

Title: **Family Wellbeing Procedures and Practice Guidance**

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Associated statutory guidance and regulations:

The principle of the Family Wellbeing procedures is underpinned by:

- The Children Act 1989 (as amended in 2004 section 10).
- Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children, 2020.
- The Munro Review of Child Protection: Final Report. A child-centred system 2011.

Local documents:

- Effective Support for Children, Young People and Families in Bexley.
- <https://bexleysafeguardingpartnership.co.uk/wp-content/uploads/2020/08/effective-support.pdf>

Key Objectives (including Signs of Safety principles to apply)

1. Collaborative leadership style that promotes practice depth, building a culture of service learning and improving outcomes for children and their families.
2. Constructive relationships are built between practitioners, children, their families and partner agencies, recognising this is the greatest influence to helping change happen.
3. Improving outcomes for children and their families through compassion, honouring their experiences, strengths and helping to understand their exceptions.

Detailed advice:

The Family Wellbeing service is part of Bexley's early help offer to children and families, offering help and support, where it has been identified that needs met the intensive level of support of the effective support for children and young people.

The model of practice within the Family Wellbeing service is signs of wellbeing, applying a focus of building constructive relationships, where trust is formed and support is offered to children and families to respond to difficulties by finding solutions, they can confidently use. It is through this approach, where worries for children will be clearly recognised, with a balanced focus on exploring strengths and times where children and families have managed difficulties well. The aim is to increase their confidence in remembering their successes and using more of these to help make life better, when difficulties happen.

The Family Wellbeing model is clear and structured to make sure that there is consistency in the service, which is delivered to children and their families and promotes a clear insight and analysis into the quality of practice within the service.

N:\Directorate of Social & Community Services\Family Wellbeing\FWB Staff\FWB Templates and Tools\Operational Manual\FWS Procedures & Practice Guidance v3

Family Wellbeing Service

Procedures & Practice Guidance

June 2022 v3. Author: Corne Van Staden (Service Manager)

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Introduction to Early Help

The revised ‘Working together to safeguard children 2020’ statutory guidance re-emphasises the crucial role of effective early help. It focuses on the collective responsibility of all agencies, to identify, assess and provide effective targeted early help services.

“Section 10 of the Children Act 2004 requires each local authority to make arrangements to promote cooperation between the authority, each of the authority’s relevant partners and such other persons or bodies working with children in the local

authority's area as the authority considers appropriate. The arrangements are to be made with a view to improving the well-being of all children in the authority's area, which includes protection from harm and neglect." (p12)¹

"Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years." (p12)

"Effective early help relies upon local agencies working together to:

- identify children and families who would benefit from early help;
- undertake an assessment of the need for early help; and
- provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to significantly improve the outcomes for the child. Local authorities, under section 10 of the Children Act 2004, have a responsibility to promote inter-agency cooperation to improve the welfare of children" (p13)

Professor Munro's 2011 review of child protection stated:

"The case for preventative services is clear, both in the sense of offering help to children and families before any problems are apparent and in providing help when low level problems emerge. From the perspective of a child or young person, it is clearly best if they receive help before they have any, or have only minor, adverse experiences. Evaluative research provides the same message, showing that there are a number of helping methods that have a good record of reducing the later incidence of adverse outcomes for children and young people but that, in comparison, services offered once problems become severe have a much lower effectiveness rate. The reviews conducted by Graham Allen MP, Rt Hon Frank Field MP and Dame Clare Tickell share this review's belief in the importance of providing help early."

- preventative services will do more to reduce abuse and neglect than reactive services;
- coordination of services is important to maximise efficiency; and
- within preventative services, there need to be good mechanisms for helping people identify those children and young people who are suffering or likely to suffer harm from abuse or neglect and who need referral to children's social care." (P69)²

Introduction to Bexley's Family Wellbeing Service

In April 2016 Bexley council introduced a new targeted early help offer to children and families known as the Family Wellbeing Service. The central objective of our service is to identify and prioritise families whose circumstances indicate that without early help, their difficulties could worsen and the children or young people would be 'in need' or at 'risk of significant harm'³

These are families who require targeted early help sitting within tier three of Bexley's continuum of need, see the continuum of need matrix on page 5 of the 'effective support for children, young people and their families in Bexley'

¹ Working Together to Safeguard Children. A guide to inter-agency working to safeguard and promote the welfare of children. 2020.

² The Munro Review of Child Protection: Final Report. A child-centred system 2011.

³ Children Act 1989

document. The Family Wellbeing Service is not a statutory service; therefore it must be the family's choice to work with us. We aim to help the family identify solutions to their difficulties to become more confident and resilient in resolving them.

The Family Wellbeing Service provides targeted early help to families for a period of up to 6 months, where one or more of the following factors are impacting on the child or young person's wellbeing:

- Parental/carer domestic abuse.
- Parental/carer mental ill-health.
- Parental/carer learning needs and disability.
- Parental/carer drug and/or alcohol misuse.
- Children at risk of exclusion or those who have already been excluded from school.
- Young people (11+) who are already identified as at risk of going missing, offending and/or exploited.
- Families where there may be early signs of low-level neglect of a child.
- Physical chastisement of a child.

Bexley council and partner agencies prioritise these dimensions because research⁴ and internal auditing systems informs that these features in families are associated with adverse outcomes for children and young people.

If any of the above factors are acute or chronic and impairing the child or young person's health, development, or placing them at risk of significant harm, they are likely to sit within tier four on the continuum of need and require a specialist service. The Family Wellbeing Service is a targeted non-statutory service and therefore will not be working with families at this level of need. Children and young people assessed to be 'in need' or 'at risk of harm'⁵ will be supported by the Children's Social Care service.

Who works in the Family Wellbeing Service?

The service is part of the Children's Services Directorate, overseen by the Head of Service for MASH, Referral & Assessment plus Staying Together, Family Support & Protection and Children with Disabilities. Operational practice is managed by a service manager and four team managers, all of whom are qualified and experienced children's social workers. The service includes 20 Family Key Workers.

In addition, the service hosts 2 Family Wellbeing Registered Counsellors, who work with families across tiers 3 and 4 on the continuum of need. These practitioners will be working alongside a Family Key Worker or a Social Care Social Worker (where cases might transfer mid counselling support). *For more details about these specialist roles see Page 13. For more details refer to structure chart in appendix 1.*

⁴ Cleaver, H., Unell, I., & Aldgate, J. (in press), Children's Needs – Parenting Capacity. Child Abuse: parental mental illness, learning disability, substance misuse and domestic violence. 2nd edition, London, JKP

Caseloads and capacity

Family Wellbeing Key Workers should have caseloads not exceeding 25 children per full time family Key Worker (Pro-rata for part time staff). Family Wellbeing Key Workers who are leading on group work will have a reduced caseload not exceeding 10 when groups are taking place. This will alter according to the complexity of the family situation, plus the skills and experience of the staff member. The caseloads are regularly reviewed by the managers to ensure that the service is able to effectively respond to the needs of children. At full capacity, the service can work with up to 425 families. If demand exceeds capacity, the Head of Service will be notified and decisions how to manage the additional demand will be decided on a case by case basis. The service will not operate a waiting list and all referrals will be reviewed and where the criteria have been met will be allocated.

Early Help Partnership Working

The Family Wellbeing Service works in partnership with a range of local community agencies across the health and care sector. Our key partners include:

- Children's Centres
- Early Years Providers
- Midwifery & Health Visiting Services
- Local Authority Education Inclusion & SEN services
- Schools and Colleges
- Targeted Youth and Young Offender Services
- IMAGO – Young carers service
- Bexley Moorings befriending service
- CAMHS
- Community Police
- Charlton Athletic
- Pier Road
- Genesis
- SOLACE

At the initial meeting with the family the Family Key Worker and family will identify which partner agencies could assist the family alongside their family/friend network. The Family Key Worker will invite the partner agency to meet with the family to develop the wellbeing plan and then regularly meet to review progress. The chosen key partner or family/friend will continue the family's long term plan/goals with them after the Family Wellbeing Support/Intervention ended at max 6 months.

Where the Family Wellbeing Service is located

The service has a central base at Erith Youth and Family Centre, 105 West Street, Erith DA8 1AW.

The Family Key Workers can operate from any other community site where needed and work across the whole of Bexley.

Summary of how the Family Wellbeing Service operates.

All referrals are initially managed by the Bexley Children's Services Front Door-MASH. On receiving a referral, a manager within the Family Wellbeing service will check that we have consent from the family to work with them and review the request.

The manager may signpost the family to seek help from another early help service in the local community (e.g. a children's centre) and/or allocate a family Key Worker who they judge to have the right skill set to meet the presenting need and who will best be able to build a relationship with the family to provide the help requested.

The family Key Worker will arrange to meet with the family to start the wellbeing assessment with them, the purpose of the assessment is to identify what is going well and the strengths that already exist within their own family network. What they and/or others are worried about, what needs to change to achieve their goals and what help they need to make and sustain those changes.

When the family goals are agreed, the family Key Worker will arrange an initial meeting with the family and people from our partner agencies that can help. Together, the family and the team around them will develop a wellbeing plan, which will set out the goals and who will be doing what and when to reach those goals. The family will always have written copies of the wellbeing assessment and plans. The family Key Worker will meet with the family and the team around the family regularly to review how the plan is progressing and what the next steps will be, until the family reaches its goals and/or feel able to manage their plan without the direct support/intervention of the Family Key Worker.

If at any time the family Key Worker thinks the family's difficulties are worsening and the team around the family become worried that the child or young person is 'in need' or at risk of, or 'suffering from significant harm'⁵ the family Key Worker will alert a Family Wellbeing manager who will consider whether a referral to Children's Social Care is required. We will always work transparently, talking to the family about any worries and informing them of our actions, unless by doing so it would place the child or young person at further risk of harm.

The Family Wellbeing Service applies a strength based 'Signs of Wellbeing' methodology, based on the Signs of Safety⁶ approach. The wellbeing assessment and plan has been designed to support this approach and practice is driven by Bexley Children's Services 10 Values. (Please see Appendix 13).

Operational Procedures

This procedure details how the Family Wellbeing Service operates, working with partners to help with children, young people and families. The flowchart on appendix 2 provides a summarised version of each stage of these procedures.

Eligibility

The Family Wellbeing Service provides early help to families experiencing one or more of the following factors at tier three level of need, where the factor impacts on the child or young person's wellbeing.

- Parental/carer domestic abuse.
- Parental/carer mental ill-health.

⁵ Children Act 1989

⁶ <http://www.signsofsafety.net/>

- Parental/carer learning needs or disability.
- Parental/carer drug and/or alcohol misuse.
- Children/young people at risk of exclusion or those who have already been excluded from school.
- Young people (11+) who are early identified as at risk of going missing, offending and/or exploited.
- Families where there may be early signs of low-level neglect of a child.
- Physical chastisement of a child.

If any of the above factors are acute or chronic and impairing the child or young person's welfare or placing them at risk of significant harm, they are likely to sit within tier four and require a specialist service. Children and young people assessed to be 'in need' or 'at risk of harm' will be referred to the Children's Social Care service, not the Family Wellbeing Service.

Referrals to the Family Wellbeing Service & Consent

Parent/carers must have provided explicit and written consent before a referral is made to the Family Wellbeing Service. A family can self-refer, alternatively if a professional is making a referral on behalf of a family they will need to complete an online referral form (See appendix 4) including the parents/carers written consent. The online referral form can be found at:

<https://www.bexley.gov.uk/services/children-young-people-and-families/family-wellbeing-service/referrals>

All referrals whether new or re-referrals need to be made through Children's Services MASH (Multi-Agency Safeguarding Hub). The request will be recorded on a 'Contact Record' on EHM (Children's Social Care Case Management Recording System). Referrals marked for Family Wellbeing will be assigned to the duty manager in Family Wellbeing immediately for decisions. Referrals marked for Children Social Care will be reviewed by a practitioner in the MASH for decisions.

Practitioners in MASH and Family Wellbeing will then make an initial decision from the options below for referrals, within 24 hours of receiving the information.

- a. If the information received indicates the child or young person's need does not meet the eligibility criteria for a Family Wellbeing Service, the referrer and/or family will be contacted and signposted to another early help service in the local community (e.g. a children's centre).
- b. If the information received suggests that the child or young person is 'in need' or 'at risk of harm' the referral will not be sent to the Family Wellbeing Service, instead the referrer and family will be contacted to discuss and decide whether the family should be re-directed to a Children's Social Care for a social work assessment.
- c. If the information in the referral marked for Family Wellbeing indicates the eligibility criteria for a Family Wellbeing Service is clearly met, the manager in Family Wellbeing will allocate the case to a Family Key Worker.
- d. If the information in the referral to Children Social Care indicates the eligibility criteria for a Family Wellbeing Service is clearly met, the 'Contact Record' will be directed to the Family Wellbeing Service referral inbox (on EHM). The information will be reviewed by a Family Wellbeing manager, providing a

secondary safety check on the initial MASH decision and either signpost the referrer or family (Option a), re-direct to children's social care (Option b) or accept the referral into the Family Wellbeing Service (Option c).

The Family Wellbeing service will have a manager on duty every working day (9am to 5pm) to review all incoming referrals. When the duty manager accepts a new referral, the manager will convert the EHM Contact Record into a Family Wellbeing 'Referral' and open the case by starting a wellbeing episode on EHM (Family Wellbeing Case Management Recording System). The family will be allocated a Family Key Worker within 72 hours of creating the Family Wellbeing Service episode.

Outside of office hours, there is an answerphone facility; messages will be responded to on the next working day.

Transferring a family from Children's Social Care to the Family Wellbeing Service

When Children's Social Care social workers have been helping a family to improve a situation, the child or young person's needs should have lessened and the family may no longer require tier 4 services. However, to embed the positive changes the family may need some continued help at a tier 3 level. With agreement, families who meet the Family Wellbeing service criteria and that want to continue to receive a service can be transferred from Children's Social Care to the Family Wellbeing service. To transfer a family the social worker will need to present the case at weekly transfer panel. Refer to *Bexley's Transfer Procedures* for further details about requesting a case transfer.

Transferring a family from Family Wellbeing Service to Children's Social Care

If at any time the family Key Worker thinks the family's difficulties are worsening and the team around the family become worried that the child or young person's needs are increasing, the family Key Worker must alert a Family Wellbeing manager immediately. Following a case mapping session (if necessary), the manager will decide whether or not a transfer to Children's Social Care is required. The Family Wellbeing manager should discuss the case with the MASH in the event there are immediate concerns for a child's safety that should not wait for a transfer. All cases being considered for transfer should be discussed with the duty manager in Children's Social Care.

If the child or young person is considered to be 'in need' of a statutory social work assessment, the family should be transferred to Children's Social Care by the Family Key Worker presenting the case at the next weekly transfer panel.

If the child or young person is considered to be at risk of, or suffering from significant harm, the family will be transferred from the Family Wellbeing service to Children's Social Care through the MASH, who will allocate to the referral and assessment team on duty immediately and a strategy discussion/meeting held. The family Key Worker and manager must contribute to the strategy discussion or attend the strategy meeting. Refer to *the London Child Protection Procedures*.

The Family Key Worker will need to discuss the worries with the family and inform them of intended actions and next steps, unless by doing so it would place the child or young person at further risk of harm. This must be discussed with and judgement made by the Family Wellbeing manager.

Transfers between the Family Wellbeing service and Children's Social Care in either direction should not be subject to dispute or delay. Transfer panel is held weekly and is chaired by a service manager; the decision whether or not to transfer cases is made at that meeting and should not be changed. *Refer to Bexley's Transfer Procedures for further details about making a case transfer.*

Family Key Workers attending transfer panel will need to be prepared with a transfer summary, summarising the family history, worries, strengths and what needs to happen for the lives of children or young person to be improved. The allocated family Key Worker and manager will attend the transfer panel to present the case.

Once the decision is made and a transfer date is agreed at transfer panel, the receiving manager will open a case record on EHM once the hand-over visit/meeting has taken place. A handover meeting will take place which involves both the existing worker who is handing over to the new allocated worker. This should be followed by an ending letter to the family. *See appendix 7.*

When the handover visit/meeting has taken place, the releasing manager can close the case file on their respective case management system.

Allocation to a Family Wellbeing Key Worker

A manager in the Family Wellbeing service will be on duty every day and responsible for monitoring the incoming referral inbox on EHM daily Monday to Friday. All new referrals will be allocated to a Key Worker within 72 hours (3 working days) of receipt. The manager will allocate cases according to the knowledge, skills and capacity of the Key Worker. The manager will record a case allocation note and include:

- Name of the allocated Key Worker.
 - The number of children or young people in the family and a summary of their need(s) as they are known at the point of referral, with a Signs of Wellbeing scaling based on the information presented.
- Timescales for the Key Worker to (a) initial conversation/visit with the family (b) completion of the wellbeing assessment (c) first family planning meeting (d) 3-month case review with a manager.

Introductory conversation with the family

The allocated Key Worker should contact the family as soon as possible to arrange an introductory visit within 5 days (or as directed by the manager) of being allocated the family. The Family Key Worker needs to alert the manager in the event where the visit does not take place within the first 10 days of allocation to consider the needs of the family and the possible closure/sign posting or transferring to social care. The purpose of the introductory visit is to explain the service, what it does, how it works and start building a relationship with the family, exploring the situation and start the wellbeing assessment. *For more details on the introductory visit see practice guidance in the appendix 11.*

Wellbeing Assessment

A wellbeing assessment will be undertaken with every family referred to the Family Wellbeing Service. The Key Worker will lead the assessment by meeting with all the significant family members to listen to their experiences, discuss the difficulties and help them think about possible solutions. With the consent of the family, the Key Worker may also contact other agencies e.g. the child's school, to further inform the assessment and to become involved in a team around the family, to put a plan of help in place.

The purpose of the wellbeing assessment is to help the family identify:

- Who is in their own family and community network?
- What is going well and strengths that already exist.
- What they and/or others are worried about.
- What needs to change and what are their goals?
- What help they need to achieve their goals and sustain the changes.

For more details on how to undertake the wellbeing assessment see practice guidance in the appendix 11.

The Key Worker should write up the assessment and have had it authorised by a manager, within 25 working days of the referral. The assessment record will be shared with the parents/carers and child or young person where they are old enough to do so.

Signposting

Where a wellbeing assessment is undertaken and it is found that the family does not meet the eligibility criteria, or it is agreed that the child or young person's needs could be met by other services in the community, the Key Worker must discuss with their manager for consideration to signpost the family to alternative services. If the manager agrees, the Key Worker will need to seek consent from the parents/carers to make a referral(s) as required and complete within 5 working days of the decision to close.

Initial Family Support/Network Meeting & Wellbeing Plan

Once the assessment has identified what the family goals are and what help they need to reach their goals, the Key Worker will arrange an initial family support/network meeting with the family and relevant partners who can include any other professionals as well as any family or friends the family deems relevant to them. The purpose of the wellbeing plan is to agree:

- What needs to happen (actions)?
- Who needs to be involved in helping (team around the family)?
- When actions need to be done (timescales).
- Identify how everyone will know whether the situation is changing and goals are being met (measuring outcomes).
- How frequently the Key Worker and partners needs to visit to facilitate the plan (visits).
- When the plan should be reviewed by the team around the family (review).

For more details on how to undertake the wellbeing planning meeting and plan see practice guidance in the appendix 11.

Family Wellbeing Key Worker Visits

The Key Worker should arrange all visits in advance, negotiating and agreeing frequency and location with the family. Whilst undertaking the wellbeing assessment, the number of visits should be determined by the complexity of the situation. After the initial family support/network meeting, the Key Worker visits should not be less than every 4 weeks (20 working days). Visits may be undertaken outside of the family home in different settings such as school. Where confidential discussions are to be held, these must not take place in public spaces for reasons of

confidentiality. Visits must be planned and purposeful and focused on helping the family to progress their wellbeing plan.

For more details on undertaking visits see practice guidance in the appendix 11.

Reviewing the Plan

The wellbeing assessment and progress of the wellbeing plan should be routinely reviewed with the family at every visit. Formal review meetings should be held every 6 weeks. The Key Worker should organise these meetings in advance, with the relevant family members and team around them.

The Family Wellbeing Key Worker must review the plan at 3 months with the manager to ensure progress for the family within the 6-month support time limit of the Family Wellbeing Service. A decision can be made at the 3-month review that a family has made effective progress or met their goals and a case closure will be suitable.

For more details on reviewing wellbeing plans see practice guidance in the appendix 11.

Ending our work with families – Case Closure

When the family feels that things have improved, they have reached their goals and/or they no longer want or need the Family Wellbeing service, the Key Worker should discuss with their manager in supervision and try to arrange an ending meeting with the family and the team around the child. In the ending meeting it should be agreed what the family and any partner agencies might continue to do to help, or what to do if the positive changes are not sustained after the Family Wellbeing service is no longer involved. The meeting can act as a goodbye visit, and should be followed by a closure letter which includes the final wellbeing plan.

Where families refuse or choose to disengage with the Family Wellbeing service, but the originating worries continue to exist, the Key Worker should discuss with a manager in supervision or immediately if this appears urgent. Consideration should be given as to whether the family's withdrawal is worrying enough to initiate a referral to Children's Social Care for a social work assessment. See page 8 for transfers to Children's Social Care.

A manager will close the case record on EHM when the case recordings are completed to a good standard.

Recording Practice

The Family Wellbeing Key Worker and manager should record all actions, observations; analysis and decisions on EHM. Visits should be recorded as a 'case note' (stating visit type) within 72 hours (3 working days). All cases must contain the following records:

- Referral (including written consent) & allocation note.
- Genogram and ecomap (or equivalent) of the family network.
- Wellbeing assessment.
- Wellbeing plan and updates to the plan.
- A chronology of significant events.
- Case note records of visits & actions taken.
- Minutes of initial and review wellbeing planning meetings.

- Uploaded letters to the family.
- Uploaded direct work undertaken with the child, young person and family.
- Feedback forms.
- Case, transfer and closure summaries.
- Supervision notes & management oversight.

Feedback from families

Throughout the course of working with a family, the Key Worker should routinely seek feedback from the family about whether the help being provided is working well and ways practice could be improved. This can be done informally, through feedback forms or by speaking with a manager. At the ending visit/meeting the Key Worker must provide the family with feedback forms.

Supervision, Management Oversight & Quality Assurance

Managers should have oversight of cases throughout the time the family is receiving a service, oversight will always be provided at the following critical points:

- Allocation.
- Completion of the wellbeing assessment.
- Completion of the Family Support Plan and Reviews of the plan.
- Transfers.
- Closure.

Line managers will provide individual supervision to Key Workers no less than every four weeks and may be more frequent depending on the experience of the Key Worker and the complexity of the work. Group supervision will be held monthly and co-facilitated by a Key Worker and manager. *For more details about supervision refer to Bexley Children’s Social Care Supervision Policy.*

There will be a minimum of 3 audits undertaken each month within the Family Wellbeing Service, 1 by each manager and managers will be expected to periodically complete dip samples and thematic audit of cases.

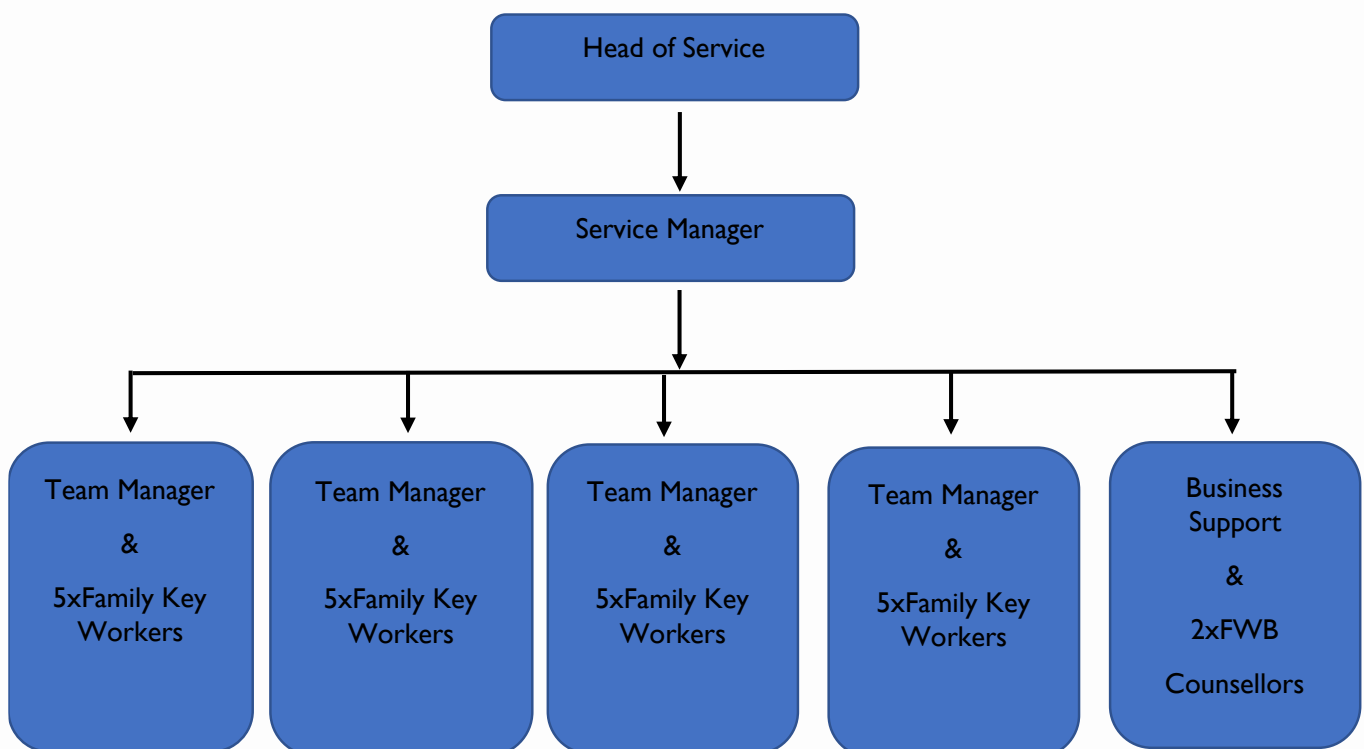
Additional Specialist Work Undertaken by Family Wellbeing Service

In addition to wellbeing assessments and plans undertaken by the Family Key Workers, the Family Wellbeing Services hosts several additional specialist services. Separate operating procedures exist for each of these areas of practice, details of the specialist services and links to the relevant documents are provided below.

<p>Family Wellbeing Counsellors. The Family Wellbeing Service hosts two counsellors who work with children aged between 10 – 18 years old. The Counsellors work alongside the allocated Family Wellbeing Key Worker or Children’s Social Care Social Worker.</p>	<p>FWB Counsellor operational procedures. Appendix 7.</p>
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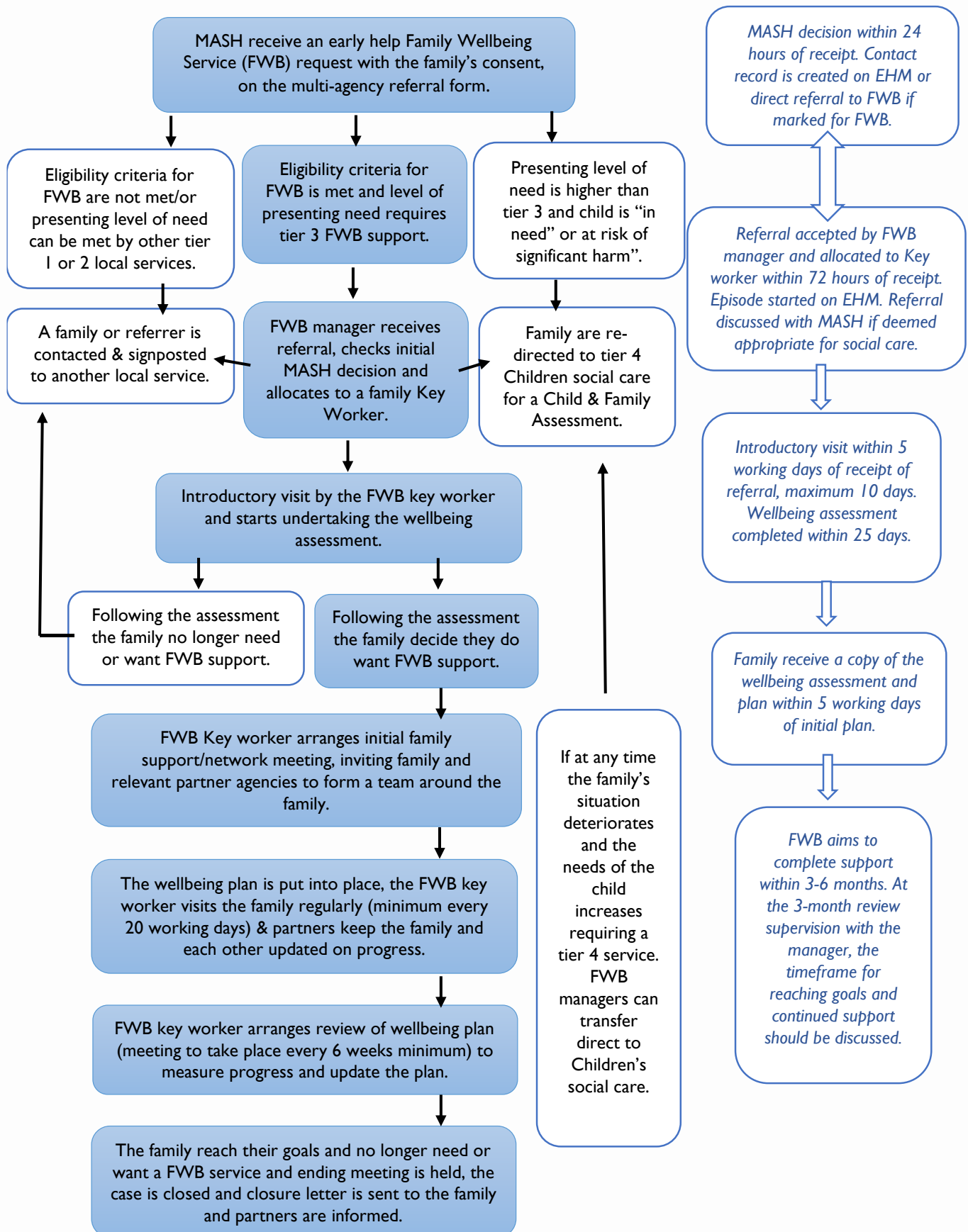
<p>Group work (Adolescents/Parents) A dedicated team for early identification and intervention regarding adolescent Level 3 intensive support will undertake group work as well as 1:1 support where identified.</p>	<p>Adolescent Support operational procedures. Appendix 8.</p>
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**Appendix I
 Family Wellbeing Service structure**



Appendix 2

Bxley Family Wellbeing Service Case Pathway



Appendix 3

Quality Assurance & Performance Framework

The Family Wellbeing service follows the Children's Social Care quality assurance framework, which sets out to ensure workers are:

- Improving outcomes for children.
- Think about the impact of our actions on children and their families.

The table below sets out who will undertake the quality assurance activities, how and when, the full quality assurance framework can be found at:

http://www.proceduresonline.com/bexley/user_controlled_lcms_area/uploaded_files/Quality%20assurance%20Framework%20FINAL%20DRAFT%20Sept%202017.docx

Role	Activity	Frequency
Service & Senior Managers and/or Independent Reviewers*	Routine schedule of full collaborative case file auditing and/or practice observations.	Monthly
	Thematic and 'deep dive' audits on specific areas of practice.	Periodic according to need
	Moderating team manager case file audits.	Monthly
Team Managers	Checking and authorising a range of activities and reports on the Liquid Logic-ICS system	Daily
	Monitoring and routinely reporting performance in performance meetings.	Weekly
	Directly observing practitioners carrying out direct work with families or partner agencies – aligned to online case audits.	Monthly
	Routine schedule of core practice area and case file auditing for each social worker.	Monthly

Practitioners	Self-assessment to inform monthly online case file audit.	Monthly
Director and Deputy Director of Children's Services	A programme of activities observing different areas of practice and collaborative case audits during Practice Week and Inspection Readiness week.	Every 6 months

Note. Independent Reviewers – Service & Senior Managers includes: Independent Reviewing Officers, Child Protection Conference Chairs, Consultant Social Workers, Heads of Service, and Deputy Director of CSC

Appendix 4

Early Help and Children's Social Care Referral Form

Professional referrals to the Family Wellbeing service are to be made using the online referral form, which can be accessed at:

<https://www.bexley.gov.uk/services/children-young-people-and-families/family-wellbeing-service/referrals>

Appendix 5

Case Allocation Letter (Completed/send by the business support)

Dear xxxx

A referral was received from Miss Hollie Reeve that your family would like to receive help from the Family Wellbeing Service.

The Family Key Worker who will work with your family is:

Name: xxxx

Contact number: 0203 045 xxx

Working hours of your keyworker is Monday to Friday 9 a.m. till 5 p.m.

Name and contact number for supervisor: xxxxxx Tel: 0203 045 xxx

The Family Wellbeing Service operates a duty system on 0203 045 4750 between the hours of 9am to 5pm Monday to Friday. Outside of these hours the Bexley Emergency Duty Team (EDT) are contactable on 0208 303 7777. Please note that this number is solely for safeguarding concerns outside of normal working hours, not for general queries.

xxxxxx will contact you within 3 days to arrange to meet with your family to explain how you and your family can receive help. We may complete an unannounced visit to your family home if we have not been able to communicate with you, five working days following this letter.

Emotional Wellbeing Practitioners work with children and young people who may present with needing help in the following areas:

- Being happy
- Feeling confident
- Managing worries
- Coping with stressful situations
- Understanding family relationships
- Eating disorders

The counsellors within the **Family Wellbeing** service are trained and qualified who are registered with the British Association of Counselling and Psychotherapy.

Referral Pathway

Referrals to the counsellors are to be made on the EHM (Early Help Module) (case management record system) by the allocated Family Key Worker after a case consultation with a Family Wellbeing Counsellor.

The referral will be passed to the **Family Wellbeing** manager who will review the referral and decide if it is suitable for allocation to a counsellor:

a) Suitable for a counsellor:

a.1) duty manager allocates to the counsellor within 72 hours (3 working days) of receiving the referral.

a.2) counsellor will make contact with the parent/carer and offer an initial appointment within 7 working days of receiving at a time, date and venue, which is mutually agreed with the parent/carer and child.

The counsellor in discussion with the child, parent/carer will decide how often and how long the sessions are to be for, over a period of 3-6 months.

a.3) Family wellbeing counsellor assessment is to be completed with the child, including the parent/carer within 20 working days of the referral. The assessment is to be circulated to the child and family within 5 working days of completion.

a.4) the counsellor will regularly review with the child, parent/carer how the child is feeling and develops safety plans to manage worries; that they may need help and support with outside of their sessions.

A clinical plan is to be developed within 5 working days of the assessment being completed and circulated to the child and family within the 5 working days of completion. The clinical plan is to be updated with the child, parent/carer every 6 weeks until the case is suitable for closure. This plan will be alongside that of the family wellbeing support plan with partnership work between the family key worker and family wellbeing counsellor.

- b) Not suitable for a family wellbeing counsellor, the referral will not be allocated. The Family Wellbeing manager is to review the referral and consider signposting the Family Keyworker or Social Worker to a suitable service to help and support the child referred.

The aim of the sessions with the counsellor is to help children to become happy, self-confident, self-aware, and resilient and manage worries safely. We know that children who experience good emotional health are able to cope with life's challenges and recover from setbacks. Sometimes a little help is needed to understand how good emotional health can be maintained.

Reviewing

All cases open to the family wellbeing counsellors, will be reviewed in monthly supervision sessions, with a formal review at 3 months whilst the case is open, to understand if the plan is actively improving the emotional wellbeing of the child and what the next steps will be at the end of the support.

Closing

The manager is responsible for ensuring that all case records are updated and recorded appropriately before the case is closed to the emotional wellbeing practitioners.

The case record should demonstrate:

- Allocation letter.
- Correspondence between the family wellbeing counsellor, child, parent/carer and professionals.
- Completed assessment.
- Initial clinical plan and review clinical plans.
- Outcome letters.
- Supervision records
- Closing summary.

Working with allocated Family Wellbeing Key Workers and Social Workers

All cases open to the family wellbeing counsellors, will be receiving help and support from either a Family Key Worker or Social Worker (where cases have transferred to social care in the midst of a young person receiving counselling). Family wellbeing counsellors will attend professionals' meetings and share a summary of their involvement, alongside contributing to the thinking and recommendations, which are made to promote the wellbeing of the child.

Recording

Family Wellbeing counsellors will record on the Early Help Module and will ensure that all records are recorded clearly and respectfully.

Management oversight & Quality Assurance

Managers will have oversight of cases throughout the time child is receiving a service, which will happen at the following points:

- Allocation.
- Completion of the emotional health assessment.
- Review of the clinical plan(s).

- Monthly supervision record.
- 3 monthly reviews.
- Closure.

Appendix 8

Adolescent Intensive Support/Group Work

The dedicated team delivering the adolescent intensive support/group work will be experienced in multiple interventions and support on a 1:1 basis and/or group work with adolescents as well as their parents/carers. The purpose of this team is the early identification and intensive support as part of Bexley's early help initiative to prevent young people going missing, offending, being exploited and/or looked after.

Young people and/or their parents who have difficulties within the family wellbeing criteria can be referred for group support or 1:1 support where they do not have a current family key worker or social worker as part of preventative work.

Referral Pathway:

1. Referrals for group work or 1:1 key work support will be made using the online Family Wellbeing Referral via MASH as with other Family Wellbeing referrals.
2. The referral will be passed to the Family Wellbeing Team Manager who will review the referral, make a decision and allocate within 72 hours (3 working days) if it is suitable for allocation one of the adolescent group leads. The referrer is to be informed of the outcome in writing within 72 days of the referral date.
 - 2a) Suitable for a group: the details of the group and expectations will be discussed with the relevant young person or parent/carer.
 - 2b) Suitable for 1:1 work: the case will be allocated for a Family Wellbeing assessment to be completed and the pathway of the usual family wellbeing intensive support will be followed as set out in Appedix 2.
 - 2c) if the outcome of the Family Wellbeing assessment recommends no further action, then the group work lead will recommend a service, which may be able to provide help and support or for further group work.
3. Where the Family Wellbeing duty manager reviews the referral and makes the decision; that the referral is not suitable for a Family Wellbeing assessment or group work, the referral will be closed with signposting to a suitable service. The referrer is to be informed of the outcome in writing within 72 days of the referral date.

Transfer from Children Social Care:

1. Where a young person and/or their family were supported by children social care and the decision is to end the Specialist Level 4 support but further Level 3 Intensive support might be needed then a social worker will present the young person at the children social care transfer panel.
2. The young person can be transferred as per the usual transfer process for one to one key work support where children social care will close the case after a joint visit has taken place with the new family wellbeing key worker, or

3. The young person can be referred for group work in the instance they don't need one to one support from a key worker. Children social care will close the case after a joint visit has taken place by the social worker and the group work lead from family wellbeing.

Reviewing

The family wellbeing group leads will receive supervision every 4 weeks from the team manager relating to their 1:1 intensive support over a period of maximum 6 months. The recording and reviewing will be the same as with the usual family key work assessments, planning and practice.

Groups will be every 12 weeks with up to 4 different groups taking place at the same time. The 4 group work leads will be taking responsibility in planning and undertaking the group work together with 2 other co group workers from across the service. They will engage as a group in monthly group supervision relating to their group work. Each group lead will regularly update the impact data of the group sessions with feedback from the attendees over the period of 12 weeks the groups take place and share this with their team manager. The team manager of the dedicated team will report on the development, reviews and performance within the management report as part of Bexley performance management, highlighting any concerns and remedies to resolve as next steps.

Closing

The manager is responsible for ensuring that all case records are updated and recorded appropriately before the case is closed to the group work lead who is undertaking 1:1 intensive support.

The case record should demonstrate the same practice and quality as with the usual family key work interventions and support, detailing direct work undertaken and the impact thereof with feedback from the young person and/or family.

Management Oversight & Quality Assurance

Managers will have oversight of cases throughout the time the young person/parent/carer is attending the groups or 1:1 sessions, which will happen at the following points:

- Allocation.
- Completion of the assessment, plan and review on 1:1 work.
- Group supervision.
- Closure.

Appendix 9

Practice Guidance for Family Wellbeing Key Workers

This is good practice guidance for the **Family Wellbeing** service to ensure that when children and their families need help; that the right people listen and help them to organise actions to ensure the whole family receive the right support at the right time.

How do we do this?

The **Family Wellbeing** Key Worker will contact the family and arrange an introductory visit within 5 working days of the referral date at a date/time; that is mutually agreed. If no visit could be undertaken with the family within the first 10 days the key worker needs to discuss this with the manager. Together they will consider the next step of possible closure or referral to social care if the worries are of a great concern.

The needs of the whole family, children and family members needs to be looked at, to make sure that the right services are invited to provide help and support. The right services being invited at the right time will be able to support children and families in developing a plan; that is clear, meaningful and outcomes focused. The **Family Wellbeing** Key Worker is responsible for coordinating the support needed from other agencies and ensuring that they are providing the help and support children and their families need. This approach serves to make it simpler for children and their families, who are at the centre, provides them with clarity, understanding and most of all with the help and support they need.

Introductory visits

The Family Wellbeing Key Worker during the initial contact with the parent/carer is to ensure:

1. Clear introductions are made, providing the parent/carer, child with name, professional role and contact details.
2. The purpose of making contact with them and confirming that they have provided consent to the referral.
3. Family Wellbeing services are explained, what the service offers and how the service may be able to assist children and their families with help and support.
4. Children and their families are to advise the **Family Wellbeing** Key Worker where visits should be and how to ensure these visits are purposeful; they are to be a minimum of every 20 working days.
5. A date and time is arranged for the initial visit. The **Family Wellbeing** Key Worker is to ascertain from the children and their families who should be present.

The **Family Wellbeing** Key Worker is to explain to children and their families', partner agencies that may be able to provide them help and support, seeking consent for partner agencies to be contacted to explore who should be part of the agreed professional network.

Assessments and analysis

Firstly, to predict the likelihood (risk) of future worries or capacity to change, you need an understanding of what has been happening in the past and what is happening in the present. A family history (chronology) will assist to understand the past and help to predict the future.

In weighing up your information and making sense of it you have to consider how credible it is. Consider... What are your **sources of** information? How many sources are there? How reliable & credible is the information, is it factual, opinion or hearsay?

What are we and the family worried about?	What is working well?
<p>Past Worries:</p> <ul style="list-style-type: none"> • What are the main worries? Separate the issues e.g. domestic abuse, drug/alcohol misuse, mental ill-health difficulties. • What is the cause of those worries? <i>i.e.</i> (a) the parenting/parents behaviour (b) the family's situation/environment (c) the child is beyond parental control, or (d) a combination of factors. • How significant are those worries? Consider: Duration: How long has the worry been there? Frequency: How often is it happening/has it happened? Context: Where, when, how does/did this happen? <i>E.g. triggers, patterns.</i> Severity: How serious was the incident or situation? • What has been or will be the impact on the child's health and wellbeing in the immediate, medium and long term? • Is there anything about the child's behaviour or personal attributes that makes them more vulnerable or resilient? 	<div data-bbox="762 456 1342 613" data-label="Image"> </div> <p>Existing strengths :</p> <ul style="list-style-type: none"> • What are the best attributes of parenting? • What are the strengths/supportive factors in the family? • How resilient are each of the children, is there anything about their behaviour or attributes that helps keep them safe? • What strengths have been demonstrated as support & protectiveness over time? • Have there been exceptions where worries have been present but the child was provided with support and protection by someone or something?
<p>Depending on your analysis of the information, the answers to the questions below may be worries or be things that are working well...</p>	
<p>Complicating Factors:</p> <ul style="list-style-type: none"> • If there a number of concerns is there a correlation, do they interact and compound each other? <i>E.g. does the domestic abuse directly relate to alcohol misuse?</i> • Are there environmental factors which make the situation more difficult to resolve? <i>E.g. financial difficulties, substance misuse, violence, poor mental health, isolation, school exclusion, running away, and going missing.</i> • Are there unhelpful/difficult relationships with and between the family and professionals (past or present) creating barriers? 	<div data-bbox="954 1429 1375 1715" data-label="Image"> </div>

Parenting ability:

- How have the parents responded to the worries that have been raised? *E.g. have they shown insight into the worries? Do they recognise why there is a worry? Do they agree? Do they accept responsibility for it? Have they been able to offer alternatives?*
- If nothing has changed yet, what are the parents' ability & motivation to change, what is the likelihood of change in the future?
- How quickly is that change likely to occur and is this soon enough for the child?
- If change has been achieved in the present what is the likelihood of change being sustained when professionals are not present? *Being clear about what level of engagement helps to predict this. If there is genuine commitment, the likelihood of maintenance is higher than if you only have compliant behaviour.*
- What might be triggers for relapse? If some change has been achieved in the present, what might cause the situation to return as before? *E.g. The return of an abusive partner triggering a return to alcohol misuse.*
- How able are the parents/carers to manage the worries themselves?
- What help has been offered before and has these services made any difference? Has anything changed in relation to (1) the child's experience (2) the parenting being given? What is it?
- What is the level of engagement from the parents? *E.g. how have they behaved & what is their level of cooperation or resistance? When considering the parents behaviour, is there a genuine commitment to change, compliance with requirements, disguised compliance and/or overt non-engagement. Resistance comes in many forms it is not necessarily overtly challenging or hostile, it can be passive aggressive or passive hopeless (e.g. tearful).*
- What might be contributing to any resistance or difficulties to change and/or commit to change? How can they be helped to overcome the challenges they face in reaching their goals?

Worry Statements:

Your worry statements need to be summaries of the above, written in a way that is clear and unambiguous, so

anyone reading it is left in no doubt of ...

- What you are most worried may happen to this child, now or in the future, if nothing changes.
- How this impacts on the child's health, development & wellbeing.

COMPASSION
AUTHORITY & CONVERSATION

Analysis is the weighing up of all the information gathered and understanding what has been/is happening to the child, what the impact is/has been on their wellbeing and predicting the probability/likelihood of it continuing or happening again. In order to determine what the child needs to improve their circumstances.

Wellbeing Plans

The focus should be on what needs to happen, who is best placed to meet these needs, and how the family and support network can check it has happened, how would they know they were successful in reaching a goal? What will life look like when things change? SMART goals are key. Write clear outcomes, what life will look like for the family if the plan is successful, so that when reviewing the plan we know what we're looking for. Consider and decide with the family what their immediate worries are and what they would need help with in the short term whilst the family wellbeing key worker is involved and what they wish to continue with their support network after family wellbeing ends involvement. This will help build a trajectory for the family to focus on short term and long term.

SMART goals:

Specific: Well defined, clear, and unambiguous. Who is going to do what by when and how does this connect to the worry statement?

Measurable: With specific criteria that measure your progress toward the accomplishment of the goal. How will we know when we get there? How will be measure progress along the way?

Achievable: Attainable and not impossible to achieve. Break longer term into short term "stepping stones" to see and feel progress.

Realistic: Within reach, realistic, and relevant to the families' purpose and trajectory.

Timely: With a clearly defined timeline, including a starting date and a target date. By when should something be achieved or completed. Setting dates sets a bottom line of expectations with a clear vision of moving forward.

Each child must have their own plan with individual needs clearly identified.

- Arrangements are to be made for children and their families to be fully included in the development of the plan (due consideration to be given to venue, timing, communication needs, child care arrangements, accessibility).
- Promptly engage partners to be included in the development of the plan. If partners cannot attend in person, invite to attend by phone.
- Reflecting whether the child circumstances are improving.
- Including children in developing their plans.
- Must contain actions that link to area, which need to change/strengthen, as identified in the assessment, outcomes focussed.
- Be clear about how the action will improve outcomes for children. Children should be very clear what this plan means for them and what they can expect from those around them as well as what is expected of them.
- Analysis of actions and the impact this has had on the child's experiences and circumstances.
- Reviewed 6 weekly to assess whether changes have been achieved.

Facilitating and chairing meetings family support meetings

The Family Wellbeing Key Worker to enable a plan to be developed is to arrange and facilitate a family support meeting to include:

- The child
- The parents/carers

- People children and their families consider as important in their lives
- Agreed professional network (currently involved/to be invited for involvement)

The family support meeting is to consider:

- What are we worried about.
- The impact of what we are worried about on the child.
- Signs of wellbeing for the child, parent/carer.
- Signs of wellbeing statement and goals.
- Who will support children and their families to reach their goals?
- The view of children and their families on their plan.
- The views of the Family Wellbeing Key Worker and agreed support network on the plan and how children and their families will be supported to review the plan.
- How children and their families will be supported timely to achieve and sustain the goals on their plan
- A date for when the plan will be reviewed

The focus of the family support meeting must always be on children and their families. Meetings must have a clear purpose and serve to help and support children and their families to understand the needs of the children, analyse what has been working well and what needs to change, concentrating on the action(s) to help make the change and how to support children and their families to build on strengths and address problems to ensure children's wellbeing has improved.

- Opening (welcomes and introductions).
- Establishing ground rules (reminding attendants of respect, confidentiality, antidiscrimination).
- Outline the purpose of the meeting and the agenda.
 - o Communications (use simple language, check in to make sure people understand, invite people to contribute.
- Time management (give a guide to how long the meeting will last, keep track of time). If the meeting exceeds 2 hours, then have a break to allow people time to stop, think and reflect.
 - o Review the plan, going through each area of the plan.
- Child/young person, parent/carer, family/friends and professionals to provide an update:
 1. How things have been since the last meeting
 2. What has been going well
 3. What needs to change/strengthen
 4. Areas which may be affecting children and families in making progress and exploring how to help children and their families respond to this
 5. How are children and families working with partner agencies
 6. Updating the plan/agreeing an exit plan with clear actions, timescales and responsibilities. Scaling questions to be identified for each area of the plan. This helps to understand progress.
 7. Clarify and review actions

- Distribute feedback forms – service user and partner feedback forms. This helps us to understand what went well and what could be done differently next time.
- Close meeting.
- Record minutes and distribute these to attendees within 5 working days.

Visits & direct work

Visits

The focus must always be the child. This is the opportunity to understand the child's world and help to build a picture of what life is like for children. The following visit template is to be used for each visit.

Visit Record Template

- Location:
If video call state where child/parent was at the time
- Who is present:
- Purpose of visit:
Clearly say what your plan is for the visit and any work you are planning to undertake, what you hope to achieve or what you hope the outcome might be – this needs to connect to the family plan and goals.
- Child's views/direct work/observations/plan progression:
If more than one child, put their names individually and include individual work undertaken etc. as you can include siblings in the same case note on the recording system.
- Parents views/direct work/observations/plan progression:
- What are we worried about:
Remember to include everyone's worries, not just your own as this is a good focus point for the plan review or progress of goals set
- What is going well:
Name everyone and their views who is taking part.
- Scaling question (score and why this number is chosen):
Important to note your question to give context to the scaling and measurement of progress.
- Next steps (with date for next visit):
Do not leave the visits without setting a next date and expectations/planning for that visit to be clear to the family.

The recordings of visits are to be completed within 72 hours (3 working days) of the visit being completed.

Direct work:

The purpose of direct work is to help in building a relationship with children and their families, but also to understand what life is like for them, so we can offer them the right level of help and support.

Direct work provides the chance to hear the voice of the children in their own words, their wishes and feelings and reason for these.

On planning direct work, Family Keyworkers are to think about:

- The age and communication needs of children and consider this in the planning of direct work.
- Be sensitive to the needs, thoughts and feelings of children, using appropriate direct work (speaking, tools, and games).
 - o Finding out from children their understanding of why they have a Family Key Worker and their feelings.
 - o Exploring with children, what they want, hear their voice and views what information do they want shared (why, to who and how).
- Being flexible
- Being willing to listen

- Showing empathy
- Being reliable
- Respecting confidence (where it is safe to do so)
- Be clear about how you will represent what the child has shared during a direct work session to parents/carers, professionals.
 - o Record completed direct work within 72 hours (3 working days) of the activity. Direct work should be analysed by the Family Key Worker, giving thought to the meaning of what has been shared, reflecting on how this links to the family plan and how we are able to help improve the wellbeing of children.

Signs of wellbeing provides Words & Pictures as a form of direct work for children to understand their environment better and help parents explain some difficult situations to them.

How to create Words and Pictures

Discuss: Explain to everyone involved why completing words and pictures is important. Agree who will be participating in creating this and agreeing to the final storyboard.

Question: To complete a words and pictures explanation, you'll need the specifics about the worry –what happened, where, who was there, where was the child/ young person, what did people say – what words do the family use to talk about it? Think about what the child/ young person has already been told about the worry. If there have heard different things from different people it's important to show this. You'll also need information on the good things in the family, as these need to be included as well. It's good practice to get these questions ready before speaking to the family.

Draft: Start with a simple draft narrative based on what you have found out from all those involved, then share this with parents; once the story line is agreed, you add the illustrations.

Agree: The participating adults need to formally agree the full content before the Words and Pictures are shown to the children.

Present: The parent(s)/ carers share the completed version with the child/ young person and their network with the support of professionals. Carefully check the child's understanding having discussions during the reading. Children can then be encouraged to add their own recollections and details to the Words and Pictures.

The signs of safety/wellbeing framework can be found at: [_N:\Everyone\Everyone\Signs of Safety](#)

Each family wellbeing key worker and emotional wellbeing practitioner will be receiving the 2-day Signs of Safety training as a minimum requirement. Further workshops and more intensive training will be available to everyone.

Group Work:

All group work will be agreed and authorised by the Service Manager. The group work leads will develop a group work plan with details of the purpose, members, sessions and any budgeting associated with costs pertaining to the specific group as agreed by their Team Manager. The group work leads will have a limited caseload of not more than 10 young people who they support on a one to one basis alongside the group they are undertaking. Caseloads will be flexible to ensure response to all referrals as there will not be a waiting list which mean it can increase in extraordinary times. The Team Manager and Service Manager will discuss group work and caseloads of group work leads during their monthly supervision for appropriate remedy where there is a high level of referrals received.

Appendix 10

Performance conversation (also known as appraisal)

A performance conversation is an opportunity for the worker with their line manager to reflect on their achievements and learning needs to identify strengths within their practice and for areas of development to be supported with tailored support, through training, mentoring, coaching, wider reading or using another form of supported learning.

The performance conversation is a two-way process, with the worker and line manager contributing in an open and respectful manner. The aim of the performance conversation is to develop an effective personal development plan.

The performance conversation is a process, which takes place throughout the year at the following points.

- *1st quarter review*
- *2nd quarter review*
- *3rd quarter review*
- *4th quarter review*

The performance conversation is to be constructive and motivational to ensure Service Manager, Team Manager, Family Wellbeing Key Workers and business support officers are able to model the values and behaviours of the service to provide high quality services to children and their families.

Absences

Annual leave

Family Wellbeing workers will make requests for annual leave to their line manager, who will review service need to enable a decision to be made. Annual leave requests are to be submitted through My View. To enable the Family Wellbeing service to consistently deliver an effective service, all annual leave will be considered with regard to staffing availability and the needs of the service.

Example: during the Christmas period, the Family Wellbeing Service will operate a staff attendance of no less than 50%.

The Bexley council leave policy applies.

Time off in lieu

Family Wellbeing Key Workers may occasionally have to work outside the office hours of 9am-5pm to provide help and support to children and their families, recognising family commitments, such as routines, employment, training, appointments etc. In these instances; permission is to be sought from a member of the management team to ensure that appropriate arrangements are made and for lone working arrangements to be made.

The Bexley council time in lieu and lone working policies applies.

Sick leave

The Bexley council sick leave policy applies.

Equality

The Family Wellbeing service recognises that we work with a diverse group of children and their families and in the work we do, we will strive to understand their needs and the assessments and plans will have positive regard for their gender, race, religion, age, ability, culture, communication, ethnicity and sexual orientation.

The Family Wellbeing management group will ensure that all members of the service promote equality and diversity in their work with children and their families by:

- Being clear that children and their families are to be treated respectfully and fairly.
- Ensuring equal access to opportunities to enable children and their families to fully participate in the assessment, plan and decisions making processes.
- Equipping all members of staff within the Family Wellbeing service with the skills to challenge anti-oppressive and anti-discriminatory practice.

Communication

Effective communication is recognised as integral to the Family Wellbeing service and messages will be relayed in the following means to ensure that all workers are aware of service updates and developments:

- Managers meetings, fortnightly
- Team meetings, monthly
- Service Meeting, 6-weekly
- Individual supervision, monthly
- Monthly leadership message
- Group supervision, monthly
- Coffee mornings, 2 x year with partner agencies. This is to share with partners the work of the Family Wellbeing service, share good practice, receive service feedback, and provide an opportunity for questions and answers.

Working from home

The Family Wellbeing service will be adhering to national guidance during any serious incidents where working from home is necessary. Any work practices and risk assessments will be undertaken and considered at that time to ensure staff safety.

Outside of national serious incidents and any stay at home instructions, the Family Wellbeing service recognises that to deliver an excellent service means creating healthy working conditions to maintain morale and boost productivity. Family Wellbeing Key Workers will be offered opportunities to work from home to manage their work load to support them in delivering an excellent service to children and their families.

Working from home requests are to be made to the line manager and discuss any actions or work needed to be completed as priority.

Individual supervision

Frequency: Supervision should take place no less than 4 weekly and may be more frequent depending on the experience of the worker and the complexity of the workload.

Duration: Supervision should usually last between 1 hour 30 minutes and 2 hours, allowing time to discuss and reflect on the individual's wellbeing, personal development and case work.

Environment: The context should be positive and uninterrupted, encouraging discussion and a confidential space.

Structure of the session: This should include an opportunity to talk about the:

- Worker, their professional development, and feelings in relation to the work or aspects of being at work;
- Cases and record decisions/discussion about individual cases on the Early Help Module;
- Leave/ sickness;
- Other areas of work/service development.

Quality Assurance: The supervision session is an opportunity for an exchange of feedback on how the sessions can be improved, and areas of work or professional development which might need attention. Equality and diversity issues should be addressed in discussions about cases, the workers development and the supervisory relationship.

Group supervision

Group supervision will be held monthly and co-facilitated by a manager within the Family Wellbeing service and a Family Wellbeing Key Worker.

The sessions will relate to key topics the Family Wellbeing service work with, to develop knowledge, skills and effective ways of working with children and families, exploring options to support children and their families to identify solutions for identified needs. The sessions are informal and facilitated to help workers stop, think and reflect on how best to help and support to children and their families. Group supervision serves to increase professionalism, knowledge, skills and professional confidence within the Family Wellbeing service.

Audits

The quality assurance of practice has three dimensions:

1. Discussion with the Family Wellbeing Key Worker about the case file, using the collaborative case audit method.
2. Direct observation of practice.
3. Feedback from children and their families.

The outcome of the audit will be placed on the children's file record.

There will be a minimum of 3 audits undertaken each month within the **Family Wellbeing** service, 1 by each manager and 1 practice observation every quarter by each manager.

Performance management

The **Family Wellbeing** service is committed to promote and improve employee effectiveness. The **Family Wellbeing** managers will regularly meet with the workers to plan, monitor and review their work objectives, goals and their contribution to the service.

Learning and development:

Family Wellbeing understands that it is important that workers are supported to develop their knowledge, skills and professional confidence to work with children and their families effectively. **Family Wellbeing** is committed to continuous professional development for all members of the service, as we believe, this serves to ensure that

children and their families are receiving help and support from highly motivated, committed practitioners who can identify strengths, needs and help children and their families to make positive changes in their lives.

All members of the **Family Wellbeing** service will have access to the training available from the professional standards and quality assurance service.

The **Family Wellbeing** service will also provide monthly group supervisions, which will be a combination of theme centred or case centred. These sessions aim to develop a highly skilled and committed work force, who understands that early help is an essential ingredient in helping children and their families keep safe, health and make a positive contribution.

Appendix I I

Bexley Children's Services 10 Values

Our professional values when we are working with children, young people, families and carers.

Value 1

We believe that good practice only happens through the **relationships** we have with the children, young people and adults we are trying to help. We will always be careful to **balance the authority** we have with **empathy** and **respect** for everyone with whom we work.

Value 2

We will always **speak plainly** and make sure the children, young people and families we are working with, understand what we are saying, what we are doing and why we are doing it, **explaining the judgements we make** and the actions we take.

Value 3

We will always ask and then **listen carefully** to children and young people when they share **what is happening in their lives**, what they are worried about and what they want to happen. Their **experiences, past, present and future** will always be at the **centre of our thinking**. We will take every opportunity to help them become confident, independent and resilient individuals.

Value 4

We will **be thoughtful and analytical** with all the information we have when we are assessing what children and young people need to keep them safe. Our **assessments will show clear reasoning** and will reach a **clear conclusion that everyone can understand**.

Value 5

We believe **every family has strengths**, which we will notice when we are working together. We will help people to identify solutions to their difficulties, making the best use of the **good and safe things** that already exist in their own **network of family, friends and community**.

Value 6

We believe that we have a shared responsibility to help families to change so that children and young people live safely with them. We will **work with families to make a clear plan about what needs to change and we will describe clearly the help we can offer**. Our plans will also clearly explain **what will happen if things do not change**.

Value 7

When we make professional judgements about 'best next steps' to help a family, we will **think together as colleagues and managers**, making sure we take time and care to agree **decisions that are in the best interests of the children and young people**.

Value 8

We believe that the help we offer to families is more effective when we **work closely with other professionals**, provided we have **consent** to do so and/or it is in the best interests of the children involved.

Value 9

We will keep **clear records** about our work with children, young people, families and carers which we will share with them when it is in their best interests. We will keep a detailed history for those children and young people who we look after, so that they can **understand their lives, their own stories** and the decisions that have been made to keep them safe and happy.

Value 10

We will be **reliable and interested in the quality and effectiveness of our work**. We will make sure everyone understands what we are doing, why we are doing it and the plans we are making. We will always ask for **feedback, and we will learn** how to improve what we do and how we do it.

Appendix 12

Virtual communication guidance

The growing use of social media means; that the way we communicate with children and families is now in many forms, such as text messaging, whatsapp, video calling and email. This guidance intends to set out a clear framework for Family Keyworkers to use text messaging, whatsapp and email communications safely and securely.

If a parent/carer provides the Family Key Worker with a mobile number and/or email address, they should be asked if they agree to receive text messages, whatsapp messages and emails.

The contact number/email provided to the Family Keyworker should be verified by sending a test message to the number/email address provided. It is important to find out, who else may have access to the number/email, as this may affect what and how information is shared.

The Family Keyworker must share minimal information through text messaging, whatsapp and email. This should be limited to confirming appointments and providing contact details for professionals. E.g. Please remember your appointment on 01/01/2022, the name and address you asked for is.

As these are not secure methods of communication, personal information and documents should only be shared if the family gives consent to use this form of information sharing and communication. It is very important to note consent where a family wishes to receive their assessment and plans via email.

It is important to us that children and families are regularly seen by their Family Keyworker to help them work towards achieving their goal. In the instance of a serious incident where workers are required to work from home, virtual meetings and video calls can be used to stay in touch with families and children to continue their

support. We do not wish to maintain virtual relationships and this should only be used in exceptional circumstances.

The use of text messaging, whatsapp and/or email are not suitable for urgent messages, as there can be delays in the server system processing the message.

Always use Bexley approved social media means as some platforms are not safe in the virtual world and do check with the IT department and the line manager as this changes regularly.

Appendix 13

Joint working protocol with the M.A.S.H

The Family Wellbeing service will work closely with the M.A.S.H. to think about the children and young people who may need help and support across the levels of effective support.

The aim is to identify the level of help and support the children may need and identify which service can help the children and family through their difficulties.

The duty manager and duty key worker rota will be shared with MASH to stay in touch daily regarding referrals and consultations. The Family Wellbeing Counsellors are on a duty rota alongside the key worker/duty manager for any support/consultations in the emotional wellbeing of children.

The representative from the Family Wellbeing service will also have access to the M.A.S.H contacts and be re-assigned contacts to review and make recommendations, about the support services, which may be able to help the children and family through their difficulties. The M.A.S.H manager will review the recommendations and make the final decision on the contact.