Families IN FOCUS

Operational guidance v2

August 2018
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1. Introduction

Preventative and early help responses are critical to avoid issues from escalating and children experiencing further harm. Interventions need to be of a kind and duration that improves and sustains the safety of children and young people into the future. Early help seeks to meet the need, support the family in resolving the problem and prevent it becoming entrenched. Universal services must remain involved even if a child and family are receiving targeted or specialist support at Level 1 plus and/or Level 2 so there is a joint, whole-system response to meeting outcomes and needs. Universal services will provide the consistency needed by the child and family. (Thresholds guidance 2018:5)

There is a range of early help support that children, young people and families receive when they have additional needs. This support can be provided via universal, universal plus and targeted services. Services can work together to support the family through difficulty. If concerns escalate then a referral to Families in Focus can be made.

The Families in Focus service support children and families whose needs require a multiagency response due to their complexity or significance. The team will provide support to help children and families achieve positive and sustained outcomes in a timely way.

This handbook is for practitioners in the Families in Focus team and may be shared with workers from locality partnerships wishing to learn about the support available from the Families in Focus team. A public facing document will be available on-line in due course.

2. Integrated Localities

Vision statement

Children and families will receive the right support at the right time by the right service in the right place. (Appendix 1)

The Children and Families Partnership brings together organisations from all areas of the city to work towards delivering the best outcomes for children and young people. It focuses on prevention and helping families early before they reach crisis point. Bristol takes a strengths based approach (Signs of Safety) to working with families and managing risk. We are a restorative city and are now drawing on the knowledge and evidence base to become an ACE aware city. Practice is trauma informed and takes a trauma recovery approach in some sectors.

The Children and Families Partnership Board (CFPB) is the decision-making group which plans, commissions and delivers services on behalf of Bristol Children and Families Partnership. The board is responsible for developing and implementing the city-wide strategy Bristol Strategy for Children, Young People and Families (2016 – 2020) to promote the health and wellbeing of children and families. (Appendix 2)

Bristol children and families services are arranged in 3 localities. Each locality works closely together to provide a seamless service to children and young people, providing timely and proportionate support depending on the child and family’s needs. These ways of working is a recent development (2018), and is part of improvement to children’s services through the Strengthening Families Transformation Programme. (Appendix 3)

Locality Advisory Board

In each locality there is a Locality Advisory Board (members of the locality board can be found in (Appendix 4). This Board is made of managers and senior leaders from key agencies and partnerships across the Locality and they make decisions about the allocation of resources in the locality. They will analyse data and identify emerging needs and trends in their locality to ensure that resources are managed effectively to meet the needs of children, young people and their families. The locality advisory board will provide feedback to the Bristol Children and Families Partnership
to support the implementation of the Strategy for Children, Young People and Families and to identify unmet need and gaps in services.

**Integrated Management Teams**

Each locality has an integrated management team which includes Social Work Service Manager, Children’s Centre leads and the Families in Focus area managers. The team are responsible for leading on their locality boards and make joint decisions about the services provided to children and families in their areas. *(Members of the integrated management team for each locality can be found in Appendix 5)*.

**Access to services**

Most children and young people will have low level needs that are supported through a range of universal services including:

- Health services such as GP’s, Midwifery, Health Visiting and School Nursing;
- Nurseries and playgroups;
- Schools and Colleges;
- Children's Centres;
- Community, sport and leisure facilities;
- Housing;
- Youth Services

These services are well placed to support children and families as they have lots of contact with them and know them well.

The changing nature of needs of the child or parent can mean the level of support required is likely to vary. As needs or concerns escalate it may be appropriate that a request for additional support is required. Additional support can be access through targeted services, examples of these include:

- Health services such as Child and Adolescent Mental Health Services (CAMHS);
- Targeted Youth Services (TYS);
- Children's Centres
- Voluntary and community sector organisations
- Specialist educational services and establishments.

When a more intensive, multiagency response is required to assist a child and family, then it may be necessary to make a referral to the area Focus in Families team. Access to Focus on Families support is through the completion of the First Response online form.

Families need to consent to a referral being made and agree to working with agencies and information being shared. Referrers will also need to demonstrate that they have talked to other professionals to show that they have been actively involved in information sharing about a family or young person.

Families in Focus adopt a whole family approach using strengths based practice and child centred plans and identifies and agrees goals with family members. We recommend proportionate interventions where we ‘do it once and do it well’ and we review plans to ensure effectiveness and sustainable outcomes. The threshold for intervention and support for Families in Focus is described in the [Threshold Guidance 2018](#).

Advice may be sought from Families in Focus about suitable referrals in the relevant locality as highlighted below:

- **North**: 0117 35 21499 or email familiesinfocusnorth@bristol.gov.uk (via secure email only)
- **East Central**: 0117 35 76460 or email familiesinfocuseastcentral@bristol.gov.uk (via secure email only)
- **South**: 0117 90 37770 or email familiesinfocussouth@bristol.gov.uk (via secure email only)
First Response triages all online web forms and those referred with insufficient or incomplete information are not accepted and are returned to the referrer.

**Integrated Locality Meetings**

These arrangements are currently in development and will be fully functioning by September 2018.

Locality Meetings occur in all three localities across the city of Bristol on a weekly or fortnightly basis. This is a forum in which a group of multiagency professionals:

- Discuss and review cases that are referred to a locality team
- Allocate resources to the case where appropriate
- Provide advice back to agencies who are concerned about cases where they are the Lead Professional
- Signpost the referrer to appropriate resources/services to meet the needs of children and young people
- Consider non–urgent referrals for area social work teams
- Consider step out of area social work teams to an alternative Lead Professional

The Locality Meeting accepts referrals from:

- Agencies and professionals working with children and families via the First Response Online Webform
- Families in Focus practitioners via the Locality Meeting request form (Appendix 6)
- Area Social Work teams via the Locality Meeting request form (Appendix 6)

The Locality Meeting will discuss the case and make a decision about how best to meet the child and families presenting needs. This could be:

- Signposting the referrer to appropriate and suitable existing community based resources.
- Access to Children’s Centre services
- A Health/Education or other appropriate professional to act as Lead Professional and co-ordinate a multiagency intervention to meet the multiple needs of a child/family.
- A Families in Focus worker allocated who will undertake a specific piece of intervention with a child / parent / family, based on their professional background, as part of a multiagency team.
- A Families in Focus worker to work as part of a Team Around the Family (TAF), with professionals from other agencies including schools, health and CAMHs acting as the Lead Professional, to deliver a specific piece of intervention.
- A Families in Focus worker to act as a Lead Professional and co-ordinate a multiagency intervention to meet the multiple needs of a child/family.
- A Social Worker from an area social work team to act as Lead Professional and investigate any concerns where a child/young person may be at risk of significant harm.

Where the criteria for a Families in Focus intervention is met, it will be allocated to a Families in Focus worker within 5 working days of a locality meeting.

On some occasions, it may be necessary or in the best interests of the child and family for Families in Focus to work jointly with area Social Work colleagues for a period of time. In these circumstances, the Joint Working protocol should be followed (see Appendix 6). This will be available here in the future.

**Team Around a School**

Team around the school is a partnership between schools, Families in Focus, area social work and other agencies and coordinated by Families in Focus.

Its purpose is to;
- Work together to provide early help and support and when appropriate advice and guidance to co-ordinate a plan to meet the family’s needs.
- Focus on prevention rather than crisis intervention and provide an opportunity for early conversations to take place about children and young people that schools are worried about.
- Prioritise support and avoid duplication of services.
- Support schools to manage and support children and young people by providing access to specialist advice and guidance.

Primary, Secondary and Specialist educational settings will be provided with a Team Around the School offer, where data (i.e., First Response referral information, Think Family Database, Public Health) suggests that there is a high likelihood that children and young people will present with emerging needs. The frequency of Team Around the School meetings, will depend on the assessed need for that particular school.

The Terms of Reference for the Team Around the School offer and consent for parents can be found in Appendix 8.

### 3. Families in Focus teams

There are 3 Families in Focus teams in Bristol. Team structures for each area can be found in Appendix 9. The summary of key job outcomes for each Families in Focus role can be found in Appendix 10.

The Family in Focus teams are based at the following locations:

- South: The Park, Daventry Road, Knowle, Bristol
- North: Bristol Education Centre, Sheridan Rd
- East Central: Bristol Education Centre, Sheridan Rd

### 4. Families in Focus Interventions

#### Case Work

Families in Focus comprise of the following case working professionals:

- Family Support workers
- Key workers
- Parenting practitioners
- Mental Health practitioners
- Domestic Violence & Abuse workers
- Employment advisers
- Social workers

Family Support Workers and Keyworkers act as lead professional (we will be writing guidelines for role and expectations in partnership with the appropriate safeguarding boards this year), when working with children and families. Families in Focus Social Workers support the work of lead professionals in the team as described below. The other specialists as described above work alongside these practitioners when the needs of the family warrant this.

All case holding staff will inform families as to how we handle their information and ask them to sign the How we handle your information form (appendix 11) to demonstrate they are informed.

**Key Workers:** Work with families who are experiencing multiple and competing stressors; with wide ranging and potentially acute needs that have resulted in extensive and repeat involvement with support services. The criteria for families worked with are aligned with the Family Outcome Plan criteria. Children on the edge of care and / or custody will have a multitude of issues to disentangle and require intensive work over a longer period of time, in order to achieve positive and sustainable outcomes for all of the family. Keyworkers will work intensively with 8 families per full time worker for up to 9 months.
Family Support workers: Work with children, young people and families in a range of different ways, depending on the needs within the locality at any given time. On average:

Family Support workers will work with 10-12 families; 6-8 families per full time worker for up to 4 months, and work with a further 4-6 families for short time limited intensive interventions, such as a piece of direct work with a young person, or supporting a school in holding of a Team Around the Family (TAF) meeting, particularly at key transition points or at times of family crisis.

When acting as lead professional for a family, the worker will:

1) Complete a Single Assessment (SAF) using the Assessment Framework Triangle and Signs of Safety ensuring that the child(ren’s) voice is heard and evidenced. All relevant family members are included within the assessment and children are seen and spoken to. Agencies working with the child and family should contribute to the assessment in all cases. The analysis of the information gathered during the assessment process is key to identifying the level of need or risk that the child may be facing within their family. A clear and comprehensive analysis leads to a quality plan.

2) Develop a Family Action Plan, (see appendix 12) identifying which issues set out in the Family Outcome Plan are applicable to a family and select relevant outcomes.

3) Review the plan through Team Around the Family meetings, ensuring that the team around the family are accountable and complete tasks as agreed. (appendix 14)

The timescales for the assessment and interventions can be found in the Families in Focus Process chart Appendix 11.

Protocol for proactive referrals for appendix in September edition will be referenced here.

The lead professional will develop an exit/ closure strategy (sustainability plan) so that both they and the professionals working with the family are clear as to the family’s future plan. In some cases a lead professional will be identified to continue to co-ordinate the child and family plan (in these circumstances the lead professional will be decided at the locality meeting, see page 6).

Social Work

The Families in Focus Social worker (SW) has a mixed role of support, assessment and consultation:

1. Support for Families in Focus lead professionals and specialists
   To prevent the escalation of concern and the need to refer to area social work teams for support. This could be by assisting with home visits when difficult conversations need to be had, to chair a difficult TAF meeting or input on assessments of risk.

2. Advice and guidance for partner agencies and schools
   Families in Focus provides a valued (p4, Ofsted JTAI, Dec 2017) advice and guidance service for partner agencies. This can be accessed by calling the area Families in Focus team. This is available to all partners working with children. There will be a particularly close relationship between Families in Focus Social work staff and children centre leads.

3. Team Around the School (TAS)
   Social Workers will work closely with the schools in their Locality to provide advice (as above) and attend TAS meetings (see page 5)

4. Training and support for our partners
The Social Worker will support the **partnership managers** in the delivery of multiagency assessment training to provide real case examples and promote discussion around urgent and non-urgent referrals. This will build on the work of the SET.

5. **Social Work specialisms**
   Families in Focus Social Workers will develop specialisms in key areas of Social Work practice, including CSE, FGM, Prevent, Self-Harm, Child to adult violence, Substance misuse and neglect, disguised compliance, amongst others.

6. **Signs of Safety**
   Families in Focus Social Workers will be confident in using Signs of Safety (SoS) and will lead on complex case meetings and team mappings. They will support the facilitation of family and support network meetings for Families in Focus practitioner cases.

7. **Statutory assessments to be completed by Families in Focus Social Workers**
   Families in Focus Social Workers will be responsible for carrying out specific statutory assessments as directed by the Families in Focus co-ordinator. All Child in Need assessments will be completed on LCS. These include:
   - **Intentionally Homeless Families (Section 17 of the CA 1989)** – when a family is deemed at risk of street homelessness
   - **Section 85 Assessments** – where a child or young person is in hospital for 12 weeks or more
   - **Young Carers assessments under Section 17ZA** - If a Local Authority considers that a young carer may have support needs, they must carry out an assessment under Section 17ZA. They must also carry out such an assessment of a young carer, if the parent of the young carer requests one
   - **Section 7 assessments for Private Proceedings** – if a case open to Families in Focus is the subject of private proceedings

   All statutory assessments that are completed by Families in Focus Social workers will need to be completed within timescales (usually 45 days). At the end of the assessment, there will be a plan for either closure, step down to universal services, internal allocation to a Families in Focus service, or, if there are safeguarding concerns, allocation to the area social work team. Requests for social work allocation will go through the weekly locality meeting.

**Early Help Module**
Families in Focus use the Early Help Module (EHM) in Liquid Logic to record all their case work. The user guide and helpful tips for EHM can be found here ([Bristol SCB Procedures Manual](#)).

**Genograms, Chronologies, and Case Summaries**
All cases should have a Genogram, chronology, and a Case Summary on EHM.

   A genogram (or family tree) should be completed with every family at the earliest point of involvement. Genograms should always include resident and non-resident family members. A good genogram will explore strengths and support networks in the family system, as well as identifying estranged relationships or those that may need support to improve.

   A chronology is a list of significant events that, when put together, help to demonstrate progress or lack of progress, towards family and agency goals. A good chronology will help the worker to keep track of a family’s engagement with services and the difference the intervention is making to improve the child or families situation. All significant events should be marked as such in EHM and added to the chronology periodically.

   A case summary should summarise the reason for involvement with the child and family and include enough information regarding the case to ensure that anyone looking at the record, can gain an up to date picture of what is happening with that child or young person. The case summary should be reviewed following each review (TAF) at the least, or after a significant event. The case summary could usefully also include the names and telephone numbers of relevant family members and professionals working with the family.
Case notes and Closure summaries

**Case notes** should be written in such a way that should a child who requests to access their records in the future, could easily understand the processes taking place and the reasons for decisions that are made and actions taken.

Case notes should be completed within 7 days, unless there is a *significant event*, when the case record should be completed within 24 hours.

Case note recording should be made against *every child* in the family included in the episode as well as the adult in the episode that the case note relates to. The “Reason for Contact” in the case note record should be short and succinct and the main recording completed in “Detailed notes”. It should be evident within a case note what the purpose of the visit / session is and who in the family is seen and spoken to.

**Case closure** records are important as they will provide First Response with a quick and easy overview of Focus on Families involvement with the family should the case be re-referred. The closure record should clearly state the reason for the referral, the work that was completed or not completed, the reason for closure and service user feedback. Any outstanding actions or risk factors should be identified and any safety plan or exit plan should be included. A service user feedback questionnaire should be completed and attached (see Quality Assurance Framework).

**Evidence of Impact**

**Progress against the Family Outcome Plan**

Information about the assessed presenting needs of *each family member and progress* against the Family Outcome Plan objectives must be recorded in the action plan area of EHM. A person or household search on [Think Family database](#) will give you initial information which you may add to as a lead professional concern when you have completed an assessment. Many of the outcomes in the [Family Outcome Plan](#) require a lead professional to evidence and in many cases with a validated outcome measure.

**Routine outcome monitoring tools** ([Appendix 14](#)), must be used (where applicable) in partnership with the family and as a minimum to benchmark where family members are in relation to identified goals, on a frequent basis to ensure there is clarity about what has been achieved/what has changed. All interventions, no matter whether they are brief or longer term will identify agency and family goals, within the Signs of Safety mapping.

**Specialist interventions**

Families in Focus have a number of Specialists in the locality teams, including:

- Parenting practitioners
- Youth and Community workers
- Social Workers
- Adult Mental Health Specialists – offering initial assessments, direct work, signposting, consultation and in house training
- Primary Mental Health Specialist (CAHMS) - offering initial assessments, direct work, signposting, consultation and in house training
- Independent Domestic Violence Advisors – offering direct work and signposting
- TFEA – offering direct work to parents and family members to enable access to employment and training

Specialists will work alongside the lead professionals within Families in Focus and join the Team Around the Family. On occasion they may also support children and families working alongside other lead professionals from both universal services and area social work, with clear agreement and direction from the Area Manager. In some circumstances a specialist may become the lead professional within a family; particularly when all other parts of the family action plan have been achieved. This will be with the agreement of the Early Help Co-ordinator.
Specialists should be added as a “co-worker” through the “involvements” tab in EHM.

Parenting

Parenting practitioners can receive referrals from Families in Focus coordinators via the Locality Meetings, or from parents who wish to attend group programmes directly via the parenting menu Parenting courses running in Bristol.

The criteria for a parenting service are set out below. Families will be offered up to three 1:1 sessions in the home to complete an assessment. An assessment will include observation of parent/child interactions, asking about parents’ previous experience of courses, finding out about blocks to using positive parenting skills and to find out about parenting goals.

The parenting service has three tiers of support for parents in addition to a consultancy and capacity building role; i

1. **Criteria for one to one evidence based parenting intervention.**
   This will take place in a setting or home at practitioner’s discretion. This is a bespoke service aimed at parents with at least one child aged 2 or above who are not able to attend a parenting course and are in a priority group. Where possible, the service aims to include both parents or an adult who is supporting a parent.
   Priority groups are parents of children with challenging behaviour (e.g. SDQ score of 18 and above) and who are:
   - Disabled parents, including parents with a learning disability and physically disabled parents
   - Parents with mental health issues that prohibit group attendance
   - Fathers, (including non-resident fathers)
   - Parents with overwhelming or complex issues
   - Parents with English as an additional language
   - Parents who are dealing with CPV (child on parent violence)
   - Shift workers and other people whose work patterns prohibit group attendance
   - Kinship carers
   - Care leavers

2. **Criteria for CYP-IAPT Incredible Years (IY) courses**
   - Parents of children ages 2 – 10
   - A parenting assessment including use of SDQ where child scores 18 or over
   - And/or parent defines or describes their child as having challenging behaviour and this is supported by a school assessment (eg school nurse) or a primary mental health specialist
   - Where a parent has not completed at least 80% of an IY course previously (or if 1:1 other Evidenced Based Parenting Programmes (EBPP) selected)

   The maximum intervention time will be over 6 months and up to 16 sessions. This includes support with implementation in the home with families that have completed a course and would benefit from implementation support.

3. **Group based parenting programmes; Parents Plus Adolescents Programme, The Nurturing Programme**
   These groups are for parents who do not meet the criteria for a 1:1 EBPP or CYP-IAPT IY programme. These programmes are aimed at, but not exclusively delivered to, parents at the prevention and early intervention level of need.
   Average intervention time = 16 weeks (assessment and group delivery amounting to up to 16 sessions).

4. **Capacity building and quality assurance**
   The parenting team will:
   - Coordinate the delivery of Evidenced Based Parenting Programme (train the trainer) training
   - Liaise with the Partnership Managers to support schools and Children’s Centres to deliver EBPP with allocation of small grants and quality assurance processes
   - Coordinate community based EBPP, allocate small grants and publicise commissioned parenting courses
• Deliver training to the wider sector (Work with Parents and Families training, parenting models and Routine Outcome Monitoring (ROM) training, especially commissioned providers and statutory social work teams.
• Arrange and facilitate programme specific supervision
• Quality assure through practice observation, every practitioner delivering EBPP and in receipt of a small grant per year.

5. Consultancy service

Parenting advice can be offered via the Locality Meetings or Team Around a School. A lead professional may carry out a parenting assessment themselves, or seek advice from a Parenting Practitioner.

• Individual and or group consultation with front line practitioners
• Attendance at case discussions (Team Around a School) and complex case meetings (where relevant)
• Engagement with wider multiagency team around the family.
• Consultation sessions structured in order that front line practitioners can bring individual cases for joint discussion
• Consultation to enable reflection, sharing of ideas, upskilling frontline workers in the areas of parenting, signposting, supporting access to other services or problem solving approaches to tackle relevant issues within the family
• Consultation to inform referrals for individual work
• Analysis of consultation themes to inform design of bespoke training (e.g. for MANs workshop)

Youth & Community Work Team

The specialist Youth and Community Work team has 4 main areas of work.

1. Voluntary and community sector

To meet increasing demand and complexity BCC Youth and Community Workers will work in partnership with external youth services providing strategic leadership and assist in increasing capacity in the sector and ensuring that our hardest to reach and most vulnerable children and young people are able to access age appropriate provision.

The team will actively engage with voluntary and community organisations to support with; policy development, fund raising, training, developing organisation’s knowledge of curriculum/resources, support to link with BCC services and/or direct work all dependant on organisational need.

• The team will complement Targeted Youth Services commissioning. The team will be able to add short term capacity, meet identified gaps or prioritise emerging issues.
• Coordinate and contribute to partnership responses to local neighbourhood issues by working with youth and play services problem solving community issues such as, but not limited to, an increase in reported youth crime and local Antisocial Behaviour (ASB).
• The team will work with provider commissioned to provide youth sector support through the youth services recommissioning. The team will work in partnership to support the voluntary sector to develop sustainable youth & play services.
• Voluntary and community sector partnerships: support will be offered to identified voluntary and community sector groups based on need identified by the locality.
• Senior Practitioners will chair the Targeted Support Provider meetings.

2. Consultancy

Provide information, advice and guidance to Families in Focus teams and the voluntary and community sector and to increase youth working capacity, knowledge and awareness. Specialist youth worker input and advice can be offered via the Locality Meetings or Team Around a School.

3. Work with equality groups
Citywide groups and programmes are open to all young people across the city. The service will work with schools and partners across the city to lead and promote groups and programmes, especially increasing participation of hard to reach young people and those young people from equality groups. The team hold specific skill based leads in equalities, such as work with Black and Minority Ethnic young people, Refugee and Asylum Seeking young people, LGBT young people, Young Carers and Disabled young people, and whole team approach is taken to supporting this work.

4. Young People’s voice and influence
Some of the specialisms of the Youth and Community Work include:
- UK Youth Parliament
- Bristol City Youth Council, including forums
- Bristol Youth Mayors
- Working with specific equalities groups
- Training volunteers
- Duke of Edinburgh Award (targeted work and area based clubs to be handed over to VCS in 12 months)

The service will continue support Bristol’s youth democracy initiatives through:
- Bristol City Youth Council
- Growing 20 volunteer placements for students and community members

**Adult mental health specialists (AMHS) & Primary mental health specialists (PMHS) (AWP /CAMHS)**

The PMHS’ & AMHS’ located in Families in Focus are employees of Avon and Wiltshire Mental Health Partnership.

They provide a combination of direct work to families as a ‘co-worker’ or TAF member; consultancy, training and in some circumstances supervision.

The PMHS & AMHS role comprises four main components;

1. **Specialist Mental Health Consultation**

Consultation provided to Families in Focus practitioners is of a specialist nature drawing on the experience, skills and knowledge of the AMHS or PMHS. Universal providers and area social work colleagues may at times need to make use of specialist mental health consultation. This will be discussed on a case by case basis at the weekly locality meetings. There is a continuous educative element to all consultations, with the aim that practitioners and lead professionals will be “upskilled” through the support of mental health specialists within the team.

In all settings the main features of specialist consultation are:

- To provide advice and direction to Focus in Families workforce regarding children and adults (as applicable) presenting with either emerging or enduring mental health needs.
- To offer case workers a reflective space to think about their encounters with the children /adults in question and their families.
- To support Families in Focus workers with signposting children /adults and their families to appropriate resources and services when PMHS /AMHS input is not required on an on-going basis, or needs can be met within universal services.

2. **Direct Work**

Roughly a third of the role should be direct work which includes any direct contact with the child, adults, their families and the wider professional team around the family.
This includes attendance at any meetings / home visits / school visits etc. Direct work would also include any interventions offered to individual adults and their families facilitated by the MHS.

The aim of any MHS-led direct work would usually be to facilitate engagement with the child/adult and carry out an initial assessment of their presenting mental health need with the aim of referring on to appropriate mental health services. On occasion, the PMHS or AMHS may deliver a time-limited therapeutic intervention to reduce likelihood of deterioration of an individual’s mental health or when no suitable service has been identified or where waiting lists are extensive.

3. Training

Bespoke mental health training sessions can be offered to the Focus in Families teams as part of the AMHS role. These may be both locality based and have a city wide remit. This element of the role will be negotiated between the AMHS and Area managers on an on-going basis. It is envisaged that potential training themes will be identified through the course of the specialist consultation work.

4. Supervision

The band 8 AMHS will deliver clinical supervision for the parenting supervisor on a monthly basis and may offer clinical supervision for individual staff on a needs led basis, where a specific case or team theme is causing difficulty. This will not take the place of an Occupational Health referral where necessary. The AMHS may seek their own supervision for this during their own clinical supervision and peer reflective practice.

DWP Employment advisers

The employment advisers are the employees of Department of Work & Pensions and are on secondment to the Families in Focus teams during the lifetime of the Troubled Families programme.

As with other specialists they combine consultancy in the form of advice guidance and signposting to staff and direct work. On some occasions they may offer bespoke training based on themes emerging from consultancy.

All families allocated to Families in Focus teams will be RAG rated using a tool when a lead professional starts to work with them. All families that have an amber rating should be referred to the locality DWP employment advisor. Those families rated green should be referred to Work Zone. The RAG rating should be reviewed every month.

Domestic Violence & Abuse Advisors and Assertive Outreach Domestic Violence Workers

These members of staff are employed by Next Link and are seconded to Families in Focus teams.

The Families in Focus Domestic Violence Advisors work much like any of the other specialists, combining consultancy in the form of advice guidance and signposting to staff and direct work with victims. On some occasions they may offer bespoke training based on themes emerging from consultancy. These advisors are fully qualified IDVAs (Independent Domestic Violence Advisors) and work as a part of the Team Around the Family where domestic violence has been identified to support the victim to make positive changes.

The Assertive Outreach Domestic Violence workers operate in a slightly different way. Their role is to use a variety of ways to identify victims of domestic violence who have children but are not accessing any support services. With the use of predictive analytic data, close working with police, Children’s Centres and schools, they make contact with victims to signpost them to further help/support.

Please also see a list of BCC commissioned providers (appendix 16). This list is not exhaustive but considered to be services of interest to Families in Focus Staff.
5. Families in Focus Performance and Quality Assurance

Summary reports will be available at the different reporting levels to support supervision, team meetings and strategic discussions through local Senior Management Team meetings or the Children and Families Partnership Board.

Bristol has been given ‘Earned Autonomy’ from the Troubled Families programme as a result of a rigorous selection process as of April 2018. We have put forward a strong case that upfront investment will help us achieve our ambitious service transformation plans and positive outcomes for families to replace the payment by result funding model and deliver the programme’s objectives.

Bristol will use Earned Autonomy to reduce demand on children’s social care services. They will do this by integrating children’s social care with early help to ensure families are referred to the right services at the right time to prevent problems escalating and demanding future costly care. They will strengthen universal services such as developing a team around the school approach, to allow schools to meet regularly with family support services and develop a foundation to better support children and families. Bristol will also develop the early help workforce and further engage the voluntary and community sector to strengthen the support available to families.

We have a Memorandum of Understanding that sets out our agreement with the Families Team at the Ministry of Housing, Communities & Local Government. Families in Focus teams will contribute to continuous performance improvement in achieving progress in relation to the outcomes set out below in our local area outcome framework and collected on SPAR.net (the council’s performance monitoring and risk management database).

<table>
<thead>
<tr>
<th>Strategic objective</th>
<th>Measurable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drive savings by reducing recidivism rates among young people</td>
<td>Percentage of youths (aged 10-17) who reoffend in the last 12 months</td>
</tr>
<tr>
<td>Improve levels of school readiness</td>
<td>Take-up of free early educational entitlement for 3 and 4 year olds</td>
</tr>
<tr>
<td>Reduce homelessness among families at risk of losing their tenancy</td>
<td>Reduce the number of intentionally homeless families</td>
</tr>
<tr>
<td>Reduce crime/ASB among families with multiple, high-cost problems</td>
<td>Increase the percentage of Family Outcome Plans, where Crime/ASB reduction outcomes were achieved</td>
</tr>
<tr>
<td>Improve educational outcomes for families with multiple, high-cost problems</td>
<td>Increase the percentage of Family Outcome Plans, where Educational outcomes were achieved</td>
</tr>
<tr>
<td>Improve child outcomes for families with multiple, high-cost problems</td>
<td>Increase the percentage of Family Outcome Plans, where Child who needs help outcomes were achieved</td>
</tr>
<tr>
<td>Improve employment and income outcomes for families with multiple, high-cost problems</td>
<td>Increase the percentage of Family Outcome Plans, where Work &amp; Finance outcomes were achieved</td>
</tr>
<tr>
<td>Improve DVA outcomes for families with multiple, high-cost problems</td>
<td>Increase the percentage of Family Outcome Plans, where DVA outcomes were achieved</td>
</tr>
<tr>
<td>Improve health outcomes for families with multiple, high-cost problems</td>
<td>Increase the percentage of Family Outcome Plans, where Health outcomes were achieved</td>
</tr>
<tr>
<td>Reduce re-referral to EH among families with multiple, high-cost problems</td>
<td>No. of re-referrals to EH within a year after case closed on EHM / LCS</td>
</tr>
<tr>
<td>Improve participation of care leavers in education, employment or training</td>
<td>Increase no. of care leavers in education, employment or training</td>
</tr>
<tr>
<td>Drive cost savings by identifying families needing help earlier</td>
<td>Proactive working with families through predicative analytic products e.g. CSE &amp; NEET</td>
</tr>
<tr>
<td>Reduce no. of YP entering the youth justice system</td>
<td>Number of first time entrants to the youth justice system aged 10-17 (per 100,000 population) *</td>
</tr>
</tbody>
</table>
Improve levels of school readiness

Improve pre-school participation rates among lowest SOAs

Reduce self-harm among children and YP

Reduce obesity among children aged 4-5

Improve dental health of children under 5 years old

Improve breast feeding rates

Reduce teenage pregnancies

Reduce smoking in pregnancy

Reduce smoking by children under 15

Improve education outcomes

Improve education outcomes

Improve education outcomes

Reduce front door contacts

Take-up of free early educational entitlement by eligible 2 year olds

Take-up of free early educational entitlement for 3 & 4 year olds in the 30% lowest SOAs

Number of URGENT Self-harm referrals to CAMHS for help

Reduce the percentage of children in reception class with height and weight recorded who are obese

Oral health - dental decay at 5 years old

Prevalence of breast-feeding at 6–8 weeks from birth

Teenage conception rate

Reduce smoking rates in pregnancy

Smoking prevalence at age 15 years

Improve school attendance

Reduce no of fixed term exclusions

Reduce no of permanent exclusions (Pex)

Reduce number of front door contacts

Insight Hub

Insight Bristol is an integrated analytics hub made up of staff from Avon & Somerset Constabulary and Bristol City Council based at Bridewell Police Station, Bristol.

Insight Bristol has developed the Think Family Database and from this unique data source, a number of predictive risk models are run. This new approach combines data from over 30 sources into a central data warehouse, giving us the best picture of social issues facing families Bristol has ever had. This helps to inform early intervention, enabling us to target those most in need across the city.

Quality Assurance and Audits

The purpose of auditing our work is to ensure that we know what we are doing well and what we need to do better. Audits will be completed alongside case workers and should be seen as a positive learning experience.

Families in Focus case workers (Keyworkers, FSWs and SWs) will have at least 2 case file audits, 2 observations of practice and 1 supervision file audit per year. Audits will be completed by the Families in Focus Co-ordinators, Supervisors and Area Managers and may audit work from another Locality.

If an audit results in an inadequate grading, the Service Manager will be informed and a clear plan will be put in place to improve the outcome of the work. The case will be re-audited 3 months later to ensure that the actions have been achieved. Equally, an Outstanding graded audit will be shared with the Service Manager to celebrate good practice.

For further details of the audit process, please see the Quality Assurance Framework.

Facilitating reflective practice

Our organisational values around being curious and collaborative means that managers, staff and service users are encouraged to value shared learning so we can together achieve our objectives.

Some front line staff have participated in clinical supervision groups and many of our supervisors are trained in the action learning set model of group reflective practice. Over the next 4 or 5 months we aim to come up with a whole team approach to reflective practice that means managers and front line practitioners are supported to develop, model and learn from reflective practice.
Drawing on learning from homeless services working with people with complex needs, we would like to develop a psychologically informed environment framework. This helps us draw on psychological theories in describing how people may think and behave in a given set of experiences and environmental factors. For staff, understanding how we think and feel about the way a person is behaving, may enable us to be more considered in our reaction. It’s useful to understand generally how trauma, e.g. in childhood, warzones or everyday life, can affect the way people cope with difficult situations, so that we are less likely to make judgements about behaviours we find difficult or challenging. We can help service users understand, why they may experience strong emotions in reaction to others’ behaviours, possibly then engaging in behaviours of their own which are not helpful to them. Helping people to understand the relationship between perceptions and emotions, and the way in which we cope with those, is vital if we are going to help people transform lives.
Appendices

1. Vision

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**ourVISION**

*for Children and Families in Bristol*

*We want the best* for Bristol’s children and young people and they are at the heart of everything we do.

*We will help families* to achieve the change they want to see for themselves and their children.

*We believe* that children should live with their families or someone who knows them best.

*We take action* when children need to be protected from harm.

*We do everything we can* to make sure that children in our care and care leavers are set up for life.

---

**What we’ll do**

**Three Obsessions**
- Our workers do purposeful work with children
- Managers will deliver outcomes for children and families
- We will have manageable case-loads

**Five impacts**
- Children’s voices make a difference
- Children are safe and risk minimised
- Children are healthy and health promoted
- Children’s permanence is prioritised
- Children achieve learning and skills for life

**Priorities**
- Right child, in the right place, at the right time through partnership working
- Child-centred, impactful intervention
- Whole family working
- Relentless focus on quality and reducing drift and delay

---

**Learning**
- Quality Assurance Framework
- Reflective supervision and practice
- Evidencing research in our direct work
- Shared learning

**High quality of practice**
- Confident, empowered and proud workforce
- We will champion our children
- Outcome focused, using strengths-based practice
- Forensic social work

---

**Leading well together**
- High Support; High Challenge
- Collective accountability and effective partnerships
- Visible, engaged and accessible
- Clear messaging and language
- Spot talent and develop our workforce

**Gaining feedback**
- Engage with parents and children
- Give ‘voice’ to children
- Make contact during audits
- Learn from complaints

---

**How will we know we made a difference?**
- Children are seen promptly (CIN within 5 days; CP within 24 hours)
- Timeliness is improved across all services (Single Assessment more than 90% on time)
- School fixed term exclusions for children in care reduce by 11%
- Teenagers needing to come into care reduce by 10%
- Reduce the rate of re-offending by young people by 10%
- Increase the number of successful Family Outcome Plans by 10%
- Reduce rate of children who need a CP plan by 20%
- More than 65% of our care leavers are in education, employment or training
- SaS tools are used and audits evidence this
- Children who need a CP plan have their needs met within 9 months.
- We know ourselves, as more than 50 audits are completed monthly
- We have a satisfied workforce; turnover less than 18%
- Workforce sickness is reduced to less than 22%
- We reduce the number of agency SW’s to less than 9
2. **Key Values and Behaviours**
3. Future Council: what will delivering our priorities mean for Bristol’s Children and Families

1. Families are supported at the first point of need; partners ‘hold the child’s hand’ bringing in specialist support only when necessary

2. Children are protected promptly; our response will be proportionate to the concern; Partners understand risk and thresholds together we ensure that children are served well by the best service
   RIGHT CHILD, RIGHT TIME, RIGHT SERVICE
   Partners will have access to systems and processes which make it easier for us to work together

3. Through a whole -family approach, strengths -based practice and child-centred plans we identify and target outcomes agreed with parents. We provide proportionate interventions where we ‘do it once and do it well’. We review Plans to ensure effectiveness and proportionality

4. We support families on the edge of breakdown to safely care for their children or find other family members to care. Fewer teens enter care and we support others to return home safely

5. We make prompt ‘forever family’ decisions. Children in care and care leavers are central to the council’s decision making; they live with families close to their community and can stay put into adulthood; children in residential care live in ‘outstanding’ homes;

6. We provide good value for money for citizens through a joint/integrated commissioning team; we have developed the local provider market; we only use ‘outstanding’ providers and retain a tight focus on cost and outcomes
These terms of reference are based on the proposal to develop integrated locality advisory groups in 3 areas of Bristol in line with Bristol’s strategy for Children, Young People and Families 2016-2020 and to support the implementation of the working principles of the Children and Families Partnership Board.

Purpose:

- To provide strategic co-ordination of area services that promotes the health and well-being of children and families in Bristol, and safeguards the vulnerable.
- Our service delivery will be seamless and centred around children and families in their community.
- To align Family Support in Families in Focus with Children’s Centres and universal health and education Services.
- To provide services which are accessible, non-stigmatising, and targeted to those experiencing the greatest need.
- To optimise the operational collaboration between Social Care, Early Help, Children Centres, Education Providers, Targeted Youth Support, Police, Health, and other statutory, voluntary and community services.
- To support and develop the implementation of locality meetings.
- To critically examine emerging issues, local challenges and future needs to ensure that resources, budgets, operational decision making and planning are aligned to delivering integrated public services in the area which meet the needs of the community.

Membership:

This is an advisory group and membership needs to include representation from a range of multiagency partners. Representatives must be in a position to make area decisions on behalf of their agency.

All members must declare an interest, in the event that their organisation may be in a position to benefit from decisions made by the Locality Advisory Group.

Members are asked to send a substitute to any meeting they are unable to attend.

A table of proposed agencies and suggested role are included at the end of this document. (Table 1)

Accountabilities

Chaired by the Early Help Area Manager the accountabilities for the Locality Advisory Group are as follows:

- Quarterly meetings of the Locality Advisory Group
- Ensure the group maintains a strategic overview of the area
- Report quarterly to the Early Help Challenge Group in order to improve two-way communication and ensure geographic and thematic input to the Children and Families Partnership Board.

Specific Agency Accountabilities

The Locality Advisory Group is made up of senior managers of services based within the area or representatives of citywide services, each with their own defined line management accountabilities.
Specifically, individual members will take particular leadership roles by developing integrated working within their own agency.

**Functions**

To oversee the delivery of area services to vulnerable children, young people and families including:

- Developing strong multiagency partnership working
- Providing a geographic perspective to the Children and Young People’s Plan, based on emerging needs including those identified through locality meetings.
- Promote good practice, what is working well and demonstrating impact of interventions.
- Review of workforce capacity needs and issues – gaps and duplication plus continuing professional development
- Identifying gaps in service provision
- Allocating resources whether financial or human delegated to the locality advisory group to achieve priority outcomes
- Monitoring progress and reviewing statistical data for the area.
<table>
<thead>
<tr>
<th>Agency</th>
<th>Suggested role</th>
<th>Contacts</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Social Care</strong></td>
<td>Area/Deputy Manager</td>
<td>N: Richard Hurst</td>
</tr>
<tr>
<td></td>
<td></td>
<td>S: Katrina Murphy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EC: Anne Farmer</td>
</tr>
<tr>
<td><strong>Early Help</strong></td>
<td>Area Manager/Co-ordinator</td>
<td>N: Matt Annable</td>
</tr>
<tr>
<td></td>
<td>Partnership Manager</td>
<td>S: Lucy Watkins</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EC: Jane Griffiths</td>
</tr>
<tr>
<td><strong>Children’s Centres</strong></td>
<td>Family Support Lead</td>
<td>N: Sharyn Ayres</td>
</tr>
<tr>
<td></td>
<td></td>
<td>EC: Lucy Hudd, Michaela Willcox,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>S: Bridget White, Lil Bowers</td>
</tr>
<tr>
<td><strong>SEND</strong></td>
<td>tbc</td>
<td></td>
</tr>
<tr>
<td>Education Providers</td>
<td>representing each phase of education including special schools.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>A minimum of 1 head teacher or senior leader ensuring representation from all phases</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Safeguarding Advisor (SET)</td>
<td></td>
</tr>
<tr>
<td>Children’s Commissioning</td>
<td>Clinical Lead</td>
<td></td>
</tr>
<tr>
<td>Health Partnership</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Police</strong></td>
<td>Neighbourhood Inspector</td>
<td></td>
</tr>
<tr>
<td><strong>School governors</strong></td>
<td>Representation from clusters</td>
<td></td>
</tr>
<tr>
<td>Voluntary sector</td>
<td>as arranged by VOSCUR</td>
<td></td>
</tr>
<tr>
<td><strong>Targeted Youth</strong></td>
<td>BCC Senior Youth Practitioner Manager (Area Lead) Commissioned Provider</td>
<td></td>
</tr>
<tr>
<td>Housing</td>
<td>Tbc</td>
<td></td>
</tr>
<tr>
<td><strong>Children &amp; Young People</strong></td>
<td>The voice of children and young people will be sought through the Youth Council and the existing participation forums.</td>
<td></td>
</tr>
<tr>
<td>Parents and Carers</td>
<td>The views of Parents and Carers will be included through existing feedback routes and specific services for example Bristol Parent Carers.</td>
<td></td>
</tr>
</tbody>
</table>
5. Integrated Management Teams

North
Matthew Annable – Families in Focus Area Manager
Tara Parsons – Deputy Service Manager
Sharyn Ayres - Family & Community Locality Manager, Children’s Centres
Health Lead -
Police Lead -

South
Lucy Watkins – Families in Focus Area Manager
Amanda Bryan – Deputy Service Manager
Lil Bowers, Bridget White – Family & Community Locality Managers, Children’s Centres
Health Lead -
Police Lead -

East Central
Jane Griffiths – Families in Focus Area Manager
Alex Campbell – Deputy Service Manager
Lucy Hudd, Michaela Wilcox – Family & Community Locality Managers, Children’s Centres
Health Lead -
Police Lead -
6. Locality Meetings Terms of Reference

The development of Integrated Localities is part of the improvement to children’s services through the Strengthening Families Transformation Programme. Locality meetings will support new ways of working across each Locality of Bristol and be instrumental in embedding a culture change in the way that services work together to provide support and intervention to the children and families within their communities.

**Purpose:**

- To ensure that children and families receive the Right Service at the Right Time in the Right Place, proportionate to their need.
- For children and their parents/carers to be supported by the most appropriate professionals or service providers closest to them.
- To provide a seamless delivery of support and to ensure that as needs intensify, or change, appropriate services remain in place, with minimal disruption to the child and family’s support systems.
- To embed a consistent application of threshold across the locality, using the available resources within the localities to meet the needs of children and families in their communities.
- To work together and strengthen partnerships between Social Care, Early Help Services, Families in Focus, Children Centres, Education Providers, Targeted Youth Support, Police, Health, and other statutory, voluntary and community services.
- To provide information on good practice, local challenges and future locality needs to the Locality Advisory Boards.

**Membership:**

Membership of the Locality Meeting needs to include representation from a range of multiagency partners. Representatives must be in a position to make decisions in relation to their agency and in the case of representation on a rotational basis, (ie health, education) make decisions for their colleagues in other settings. Those in attendance must be able to take on active operational role in providing direct work in supporting children and families, or delegate to someone that can within their agency.

Members are asked to send a substitute to any meeting they are unable to attend.

A table of proposed agencies and suggested role are included at the end of this document. (Table 1)

**Accountabilities**

Chaired by the Families in Focus Area Manager and deputised by the Deputy Area Manager for Social Care, the accountabilities for the Locality Meetings are as follows:

- Locality Meetings to be held weekly in each area:
  - North Locality meeting: Thursdays 2pm – Ridingleaze House, Ridingleaze
  - South Locality meeting: Thursdays 2pm – The Park, Daventry Rd, Knowle
  - East Central Locality meeting: Wednesdays 2pm – BEC, Sheridan Road
• Referrals to the Locality Meetings will be made in timely manner and paperwork will be prepared by the Families in Focus business support clerk.

• Decisions about which professional or service is best placed to co-ordinate the support to a child and or family is clearly documented in the child’s record.

• Any disagreement regarding decision making of the Locality meeting, will be investigated through the BSCB Escalation Policy

• The Chair will report quarterly to the Local Advisory Board good practice, emerging issues and challenges as identified in the weekly Locality Meetings.

**Functions**

The Locality meeting is a forum in which a group of multiagency professionals:

• Discuss and review cases that are referred to a locality team

• Allocate resources to the case where appropriate from area social work, FiF or Children Centre teams.

• Provide advice back to agencies who are concerned about cases where they are the Lead Professional but the work is not achieving the desired outcomes, or the case is getting worse

• Signpost the referrer to appropriate resources/services to meet the needs of children and young people

• Consider non – urgent referrals for area social work teams from Families in Focus

• Consider step out of area social work teams to an alternative Lead Professional

For more detailed guidance on thresholds, please refer to the Bristol Safeguarding Board thresholds document.

The Locality Meeting accepts referrals from:

• Agencies and professionals working with children and families via the First Response Online Webform via Families in Focus.

Referring agencies should indicate on the Webform whether the case has been discussed as a Team Around the School meeting and / or whether the referral is a request for a Locality Meeting discussion.

• Families in Focus practitioners via the Locality Meeting request form

• Area Social Work teams via referral record, SAF assessment or the Locality Meeting request form

• Through Care teams via pre-birth assessment (SAF)

• Disabled Children’s Service via SAF or the Locality Meeting request form

Clear referrals, containing full and accurate information will do much to assist in good decisions being made and a timely and appropriate response being completed. Webforms will be returned at the point of First Response Triage if there is insufficient information to make a decision about a pathway. Likewise, Locality Meeting requests completed by Area Social work or Families in Focus practitioners, needs to be clear about what is being requested, and what work has been completed which warrants a different agency response. Incomplete forms will be returned by the Families in Focus Co-ordinator.
The Locality Meeting will discuss the case and make a decision about how best to meet the child and families presenting needs. This could be:

- Signposting the referrer to appropriate and suitable existing community based resources.
- Access to Children’s Centre services
- A Health/Education or other appropriate professional to act as Lead Professional and co-ordinate a multi-agency intervention to meet the multiple needs of a child/family.
- A Families in Focus worker allocated who will undertake a specific piece of intervention with a child / parent / family, based on their professional background, as part of a multi-agency team.
- A Families in Focus worker to work as part of a Team Around the Family (TAF), with professionals from other agencies including schools, health and CAMHs acting as the Lead Professional, to deliver a specific piece of intervention.
- A Families in Focus worker to act as a Lead Professional and co-ordinate a multi-agency intervention to meet the multiple needs of a child/family.
- A Social Worker to act as Lead Professional and investigate any concerns where a child/young person may be at risk of significant harm.

On some occasions, it may be necessary or in the best interests of the child and family for Families in Focus to work jointly with area Social Work colleagues for a period of time. In these circumstances, the Joint Working protocol should be followed.

Confirmation of decisions made will be communicated back to referring individuals/agencies through the Families in Focus business support clerk.

Table 1:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Suggested role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Families in Focus</td>
<td>Area Manager/Co-ordinator</td>
</tr>
<tr>
<td></td>
<td>Partnership Manager</td>
</tr>
<tr>
<td>Social Care</td>
<td>Area/Deputy Manager</td>
</tr>
<tr>
<td>Children’s Centres</td>
<td>Family Support Lead</td>
</tr>
<tr>
<td>DCS / SEND</td>
<td>Area Manager (rotation)</td>
</tr>
<tr>
<td>Secondary Schools</td>
<td>Head Teacher / DSL / SENCO – on rotation</td>
</tr>
<tr>
<td>Primary Schools</td>
<td>Head Teacher / DSL / SENCO – on rotation</td>
</tr>
<tr>
<td>Special School Provision</td>
<td></td>
</tr>
<tr>
<td>Safeguarding in Education</td>
<td>Locality Safeguarding Advisor (SET)</td>
</tr>
<tr>
<td>PMHS</td>
<td>South reps – on rotation</td>
</tr>
<tr>
<td>Adult Mental Health</td>
<td></td>
</tr>
<tr>
<td>Health Visiting Services</td>
<td>Clinical Lead</td>
</tr>
<tr>
<td>Community Paediatricians</td>
<td>South reps – on rotation</td>
</tr>
<tr>
<td>Police</td>
<td>Neighbourhood Inspector</td>
</tr>
<tr>
<td>Voluntary sector :</td>
<td>as arranged by VOSCUR:</td>
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<tr>
<td>Targeted Youth</td>
<td>BCC Senior Youth Practitioner</td>
</tr>
<tr>
<td></td>
<td>Manager (Area Lead) Commissioned Provider</td>
</tr>
<tr>
<td>Housing</td>
<td>Tbc</td>
</tr>
</tbody>
</table>
**Locality Meeting Request Form**

*Please use this form to request a service from a Locality Team if you have completed an assessment more than 3 months ago, to demonstrate why a change of worker / service is required for the family.*

<table>
<thead>
<tr>
<th>Child (rens) name(s)</th>
<th>Age</th>
<th>EHM / LCS number</th>
</tr>
</thead>
</table>

**Locality (please indicate)**

<table>
<thead>
<tr>
<th>North Locality</th>
<th>South Locality</th>
<th>East Central Locality</th>
</tr>
</thead>
</table>

**Service Request for (please indicate)**

- Area Social Work team
- Families in Focus Lead Professional
- Children’s Centre LP
- Other

**Current allocated worker (name and contact details):**

**Summary of work completed:**

**Reasons for request and identified actions:**

**Has the family been spoken to? What did they say?**

**SOS mapping completion date:**

**Other agencies involved and contact details (including nursery / school etc)**
Joint Working Protocol

This protocol supports Families in Focus and Area Social works units to safely joint work cases when the family situation requires it. The decision to joint work a case will come from the weekly Locality Meeting or through discussions between the Area (Deputy) Service Manager and Families in Focus Area Manager.

If Joint Working takes place following a crisis point for a family (ie urgent step up), the case will return to the next Locality meeting to decide on next steps.

The decision to joint work a case should be proportionate to the child and family’s needs and will need careful consideration, so as to not duplicate or waste already over stretched resources. Joint working requires mutual respect and understanding, where both parts of the service are given equal importance and value, both for the family and the professional network.

- **Reason**
  The reason for joint working needs to clear to both the family and professionals working the case. Below are some examples of when joint working may be necessary:

    - Families in Focus are working with a family and a Strategy under Section 47 of the Children Act 1989/2004 is required.
    - Families in Focus are working with a family and a Section 47 assessment is required to assess ongoing risk or need for an initial case conference
    - Families in Focus are working with a family and risks are increasing at CIN (Section 17) level
    - The family are engaged in specialist 1:1 support from a Families in Focus worker and the case needs to be escalated to area social work

- **Role and Responsibility**
  It is essential that both the family and the professional network understands who the main point of contact is; the Social Worker or Families in Focus practitioner and also that all those involved are clear on role and responsibility. If specific tasks are to be assigned to individual workers, then these are to be agreed at the planning and review points (see below) and not directed on an ad-hoc basis.

  Roles and responsibilities will ideally be shared with the family and professional network face to face, during a joint home visit or planned meeting.

- **Timescales**
  When agreeing to joint work a case, an estimated timescale should be assigned to this arrangement. For the most part, this will be for the period of time it takes for Area Social Work to complete their Safeguarding assessment (maximum 45 days), but may be less or more than this depending on the situation.

  Timescales should be agreed at the planning stage and revisited at each review. It is important that there is no drift in joint working arrangements.

- **Recording**
  In joint working arrangements recording will take place on both LCS and EHM. It is essential that the workers involved in joint working arrangements (and their supervisors) are able to “toggle” between EHM and LCS on the child’s record. If the worker does not have this function, it is their responsibility to request this from the LCS / EHM helpdesk.

  A **case direction** will be added to the case once Joint working is agreed. This will be recorded in both EHM and LCS and will set out the reason, roles and responsibilities and estimated timescales as discussed above.
Workers will record the work they complete with the child and family on their allocated system (LCS or EHM) for the duration of the joint working arrangement. Should a significant event occur, then it is the responsibility of the workers involved to share information quickly and effectively with each other.

An Action Plan will be started in EHM and SAF will be initiated where appropriate (there may be a delay in starting the EHM SAF if a safeguarding assessment is underway). A plan should also be evident in LCS. Both plans should be aligned.

At the end of the joint working arrangement a case direction will be added to conclude the joint working arrangement and outline next steps / who the case will be led by going forward.

Communication and Review
The social worker and Families in Focus practitioner should be in regular communication via phone and email throughout the joint working arrangement.

Dates / times to formally review the progress should be agreed every fortnight and a formal review should take place within / at the 6 week point. There should be clear case direction recorded at review points.

Extensions to planned timescales for joint working arrangements should be agreed with the Deputy Service Manager and Focus in Families Area Manager.
Locality Pathway Diagram

Advice and guidance and NFA (aim to reduce through TAS)

First Response Early Help Co-ordinator triage

To Families in Focus EHM tray

Internal FiF allocation
EoC FIT, FSW,

Weekly Locality Meeting

EHA contact and additional info

SAF

PDT assessments
Will be bringing FiF cases.

SAF for pre-birth
LM request for support

SAF or LM request form

LM request form

To Families in Focus EHM tray

Families in Focus EHM tray

Area Social Work:
Step down
12 week rule referrals

SAF

PDT assessments
Will be bringing FiF cases.

SAF

SAF or LM request form

LM request form

LM request form or SAF if within 6 weeks?

Weekly Locality Meeting

Area Social Work:
Step down
12 week rule referrals

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PDT assessments
Will be bringing FiF cases.

SAF

SAF or LM request form

LM request form

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Weekly Locality Meeting

Area Social Work:
Step down
12 week rule referrals

SAF

PDT assessments
Will be bringing FiF cases.

SAF

SAF or LM request form

LM request form

LM request form or SAF if within 6 weeks?
Local Authority Meeting – **** Locality

PLEASE NOTE THAT **** LOCALITY MEETING WILL NOW START PROMPTLY AT *******
ANY REQUESTS FOR OBSERVERS TO ATTEND MUST GO THROUGH THE FAMILIES IN FOCUS EMAIL INBOX

Date: 
Present: 
Apologies: 
Observers: 
Minutes: 

LAST WEEKS ALLOCATIONS...

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WEBFORM REQUESTS FOR SUPPORT VIA FIRST RESPONSE

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### URGENT STEP UP REVIEW

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### STEP UP`S/STEP DOWN`S

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### REFERRAL FROM CHILDREN`S CENTRE

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### TRANSFER/REFERRAL FROM OTHER LOCALITY/TEAM

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### MASH REFERRALS

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### AOB

Cases for discussion at next LPM:

Step Out:
7. Urgent Step-up Protocol

This protocol supports the safe and efficient management of Urgent step up of families from Families in Focus practitioners to Area Social Work when needed.

❖ Reason
An urgent step-up will be required if there is an immediate Child Protection concern

Examples of when an urgent step up to area social work may be needed are:

1) Child with injuries (a bruise or mark) who discloses being assaulted by an adult
2) Child making a clear disclosure of sexual abuse
3) Adult known to be a risk to children having unsupervised access to children
4) Acute family breakdown – where the child / young person needs to be accommodated.

❖ Process
The Families in Focus Co-ordinator / Supervisor should contact the Unit on take that day by telephone and explain what has happened that requires a statutory social work response.

If the family is held on EHM then the FiF Co-Ordinator / Supervisor will add a contact to LCS using the Urgent step up form as information for the contact.

If the family is already held on LCS (as is open to an FiF Social Worker for assessment) the Urgent step up form will be added as a case direction to the case note record, and the Consultant Social worker added as a co-worker in involvements.

The next steps will be agreed between the Consultant Social worker and FiF Co-ordinator /supervisor. It may be appropriate for a joint visit to take place between the Families in Focus worker and the Unit Social worker.

The family situation will be discussed at the next Locality Meeting to decide on next steps and whether or not Joint Working is required. The family will not be closed in EHM until decision to do so is made at the Locality meeting.
Urgent Step – Up Form

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<tr>
<th><strong>Child(ren) name(s), DoB, EHM number:</strong></th>
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<tr>
<th><strong>Parents / carers names and contact details</strong></th>
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<thead>
<tr>
<th><strong>Families in Focus worker name, role and contact details:</strong></th>
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<th><strong>Key agencies involved</strong> : (name and contact details) (please include school/nursery, health visitor and any other)</th>
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<th><strong>Contact details of professional who reported concerns to Families in Focus :</strong></th>
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<th><strong>What has happened that requires immediate statutory social work enquiries or intervention :</strong></th>
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<th><strong>Any background information that is required in order to understand the level of current concern :</strong></th>
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8. Team Around the school Terms of Reference

Early Help happens as part of a continuum. It involves universal services working in a preventative way, through to more targeted help, when children and families are experiencing more complex and multiple difficulties.

The Department for Education ‘Keeping Children Safe in Education’ guidance states that all staff should be aware of the early help process, and understand their role in identifying emerging problems, sharing information with other professionals to support early identification and assessment and, in some cases, acting as the lead professional in undertaking an Early Help Assessment.

The delivery of an effective early help offer is not the responsibility of a single agency; it requires a co-ordinated approach supported by Health, Local Authority Services, Police, Schools, Adult Services, housing and voluntary and community organisations. Both Working Together to Safeguard Children 2015 and the Children Act 2004 place a duty on local authorities to work with key agencies to improve the well-being of children and young people.

Purpose:

- Refocussing of resources on prevention rather than crisis intervention
- Support for children and young people who have additional needs but do not require specialist services, preventing difficulties escalating to crisis point
- Provide an opportunity for early conversations to take place about children and young people that schools are worried about.
- Provide a shared understanding of the needs of the school and local community
- Support and engage with families more efficiently in relation to school related issues, identifying and removing barriers to learning and closing the gap for vulnerable groups in each Locality.
- Reduce exclusion rates and referrals to Bristol Inclusion Panel, improve attendance, educational achievement and attainment and overall wellbeing
- Improved multiagency working which avoids duplication and creates supportive but challenging networks
- Prevent the completion of referrals to specialists services, resulting in no further action
- Early identification of risks and support for children and young people, who without intervention will be vulnerable in the future and ensure correct referral pathways for those identified at risk in a more timely manner.

Membership:

- Membership of the TAS will vary, but will be co-ordinated by Families in Focus practitioners. Membership should comprise of a core group with representation from the following: (Parents/carers will NOT attend these meetings)
  - Pastoral representation from school(s) - ie Designated Safeguarding Lead / SENCO
  - Families in Focus practitioner (Supervisor / Social Worker)
  - School nurse
  - Police
  - Primary Mental Health Specialist
  - Youth Worker
• Representatives from the following agencies should be seen more as advisory roles but will attend where possible and if specifically required due to cohort of children being discussed:

  • Social Worker from Area Social Work Team
  • Families in Focus Specialists – Parenting Practitioner, Independent Domestic Violence Advisor, Drug and Alcohol Practitioner, Adult Mental Health Worker

Although all agencies have signed up to attend it should be acknowledged that there will be times when they cannot attend.

Frequency

• Primary, Secondary and Specialist educational settings will be provided with a Team Around the School offer, where data (ie First Response referral information, Troubled Families Database, Public Health) suggests that there is a high likelihood that children and young people will present with emerging needs.

• The frequency of Team Around the School meetings, will depend on the assessed need for that particular school.

• Banding to be added

Accountabilities

The Chair will be the DSL or SENCO from the school and will organise the TAS meeting dates, set the agenda and Chair the meetings.

The DSL within the school will be responsible for collating the children and young people to be discussed and in ensuring that parent / carer consent is obtained (see at end of this section, p33). They will ensure that these are received by the Families in Focus business clerk one week ahead of the TAS, so that relevant historical children’s services involvement can be checked to inform the plan.

Families in Focus will provide an overview of historical involvement with children and families services and will bring this to the TAS, to provide history and context to discussions.

Where there is no parental /carer consent, children’s services will NOT provide an overview of previous involvement in any detail.

The TAS group will commit to regular meetings with the school, to build a strong network in their locality and will be proactive in sharing their expertise and provide links to their host agencies.

Any cases discussed are recorded with clear actions which set out who, what and when. There is a focus on outcomes and safety planning.

Functions

Provide advice and guidance about cases where the school are acting as a lead professional (as agreed at a Locality Meeting).

Assist with Signs of Safety Mappings where there are concerns about a child or young person’s wellbeing, to identify family and agency goals and next steps.

Review cases that have been previously discussed, updating the TAS on progress and any outcomes achieved.
Consider referrals to partner agencies to address specific needs as identified in child and or family network.

Identify themes within school environments, which could lead to allocation of relevant group work activity by youth and community team.

Support referrals to the weekly Locality Meetings for Families in Focus allocation.
TAS Consent and Guidance for information Sharing

Home Address

School Address

Dear Parent/Carer

Team around the School

INFORMATION SHARING

At [INSERT NAME OF SCHOOL] our aim is to ensure that all of our students’ wellbeing is foremost in our priorities. We want our students to fulfil their academic potential and be prepared for life outside of school.

Under Section 28 of the Children & Families Act 2014 the local authority in England must make arrangements for ensuring co-operation between Education Services, Social Care and other agencies.

Our school is a participant in the local authorities Team around the school (TAS) model. This is an initiative aimed at improving outcomes for children and young people by establishing effective links with a variety of agencies.

How well we support, safeguard and improve the achievement of our students depends on a range of services working together in partnership. These include;

- Our school
- School Nursing Team
- Child and Adolescent Mental Health Services (CAMHS)
- Education Welfare service
- Families in Focus staff
- Police
- NHS
- Housing
- Social care
- Support services for education

We meet together with these services on a regular basis so that where we identify when a student may require some additional support which the school cannot provide on its own, we can ensure that it is provided quickly. We also seek advice and guidance about what kind of support we could put in place, or support services we could refer families to. Any information that the school holds such as DOB, address, academic achievement, family background and relevant history may be disclosed. Information held by other agencies, relevant to the worries, may also be disclosed. All information will be held by the school and managed in accordance with the Data Protection Act.
These multiagency meetings are confidential and carried out in a secure environment. If, having had the initial discussion, it becomes clear that additional support is required from a specific agency we will of course discuss this with you at that point.

I can assure you that the process is intended to be a supportive one and you will be kept informed by your child’s [HEAD OF YEAR/PASTORAL LEAD] of the outcome of the meeting and any on-going developments.

If you have any concerns about the sharing of personal information and would like any further guidance regarding the multiagency meetings or the support available in school please contact your child’s [HEAD OF YEAR/PASTORAL LEAD] or the Office on the main school number.

Yours sincerely

[NAME AND JOB TITLE]

I give/do not give consent for my child to be discussed at Team around the school.

Signature of parent/carer:

Name:

Date:

Guidance

Whilst the TAS have the structure within which to share information, the necessity to share information should be considered on a case by case basis when considering any concern about a child or young person or their family.

TAS meetings are intended to be used to identify initial concerns and for partner agencies’ expertise to be drawn upon. Whilst consent is not always necessary for an informal discussion to take place, when a TAS decides to co-ordinate an activity and agree actions, this should always be done “with” the families where there are worries or concerns.

Good practice dictates that written consent should be gained from the parent / carer prior to the child or young person being discussed at TAS where ever possible.

Signed consent should be shared with the Families in Focus TAS member ahead of the TAS meetings so that relevant information can be triaged.

Golden Rules for Information Sharing

It is recommended that if there are any concerns about information sharing, you should refer to the seven Golden Rules guidance produced by the DoE:
1. The Data Protection Act 1998 and human rights law are not barriers to justified information sharing, but provide a framework to ensure that personal information about individuals is shared appropriately.

2. Be open and honest with the individual (and or their family where appropriate) from the outset about why, what, how and with whom information will be shared and seek their agreement, unless it is unsafe or inappropriate to do so.

3. Seek advice from others if you are in doubt about sharing information, without disclosing the identity of the individual where possible.

4. Informed consent should be gained where possible to share information and respect the wishes of those who do NOT consent to their information being shared. You may still share information without consent if, in your professional judgement, there is a good reason to do so. You must base your judgement on the facts of the case.

5. Base your decision on sharing information on consideration of the safety and wellbeing of the individual and others who may be affected by their actions.

6. Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with the individuals who need to have it, is accurate and up to date, is shared in a timely way and is shared securely (Necessary, proportionate, relevant, adequate, accurate, timely, secure)

7. Keep a record of your decision and the reasons for it. If you decide to share information, then record what you have shared, with whom and for what purpose.
9. Families in Focus Staff Structure
10. Families in Focus Staff

- Area Manager x 3
- Partnership Manager x 3
- Coordinator x 3
- Supervisor x 7
- Business Support Officer x 4
- Family Intervention Keyworkers x 21
- Family Support Workers x 17
- Social worker x 6
- Youth worker x 5
- Youth support worker x 1
- Senior youth worker x 3
- Parenting supervisor x 1
- Parenting practitioner x 8
- External specialists; Independent Domestic Violence and Abuse advisor 2.5, Assertive outreach DVA worker x 2, Employment Advisors x 3, Primary Mental Health specialists x 3, Adult Mental Health specialists x 2

An overview is provided below of the team’s job roles

**Area Manager**

1. To manage the Families in Focus Team, including recruitment, induction, supervision and training of staff. To allocate work as appropriate and monitor staff performance.

2. To plan, co-ordinate and, where appropriate, directly oversee prevention and early help services for children and young people who are vulnerable within the identified area.

3. To lead a team and oversee a consistent set of service pathways for children and families for the delivery of early help support or services where there is an identified need.

4. To ensure that locality based services for children and young people are supported by effective use of Multi-Agency integrated processes. Each area manager leads on the following themes; social work, early years and parenting, youth and housing.

**Partnership Manager**

1. Performance-manage activities to meet the identified priorities of the area and bring about improved outcomes for children, young people and families.

2. Promote a city-wide Think Family approach, which involves working together across all partners so that families receive the right service, at the right time.

3. To analyse needs of vulnerable families, identifying gaps in service provision to support the cohesive planning of Early Intervention.

4. To facilitate and deliver training, information and networking opportunities to support effective practice for practitioners working with vulnerable families and children.

5. To identify, promote and share the impact of good practice and available services to ensure all organisations and individuals involved in supporting children, young people and families are aware of services available and develop strong communication approaches with partners.
6. To build robust partnership relationships and meet with education and other partner agencies to support a proactive early intervention approach.

7. To supervise and performance manage external specialists (primary mental health, domestic violence and abuse & employment advisors).

Co-ordinator
1. Ensure the efficient processing of new referrals received from First Response, Threshold Decision Service and CSU’s

2. Support the Area Manager with case allocation arising from the weekly locality meetings.

3. Lead and manage the decision making process for open complex cases

4. Provide consultancy, training, support and advice to Multi-Agency partners on behalf of Families in Focus.

5. The co-ordinator is responsible for the supervision of the social workers and parenting practitioners and takes a lead on safeguarding in their locality Families in Focus team.

Supervisor
1. Managing and supervising a team of keyworkers / family support workers, including development and training.

2. Ensuring smooth delivery of service which includes creating and maintaining effective relationships with stakeholders; clearly communicating a shared vision and shared values and championing whole family working.

3. Responsible for the quality assurance of the service delivery.

Business Support officer
1. Support the administrative needs of the team to ensure that the focus of the professionals within the teams is on face to face work with families to help them achieve positive change; supporting financial transactions, maintaining systems and preparing reports, reading, processing and disseminating referrals and risk reports.

Family Support Workers
1. Family support workers will provide a range of direct support to children, young people and their families.

2. Family support workers will carry out a Single Assessment, identifying needs and formulating an action plan to bring about sustainable outcomes. The assessment should be proportionate to the level of intervention that is anticipated.

3. The action plan will integrate the work of multiagency partners. These multiagency partners will become the Team Around the Family (TAF).

4. Family support workers may also provide shorter time limited interventions, to support schools or other lead professionals in the creation of an action plan and may support schools in holding Team Around the Family (TAF) meetings, particularly at key transitions points or at times of family crisis.
**Key Workers**

1. Key workers work intensively with families who have a multiplicity of need in relation to the Troubled Families criteria see [Bristol Troubled Families programme](#). They are lead professionals for 8 families per f.t.e., for up to 9 months and adopt a Think Family approach in assessing and working with all household and additional family members (where relevant) to achieve significant sustained change as outlined in the local family outcomes plan. They take a systemic approach to whole family working to address the underlying factors that contribute to the complex needs that present in the family and impact on the wider community. The intervention focusses on the historic trauma a family has experienced in order to address and sustain positive change in the future.

2. The workers use the Single Assessment and TAF process to ensure that there is a multiagency approach to addressing the families’ often entrenched social difficulties and that plans stay focused on key targets for the families to achieve. This is very much a ‘hands on’ and practical approach to turning around families lives, with a focus on establishing routines, developing parenting skills and empowering and increasing parental self-esteem and self-worth.

3. The team can access multi-disciplinary support from the Families in Focus team or partner agencies.

**Early Help Social Work role**

1. Families in Focus Social workers support the work of other practitioners to prevent the escalation of concern and need to refer to area social work teams by supporting the chairing of complex or difficult meetings, completing SOS mappings or co-working cases.

2. The Families in Focus Social worker provides training, advice and guidance in a number of different forums including the Team around the school and will have a particular specialism which they will lead on.

3. The Families in Focus Social Worker will complete key statutory assessments including intentionally homeless assessments, Section 85s, Young Carers assessments and Section 7 reports for open Families in Focus cases.

**Senior Youth Worker**

1. To deliver high quality leadership and operational management to the youth and community work team and represent the service at strategic level.

2. Work with voluntary and community groups and statutory services to develop the Youth & Community sector - leading, planning, developing and supporting the delivery of an effective portfolio of personal, social, educational and cultural activities across the city that meets the diverse needs of children and young people, particularly those living in areas of deprivation.

3. To lead on the development and programme of work to ensure young people’s involvement in the planning, development, audit and evaluation of services.

**Youth and Community Workers**

The Youth and Community Workers are community based and work flexibly with a peripatetic approach, across the city, and have an identified team base.

1. There are 3 area Youth and Community Workers who will alongside the senior practitioner and will lead on agreed area locality plans. [ hyperlink to these plans will be available in the future](#) This could include face to face work supporting community groups.
2. There are 2 participation (Youth Voice) Youth and Community Workers who will support our young people’s democratic processes; Bristol City Youth council, Youth Mayors, Youth parliament and support key group forums (such as Children in Care Council, Young Carer’s Voice)

   The work combined includes:
   - Mapping provision and identifying needs
   - Promoting community partnership working
   - Supporting the voice and influence of equalities groups
   - Group work planning and targets for participation/attendance
   - Ensuring that the voice of children and young people is at the heart of service delivery in Bristol and develop skills that help toward independence in adulthood.

**Youth Support Worker**

1. The role of the youth support worker is to assist with Bristol City Youth Council.

**Parenting Supervisor**

2. Clinical supervision for parenting practitioners and to undertake the quality assurance of parenting courses delivered across the city.

3. Capacity building through consultations and strategic planning of training to increase the ability of the workforce to support parents to attend parenting programmes, implement parenting skills and to increase the number of evidence based parenting courses.

4. Deliver and monitor evidence based parenting interventions in groups and 1:1s

**Parenting Practitioners**

1. Assess parenting support needs with parents and help to match a parenting service that aims to best meet the needs of their family.

2. Support locality professionals to support parents with parenting.

3. Support locality professionals to deliver evidenced based parenting programmes

**Troubled Families Employment Advisers**

1. Will work directly with adults who have been rag rated X to help them into employment and will refer families to support access to home agency as appropriate.

2. To be aware of return to work or positive outcome providers in the locality and to make links and connections to facilitate successful pathways so that family members can access this provision either directly from seconded staff or via lead professionals.

3. Offer consultation (information advice and guidance to lead professionals as to strategies to return adults in families back to work or to obtain positive outcomes in line with the family outcome plan). As a result of analysis from consultations, bespoke training packages for staff teams may be offered.

**Independent Domestic Violence Advisor**

There are 3 x .5 IDVAs in Families in Focus area teams and 2 x fte assertive outreach workers

1. Provide specialist domestic violence and abuse advice and guidance to Families in Focus team including signposting to wider services.

2. Provide a specialist domestic violence and abuse package of support to Families in Focus clients including safety planning, and emotional support for the duration of their support.

3. Provide bespoke Domestic Violence training sessions.

4. Assertive outreach workers (AOW) identify people on the IDVA risk search on TFD and help victims to access services who don’t readily access services.
Primary Mental Health Specialist

There are 3 CAMHS Primary Mental Health Specialists covering Early Help across Bristol. There is a PMHS co-located in each locality Families in Focus team and the PMHS based in the North team has a senior role with additional supervisory responsibilities and a strategic overview of CAMHS provision to Early Help city wide.

Adult Mental Health Specialist Role Description

There are two Adult Mental Health Specialists covering Early Help across Bristol. There is one 37.5 hour (1.0 WTE) AMHS to cover the North, East and Central locality (0.5 WTE per locality) and one 30 hour (0.8 WTE) AMHS to cover the South locality. The division of localities is based on the total amount of referrals in each locality.
11. How we handle your information

Name (parent/carer):

Date of Birth:

Members of the family:

Bristol City Council and the people we have working for us have a legal duty to provide health and care support to families, who may need our help. To meet the needs of these families and those of the wider community, we work with relevant partner agencies, sharing information to achieve a better outcome for all. We will only share necessary information about you and your family/household to meet these outcomes.

The types* of partner agencies we work with are:

- Health Agencies
- The Police
- The Probation Service
- Education settings
- Youth and Community Settings
- The Department of Work and Pensions
- Social Landlords

*This list is not exhaustive

We may also give your details to commissioned service providers e.g. a charity that we ask to provide services on our behalf. These commissioned service providers will always have the same security standards as the council. To achieve these outcomes we will work with you in different ways, but we need you to participate fully in working together with us and our partners.

This will include:

1. Home visits: this involves meeting with our family worker (this could be at home or other more appropriate places) to share information and work with you to put together a support plan for your family.
2. Assessment: this involves your family worker gathering information about you as a family and the members in it. This will involve talking to different agencies mentioned above who may already be working with your family.
3. Support plan: we regularly review your support plan with you and all the agencies working with your family.

My commitment

I understand that to achieve the best for me and my family, I need to work with my family worker who is: __________________________ (Family worker name).

I understand that our family worker has a duty to report illegal activity, or activities that may lead to a person/persons being harmed or at risk of harm, to the relevant authorities, e.g. the Police or the Children and Families service.

Name: __________________________ Signature: __________________________

Date: __________________________
**Additional information**

**Compliments, Comments, Complaints**

We are always interested to hear your views about our services, and welcome your feedback. Likewise, if you do come across a problem, please approach your family worker who will do their best to resolve this with you.

If you cannot resolve the matter with your family worker, then phone or write to the Team Supervisor. In addition here is a link to Bristol City Council’s complaint procedure [https://www.bristol.gov.uk/complaints-and-feedback/complaints-procedures](https://www.bristol.gov.uk/complaints-and-feedback/complaints-procedures)

For more information about how Bristol City Council handles personal information we have created a Frequently Asked Questions sheet which can be accessed via the privacy pages [bristol.gov.uk/privacy](http://bristol.gov.uk/privacy)

**How to see the information we hold about you:**

Under the Data Protection Act 1998, you can ask us for the following information:

- clarification that your personal data is being processed by the Council
- a description and copy of the personal data
- the reasons why the data is being processed
- details of who we have or might give it to

If you wish to see information held by the council about you, please make a subject access request by email at [foi@bristol.gov.uk](mailto:foi@bristol.gov.uk) or by writing to The Data Protection Officer, Bristol City Council, P.O Box 3176, Bristol, BS3 9FS and they will send you the appropriate form and advise you of the process and fee for this service.
**12. Families in Focus case work process and timescales**

**New referrals:**
Coordinator/supervisor will review the referral within 2 working days and a note put against the child regarding the next course of action. The Troubled Families Database will be checked for criteria and the supervisor will gather further information where appropriate in order to reach a conclusion.

**TAF:**
- Use Signs of Safety
- Share information
- Review Action plan.
- Every TAF should consider progress and what needs to happen to close the case closure.
- Every closure should consider the ongoing support that will remain in place.
- TAF review isn’t always a meeting

**SAF – To avoid delays:**
- Write what you know and what you don’t know (that is relevant to the case).
- Focus on the main areas of intervention identified at the referral point.

**Case allocation (case outside this timescale should have a justification on case directions)**

**Key Workers** aim to close the case in a maximum of 39 weeks.

**Family Support Workers** aim is to close the case in a maximum of 20 weeks.

Specialists aim to close involvement with cases within a maximum of 24 weeks.

Extensions agreed as follows:
- Discussion with supervisor.
- Clear extended timescale and intervention plan agreed and recorded on case direction.
- Case closure on agreed timescale to be checked by supervisor.
13. Action plan flow chart

1. **At allocation** open Action plan in EHM. Ensure the demographics are up to date, add all known family members added to the case record to the action plan.

2. Add a start date.

3. Look up family on the Think Family Database (TFD). *You do not require consent to look up a family on the TFD. Do not delay starting the action plan as this should be done before visiting the family.*

4. Using the toggle function to separate out family members **copy all active indicators** into the actions plan for all members of the household. *It is essential that the indicators you have put into your action plan match those on the TFD.*

5. For every indicator, select the matching outcome from the drop down menu. Use the Family Outcome Plan to inform your choice here. *These are the outcomes you are working towards, you must not leave the outcomes blank.*
6. ‘Notes’: added within the action plan are a useful way to signpost the work you are planning. They can also be used to provide greater detail about the risks/vulnerabilities for that individual. *For example, if the indicator was for school attendance the note might read “Johnny is refusing to go to school, bullying issues. Contacted SENCO see scanned doc attached.” This signposts your work and evidences your robust interventions.*

7. Front of the Action Plan
   - ‘Agency Goals’: the selected indicators should then be added to this section on the front page of the action plan.
   - ‘Family Goals’: after your meeting with the family add notes to this section.
   - ‘Next steps’: notes added here describe how you are going to work towards your outcomes. *It is important to put timescales within your action plan to keep the work focussed and to avoid drift.*

8. As the family achieve outcomes during the open episode, add a date achieved against the outcome.

9. You should ensure that you review the action plan, after each TAF meeting (minimum).

10. ‘Evidence’: this section is for additional information to support your opinion that an outcome is achieved, or that progress has been made. *For example, Adult Mental Health indicator = outcome achieved (6.4 Reduction in
potential for harm demonstrated). Date achieved added and the evidence section reads: “Tina has signed up to a GP and is now on a prescription for her depression and anxiety. She has an appointment to see a counsellor. See confirmation of GP registration and letter from counsellor in attached documents”.

11. After visiting the family you may decide to add in additional indicators to your action plan along with relevant outcomes. This is good practice and means you are reflecting what is happening in the household. However these are additional indicators and should not be used instead of the TFD indicators. Keep updating plan with details, evidence and dates achieved throughout the open episode.

12. Before closing an episode update your action plan and ensure all achieved dates are added and that where an outcome is not achieved the reasons are summarised in the notes and evidence.

14. Routine Outcome Monitoring

Routine Outcome Monitoring (with the use of outcome tools) supports focussed service delivery and helps families to identify changes they could make or recognise they have achieved. It supports the work of service user and practitioner to

1. Understand the problem (assessment)
2. Agree how and what to work together on (goals or aims),
3. Gauge the relationship (engagement or alliance) to be able to do the agreed work (intervention)

Progress in relation to the children and family’s needs at the start and end of an intervention may be benchmarked e.g. using ‘Signs of’ scoring, Goal Based Outcomes, Outcome Rating Scale and Child Outcome Rating Scale (ORS & CORS), SDQs, Warwick and Edinburgh Mental Wellbeing Scale (adults), wellbeing measurement framework for children and young people ages 10-16, SCORE-15 or Graded-care Profile where neglect/poor care is a case feature.

Bristol City Council’s Families in Focus team has a Service Level Agreement with the CYP-IAPT South West Collaborative Executive Team for collaborative service support and delivery and commitment to, the provisions required to support CYP-IAPT trainees and the embedding of CYP-IAPT principles within their organisation;

- Participation: Understanding and commitment to working with children, young people and parents as partners in service development and improvement; implementing and evidencing the CYP-IAPT Pledges
- EBP: Commitment to embedding evidence based practice which includes NICE approved and best evidence based therapies, high quality supervision and transformational service leadership
- ROM: Commitment to embedding session by session/frequent outcome monitoring across relevant services (mental health and wellbeing)
- Access: Understanding and commitment to improving access to mental health services as a whole, including self-referral, and how this fits with local CCG Transformation Plans

All front line staff will agree shared agency and family goal (s) with individual family members that they work with and will measure progress towards using relevant tools.

Key workers, family support workers and mental health specialists may select from a range of measures; in particular ORS & CORS and SCORE (15) (IAPT validated measures preferred).
The Parenting Team have selected two ROM measures for routine outcome monitoring: Strengths and Difficulties Questionnaire and Parenting Scale.

15. Team Around the Family (TAF)

A TAF is a multi-disciplinary team of practitioners that supports a child, young person or family who may be facing difficulties. A TAF is usually led by a lead professional who will co-ordinate the work of the group in order to help the family achieve positive change.

The TAF supports particular elements of good professional practice in joined-up working, information sharing and early intervention. It is a model of service delivery that involves:

- a joined-up assessment (SAF)
- a lead professional (LP) to coordinate the work
- the child, young person and family at the centre of the process
- a virtual or flexible multiagency team that will change as needs change
- an Integrated Family Support Plan (known as an action plan) to meet identified needs and achieve identified outcomes

**Lead Professional**

In Bristol, both Early Help and more targeted support within Families in Focus will use the TAF model to support vulnerable children and families. Lead Professionals will be identified through the Families in Focus Co-ordinators if the work is to be help internally, or at the Locality Meeting should an external Lead Professional be needed.

The role of the Lead Professional is to:

- Ensure that families are fully involved in the TAF process and the voice of the child or young person is central to assessment and planning
- Co-ordinate the effective delivery of the actions on the family action plan
- Chair TAF meetings when they are due and gain the views of the group in reviewing progress against the plan
- Complete any distance travelled tool with the family

Families in Focus interventions with children and families is a voluntary process; a child, young person, parent or carer must give their consent for the assessment/intervention to take place. Consent must be ‘informed’ which means there must be full knowledge of what will happen to the information being shared, for example, who can access it and where it will be stored. The Initial Contact and Information Sharing Agreement (appendix 10) must be signed by the family and saved in EHM.

**Membership of the TAF**

Genograms should be completed with families as soon as is practically possible when working with a family. This process will identify who, within the family and friend network, can be part of the TAF. Involvement of family and friends in the planning of support for a child and family is essential and will mean that support remains in place even when professional support ends.

Schools and nurseries should always be part of a TAF as they see the child or young person regularly. Any other agency or support service working with the child or parent /carer can also be part of the TAF.

Please don’t forget that the child and or young person is also part of the TAF. Make sure that their voice is heard!
**TAF meetings**

TAF review meetings must be held on a regular basis; there should be no longer than 12 weeks between reviews.

TAF meetings are a time effective way of sharing information and ensuring that everyone is aware of the worries and what is going well. It promotes transparency and partnership working. A well run TAF meeting will leave the family feeling heard and supported. TAF meetings also minimise the risk of duplication and means that tasks can be shared. Different expertise can be drawn upon and a holistic plan can be made.

The Lead professional will Chair the TAF meeting in most cases. If a case is stuck or concerns are increasing, it may be appropriate for a Families in Focus Social worker or Co-ordinator to assist. The purpose of the TAF meeting is to gather information and measure progress against the action plan and agree on the next steps. The use of Signs of Safety will ensure that the focus is maintained and will minimise drift.

*Minutes* should be taken at each TAF meeting and these must be shared with all TAF members following the meeting. This is to evidence the discussions that took place and ensures that all TAF members are aware of their actions. Good practice would encourage the next TAF date to be set during the meeting wherever possible.

TAF meetings are the families meeting. They are not for the benefit of professionals. Language used should be open and honest and jargon free. Families should be given every opportunity to share their views and say what they want.

It is important to prepare the family before a TAF meeting. There should be no surprises in a TAF meeting to the family. Often a TAF can be a safe place to deliver difficult messages because you feel backed up by other professionals but it is not supposed to be OUR safe place it is supposed to be the families’. If you are going to challenge in a TAF you need to have challenged the family beforehand.

The age, understanding and maturity of the child/young person should be taken into account when considering if they should attend meetings. Many primary school aged children will be able to contribute to a meeting and young people of secondary school age should usually be invited, however both situations need to be carefully managed. The young person must be made aware that it is their choice to attend the meeting or to have a separate meeting with their lead professional afterwards.

**Professionals meetings**

Professionals meetings should be kept to a minimum. It is important that concerns and worries can be shared with families. If we are not able to be honest with the families that we work with, how can we expect them to change?

However, there will be times when professionals meetings are necessary and this is when there is professional disagreement about the assessment or plan. It is not good practice for the professionals within a TAF to be having disagreements about the plan of work in front of the family.

If the professional group is not able to agree, then external professionals should be signposted to the BSCB escalation policy.
16. BCC Commissioned Services

Where you have a concern about the performance of a commissioned service that cannot be resolved directly with the provider, you can contact the relevant commissioner/contract manager.

<table>
<thead>
<tr>
<th>Provider and service</th>
<th>BCC Commissioning &amp; contract manager</th>
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</thead>
</table>
| **Barton Hill Settlement**  
Parenting Support (Strengthening Families, Strengthening Communities)  
SPAN - Parenting Programme | Jane Bloom / Saf Cooper |
| **Creative Youth Network**  
Targeted Youth Services targeted support for vulnerable young people in the North, East & Central and South Bristol. These contracts will focus mainly on young people who need support to manage a range of social, health and education/skills needs | Tom Rhodes / Carolin Peto |
| Working with and sub-contracting to a range of other local providers; Bristol Drugs Project, Young Bristol, Youth Moves, Full Circle, Babassa, Horn Youth Concern, Bread Youth Project, Southmead Development Trust, Empire Fighting Chance, ACE (Aspiration Creation Elevation). | |
| **Barnardo’s Safe Choices**  
Direct support for those affected by missing episodes. May offer 1:1 case work with those deemed high risk to help and support them to manage their issues safely. Aiming to reduce risk taking behaviour and access to return home interviews and prevention group work. | Carolin Peto / Fiona Tudge / Amy Hurst (PCC) |
| **Barnardo’s Against Sexual Exploitation (BASE)**  
young people who are at risk of being sexually exploited a safe environment. We give counselling, advice and advocacy, and training to child care practitioners. | Carolin Peto / Fiona Tudge |
| **1625 Independent People Bristol Youth MAPS**  
The service focuses on the prevention of youth homelessness by working with young people who present as homeless or at risk of homelessness to help them to remain in or return to their family home where it is safe to do so. It will also help young people to find safe accommodation where it's not safe to return home, or when attempts to do so are unsuccessful 1625ip Bristol Youth MAPS | Tom Rhodes / Madeline Gardner |
| **Bristol Drugs Project, Developing Health & independence (DHI), Avon & Wiltshire Mental Health Partnership (AWP) with subcontracted providers** | Katherine Williams |
| **Bristol ROADS (Recovery Orientated Alcohol and Drugs Service)**  
service to support anyone aged 18 or over directly or indirectly affected by the problems associated with drug and alcohol misuse | |
| **Next Link** | Stuart Pattison / Lynne Bosanko |
Support service, and can help arrange emergency accommodation, for women and girls who have experienced domestic or sexual abuse

The **Bristol Against Violence and Abuse website** lists organisations that can give support and advice, by the type of violence or abuse.

<table>
<thead>
<tr>
<th><strong>Victim Support</strong> for men and boys</th>
<th>Stuart Pattison / Lynne Bosanko</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service to support for all men who have experienced domestic or sexual abuse. This includes anyone who identifies as male, who is gay, bisexual or transgender or who is fleeing ‘honour’ based violence and forced marriage</td>
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</tbody>
</table>

| **SARSAS** (Somerset & Avon Rape & Sexual Abuse Support) |                                  |
| Support service for people who have experienced sexual violence at any point in their life. |                                  |

<table>
<thead>
<tr>
<th><strong>Catch 22 Bristol Reparation Service</strong> to the Youth Offending Team</th>
<th>Justine Leyland</th>
</tr>
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<table>
<thead>
<tr>
<th><strong>Peninsula Training</strong> for Whole Family workers and Supervisor / Managers</th>
<th>Jane Griffiths / Saf Cooper</th>
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<table>
<thead>
<tr>
<th><strong>Rockabye (Early Years)</strong></th>
<th>Sally Jaeckle</th>
</tr>
</thead>
<tbody>
<tr>
<td>A group to support parents to nourish their relationship with your baby through sharing experiences with other parents, singing and sensory play. It runs for 10-12 weeks in Children’s Centres across Bristol, for parents and pre-crawling babies.</td>
<td></td>
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<table>
<thead>
<tr>
<th><strong>Parent Carers Support service</strong></th>
<th>Bridget Atkins</th>
</tr>
</thead>
<tbody>
<tr>
<td>We are a friendly group of parents who care for children and young people with disabilities and special needs in Bristol. Our goal is to work in partnership with authorities in Bristol to shape the services provided for our children and ourselves. With the help of all parents these initiatives are more likely to be successful in bringing about positive changes for parent carers and their children living in Bristol.</td>
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<table>
<thead>
<tr>
<th><strong>Family Support in Children’s Centres</strong></th>
<th>Sally Jaeckle / Nursery schools; Filton Avenue, St Paul’s, Speedwell and Knowle West</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Children’s centres</strong> are a core element of the city’s Early Help offer and will work closely with the Families in Focus teams in each locality. They are funded to provide services for all the children under five years of age and their families living in the reach area.</td>
<td></td>
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<tr>
<td>The Core Purpose of Children’s Centres is to improve outcomes for young children and their families, with a particular focus on families in greatest need of support, in order to:</td>
<td></td>
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<tr>
<td>- reduce inequalities in child development and school readiness</td>
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<tr>
<td>- improve parenting aspirations, self-esteem and parenting skills</td>
<td></td>
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<tr>
<td>- improve child and family health and life chances.</td>
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</tbody>
</table>

There are 18 ‘spoke’ children’s centres across the city linked to 4 hubs; Filton Avenue, St Paul’s, Speedwell and Knowle West, making a total of 22 children centres. They are managed in each locality by a Family & Community locality manager with two in the south and one each in north, central and east making a total of five. The
| **Disabled Children Services**<br>The Disabled Children Service provides a range of assessments and services for children with disabilities.<br>We can help with:<br>  - an assessment and plan for your child’s particular needs<br>  - support for you and your family<br>  - occupational therapy assessment services<br>  - short breaks for you or your child<br>  - accessible play areas<br>  - advice and information on services in your community | Rebecca Cross |

17. Instructions: Accessing Qlik App

1. Follow: [Early Help Module Qlik App](#)

2. A security alert window will ask you to confirm that you wish to proceed to the Qlik App. Please select ‘Yes’ when asked:

   ![Security Alert]

   *2a. **You will not be able to access the App the first time you access the link, please send an email to InsightBristol@avonandsomerset.police.uk let us know you have used the link and the team will be able to activate your profile: in subject quote ‘QLIK ACCESS’. Once activated the link will take you to the App.**

3. After following the link you will arrive at the EHM App landing page:

   ![EHM App Landing Page]

   The 4 sheets within the App present an overview of case progress detail taken from EHM:
   - **Overview**: A citywide view of the stats, filter by team & region
• Timeline: Case overview (e.g. duration) & key milestone (e.g. Action Plan started)

• Exceptions: Lists what is missing from each case record, filter by team

• Case Activity: Details of individual case activity.

Whilst exploring the App we welcome your feedback: InsightBristol@avonandsomerset.police.uk