decision against the practice guidance
2. Sample the child’s record to review consistency of decision making
3. Regrade domains where required
 |
| **Moderators’ Findings:****Moderator/sign off date:** |

|  |
| --- |
| **Post moderation staff and supervisor feedback about this audit:**1. Date discussed it in supervision with your manager?
2. Learning points from that audit?
3. Changes on your practice as a result of this audit?
4. Recommended actions completed?
5. Considerations in relation to the service user’s feedback?
 |
|  |

**Re-audit, if Inadequate (not with worker):**

|  |  |
| --- | --- |
| Auditor: | Date of re-audit:  |
| **Actions reviewed and improvement achieved**  |
|  |
| **Re-audit graded as: Outstanding ( ) Good ( ) Requires improvement ( ) Inadequate ( )** |
| Actions required  | Responsibility | By when |
|  |  |  |
|  |  |  |
|  |  |  |

**Please, save this audit record on your supervision file.**

**QAF Observed Practice audit form (2020)**

**Status:** **Status:** FSW ( ) SFT ( ) Parenting ( ) Social Worker ( ) Joint Work ( )

**Type of audit:** Manager/senior ( ) CMT ( ) Deep Dive ( ) SAV ( ) Multi-agency ( ) Thematic ( )

**with children and families ( ) case discussion ( ) supervision session ( )**

|  |  |
| --- | --- |
| Child’s ID:  | Child’s initial and age: |
| Currently allocated worker: | Role/Team: |
| Manager: | CP chair or IRO: |
| Auditor: | Date of audit: |
| Brief Summary of observation |  |

|  |
| --- |
| **Preparation:**1. Was there appropriate planning for the work?
2. Was family consent obtained for this observation?
 |
| Strengths  |
| Areas for improvement/actions  |
| O | G | RI | I |
| **Engagement:**1. Did the worker engage the participants/families/children and ensure all were able to participate appropriately in the work?
2. Did the work involve developing solutions that were understandable and realistic for the child/family?
 |
| Strengths  |
| Areas for improvement/actions  |
| O | G | RI | I |
| **Purpose:**1. Was the work well managed, reflective and purposeful?
2. Were the concerns openly discussed?
 |
| Strengths  |
| Areas for improvement/actions |
| O | G | RI | I |
| **Practice Framework :**1. Did the worker gather appropriate information, make relevant enquiries and assess the situation including identifying and addressing any risks?
2. Was SoS methodology used?
3. Was the approach systemic?
4. Did the work considered contextual risks?
 |
| Strengths  |
| Areas for improvement/actions |
| O | G | RI | I |
| **Diversity:**1. Did the work focus on the child’s specific personal needs including any diversity considerations?
 |
| Strengths  |
| Areas for improvement/actions |
| O | G | RI | I |
| **Child’s voice:**1. Were the child’s views obtained and used in the course of the work?
 |
| Strengths  |
| Areas for improvement/actions |
| O | G | RI | I |
| **Outcome and Impact:** 1. Was the work effective or likely to be effective in terms of progress and positive outcomes for the child?
 |
| Strengths  |
| Areas for improvement/actions  |
| O | G | RI | I |

|  |
| --- |
| **Service user feedback (auditor to contact the children/parents/carer)**1. What is going/went well?
2. What can/could have been done better?
3. Are/Were you clear about the reason for this intervention and what is expected from you/your family?
4. What changes have been achieved for you and your family?
5. Scaling - if 0 was a service where you did not feel listened to and no positive change was made for your child and 10 was a service where you felt able to work openly alongside the social worker and significant positive change has been made for your child, where would you score your experience of
 |
| **Who is giving feedback? Date?** |

|  |
| --- |
| **Based on Ofsted grade descriptors is the service provision graded as:** |
| **Outstanding ( )**  | **Good ( )** | **Requires improvement ( )** | **Inadequate ( )** |
| **Overall comments about the grade:** |
|  |
| **Wider system learning recommendations (policy, process, resources, training…)** |
|  |
| **Staff feedback about this audit report/date:**1. Have you discussed it in supervision with your manager (date)?
2. What are your learning points from that audit?
3. What have you changed on your practice as a result of this audit?
4. Have you completed the recommended actions?
5. If you audit have been graded Requires Improvement or Inadequate, please add you improvement plan.
6. What are your considerations in relation to the service user’s feedback received (if on form)?
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**Please, save this audit record on your supervision file.**