

Leicestershire County Council

Early Help Practice Guidance

Unassessed Brief Intervention, Assessed Targeted Intervention and
Intensive Intervention

Early Help Practice Guidance for:
Unassessed Brief Intervention
Assessed Targeted Intervention
Intensive Intervention

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Case Management Guidance – Assessed Intervention

1. Receiving new work – Team Leaders and Senior FOW

Within SLF, all new work arrives via First Response Children’s Duty, either directly to service or via the Hub. Work is always initially passed to the Team Leaders.

Within Children’s Centre programme, work can be received directly from FRCD, from Hub or as a direct referral to the locality – see Children’s Centre guidance for further detail.

All new referrals are received by Team Leader / Senior FOW and the **‘Risk and Prioritisation’ template completed and saved**. A case note should be entered by the Team Leader / Senior FOW stating outcome of prioritisation, type of response to be provided with timescale and where possible name of worker to be allocated.

Example: Case allocated for unassessed brief intervention. FSW to provide up to 6 weeks/sessions of behaviour support.

Example: Case allocated for intensive support. FSW to focus initially on supporting family out of temporary accommodation. Joint visit with Housing Officer to be undertaken within the next two weeks.

Work is assigned to the FSW/FOW/Youth Worker by the Team Leader/Senior FOW.

The following section outlines the range of outcomes for **SLF** referrals and suggested timescales for initial work to start with family or young person.

SLF – range of outcomes following risk/priority assessment

Outcome	Priority	Timescale for contact
1. Locality Service Coordinator to signpost	Low-medium	Within 28 days
2. Locality Service Coordinator to process external referrals	Low-medium	Within 28 days
3. FSW allocated for urgent contact with family	High	By end of day two
4. FSW allocated for early/holding contact with family prior to	Medium –high	Within 5 working days and for up to 5 weeks until intensive

Outcome	Priority	Timescale for contact
intensive support		family support worker available
5. FSW allocated for unassessed brief intervention	Low-Medium	Within 10 working days and for up to 6 weeks/sessions/visits
6. FSW for targeted assessed intervention	Medium	Within 10 working days and for up to 4 months
7. FSW allocated for intensive family support	High-Medium	Immediate or see 4 above
8. Locality Service Coordinator to schedule for Hub discussion (not urgent, unclear needs)	Medium-low	To Hub within 10 working days
9. Parent programme to be offered	Low	Next available group
10. Young person programme to be offered	Low	Next available group
11. Youth worker allocated for unassessed brief intervention	Low	Within 10 working days
12. Youth Worker allocated for 1-1 support	Medium	Within 15 working days
13. FSW/YW allocated for young person's DASH	High	By end of day two
14. Allocated to FSW/YW for Parent Carer assessment or re-ablement	Low-medium	Within 15 working days
15. Close case – identified needs do not meet EH offer (but see also 1 and 2)	Low	Referrer and family notified within 5 working days

Outcome	Priority	Timescale for contact
16. Close case – family withdrew referral / withdrew consent		Within 5 working days confirm to referrer/family – unless safeguard concerns identified

2. Generating a Unique Family Reference Number

The Senior FOW/ Team Leader is responsible for allocating a **Unique Family Reference Number** to each family assigned to a FSW. The Unique Family Reference Number (UFRN) is the mechanism we use to link individuals as a family, and this enables us to monitor at a family level.

 **Framework-I hint:** use the genogram function to help identify the youngest child in the family. You will use the framework I number of the youngest child to generate the UFRN. Each locality has its own identifier:

01 Blaby
 02 Charnwood
 03 Harborough
 04 Hinckley
 05 Melton
 06 NWL
 07 Oadby Wigston

The format for all UFRNs is EH followed by locality number, followed by youngest child's Fwi number, followed by F Example: **EH03123456F**

The UFRN is entered from the personal details page, Amend, references, Add, SLF UFRN

3. Receiving new work – FSW, FOW, Youth Worker

The worker must check the Unique Family Reference Number (UFRN) is showing against the family members that they are working with and that they are also showing as the named worker. The Team Leader / Senior FOW will normally have generated this number but for guidance on adding in a UFRN please see previous section, page 1.

The worker must allocate themselves as the worker using the correct worker relationship (on Fwi, click on amend and worker relationship to add or end involvement):

(Correct December 2015 but due to be updated by March 2016)

Intensive Family Support (SLF) = Family Support Worker

Brief unassessed or targeted assessed intervention = Family STEPs Worker

Youth Worker = Youth Support Worker

Children's Centres = Family Outreach Worker

If the work has been escalated from an Unassessed Brief Intervention, then there must be a case note from the Manager agreeing that this is to be an extended piece of work.

Do not allocate a Manager to the case – this is not required.

4. Making contact with the referrer and introducing yourself to relevant agencies

Where possible the worker should contact the referrer to let them know that the case has been allocated to a support service and to discuss the case in greater detail (this should be done within 5 working days of receiving the referral). At this stage a dual visit can be organised if it is thought it will help with engagement. It is also the responsibility of the worker to contact the schools for the children/young people in the family they are working with and provide contact details, where information can be shared. Contact should also be made with any other agencies that are involved with the family to support sharing information /joint assessment and planning. Consider whether a multi- agency meeting, or Friends and Family meeting, would enhance the assessment process.

5. Making contact with the family

Making contact with the family is not always straight forward but we must be able to evidence persistence in attempting to contact. Attempts must take place over a minimum of three weeks on different days at different times to increase the chances of engagement (unless it is a 1 or 2 session intervention). If the worker is having difficulties engaging the family, then they must contact the referrer or other agencies that have worked with the family previously to see if help can be given with engaging (these can include the schools of which children in the family are currently attending). If there is still not contact after these approaches, then the worker should discuss the situation with their manager and seek a time extension or closure through non-engagement (only Managers can sign off a case closure and case note this).

Minimum standards for attempts to contact a family are:

- At least 5 attempts to phone the family must be documented. They must be at different times of day, in different weeks.
- At least 5 texts sent to family, over 2-3 weeks
- Contact to be made to referrer (where this is practical) to ask for their help in making contact.
- Where it is appropriate to do so, seek assistance of child's school in making contact or any other agency known to have involvement
- Cold call at house on at least 1 (2 for intensive support) occasions and leave calling card where it is safe to do so, asking the family to make contact by a given date.
- For targeted and intensive support, and where safe to do so, letter with to family asking to make contact within 10 days if require support or case to close.

- If the case has transferred from social care, it may be necessary to have a conversation with transferring team or SFT if case is due to close due to non-engagement.

6. Parental consent form - SLF

A parental consent form is to be completed on the first meeting with the parent(s). The consent form permits members of the family to travel with members of the SLF team and attend SLF activities. There is a separate section to the form allowing photographs for Leicestershire County Council purposes (See appendix)

7. Plan episodes in the Outlook calendar

Having made the initial engagement with the family, the worker will be aware of the dates required to complete the assessment, plan and reviews in timescale. Using the Outlook calendar, count out 6 weeks from the day of engagement, open an appointment and type a reminder with the family name that the Family star assessment and Plan are to be completed. Then for the reviews (targeted interventions 6 weeks and intensive interventions 12 weeks), open a re-occurring appointment on the date for the relevant weeks needed as a reminder of when the reviews are to be completed by (you can do this by opening a new appointment, clicking on occurrence and selecting the required amount of time)

When planning your times in outlook it would be an advantage to set the reminders for 1 week before the deadline as this will give 1 week in order to make sure the episode is completed in timescale

8. Case notes

The manager will have put on a brief case note when the case is accepted, stating the nature of involvement and timescales. If the case was discussed at the Hub there will be a brief note stating outcome of the discussion – the full notes will be uploaded in documents.

It is important that the subject title of case recording gives an indication of the content of the case note. For example:

Meeting at school with parent's to discuss exclusion

Direct work with Amy on internet safety

Home visit to complete assessment

Phone call from Health Visitor raising concerns

Where you are recording a failed attempt to make contact with the family, it is sufficient to have the entire recording as the title, i.e.

‘Phone call to parent – no answer, no option to leave message.’

You can then enter a full stop in the text box so that you can finish the note.

Case notes should be factual and concise, and where appropriate should use the case recording template (case note template should always be used for direct work). Case notes will normally be made against the youngest child and copied across where relevant.

A case note should always be made when:

- Assessment episode is completed
- Plan episode is completed
- Review episode is completed
- Documents are uploaded

When entering case notes which involve other professionals you should state their name and agency/job role.

Avoid copying and pasting entire emails into case notes – where possible emails should be summarised.

Remember – case notes can be requested at any time by the family – they should be used for recording relevant information about the child/families journey through our service.

In the event of a new child being born into the family the worker now needs to make sure that they copy every family case note against the original youngest child that they have recorded all case notes, as well as the new youngest child.

Example Case Note Subject: Home visit with YOS to update on parenting and behaviour

Child/Young Person/Family Name: Anonymous

Worker: FSW

Team: Leicestershire

Location of visit, i.e. home, school: Home

Present during visit: Megan, Dale, Mark, Michelle, Graham, Ellie, FSW and Andrew Begood (Youth Offending service)

Outcomes being addressed: Wellbeing, Keeping your children safe, Meeting emotional needs, Education and Learning.

Purpose of visit/Outcomes visit has helped achieve: Joint visit with YISP Worker to discuss progress with Dale and to get an update on progress from Megan on behaviour/boundaries and consequences

What worked well in the visit?

- Andrew said that Dale is engaging very well
- Dale understands what cause his anger triggers
- Dale has started to look at anger management strategies
- Dale is going to attend positive activities with Andrew (climbing)
- Megan says that Dales behaviour at home has been a bit better
- Dale has had less anger outbursts at home
- All of the children are starting to respond to boundaries at bedtimes
- The children are all getting to bed at a better time
- Megan said that she had been more positive with the children

Voice – Megan said that that everybody had been calmer in the past week and that was due mainly to Dales improved behaviour. She also felt much happier as they were all sleeping better at night and she felt less stressed and wasn't shouting. Dale wouldn't talk to me, but his YISP worker said that he had been very happy at the last few appointments and was saying how much happier he was. Ellie and Graham both said that they were enjoying the calmer environment, but that they still expected Dale to go back to his old ways and that made them still very nervous and that it was still hard for them to be nice to Dale. Ellie said that Mark had been very happy this week and mum had spent a lot of time with him. I saw Mark getting a lot of positive attention from all family members and he was smiling throughout my visit.

What are they worried about?

- Dale had still been poorly behaved that week

- Dale had used threatening behaviour towards Ellie
- Dale has been sent home from school due to threatening behaviour
- Megan is still inconsistent with boundaries

Voice, what are they telling you

Ellie had stayed in her room after Dale had threatened her. She said that she had been in there most of the week to stay away from Dale and that she was feeling miserable and bored. Ellie also said that she felt like not going into school tomorrow as she was so depressed.

Next steps

- YISP worker to discuss threatening behaviour towards Ellie with Dale and how this made her feel (report back to SLF) with outcomes
- FSW and Megan to have an immediate meeting with Ellie to discuss the incident with Dale and what strategy can be put in place to protect her/feel happier
- FSW to call Ellie's school and have them monitor her mood and report back to SLF
- FSW to contact Dale's school to find out the reason for being sent home

9. Minimum requirements for Intervention (unless 1-2 session intervention/signposting)

The worker needs to achieve the minimum requirements for every intervention (unless it is a 1 or 2 session intervention/signposting) and to make sure that these are added to the initial Family Star Assessment plan and case noted on Fwi when completed. For Unassessed Brief Interventions, when closing the worker must complete a Brief Intervention Closure Summary, this will allow you to record minimum requirements achieved (the summary is then to be uploaded and case noted).

- Family registered with a GP;
- Family Registered with a Dentist (For Dentist, make sure that their next appointment is booked, or book the next one with them);
- Registered with and introduced to the Children's centre if have an under 5 and know how to access services;
- Receiving 2/3 year old Free early Educational Entitlement, or know how to;
- Know how to apply for a school place / have a school place;
- Signposted to smoking cessation support as appropriate;
- Check if there's a child carer and support as appropriate.

10. Voice

Voice is integral to everything we do in Early Help. By really listening to the children, young people and families we are working with, we are able to make sure we can focus our time and energy on the things that really matter and make a positive difference to the lives of families.

All workers and managers need to ensure that they effectively **listen, hear and respond** to the needs, views and feelings of families. This is a key part of how we interact with families and shouldn't be seen as an "add on".

Workers should consider how best to listen to families. This could be individually, as whole families or within other opportunities such as regular groups. Where necessary workers should use different methods to encourage conversation with children and families, for example a Young person could be asked to write a "feelings diary" for a week or younger children may express their views via art work. All of this can be used to enhance our Signs of Safety activity such as 3 houses. It may also be necessary to observe children or speak to other key people such as extended family members, friends and other professionals such as school pastoral staff.

Workers should consider where is the most appropriate place hear the views of each person within the family. For example, a child may prefer to talk to you at school, or simply whilst playing a game of football in the garden.

Workers may also need to consider how often they allow time to hear the views of families and this should be flexible according to need. For example if a Child or young person is struggling with a particular problem would it be necessary to see them individually on a more regular basis.

Workers need to ensure they don't focus too much on parent/carer views but should have a good overview of the **whole** family and how they feel. If there are any barriers to hearing the views of any children or parents within a family then workers should consider a different approach or discuss this with their line manager.

11. Assessment

Family Star replaces the Youth Star in all cases.

The assessment is the process by which we gather information, analyse the information and reach a judgement about a situation or issue. In reaching a judgement we consider what the positives (strengths and resources) of the situation might be, what is worrying us and what it is that needs to happen in order to support improved outcomes.

Assessment within Early Help is made up of 3 elements:

- Individual and Family Monitoring forms
- Outcomes Star (Family Star)
- Analysis (Signs of Wellbeing Summary)

All three elements of the Early Help Assessment need to be completed as part of the Early Help Assessment process.

The Family Star Assessment, Signs of Wellbeing Assessment, family monitoring and individual monitoring forms must be completed within 6 weeks from the start of engagement and uploaded into the documents of the youngest child.

For brief Interventions, there is no need to complete monitoring forms or a Family Star assessment, but a Signs of Wellbeing assessment must be completed with a brief plan of work contained within the 'next steps' section.

Individual monitoring forms must be completed against all other family members in the household, or who you consider to be 'worked with' as part of this work. This may include for example, extended family members who have a significant role in the family. It is important that you answer as many of the questions as possible on the monitoring forms – please see section on Payment by Results for further information on monitoring forms. A case note must be added to all family members to state assessment completed and uploaded to documents on the youngest child.

The worker will use the 10 areas of the Family Star in order to gather information on the child/young person/family and use this information to get a better understanding of the issues that are present.

If there are any reasons why the assessment cannot be completed in the allocated time, then you must have a management discussion as to why this has not been possible and apply for a time extension (a case note must be added to say that an extension has been given).

***Note for Progress to Work –** Do not default to score of 10 because children are not of school age, or where parents are on a health related/disability related benefits. The worker should still be assessing whether adults are prepared for work, whether older teens are prepared for work and whether the family has work related aspirations for the future.

Co-worked cases

If a case is being co-worked with social care the support worker is still expected to complete the family star plans and reviews as they would normally. If a case is being co-worked by an intensive support worker and a youth worker, then only the Intensive support worker needs to complete the family star assessment. The youth worker needs to provide a case note summary of their work and a plan of their work ie: in a signs of wellbeing summary this should be reflected in the plan completed by the FSW.

Example of Family Star Assessment

Physical Health Score - 3

Megan says that she does not have a GP as they moved area 12 months ago and she did not know what to do to register with another. She tries to cook regular healthy meals, but Dale's behaviour sometimes stops this and she has said that they have had chips before from the fish and chip shop as she was too upset/exhausted to cook. The children play outside a lot and are involved in physical activities in school and around the area. Megan says the children do have poor night routines due to poor behaviour and the children can be tired and grumpy in the mornings.

You're Well Being Score – 2

Megan gets stressed when Dale is behaving badly and can get angry and shout at all the children. Megan says that she thinks she copes well, but has been known to drink alcohol to deal with the stresses in the house at times, but says this is not a problem. Megan says she does get very anxious in the house as she does not know when Dale will start playing up and get angry and will be aggressive towards his siblings. Dale has recently been in trouble with the Police and this is causing Megan a lot of stress. Megan is involved in an on-off relationship that involves DV.

Meeting Emotional Needs Score - 2

Megan struggles to give her children the positive feedback and encouragement that she thinks they need as it can be very chaotic in the home and she spends a lot of time telling the children off, she also feels that she has so many jobs to do around the home that there isn't enough time to spend with all of the children. Megan says the children know she loves them, although she does not tell them. She says that she probably doesn't encourage them as much as she should.

Keeping Your Child Safe Score - 1

Megan does not see her DV relationship as an issue to her children, as she says they are upstairs when they are having an argument and there has been no physical abuse for a long time. Megan doesn't always know where her children are, but she says that they only hang around the estate. Megan says that her main issues are with Dale when he gets angry and can be aggressive/violent towards other siblings and has hospitalised Graham by hitting him over the head with a metal bar. Apart from Dale, Megan says that the rest of her children have good friends and that they are no problem when they come to the house.

Social Networks Score – 3

Megan lives on an all-white estate where she and her children are accepted and fit in. They are not religious and feel settled where they are. Megan does admit there is a lot of crime/trouble and drugs in the area. Megan has friends on the estate that support her when she needs them, but

does not have any contact with her family anymore as they have disowned her. Megan says that her children all have good friends on the estate as well as in school, although she says that Dale does have friends who he has been in trouble with the Police for local ASB and she has been told that some people in the group smoke cannabis, but not Dale. There is a local multi use games area that the children can play on with their friends and this also gives Megan some peace and quiet.

Education and Learning Score - 3

Michelle and Graham are doing very well at school and have a good attendance although Megan says that they are late a lot and this means they have a lower attendance (84%) due to this; however they attend school every day. Dale's attendance is very low (68%), he is also very late getting into school, sometimes refusing to go in and he also gets sent home from school on a regular basis for poor behaviour. Megan says she plays with Mark (1 year old) when she can, but that she doesn't have a lot of time to do this as she has all of the house work to do when the children are at school.

Boundaries and Behaviour Score – 2

Megan struggles to put consistent boundaries into place and when she does, she does not follow through with the consequence. Megan admits that she gets angry and swears at the children, but does not see this as being an issue as she is an adult. Megan says that she has used a reward chart in the past and that it didn't work. Megan says that Dale has recently been in trouble with the Police and she grounded him, but when he got aggressive towards his siblings, she threw him out of the house to protect them.

Family Routine Score - 3

The family has a very poor routine. The evenings are not good due to poor behaviour and children arguing all night and then the mornings are difficult as the family have been awake till very late and struggle to get up. Megan also says that she often has to sleep during the days as she is so tired. The children always have clean clothes and regular showers, although Megan says that getting Dale to follow any sort of routine/bath time is always a 'battle'. Due to the chaotic nature of the family, family activities almost never happen and if they do, Dale misbehaves and the family have to return home.

Progress to Work Score – 4

Megan has never worked and has no qualifications. Megan says that she cannot imagine with how difficult things are now and having to look after a 1 year old baby that she will ever work, although she thinks it would be good for her. Ellie has been on Jobseekers allowance since leaving school and Michelle is coming up to her last year of GCSE's and does not know what she wants to do after finishing school.

Home and Money Score – 1

Megan says that she struggles with money and that she has lots of debts that she cannot pay. She now just ignores the letters as they were causing her too much stress and anxiety. She is behind with rent and has recently had a letter from the local council threatening her with eviction if she does not pay £1,200 arrears.

Signs of Wellbeing Assessment

Section One: Summary of information

Assessment Start Date: 24, March 2015

Assessment Completion Date: 24. March 2015

Person completing the assessment: Frankie Saport-Wurka

Current Workers Team: District of Leicestershire

Current Workers Line Manager: Sarah Important

Explanation of Information Sharing /identification of PR

Name	Child age/ Adult (if adult state role in family)	Information Sharing explained Y/N	Comments	Has PR? (State who for)
Megan Anonymous	Adult Mother 40	Y		Yes, all children
Ellie Anonymous	18	Y		No
Michelle Anonymous	15	Y		No
Graham Anonymous	14	Y		No
Dale Anonymous	9	N		No
Mark Anonymous	1	N		No

1. Summarise the reasons for undertaking this assessment

A referral was made by the school for the family as there has been aggressive and violent behaviour towards siblings from Dale. Family steps were involved prior to this as Dale's behaviour had been seen as a concern and mum not being able to parent his poor behaviour. Social care have been involved briefly with the family as there has been a head injury to Graham where Dale had hit him with a metal bar and he had to attend hospital for stitches (NFA).

The family have very poor night and morning routines. This mean that the children are late getting to school in the mornings and because of this, their attendance is down (Michelle and Graham 84% and Dale 64%)

Megan is also involved in a relationship where there has been historic physical abuse and present verbal abuse and that children are said to witness this.

1. Strengths and Resources

Megan loves her children and wants the best for them. Megan provides good basic care for the family. She accepts that she has not managed behaviour with the children well, especially Dale and that now Dale controls the house with his poor/aggressive/violent behaviour. Ellie and Graham are very protective towards younger sibling and will remove Mark from the room if Dale starts to get angry /aggressive to protect him.

2. What are we worried about?

Megan is worried that there could be a serious injury to one of her children from Dale. Graham has said that he gets very angry sometimes when Dale is aggressive towards Megan and has thought about hitting him on more than one occasion. Megan has admitted that she cannot manage Dale's poor behaviour and gives into him very easily. Michelle and Ellie have both said to me that sometimes they have had enough of living at home and are thinking about leaving, this would really upset Megan and cause her to resent Dale. The family have a very poor morning routine which means the children are always late for school. This is affecting their school attendance score which has fallen below the acceptable level of 95%

3. What needs to happen?

- Megan needs to learn how to manage Dale's poor behaviour and to implement consistent boundaries and consequences to reduce his aggressive/violent behaviour.
- Dale is becoming involved in ASB, has been in trouble with the Police and has poor anger management and he needs to learn how to regulate his behaviour to avoid getting into more serious trouble.
- Megan and the children need to be able to work together to develop good routines at morning and night to help make sure they get to school on time.

4. Outcome statements – what will be different?

- Megan will to be able to put in consistent boundaries and consequences
- Megan will be confident in managing Dales poor behaviour
- Dale will be able to understand and accept boundaries and consequences
- Dale will complete work with his Youth Offending Service YISP worker and understand his anger and triggers, ASB and consequences and Implications
- All family members will be happy to live at home and have better relationships with Dale
- The children will be regularly getting to school on time and have an attendance of over 95%

5. Use this scaling tool to summarise current position of family

0	1	2	3	4	5	6	7	8	9	10
May need CP plan/unlikely to meet outcomes without significant involvement		Engaging and thinking about change		Shared view of what needs to happen and willing to move forward		Already making positive changes		Requires signposting and support to access universal services		Close case – no service required

12. Plans

This is where the worker can prioritise the areas they feel need to be addressed with the family/child/young person. The worker should remember that this plan will be reviewed in:

- 6 weeks for Targeted Interventions and
- 12 weeks for Intensive Interventions

So, the plan may only need to include the first steps towards the successful outcomes for complex families, i.e. what could be achievable in that timescale.

An example could be that a young person has very poor school attendance, so the plan can simply state “taking mum to buy an alarm clock”. The worker must take into account “Quick Wins” when prioritising areas for the plan. These may not be areas that the worker thinks are a priority, but areas that the child/young person/Parent/Carer thinks are important and need to be worked on immediately to maintain engagement/strengthen your relationship. If there are other agencies that are involved/will be involved with the family (Youth services, YOS etc), then this must be easily identified within the plan, giving an overview of the work that the agency will be doing with the child/young person/family, so that it is really clear who is doing what, and when.

Example Plan

You will see that the Plan section is split up under the 10 headings of the Family Star. The first section is Physical Health. You should see the score that you entered in assessment.

Worker name– this is where you choose who is responsible for the planned actions – sometimes it will be you but sometimes it might be the young person or another worker. Either use ‘find worker’ or ‘manual input’.

Planned actions to improve the score. This is a mandatory field. You will see there is a guidance note for completing this field. We would like you to put your planned actions under the headings:

What are we doing?

Why are we doing it?

What impact will it have?

(Hint: You might want to type these headings in the first box and then cut and paste them into all the other boxes)

Below is an example of the 10 headings in a plan – remember – you do not have to work on all the headings in each 6 or 12 week period – if there are areas you are leaving until the next period of work its fine to say this, i.e. this area not prioritised currently

Physical Health

What are we doing?

FSW will be supporting Megan and her family to get enrolled with the local GP and Dentist

Why are we doing it?

To make sure that if there are any dental/ health problems with the family, Megan will know where she can take them. Megan will also have a point of contact should there be any other issues and Megan needs to be signposted.

What impact will it have?

Megan’s children have very low school attendance due to ill health. This means that Megan will be able to get the children early medical attention which will reduce the amount of sickness and increase school attendance .**This is a priority**

Your Well Being

What are we doing?

FSW to make a referral and support Megan in going to a Freedom Programme group

FSW to arrange and support Megan to the GP's to discuss her mental health.

Why are we doing it?

To help Megan understand the impact of the DV relationship that she is in, the negative impact that this has upon her children.

Megan says that she can be anxious and has low moods.

What impact will it have?

To build Megan's confidence and give her an understanding of what positive relationships look like; and to empower her to move out of the DV relationship. This will also have a positive impact upon Megan and her children's positive wellbeing and decrease dales negative behaviour

To look into whether Megan is suffering from anxiety and depression and look into support for her in this area. **This is a priority**

Meeting Emotional Needs

What are we doing?

FSW to help Megan produce a daily/weekly timetable of her family/home, chores/jobs

Why are we doing it?

Megan says that she has far too much work to do around the home and this stops her from having any extra time to spend giving the children attention

What impact will it have?

This will help the FSW and Megan to organise herself and also make sure the children get involved in helping around the house. This will help the family work together and also make sure that Megan has quality time to spend with the children and some time for herself. **This is not a priority at the moment**

Keeping Your Child Safe

What are we doing?

FSW to make a referral to the Youth Offending Service, YISP team regarding Dale and FSW to discuss a safety plan for Megan and children.

Why are we doing it?

Dale exhibits violent and aggressive behaviour towards older and younger siblings and Megan worries that one day he will seriously injure one of them. Dale is also involved with local youths

who are all involved in ASB. Megan will also be aware of how to keep her children safe if Dale becomes aggressive.

What impact will it have?

With Dale being able to control his anger, it will lead to more positive relationships within the family as well as decreasing the anxiety that Megan feels when he is uncontrollable. Dale will also have an understanding of ASB and the consequences and therefore remove himself from the negative friend groups that he is currently with. **This is a priority**

Social Networks

What are we doing?

FSW and Megan are going to look at what groups are available locally that interest her. We will try to arrange a few taster sessions so she can try a few different things out.

Why are we doing it?

Megan only has friends on the estate, of which some have been to prison and can be a negative influence on her (drink and drug use).

What impact will it have?

This will expand Megan's social networks with more positive people that will have a positive effect upon her; also the groups will be good for building Megan's confidence/social skills, hopefully contributing to her long term goal of being work ready. There will also be a direct positive impact upon the children in terms of Megan having positive friends, having hobbies (more positive wellbeing) and in the future, possibly entering employment. **This is not a priority at this moment**

Education and Learning

What are we doing?

FSW to arrange and support Megan to meetings with all of her children's schools

Why are we doing it?

To discuss with schools the plan that we are implementing to reduce the lateness/absence of her children, to link in poor home behaviour with consequences at school and eventually link in poor school behaviour with consequences at home.

What impact will it have?

This will provide Megan with a starting point for putting in boundaries and consequences, which will reduce her children's poor behaviour, have a direct positive impact upon their school attendance and eventually reduce the risk from Dale to his siblings. **This is not a priority at the moment**

Boundaries and Behaviour

What are we doing?

FSW to refer Megan to the local SLF parenting group.

Why are we doing it?

This will give Megan the basics into children's negative behaviours and give her an understanding of boundaries and consequences and why they are important in parenting.

What impact will it have?

This will help Megan have confidence when it comes to the FSW working with her in the home to implement and maintain consistent boundaries and consequences. **This is not a priority at the moment**

Family Routine

What are we doing?

FSW to purchase an alarm clock for Megan

FSW to work with family on 'house rules' which include bedtimes

Why are we doing it?

Megan and the children have poor night and morning routines and this leads to the children constantly being late for school and having poor school attendance percentages.

What impact will it have?

This will give Megan a better chance of waking up in the morning and working towards a better family routine. It will also increase the chances of the children getting to school on time and increasing their attendance percentage. **This is a priority**

Progress to Work

What are we doing?

FSW will arrange a career advice meeting for Michelle at school and to book and support Ellie to an appointment at the jobcentre to look at back to work programmes (and/or voluntary work)

Why are we doing it?

Michelle is close to finishing school and Ellie has been on work related benefits since leaving school (2 years)

What impact will it have?

This will provide Michelle with some options to think about after finishing school and also motivate her to achieve. Ellie will be able to look into positive activities for voluntary work, whilst also working towards moving off work based benefits. **This is not a priority at the moment**

Home and Money

What are we doing?

FSW to contact the local council about Megan's rent arrears

Why are we doing it?

If the council is aware that Megan has a support worker, then they may halt the eviction proceedings and allow the FSW and Megan to put a payment scheme in place.

What impact will it have?

This will halt the eviction proceedings and reduce a huge amount of stress that Megan has at present. **This is a priority**

13. Review

The review episode should include the Family Star, Individual and Family monitoring forms. For a Targeted Intervention, a review should be carried out in 6 weeks or as a closure and for Intensive Interventions, the review will be every 12 weeks and also when closing. The review should look at the progress from the original assessment information and score, what the change in score is and why that change in score has occurred (e.g. Mum is getting up more in the morning now that she uses her alarm clock and this means that her child is attending school more regularly).

Family Star Review – Example

Complete the Family Star Review under the headings

What has gone well?

What worries you?

(Hint: You might want to type these headings in the first box and then cut and paste them into all the other boxes)

Example of Family Star Review

Physical health Score - 4

What has gone well?

With support, Megan has taken her family to register with the local GP. Megan has been diagnosed for anxiety and depression and has been prescribed medication.

What worries you?

Whether Megan will be aware of when the children need medical attention and whether she will remember to take her medication regularly.

Your Well-being Score - 5

What has gone well?

Megan's referral to the Freedom Programme has been accepted and she has attended the first 3 sessions (1 session without support). Megan has made friends on the groups and said she is enjoying attending and will finish the course. Megan has been seeing her partner less since going on the course and talks to me a lot about positive relationships. Megan says she has felt a little calmer at home and has been shouting less.

What worries you?

Megan is worried that people she knows might see her on the group and this could get back to her boyfriend and cause her trouble. Megan has also told me that her partner has been verbally abusing her on the phone since she has been making excuses to see him less.

Meeting Emotional Needs Score - 5

What has gone well?

Megan and FSW have produced a daily timetable that looks at all of her jobs from washing clothes, through to food shopping and she has commented about how much easier it is to have

these listed with times to follow. She has implemented a reward chart which is helping her to recognise the good behaviour and praise the children when they have been good.

What worries you?

Megan still struggles with low moods due to her anxiety and depression and this affects her motivation to maintain work/times on the timetable.

Keeping your Children Safe Score - 5

What has gone well?

Dale has been allocated a Youth Offending Service worker (YISP) and has been working with them for about a month. He is already working on anger management techniques and his YISP worker says that he is engaging very well and is already talking about engaging in positive activities. Megan says that she has noticed his behaviour has been a little bit better at home and there have been less anger outbursts. Megan has implemented areas of her safety plan which she says have made the other children feel safer and has introduced a rule about her children always letting her know where they are when they are out and they are managing to mostly do this.

What worries you?

I am worried that Dale can maintain this positive change and especially whether it will continue when the Youth Offending Service YISP worker closes the case. Dale is still having anger outbursts and so there is still the risk of potential harm to Dale and other siblings in the house, even though his behaviour has improved.

Social Networks Score - 6

What has gone well?

Megan has identified activities in the area she is interested in including a knitting and sewing class and swimming (Megan is currently attending the freedom programme group where she has met new friends who she talks about all the time)

What worries you?

It has been difficult to work with Megan to choose these groups/activities and I feel she has only chosen these because she could not find anything of interest and will come up with excuses not to go to them.

Education and Learning Score - 7

What has gone well?

Megan and FSW have attended meetings at each of the children's schools and they have agreed to give the children extra time in the mornings to get in and will not count lateness as absence whilst they are working positively with the FSW.

What worries you?

It has been decided that the plan to work with the schools to start implementing boundaries and consequences is too much for Megan to take on at the moment, but it was identified as a priority by the FSW to work on as soon as possible.

Boundaries and Behaviour Score - 4

What has gone well?

Megan is asking the children where they are going when they go out and has agreed to go onto a parenting group when her Freedom programme finishes. Megan has agreed to work with me on implementing boundaries and consequences for bed times

What worries you?

That Megan's poor mental health is going to make it very difficult for her to be consistent with boundaries and consequences

Family Routine Score - 6

What has gone well?

FSW has purchased an alarm clock for Megan and she has been getting up better in the morning. Megan has set bedtimes for the children which will be enforced with consequences

What worries you?

Megan still struggles to get up in the morning and the children are still being late for school. The family's ability to maintain the set bedtimes and Megan's ability to enforce the bedtimes with consequences

Progress to work Score - 4

What has gone well?

Michelle and Ellie were both happy with the propositions to have a careers meeting at school and to book an appointment with the Job centre to look at back to work programmes.

What worries you?

I have not been able to make time at present to organise these areas as there have been other areas that have been a priority for the family.

Home and Money Score - 5

What has gone well?

The Housing Officer has worked with Megan to arrange a payment scheme for her rent arrears and her eviction order has been suspended

What worries you?

Megan has confessed that she is not able to manage her money and so when the payment plan is put in place, there is a chance that she could default on the payments and the eviction order is re-instated.

SUMMARY

The pattern of episodes for Targeted and Intensive Intervention (against youngest child) is:

Assess	Plan	Review	Plan	Review	Close with
closure form					

For other family members it will be

Assess (monitor)	Review	Review	Close no form
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14. Case Summary template

For all interventions lasting longer than 4 months a Case Summary template must be completed and uploaded to the youngest persons documents (for Youth Workers, person(s) that they are working with) and case noted to the relevant family members.

Case Summary Template Guidance

When to use the template:

1. Case summaries should be completed on every open case every three month. An initial case summary template should be completed within four months of the work starting.
2. Where a case is worked jointly with for example a social care colleague, the template should be completed jointly.
3. The case summary template must always be used if you are seeking consultation or support from social care colleagues. For example, where you have concerns that a case is not progressing and the issues are complex and multiple, in discussion with your line manager a case summary template should be prepared / updated in order to inform social work colleagues.

How to use the template:

1. Family Composition – names and ages of family members who you have contact with.
2. Reason for summary, if other than four monthly – i.e. state here if template has been completed because consultation is being sought from social worker manager
3. Details of current other workers for family: list name and agency

4. Why are we working with this family: you may use bullet points in this section to help keep your notes brief. Provide an overview of the main focus of your work with the family, i.e. what are the issues and difficulties that you are supporting with.
5. Signs of Safety mapping
 - a. Harm/risk– here you should note actual, factual incidents of harm. Within the definition of harm you should include issues which will harm the family/child’s likelihood of meeting positive outcomes, for example regularly missing school will harm outcomes.
 - b. Complicating factors – here you should note issues which may make the situation more difficult to resolve. For example parental mental health issues including post-natal depression, drug and alcohol use, poor housing, long term health conditions that have an impact on family life
 - c. Existing strengths – positive factors in the family – what is working well for them, who supports them
 - d. Existing safety/positive factors – factors which help mitigate the risk, harm and complicating factors, i.e. arrangements to care for children when parent is unwell.
 - e. Safety goals / EH outcomes – what is it we are working towards with the young person/family? What are we trying to achieve?
 - f. Next steps – what needs to happen now to support change
6. Danger statement: what are you worried will happen if nothing changes? Be clear who is worried, why they are worried, and what they think might happen.
 1. Safety Scale and Wellbeing scale. You should complete both, indicating what is at end of each scale. For example for the safety scale you may have ‘child protection’ at one end and ‘no need for social work intervention’ at the other. Wellbeing scale: you may have ‘risk of family breakdown’ at one end’ and ‘needs can be met by universal services’ at the other.
 2. Key achievements/progress to outcomes. You can use bullet points here. Don’t overlook small steps that young people/families have taken.
 3. Distance travelled – provide either family star or youth star scores from assessment and from your latest review.

Case Summary Template – to be completed at least every 4 months

Family Composition: <i>names, ages</i>	Megan - 40 , Ellie – 18 , Michelle -15, Graham – 14, Dale– 9, Mark –1 .		
Date summary completed	24/07/2015	Reason for summary <i>Four monthly, seeking consultation</i>	Initial 4 Monthly Review
Worker completing summary:	Mr FSW	Details of current other workers for the family <i>List name and agency</i>	(Social Care) Susan Socare (20/20) Mr A Mentor YISP Prevention Worker Mr O. Fending
Why are we working with this family? – <i>Briefly summarise how long this case has been open and key areas of involvement</i>	<p>This case has been open to SLF for 6 months.</p> <p>Poor parenting/Lack of parenting</p> <p>Behavioural difficulties with Dale</p> <p>Dale at possible risk of exclusion</p> <p>Potential harm from Dale to other siblings</p> <p>Safety of children/parent (concerns over mum and on and off partner where DV is a factor)</p> <p>Poor morning/night routines and children are late for school regularly</p> <p>The family are not signed up with a GP practice</p> <p>All children have poor school attendance, especially Dale (78%)</p> <p>Megan has an eviction order on her property and has other debts</p>		
Signs of Safety Mapping			
What are we worried about?	What's working well?	What Needs to happen?	

<p>1a. Harm/risk</p> <p>Poor behaviour of children at home, especially Dale</p> <p>Dale is sent home from school on a regular basis due to poor behaviour and this is likely to affect his educational outcomes</p> <p>Dales has been violent and aggressive towards his siblings and may be a safeguarding concern</p> <p>Dale has been involved in local ASB and may be at risk of entering the criminal justice system</p> <p>Megan is involved in a DV relationship where the children are likely to be influenced by this behaviour</p> <p>Children have poor night/morning routines and this is likely to affect their educational outcomes</p> <p>All children have low school attendance (Dales is 68%) which could lead to disengagement from education</p> <p>Megan has an eviction order due to overdue</p>	<p>1c. Existing Strengths</p> <p>The children all love and respect Megan.</p> <p>Dale attends school and has a good relationship with a teacher</p> <p>Megan supervises the children when she can</p> <p>Dale does have positive friends</p> <p>Megan says that there has been no physical abuse for a long time</p> <p>Megan wants to get the children to bed earlier</p> <p>Although attendance is not where we would want it to be, all the children enjoy school when they are there.</p> <p>Megan does want to pay her arrears</p> <p>Megan knows that this is important</p>	<p>4. Safety Goals / EH outcomes</p> <p>Megan is able to consistently and effectively parent the children</p> <p>The relationship between home and school will improve with them both working together</p> <p>Megan will understand how to keep the children safe and is able to put this into practice</p> <p>Dale will know how to control his anger and understand ASB and the consequences and implications</p> <p>Megan understands the impact that DV is having upon her children</p> <p>Children can get to school on time regularly</p> <p>Support Megan to attend meetings with schools to discuss support which will enable the children to get into school on time and increase their attendance score</p> <p>Megan to work with Housing Officer to resolve eviction issue and to build a relationship that will assist her with future housing issues</p> <p>Megan and family will be registered with a GP and access help and support appropriately</p>
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<p>rent and this could result in the family moving to less suitable accommodation</p> <p>The family are not signed up to a GP's practice which may lead to the children not receiving the correct medical attention when ill</p>		
<p>1b. Complicating Factors</p> <p>Single parent and 5 children</p> <p>Megan's DV relationship</p> <p>Dales aggressive and violent behaviour</p> <p>Possibly Megan's alcohol use</p> <p>Megan's mental health difficulties</p>	<p>1d. Existing Safety / positive factors</p> <p>Support from local friends</p> <p>School are very supportive of Dale</p>	<p>5. Next Steps</p> <p>Parenting group/intensive parenting support for Megan</p> <p>Freedom programme for Megan</p> <p>Arrange/support to meetings with Megan and children's schools to discuss lateness/Dales behaviour</p> <p>Support Janet in implementing morning and night routines</p> <p>YISP referral</p> <p>Housing Officer to arrange meeting with Megan</p> <p>Family to register with GP</p> <p>Put in place a safety plan regarding Dales violent behaviour</p>
<p>2. Danger statements: <i>if nothing changes.....</i></p> <ul style="list-style-type: none"> The Housing Officer and FSW are worried that Megan appears not to be able to budget/prioritise her money and that she has gotten herself into £1,200 of rent arrears and the council have put an eviction order on the family and their property. We are worried that if nothing changes, the family will be evicted from the property and if suitable accommodation cannot be found, then the family may have to be separated into different accommodation 		

0 = Risk of family breakdown and 10 = Family getting on very well									
<p>What have been the key achievements/ progress towards outcomes, in working with this family? <i>What are you most proud of, what is the family most proud of?</i></p> <ul style="list-style-type: none"> • Megan has taken the children, registered them at the GP's and booked an appointment for an over 40's health check. • Megan has attended the Freedom Programme (without support) and has started to withdraw from her DV relationship • Megan is starting to use timetables to help organise her time/work • Dale has been allocated a YISP worker from the Youth Offending Service and is working well with him • Dales behaviour has been better at home (less anger outbursts) • Megan has identified positive activities to try • Megan has attended school meetings for the children and they working together to reduce lateness • Megan has an alarm clock and gets up more in the morning – the children are at school on time more often • The Housing Officer has put a payment plan into place and the eviction order has been suspended 									
Distance Travelled – please indicate changes in outcome star scores from assessment to most recent review									
Assessment									
3	2	4	1	7	4	2	5	4	2
Latest Review									
4	5	5	5	7	7	4	6	4	5

15. Identifying additional unmet needs

If unmet needs are identified that are not able to be addressed within the work originally planned, then discuss with Manager what time will be required. If additional time is given under the same intervention, Manager to briefly case note. If requiring more intensive work, manager to note and reallocate if required.

16. Transfer to other teams

The transfer of work between teams document should be referred to before attempting to transfer work. If work is transferring within Early Help, a case note recording discussion between managers is sufficient. 'Step up' episodes are to be used in cases where a statutory response is required and these should be preceded by manager to manager discussion which is case noted.

17. Safeguarding concerns

If the worker has any immediate safeguarding concerns, then they should speak to their Manager immediately. If their Manager is not available, then they should contact the senior/team leader/ locality manager who is on Duty and discuss their concerns. Only Managers are to contact the Strengthening Families team when discussing safeguarding concerns.

18. Child sexual exploitation concerns

Workers are expected to complete a CSE assessment form where any CSE issues are apparent or suspected. If the worker has any questions or queries regarding this, then they should contact their Locality CSE Officer

- Charnwood/Melton – Danielle Marsden
- Market Harborough/ Oadby & Wigston – Laura Koovits
- Blaby – Michele Widdicombe
- Hinckley/Bosworth – Lucy Johnson
- NW Leicestershire – Halima Teladia

If the Locality workers cannot be contacted, then the worker should call the CSE duty worker 0116 3059521

If the worker receives information related to CSE, but is not related to their case, then they are expected to fill out the Restricted Information Report which will share information between agencies and the Police (See appendix)

19. Young Carers

It is the workers responsibility to identify a young carer within a home when working with a family and to support them using the whole family approach. It is essential that the worker records this information on Framework i, using the guidance that can be found on CIS, Under 'Children who need help'.

If the worker has any questions, then they are to contact Bronwen Buchanan who is the Young Carers Project Officer. Referrals may also be made to Barnardo's.

20. Case Closure

Case closure will happen in the following circumstances:

- Where a family has **never engaged** with the service. In this case, the manager must as a minimum enter a case-note agreeing to the closure and stating reason for closure. Where there are significant concerns about the family and the fact that they have not engaged, Team Leaders / Senior FOWs should always precede case closure with a discussion with Strengthening Families/Child Protection/FRCD Team Manager to consider whether the risks are at a level that warrants statutory involvement or whether any other approach can be identified. This discussion must be case-noted and clearly labelled as manager-to manager discussion prior to case closure.
- Where a family has disengaged from the service, closure should be agreed in supervision. A review should always be completed in the two weeks prior to closure, and a closure form should always be completed against the youngest child. Practitioners should ensure that although the family may have disengaged, where improvements and outcomes have been met, these should be recognised in the closure form. If the family has disengaged and concerns remain for the family, please follow instructions as above.
- Where the family has received an intensive intervention over time (i.e. 12 months) but no or little progress made. In agreeing closure, Team Leader's/Senior FOWs should summarise the situation and what has been tried. Where there are concerns identified Team Leader/Senior FOW should discuss with Social Work Manager as detailed above. Worker to complete review and closure form.
- Where the family has demonstrated reasonable progress against identified outcomes. Closure should be agreed in supervision. A review should always be completed in the two weeks prior to closure. A closure form should always be completed against the youngest child.
- Where the family moves away. If the move is unexpected the worker should complete a review and closure form from their own perspective, i.e. when it is not possible to involve the family in evaluating success of the intervention.

In all cases, there should be a brief case note added as a case note type of closure summary by the Team Leader / Senior FOW. Briefly state outcome and any next steps.

The choice of outcomes at closure is limited to what is in Fwi, and these choices should be updated/increased in the coming months. However, for the time being please note the following:

- Family met outcomes – use this even if not all outcomes met, but some progress made
- No longer most appropriate service – use this if transferred to another service however, if family was worked with and achieved some changes, use family met outcomes
- Stepped up to social care and not appropriate for joint working

- Family refused service – i.e. no work was undertaken
- Family disengaged from service – use this if no progress made and family disengaged. Use Family Met outcomes if progress was made prior to disengagement
- Family moved away

For a Brief Intervention, the worker should complete a Closure Summary for Brief Intervention (appendix 1) and upload to the youngest person's record, case noting case closed and copying to all family members worked with. Follow the Fwi closure procedure and change worker relationship to 'case closed to Worker'.

It is important to contact schools and other professionals involved to inform them that you have closed the case and case note on Fwi.

When case closure is agreed and all forms and case notes completed, the worker is responsible for ending the worker relationship on Fwi.

21. Quality

A Quality of Work tool has been produced to monitor and develop case practice around 5 integral areas:

- Voice
- Timeliness
- Assessment, planning and review
- Multi-agency working
- Outcomes

Audited cases will be organised into the categories below:

Promote (score of 9-10) – Current practice is excellent and should be promoted across the service for shared learning

Maintain (score of 7-8) – Ensure the current good practice is embedded and able to continue and develop

Support and develop (score of 5-6) – Current practice is not consistent and support maybe required to improve in some areas

Challenge (score of 1-2) – practice is detrimental and needs to be changed

22. Uploading documents

Documents relevant to the child/young person/family should be uploaded to Fwi, under the youngest child (for Youth Workers to the person(s) they are working with). Case notes should be added to person's record it is uploaded to and all other family members stating, title of document that has been uploaded and the name of the person's record it had been uploaded to.

23. Payment by Results – Quick Guide

Payment by Results is part of the national Troubled Families programmes. Through the programme local authorities receive:

- An 'attachment fee' for working with families who meet the national Troubled Families criteria (the published identification criteria under the local outcomes framework)
- An additional payment for families where we can evidence they have made sustained and significant progress towards outcomes
- Or an additional payment for families where one or more person previously on working age benefits has moved into paid employment for a set number of weeks – employment is the 'trump card' whereby a claim can be made without needing to evidence the sustained and significant progress in the other five areas.

All of the work to identify families who are eligible to be considered as part of payment by results is 'back office' – this means **you do not have to do anything to include families you are working with.**

Some of the work to identify whether families have made sustained and significant progress is 'back office' – i.e. we collect and monitor data from a range of sources to track progress.

All of the work to identify adults of working age moving into employment is back office – we track families with the DWP – you do not need to let us know when adults move into work.

What you need to do:

1. Assume all families you are working with (**for assessed intervention – SLF AND Children's Centres**) are eligible for payment by results
2. Work with all families to achieve **90% school attendance**
3. Ensure **all members** of all families you work with are registered with a GP and Dentist.

4. **Complete family monitoring and individual monitoring thoroughly** at assessment and review – and conduct reviews at least every 12 weeks. The areas you particularly need to focus on getting updated are:

Individual Monitoring:

- Victim of domestic abuse
- Negative Lifestyle factors
- Health in general
- Smoke cigarettes, cigars or other tobacco products?
- Where do you usually smoke?

Family Monitoring:

- Family has financial difficulties
- Family is in rent arrears
- All family registered with GP
- All family registered with Dentist

24. Use of 'Unknown' in individual and family monitoring

As far as possible you should avoid using 'unknown' when completing the monitoring forms for any of the above areas. For example, if no one in the family you are working with has disclosed domestic abuse you should answer 'no' rather than 'unknown' – you can always record 'yes' in a future review form if a disclosure is made. Also, for smoking inside house and car use your observation skills – if you have never seen anyone in the family smoking in the house, and the house doesn't particularly smell smoky, you can select 'no' rather than 'unknown'.

25. Family Star scores and PBR

Family Star scores are used to evidence sustained and significant progress in the following areas:

- Children who need help: family star score of 7-8 or more in at least 6 out of 10 domains, one of which must be keeping your child safe

- Adults out of work/at risk of financial exclusions/young people at risk of worklessness: Score of 7-8 or more for Progress to work; and / or score of 7-8 or more for Home and Money
- Families affected by domestic abuse: Score of 7-8 or more for Keeping Your Child Safe and Your Wellbeing.
- Parents and Children with a range of health problems: score of 7- 8 or more in Physical Health

As well as the scores, you need to be providing 'audit ready' text which helps to illustrate and justify your score. The text should be factual and include the what, where, who and when detail – give examples, make use of what other agencies have said or think, what the family think. Describe what is different by comparing and contrasting issues/behaviours/attitudes at the start of working with the family and now. You can upload documents and other evidence that supports the change, cross referencing in case notes and review notes. You don't have to produce huge amounts of text – bullet points can be fine as long as it is really clear what has changed to justify the change in score.

For example, in Physical health you might write: "Sammy completed the cook and eat programme and has been menu planning and shopping weekly without worker support. She has introduced a range of new foods to the children and they have all started exercising more – they are always walking home from school now and when the weather is good they are going to the park on the way home. I have been at the house at meal times and the children are all eating more healthily and are eating their vegetables without too much complaining. The school nurse has reported that Billy is losing weight as per the targets set."

Appendix I

Checklist for Brief Intervention (Up to 6 week / 6 sessions / 6 visit involvement)

- Case Note from Manager confirming referral accepted, allocated worker and nature of intervention
- Check that UFRN is against all Family Members on FWi
- Check that you are showing as allocated worker with correct role
- Contact referrer to discuss case and joint visit (where applicable)
- Contact family in timescales and document attempts
- Agreement to close case due to no contact must be sought and signed off by Managers (Managers to case note on Fwi).
- Worker to complete a signs of wellbeing summary with “Next Steps” including your plan of work (1page)

Ensure minimum requirements

- Family registered with a GP
- Family Registered with a Dentist
- Registered with the Children’s centre if have an under 5
- Receiving 2/3 year old Free early Educational Entitlement, or know how to
- Know how to apply for a school place / have a school place
- Signposted to smoking cessation support as appropriate
- Check if there’s a child carer and support as appropriate

Identifying additional unmet needs (ie, requires one more session)

- If there are needs that cannot be addressed in this work discuss with manager and manager case notes any decision to extend or continue as assessed service or step up.

Closure

- Agreement to close case must be sought and signed off by Line Manager (**Manager to case note on Fwi**)
- Complete Closure Summary for Brief Intervention and upload under youngest child, case note “Closure summary complete – case closed” against all family members
- Change worker relationship to “Case closed to worker”

Appendix II

Checklist for Assessed Targeted Intervention (up to 4 months involvement)

- UFRN is against all Family Members on FWi
- Check that you are showing as correct worker on FWi for all relevant family members
- Case note from manager stating referral accepted, type of intervention and allocated to worker
- Contact referrer to discuss case (where applicable)

Contact family in timescales and document - Attempts to contact families must take place over a minimum of 3 weeks

- 5 attempts to phone the family must be documented. They must be at different times of day, in different weeks
- 5 texts sent to family, over 2-3 weeks
- Cold call at house on at least 1 occasion and leave calling card where it is safe to do so.
- Agreement to close case due to no contact must be sought and signed off by Managers
- Assessment completed by week 6/session 6 from the start of engagement
- Family Star, Family Monitoring, Individual Monitoring against youngest child
- Signs of Wellbeing uploaded on youngest child
- Individual monitoring on all other family members

Plan

- Complete Family Star Plan against youngest child. Cross reference in case notes

Review

- Review Family Star assessment/Family Monitoring/Individual Monitoring every 6 weeks under the youngest child – **outcome must be plan or close**
- Review Individual monitoring form on every family member – outcome must be review or close

Closure

- Ensure minimum requirements met (GP, Dentist, etc)
- Agreement to close case must be sought and signed off by Managers
- Review must have been completed within a month or closure or do again

- On youngest child complete closure form
- On other family members complete close case no form.

Appendix III

Checklist for Assessed Intensive Intervention (up to 12 months involvement)

- UFRN is against all Family Members on FWi
- Check that you are showing as correct worker on FWi for all relevant family members
- Case note from manager stating referral accepted, type of intervention and allocated to worker
- Contact referrer to discuss case (where applicable)

Contact family in timescales and document - Attempts to contact families must take place over a minimum of 3 weeks

- 5 attempts to phone the family must be documented. They must be at different times of day, in different weeks
- 5 texts sent to family, over 2-3 weeks
- Cold call at house on at least 2 occasions and leave calling card where it is safe to do so.
- Agreement to close case due to no contact must be sought and signed off by Managers

Assessment

- Assessment completed by week 6/session 6 from the start of engagement
- Family Star, Family Monitoring, Individual Monitoring against youngest child
- Signs of Wellbeing uploaded on youngest child
- Individual monitoring on all other family members

Plan

- Complete Family Star Plan (week 6/7) against youngest child. Cross reference in case notes

Review

- Review Family Star assessment/Family Monitoring/Individual Monitoring every 12 weeks (minimum) under the youngest child – **outcome must be plan or close**
- Review Individual monitoring form on every family member – outcome must be review or close

Closure

- Ensure minimum requirements met (GP, Dentist, etc)
- Agreement to close case must be sought and signed off by Managers
- Review must have been completed within a month or closure or do again
- On youngest child complete closure form

On other family members complete close case no form.

Appendix IV

Closure Summary Brief Intervention

Closure Summary

Summarise the reasons for undertaking this assessment (copy and paste from Signs of Wellbeing Assessment)

What work was completed? (bullet points)

Minimum Requirements (highlight in bold to show completed)

Family registered with a GP

Family registered with a dentist

Registered with the Children's centre if have under 5

Receiving 2/3 year old Free early Educational Entitlement, or know how to

Know how to apply for a school place / have a school place

Signpost to smoking cessation support as appropriate

Check if there's a child carer and support as appropriate

What changes happened – brief statement on outcomes achieved

Appendix V

Name and address of recipient

**Children and Families Service**

Date:

Contact:

Tel:

Email:

Dear

The Early Help service recently received a referral for your family - I have tried to make contact with you, but unfortunately I have not managed to reach you yet.

If you would still like to talk about what support is available for you, then please contact me on and I will be happy to discuss this with you.

If I have not heard from you by then I will assume you do not want any support at this time.

Yours sincerely

Name of Sender**Title of Sender****Team****Locality****Tel:**

Appendix VI

CSE Risk Assessment 1

Childs Details

Childs Name:		Address:	
FWI number:		DOB:	
Gender:		Sexuality:	
Ethnicity: Religion:		Language Spoken:	
Physical Disability:		Learning Disability:	
Local Authority:		Legal Status:	
Have Child Protection Procedures been initiated?: (If yes date)		Involvement with the Youth Justice System? (If yes details – type/order)	
Are there any other agencies involved? (if yes details – name and contact)		Previous concerns of CSE – details:	
Social Care use only Has chapter 11 CUSAB procedures been used? Details:			

Referring Agencies Details

Name of Worker completing Assessment:		Agency:	
Contact number:		Date of risk Assessment:	

Appendix VII

Information Sharing Tool

Page 1 of 2

Restricted Information Report

This tool is a way of sharing intelligence between agencies and the police it is not to be used as a referral mechanism.

Date/time of report		SSD Code (police use only)		
Details of professional submitting:				
Name				
Post/job title				
Agency				
Contact details	Email:	Landline:	Mobile:	
Information source	Member of public/service user?		Professional?	

If the information was supplied by someone other than yourself, please use the guide below to say how reliable you think they are? Everyone submitting intelligence has a duty to ensure it is accurate and is corroborated where possible.

There are five source grading's A to E:	Please tick
A - Always reliable No doubt about the source's authenticity, trustworthiness, or competency. History of complete reliability	
B - Mostly reliable Information has been received from this source in the past and in the majority of instances has proved to be reliable	
C - Sometimes reliable Doubts some of the information received from this source has proved to be both reliable and unreliable	
D - Unreliable Individuals who have provided information in the past which has routinely proved unreliable. There may be some doubt regarding the authenticity, trustworthiness, competency or motive of the source	
E - Untested source Insufficient information to evaluate reliability. The source may not necessarily be unreliable but the information provided should be treated with caution	

How accurate is the information on a scale of 1-5? This grading describes the reliability of the information

based on how it became known to the source and from other available intelligence.	
There are 5 grading's:	Please tick
1: Known directly to the source – Refers to information obtained first-hand. Care must be taken to differentiate between what a source witnessed themselves and what they have been told or heard	
2: Known indirectly to the source but corroborated – Refers to information that the source has not witnessed themselves, but the reliability of the information can be corroborated by other information	
3: Known indirectly to the source – Applies to information that the source has been told by someone else. The source does not have first-hand knowledge of the information as they did not witness it themselves	
4: Not known – Applies where there is no means of assessing the information. This may include information from an anonymous source	
5: Suspected to be false – There is a reason to believe the information provided is false. If this is the case, the rationale for why it is believed to be false should be stated	

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If the information is from a 3rd party would they be willing to engage with the Police?	Yes/No?

Please provide information:
<p>Include as much detail as possible: names/descriptions/nicknames/vehicle details/addresses etc.</p> <p>You should also include details of who else is aware that the information is being passed on.</p>

Please email to: cse@leicestershire.pnn.police.uk

**PARENTAL CONSENT FORM
(Travel, activities and photography)**

In order to ensure that travel or proposed activity is planned, agreed and safe for all, this form must be completed by the parent/guardian of the family.

Please note that your child/children will not be able to be transported/ participate in any SLF activity unless this form is fully completed and returned to your SLF worker

SECTION 1: To be completed by PARENT/GUARDIAN with parental responsibility for the young person (s) and with full legal rights over the child/children

Names of young people in the family

1.
2.
3.
4.
5.
6.
7.

Are there any significant health issues with your children that we need to be aware about.

If yes, please give brief details:

.....

.....

a) Are any of your children allergic to any medication? YES/NO

If yes, please give name(s) and brief details.....

.....

b) When did they last receive a tetanus injection?

.....

2. Transport

This consent form is to cover trips that may be made during the period of working with Supporting Leicestershire Families. This may involve your allocated family worker, or another member of the SLF Locality team.

3. Insurance Cover

I understand that the trip/event/activity is insured in respect of legal liabilities (third party liability) but that my child has no personal accident cover unless I have been specifically advised of this in writing by the youth worker leading the activity

I understand that any extension of insurance cover is my responsibility unless advised differently by the SLF worker leading the activity

4. DECLARATION: Person with Parental Responsibility (Of Under 18's)

- I have read and fully understand that I am consenting for my child/children to attend a number of activities with SLF as well as being transported by my allocated worker, or member of the SLF team during the intervention
- I am satisfied that all reasonable care will be taken for the safety of my children and that adequate staffing and safety measures have been arranged. I understand the extent and limitation of the insurance cover provided.
- I consider my child to be medically fit to participate in the activities outlines and agree to inform the organisers should this situation change between now and the activity date.
- I will inform SLF of any changes in my child/children's medical circumstances that may affect their involvement in activities
- I have discussed with my child/children the acceptable standards of behaviour expected at events and activities, and they have agreed to abide by the rules and follow instructions given by staff.

- I agree to my child/children receiving medication and any emergency dental, medical or surgical treatment, including anaesthetic, as considered necessary in the event of an emergency by medical staff.

Signed :.....(Parent/Guardian)

Name (print): Date:

5. Additional Consent

I do/do not **(delete as applicable)** give permission for photographic/video images of my child/children (named above) to be used in Leicestershire County Council's brochures, leaflets and displays, including the local press, the Leicestershire County Council website, and the 'Jitty', a young person's internet forum run by the Youth Service. If you want more information on where and how photos/video of your son/daughter will be used, please contact the youth worker leading the activity, details on the front of this form.

Signed:(Parent/Guardian)

Name (print)..... Date.....