

Southampton City Council

0-19 Integrated Early Help & Prevention Practice & Management Standards



SOUTHAMPTON
CITY COUNCIL

Solent **NHS**
NHS Trust

Contents

Document Purpose – This document describes standards of practice when the Lead professional is a Senior Family Support Worker within the 0-19 Early Help and Prevention Service.

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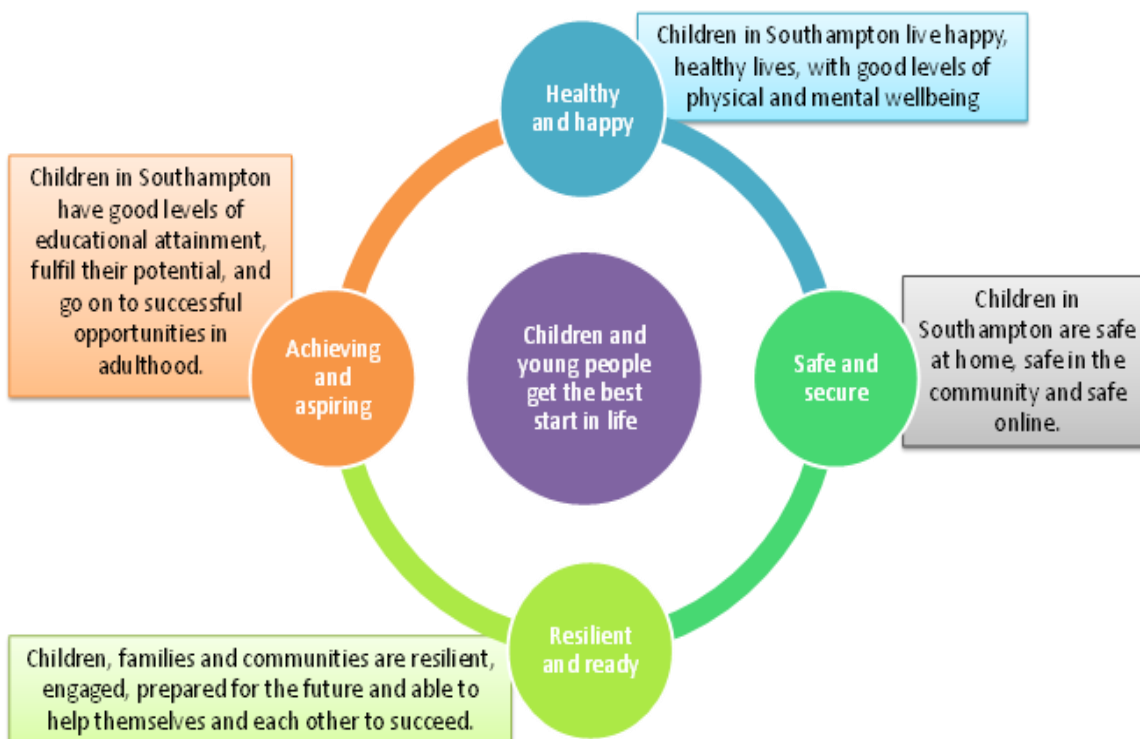
0-19 Integrated Early Help & Prevention: Practice & Management Standards			
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Vision

Context- 2020 Vision for Southampton's Children and Young People

We want all children and young people in Southampton to have a good start in life so they can fulfil their potential and become successful adults engaged in their local communities.

We want to provide the right help, at the right time with a focus on prevention and early help. The overarching Children and Young People's Strategy sets how partners in Southampton will work together to improve outcomes for children in the city at a time when demand for services is increasing and financial resources are reducing.



The 2017 - 2020 Prevention and Early Help Action Plan for Children and Young People aged 0-19 years sets out high level goals and actions that partners have agreed to undertake in order to fulfil the prevention and early help ambitions.

These standards outline the key elements of practice to realise our vision and improve outcomes for families at Level 3 of the Southampton Continuum of Need (see figure 1).

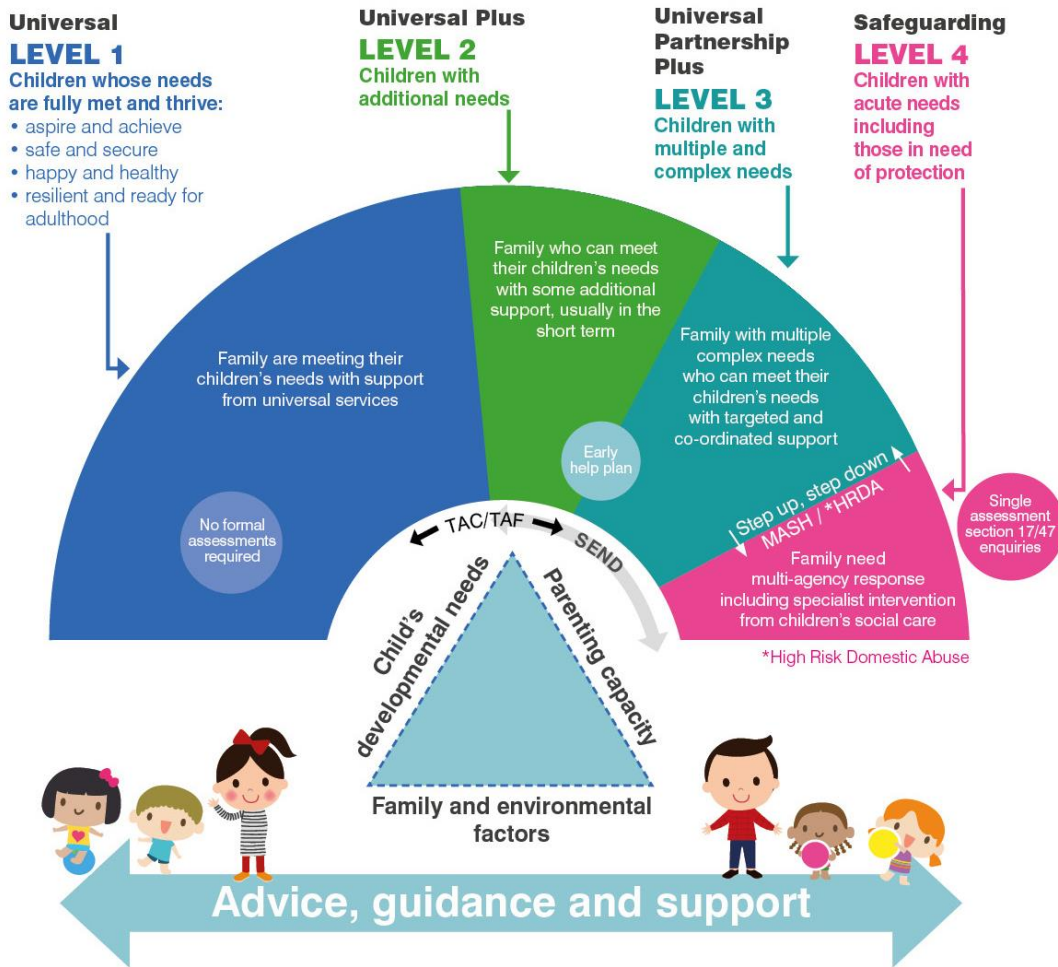


Figure 1 Southampton Continuum of Need

A key part of the support offered at Level 3 is that families will have a family lead professional. This is a person who holds the lead professional role for a family who are experiencing multiple and complex issues and is able to provide targeted and intensive support. The role of the family lead professional is to work with all of the members of the family, both adults and children.

These practice standards for the Lead Family Professional form a key element of our restorative approach to working with families, which support Southampton's ambition to become a Child Friendly Restorative City.

Introduction

Why do we need Practice Standards?

- All practitioners, supervisors and managers have clear guidance on their roles and responsibilities.
- Consistent approach to the Early Help & Prevention task.
- Clear expectations of Lead Family Professionals and Team Co-ordinators to quality assure practice.
- To provide professional service that is respected by families and other professionals that can champion the needs of children and families through their work and challenge others, where necessary, to promote the welfare of the child.

- To set service parameters to ensure high quality in an appropriate timescale.

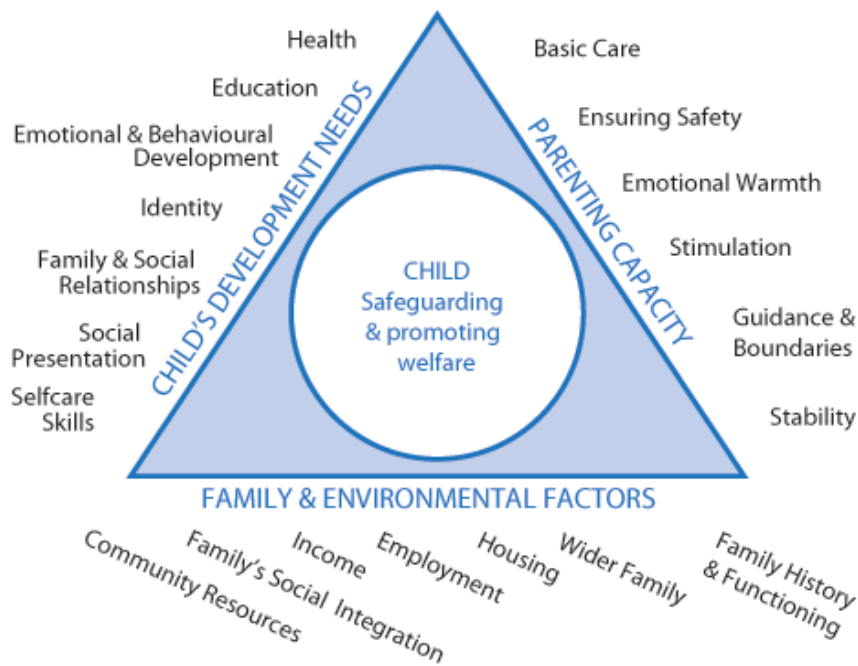
In support of Practice Management Standards there are:

- Supervision Standards, Performance Framework and Appraisals.
- SCC Children's Services and Solent NHS Trust policy and procedures.
- A complaints process.
- [4LSCB Procedures](#)
- A set of assessment and direct work tools that Lead Family Professionals can use in their work.

Section 1: General Principles

‘Providing early help is more effective in promoting the welfare of children than reacting later’ (Working Together, July 2018)

The underlying principles of the Early Help Assessment and Planning continue to be those featured in the Common Assessment Framework, albeit placing more emphasis on the whole family and the familial context in which children and their siblings live. The Common Assessment Framework is described below.



Our approach is to develop common language, systems and processes for early help assessment and planning that will support integrated Working Together.



Assess with

1. Initial EHA / EHP within **<20 working days** of allocation, informed by Outcome Star and TAF, as well as the existing CIN plan if a step down, along with any additional information gathered (there is a <30 day EHA authorisation target).
2. Every family should have a current Early-help Assessment (EHA) and an up to date Early-help Plan (EHP) which includes all family members. The Families Matter headline Outcomes should be clear within the EHA / EHP: along with what has been done before and the family's capacity to change. This is completed within **<20 working days and authorised within <30 working days** of identification.

Nb. 20/30 day's count start from when the case is allocated to a locality *not* the SFSW i.e. if a case is not allocated to an SFSW for example '5' day's from when the locality first received the referral, the SFSW and Team Co-ordinator would then have to minus the '5' days from the 20/30 day count to complete the assessment and have it authorised.

3. As part of the assessment the family needs to be seen in their home environment within **5 working days** / or if unable to meet at their home within this time a mutually agreed space where the SFSW can meet / see family and commence the Assessment process (Outcome Star).
4. The EHA should use the Outcomes Star tool to benchmark needs and must be completed to reflect all family members.
5. The assessment will consider the wider family circle that could bring together the family with wider family and existing networks of support.

Plan with

6. There will be an initial TAF within **two weeks / <10 working days** of the allocation. This will inform the plan and set initial goals for the EHA / EHP. Information gathered by the Hub / PACT / Assessment Team can be used for this planning. This early TAF will minimise any delay in service planning for the family
7. Initial TAF to make explicit the theme of sustainability (keep going plan) as a roadmap for case progression / closure. This needs to be an explicit goal from the start. The question 'what does success look like?' is to be asked right from the outset. This will also warn of possible cases that will need longer than 6 months (i.e. maternal mental health issues, autism).
8. The family and professionals make themselves available
9. Support needs to match the family needs, what has been done before and known capacity to change.

10. The plan prioritises actions linked to headline Families Matter outcomes.
11. The assessment and plan should be written.
12. Care should be taken to ensure the goals with a family are achievable. All objectives and actions should be set in agreement with the family and be SMART.
13. The plan should be manageable, avoid jargon and sets no more than **6 to 8 goals**, written where possible in no more than **6 to 8 words** to ensure they are easily understood and free of professional jargon.

Work with

14. The intervention needs to include work in the family home.
15. All work undertaken with adults and children must link to the outcomes identified within the plan, be purposeful and achievable.
16. Workers will deploy a dedicated, persistent, challenging, honest & practical approach using restorative techniques and interventions.

Record with

17. Workers need to write down what they have done with the family and records need to be kept securely. This should be recorded no more than **48 hrs** after the intervention has taken place.
18. A chronology of key events should always be kept up to date.
19. Workers need to follow Southampton Local Safeguarding Children's Board Information Sharing guidelines (in sharing and storing the family's information).
20. No activity can be undertaken without first securing the family's consent.

Review with

21. Regular Team around the Family (TAF) Review Meetings to be held with the family and network at **12 weeks / 60 working days**. These meetings will set out clearly what has been achieved and what has not been achieved and will review sustainability (keep going plan).
22. Each review asks what has changed and for whom and what is different.

23. The improvements for the family will be measured using the Outcomes Star tool & distance travelled principals.
24. Engagement with evidence-based group work will be a key success indicator.
25. The plan is updated until a TAF Closure Meeting at no later than **6 months** and improvement benchmarked as agreed with the family at the start (Minimum of '2' Benchmark entries per family – beginning / end to show progress).
26. Work with the family to develop a 'Keep going' plan that maintains motivation to make changes 'stick' and be maintained.

Keeping it going (Ending with and Sustainability)

27. Review of the keep going plan after **8 weeks** of closure TAF identifies that family is ready to sustain and progress their changes without intensive support.
28. If necessary, an appropriate alternative lead professional is identified with the family.
29. A joint visit is undertaken with the case holding lead professional and the new lead professional.
30. The new lead professional will work with others in the professional network to ensure that the family's changes are sustained and evidenced.
31. Follow up evaluation with family and referrer at **8 months**.

Section 2: Competency Framework

The following competency framework sets out the knowledge and skills expected of A Senior Family Support.

There is a clear commitment to invest in the workforce through a range of development opportunities including a comprehensive training package and high-quality Supervision. The knowledge, skills and motivation of our workforce are the most important factors in making things better for children and their families.

Please see appendix 1 SFSW Training and CPD matrix.

Build relationships

Assess with	
Thorough understanding of the early help assessment and plan.	Be able to use the early help assessment to assess the needs of families
Knowledge of restorative practice and related techniques to communicate with families (affective statements)	Be able to use restorative techniques to communicate with families to address feelings & emotions. Be able to recognise and address barriers to effective communication.
Understanding of Families Matters outcome framework (the impact of substance misuse, domestic abuse, mental health, poverty, crime, education and parental cognitive impairment on child and adult development, family functioning and outcomes and related tools).	Be able to use evidenced based tools to analyse information and form evidence-based judgements. Be able to manage risk within the context of the family and safe working practice.
Knowledge of tools including: <ul style="list-style-type: none"> • DASH, (domestic abuse) , • SAM/ PRAM (substance misuse) • Benefits Calculator • Education checklist • Strengths and difficulties questionnaires • LSCB Neglect tool • LSCB CSE toolkit (and SERAF) • Use of Genograms 	

Assess with continued

Understand the expected achievements and behavioural and developmental milestones for children and young people. Understand child development theory including attachment and resilience.	Be able to recognise children who are not meeting their milestones.
Knowledge of indicators of child abuse (physical, emotional, sexual abuse and neglect) and understand LSCB thresholds for safeguarding.	Be able to recognise signs and symptoms of child abuse and respond in line with 4LSCB procedures.
Understand the importance of information sharing - consent, confidentiality and information between agencies.	Be pro-active in seeking consent from families to share information with professionals as necessary.

Plan with

Understanding of specific, measurable, achievable, realistic and timely (SMART) outcomes-focused planning for families.	Ability to develop a plan that is focused on prioritising needs and agreeing SMART objectives aligned to the FM outcome framework. Ability to measure, monitor and review progress linked to FM outcome framework.
Knowledge of robust planning for families who have multiple and complex needs and may be just below the threshold for intervention from Children's Social Care (Level 4).	Ability to develop plans with families with multiple and complex need and manage risk.
Understand limits of own and other partner service's roles.	Ability to take action when necessary.
Knowledge of how to sustain change and create sustainable networks of support for families.	Able to use strategies with families to maintain change and encourage continued use of networks of support.

Plan with continued

<p>Have an up to date knowledge of local services and their roles and responsibilities.</p>	<p>Ability to build and maintain effective working relationships and access advice, support and guidance from them to support work with the family.</p> <p>Ability to chair and facilitate groups effectively.</p> <p>Ability to challenge others to work creatively and respectfully to ensure interests of the family remains central.</p>
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Maintain relationships

Work with	
<p>Understand the importance of restorative approach when communicating with children and families and motivating and empowering them to make changes.</p>	<p>Ability to engage with all family members and professionals using restorative techniques</p>
<p>Knowledge of family dynamics and interactions.</p>	<p>Ability to use restorative techniques to communicate with families in a manner which is consistent to their level of understanding, culture and background.</p>
<p>Knowledge of parental behaviours such as disguised compliance, resistant and non-compliant behaviour.</p>	<p>Ability to hold difficult conversations and challenge families to recognise risk.</p>
<p>Knowledge of the interventions that 'work' with multiple and complex families and an understanding of how to work with them in a way that promotes resilience, own problem solving, sustained change and identifies risk.</p>	<p>Be able to provide practical support within the home to ensure behaviours and routines are established and can be maintained.</p> <p>Be able to adopt a confident, assertive and challenging approach to ensure the home environment is safe.</p>
<p>Understanding of the team around the worker model.</p>	<p>Be able to work regularly, consistently and flexibly with the aim to reduce the number of professionals working with the family.</p> <p>Be able to recognise when to seek guidance and support from another professional in order to develop new skills and knowledge to meet the family's needs.</p>

Record with	
Knowledge of how to record information about families to demonstrate decision making links to Families Matter outcomes framework and evidence progress. (Including use of the family EHA Distance Travelled measures).	<p>Be able to make accurate records in line with agency policy, demonstrating Families Matters [FM] outcomes and progress.</p> <p>Be able to use the Distance Travelled measures to record progress.</p>
Understanding of the importance of chronologies in making sense of a family history and current situation quickly and accurately.	Be able to use chronologies to understand family history.
Understand the importance of recording the family's views, wishes and feelings.	Be able to gain the views, wishes and feelings of every family members and evidence that all family members' voice is embedded within planning.
Understand how to share information safely and share it securely.	Ability to follow agency information sharing and storage guidelines.
Understand the rights of families to access information about them.	Be able to follow agency policy to enable families to access their information.

Restore relationships

Review with	
Understand appropriate review mechanisms and own role in initiating and implementing these.	Be able to use appropriate review mechanisms to measure and monitor FM outcomes linked to the family's needs.
Understand the importance of and have a model for reflective practice.	Ability to reflect on practice with the family, colleagues and supervisors/ managers.
Understand the importance of Supervision in holding and managing risk.	<p>Ability to use Supervision to aid reflection and decision making to keep families safe.</p> <p>Ability to keep motivated and confident when working in challenging situations.</p>

Keeping it going (Sustainability)

Understand the importance of planning with families to enable changes to be sustained.	Be able to work with families to enable them to plan to maintain change and promote self-help.
Understand the role of community resources in maintenance.	Be confident in identifying appropriate community resources available to families. Ability to utilise community resources to enable families to maintain changes.

Section 3: Senior Family Support Worker practice standards

- Families being supported through the Integrated 0 to 19 Service will have a referral completed by the referring professional – this referral will be an online referral via the Southampton City Council Early-help Hub <http://www.southampton.gov.uk/health-social-care/children/child-social-care/early-help.aspx>
- Where the family need is multiple and complex (universal partnership plus level 3) the family is allocated a SFSW who will be the lead professional to undertake time limited intensive family support.
- GDPR Permission to Share form to be signed by family and either entered on Referral tab by the Early-help hub or in the Central Index column by the allocated SFSW.
- No contact with professionals will be made without consent. If a family decline the support offered, and after the SCC Early help service non-engagement process has been completed, the case will be closed unless Step-Up is warranted.
- The Team Co-ordinator will approve and record closure/further actions.
- Every family should have a current Early Help Assessment (EHA) and Plan (EHP) that includes all family members, all of the Families Matter headline outcomes, what has been done before and the family's capacity to change. This is completed within **<20 working days and authorised within <30 working days** of identification.

Nb. 20/30 day's count start from when the case is allocated to a locality *not* the SFSW i.e. if a case is not allocated to an SFSW for example '5' day's from when the locality first received the referral, the SFSW and Team Co-ordinator would then have to minus the '5' days from the 20/30 day count to complete the assessment and have it authorised.

- As part of the assessment the family needs to be seen in their home environment.
- Once a case is allocated (the target for this is 5 days from referral) then staff (if working and not on leave) will have **five working days** to make initial contact with the family and undertake a visit at home or at a mutually agreed venue (e.g. school / Family Hub). If they cannot do this 'face to face' then by phone or suitable 'app' (Zoom etc.) and if still no engagement, then they will do this via a hand delivered letter. This minimises delay and families not knowing the referral outcome of their case following an initial MASH or Hub contact, or step down process.
- The child will be seen and spoken to alone with their views, wishes and feelings recorded. If the child cannot be seen the professional reason and rationale and management agreement

should be recorded by the supervising Manager on the electronic file. The child's voice must be heard and reflected in the plan.

- All members of the household will normally be included - i.e. all Adults and Children living in the home; those that spend significant periods in the home; and those who have childcare responsibilities supporting the family.
- Partners and estranged parents - i.e. Fathers or Mothers not living with their child and extended family - will be identified and their role and involvement in the family understood and Included in the assessment in an appropriate way. The analysis of this should be clear.
- The EHA and Outcome Star scores needs to be completed to reflect all Family members based on who has the most need.

Nb. This needs to be recorded in the Ass/Plan/Rev tab under the case note heading EHA (as attachment) or EHP (as attachment). Both the EHA & Outcome Star can be added in the same Ass/Plan/Rev document as attachments.

- Individual consideration will be given to the race, ethnicity, gender, sexuality, disability, religion and communication needs of the family.
- The plan should be manageable, avoid jargon and sets no more than **6 to 8 goals**, written where possible in no more than **6-8 words** to ensure they are easily understood by the family.
- The assessment will consider the wider family circle that could bring together the family with existing networks of support.
- The family and professionals make themselves available to work with each other.
- Care should be taken to ensure the goals with a family are achievable. All objectives and actions should be set in agreement with the family and be SMART.
- The assessment and the plan will be approved by the Team co-ordinator and review periods agreed.
- The approved assessment and plan are shared with the family and recorded and stored on each individual record on Paris.
- Interventions should meet the family's needs, considering what has been done before and known capacity to change.
- The intervention needs to include work in the family home.
- A chronology of key events is kept.
- All work undertaken with adults and children must link to the outcomes identified within the plan, be purposeful and achievable.
- Workers will deploy a dedicated, persistent, challenging, honest and practical approach, using restorative techniques and interventions.
- Workers need to follow Southampton Local Safeguarding Children's Board Information Sharing guidelines (in sharing and storing the family's information).
- Reviews will take place as timetabled when the Plan is signed off, with a Team around the Family Review Meeting at a minimum of **12 weeks / 60 working days** with Team Co-ordinator approval for the reviewed plan.
- Progress will be measured using the Outcome Star tool and distance travelled principals, with benchmarks for improvement agreed with the family at the start.

- The plan is reviewed until a Team around the Family Closure Meeting at no later than **6 months** and improvement benchmarked as agreed with the family at the start.
- Work with the family to develop a 'Keep going' plan that maintains motivation to make changes 'stick' and be maintained.
- Review of the keep going plan after **8 weeks** of closure TAF identifies that family is ready to sustain and progress their changes without intensive support.
- The case holding closure will be approved by the Team Co-ordinator and the family and members of the network will be informed in writing.
- Families and professionals will be informed of the outcome of assessments in writing and for those cases continuing to Early Help planning this will normally be via the next TAF meeting. If the case is to be closed, supported by other agencies at universal/universal partnership level 1 / 2 or stepped-up to level 4 statutory Children's Social Care following a MASH decision, this will include details of the contact or who the lead professional will be. A transfer/closing summary should be placed on the file. This will be authorised by the supervising Manager.
- Early help should always wait until S47 outcome decision/ICPC before closing.
- For S17, again EH shouldn't close initially; but the engagement & plan would be led by the CSC team & we should then take a view on possible closure prior to the 45 day SA outcome as this could be considered 'co-work' & impact on capacity.
- Follow up evaluation with family and referrer at **8 months**.
- The Integrated 0-19 Service will evaluate the service, outcomes and sustainability of the services regularly via an annual business plan and quarterly performance dashboard review. Leadership and governance, including quality assurance and performance management, is fulfilled by a Partnership Management Group which reports to the Director of Children's Social Care Services and Solent NHS Children's Board and shared to Members.

Working with Children with a Disability

- In order to ensure that the welfare of children with disabilities is safeguarded and promoted, it is recognised that additional action is sometimes required. This is because children with a disability experience greater vulnerability and do not always have equal access to services and resources.
- Their additional needs may be physical, complex health needs, sensory, cognitive or communication impairments.
- Where an Early Help Plan intervention is agreed the Senior Family Support Worker will work closely with colleagues from education and health to meet the requirements under the Children and Families Act 2014 and the implementation of Education, Health and Care (EHC) Plans 'where applicable.
- Effective communication with other specialist SEND services should be part of the Early Help Plan at each stage of planning and intervention.

Good Practice in Case Recording

- Adequate time to record the work with children and families must be included in your work schedule. Any event or contact will be recorded within **48 hours**.
- Records will clearly show when a child has been seen, spoken to and will include their wishes and feelings.
- All visits where a Child is seen or it was planned that a Child would be seen - should be recorded either in the case note 'Direct Contact' or 'EH Monitoring Visit' - these case notes give an option where the SFSW can tick if a Child was seen or not (if not, you can add a reason why the Child was not seen from a 'drop-down' menu). This allows the frequency of visits where a Child has been seen to be recorded. Initial visit to be completed within **5 working days** and then weekly visits for the **first 8 weeks** of support
- Any direct work or assessment tools used will be identified and analysed.
- If interpreters, specialist workers or communications tools are needed, this will be clearly recorded.
- The records will tell the story of the child's journey. The purpose and outcome of any contact will be clear and analysed.
- Facts and opinions will be separated in the recording. Any relevant research or tools used will be identified with appropriate references.
- All records are respectful of the child and their family, including education, communication, language, culture, gender, sexuality, disability and diversity.
- If information is provided by family/friends or other professionals the records will include the person's name, contact details and their relationship to the child.
- Management oversight will be recorded on the electronic system, including case discussions, supervision, management decisions and authorisations, together with the rationale for the decision made.
- Regular audits may be undertaken and carried out and will be placed on the file with the required actions. The Manager will use supervision to ensure that any actions are completed and recorded. This will make sure that the case work is of the highest standard.
- Brief Case summary to be completed every **three months** (as an overview of the case, its progression and the current issues – helpful when staff are on leave or sick).

- There will be evidence gathered and recorded in supervision of the Early Help Assessment and Plan being addressed.
- A supervision summary will be undertaken at 6 monthly intervals with a management analysis of the case and outcomes achieved.
- Chronologies will be updated at 3 monthly intervals.
- A closing/transfer summary will be completed on all cases and authorised by the manager.
- When a Case is identified for closure – all agreed actions and closure processes to be followed by SFSW within an agreed time (usually **two weeks**) - extension only with management agreement.

Section 4: Management of Practice

Introduction

Why this is important?

“Effective leadership sets the direction of an organisation, its culture and value system, and ultimately drives the quality and effectiveness of the services provided” (Laming 2009: 2:1)

The decisions and actions made by managers and practitioners will have a profound impact on the lives of those children and their families for whom they have a responsibility, whatever happens. They therefore have to be undertaken with the greatest care and diligence to ensure the best possible outcomes for those children and their families.

Managers across the service at all levels have overall responsibility for ensuring that a good quality service is provided.

This should include:

- Ensuring a professional response from the initial referral to the closure of the case.
- Overseeing good quality decisions about the type of response or investigation to be undertaken, and ensuring the skills, competences and capacities are in place for a quality service.
- Providing clear direction and setting priorities in the service.
- Ensuring the child or young person's voice is heard and fully considered when implementing the plan.
- Scrutinising to ensure good quality recording, analysis of need and report writing.
- Providing good quality supervision, annual appraisals and well organised staff and team meetings.
- Making sure staff work within a supportive team culture, with good communications, and routine commitment to rigorous professional practice.
- Demonstrating effective multi-agency collaboration and working.

In order to provide a quality service, practitioners need to know what their managers expect of them; and managers need to be assured that work has been carried out to an acceptable standard.

In a practitioner's absence, colleagues need to be able to access the records and know quickly what has been happening in the child's life and how best to respond to any need arising. Information needed should be available from the chronology, recent reports, and the latest records, plan, reviews and summaries.

Managers are responsible for ensuring that there are systems in place to monitor and review the performance of staff and provide protection, support and professional development for practitioners, so they can deliver the best possible service, as well as comply with service procedures and legal requirements.

Consistent scrutiny of practice makes explicit the service's expectations of each practitioner and enables the manager to provide evidenced feedback about good or acceptable practice, or to address unacceptable performance where it is identified.

These management practice standards are intended to assist managers in providing and evidencing consistent scrutiny, support and supervision, and ensuring defensible decision-making. It will also help practitioners understand better what the manager can reasonably expect from them when evidencing their professional practice through accurate and up to date records.

Management oversight

- All children and families for whom the Council has a responsibility will have evidence in their records of managers scrutinising practice to make sure that decisions are made in the interests of the child or young person and are properly recorded.
- Managers will ensure all recording, assessments and plans are of good quality and are completed in a timely manner.
- Managers will ensure that thorough early intervention enquiries are undertaken that produce good quality assessments and analysis of needs; leading to well-argued and evidenced recommendations for planned actions to be taken that are SMART.
- Managers will observe practice and give written constructive feedback to family lead professionals on a regular basis and not less than annually.
- Management oversight and scrutiny of practice will be evidenced through case audit, supervision and observations. It is important that observation of practice is a constructive and learning activity for practitioners.
- The supervision record is a key management tool for child and family planning and case records. It must be used in every supervision session relating to that child and must include consideration of the following:
 - The purpose of allocation, expectations of the practitioner's intervention - including the purpose and frequency of home visits.
 - All visits where a Child is seen or it was planned that a Child would be seen - should be recorded either in the case note 'Direct Contact' or 'EH Monitoring Visit' - these case notes give an option where the SFSW can tick if a Child was seen or not (if not, you can add a reason why the Child was not seen from a 'drop-down' menu). This allows the frequency of visits where a Child has been seen to be recorded. Initial visit to be completed within **5 working days** and then weekly visits for the **first 8 weeks** of support.
 - Guidance as to the course of action required if expectations cannot be met, and contingency plans in the event of no access visits and withdrawal of consent.
 - A key management decision outside supervision, that will shape the actions and interventions of a practitioner, must be recorded by the manager responsible not the practitioner.
- It is also essential to effective and visible management scrutiny that records contain evidence that they have been regularly audited and routinely read.

Reading the child's file

Supervising Managers are responsible for ensuring:

- The details held on the child and family on the contact summary screen, and the document file, are accurate and up to date.
- The chronology is up to date.

- Records are up to date and well written, with entries owned by the practitioner.
- Records must meet agreed standards of practice, e.g. in regard to frequency of home visits and listening to and recording the child's views.
- The record is maintained electronically, and management oversight must be logged.
- There is a 4 monthly summary based on case records, case discussion, agreed actions and recent assessments and plans.
- The child's most recent assessment, plan and review TAF meeting are on record.
- All documents are located in the correct sections and in the correct order.
- In accordance with the Data Protection Act and the General Data Protection Regulations (GDPR), only documents that are relevant to the child in question are retained, and they are not kept longer than is necessary.
- Managers' supervision records for the child are filed with the case recording under the appropriate section.
- The confidential section of the electronic system is used only for essential third party documents that it would not be appropriate to share with the child.

Supervision

- Managers will evidence that regular quality supervision is taking place with all staff within the supervision policy standards:
http://staffinfo.southampton.gov.uk/Images/Supervision-Policy_tcm67-392124.pdf
- Minimum standard is <8 weeks for all cases - if staff receive monthly supervision (Good practice but not mandated) then 50% cases will need to be alternately 'supervised' each time.
- Management advice and decisions are well evidenced and professionally sound.
- Recording of supervision demonstrates reflective practice.
- Supervision contract is in place.

Service culture and support

Managers will lead by example and set standards of behaviour:

- Presentation and conduct that promotes good professional practice.
- Managers will cultivate a staff atmosphere that is mutually supportive and draws on the professional strengths of all staff.
- Managers will ensure that staff have manageable workloads, within the set guidelines for caseloads.
- Managers will provide good lines of communication, ensuring that important service policy and procedures are shared, understood and acted upon.
- Managers will provide regular supervision and meaningful annual appraisals that take account of the strengths and areas for improvement of staff and seek to ensure that the service continues to invest in staff's professional development.
- Managers will ensure that the internal administrative and information sharing systems and arrangements support professional practice.

Constructive challenge

- Managers will monitor the quality of the service they are responsible for through regularly scrutinising practice and auditing case recording and take steps to rectify poor quality when identified.
- Managers will look for opportunities to bring about improvements in practice, and support staff in delivering those improvements.

Professional rigour

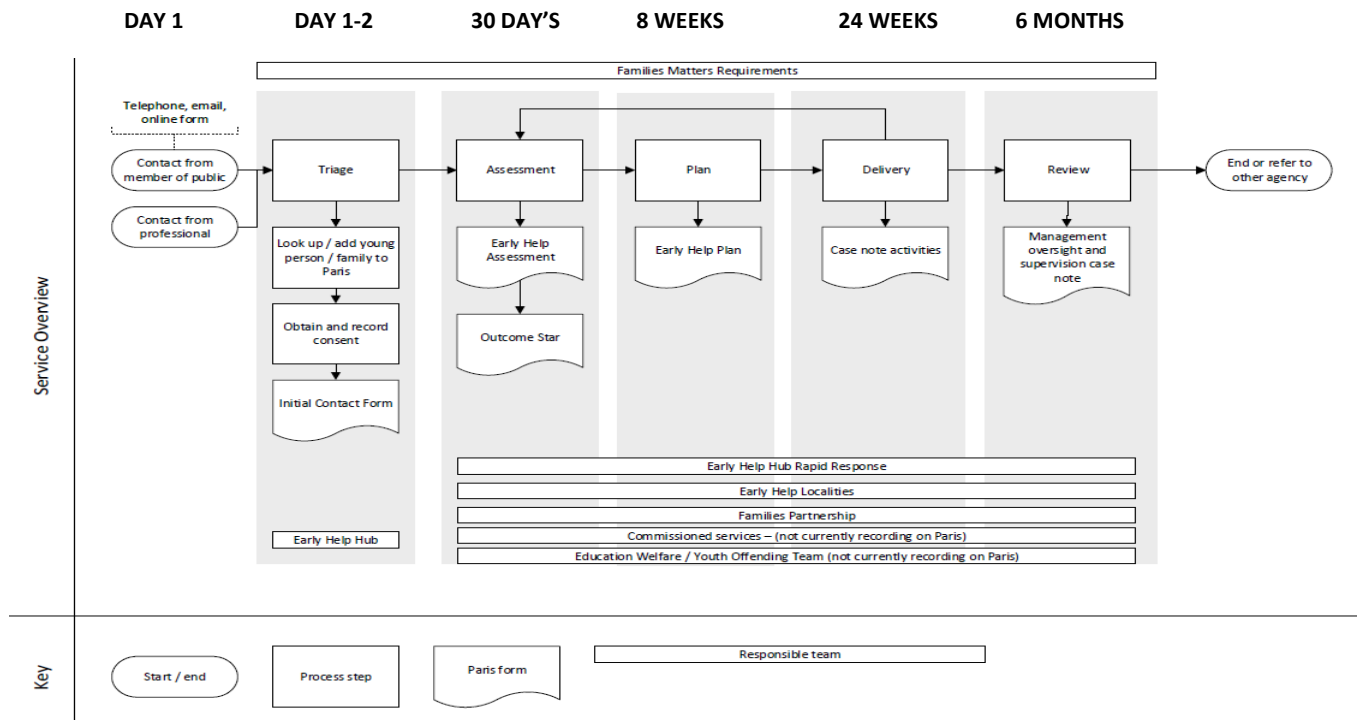
- Managers will keep up to date on research findings in practice and policy and guidance documents relevant to their area of work.
- Managers will routinely access Research in Practice and other materials provided through practice development websites and publications.
- Managers will expect staff to develop their professional skills and expertise by keeping up to date with applied research.
- Managers will ensure that all staff adhere to the standards of practice, and that staff at all times conduct themselves in a professional manner in terms of their dress, language and behaviours.

Appendix 1: Early Help Services

Early Help Services

- Our early help approach is to provide a range of universal and targeted services according to the level of need (proportionate universalism Marmot 2010) within a locality model of delivery.
- An Integrated 0-19 Service includes a range of Solent NHS Healthy Child Programme and Southampton City Council Early Help & Prevention activity which forms the bedrock of our core prevention and early help offer to improve outcomes for children and families and reduce escalation to higher tiered services. Families have clear points of access to services and are seen by the right professional with the right skills, based on their needs.
- Wherever possible, additional needs will be met by universal services with a light touch of short-term intervention (4-6 weeks) support. Where the need is complex, we will provide an intensive longer-term outcomes focused intervention (4-6 months). *Please see appendix 2 for further guidance on short and long-term intervention.*
- Information, Advice and Guidance (IAG) is central to our work with children, young people and families. Our ambition is that good quality information is accessible and available to families to enable them to help themselves.
- Key IAG is provided by The Family Information Service (FIS) which supports families to identify and access childcare provision, early years, school and post 16 support, family support, children and young people's support and programmes for 0-19 years with SEND.
- Southampton Information Directory (SID) – is an online resource providing information, advice and guidance about services for children, young people and families.
- The Early Help Advisors currently located within the Children Advice and Duty Service and the Early Help Hub are the primary interface for schools, early year's settings and other agencies and their role includes supporting local processes for identifying, reviewing and discussing complex cases in need of prevention and early help.
- The fortnightly Access to Resources Panel supports the transition of complex cases from statutory social work teams to prevention and early help services.
- In time both the Early Help Hub and Resources Panel activity may be deferred to localities as local models develop.
- Joint Decision-Making Panel and Gateway provide diversionary schemes for young offenders and adult young offenders delivered in partnership with Hampshire Constabulary and other services, providing assessment, planning, support and guidance to divert young people from the criminal justice system. These programmes have strong links into the early help and prevention offer.

Appendix 2: Workflow Process Map



<p>Assessment period: will include contact <i>and</i> a visit in the first 5 working days: <i>also</i> an initial TAF <10 working days.</p>
<p>Delivery Period – will include weekly visits for the first 8 weeks.</p>
<p>Review period – will include a TAF at 12 weeks / 60 workings days.</p>

Appendix 3: Non engagement and recording

How should we record outcomes for those families that do not engage with our services?

As a consent-based service a family may disengage &/or withdraw their consent at any stage during the case being open to us following referral allocation decision e.g. EH assessment or EH plan. Most though will 'not engage' at the earlier assessment stage.

If the non-engagement occurs prior to the manager/coordinator authorising either EHA/P then the outcome **NOT COMPLETED-FAMILY NOT ENGAG (ASOU42)** will be used.

For those cases that already have EHA/P authorised, then we would need a 'new' assessment to be opened and closed on the day we confirm the family 'DNA' with an outcome of NOT COMPLETED-FAMILY NOT ENGAG (ASOU42).

Also, good practice standards are that we require a Closure Summary to be completed & authorised which would also have the outcome of NOT COMPLETED-FAMILY NOT ENGAG (ASOU42).

NB. Assurance and record keeping of practitioner engagement good practice will still be required to be evidenced prior to a manager decision to close on the grounds of non-engagement/ withdrawal of consent. This should include at the final stage a written letter advising the family of our decision to close on the grounds of non- engagement /withdrawal of consent unless they make contact with us by a set date (10 working days from date of letter sent). A closure outcome letter should then be sent to referrer & others within TAF network.

The use of a consistent non engagement outcome will allow us to better performance manage & track this activity.

Please find guidance and template letter below in relation to the closure process for those families that don't engage with our service offer.

- For Early Help Hub referred cases where there has been initial non-engagement, the early help practitioner will liaise with the family referrer, to ask for an introductory meeting to be facilitated.
- Where the case is a 'step down' from Social Care then an introductory meeting with the family should take place between the referring social care practitioner and early help practitioner.
- The early help practitioner will seek to engage the family via a variety of methods, including a home visit if a risk assessment deems safe and appropriate.
- Unannounced home visits to unknown families should be risk assessed to ensure staff safety and if appropriate two staff will undertake.
- Following 15 working days of unsuccessful engagement attempts, including any appropriate home visit, with a minimum of 3 different communication methods used over that period – phone, text & via referrer (unless we have no phone number etc.) a management decision on closure will be taken and recorded.
- Each engagement attempt to be recorded under 'communication' case notes, including those with family referrer.
- Template closure notification letter to be sent to family home address & referral agency. Recorded & uploaded under communication case notes.
- Case to be closed if no further family contact made after 10 working dates from date of letter sent, unless safeguarding information warrants a MASH referral (NB. this will require management oversight on chronology / case history). Closure letter sent to family, referrer and any other identified professional in the family's network and recorded & uploaded under communication case notes as per usual service closure process.



Sure Start
Children's Centres
Southampton



Integrated 0-19 Early Help & Prevention Service
Southampton City Council
The Ashby Centre (or Central / East address as allocated)
Stratton Road
Southampton
SO15 5QZ

Direct Dial: 023 8083 ?????

Our Ref:

Email:

Please ask for:

Date:

Dear *Name of Parent/Carer*

I am writing to inform you that despite several attempts over the last 15 working days including by phone, text and in communication with *name*, your early help referrer, I have been unsuccessful in making contact with you to progress our early help assessment and plan.

As a consent-based service you are aware that engagement with our family support offer is voluntary. Therefore, I must inform you that if we have not heard from you within **10 working days** from the date of this letter, we will assume you have withdrawn your consent to work with me and no longer want early help support. We will then close your case to the service and inform the referring agency and any other known professionals working with you and your family.

If you have any questions please contact myself or the West/Central/East (*as allocated*) Locality team on 023 8083 3202 / 2657 / 3535 (*as allocated*) or you can contact the Early Help Hub on 023 8083 3311 or email EarlyHelpHub@southampton.gov.uk.

Yours sincerely

Senior Family Support Worker
Integrated 0-19 Early Help & Prevention Service
Southampton City Council