Strengthening Families

Reference Manual

January 2020







CONTENTS

Service Plan	Page 6
Standard Operation Procedures Whole Family Working Referral Pathway Criteria for referral Work Flow Management of unallocated cases Early Help Assessment & Support Plan	Page 15 Page 16 Page 18 Page 20 Page 21
Disengagement / non-engagement Closure and Transfers Standard Operation Procedures Short Term Intervention Duty Practitioner work flow	Page 25 Page 26
Role of Duty Standard Operation Procedures Targeted Intervention	Page 28 Page 29
Missing Persons Targeted Support Domestic Abuse Support Group Incredible Years	Page 30 Page 42 Page 45 Page 47
Standard Operation Procedures Service Specific Family Connect Information sharing meetings Family Ambassador Quality Assurance Framework	Page 49 Page 51 Page 52
Introduction Timetable Case File Audit Attachment One – Case Audit Tool Attachment Two – SF Standards of Practice Attachment Three – Direct Observations Attachment Four – QA Groups Attachment Five – Incredible Years Attachment Six – Supervision Policy	Page 57 Page 59 Page 60 Page 61 Page 66 Page 67 Page 69 Page 71 Page 74







Strengthening Families

Safeguarding Children and Family Support

Service Description, Purpose, Practice & Process

Strengthening Families work to ensure that children, young people and their families are safe, happy and ready for school, work and life's challenges. Our Family Practitioners and Family Assistants work with children, young people, parents and carers who require help. Families are provided with the right support at the earliest opportunity to address problems before they become overwhelming and require high cost, reactive services.







Introduction

Telford and Wrekin Council is committed to providing children and young people, the most vulnerable families, and adults in need of specific care and support, the best services we can.

We want Telford & Wrekin to be a place where families are supported at the earliest point, children and young people's life chances are improved and demand on crisis services is reduced.

Strengthening Families is about identifying needs within families early, and providing preventative support before the problems become more complex. Support can be offered early in life or early after the emergence of a particular need which can arise at any point throughout childhood and adolescence. Strengthening Families offer services for families and with children and young people aged 0-18 and up to 25 if they have a special educational need or disability.

Service Principles.

<u>Tackling the causes not symptoms</u> – sustainable positive change for individuals depends on preventing and tackling the causes of problems rather than seeking to deal with the presenting symptoms. Support attempts to prevent the emergence, or worsening, of family challenges.

<u>Children and Families at the centre of what we do</u> – Strengthening Families are made up of staff who focus on the quality of relationships with, and the quality of life for, families, not just managing risk and reducing harm. It means constructive partnership working between organisations, communities and families to provide personalised, integrated, whole family support and making every relationship and contact count.

<u>Families and Communities can deliver earlier help</u> – Strengthening Families has the best chance of success where individuals and their families feel supported to find their own solutions to the issues facing them. This help often comes from within the family or community, and much earlier than help from statutory services. Families and communities are also better at finding personalised low cost solutions which are easier to sustain over time.

<u>Early childhood help</u> – help in the first five years of life is an investment that pays back for a lifetime and offers a change to break intergeneration cycles of poor outcomes.

<u>Not all help is equal</u> – the measure of Strengthening Families is the outcome, not the effort, and some interventions have more impact than others. This means investing in programmes which have an evidence base, or building an evidence base where none exists.

Ownership - the Lead Professional role is clear and robust and every family knows who their Lead Professional is.

Purpose

Our primary focus is to ensure that wherever possible children and young people have the chance to grow up in their family environment by offering a family based intervention that is timely and effective in keeping families together where it is safe and reasonable to do so.

Multi-agency working is at the heart of early intervention and prevention. The Strengthening Families approach will work in collaboration with families and all agencies to deliver co-ordinated support services which promote family strength and build resilience.

The Strengthening Families service will work with all partners to identify vulnerable families earlier to reduce the likelihood of problems escalating. Family Practitioners will secure outcomes by supporting and developing the strength of the family and utilising their own networks and community assets so that they can manage effectively and be the best family unit they can be.

The service will deliver a whole family working approach ensuring multi-agency integrated working practices are at the heart of everything we do; this supportive work with children and families will help prevent family breakdown and reduce the need for more intrusive and costly interventions in the lives of for children, young people and families

Our Priorities

The Strengthening Families overarching priorities align to the Early Help Strategy.

Key themes have emerged through our understanding of needs, current service provision, services' performance and the outcomes experienced by children and young people in the Borough. We have identified the following areas where we believe that Early Help will have the greatest impact on outcomes.

Our key priorities for 2018/2020 are to:

- Develop emotional resilience and healthier lifestyles;
- Embed a partnership change in practice to addressing early help and measuring outcomes.
- Maximise local community assets to deliver early help and reduce demand on specialist and high tier services.

Practice

Strengthening Families work across the Telford & Wrekin borough, providing support within the three established localities - Hadley Castle, The Wrekin and Lakeside South. This approach enables us to work even more collaboratively with our partners, residents, and local groups; to reimagine the way we and other services do things.

Roles and Responsibilities

The Strengthening Families Service Delivery Manager oversees the delivery of the service, establishing Early Help Partnership policies and practices to ensure consistently high service delivery and performance and monitors employee practices by embedding robust quality assurance mechanisms including evaluating customer and stakeholder feedback. The Service Delivery Manager reports to the Assistant Director, Children's Safeguarding & Family Support.

The Strengthening Families **Team Leader** provides direction, instructions and guidance to the team. The Team Leader manages a cluster of four Children Centre's, resources, provides supervision and is responsible for developing the local Early Help offer for the purpose of achieving Local Authority priorities and service outcomes. The Team Leader also forges strong links with other services and promotes positive relationships with the wider community. The Team Leader provides triage support in Family Connect and is part of the decision making process for work coming into the service. The Team Leader reports to the Strengthening Families Service Delivery Manager.

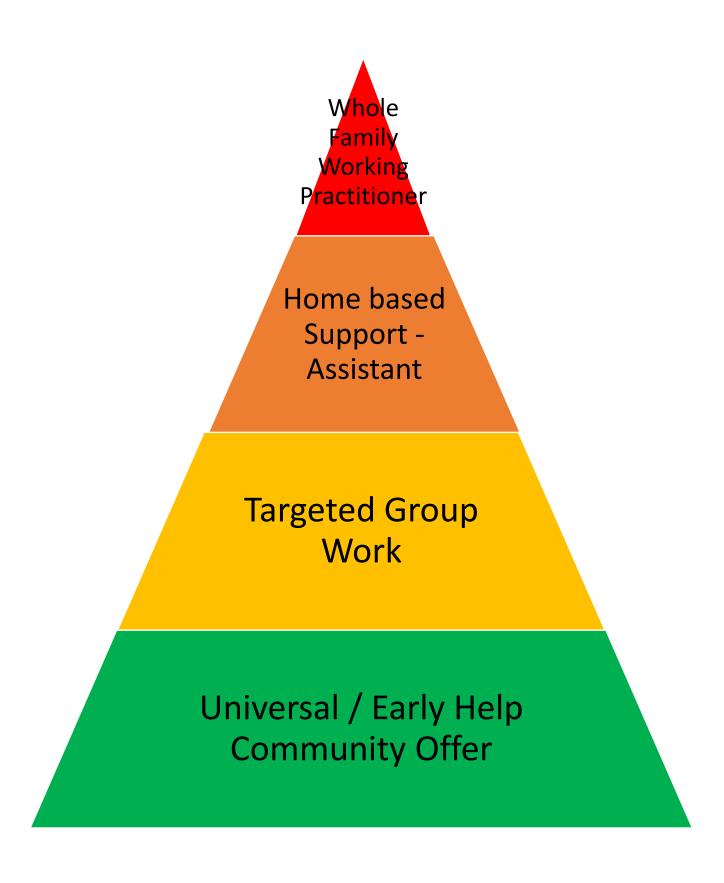
Strengthening Families Senior Practitioner, Oversees Practitioners and Assistants, the role oversees and coordinates practitioner casework and takes direct responsibility for the most complex cases. The Senior practitioner provides triage support in Family Connect and is part of the decision making process for work coming into the service. The post holder manages resources, provides supervision and is responsible for developing staff.

Strengthening Families Practitioners are highly trained and are required to manage a case load comprising of variety of vulnerable and complex whole family working (e.g.) family conversations, brief interventions therapy, Motivational Interviewing, Signs of Safety, Neglect Graded Care Profile, Incredible Years Parenting Programme, Domestic Abuse, Child Development, Systemic Practice and Restorative Practice. These post holders report to the Strengthening Families Senior Practitioner.

Strengthening Families Assistants offer support The Strengthening Families children and Family assistant role provides an important function around maintaining, promoting and facilitation of the universal provision across the four children's centres within each locality. The Strengthening Families Assistant also hold a case load of families that require a lower level of support the Assistant, with support from their Senior Practitioner, will work with families that are identified as vulnerable on the continuum of need,

1. Strengthening Families Process

Early Help Services are provided on a tier system:



Universal Offer including Children Centre Services

Universal services are available for Telford and Wrekin Residents:

13 Weekly term time Playing Together, call the hubs for further details

Nursery funding via our Talking Childcare team http://www.telford.gov.uk/info/20392/nurseries_and_childcare

Healthy Child Programme 0 -19 service 0333 358 3328

Home-Start Telford and Wrekin offer support and activities 01952 872280, http://www.homestarttelfordandwrekin.co.uk/supporting-families/

Free online parenting support https://inourplace.co.uk/online-course-for-parents/ password DARWIN18

Family Grapevine magazine https://thefamilygrapevine.co.uk/shrewsbury-telford/

Telford Autism Hub: https://www.listen-not-label.org/

National Autistic Society: https://www.autism.org.uk/

Child Autism: https://www.childautism.org.uk/

BEAM drop in's to provide advice and support https://beeu.org.uk/im-parent-carer/can-get-help-support/

Free Telford Parenting Handbook online

https://www.familyconnecttelford.co.uk/site/scripts/download info.php?fileID=1

Focus Group Work Direct Referral

Access to Parenting Programmes and Domestic Abuse programmes/Support Groups.

Incredible Years

The parent program focuses on strengthening parent-child interactions and attachment, reducing harsh discipline and fostering parents' ability to promote children's social, emotional, and language development. The program has protocols for use as a prevention program or treatment for children with conduct problems and ADHD.

Freedom Programme and Me My Child and Domestic Abuse

We facilitate a range of Domestic Abuse support programmes he aim is to help victims to make sense of and understand what has happened to them. It also supports women to see how children are affected by being exposed to this kind of abuse and very importantly how their lives are improved when the abuse is removed

Whole Family Working

The role of the Strengthening Families Practitioner:

The package of support from a family practitioner will be based upon the Assessment, Work Plan and Family Circle outcomes

The Practitioner will develop a relationship with the 'whole' family, **supporting and coordinating services** offered by other agencies, including facilitating Early Help partnership meetings.

Practitioners will work at the required pace of the family, **encouraging and empowering** the family to support itself.

There will be a **schedule of planned visits**, appropriate times to meet the family needs.

There will also be **unplanned visits** so the workers can get to know the family well and understand how they function.

They have a role in challenging and supporting all individual family members and will access adult services based on identified needs.

Planned Practitioner support in the home will be provided across a 7 day week from 7am to 8pm.

The role of the Strengthening Families Assistant:

The Assistant is responsible for the planning facilitation and evaluation of our universal provision delivered across children's centres within the borough.

The assistant supports targeted group work by facilitating crèche provision.

The assistant is required to carry a caseload of families primarily cases that are within the vulnerable threshold, with support from their Senior Practitioner.

There will be a **schedule of planned and unplanned visits** at appropriate times to meet the family needs.

Note: FAMILIES ARE UNABLE TO SELF REFER TO WHOLE FAMILY WORKING

Standard Operating Procedures

2020

To be reviewed September 2020

WHOLE FAMILY WORKING

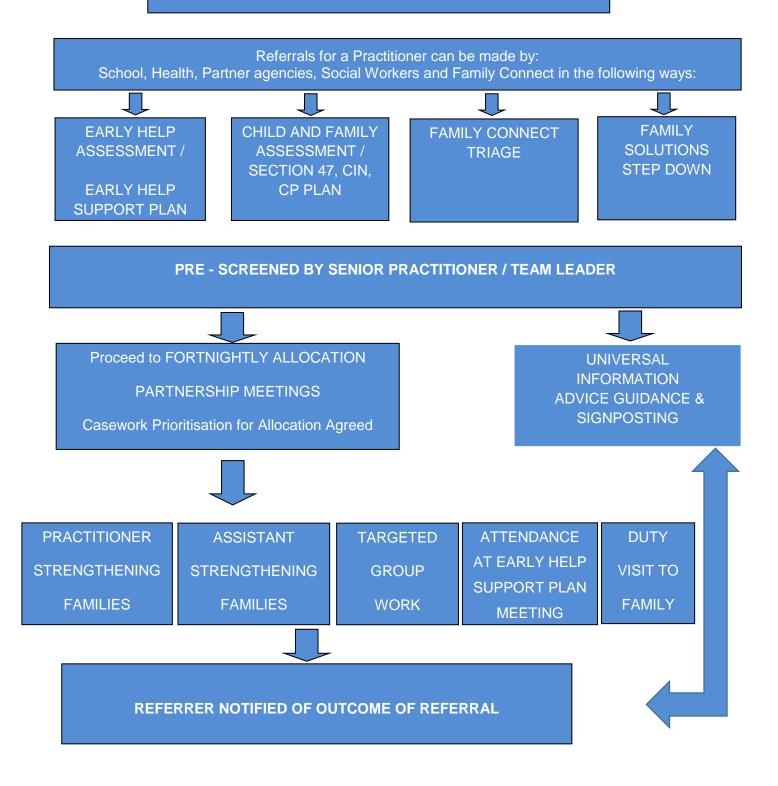
SHORT TERM INTERVENTION

TARGETTED INTERVENTION

SERVICE SPECIFIC

STRENGTHENING FAMLIES REFERRAL PATHWAY

ACCESS TO STRENGTHENING FAMILIES PRACTITIONER PATHWAY



Referral Criteria

For professionals referring in for family support there must be an open and current assessment and plan in place and meet the following referral criteria.

In order to meet the referral criteria for whole family working one to one support you must ensure that the unmet needs meet three domain areas and five sub categories within this guidance **Domain Area Sub Category** Children and Families Any child supported by the Early help assessment, a Social work assessment or other partner assessment. who need Help Youth Crime and At least level 2 ASB letter. Open to youth offending Antisocial Behaviour Criminal Exploitation **Adult Crime** An adult living in the family home is known to have committed and investigated for a crime in the last 12 months. A parent is in or about to be released from prison. **School Attendance** A child with absences from school where overall attendance is below 90%. Children who are Identified as a vulnerable learner. Children who have repeated fixed term or permanent exclusions. A child who is not registered with a school. Children who go missing three times or more in the last 90 days and is **Ensuring Safety** eligible for a return home interview. A child who is at risk of sexual exploitation. A child who is at risk of radicalisation. A child who is at risk of FGM. A child who is at risk of trafficking. Children CP, Children CIN **Parenting** Children with additional complex needs. Evidence of parental drug and Alcohol use. Evidence of Domestic Abuse. Diagnosed parental Mental Health issues. Where there is physical chastisement. Children have been repeatedly left unattended. Children who repeatedly go missing and/or not reported. Current home conditions around hoarding safety and hygiene are impacting on the welfare of the child. There is imminent risk of the family becoming homeless. No recourse to public funds.

For further information or Support please contact:

Locality	Address	Telephone	Email
Hadley Castle	Pool Farm Avenue Apley Telford TF1 6FR	01952 387183	hadleycastlelocalityadmin@telford.gov.uk
The Wrekin	Strengthening Families – Wrekin Locality Wellington Civic Offices Telford PO Box 457 TF2 2FH	01952 385577	wrekinlocalityadmin@telford.gov.uk
Lakeside South	Sutton Hill Children Centre 103 Southgate Sutton Hill Telford TF7 4HG	01952 385465	lakesidesouthlocalityadmin@telford.gov.uk

STRENGTHENING FAMILIES WORK FLOW

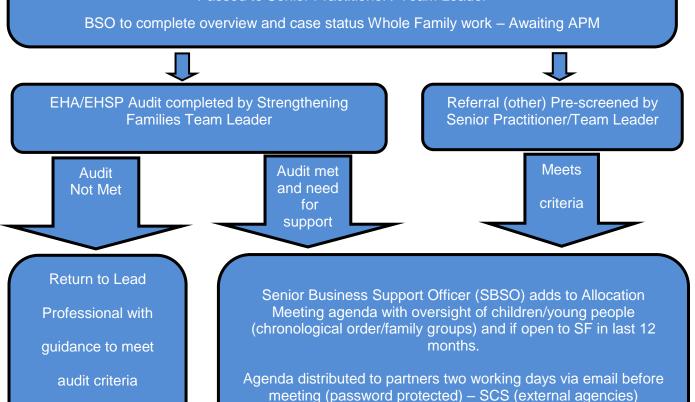
Referral received by Senior Business Support Officer based on child/young person's address via:

- Early Help Assessment (EHA) or Early Help Support Plan (EHSP)
- Assessment/Plan other services Social Workers, Section 47, CCS, CIN Plan, CP Plan, Health and Education
- Family Connect Triage Internal SF Referral form, Information provided by Family Connect Safeguarding Advisor
- Targeted Group Referrals
- Transferred case from other localities



Business Support Officer (BSO) opens episode and uploads referral to Family Support Workspace, check correct family members are linked according to referral, checks ethnicity and family demographics. BSO to update education school record.

Passed to Senior Practitioner / Team Leader







Allocation Meeting attended by:-

Team Leader
Senior Practitioners
Senior Business Support Officer
Healthy Child Programme Lead



Case by case discussion in chronological order/family group
Senior Practitioner presents each referral based on child's home address
Agreement from all present to whether case:-

Universal Vulnerable Complex Acute

Actions agreed by Partnership and completed on Allocation Outcome Form



Whole Family working

PRACTITIONER

Case Status updated to

Family Support Work -

Referral Allocated - To Be

Allocated

Whole Family working

ASSISTANT

Case Status updated

Family Support Work –

Referral Allocated – To Be

Allocated

TARGETED GROUP

WORK

See SOPS

ATTENDANCE AT EARLY HELP SUPPORT PLAN MEETINGS

Case Status updated to Whole family work - Duty Levels of need updated

DUTY VISIT TO FAMILY HOME

Case Status updated to Whole family work - Duty Levels of need updated

UNIVERSAL
INFORMATION
ADVICE GUIDANCE
& SIGNPOSTING

Case Status closed



REFERRER NOTIFIED OF OUTCOME OF REFERRAL

STRENGTHENING FAMILIES STANDARD OPERATING PROCEDURES MANAGEMENT OF UNALLOCATED CASES

Management team meet weekly to review unallocated cases if required. Ensuring cases are allocated by priority. Not by chronological order



Risk assess cases according to case information and agency updates i.e. HAU, FC, EDT etc.

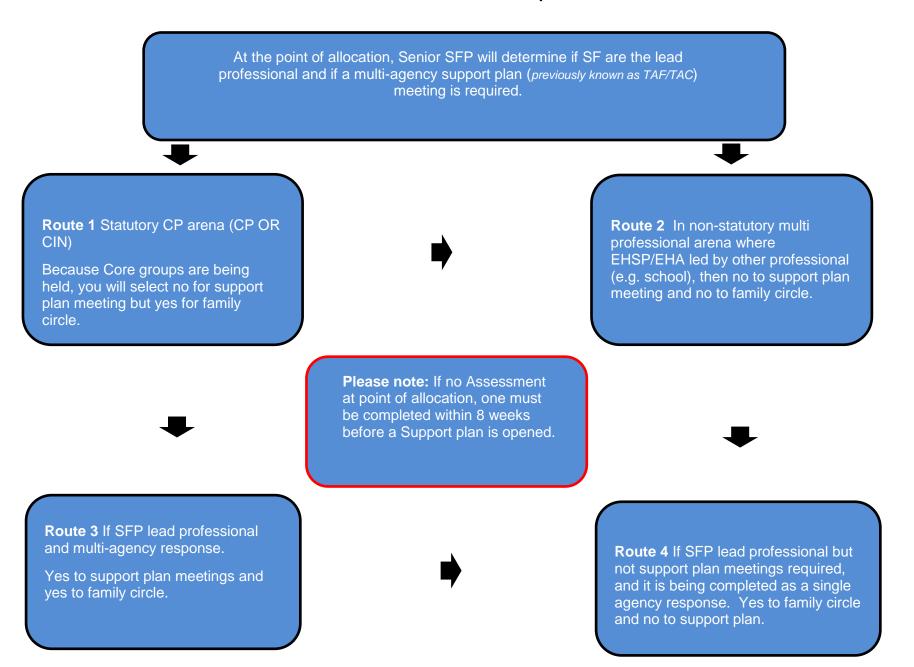


Case note (case monitoring) to be added to demonstrate decision making



Arrange duty practitioner visits to triaged cases where needed, Senior/Team Leader to monitor actions and priority of cases

STRENGTHENING FAMILIES INTERNAL EARLY HELP ASSESSMENT/SUPPORT PLAN







The Early Help Plan regardless of route, must remain open for 8 weeks to enable this to be a live working document. At 7 weeks, the initial assessment or support plan is to be sent to your Team Leader. All others to be sent to your Senior. Once this has been finalised you can then start the next plan by selecting copy forward. Support plans will be quality checked by DQ reports and Supervisions.

DO NOT OPEN NEXT PLAN UNTIL CURRENT PLAN HAS BEEN AUTHORISED
AS YOU WILL HAVE NO DATA TO CARRY FORWARD

Closure Route 1

Social Worker Decision, Disengagement/Non Engagement and the last 2 Family Circles show significant and sustained/partial significant and sustained = these can go straight to Strengthening Families.

Once approved by Strengthening Families, Episode will be closed by Team Leader.

Closure Route 2

If there is only 1 Family Circle but shows significant and sustained then send to the Team Leader, who will close the case to the Practitioner.

The Team Leader will then allocate the family to themselves as "Case Monitoring" Team Leader to monitor the family for 1 month. The final answers will be agreed as the last Family Circle and then sent to Strengthening Families.

Episode will be closed by Team Leader.

STRENGTHENING FAMILIES EXTERNAL EARLY HELP ASSESSMENT/EARLY HELP SUPPORT PLAN

On receipt of EHA/EHSP, complete FST overview. External EHA/EHSP as case status, complete consent and review if a referral or for information only.



External Early Help Assessment to be completed by BSO

Open E H Assessment or E H Support Plan



Sections 1 and 2 to be completed using the information provided.

Copy and paste when possible from EHA.

Only red compulsory sections to be completed by BSO.



Section 4 to be completed. Practitioner scores to be uploaded, any scores missing from Practitioner, BSO to contact Lead Professional completing EHA/EHSP.

If not returned, Team Leader to chase.



Section 5, 6 and 7 not to be completed.



Section 8 "What is the outcome?" to be completed.



Upload external EHA/EHSP as an attachment.



All external EHA/EHSP send to Team Leader to authorise.



Team Leader will quality check.

Team Leader to complete EHA/EHSP audit for referrals only.



Once EHA/EHSP has closed, this be will be reassigned to Sam Parker/Dan Siverns work tray.

Team Leader/SBSO will finalise case status and episode if relevant.

STRENGTHENING FAMILIES STANDARD OPERATING PROCEDURE FOR DISENGAGEMENT

Disengagement is classified as a minimum of 1 face to face contact from a Practitioner All cases where there is disengagement to be discussed in case supervision and risk assessed by the team leader/senior to assess what further action is required No risks identified Risks identified Senior/Team Leader discussion, review Letter sent to family and copy sent to on going risks and issue identified, referrer (if not family connect) with consider discussion with referring agency details of the duty practitioner service. Case note recording to reflect the Attempt to re-engage family: disengagement. Record details of any risk factors and strengths. Contact referring agency to arrange joint visit. Contact multi agency partners, Look at other access routes Use creative approaches to re-engage the family. If disengagement continues re-assess the Case to be closed Business Support risk of disengagement based on the following letter sent to family and referrer reason for referral and discuss with referring agency. Refer to Family Connect if risks of disengagement leave the child at risk of harm.

CLOSURES

End of involvement completed on forms by practitioner reassigned to Senior Practitioner



Senior checks in line with Strengthening Families Procedures reassigns for Team Leader



Team Leader approves and sends to Strengthening Families Coordinator



Strengthening Families co-ordinator checks, if appropriate will finalise, if criteria not met, send back to Team Leader to add incomplete information.



Team Leader to close case status, complete level of need, close involvement, send to Senior BSO via case note to update allocation spreadsheet

Team Leader to close episode if appropriate, if not open to family solutions or EHA/EHSP.

TRANSFER

Allocate Practitioner/Assistant to:

- Complete transfer summary form to be completed including outstanding tasks.
- All forms on Protocol to be up to date.
- Practitioner to continue with family until allocation by receiving hub has been confirmed.
- Form to be sent for authorisation to Senior Practitioner.
- Senior Practitioner to reassign form to Senior BSO in receiving hub.



Receiving Hub to:

- Update FST Overview
- Take to APM for information purposes.
- Prioritise allocation.
- Once allocated, transfer is completed and form finalised.

STRENGTHENING FAMILIES – Duty Practitioner

Duty request is received by Family Connect SF triage



SF manager on Family Connect opens up episode and completes overview, case status, case notes, send alert to senior BSO, admin team, seniors and team leader to inform of the request.



Send email to seniors, team leaders and senior BSO to also inform of the request



Senior or TL sends request and/or has a discussion with the duty practitioner



Duty practitioner facilitates phone all, updates protocol record, and alerts Seniors/team leaders to outcome. Also inform the referrer on Family connect of the outcome.



If action cannot be competed, due to unable to contact etc. practitioners responsibility to ensure that the task is completed, this may involve flexible working, and may involve completing the task the next day. Avoid passing over of tasks, always discuss this with a manager if there is no alternative to pass to the next duty practitioner.



Senior or team leader review the actions and when completed close the episode.

ROLE OF STRENGTHENING FAMILIES DUTY PRACTITIONER

- Facilitate Family Connect phone calls with family via home visit request received on the day, follow the duty visit SOP. Due to GDPR – mobile phone not to be left unattended with Parent.
- 2. Return home interviews (See Missing SOPS)

Within 72 hours Complete form Reassign to team leader

- 3. **Crisis support** food parcels, gas, emergency electricity for families new to area/re-located, referred by Family Connect
- 4. Information for Professionals seeking advice/information

Leaflets
Signposting
Community assets

5. Complete referrals:

Incredible Years and DA Programme referrals
Request for service
Homestart
Healthy Families
Gateway housing
Recharge
Bee u
Thrive
Beam

- 6. Provide advice guidance and signposting link with schools
- 7. Complete essential case work when allocated worker not available annual leave/sickness. Is a visit needed/ required?
- 8. Homelessness/eviction

Refer to:
Housing options
Thrive/CAB
Shelter
Facilitate crisis assistance
Charity applications
Immediate support for re located families

LCS PROTOCOL

MISSING PERSON EPISODES PROCESS FOR BUSINESS SUPPORT OFFICERS

Task	Responsibility	Page
Missing & Found Notification	All BSO's	2 – 5
Return Home Interview	Allocated Worker	6 – 7
Return Home Interview Authorisation	Team Leader/Senior	8 – 9
Finalising Return Home Interview & Missing Person Episode	All BSO's	10 – 11
Recording External Missing Notifications from Other Authorities	EHS BSO's	11 – 12
Recording External Missing Notifications from Other Authorities:-	CPFS BSO's	13 – 14

Notification from Family Connect that Young Person / Family reported missing

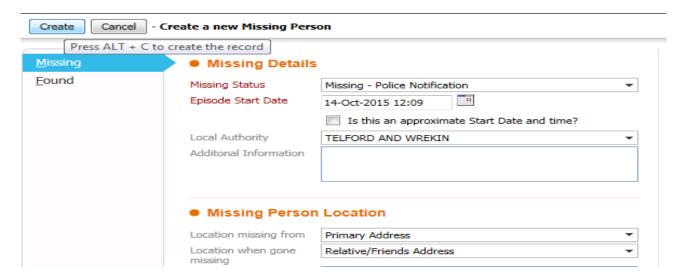
If the Social Worker has been notified within the email from Family Connect there is no need for Strengthening Families to process on Protocol

Trigger - MISSING - BSO

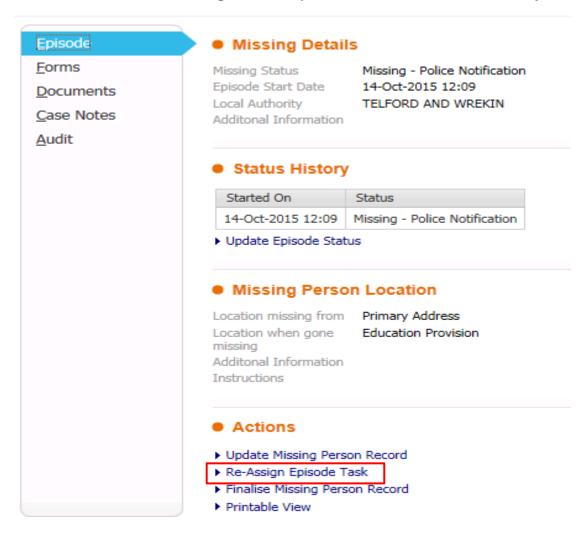
- Family Connect receive MISSING notification from Police
- Notification from Family Connect that Young Person / Family reported missing.
- 1. Search protocol for child / young person
- 2. From ADDITIONAL tab BSO to Add Missing Person Record



3. BSO to enter missing information from Notification and CREATE. Please note that the episode start date and time must be the Police reported date and time on the report.

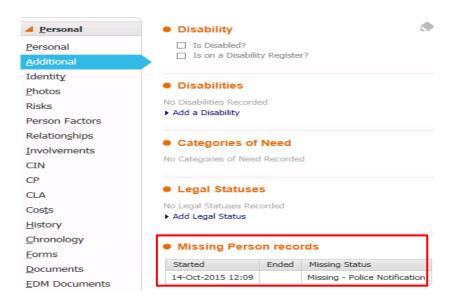


4. BSO to REASSIGN Missing Person Episode to MISSING RHI tray.

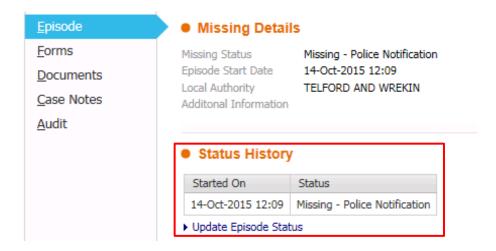


Trigger – FOUND – BSO

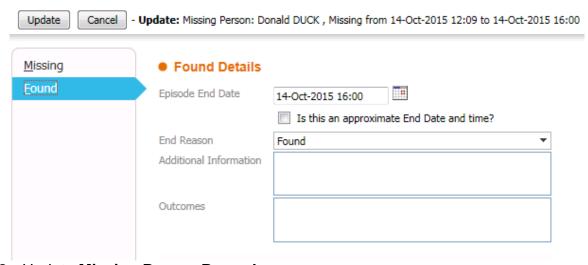
- Family Connect receive FOUND notification from Police
- Notification from Family Connect that Young Person / Family reported found.
- BSO receive notification from family connect, search protocol for relevant record MISSING PERSON RECORDS



6. Update Episode - STATUS HISTORY to Found and record Found Date (Started on)



7. Update found information within FOUND tab and Update

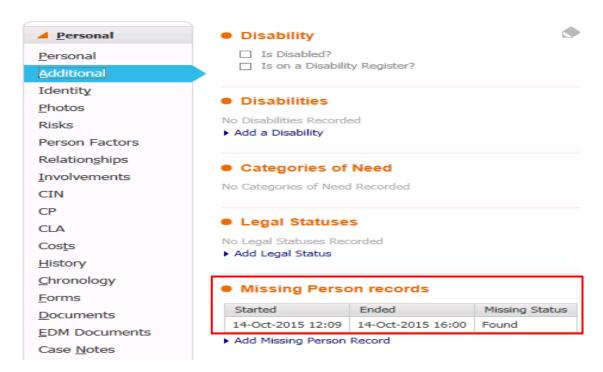


8. Update Missing Person Record

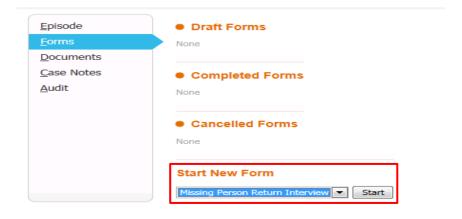


RETURN HOME INTERVIEW FORM - BSO

 Find Missing Person records from ADDITIONAL tab and click on relevant MISSING PERSON RECORD

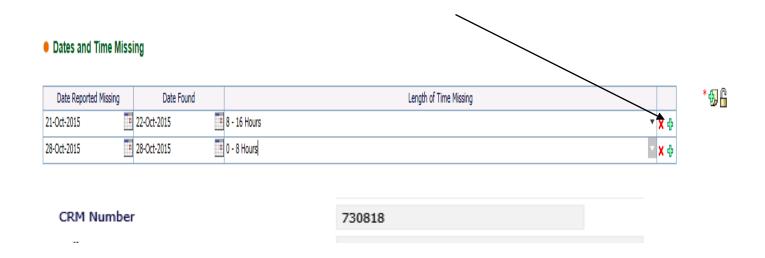


2. Start a Return Home Interview from **FORMS** as soon as possible from receiving Found notification.



3. Complete relevant tabs of RHI where you have information i.e. Missing and Found dates/times and CRM number. Please see screen shots below.

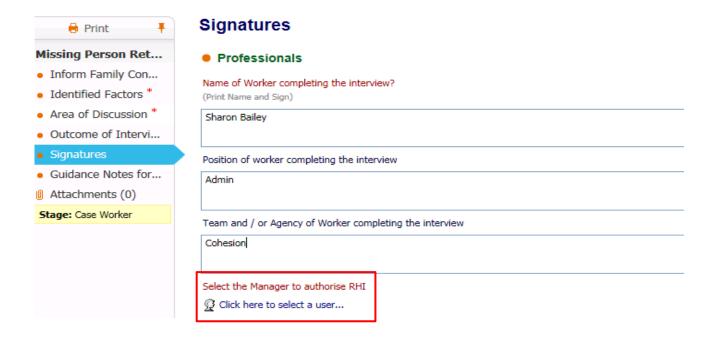
<u>Multiple Missing Episodes</u> – A Return Home Interview Form can relate to several missing episodes by adding dates to the Date & Time Missing Table



4. BSO to REASSIGN Missing Person Episode to MISSING RHI tray.

RETURN HOME INTERVIEW FORM - Practitioner

 Complete all tabs on the form and once completed, the form will need to be sent for authorisation. From the SIGNATURES tab enter relevant information and select the manager who is authorising the RHI



2. Once you have selected the Team Leader, **SEND FOR AUTHORISATION**, the RHI form will now appear in the Team Leader's tray to check and authorise.



RETURN HOME INTERVIEW FORM AUTHORISATION - TEAM LEADER

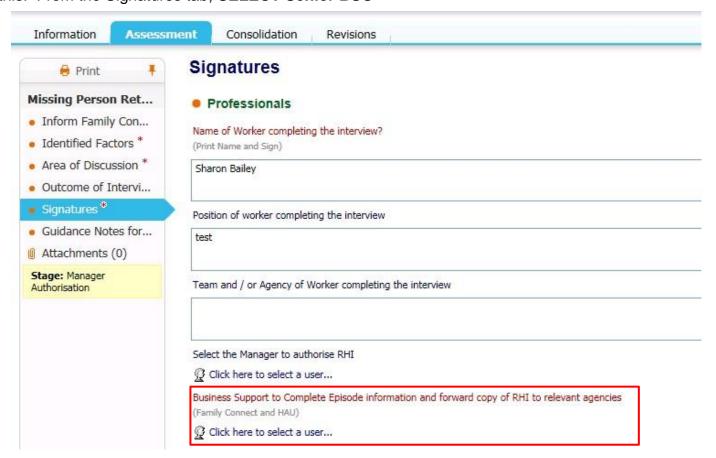
1. Manager to pick up RHI from their Worktray



2. Manager to check the RHI, if further actions required send back to case worker via "Send back to Case Worker" tab and add a case note within the Missing Person Episode explaining what actions are required



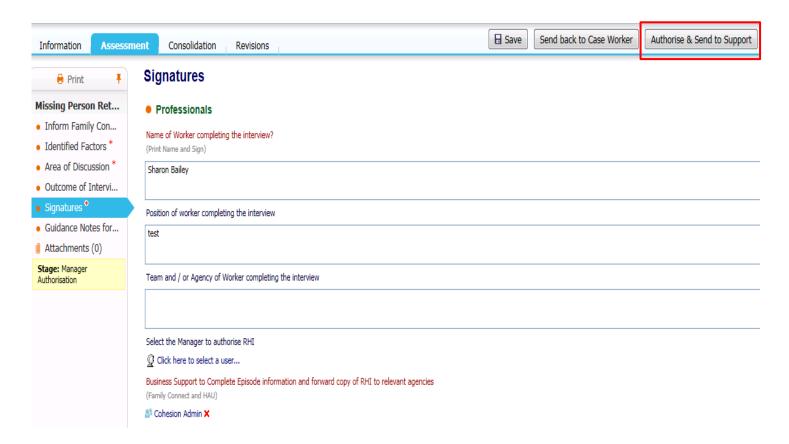
3. On receipt of RHI (and checked), the Team Leader will need to authorise the form and send to Senior BSO to complete and finalise the Missing Person Episode process, to do this: From the Signatures tab, **SELECT Senior BSO**



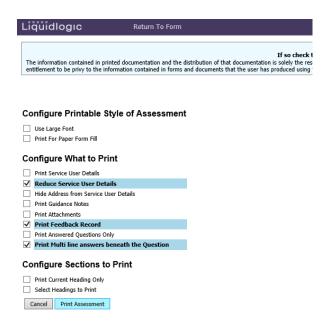
4. Select & Return to Senior BSO and CONFIRM



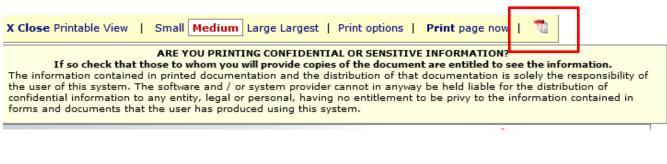
5. AUTHORISE & SEND to SUPPORT, the RHI form will now appear in the Senior BSO work tray to process



6. Senior BSO go back into the RHI Form and click on PRINT and then PRINT ASSESSMENT.



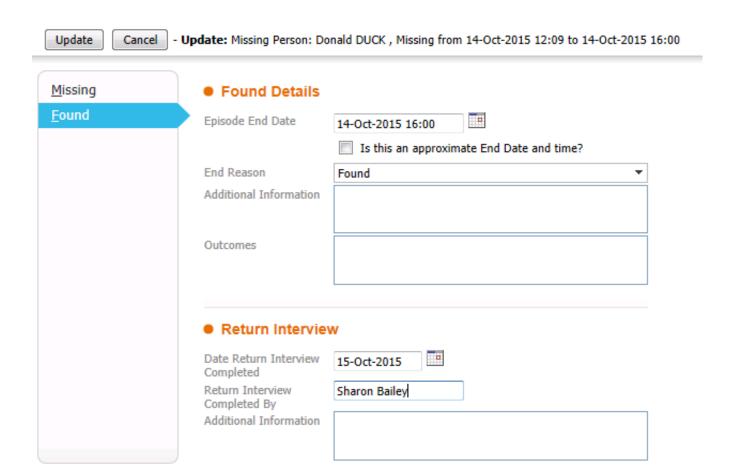
7. Then select the PDF button at the top. Save a local copy of the Form.



8. Update Missing Person Record



9. Under FOUND tab, enter RETURN INTERVIEW DETAILS and UPDATE



- 10. Under ACTIONS tab, FINALISE MISSING PERSON RECORD
 - Actions
 - Update Missing Person Record
 - ▶ Re-Assign Episode Task
 - ▶ Finalise Missing Person Record
 - ▶ Printable View
- 11. UPDATE, this will then finalise the episode



Next Steps-

Send the saved RHI Form securely to <u>HAUTelford@westmercia.pnn.police.uk</u> AND FamilyConnect@telford.gov.uk

Group Work - Targeted Intervention

Targeted Group referral received for:

- Incredible Years Parenting 12 week programme
- Domestic abuse programmes, Freedom, Me, My Child 12 week programme



Childs's Record/Demographics

Check/create child's record (all demographics including family relationship)



Family Support Team Episode

START DATE – date correspondence received

REASON – from the pick list: <u>TARGETED SUPPORT</u> (in the additional notes type which Targeted Support it is)

REFERRAL AGENCY: select appropriate category from the drop down list

LOCALITY: select appropriate hub from the drop down list

FST Overview – update FST Co-ordinator tab with Team Leader and Lead

Professional details

CONSENT BOX – to be completed

CASE STATUS - select Targeted group waiting in the first instance



Case Notes & Documents

Add case note under **Targeted Group Support Referral** and attach document to the case note



Actions

IF A DECISION HAS BEEN MADE AT ALLOCATION PARTNERSHIP MEETING, THIS WILL NEED TO BE RECORDED AGAINST APM OUTCOMES & TARGETED SUPPORT DECISION



FST Overview

On Workspace Administrator to:-

- Add Case Status: Group Work Targeted Group Waiting input date when decision was agreed
- Transfer referral details onto waiting list and close episode.

DO NOT CLOSE EPISODE IF OPEN TO A PRACTITIONER, OR FAMILY SOLUTIONS BUT END TARGETTED WAITING STATUS.

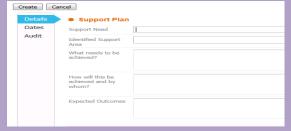




BSO TO COMPLETE THIS SESSION WHEN COURSE COMMENCES Support & Costs

New Support Plan:

- Support Need Select from the pick list
- Identified Support Area: select from the pick list (only one can be selected)
- What needs to be achieved: free text box for information to be completed
- How will this be achieved and by whom: free text box for information to be completed
- Expected Outcomes: free text box for information to be completed



THE ABOVE INFORMATION WOULD BE PROVIDED BY THE FACILITATOR FOR BUSINESS SUPPORT OFFICER TO INPUT

Dates:

- Date Goal Set: Input date of when the referral was agreed
- Goal complete target date: input date of when the course commences
- Date goal completed: input date of when the course finishes



Support Plan Costs

<u>Support Plan Costs Time</u>: (this process will need to be completed for each session which will be provided by the Facilitator)

- Hours: type in the length of each session
- Date: Date of each session
- Activity: select from the pick list
- Additional Information: type in for example Attended – Week 1

Not Attended – Week 2





ATTENDANCE SHOULD ONLY BE RECORDED IN THE TIME SPENT TAB - IF THERE'S ANYTHING THAT NEEDS REPORTING FROM THE SESSION, THIS SHOULD BE COMPLETED IN THE CASE NOTES

RETURN TO ORIGINAL SUPPORT PLAN - Dates:

- Outcome Achieved: this needs to be completed at the end of the course
- Actual Outcome: select from the pick list
- Support Plan Additional Information: free text box



FST Overview

On Workspace BSO to:-

Case Status: Targeted Group Attending – input date when course ended **FST Allocation** – **Involvement Targeted Support**: input end date

DO NOT END THE EPISODE IF A PRACTITIONER IS STILL WORKING WITH THE CHILD

STRENGTHENING FAMILIES STANDARD OPERATING PROCEDURES FOR DOMESTIC ABUSE SUPPORT GROUPS

Arrange 1st meeting with facilitator. 1 less case for facilitator to help with workload. Contact Lakeside South, BSO for print off of waiting list Book venue (BSO in Locality & Facilitator) Work with Locality/Senior to book assistants for crèche Open Episode on Protocol Update Case Status in FST Overview. Make contact with victim to offer place on course - add case note to Protocol If unable to contact, request letter via Protocol notify, BSO Lakeside. Update FST case status with an end date. Update, BSO on confirmed places, declined places

Complete Registration forms and send to BSO Lakeside South following each session.



Practitioners to add case note on protocol to record attended/Not attended weekly



BSO to open up support and cost and fill in weekly.



None attendance after session 3, Practitioner to case note and alert BSO to remove from waiting list

Monitor group list/register and update BSO when course has finished – Practitioner to add case notes to Protocol alert BSO so episode can be closed and name can be removed from waiting list

STRENGTHENING FAMILIES INCREDIBLE YEARS REFERRAL

Leads meet to discuss planned programmes for two terms and identify facilitators, area for delivery, plot QA dates and peer support dates.

Facilitators will carry 1 less case for first 8 weeks of facilitation which drops to 1 at week 8



6 weeks prior facilitators secure venue and Creche workers.



Facilitators make contact with attendees and arrange pre measure visits.

Pre measures are given to locality Admin



Course begins. Planning is completed after each session for the following session.



Attendance sheets are handed to relevant Admin in the locality after each session



Attendance is recorded on Protocol after each session



Telephone call to be made to attendees each week to check progress and homework



Books to be given at week 4



All facilitators attend peer support between weeks 6 - 8



QA takes place around weeks 8 - 9



At week 12 post measures completed and evaluation



Leads to ensure that they are checking in with facilitators at least three times throughout the duration of the course

SERVICE SPECIFIC SOPS

FAMILY CONNECT

Triage Cover

The triage desk is required to be covered daily 9-5 by a representative from the management team.

This is managed by a shared calendar with equal ownership by all members

The expectation is 2.5 days per month if there is a full complement of staff members

Sickness cover must be covered by the Hub that should have been represented

The rota must be completed 2 months in advance, checked by the first staff member on the first Monday of the month.

If a swap day is required it is the person responsibility to cover their own slot, not just to remove it if from the calendar if it's in that month.

<u>MAEs</u>

When completing a MAE you will need to check protocol workspace which records all activity since 2013. Guidance on completion is available on the Triage Desk

Referrals to Hub

If the family are known and on protocol then:

Open FST Episode

Open Case Status – either duty work or awaiting APM

Complete SF Referral form on all relevant children and include the email trail from FCSGA

Or if Self-Referral speak to parent and complete

Finalise Form

Complete case note and alert to Senior BSO for Hub

Send email to admin group email for Hub.

If not known on Protocol complete a paper referral found in Forms in each hubs drive. Ensure all information is completed on all household members. Send referral to admin group email for Hub.

Domestic Abuse Workflow

The Domestic Abuse workflow will see SF Triage for

5 Standard incidents within a 12 month period no allocated worker, escalate to medium risk

Medium incident not known to services and no history exists of any issues or concerns

3 **Medium** incidents within a 12 month period no allocated worker.

Triage Rep will review the nature of the incidents, against known information on family member. The following will be assessed against the Barnardo's Risk Assessment Tool and the following outcomes may occur:

- 1. Letter from Family Connect to offer support
- 2. Telephone call from Family Connect Triage to look at ongoing support either through Freedom or Family Support. If agreeing to contact Victim then this will be attempted for 3 days then go to 1.
- 3. NFA

ALL contact and decision making to be recorded on CRM only

Duty Visits:

See Duty SOPS.

MULTI-AGENCY INFORMATION SHARING MEETING SOPS

Senior Practitioners and Team Leaders are expected to attend the following meetings on a Rota

	Hadley	Lakeside	Wrekin
Autumn (Sept-Dec)	Chanel	MARAC	Steer Clear
Spring (Jan-Apr)	MARAC	Steer Clear	Chanel
Summer (May-aug)	Steer Clear	Chanel	MARAC



Representatives receive agenda and those who are attending the meeting check if known to SF within the last 12 months



Attend meeting and note if any actions for SF



Record actions or information on protocol if current open case and alert relevant Team Leader

/ Senior Practitioner



Senior or Team Leader review the actions as necessary

Initial contact is made by perspective volunteer via the Discover Telford website.



Application is filtered to the appropriate locality. Locality Lead makes contact for an informal discussion. Admin to send out:

- Introductory letter
- Family Ambassador Handbook that includes an Application pack
- DBS information
- Volunteer guidance



Potential Family Ambassador returns application pack to the appropriate locality.



Potential volunteer is invited into the locality to meet with Volunteer Lead for a discussion around the role of the Family Ambassador and the applicants suitability (introductory visit).



Volunteer Lead sends out reference request forms and letter, this must be returned within 2 weeks, if not received volunteer notified to chase.



Disclosure and Barring Service (DBS) Application to be completed by volunteer: https://disclosure.capitarvs.co.uk/telford/

Volunteer to bring 3 identity documentations to introductory visit to Complete ID verification.

Volunteer to bring in certificate once received.



Successful volunteer completes online Ollie training as well as face-to-face training (see separate Training programme).

Volunteer signs risk assessment, policy documents and volunteer agreement. ID badge.



Family Ambassador is matched with a family in the community and completes an induction visit with the Allocated Practitioner to discuss role.



Family Ambassador supports family weekly for around 2- 4 hours per week recording all contact.



Family Ambassador meets with locality Volunteer Lead for supervision on a 6 weekly basis. Family Ambassador is able to contact Locality Lead and discuss any concerns as soon as they arise.

Strengthening Families and Support

Quality Assurance 2020







Introduction

Quality Assurance is an integral part of everyday practice for Strengthening Families through a range of internal and external audit and evaluation processes. Measuring the impact of Strengthening Families is central to our vision and ethos of the right help at the right time to enable families to live active, healthy lifestyles by utilising their own networks and community assets.

Our internal Strengthening Families Quality Assurance processes are part of Telford & Wrekin's Children's Services Quality Assurance Framework. They are based upon a cycle of continuous learning, reflection and action where staff are positively supported to be part of this process and listened to.

Early Help processes are:

Process	Lead	Frequency	Purpose
Data Quality reports	ODD	Weekly	To monitor the data quality inputting
	Team Leader		into Protocol
Performance	ODD		To enable analysis of work load and
Dashboards		Monthly	key issues EHS are working with
	SDM		
			Evidence if there are any gaps in the
			throughput of work
			Monitor performance of strengthening
			families
Family Circle	Seniors	8 weekly	Evidence of impact made by families
Measurements		·	·
	Practitioners		Identifies key themes and issues facing
			families in localities
Case File Audit –	Team Leaders	Bi Monthly	Practitioner and service area learning
Practitioner			around
			Adherence to processes and
			procedures
			Frequency of contact and support
			Impact on family outcomes (Attachment One and Two)
Case File Audit – Cross	Team Leaders	Bi-Monthly	To ensure openness and transparency
Locality on set themes	Team Leaders	Di Wiontiny	of case work
2000, 0 000 0			Adherence of procedures
			Impact of Case Work
			(Attachment One and Two)
Family feedback Forms	Seniors	Termly	Contact with families to request
			feedback on service received. Supports
			our culture of opens and honesty
			(Attachment One and Two)
Direct Observations of	Seniors /	Annually, per	Observations carried out by Seniors to
Practice	Team Leaders	Practitioner.	monitor quality of practice, celebrate

			good practice and identify areas of learning and support. (Attachment Three)
Supervision Audits	Team Leaders / SDM	6 monthly	Select 4 random SF open cases within the Hub, complete audit and ensure the supervision Policy is being adhered to.
Group Quality Assurance	Seniors / Team Leaders	Annually per group	Observations of: Venue Resources EYFS principles implemented Relationship with parents Modelling of play and development (Attachment Four)

Locality Themed Audits Timetable

Jan	Feb	Mar	April	May	June	July	August	Sept	Oct	Nov	Dec
Cross	Audit In	Cross	Audit In	Cross	Audit In	Cross	Audit In	Cross	Audit In	Cross	Audit In
locality	Locality	locality	locality	locality	locality						
audit	bases	audit	bases	audit	bases	audit	Bases	audit	bases	audit	bases
		Domestic				Re-referrals		12 month			
CSE/CE		Abuse		Neglect		within 12		plus open		CIN	
		Abuse				months		cases			
Sarah		Liz		Steph R		Sarah		Liz (Audit		Steph R	
		(Audit		(Audit				Wrekin)		(Audit	
(Audit		Hadley)		Hadley)		(Audit				south)	
Wrekin)						Hadley)					
Helen C		Alison		Steph P		Helen C		Alison		Steph P	
(Audit										(Audit	
South)		(Audit		(Audit		(Audit		(Audit		Wrekin)	
		South)		Wrekin)		Wrekin)		south)			
Chris		Nikki		Helen R		Chris		Nikki		Helen R	
(Audit				(Audit				(Audit		(Audit	
Hadley)		(Audit		South)		(Audit		Hadley)		Hadley)	
		Wrekin)				South)					

Standard Operating Procedures – Case File Audits Strengthening Families

Case file audit to be completed monthly on theme audit outlined in current service manual. Direct observations of practice will be completed by Senior Practitioners. Practitioners will be observed at least once per year.

Team leaders/ Seniors to complete crossed locality themed audits over a period of 12 months.



- Audit tool to be followed, completed and graded.
- Direct observations to be recorded on the observation of practice template and recorded on case file.
- Team leaders complete quality assurance feedback template in bi monthly QA meeting.



- Completed audits to be sent to Service Delivery Manager and Line Manager.
- Line manager to share audit outcome and actions with practitioner in supervision.
- Audit to be uploaded to documents on workspace by line manager after invigilation by SDM.



- Seniors adds case note to workspace to reflect audit and actions. Progress of actions to be monitored through supervision.
- Auditor to check actions have been completed 3 months later.

ATTACHMENT ONE

STRENGTHENING FAMILIES - CASE AUDIT TOOL

Locality Area:	Date of Audit
Current Case Worker:	LLCS number
Date allocated:	
Previous Case Worker:	
Date allocated:	Date closed
Current Line Manager as recorded:	
Auditors:	Case status (CP/Step Down/CIN/Strengthening Families/CIC)
Name of child/young person:	
Family name/names	
D.O.B	

Quality of Case File Measure

1	2	3	4	5
Exceeds Good	Good	Requires Improvement	Inadequate	N/A

Indicate a score of 1 - 5 or, Yes/No where indicated for each relevant question	1	2	3	4	5
BASIC REQUIRED INFORMATION					
All demographic information is recorded and up to date, including ethnicity, religion, disability, SEN, correct address, contact numbers, Family Members linked					
Referral Route has followed SOPS					
The date of allocation is clear.					
The allocation is timely (2 weeks outstanding / 12 weeks inadequate).					
The initial allocation discussion with Line Manager/relevant other is recorded with actions identified.					
There is evidence that the referrer has been notified of the case allocation (exception Family Connect).					
The allocated worker made contact with the family within 5 working days					
ASSESSMENT					
A EHA/EHSP/C&F/Other assessment was provided at point of referral (excluding step down)					
If no assessment, was one completed within 10 weeks of Allocation?					

Indicate a score of 1 - 5 or, Yes/No where indicated for each relevant question	1	2	3	4	5
If assessment is older than 12 months it been reviewed					
Is there evidence that all family members living in the household have been included in the assessment and have their needs been considered?					
Does the assessment recognise additional support needed?					
The first Family Circle has been completed within 6 weeks of allocation if EHA or 8 weeks if EHSP					
The Family circle is reviewed every 8 weeks					
The Family Circle gives a good representation of the case					
There is evidence of child's views in assessments and Family circles.					
There is evidence of parents/carers views in assessments and Family circles.					
There is evidence that the role and status of an absent parent has been explored.					
Risks are identified and addressed					
Protective factors/strengths are identified and recorded					
There is evidence of effective multi-agency working					
SUPPORT PLANS					
The support plan reflects the referral and assessment findings					
Support plan is up to date					
There is evidence that all children/YP being supported are involved in Support Plans					
There is evidence that parent/carers/significant others are involved in Support Plans					
There is evidence of multi-agency partnership working in Support Plans					
A planned exit is evidenced on Support Plans					
RECORDING					
The case notes reflect the work undertaken and give a sense of the Childs journey.					
Case notes are up to date and of good quality					
Visits to the home address occur as appropriate to meet needs of family					
Visits to the Family occur at times to address needs identified in Assessment					
Where identified in the support plan there is evidence of morning/early visits					
Where identified in the support plan there is evidence of weekend visits					
There is evidence that direct work has been undertaken to obtain					
each child/YP's wishes and feelings There is evidence that direct work has been undertaken to obtain					
parent/carer's wishes and feelings					
There is evidence that whole family working where child and parent have been seen together, has been undertaken					

Indicate a score of 1 - 5 or, Y question	2	3	4	5			
MANAGEMENT OVERSIG	нт						
There are records of Case s	supervision in line with curren	t policy					
Decision making is evidence	ed						
DIVERSITY							
There is evidence that gend disability/SEN, communicati where there is clearly a nee							
Most recent assessment type Date (DD/MM/YYYY)							
Most recent support plan type		Date (DD/MM/YYY	Y)				
_							
Date of most recent Super	rvision – Insert Date						
		•					
	d(ren) is (are) safe? If you a reasons/comments below:	answered "N	o" to	Y	′es 🗌	No [
Reasons/Comments							
Child's/YP's/Family's life?	we have done has improved Please look at the first ass with most recent review of w	essment on		Y	Yes No		
Reasons/Comments				•			
Has a Direct Observation	of the case been undertake	n?		Y	′es 🗌	No [
Comments				1			

CHILDREN & FAMILY STRENGTHENING FAMILIES CASE RECORD AUDIT SUMMARY Auditors Overall Score

1	2	3	4		5	
Exceeds Good	Good	Requires Improvement	Inadequate		N/A	
General Comments:						
		Remedial Actions				
Remedial actions identified by (which are achievable)	Auditors Date to be completed by (DD/MM/YYYY	Explain/comment how thes addressed (to be complete Line Manager only)		Date Completed (DD/MM/YYYY)	Initials of Line Manager	

Lessons learnt (observations from the	
case where the actions/detail is historical	
and remedial actions cannot be achieved	
but we can reflect upon)	

Bi Monthly cross locality audit

- Auditor contacts senior BSO and gives date of audit. Senior BSO then selects practitioner and case to be audited.
- Audit takes place in practitioners locality with practitioner present
- Audit is shared with line manager and team leader as per case file audit SOP

ATTACHMENT TWO

STRENGTHENING FAMLIES STANDARDS OF PRACTICE

In order to provide a high quality service for families,					
Social care colleagues and partners, that meets evidence based	research.				
Expectation of Strengthening Family Practitioner/Assistant	Time Frame				
Following Allocation, contact to be made with families	2 days				
Referrer notified following allocation	2 days				
PSP to be checked – case note added to Protocol.	Prior to first visit.				
Following any contact regarding the family – case records to be updated.	48 hours				
First Visit with the family to be made	7 Days				
First Family Circle to be completed.	6 - 8 Weeks				
Early Help Assessment to be completed (unless completed by referrer)	6 Weeks				
Early Help Support Meeting	6 – 8 Weeks after initial Early Help Assessment				
Ongoing Family Circles	8 Weeks				
When directed close a case. Closure summary and end of involvement to be completed.	1 week				

ATTACHMENT THREE

STRENGTHENING FAMILIES

QUALITY ASSURANCE

Direct Observation of Practice

Date of Observation	
Name of Practitioner	
Name of Observing	
Manager	
Child ID	
Setting where	
observation took place	
Consent gained for	
observation, who from and who to, date	
Planning and	
Preparation:	
- roparation	
What preparation took	
place, was the case file	
read prior to the visit?	
Did the Practitioner have a	
plan of the intervention to	
be carried out?	
Was it part of the Work	
Plan?	
What resources were	
prepared if any?	
Communication Skills:	
Were active listening skills	
applied?	
арріїси :	
Use of appropriate	
questioning:	
-	
Appropriate use of non-	
verbal communication, give	
examples:	
Clarifying and	
Clarifying and summarising:	
Summansing.	

Capturing views of child	
and parent:	
Professionalism and	
accountability:	
Use of service	
documentation i.e. Work	
Plan, Family Circle,	
Registration Form, EHA,	
etc.	
Use of planning and next	
steps:	
Overall professionalism:	
Use of strength based	
approach:	
A = = = = = = = = = = = = = = = = = = =	
Appropriate response to	
risks identified and	
unpredictable situations	
Reflection of intervention	
from Practitioner following	
the visit	
Any other comments and	
overall summary of the observation	
ODSEIVALIOIT	
Grading:	
Recommendations	

ATTACHMENT FOUR

Quality Assurance Visit to Groups

Group Overview:	Yes	No	Comment
Staff in group:			
Date:			
Carried out by:			
Name of group:			

Group Overview:	Yes	No	Comment
Is the atmosphere welcoming?			
Is there a good range of activities?			
Are all children's needs met?			
Is there flexibility in the activities?			
Are children using and enjoying the resources?			
Is good practice role modelled by staff?			
Is space utilised effectively?			
Are ground rules adhered to and challenged if not?			
Are safeguarding concerns addressed by staff?			
Are relevant promotion literature available e.g.			
breastfeeding, family connect and other public health			
messages?			

Parents:		
Do parent/carers understand the purpose of activities?		
Is it safe for children and parents?		
Is there availability for 1:1 conversation/advice and are		
parents aware of how to contribute to group.		
Is positive parenting encouraged?		
File:		
Is the file up-to –date?		
Are Risk Assessments completed weekly.		
Is planning in place that reflects the session?		
		_

What two things	went well in	the group?
-----------------	--------------	------------

1.

2.

What could be improved?

ATTACHMENT FIVE - Incredible Years Peer Review

Self-Evaluation
Certified Trainer/Mentor



Incredible Years PARENT GROUP LEADER CHECKLIST 8/05

This checklist is designed for group leaders to complete together following a session, or for a group leader to complete for him/herself when reviewing a videotape of a session. By watching the tape of a session, and looking for the following points, a leader can identify specific goals for progress. This checklist is designed to complement the checklist for the specific session, which lists the key content that should be covered.

SET	UP	YES	NO	N/A
Did	the Leaders:			
1.	Set up the chairs in a semicircle that allows everyone to see the TV?			
2.	Sit at separate places in the circle, rather than both at the front?			
3.	Write the agenda on the board and present verbally?			
4.	Have last week's home activities ready for the parents to pick up, complete with praise and encouragement written on them?			
RE	VIEW PARENT'S HOME ACTIVITIES			
Did	the Leaders:			
5.	Begin the discussion by asking how homework went this week? (Some example open-ended questions the leader can ask are included in the manual at the beginning of each session.)			
6.	Give every parent the chance to talk about their week and experiences with homework?			
7.	Praise whatever efforts parents made this week?			
8.	Highlight and write down key principles that their examples illustrate? (e.g., "That's great! You remembered that making the task fun was more likely to motivate him. I think that our next principle will be 'Fun Principle'—kids are most likely to keep trying if they're having fun.")	1		
9.	Help parents integrate prior learning by asking them to use "principles" from prior sessions to solve new child problems that occur?			-

10.	Explore with individuals who didn't complete the home activities what made it difficult, and learn how they might adapt it to fit their needs and goals?		-	
11.	If a parent's description of how they applied the skills makes it clear that he/she misunderstood, did the leaders accept responsibility for the misunderstanding rather than leave the parent feeling responsible for the failure? (e.g., "I'm really glad you shared that, because I see I completely forgot to tell you a really important point last week. You couldn't possibly have known, but when you do that, it's important to" vs. e.g., "You misunderstood the assignment. Remember, when you do that, it's important to")			
12.	Praise and encourage parents for what they did well and recognize their beginning steps at change, rather than correct their process?	-		
13.	Limit the homework discussion (approximately 30-40 minutes) to give adequate time for new learning?			
WH	EN BEGINNING THE TOPIC FOR THE DAY			
Did	the Leaders:			
14.	Begin the discussion of the topic with open-ended questions to get parents to think about the importance of the topic? (Some example open-ended questions the leader can ask are included in the manual at the beginning of each session.)			
15.	Paraphrase and highlight the points made by parents—writing key points on the board?			
WH	EN SHOWING THE VIGNETTES			
Did	the Leaders:			
16.	Focus parents on what they are about to see on the vignettes and what to look for?			
17.	Begin by asking an open-ended question to parents about what they thought was happening in the vignette? (Some example open-ended questions the leader can ask are included in the manual after each vignette.)			
18.	Acknowledge responses one or more parents have to a vignette? (For example, if a parent laughs during a vignette, as soon as the tape stops the leader may say, "Sue, you laughed at that one." Then pause and let the parent share her impressions.)			

		163	NO	N/A
19.	Paraphrase and highlight the points made by parents - writing key points on the board?			
20.	Move on to the next vignettes after key points have been discussed, rather than let discussion go on at length? (This ensures that the leaders will have sufficient time for role-playing and for showing all vignettes.)			
21.	Allow for discussion following each vignette? (If vignettes are played one after another, parents may not catch the key points illustrated. Additionally, they won't have an opportunity to process emotional reactions they may have to vignettes. IF the group is clearly behind schedule, it is okay for such discussions to be very brief, getting parents to highlight key points in a sentence and then quickly move on.)			
22.	Redirect group to the relevance of the interaction on the videotape for their own lives(if parents become distracted by some aspect of the vignette, such as clothing or responses that seem phony).			
23.	Help parents understand how the concepts they are learning are related to their own goals for themselves and their children?			
PR.	ACTICE AND ROLE PLAYS			
Did	the Leaders:			
24.	Ensure that the skill to be practiced has been covered in the vignettes or discussion prior to asking someone to role play it. (This ensures the likelihood of success.)			
25.	Do several spontaneous role plays that are derived from parents' descriptions of what happened at home? ("Show me what that looks like.")	,		
26.	Do several planned role plays over the course of the session?			
27.	Do one or more role plays in pairs or small groups that allow multiple people to practice simultaneously?		-	
28.	Use all of the following skills when directing role plays? Select parents and give them appropriate roles Skillfully get parents engaged in role plays Provide each person with a description of his/her role (age of child, level of misbehavior) Provide enough "scaffolding" so that parents are successful in their role as "parent" (e.g., get other parents to generate ideas for how to handle the situation before practice begins) Invite other workshop members to be "coaches," to call out ideas if the actor is stuck. Praise role play periodically to redirect, give clarification, or reinforce participants.			

Telford and Wrekin

Children's Safeguarding -Strengthening

Families Service

Supervision Policy

Supervision Policy

Children's Safeguarding

Policy Governance

Title	Supervision Policy
Purpose/scope	
Subject key words	Supervision Policy – Version 2
Council Priority	 Put our children and young people first. Protect and support our vulnerable children and adults.
Lead author & contact details	Marie Hatton
Adaptation	Strengthening Families 04.10.19
Date Established	July 2016
Date of Next Review	Frequency 3 yearly next review 29 July 2022
Service Improvement & Efficiency Validation	
Legal Sign Off	N/A
Finance Sign Off	N/A
Approver	Jo Britton
	Assistant Director: Children's Safeguarding and Early
	Help

Contents

1	Introduction	4
2	Professional Support	5
	- Wellbeing and Support	
	- Development	
	- Practice and Quality Standards	
	 Additional Duties / Responsibilities / Activities 	
3	Casework	6
4	Systemic Pods	7
5	Observation of Practice	8
	- Preparation for the Direct Observation of Practice	
6	Supervision Framework, Frequency & Recording Guide	9
	- Supervision Contract (See Appendix 1)	
	- Recording of Supervision	
	- Recording Casework Supervision, Decisions and Agreed Actions (See	
	Appendix 3)	
_	- Confidentiality	44
7	Supervision Sessions	11
	- Frequency, Duration and Physical Surroundings	
	- Agenda - Content	
	- Professional Development	
	- Individual Support	
8	Contact between Formal Supervision Sessions – Informal Supervision	13
9	Case Consultation or Practice Guidance	13
10	Monitoring	13
11	Ammunical	42
11	Appraisal	13
12	Resolving Difficulties	13
13	Supervision of Volunteers	13
ı		

1. Introduction

Telford and Wrekin is committed to providing high quality professional support and casework supervision for all frontline staff. Effective supervision is a key process in the delivery of high quality services to children, their families and carers. Reflective and challenging supervision which encourages staff to think differently and creatively and pays attention to the impact of the case and the work on the practitioner is essential to safeguarding and should operate at all levels. It needs to help practitioners to think, to explain and to understand, with the overriding priority being a focus on the lived experience of the child. Supervision is also an integral part of our commitment to learning and development for all staff. It is the method by which the human impact of the work is recognised, understood and addressed. Quality supervision, held at least four to six weekly for staff in frontline posts, ensures all staff members have access to safe and supported case management, personal and professional development.

Providing high quality supervision is at the heart of our efforts to improve the quality and consistency of professional practice.

Casework supervision should provide an opportunity for challenge and critical reflection, which is the best safeguard against over-optimism and the development of risk adverse practice.

Professional Support supervision should focus on helping staff manage the complex and emotionally challenging situations that arise in working with families. This both reduces the likelihood of there being a harmful effect on the work and worker and ensures that information gained using reflective discussions is integrated into their understanding of the child's experience. Professional Support supervision should also identify and address any issues in relation to the supervisee's health and wellbeing; identify and address any performance issues at an early stage and identify and support professional development needs.

The principles underpinning the Professional Support supervision record are applicable to all staff, although it is recognised that many are not involved in direct work with families, and the relevance of some aspects should be discussed as part of the supervision agreement. The tool for recording Casework supervision is applicable to Strengthening Families Practitioners and Assistants. This format is available on Protocol, and is part of the case record. Other teams and services may amend the tools but should abide by the underlying principles.

Supervision is a complex process, and while this document can offer guidance, professional judgement will have to be exercised in different roles in different parts of the service.

2. Professional Support

Professional Support supervision has four functions:

- Competent, accountable performance/practice (management function)
- Continuing professional development (development function)
- Personal support (support function)
- Engaging the individual with the organisation (mediation function)

The process of supervision is based on the development of a relationship between supervisors and supervisees which provides a safe environment to support the worker and facilitate reflection, challenge and critical thinking.

It is important that the record is a live, working document, and is referred to in subsequent supervision sessions to ensure that agreed actions are carried out.

Wellbeing and Support:

This section acknowledges the human and emotional aspects of the social care task and should not be limited to just asking the supervisee how they are at the beginning of the meeting, as such a question will largely illicit a response of 'fine'. The supervisor should ask the supervisee what aspects of the work have been most rewarding, and which aspects of the work have caused them the most difficulty or distress. With each, the focus should be on helping the worker to understand their emotional experience so they can learn from them and use that understanding to develop their self-awareness and professional practice. They may also wish to acknowledge any personal matters and determine whether there is anything else that needs to be taken into consideration. Any actions arising from this should be recorded and reviewed at the next professional support supervision.

Development

In line with the Performance Management Framework, everyone is encouraged to become involved in challenging and developmental activities, practice-led developments, workshops and other contributions to learning, including attendance at training. These should be recognised, reflected on and recorded with a focus on what support the worker needs to embed their learning into practice.

Similarly, areas of underperformance or gaps in development should be quickly identified and addressed as part of the agenda within regular supervision.

Practice and Quality Standards

Each part of the service has practice standards and practice quality standards that relate to their core business. This section is where discussions in relation to performance/practice should be recorded. Excellent practice should be recognised, and practice concerns should be recorded, with agreed actions and review. Any actions from the previous professional support supervision should be reviewed in subsequent supervision sessions.

Additional Duties/Responsibilities/Activities

This section recognises the additional work that individuals undertake from time to time, and provides an opportunity for this contribution to be recorded and reflected on, with a focus on whether the worker needs any support to embed their learning into practice.

3. Casework

Supervision for practitioners with case responsibilities should be held monthly. Supervision should be a space to stop and critically reflect on and analyse the quality of the work, including the worker's experience of working with a child and family and their understanding of each child's experience. It is not appropriate to use supervision for management activity that can be achieved outside the supervision process.

Managers should routinely use management information to update themselves on the work being carried out by their supervisees. Where they are supervising staff working directly with children and families this should include reading case records, scrutinising the quality of assessments, case planning and help being provided. This management oversight should be recorded on the case record and inform both ad hoc and formal supervision discussions. This should result in supervision discussions focusing on those situations which can most benefit from reflective discussion.

Different parts of the service have different case holding demands and capacities, and professional judgement will be required. Casework discussion and agreed decisions need to be recorded on Protocol by the supervisor/line manager.

The record of casework supervision in respect of an individual child/young person receiving a service should be held on the child's electronic file.

It is not possible for every child to have an in-depth supervisory discussion at every session. Every Case will be discussed but the decision about which child to be discussed in greater depth is a joint one, and the professional judgement of the supervisor and supervisee should be used. In making this decision, the following might be considered:

- 1. High profile cases, where there might be high risk, increased activity, multi-agency concerns.
- 2. Cases that are at a significant point such as escalation to statutory intervention.
- 3. Step Up/Step Down decisions being made where there is risk of care, escalation of concern, or a CP plan ending.
- 4. Cases where the worker feels that work is progressing well; so that understanding can be questioned and if found to be accurate for the source of success to be understood and transferred to other situations.

Preparation for supervision should involve the completition of the form on LCS (protocol). Supervisees must ensure that the supervision form is updated prior to supervision and reassigned to their Senior / Team Leader as a way of preparing, but no other section should be completed as it is the discussion between supervisor and supervisee that engenders critical reflection and challenge.

4. Systemic Pods

Pods promotes a learning culture in teams and organisations as well as a shared knowledge of cases. It is important that the group meets regularly, has a clear agenda, is well facilitated and follows the agreed structure of a brief case presentation followed by reflective questioning from the group. The aim of group supervision is to help practitioners, through a brief case presentation and an appreciative inquiry approach, to develop their reflective and analytic thinking. Practitioner and Assistants benefit through the sharing of their practice, reflecting on and through the work of peers, feedback and discussion. Reflective Groups records are retained on the Child's file being discussed as a systemic consultation case note.

5. Observation of Practice

Observation of practice is a fundamental aspect of professional training, and an integral part of continuous learning and development. Within supervision, observation of practice adds a further dimension; giving depth to the reflection of the child's lived experience, and contributing to the professional development of the practitioner.

For frontline practitioners, and those directly involved with families, there is an expectation that there will be one formal observations a year.

Preparation for the Direct Observation of Practice

The supervisee and the observer should plan the direct observation and agree objectives and learning criteria for the observation - what do they want to achieve in the intervention and are there any specific capabilities identified as areas for development or concern that they would like the observer to focus and provide feedback on.

Wherever possible the service user(s) involved should be asked if they are willing to be part of the process. If they agree, it is the responsibility of the observer and the supervisee to ensure that the service user is given the opportunity to comment on the supervisee's capabilities. Not all service users will be able to or want to be involved in the process; others will be willing to take part and contribute. Supervisee and observer should agree and clarify

the role of the observer during the intervention: how will they be introduced and under what circumstances, if any, will they intervene.

Supervisee and observer should agree what happens after the observation—how and when will feedback be given and in what format. The supervisee should have the opportunity to reflect and comment on the observer's report.

The record/feedback from practice observations will not be recorded on the electronic case file as it pertains to the worker and their performance, not the family in question, and therefore should be treated as confidential.

6. Supervision Framework, Frequency & Recording Guide

This framework covers the supervision of all staff within Strengthening Families Services, including all permanent, fixed term and temporary/agency staff.

All staff in Children's Services will be supervised regularly by their line manager. All staff, irrespective of their level, must have regular, planned supervision with their line manager.

A supervision contract must be signed by both supervisor and supervisee and uploaded to the supervisee record through. One to One supervision for workers will be held at least monthly and must be recorded on the supervision record template found. The Supervision contract and personal supervision discussion templates are found on **SharePoint - CPFS Staff Reporting – Staff One to One**.

NB* no casework discussion should be recorded as part of personal supervision.

Supervision Contract (See Appendix 1)

All staff will sign a supervisory contract in line with these guidelines. The contract will be drawn up jointly by supervisor and supervisee. The contract should be jointly reviewed every 12 months.

The supervision contract clarifies roles, responsibilities and expectations of both parties and will be used to initiate a discussion about making the supervision work and to assist in achieving objectives.

Supervision contracts also:

- Reflect the seriousness of the activity of supervision
- Represent a positive model of partnership
- Ensure that the supervisee is equally aware of their role and responsibilities
- Clarifies issues of authority and accountability
- Develops a forum for review and feedback
- Sets a benchmark for standard setting for supervision
- Ensures rights of supervisee and supervisor and their entitlement to give and receive supervision

Recording of Supervision

The supervision contract will set out the expectations of recording in supervision.

Matters not directly related to a specific case which are discussed in supervision should be recorded in the session, by the supervisor, using the supervision template. The supervisor and the worker will read and agree as an accurate record of supervision and each will keep a copy or electronic copy. These records should also include notes of any disagreements. Managers will be expected to keep a record of dates and times of all supervision sessions, including any cancellations and reasons.

All supervision notes will be kept in a supervision file retained by the manager. The contents of this file remain confidential to the supervisor and supervisee unless a matter arises which requires a more senior manager to become involved. Such exceptions may also include sharing performance monitoring documents and supervision records with HR personnel (see confidentiality below).

Recording Casework Supervision, Decisions and Agreed Actions (See Appendix 3)

Casework discussion and agreed actions for individual service users will be recorded on Protocol by the supervisor/line manager. Recording on Protocol will be clearly marked in 'case notes' or on the supervision form in 'forms' and there should be evidence of supervision on every open case at least three monthly and for any very active cases where there are safeguarding issues, e.g. CP cases at a monthly interval. This is for the purposes of accountability and audit and to ensure that there is clear planning in progress for work with the child.

Team Leaders are required to read through and audit case notes and electronic recordings on a sample of service user files at least every 12 months and record this on protocol.

Confidentiality

Supervision cannot always be wholly confidential because the supervisor is acting on behalf of the organisation as well as the supervisee and in certain situations the content may need to be shared with management and/or HR Personnel.

7. Supervision Sessions

Supervision sessions are a key element in the supervisory relationship.

Frequency, Duration and Physical Surroundings.

It is expected that all staff will receive regular and planned supervision. The frequency of sessions for workers directly intervening with families should be at least monthly but may vary depending on the experience of worker and whether they are full-time or part-time. Supervision should take place in a private room with only those relevant to the supervisory relationship present. Sessions should begin punctually and interruptions should be permitted only in exceptional circumstances. Frequent lateness, cancellations or interruptions caused by either party should be a matter for discussion from which written record should be kept.

Agenda

The agenda should be discussed and set jointly by supervisor and worker. Please refer to the Supervision Record Template. There should be an opportunity to reflect on intervention, case progression and to consider any impact of the case on the worker. The items are likely to include: case discussions including risk assessments and review of previous supervision plan, management of overall workload and new work, time/priorities, any performance issues, professional development (including training, theory, research, new methods of intervention), preparation for next supervision, monitoring stress, sick leave, TOIL, annual leave, incorporating issues of anti-racist and anti-discriminatory practice.

Content

Supervisors must ensure that staffs have a clear understanding of their role and responsibilities and the standards expected by the department, including:

- Understand and adhere to the departments policies and procedures
- Ensure a high quality of practice is maintained to guarantee an effective service to users
- Adhere to and follow Health and Safety requirements.

Through supervision, supervisors should also oversee and monitor service delivery by:

- Allocating and prioritising work related to the individual's responsibilities
- Ensuring the person's workload is managed and weighted appropriately
- Setting objectives and evaluating the effectiveness of the work carried out
- Improving multi-disciplinary/multi-agency working through liaison with the professional network within and external to Telford and Wrekin
- Identifying gaps in service provision or shortfall in resources and bringing these to the attention of management

Professional Development

- Assessing the supervisee's knowledge and skills and ensuring that their training and development needs
 are identified is a key element of supervision
- Motivating and supporting staff to continue to learn and develop professionally by attending in-house training and undertaking post-qualification training
- Ensuring that staff achieve mandatory training requirements including internal standards for all staff.
 e.g. in accordance with registration requirements and, together with their managers, are responsible for ensuring this policy is adhered to
- Reviewing learning and development needs at each supervision session according to the requirements
 of the post

Individual Support

Managers should provide a supportive climate to help staff to cope with work related pressures, as well as ensuring the safety of staff when carrying out their duties.

Managers have a responsibility for health and safety issues, including work-related stress and should refer to corporate policies on stress management and working hours.

8. Contact between Formal Supervision Sessions – Informal Supervision

The expectations of both supervisor and worker about the availability of the supervisor should be made clear. The supervisor should discuss his/her style of management and be clear about who the worker can go to for support/advice etc. in his/her absence or in between supervision sessions, e.g. duty managers, other team managers, senior social worker. All decisions and recommendations related to casework made through informal supervision must be recorded on Protocol under Managers Decision in case notes by the supervisor.

9. Case Consultation or Practice Guidance

Sometimes advice and consultation on a particular case may be needed from persons other than the supervisor. Both supervisor and worker need to be in agreement about involving a third party and issues of confidentiality need to be considered. Accountability for work discussed outside the supervisory sessions should always remain with the line manager and this will need to be negotiated clearly and recorded should any consultation take place.

10. Monitoring

Senior Managers are required to review a sample of 4-8 supervision files in their service area at least annually, using the agreed audit tool.

11. Appraisal

Refer to the Annual Personal Performance & Development (APPD) process found on SharePoint.

12. Resolving Difficulties

When difficulties arise which cannot be resolved between the supervisee and the supervisor, these should be referred to the supervisor's line manager. Where concerns about practice or capability arise in supervision, these may trigger HR processes.

13. Supervision of Volunteers

It is the duty of the employer providing Volunteer placements to ensure that supervision arrangements are safe and appropriate. For further details please refer to the Corporate Volunteer Supervision Guidance (INSERT HERE).

Appendix A: A Contract for Supervision

Between: Supervisor:
And supervisee:
Council expectations:
The Service Area expects all workers to be supervised at 6 weekly intervals.
The purpose of supervision is:
1. To ensure that the worker is clear about his/her roles and responsibilities
2. To ensure accountability for the work undertaken by the worker
3. To assist in the worker's professional development
4. To be a primary source of support for the worker
5. To provide regular and constructive feedback to the worker on their performance
6. To provide opportunity for reflective practice
7. To monitor workload

Arrangements agreed for supervision

Frequency of the supervision sessions will be 6 weekly

Where supervision takes place less frequently the reasons for this will be recorded. (eg. Part time workers).

If the meeting has to be cancelled another meeting must be arranged at the earliest opportunity by the supervisor

Both the supervisor and the supervisee agree to appropriately prepare for the supervision session.

All Supervision records will be stored electronically by the supervisor. A copy of the supervision notes will be shared electronically with the supervisee following the supervision session.

Content and focus of supervision will be based on: Appendix B - record of supervision

To ensure that supervision is effective both parties agree to:

- Contribute
- Discuss any difficulties
- Be open and honest
- Value and respect one another
- Ensure confidentiality

Signed by supervisee:
Date:
Signed by Supervisor:
Date:
This agreement to be reviewed at (frequency):

APPENDIX B - RECORD OF SUPERVISION

STRENGTHENING FAMILIES

RECORD OF SUPERVISION

Name of Supervisee:	Date of Supervision Session:
Name of Supervisor:	Date & Time of Next Supervision:

Items Discussed	Decisions Taken and Action Required	By Whom and
		Timescale
Agenda items		
Training		
Roles and responsibilities		

Health and Safety		
Holidays, Toil or Flexi		
Case load decisions and actions recorded on Protocol		
Signed Supervisee:	Date:	
Signed Supervisor:	Date :	

Appendix C: Record of Supervision Sessions

RECORD OF SUPERVISION SESSIONS

Name:	Date Employment Commenced:
Supervis	or:

Doto	Initiala	Session Missed	Doto of	Notes on Where Decords
Date	Initials	Session Missed	Date of	Notes, eg Where Records
	(Supervision	(Why?)	Next	are Kept
	took place)		Session	
			00331011	

Appendix D: Supervision Audit Tool

Supervision Audit Tool

"Each Supervisor's Manager" is required to regularly review the supervision records produced by their Supervisors, both qualitatively and quantitatively and satisfy themselves that the policy is being adhered to."

Annually the SDM/Specialist Team will audit a minimum of 4 and a maximum of 8 supervision files from within the teams for which they have responsibility.

Questions	1	2	3	4	Total
Put a tick for Yes, and a cross for No					
Is there a supervision agreement?					
Has supervision been held at required					
frequency?					
3. Is the supervision clearly identified in case					
notes by the supervisor?					
4. Is the supervision record being used to guide					
practice?					
5. Are actions agreed checked at the					
subsequent supervision session?					
8. Are cases discussed so that there is					
opportunity for the worker to critically reflect					
and for the supervisor to constructively					
challenge?					

	Case Record?					
	10. Is there evidence of management decision					
	making?					
	11. Is good work recognised or poor					
	performance addressed?					
	performance addressed:					
	12. Where relevant are Protection Plans					
	monitored via supervision?					
'						
۸	Community					
Any	Comments:					
Nan	ne of Supervisor					
Dat	Date of Audit: Auditor:					
	Proposed Protocol Sup	ervision	Record as	s a Form		
	te of supervision					
16	am Manager					
SF	Practitioner / SF					
Ca	se Status					
Ch	ild	Liauid L	ogic Num	ber		
		1	<u> </u>			
-						

9. Are case work decisions recorded on the

Purpose of Involvement		
Review of Actions from last supervision		
Date of Last Assessment		
Date Child last seen		
What has happened since last supervisions?		
Is the Support Plan update and SMART actions		
Wishes and feelings of child ascertained through direct work or assessments / plans		
How Is the involvement effecting Positive Change for the child / children?		
Analysis of current risk and is this risk being managed		
Overview of Strengths within the family		
Actions and agreed way forward		