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**Operational Guidance 2022**

Contents

1. [**Introduction**](#Introduction)
2. [**Integrated Localities**](#IntegratedLocalities)
   1. Integrated Management Team
   2. Access to Services
   3. Integrated Locality Meetings
   4. Safer Options Meetings
   5. Team Around the School
3. [**Families in Focus Teams**](#FamiliesinFocusteams)
4. [**Families in Focus Interventions**](#FamiliesinFocusInterventions)

**Case Work**

Strengthening Families Keyworkers

Family Support Work

Social Work

Early Help Module and recording

Evidence of Impact

**Specialist Interventions**

Parenting

Youth and Community Team

Adult mental health and Primary mental health specialist (AWP/CAHMS)

DWP Employment Advisors

Next Link IDVA

Drug and Alcohol Advisor

Education Inclusion Manager

Youth Justice Support Worker

Partnership Manager

1. [**Families in Focus Performance and Quality Assurance**](#FamiliesinFocusPerformance)
   1. Insight Team and PBR
   2. Audits and Quality Assurance Framework

**Appendices**

1. Introduction

Early Help is a system wide approach that supports children, young people and their families to access support as soon as a problem emerges. This can be at any time in a child’s life, from early years through to adolescence. Early help describes a shared endeavour whereby universal and targeted services seek to improve outcomes for children by providing timely and wide ranging support and therefore reducing the risk that those problems will become worse.

Preventative and early help responses are critical in supporting children from experiencing adversity however, at times, children, young people and their families will require a more targeted and multi-agency response to their difficulties, either due to complexity or significance. At these times, a referral to Families in Focus will be of great benefit. The provision of more targeted support and multi-agency co-ordination will further support children and families to achieve position and sustained outcomes. This document seeks to provide an overview of the range of services that Families in Focus offers across the city.

1. Integrated Localities

Vision statement

[Children and families will receive the right support at the right time by the right service in the right place](https://www.proceduresonline.com/bristol/cs/values.html).

The [Keeping Bristol Safe Partnership](https://bristolsafeguarding.org/policies-and-guidance/) brings together organisations from all areas of the city to work towards delivering the best outcomes for children and young people. Bristol takes a strengths based approach to working with families and managing risk. We are a restorative city and are now drawing on the knowledge and evidence base to become an ACE aware city. Practice is trauma informed and takes a trauma recovery approach in some sectors. Bristol takes a strengths based approach ([Signs of Safety](https://www.signsofsafety.net/)) to working with families and managing risk. We are a restorative city and are now drawing on the knowledge and evidence base to become an ACE aware city. Practice is trauma informed and takes a trauma recovery approach in some sectors.

Bristol children and families services are arranged in 3 localities. Each locality works closely together to provide a seamless service to children and young people, providing timely and proportionate support depending on the child and family’s needs.

**Integrated Management Teams**

Each locality has an integrated management team which includes Social Work Service Manager, Children’s Centre leads, the Families in Focus area managers and Youth Offending Team Leaders. The team are responsible for making considered joint decisions about the services provided to children and families in their areas.

**Access to services**

Most children and young people will have low level needs that are supported through a range of universal services including:

* Health services such as GP's, Midwifery, Health Visiting and School Nursing
* Nurseries and Pre-School Playgroups
* Schools and Colleges
* Children's Centres
* Community, sport and leisure facilities
* Housing
* Youth Services

These services are well placed to support children and families as they have lots of contact with them and know them well.

The changing nature of needs of the child or parent can mean the level of support required is likely to vary. As needs or concerns escalate it may be appropriate that a request for additional support is required. Additional support can be accessed through targeted services, examples of these include:

* Health services such as Child and Adolescent Mental Health Services (CAMHS)
* Targeted Youth Services (TYS)
* Children's Centres
* Voluntary and community sector organisations
* Specialist educational services and establishments

When a more intensive, multi-agency response is required to assist a child and family, then it may be necessary to make a referral to the area Families in Focus team. Access to Families in Focus support is through the completion of the [First Response online form](https://www.bristol.gov.uk/en_US/social-care-health/report-concern-about-child-for-professionals) or if already open to another team, through the weekly Locality Meetings.

Families need to consent to a referral being made and agree to working with agencies and information being shared. Referrers will also need to demonstrate that they have talked to other professionals to show that they have been actively involved in information sharing about a family or young person.

Families in Focus adopt a whole family approach using strengths based practice and child centred plans and identifies and agrees goals with family members. The threshold for intervention and support for Families in Focus is described in the [Threshold Guidance 2018](https://bristolsafeguarding.org/media/27271/bscb-multi-agency-threshold-guidance.pdf).

Advice may be sought from Families in Focus about suitable referrals in the relevant locality as highlighted below:

* **North**: 0117 35 21499 or email [familiesinfocusnorth@bristol.gov.uk](mailto:familiesinfocusnorth@bristol.gov.uk) (via secure email only)
* **East Central**: 0117 35 76460or email [familiesinfocuseastcentral@bristol.gov.uk](mailto:familiesinfocuseastcentral@bristol.gov.uk) (via secure email only)
* **South**: 0117 90 37770or email [familiesinfocussouth@bristol.gov.uk](mailto:familiesinfocussouth@bristol.gov.uk) (via secure email only)

First Response triages all online web forms and those referred with insufficient or incomplete information are not accepted and are returned to the referrer.

**Integrated Locality Meetings**

Locality Meetings occur in all three localities across the city of Bristol on a weekly basis. This is a forum in which a group of multi-agency professionals:

* Discuss and review cases that are referred from and to another service in the Locality
* Consider referrals for Families in Focus support
* Consider referrals for Children Centre 1:1 targeted family support
* Consider non–urgent referrals for area social work teams
* Consider referrals from social workers for 1:1 parenting support from the Parenting Support Team in FIF
* Allocate resources to the child and family where appropriate
* Signpost the referrer to appropriate resources/services to meet the needs of children and young people

The Locality Meeting accepts referrals from anyone working within Children and Families Services (Appendix 3)

The Locality Meeting will discuss the case and make a decision 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 Health/Education or other appropriate professional to act as Lead Professional and co-ordinate a multi-agency intervention to meet the multiple needs of a child/family.
* Families in Focus worker allocated who will undertake a specific piece of intervention family, as part of a multi-agency team.
* 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 acting as the Lead Professional, to deliver a specific piece of intervention.
* Families in Focus worker to act as a Lead Professional and co-ordinate a multi-agency intervention to meet the multiple needs of a child/family.
* A Social Worker from an area social work team 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 (see Appendix 3).

When Social workers are requesting targeted support from a childrens centre, whether that is for an intervention alongside the social work plan or a request for lead professional, the relevant protocol should be followed (Appendix 4).

When social workers in the areas work alongside a Parenting Practitioner in Families in Focus, the relevant protocol should be followed (Appendix 5)

**Safer Options meetings**

Safer Options is a coordinated Multi-Agency response to serious youth violence, gang and knife crime in Bristol. It is composed of three operational groups (one for each locality) and a coordination team. It is a collaborative approach between Bristol City Council and Avon and Somerset Police and adopts a public health approach to serious youth violence.

Operational groups within Safer Options coordinate with existing lead professionals and enable them to access a strengthened offer for a young person/family. When contextual safeguarding hotspots are identified, the operational locality teams can liaise and co-ordinate between the Police and Youth workers to arrange outreach to those locations.

Additionally Safer Options can support and co-ordinate community events aimed at young people at these locations as a means to divert vulnerable young people and disrupt the activities specific to the location.

Team Around the School

Team around the school is a partnership between schools, Families in Focus, area social work and other agencies and coordinated by Families in Focus.

Its purpose is to;

* Work together to provide early help and support and when appropriate advice and guidance to co-ordinate a plan to meet the family’s needs.
* Focus on prevention rather than crisis intervention and provide an opportunity for early conversations to take place about children and young people that schools are worried about.
* Prioritise support and avoid duplication of services.
* Support schools to manage and support children and young people by providing access to specialist advice and guidance

All Primary, Secondary and Specialist educational settings are provided with a Team Around the School (TAS) offer. This includes TAS meetings within schools settings, advice and guidance for non-urgent safeguarding advice from a FiF social worker and termly surgeries with the FIF Locality offices. The frequency of TAS meetings that a school would receive will depend on the assessed need for that particular school as identified through data (eg TFD, deprivation index). Schools are invited to invite chosen practitioners to their TAS meetings; including school nurses, PMHS colleagues and educational psychologists where possible and if deemed helpful.

The Terms of Reference and other documents relating to the Team around the School offer can be found in Appendix 6.

1. Families in Focus teams

There are 3 Families in Focus teams in Bristol. Team structures for each area can be found in Appendix 7.

The Family in Focus teams are based at the following locations:

* South: Symes House, Peterson Square, Bristol BS13 0BD
* North: Ridingleaze House, Ridingleaze, Lawrence Weston, Bristol, BS11 0QE
* East Central: Welsman, Princes Street, Bristol BS2 9JA

1. Families in Focus Interventions

Families in Focus comprise of the following case working professionals

* Family Support workers (including Children’s Centres)
* Strengthening Families Key workers
* Parenting practitioners
* Mental Health practitioners
* Domestic Violence & Abuse worker
* Employment adviser
* Social workers
* Substance Misuse Specialist
* Youth Justice Support Worker
* Youth and community workers
* Partnership Manager

Family Support Workers and Keyworkers act as lead professionals when working with children and families.

Families in Focus Social Workers may case hold a small caseload whilst undertaking statutory assessments as detailed below. They will also support the work of lead professionals within the team.

Youth Justice Support workers and Youth and community workers will in some circumstances be the only professional from FIF involved with a young person and at other times will support the work of a lead practitioner.

The other specialists as described above work alongside these practitioners when the needs of the family warrant this.

All case holding staff will inform families as to how we handle their information and ask them to sign the How we handle your information form (Appendix 8) to demonstrate they are informed.

**Key Workers**: The Strengthening Families Team is an intensive family support service, which supports families to support their children and young people and to stay together. This service is for families who are experiencing multiple and competing stressors where there is a strong possibility of a child or young person becoming a Child in Care or engaging in serious criminality.

Children on the edge of care and / or custody will have a multitude of issues to disentangle and require intensive work over a longer period of time, in order to achieve positive and sustainable outcomes for all of the family. Keyworkers are trained in parenting interventions which can include PPAP and NVR (see below for explanations) and understand how to de-escalate volatile situations and create safety plans in collaboration with families and young people. Keyworkers will work intensively with up to 7 families per full time worker for up to 12 months.

**Family Support Workers**: Work with children, young people and families in a range of different ways, depending on the needs within the family at any given time. This could include for example, support around mental health, domestic violence or substance misuse, unemployment / financial difficulties or SEND / education issues. Family Support workers take a Whole Family approach, considering and supporting the needs of the whole family. On average, Family Support workers will work with 8 – 10 families for up to 6 months, although at times support is required for a longer period of time.

When acting as lead professional for a family, the worker will:

1. Complete a Single Assessment([SAF](http://www.proceduresonline.com/bristol/cs/files/single_assessment_framework.pdf)) using the [Signs of Safety](https://www.signsofsafety.net/what-is-sofs/) model and ensuring that the child(ren’s) voice is heard and evidenced. All relevant family members are included within the assessment and children are seen and spoken to. Lead Professionals will support families to identify a support network, this could include close family friends, relatives and professionals. The family’s support network and agencies working with the child and family should contribute to the assessment in all cases. The analysis of the information gathered during the assessment process is key to identifying the level of need or risk that the child may be facing within their family. An initial plan will be developed in the form of Next Steps as part of the Signs of Safety mapping process.
2. Regularly review the Signs of Safety Mapping and Next Steps/Family Plan. The Lead Professional will also identify which issues set out in the [Family Outcome Plan](https://www.bristol.gov.uk/documents/20182/34776/Bristol+Family+Outcome+Plan/536c8171-b8e3-47ad-9cf6-aff6a1913d85) are applicable to a family and select relevant outcomes.
3. Review the Signs of Safety mapping/Family Plan through Team Around the Family or Family Network Meetings, ensuring that the network are accountable and complete tasks as agreed. (Appendix 9)

When a Lead professional role has not been agreed but a specific, time limited piece of work is required with a child, young person or family, a **short intervention episode** will be used. In these situations there is no requirement for a SAF assessment as the need and intervention of the child or young person is already well understood. The reason for the Short intervention plan will be clear and what outcomes are to be achieved. Sessions are pre-planned and recorded in the session plan. Outcomes are completed before the plan is finalised.

For a more detailed breakdown of the case work process and timescales for the assessment and interventions please refer to the Families in Focus Process chart Appendix 9.

The lead professional will support the network to develop a sustainable plan so that both they and the professionals working with the family are clear as to the family’s future after Families in Focus involvement. In some cases a lead professional will be identified to continue to co-ordinate the child and family plan.

**Social Work**

The Families in Focus Social worker (SW) has a mixed role of support, assessment and consultation:

1. **Support for Families in Focus lead professionals and specialists**

To prevent the escalation of concern and the need to refer to area social work teams for support. This could be by assisting with home visits when difficult conversations need to be had, to chair a difficult TAF meeting or input on assessments of risk.

1. **Advice and guidance for partner agencies and schools**

Families in Focus provides a valued advice and guidance service for partner agencies (p4, Ofsted JTAI, Dec 2017). Advice and guidance can be accessed by calling the area Families in Focus team. This is available to all partners working with children and families.

1. **Team Around the School (TAS)**

Social Workers will work closely with the schools in their Locality to provide advice (as above) and attend TAS meetings (see page 5)

1. **Training and support for our partners**

The Social Worker will support the **partnership managers** in the delivery of multiagency assessment training to provide real case examples and promote discussion around urgent and non-urgent referrals. This will build on the work of the Safeguarding in Education Team (SET).

1. **Social Work specialisms**

Families in Focus Social Workers will develop specialisms in key areas of Social Work practice, including CSE, FGM, Prevent, Self-Harm, Child to adult violence, Substance misuse and neglect, amongst others.

1. **Signs of Safety**

Families in Focus Social Workers will be confident in using Signs of Safety (SoS) and will lead on complex case meetings and team mappings. They will support the facilitation of family and support network meetings for Families in Focus practitioner cases.

1. **Statutory assessments to be completed by Families in Focus Social Workers**

Families in Focus Social Workers will be responsible for carrying out specific statutory assessments as directed by the Families in Focus co-ordinator. All Child in Need assessments will be completed on LCS. These include:

* **Intentionally Homeless Families (Section 17 of the CA 1989) –** when a family is deemed at risk of street homelessness
* **Section 85 Assessments** – where a child or young person is in hospital for 12 weeks or more
* **Young Carers assessments under Section 17ZA -** If a Local Authority considers that a young carer may have support needs, they must carry out an assessment under Section 17ZA. They must also carry out such an assessment of a young carer, if the parent of the young carer requests one
* **Section 7 assessments for Private Proceedings –** if a case open to Families in Focus is the subject of private proceedings

All statutory assessments that are completed by Families in Focus Social workers will need to be completed within timescales (usually 45 days). At the end of the assessment, there will be a plan for either closure, step down to universal services, internal allocation to a Families in Focus service, or, if there are safeguarding concerns, allocation to the area social work team. Requests for statutory social work allocation will go through the weekly locality meeting.

**Early Help Module**

Families in Focus use the Early Help Module (EHM) in Liquid Logic to record all their case work. The user guide and helpful tips for EHM can be found [here](https://www.proceduresonline.com/bristol/cs/user_controlled_lcms_area/uploaded_files/EHM%20User%20Guide%20case%20closure.pdf). Please refer to Families in Focus process map in Appendix 9 for full details relating to timescales.

**Genograms, Chronologies, and Case Summaries**

All cases should have a Genogram, Chronology, and a Case Summary on EHM.

A genogram (or family tree) should be completed with every family at the earliest point of involvement. Genograms should always include resident and non-resident family members. A good genogram will explore strengths and support networks in the family system, as well as identifying estranged relationships or those that may need support to improve.

A chronology is a list of significant events that, when put together, help to demonstrate progress or lack of progress, towards family and agency goals. A good chronology will help the worker to keep track of a family’s engagement with services and the difference the intervention is making to improve the child or families situation. All significant events should be added to the chronology periodically.

A case summary should summarise the reason for involvement with the child and family and include enough information regarding the case to ensure that anyone looking at the record, can gain an up to date picture of what is happening with that child or young person. The case summary should be reviewed following each review (TAF) at the least, or after a significant event. The case summary could usefully also include the names and telephone numbers of relevant family members and professionals working with the family.

**Case notes and Closure summaries**

Case notes should be written in such a way that should a child who requests to access their records in the future, could easily understand the processes taking place and the reasons for decisions that are made and actions taken.

Case notes should be completed within 7 days, unless there is a *significant event*, when the case record should be completed within 24 hours.

Case note recording should be made against every child in the family included in the episode as well as the adult in the episode that the case note relates to. The “Reason for Contact” in the case note record should be short and succinct and the main recording completed in “Detailed notes”. It should be evident within a case note what the purpose of the visit / session is and who in the family is seen and spoken to.

Case closure records are important as they will provide First Response with a quick and easy overview of Families in Focus involvement with the family should the case be re-referred. The closure record should clearly state the reason for the referral, the work that was completed or not completed, the reason for closure and service user feedback. Any outstanding actions or risk factors should be identified and any safety plan or exit plan should be included. A service user feedback questionnaire should be completed and attached (see Quality Assurance Framework).

**Evidence of Impact**

**Progress against the Family Outcome Plan**

Information about the assessed presenting needs of **each family member and progress** against the Family Outcome Plan objectives must be recorded in the action plan area of EHM. A person or household search on [Think Family database](http://w-thfprod-app1/Reports/Pages/Report.aspx?ItemPath=/ThinkFamiliesReporting/Think+Family+Database) will give you initial information which you may add to as a lead professional concern when you have completed an assessment. Many of the outcomes in the [Family Outcome Plan](https://www.bristol.gov.uk/documents/20182/34776/Bristol+Family+Outcome+Plan/536c8171-b8e3-47ad-9cf6-aff6a1913d85) require a lead professional to evidence and in many cases with a validated outcome measure.

**Routine outcome monitoring tools** must be used (where applicable) in partnership with the family and as a minimum to benchmark where family members are in relation to identified goals, on a frequent basis to ensure there is clarity about what has been achieved/what has changed. All interventions, no matter whether they are brief or longer term will identify safety goals, within the Signs of Safety mapping. Further information on ROMS can be found on the [CORC website](https://www.corc.uk.net/outcome-experience-measures/)

Specialist interventions

Families in Focus have a number of Specialists in the locality teams, including:

* Parenting practitioners
* Youth and Community workers
* Social Workers
* Adult Mental Health Specialists – offering initial assessments, direct work, signposting, consultation and in house training
* Primary Mental Health Specialist (CAHMS) - offering initial assessments, direct work, signposting, consultation and in house training
* Independent Domestic Violence Advisors – offering direct work and signposting
* DWP Employment Advisors – offering direct work to parents and family members to enable access to employment and training
* Substance Misuse Specialists – offering direct work, co-work with FiF practitioners and consultation around adult drug and alcohol treatment, signposting to additional services and offering staff training around substances and engaging substance users
* Education Inclusion Managers
* Youth Justice Support Workers

Specialists will work alongside the lead professionals within Families in Focus and join the Team around the Family. On occasion they may also support children and families working alongside other lead professionals from both universal services and area social work teams, with clear agreement and direction from the FiF Area Manager. In some circumstances a specialist may become the lead professional within a family; particularly when all other parts of the family action plan have been achieved. This will be with the agreement of the Families in Focus Co-ordinator.

Specialists should be added as a “co-worker” through the “involvements” tab in EHM. All specialists will record their work on EHM in the open epside using their relevant case note “type”.

Parenting

Parenting practitioners can receive referrals directly from lead professionals, via the Locality Meetings, or from parents who wish to attend group programmes directly via the [parenting menu](https://www.bristol.gov.uk/documents/20182/33031/Parenting+courses+in+Bristol_.pdf/3701a6a9-5855-6458-60e8-dfc8f01412b9).

The criteria for a parenting service are set out below. Families will be offered up to three 1:1 sessions in the home to complete an assessment. An assessment will include observation of parent/child interactions, asking about parents’ previous experience of courses, finding out about blocks to using positive parenting skills and to find out about parenting goals.

The parenting service has three tiers of support for parents in addition to a consultancy and capacity building role;[[1]](#endnote-1)

1. **Criteria for one to one evidence based parenting intervention**.

This will take place in a setting or home at practitioner’s discretion. This is a bespoke service 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. Where possible, the service aims to include both parents and an adult who is supporting a parent.

Priority groups are parents of children with challenging behaviour (e.g. SDQ score of 18 and above) **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
* Parents who are dealing with CPV (child on parent violence)
* Shift workers and other people whose work patterns prohibit group attendance
* Kinship carers
* Care leavers

1. **Criteria for CYP-IAPT Incredible Years (IY) courses**

* Parents of children ages 3-10
* A parenting assessment including use of SDQ where child scores 18 or over
* And/or parent defines or describes their child as having challenging behaviour and this is supported by a school assessment (eg school nurse) or a primary mental health specialist
* Where a parent has not completed at least 80% of an IY course previously (or if 1:1 other Evidenced Based Parenting Programmes (EBPP) selected)

The maximum intervention time will be over 6 months and up to 16 sessions. This includes support with implementation in the home with families that have completed a course and would benefit from implementation support.

1. **Group based parenting programmes targeted support for parents of teenagers; Parents Plus Adolescents Programme, Non Violent Resistance and for parents of anxious children aged 3 – 10: Timid to Tiger**

These programmes are aimed at, but not exclusively delivered to, parents at the prevention and early intervention level of need.

Average intervention time = 16 weeks (assessment and group delivery amounting to up to 16 sessions)

1. **The Nurturing Programme**

These universal groups are for parents who do not meet the criteria for a 1:1 EBPP or CYP-IAPT IY Programme who have children aged 2 -10.  Nurturing Programme usually run through Children’s Centre’s and is supported by small grants and quality assurance from the Parenting Team.

1. **Capacity building and quality assurance**

The parenting team will:

* Coordinate the delivery of Evidenced Based Parenting Programme (train the trainer) training
* Liaise with the Partnership Managers to support schools and Children’s Centres to deliver EBPP with allocation of small grants and quality assurance processes
* Coordinate community based EBPP, allocate small grants and publicise commissioned parenting courses
* Deliver training to the wider sector (Work with Parents and Families training, parenting models and Routine Outcome Monitoring (ROM) training, especially commissioned providers and statutory social work teams.
* Arrange and facilitate programme specific supervision
* Quality assure through practice observation, every practitioner delivering EBPP and in receipt of a small grant per year.

1. **Consultancy service**

Parenting supervisors provide a flexible and responsive consultation service to Lead workers in Families in Focus and Social workers by appointment. It is helpful for Social workers to have had a consultation with a Parenitng Supervisor before making a referral to Loclaity for a 1:1 Parenitng request.

**Youth & Community Work Team**

The specialist Youth and Community Work team has 4 main areas of work.

1. **Voluntary and community sector**

To meet increasing demand and complexity BCC Youth and Community Workers  will work in partnership with external youth services providing strategic leadership and assist in increasing capacity in the sector and ensuring that our hardest to reach and most vulnerable children and young people are able to access age appropriate provision.

The team will actively engage with voluntary and community organisations to support with; policy development, fund raising, training, developing organisation’s knowledge of curriculum/resources, support to link with BCC services and/or direct work all dependant on organisational need.

* The team will complement Targeted Youth Services commissioning. The team will be able to add short term capacity, meet identified gaps or prioritise emerging issues.
* Co-ordinate and contribute to partnership responses to local neighbourhood issues by working with youth and play services problem solving community issues such as, but not limited to, an increase in reported youth crime and local Antisocial Behaviour (ASB).
* The team will work with provider commissioned to provide youth sector support through the youth services recommissioning. The team will work in partnership to support the voluntary sector to develop sustainable youth & play services.
* Voluntary and community sector partnerships: support will be offered to identified voluntary and community sector groups based on need identified by the locality.
* Senior Practitioners will chair the Targeted Support Provider meetings.
* Families in Focus commission a range of voluntary sector youth providers to deliver 1:1 mentoring to support Strengthening Families team outcomes

The Senior Youth and Community worker in South and North lead on a monthly meeting to discuss community response to emerging Antti Social Behaviour. The Terms fo Reference for these meetings can be found in Appendix 10.

1. **Consultancy**

Provide information, advice and guidance to Families in Focus teams and the voluntary and community sector and to increase youth working capacity, knowledge and awareness. Specialist youth worker input and advice can be offered via the Locality Meetings or Team around a School.

1. **Work with equality groups**

Citywide groups and programmes are open to all young people across the city. The service will work with schools and partners across the city to lead and promote groups and programmes, especially increasing participation of hard to reach young people and those young people from equality groups. The team hold specific skill based leads in equalities, such as work with Black and Minority Ethnic young people, Refugee and Asylum Seeking young people, LGBT young people, Young Carers and Disabled young people, a whole team approach is taken to supporting this work

1. **Young People’s voice and influence**

Some of the specialisms of the Youth and Community Work include:

* UK Youth Parliament
* Bristol City Youth Council, including forums
* Bristol Youth Mayors
* Working with specific equalities groups
* Training volunteers

The service will continue to support Bristol’s youth democracy initiatives through:

* Bristol City Youth Council
* Area Youth Forums

Adult mental health specialists (AMHS) & Primary mental health specialists (PMHS)

The PMHS’ & AMHS’ located in Families in Focus are employees of Avon and Wiltshire Mental Health Partnership.

They provide a combination of direct work to families as a ‘co-worker’ or TAF member; consultancy, training and in some circumstances supervision.

The PMHS & AMHS roles comprises three main components;

1. **Specialist Mental Health Consultation**

Consultation provided to Families in Focus practitioners is of a specialist nature drawing on the experience, skills and knowledge of the AMHS or PMHS. Universal providers and area social work colleagues may at times need to make use of specialist mental health consultation. This will be discussed on a case by case basis at the weekly locality meetings. There is a continuous educative element to all consultations, with the aim that practitioners and lead professionals will be “upskilled” through the support of mental health specialists within the team.

In all settings the main features of specialist consultation are:

* To provide advice and direction to Focus in Families workforce regarding children and adults (as applicable) presenting with either emerging or enduring mental health needs.
* To offer case workers a reflective space to think about their encounters with the children /adults in question and their families.
* To support Families in Focus workers with signposting children /adults and their families to appropriate resources and services when PMHS /AMHS input is not required on an on-going basis, or needs can be met within universal services.

1. **Direct Work**

A large proportion of the role is direct work which includes any direct contact with the child, adults, their families and the wider professional team around the family.

This includes attendance at any meetings / home visits / school visits etc. Direct work would also include any interventions offered to individual adults and their families facilitated by the Mental Health Specialist.

The aim of any Mental Health Specialist-led direct work would usually be to facilitate engagement with the child /adult and carry out an initial assessment of their presenting mental health need with the aim of referring on to appropriate mental health services. On occasion, the PMHS or AMHS may deliver a time-limited therapeutic intervention to reduce likelihood of deterioration of an individual’s mental health or when no suitable service has been identified or where waiting lists are extensive.

1. **Training**

Bespoke mental health training sessions can be offered to the Families in Focus teams as part of the AMHS role. These may be both locality based and have a city wide remit. This element of the role will be negotiated between the AMHS and area managers on an on-going basis. It is envisaged that potential training themes will be identified through the course of the specialist consultation work.

DWP Strengthening Families Employment advisers

The employment advisers are the employees of Department of Work & Pensions and are on secondment to the Families in Focus teams during the lifetime of the government’s Troubled Families programme.

As with other specialists they combine consultancy in the form of advice, guidance and signposting to staff and direct work. On some occasions they may offer bespoke training based on themes emerging from consultancy.

**Domestic Violence & Abuse Advisors**

These members of staff are employed by Next Link and are seconded to Families in Focus teams.

The Families in Focus Domestic Violence Advisors work much like any of the other specialists, combining consultancy in the form of advice, guidance and signposting to staff and direct work with victims. On some occasions they may offer bespoke training based on themes emerging from consultancy. These advisors are fully qualified IDVAs (Independent Domestic Violence Advisors) and work as a part of the Team around the Family where domestic violence has been identified to support the victim to make positive changes.

**Substance Misuse Specialists**

The ROADS Specialist Substance Misuse Link Workers are employed by Bristol Drugs Project (BDP) as part of the Recovery Orientated Alcohol & Drugs Service treatment service for Bristol.

Their role is to provide the interface between Bristol ROADS and Families in Focus. The aim being to support the early identification of parents and other adults in families who would benefit from ROADS services and facilitating their engagement with those services to safeguard children and improve whole family health and wellbeing. They will promote a ‘Whole Family’ approach to the work and be the conduit for young people in the family to access services as Children Affected by Substances and young people involved with alcohol and other drugs through e.g. The BDP Youth Work offer with Creative Youth Network’s lead of Targeted Youth Support.

They provide:

* Referral and triage assessments into ROADS adult drug and alcohol treatment.
* A professional bridge between Families in Focus and ROADS for those already engaged in treatment to support working together.
* Signposting to additional services, including services for children and young people in the family.
* Direct work with parents or other adults in the family through one to one support as a brief or extended brief intervention for those using substances.
* Case consultation for staff, to support staff where alcohol and other drugs are impacting on the family.
* Co-work with family workers and other specialist interventions within Families in Focus.
* Staff training around alcohol and other drugs and facilitate skill development to Families In Focus staff to recognise substance use and have tools to engage in conversations with families about their use and services available.
* Up to date information about substance use in Bristol and any emerging trends that are impacting on families.

**Education Inclusion Managers**

Each of the 3 localities has an Education Inclusion Manager. They are an integral member of the Safer Options multi agency approach to responding to serious youth violence, child criminal exploitation and child sexual exploitation.

Education Inclusion Managers offer support to schools through :

* An offer of termly meetings to consider cohort, offer signposting and referrals to sector partners
* Advice and consultation over the phone / email
* Build and promote supportive and guiding relationships with schools on specific policies ie contextual safeguarding risk assessments and offer guided contextual conversations in regard to serious incidents in liaison with Police
* Access to funding streams to offer bespoke delivery of support in schools
* Representation at various city wide cross directorate meetings (eg Bristol Inclusion Panel, Out of Court Disposal Panel and DSL network meetings)
* Provision of training and webinars

Education Inclusion Managers also provide support and consultation to Lead workers in Familiess in Focus, YOT and Social workers in the locality with regards to a range of education issues including:

* Procedures around part time timetables, exclusions, support and graduated responses
* Attendance at strategy meetings, complex strategies and serious incident support
* Support in educational planning for children at risk of SYV, CCE and CSE

Education Inclusion Managers lead on the Weapons in School and Drugs in School Pathways. This is pathway that is initiated if a young person brings in a weapon or controlled substance into school and where there is no intent to harm or deal. In these instances an Education Inclusion Manager can undertake an assessment within a 48 hour period of being contacted. Support is provided to the young person via either a Youth justince support worker (for Weapons in School) or a New Leaf Bristol Drugs project worker (for Drugs in School) for a perios of up to 12 weeks.

The pupil is more likely to remain in their provision and is better supported. It can also have a benefit in limited suspension and supports safeguarding in relation to more fully realised picture of any exploitation.

**Youth Justice Support Workers**

Each of the 3 localities has a Youth Justice Support Worker working with both the Youth Offending Team and Families in Focus cases, as detailed below:

* Support young people on the edge of criminality (1:1 work)
* Support young people that have taken a weapon onto a school site
* Attend ‘Out of Court Disposal Panel’ meetings
* Attend Safer Options meetings
* Liaise with social care/schools/Police to secure positive outcomes for young people being affected by links to criminality
* Assist with activities (in and outdoor) for vulnerable young people
* Offer support to families of young people that are vulnerable to Child Criminal Exploitation

**Partnership Manager**

Each of the 3 localities has a Partnership Manager.

The Partnership Manager supervises the Specialists within the Families in Focus service and has strong working relationship with the host agencies. They each hold responsibility for developing the role and function of the Specialists in specific areas.

Partnership Managers provide a cohesive link between the Early Help workforce, acting as single point of contact for the myriad of agencies and services that operate within each Locality to support children and families. They provide training and support to the partnership.

Partnership managers provide a termly Locality based bulletin for both children and families and professionals, providing information on the support services across the age range which are free and low cost. They also arrange a quarterly Multi Agency and Networking meeting (MANS) which is locality specific. This meeting provides a rare opportunity to connect people and services together.

MANs is attended by over 100 different services and agencies including:

* + Education; pre / primary, secondary, FE mainstream and ALP
  + Health; school nurses, PMHS, CAMHs
  + Police; PCSOs/ Beat Officers
  + Voluntary sector support for children and families
  + Youth and Play

1. Families in Focus Performance and Quality Assurance

Bristol has been given ‘Earned Autonomy’ from the Troubled Families programme as a result of a rigorous selection process as of April 2018. Bristol will use Earned Autonomy to reduce demand on children’s social care services. They will do this by integrating children’s social care with Families in Focus to ensure families are referred to the right services at the right time to prevent problems escalating and demanding future costly care. They will strengthen universal services such as developing a team around the school approach, to allow schools to meet regularly with family support services and develop a foundation to better support children and families. Bristol will also develop the early help workforce and further engage the voluntary and community sector to strengthen the support available to families.

We have a Memorandum of Understanding that sets out our agreement with the Families Team at the Ministry of Housing, Communities & Local Government. Families in Focus teams will contribute to continuous performance improvement in achieving progress in relation to the outcomes set out below in our local area outcome framework and collected on [SPAR.net](http://intranet.bcc.lan/ccm/navigation/work-zone/spar-net/) (the council's performance monitoring and risk management database).

[**Insight Hub**](http://www.insightbristol.org.uk/)

Insight Bristol is an integrated analytics hub made up of staff from Avon & Somerset Constabulary and Bristol City Council based at Bridewell Police Station, Bristol.

[Insight Bristol](http://www.insightbristol.org.uk/) has developed the Think Family Database and from this unique data source, a number of predictive risk models are run. This new approach combines data from over 30 sources into a central data warehouse, giving us the best picture of social issues facing families Bristol has ever had.  This helps to inform early intervention, enabling us to target those most in need across the city.

**Quality Assurance and Audits**

The purpose of auditing our work is to ensure that we know what we are doing well and what we need to do better. Audits will be completed alongside case workers and should be seen as a positive learning experience.

Families in Focus case workers (Keyworkers, FSWs and SWs) are audited in line with the Childrens and Families Service audit cycle, detailed in Appendix 12. The form templates used with Families in Focus are modified versions of those used by Social Care to reflect the focus area of work delivered by keyworkers and family support workers.

If an audit results in an inadequate grading, the Service Manager will be informed and a clear plan will be put in place to improve the outcome of the work. The case will be re-audited 3 months later to ensure that the actions have been achieved. Equally, an Outstanding graded audit will be shared with the Service Manager to celebrate good practice.

For further details of the audit process, please see the [Quality Assurance Framework](http://www.proceduresonline.com/bristol/cs/user_controlled_lcms_area/uploaded_files/QAF%202017%20bristol.pdf?zoom_highlight=QAF#search="QAF).

**Facilitating reflective practice**

Our organisational values around being curious and collaborative means that managers, staff and service users are encouraged to value shared learning so we can together achieve our objectives.Front line staff are offered bi-monthly clinical supervision groups facilitated by a qualified clinical supervisor. Our Sueprvisors meet as a city wide group and are offered clinical group supervision by an outside sourced clinical supervisor.

Families in Focus offers a supervision framework in line with Bristol City Council’s [policy](http://intranet.bcc.lan/ccm/content/articles/adult-care-support/procedures/individual-supervision-policy-procedure-guidance.en) but with an added focus on SOS and using strengths based approaches to reflect on our work and practice.

1. [↑](#endnote-ref-1)