**Family Intervention Team (FIT)**

**SERVICE SPECIFICATION**

**AND WORKING GUIDANCE**

**March 2024 (V5)**

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1. **INTRODUCTION**

The Family Intervention Team (FIT) is a specialist county-wide service which offers targeted support and interventions to children and young people from 0 up to 19 years and their families.

Working as part of Devon County Council’s Early Help offer, the FIT operates where complex (Level 3) family needs are present. Families will be allocated to the worker on Eclipse the social care and target support case recording system. The worker will be part of the Team Around the Family (TAF) and that we are working with the family, will be added to Right for Children (RFC) the Early Help multi-agency headlines recording platform.

The service provides increased flexibility over operating hours, by workers being available in addition to core hours Monday to Friday to accommodate early morning and evening visits. Occasional weekend work is possible with planning.

The Family Intervention teams operate across four localities in line within the six district councils and one city boundaries. They work using early help systems and processes. They work closely together with partners and communities to provide effective targeted support for the most vulnerable families, not open to social care and experiencing a number of complex issues.

**The service objectives are to:**

* Deliver a bespoke intervention package to children, young people, and their families with complex needs.
* Reduce the number of adolescents, babies, children, and families requiring a statutory children’s social care service.
* Work with adolescents, babies, children, and their families when stepping down from children’s social care through continuing a period of targeted intervention to prevent re-escalation.
* Work with families where young people are not in education, training or employment and improve school attendance, aspirations, and outcomes.
* Work with families to help their children and young people to stay safe.
* Reduce parental conflict, support families to reduce and eliminate abusive episodes.

As part of a continuum of support and/or to add value to the work of other specialist services FIT can:

* Support the successful reintegration of children who return to their families and homes following a care episode.
* Reduce the number of young people involved in substance misuse, crime, and anti-social behaviour.
* Support young people who go missing to keep them safe and promote positive outcomes to prevent further missing episodes.
* Support young people who are at risk of and involved in sexual or criminal exploitation (assessed as complex).
* Assess, review and support young people who have caring responsibilities who present complex or additional need.
* Reduce youth homelessness through mediation with young people and their families.
* Reduce the number of children entering the care system, supporting them to remain safely at home with their family network.

**The service offers core assessment and review processes. These are supported by age related targeted interventions which may include some or all of the following:**

* Understanding and working with behavioural issues
* Domestic Abuse support and recovery
* Improving school attendance
* Early Infant Attachment
* A targeted service for vulnerable expectant and new parents that will improve maternal well-being and family/parent and infant relationships in partnership with Midwifery and Public Health Nursing Service.
* Parenting advice
* Child Exploitation information advice and guidance
* Trauma informed practice
* Support in recognising and managing emotions including anger.
* Exploring and reducing risk-taking behaviours
* Sexual health and heathy relationships
* Substance misuse
* Bereavement and loss
* Emotional wellbeing and mental health
* Self-harm and anxiety
* Debt and housing
* Child to parent violence or controlling behaviours.
* Reducing conflict and improving parental/familial relationships
* Special Educational Needs and Disabilities (SEND)

**Evidenced based models of intervention:**

* Trauma informed practice
* Non-Violence Resistance (NVR)
* Family Outcome Star suite – family centred goal setting (distance travelled tool)
* Graded Care Profile 2 to understand neglect (distance travelled tool)
* Attachment and brain development in the first 1001 days (Here’s Looking at You Baby)
* Baby Massage techniques
* Solihull approaches
* Incredible Years approaches (including IYASD)
* Video Interactive Guidance (VIG)
* Parent Plus Adolescent group work for parents/carers 11-16
* Restore Relationships group work for men who want to change their behaviours.
* Motivational Interviewing
* Restorative Practice
* Cultural Genograms
* Family Mapping – supporting family led practice.
* Lead Practitioner role to support Team Around the Family approach.
* AIM 3 Intervention Work
* Reducing parental conflict toolkit.

**1.1 Family Engagement**

The quality of the relationship between a practitioner and family members is one of the best predictors of outcomes. FIT Family Practitioners will seek to achieve the best possible outcomes for families by working alongside them, establishing a relationship whereby the family are listened to, respected, and are actively involved. Family Intervention Workers will work flexibly around the needs of families to enable effective engagement. This can include:

* Contact: home visits, texting, telephone, mutually agreed meeting places
* Visits: early morning, evenings and on occasions weekends
* Practical guidance alongside children and families: shopping, cooking, activities, other service engagement, education support, readiness for the workplace, healthy relationships, positive life choices, debt, benefit, or housing.

All underpin the intention to build resilience and see sustained change in family functioning and parent/carers understanding of their children’s needs.

Family intervention workers will initially focus their engagement around getting to know the family members and on building a sustainable relationship. Relationship building is the first step to the collaboration with families in developing and agreeing a goal-based family plan to understand what families feel are their strengths and areas where they feel they need some support.

**1.2 Ethos and Principles**

* FIT operates on a whole family basis, where the voice of each family member is clearly sought, heard, and incorporated in any work undertaken.
* FIT will respect the starting point of families and of partner agencies in their work.
* FIT works with families where full, informed consent to become involved is present. This is confirmed at the initial referral stage and will be regularly updated.
* FIT works with families on a consensual basis and as such the key skill of the service is in engagement and assertive relationship building with vulnerable families.
* FIT operates within a restorative, solution focused, strengths-based approach. We work with families to identify their concerns, issues, and needs and work towards positive changes for the family. The Outcome Family Star/GCP2 provides the framework for this.
* FIT meet families in their homes. They will also adopt a flexible approach to working alongside the family and at times and in places that best meet family needs.
* FIT will endeavour to be creative and innovative in its work with families, thinking ‘outside the box’ to promote solutions.
* FIT will provide support for families to navigate the systems such as education and health, whilst also helping families to develop the skills to sustain positive change and independence.
* Safeguarding of children and the protection of vulnerable adults is paramount in all FIT work.
* FIT will share all documents with family members at all stages.
* FIT will only share information with appropriate informed consent.

(Unless significant risk is evident or would increase for a child or young person, with informed disclosure, or where the service is engaged in Section 47 investigations and consent is not appropriate.

1. **Complex Needs**

The target groups are families experiencing complex needs with a minimum of three out of the 10 indicators:

• Getting a good education

• Good early years development

• Improved mental and physical health

• Better managed substance misuse and reduced harm

• Improved family relationships

• Children safe from abuse and exploitation

• Families diverted from crime

• Safe from domestic abuse

• Secure housing

• Financial stability

Families we support may be experiencing the following challenges.

* Families with significant non-school attendance (for whatever reason)
* Families with members involved in crime or anti-social behaviour.
* Families where an adult prisoner is due to be released and will reside in the family home. (*We are not yet routinely advised of families in this cohort*)
* Families affected by domestic abuse or parental conflict.
* Families living with drug and alcohol misuse.
* Families where children have previously been open to Children’s Social Care or are at risk of becoming open to Children’s Social Care without intensive level support.
* Families where children exhibit significant behavioural difficulties where the origin is not only Autistic Spectrum Disorders.
* Families facing eviction or with significant rent arrears or neighbour disputes having a detrimental impact upon the family’s safety & wellbeing.
* Families with one or more member of the household with enduring and significant mental health needs
* Families where children are experiencing abusive or neglectful parenting that are impacting on their outcomes and wellbeing.
* Families where there is evidence of the child/young person being at risk of exploitation.

The team may work with families where an individual over 18 has Special Educational Needs, is at risk of homelessness, subject to team capacity and local managerial agreement.

* 1. **Request for FIT.**

There are two current routes to access us.

1. Partners should make requests for consideration of a service through the Front Door by a Referral for Support Form indicating they are requesting FIT as an Early Help Targeted Level 3 service.
2. Social work colleagues use the Transfer and Allocation Meeting process (TAM) where they feel we have a role to support families embed and sustain progress to reduce the potential of a re-referral to social care in future.

Family cases to be supported by FIT, are allocated by the Team Manager.

1. **The front door will decide a family is for FIT.**

Team Managers will have **48 working hours** to review and move to next steps,

Decision by the manager to be:

1. *Needs a service but not FIT* – agree with another agency and the family and make the links then close on Eclipse with a managerial oversight. Monitor these families for any thematic conversations necessary at the front door.
2. *Does not need a service* – close but again monitor for thematic issues to be discussed at front door operational meetings. Managerial oversight note must be added to Eclipse as to why a service is not required. Referrer and family to be notified.
3. *Allocate to a FIT worker* - worker has 5 days to make a first contact. All new allocations to be reviewed by a manager at a max 15 days post allocation to ensure timeline for contact is in place and prevent any drift of families allocated then left with no / insufficient intensity of intervention.
4. *Accepted but unable to allocate* (capacity) – hold as pending on the managerial work tray. Team Manager to contact the family within 48 hours to advise of possible wait. Family then to be contacted every 2 weeks to ensure no escalation to SW level noted, to confirm a L3 FIT service is still appropriate or to potentially close. Managerial oversight must be added to Eclipse in line with this requirement.
5. *Exceptions* – go back to the front door for a case discussion where we do not feel the triage is robust enough to evidence a L3 need. This may then lead to another FIT managerial decision as above. This is an exceptional rather than routine position.

1. **Social work teams and FIT**

The Transfer and Allocation Meeting (TAM) process is in place to support consistent practice across the county in a right child and family, right service, right time practice culture. (Add Link).

Summary:

Step-down to the team is particularly useful for families needing intensive, identified intervention where FIT can ‘add value’ for sustainability, such as after child protection issues have been addressed and Child in Need (CIN) concerns have significantly diminished.

* Social workers will explain the family intervention team, to the families and gain their consent for support at targeted early help. Where consent is not established, or a family is unsure, an expedited three-way meeting should be offered with the social worker, family, and FIT practitioner to decide if step down to FIT is the best course of action. The family should not be outcomed to Early Help Targeted Level 3 FIT on Eclipse without a discussion at TAM.
* For a case open to targeted early help, when risk and needs have escalated to the point a referral to social work services is considered necessary – the targeted early help practitioner will have a conversation with their manager before the manager takes the family to the TAM. If agreed, a Request for Support form will be completed and forwarded to the front door as PRE-AUTHORISED. Consent from families will be achieved beforehand unless there are clear safeguarding reasons not to do so.
* If the family have been closed to social care for less than 3 months, the targeted early help worker and manager will connect with the social work team at the point of closure for a conversation about reopening pre any approach to the Front Door.
* FIT involvement can continue when a family is at sec 17 and sec 47 to ensure all the information from our work with the family is shared with the social worker to support the assessments. Any tasks for FIT, during the assessment need to be agreed with the FIT worker/manager on a case-by-case basis. The family will be closed to FIT when the family remains at CIN post initial assessment, or progressed to CP.

Step In Where Family Intervention staff are concerned about a child or family’s needs escalating and reflective managerial supervision does not see a clear decision on a referral to statutory social work, the targeted early help manager and practitioner will have a consultation conversation with the link social worker where the work to date, family strengths, and family concerns will be reviewed.

**2****.2 Factors to consider in accepting a family for FIT.**

FIT Team Managers must consider the following when accepting or declining to take a family for complex service delivery:

* The level of need and complexity, work completed to date by other services and current team capacity.
* Whether FIT involvement will add value to the services already in place or available in the locality and what the role of the Family Intervention Worker could be.
* The impact of the presenting issues and challenges on the needs, outcomes and lived experience of children and young people within the family.
* Whether FIT involvement will prevent an escalation to acute services and/or support de-escalation to community services

Once a request for support has been accepted, the team manager will consider which staff member is best placed to work with the family, based upon experience, skills set and capacity. The family will then be allocated to the family intervention practitioner on Eclipse and added to the TAF on RFC.

At times, a family may be placed on the waiting list for FIT. They will be sent a letter with the contact details of the team manager and some generic information on information, advice, and guidance. The TAF will also be advised. Any family on a waiting list MUST be reviewed at least fortnightly to ensure their needs remain relevant to targeted early help, with a managerial oversight added to Eclipse. Any noted re-escalation of family needs during any waiting period should be discussed with the social work Team Manager without delay (if within 3 months of closing) or potentially a direct referral to the front door if critical needs are apparent.

Allocated practitioners must ensure they have read all relevant parts of the family’s records and existing Children and Families Assessment on Eclipse and EHA on Right for Children (on step down cases). Particular notice should be paid to the observations of partners and any work undertaken in the family thus far.

Allocated practitioners should consider any gaps in their family knowledge and from where information can be sourced, subject to family consent having been established. Should any additional risks or safeguarding issues be identified, which were not shared at this stage, the allocated worker must discuss these with their line manager.

The timescales for our work require the allocated practitioners to contact the referrer or on a step-down case, the last allocated social worker in a timely manner. A meeting should be arranged to meet with the family, share the way we work together; discuss their needs and look for strengths to be built upon.

**2.3 Child Protection**

Immediate child protection concerns for families open to FIT will be shared with the Team Manager or a cover manager in their absence.

Consideration of further information gathering; a Front Door consultation and/or a Front Door referral will be decided from this discussion. A summary of this discussion will be recorded on Eclipse as a Management Oversight note.

***All*** *immediate concerns must be dealt with by the fastest method of contact – normally the phone.*

**3. WORKING PRACTICES**

**3.1 Consent and Information Sharing**

FIT will only work with families where informed consent has been gained. Practitioners will be open and honest with families about why it is important to share information, who with and how it can help support meeting the needs of a family to effect the change they have identified. This discussion, alongside clarifying what additional information certain services might hold, can help to identify barriers and anxieties, and provide an opportunity to dispel assumptions.

Information will only be shared without families’ or individual’s consent in exceptional circumstances, such as when it is believed that informing the family will put a child, young person, or vulnerable adult at increased risk of significant or serious harm, or to prevent, detect or prosecute a serious crime.

All relevant information and feedback from other services will be recorded in the family’s Eclipse record. In addition, relevant headline information will be added to the family record on RFC. This is visible to the TAF. It acts as an accessible record of our intervention for future reference. FIT will follow best practice in sharing information received from other services with the intended family member. FIT will check with the service/organisation what can and cannot be shared.

Information and engagement of family members can often change, so it is important that consent should be regularly discussed, reviewed and where appropriate updated. Families may decide to withdraw consent at any time.

The Privacy notice for Early Help/MASH (Front Door) currently covers the FIT team <https://www.devon.gov.uk/privacy/privacy-notices/privacy-notice-for-mash/>

**3.2 Working with families through five stages.**

We will complete an Early Help Assessment (EHA) on Eclipse within 45 days of allocation. We will use the Outcome Star/GCP2 as part of this, to create a family agreed goal-based plan. Outside of holiday breaks, we aim to hold a TAF meeting within 28 days of meeting the family. The voice of the family is central to an effective TAF. It will be included in the EHA and the ongoing TAF experiences.

The EHA and plan will be discussed in supervision.

Working with families through five stages:

1. Relational - Making relationships, understanding a family’s journey to now - *Information gathering.*
2. Respect - Understanding family strengths and needs – *Assessment*.
3. Responsibility - Goal setting with family - *Planning*.
4. Resilience - Finding what works - *Interventions*.
5. Reflective - Reflecting on distance travelled - *Review*.

These stages form part of a continuous loop of activity. A family experience is never static, and change will occur on a regular basis. It is important to record progress and include new needs if they emerge.

A family practitioner will have families they are supporting at different places in the 5 stages. All stages require focus to do well. A full-time worker could have up to 12 families allocated to them. This may be adjusted to reflect the number of children in the family; level of need and/or how intensive the work is.

Workload will be adjusted to accommodate PPAP and CRAFT course planning and delivery. Caseload numbers will be agreed in personal supervision.

Building relationships and working together with the family and the TAF on agreed goals, progress could be seen within the shortest timeframe to enable sustained change. It should be clearly recorded by the Team Manager why the work is extended over this time. It should be exceptional for a family to be open to FIT for more than 12 months. Families to be open over 12 months will have had a reflective session with the worker, the team manager, and the service manager. A Management Oversight record by the Service Manager will be included on the family record and the personal supervision of the allocated worker. Families will not be kept open to FIT longer than they need.

On allocation to FIT, many families will have an existing assessment which will require reviewing. Families on step down from social work teams, will have, a social work assessment, risk assessment and closing summary, which will form part of the information to be considered within the FIT work on Eclipse. This should be considered alongside the Early Help Assessment and plan and review notes on RFC.

**3.2.1 Information gathering** Making relationships, understanding a family’s journey to now.

**Families**

Families have told us that the approach, skills, and resourcefulness of the practitioner are most important to them. How the practitioner gathers information in this first section is likely to impact on their working relationship for the entire period of involvement. Making some level of connection, tuning in to families is essential.

Conversations should help practitioners decide with the family, where the best place will be to meet initially, for example, their home, a community centre, a local library, or school. Where do the family feel most comfortable. What risks need to be considered.

This part of the process involves inviting the family to tell their story in whatever way they choose, helping them to build up a picture, including events in their past, the present situation and hopes for the future. The time spent with individuals as well as the family group on learning this, is an investment and the activity itself can create change. Listening, conversing, asking questions and remaining non-judgemental is essential. It demonstrates what families can expect of FIT in terms of interest in their Social GGRRAAACCEEESSS\* that influence their personal and social identity. It is also important for practitioners to ensure that gathering the information does not become too problem-focused and ‘stuck’ in the past, by taking the opportunity to move the conversation into recognising strengths, resilience, and hope for changes.

Working with families to draw their genograms and use of family mapping tools are ways to help families share their lived experiences. Investing time on understanding family networks is useful for reflecting and building on, when working with families on all stages.

*\*-The term social GGRRAAACCEEESSS is an acronym that describes aspects of personal and social identity which afford people different levels of power and privilege: gender; geography; race; religion; age; ability; appearance; culture; class/case; education; employment; ethnicity; spirituality; sexuality; sexual orientation*

**Other Services/Organisations**

The process of gathering information and gaining feedback from services/organisations should start once consent has been given by the family. If thought useful, Eclipse and Right for Children can be accessed prior, by colleagues making the decision to offer FIT, as helpful tools in understanding historic involvements with the family. Remember however, we work from the principle that families know themselves best so hearing their views is central to our understanding.

Other information may be received from services or organisations in a variety of ways using different methods. These could take the form of direct conversations, written reports, assessments, or contact chronology and notes. When speaking to other services and organisations they may also share information about any known risks or specific concerns and issues.

It is important that all information and feedback that is relevant is clearly recorded. It is best practice to share information received with the intended family member. There may be some infrequent instances where it is not appropriate to feed back some information due to wider implications. As with the discussions with family members, always check with the service/organisation what can and cannot be shared. Consider things such as confirmation bias when gathering information.

**3.2.2 Understanding families’ strengths and needs** - Assessment

Understanding families’ strengths and needs, happens by bringing together all the information which has been gathered and working with individuals and the whole family to identify patterns, priorities and where change is needed. Each family member should by now have started to focus on where their strengths lie and what they feel is a priority for them to change and improve. Using the framework of the Outcome Star or Graded Care Profile 2 will help practitioner and family to understand aspects of their life that are going well in addition to areas of difficulty. Regular review shows distance travelled, which means the tool can be used live and in a continuous way to document the time we are working together with families. The frameworks can also help understand how each priority area may be impacting on another, for example a parent’s mental health affecting the ability to provide boundaries for their child.

It is important to be led by the family and child/young person initially to consider their priorities first. This can support engagement; particularly if some “quick wins” and immediate practical activities can be identified. As trust and relationships develop, more entrenched issues and areas are addressed by mutual agreement.

**3.2.3 Goal Setting with the family** – Planning

It should now be possible to agree with the family what actions are needed to build sustained change and plan how these will be achieved, who will be helping, what success will look like and how often the plan will be reviewed.

It is important that the family’s plan is completed with the family and that family members are supported to identify their own actions. Families are more likely to understand, value and work towards priorities which they have identified as important themselves. The guided conversation using the Outcome Star framework is designed to achieve this based on the evidenced based cycle of change. It is also very visual for families. Goal setting helps to clarify the roles and responsibilities of individual family members and of any agencies or services who will work with the family.

Use the family’s own words wherever possible to promote ownership and engagement is key and embedded in the Outcome Star framework. Actions to reach goals should be realistic, specific, and achievable and may be in very small steps initially.

Plans should also consider any risks identified and any measures needed to manage the risks effectively.

Children’s views should be sought in age-appropriate ways and included in the plan, whilst being sensitive to the impact on parents of hearing about their child’s negative experiences and the impact of information about parents’ difficulties on the children.

The FIT family practitioner will be part of the TAF. Plan and review meetings should be held regularly during a family’s time with FIT. The Outcome Star/GCP2 family plan must be shared with the TAF in a timely way. A plan and review meeting will ensure there is a clear understanding of how the families’ plan will be implemented. It is important to allow enough time for the tasks to be achieved but not so long that drift occurs. If the family wants it, the FIT practitioner will be lead professional for the TAF for the time we are involved. Actions identified at the plan and review should be incorporated into the family’s plan. Multi-agency plans will provide a framework for shared accountability with partners, which will lead to more sustainable outcomes for the family.

**3.2.4 Finding what works. -** Interventions

DCC has developed a number of practice policies and guidance documents.

The DCC intranet and CSC SharePoint site and the DCFP holds a wealth of information, contacts and resources that will support and guide staff in their day-to-day work with families.

* <https://devoncc.sharepoint.com/sites/reSOURCEforChildrensSocialCare/SitePages/Welcome.aspx>
* <https://devoncc.sharepoint.com.mcas.ms/sites/RestorativeDevon2>
* [The Devon Children and Families Partnership (DCFP)](https://www.dcfp.org.uk/)
* In addition, all DCC staff can access Research in Practice and Community Care Inform. Free access to best practice and research papers; webinars and training opportunities are included.

Intentional timelines and priorities for interventions should be shown in the TAF plan. The effective worker recognises that their work with the family is time bound. Work with families may include fluctuations of risk and needs, as we work together. Reflective and reflexive family supervision should consider what has happened, what we think this means, and what the worker may need to revisit/adapt, to keep the family on track towards positive and sustainable change.

Regular effective plan and review meetings; sharing in reflective group supervision; colleague conversation can all play a part in ensuring the support to families is effective and at the right level of intensity.

**3.2.5 Reflecting on distance travelled** - Review

Family reviews should take place regularly with all involved parties. Plan and reviews should be planned in advance, in generally 6 - 12-week timescales. These can be more regular if beneficial or following a significant change. At these times, the TAF and family will revisit the assessment and plans, updating, as necessary.

* what has been achieved?
* what is no longer relevant (life changes or incorrect initial identification as a priority target)?
* what remains in place as a TAF target?
* any new targets, timelines, and actions to reduce identified barriers to sustainable change.
* voice of the child/young person on the support

The Early Help Assessment should be updated at least quarterly and sooner if there has been a significant change. Headline information only should be added to the multi-agency assessment in Right for Children. The Plan and Review meetings are recorded on RFC copy and pasted into Eclipse for record. Evidencing the date, who attended the review (for both family members and professionals involved with the family) and the outcome including progress and/or changes to the family plan. The next review date should be set at each review meeting, to keep family focus strong, partners involved with clear actions and to gather feedback.

**3.3 Family Case Recording**

Recording is an essential component of gathering information, analysis, decision making. It provides a record for families as well as making us accountable for our part in the journey of change for the family. Staff will work to the following recording standards: The Family Intervention team case recording platform is Eclipse. This is where all FIT family case work is recorded and held.

The Right for Children multi-agency case recording platform where headline information is held and holds the multi-agency EHA, plan, and review (TAF Meetings). The expectation is that FIT practitioners will **only** **copy and paste headline information** onto Right for Children in the same way as is expected by partner agencies supporting a family.

**Use of RFC should be restricted to:**

* A brief record of allocation to a FIT practitioner.
* Record of FIT practitioner’s role (Lead Practitioner or Practitioner).
* Headline information of support that should be shared with the team around the family.
* The Multiagency plan and review (TAF meeting) are held in RFC. If the FIT worker is lead practitioner, they will complete the plan and review during the TAF meeting and share a copy with the family. A copy of the meeting should be pasted into Eclipse for record.
* Outcome Star plans can be uploaded as appropriate.

To help identify these actions, staff will use the comments tab on the case chronology – using the above headings.

* Every contact regarding a family will be recorded within two working days. Matters involving safeguarding will be recorded within 24 hours.
* Management oversight will be recorded on Eclipse.
* Recordings will be child/young person focussed; evidenced based and reflect our restorative practice principles.
* Records will include when key documents e.g., assessment, family plan, reviews are shared with a family and multi-agency partners as agreed by families.
* The wishes and feelings of service users will be clearly evidenced with the child/young person’s voice clear throughout.
* Case records will consider the families’ Social GGRRAAACCEEESSS and how these have been taken into account in terms of reflecting their influence on a family’s personal and social identity.
* All visits’ recordings will include who was present, the time of visit, and where this took place and whether the children or young person was seen and if seen alone.
* Reflections/analysis/hypothesis will be part of the record. They will be marked as such. This encourages the worker to engage in testing out of hypothesis with the family, in discussions with partners and in supervision.
* Families and individuals can request access to their records through DCC policy.
* All TAF members can add observations to Right for Children. Information in emails and messages from the TAF including families, can be uploaded to Eclipse.
* FIT can add notes to family records on Eclipse when the family has escalated up to children’s social work as needed.

**3.4** **Audit and Reflection**

The FIT encourages family and partner feedback at any time during our involvement, at each plan and review and at closure.

FIT will link into Devon’s Audit and Framework. In addition, Team Managers will collect and review service user feedback, undertake thematic dip samples and observations of practice. Feedback and reflection of practice is routinely discussed in personal supervision. It is recorded, with identified SMART actions. Where relevant, audit feedback is recorded on the family record by the line manager. The personal supervision template asks for information on quality of practice, compliance with actions, for training and development and (where indicated) for performance management processes.

Our supervision practice reflects our restorative approach and is strength based and conversational. Personal Supervision will take place monthly, more frequently during induction and probation (for details see DCC Induction and Probation Policy) and where there are performance issues or other processes such as absence review and sickness management in place. Some flexibility to this can be applied to part time staff with their agreement. Supervision dates should be set in advance using Outlook. Supervision agreements should be reviewed annually or at a change of supervisor as per policy. Supervision can be face to face or on TEAMS. Meeting face to face for supervision is encouraged.

Allocated family supervision will be monthly. Team managers will complete supervision forms on Eclipse. The first supervision will be completed within 28 days of the family being allocated.

Family supervision forms will be completed every month the family is open to FIT.

**3.5 Case Closure**

FIT works with families with complex needs. Work is regularly reviewed, working towards a time when families can thrive without our input. By building relationships and working together with the family and the TAF on agreed goals, progress should be seen throughout the work. It should be clearly recorded by the Team Manager why the work is extended past a 9-month timeframe. Families to be open over 12 months will have a reflective session with the worker, the team manager, and the service manager. A Management Oversight record by the Service Manager will be included on the family record and the personal supervision of the allocated worker.

Where case closure to FIT has been identified and agreed with all involved partners, family plans of how the change will be sustained, will be developed with the family, and include any additional support from other services. This will be shared at a plan and review meeting. A different lead professional may be identified at this stage if the TAF is continuing.

At the point of closure, it is good practice to provide the family with a strengths-based summary of their achievements to highlight their achievements and progress made. This can include signposting, information, and advice in a format most helpful for families to refer to going forward. Children and young people can be sent their own strength-based closure conversations as appropriate.

Some families will choose to dis-engage prior to outcomes being met. Where this is the case, the worker will discuss this with their line manager and the TAF. All attempts to re-engage with the family must be evidenced on Eclipse and a case observation added to RFC so the wider TAF are aware.

The final decision to close a case will be the responsibility of the Team Manager.

Where a decision has been made to close a case, the worker will complete a closing summary which is signed off by the Team Manager. This will be uploaded to Eclipse and RFC.

All processes should be completed within 4 weeks of agreement to close the case at supervision.

A Story Board may be deemed appropriate and requested by the manager to evidence impact and share positive practice or learning and development for example.

**3.6 Re-referrals - requests for support**

FIT aims to work in partnership to enable families to manage their needs independently. Situations change for families and a re-referral to FIT may be considered by the TAF and anyone else contacting the front door.

In some cases, a short, focussed piece of work could be carried out to further build resilience.

For the family to be re-considered the referrer should:

* Identity the current situation for the family or young person.
* Identify a significant change in needs and circumstances that has resulted in the family or young person needing additional support currently.
* Have shared their concerns with the family or young person.
* Show through discussions with the family what additional support has been tried since the family was closed to FIT.
* Share the views of the family and/or young person on their situation and what they feel would help.

Each request will be considered on a case-by-case basis. The type of support would be decided after the family has been contacted. This may include telephone contact, a home visit or an invitation to a Plan and Review or education meeting.

If a family are reallocated to FIT, the work would need to be more closely overseen by the Team Manager. Whist we work in a relational way, a different FIT worker may be more appropriate, dependent on the needs of the family and capacity within the service at that time. This would be opened as a new episode at Early Help on Eclipse and the worker added to the TAF on RFC.

1. **WORKING PATTERN**

FIT workers need to be flexible in their approach to work, as families are dynamic networks and ‘one size does not fit all.’ As such, staff can work with families during the period 7am to 7pm Monday to Friday. Weekends are possible with planning and agreement with the Team Manager. As a result, there will be times when staff are working with families outside core hours. When this happens, staff need to follow Health and Safety and lone working protocols.

* Outlook calendars must be up to date with staff movements and commitments with the diary left open to all managers, colleagues, and business support staff.
* Staff must arrange a time by which a call will be made by the worker to their buddy/manager, to say they are clear of visits and safe. If no call is received the buddy/supervisor must call the worker. If there is no response the buddy/supervisor on duty should call the family the worker is visiting. If no suitable response the buddy will call the workers next of kin to see if they have made contact. The police should be contacted, if you suspect the worker is at risk and has not been accounted for.
* Staff must ensure that that they share up to date personal information for lone working best practice processes to be followed – this includes updating their personal mobile phone number and next of kin contact details.
* Joint visits will be considered where a risk has been identified or the family are unknown to services and there is concern over unassessed risk.
* EDT can be used for out of hours working where concerns are raised for the welfare of the visiting family.
* FIT workers to ensure their work mobile is charged and switched on and that they have their buddy/team managers’ number and EDT number easily accessible.
* FIT workers will be issued with personal safety devices as part of their roll out across the services. Workers will have a responsibility to ensure they take them with them and use them appropriately.

FIT colleagues who are trained facilitators in evidence-based group work might deliver this offer out of core hours. Both groups have two facilitators at each session.

Restore Relationships is a 12-week course for men looking to change their behaviours in their relationships. The course is delivered online in the evening. Facilitators delivering this course generally do so from their own homes. The expectations around privacy for the participants is included in the planning. A supervisor is linked to the course and can be contacted by the facilitators to debrief and if they have an adult or child safeguarding issue raised in the group. EDT is also available for advice and guidance.

Parent Plus Adolescents Programme (PPAP) is an 8-week course. This is delivered both virtually and face to face. When this is delivered in the community out of core hours, risk assessments of venues will need to be in place. A supervisor is linked to the course and can be contacted by the facilitators to debrief and if they have an adult or child safeguarding issue raised in the group. EDT is also available for advice and guidance.

DCC does not offer overtime. Time working out of core hours needs to be accommodated within staff working hours and/or FLEX occurred and taken back within a two-month timescale.

**5 CUSTOMER FEEDBACK**

The DCC family feedback form is routinely made available to families and children to share their views.

FIT Managers will contact a proportion of families closed to the service after 3 months to hear how families and young people are. We will ask if the work, has made a difference to them and in what ways.

Where FIT staff receive positive feedback and compliments from partners, families, and colleagues, in this and other formats, this is recorded by the line manager and where appropriate, within the case notes and added to the Project Folder by the line manager or Business Support.

All FIT staff will follow DCC policy regarding any complaints received. In the first instance complaints will need to be referred (where appropriate) to the Team Manager. Where possible, complaints will be managed at a local level with the aim of a positive resolution. Where a complaint cannot be resolved at a local level, it must be escalated to the Service Manager.

1. **TRAINING AND RESOURCES**

Individual staff as well as the employer hold responsibility for Health and Safety so all staff must complete all mandatory e-learning modules within the first month of employment. They also need reviewing. Reminders are sent. Compliance with this will be discussed in personal supervision.

Accessing *DeL Devon Learning* is part of any new starters’ induction. The site provides a wide range of training. Your individual dashboard includes mandatory induction as well as corporate training.

(**See also 3.2.4 above**)

All members of staff will be required to undertake training to support them in their role.

* Introduction to Restorative Practice
* Motivational Interviewing

These are core components of our approach in Devon.

To support yearly appraisal objectives all staff are expected to discuss, identify, and agree their development needs with their line manager/supervisor.

**DRAFT**

Appendix A

**OUTCOME MEASURES – Power-bi reporting tool currently In development**

The impact of our working with families using evidence informed/based practice will contribute to the Supporting Families (2022-2025) request to evidence successful outcomes for families.

* Getting a good education
* Good early years development
* Improved mental and physical health
* Better managed substance use
* Improved family relationships
* Children safe from abuse and exploitation
* Families diverted from crime
* Safe from domestic abuse
* Secure housing
* Financial stability

Impact sources in FIT – how can we answer the question ‘so what difference have we made?’:

* We use Outcome Star online that will produce information around distance travelled for families.
* GCP2 has a scoring system which can show families’ progress.
* RFC will provide distance travelled information. Plus, a list of achieved goals.
* Our traditional spreadsheet measures self-determined entry and exit data.
* Restore Relationships and PPAP have self-developed spreadsheets that seek to collect impact data.
* Feedback from children and families on impact of the work 3-6 months from closure
* Story Board reflecting learning and development.