

A Family's Journey – Guide for Staff

This guide is for you to use to plan your work for what we have called “session”; we do not expect you to complete all the session in one visit for all families as families are all different and some may need more support and time to share with you the information we are asking for. Each session however should not take more than 2 to 3 visit.

Allocation

MARF – Multiagency referral form and most recent social work assessment (if appropriate) – Read through the referral, questions for self:

- What do I know about the family?
- What do I need to know about the family?
- What will be the focus of my 1st visit?
- What outcomes do I need to achieve? PBR and other

Start of the assessment the Child's Journey so far

- MARF
- Case History/Chronology and previous contacts on LCS and EHM
- What does this tell you about the case?
- Is it complex, chaotic, longstanding issues or fairly new, how many times have the family moved house?
- ACES scores – risk and past harm can we answer any of these questions
- Neglect toolkit - areas of neglect, could this be helpful
- Assessment impact tool – identify areas of need
- Mapping case

Conversation with Family Support Co-ordinator – for every new referral you should have a conversation to discuss the above.

From your referral form what do you need to discuss with your Co-ordinator - talk to the person next to you about any concerns or queries you have. Discuss the case with your Co-ordinator and agree the management footprint at the start of this case.

Discussing case with the referrer

Get your questions ready for the referrer

- Get more information on what they have done
- What has worked and why things haven't changed
- Ask the referrer about the family network
- Who do they know are involved professionals and family/friends
- Check the numbers and or seek alternative numbers with referrer and ask them when they would most likely see the adult or when they are most likely to be in for us to visit
- Have they got the children's views, three houses or other views?

A good referral should have all this information on it. Start to make a picture of the network around the family.

Questions for referrer – ring them today if you can

Family Genogram – have you got anything to start with at this point what does it look like?

Arranging the First visit

What is the benefit of going with the referrer to visit the family? Arrange for the referrer to say they are bringing you out to see the family or arrange to see parents/carer in the school/other setting for an introduction, or ask them to let the family know you will be calling and give your name and number to the family if appropriate.

If not appropriate, i.e. the referral is from someone who doesn't have a relationship with the family (such as the police or GP) then contact the family and arrange a visit at a convenient time.

Consider the needs of the family and the referral, as to whether the first visit will be with everyone, just adults or adults and support people. This should have been discussed with your senior but you might need to change your thinking.

Arrange the first visit with the family

No Response

For families who do not answer your call or return your messages within 2/3 days, try an unannounced visit at the times suggested by the referrer and take a calling card/leaflet with your name and details and when you will next call.

Make the next visit a different time, maybe a teatime or different time of day. If within a week you still have not been able to make contact, go back to the referrer to discuss any concerns you may have and ask the referrer to speak to the family.

Discuss with your FS Co-ordinator after 3 attempts, who will consider the **non-engagement pathway**.

Form questions for the family focusing on understanding what is working well, the worries and the safety goal as well as scaling at this point.

Worry Statements

A worry statement (a couple of sentences to a paragraph in length) you can have more than one if needed.

- **Who is worried?**
Don't make this a cast list of thousands
- **What are they worried about?**
Harm a child has suffered or the behaviours that pose a risk that could harm a child in the future.
- **Why?**
Apply your theoretical knowledge here – what would be the future impact on the child if nothing changes

Safety Goals

A safety goal (a couple of sentences to a paragraph in length) you can have more than one if needed

- **What do we want to see happening to reduce the worries everyone has?**
- **How would we know the children were safe?**
- **Who else would be involved?**

Scale/impact tool

- Where are we scaling this family and why?
- Who at this point needs to be at the Team Around the Family?

First visit to the family

Making every visit count - this is why you are here.

The referral should have clear messages in relation to what the family are doing well and what others are worried about.

Sometimes to go through the referral straight away can put families on the 'back foot' so you might want to start with a blank bit of paper asking them about what about what is working well. This should include who helps the family and who is around when times are difficult.

Ask the family about what is it they are worried about and what they think needs to happen for this to be better.

Be clear that we are recording how the adult thinks and feels, not that this is right or wrong.

Scale with the adult at the visit. Then introduce the referral – it is important you go through the referral on the first visit.

Consent

You will have consent but have you got it for everyone in the family. For example, what about older children have you got their consent too?

Ending the First Visit

Give an indication of what you are going to do when you return; focusing on the issues on the referral, how to change things. Talk through the paperwork that needs to be completed; you can give an option to leave it with them to read. Paperwork can be signed during the visit or next time. You will need to have the paperwork signed for consent on your first visit as this will allow us to talk to.

Arrange the next visit to see other adults and children in the family. Children and young people should always contribute to the assessment and plan. If a child or a young person does not want to see you think about who else can help you to understand their views.

You need to make sure you have got consent to speak to professionals about the children.

Leave all contact details, leaflet and complaint information.

Recording the First Visit

Record the visit on EHM, book the next visit in and complete tasks from visit.

Continue with the visits to complete your assessment - Don't forget

- Genogram – Symbols, Safety Circles, Eco maps, Family Finding Questions
- You will be revising your worry statements, safety goals and scaling at each visit if necessary
- You will have started your conversations with professionals, family members, friends and if necessary children if no one else knows the children better than you
- Payment by Results (PBR) - outcomes will be clear in your assessment and plan
- Cycle of change - use this to identify where your families are on the Cycle of Change and respond appropriate to that stage; think Conversations for Change