The Family Support Process (FSP)

Handbook for Professionals
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>What is the Family Support Process?</td>
<td>2</td>
</tr>
<tr>
<td>Family Support Process Flowchart</td>
<td>3</td>
</tr>
<tr>
<td>Early Identification of Need</td>
<td>5</td>
</tr>
<tr>
<td>Information Sharing and Consent</td>
<td>6</td>
</tr>
<tr>
<td>Request for Support</td>
<td>6</td>
</tr>
<tr>
<td>Privacy Notice</td>
<td>6</td>
</tr>
<tr>
<td>Assess</td>
<td>9</td>
</tr>
<tr>
<td>Genogram Guide</td>
<td>10</td>
</tr>
<tr>
<td>Plan</td>
<td>28</td>
</tr>
<tr>
<td>Review</td>
<td>36</td>
</tr>
<tr>
<td>Closure</td>
<td>36</td>
</tr>
<tr>
<td>Interface with Social Care</td>
<td>38</td>
</tr>
<tr>
<td>Useful website links</td>
<td>42</td>
</tr>
</tbody>
</table>
Introduction

Purpose of this document

This document has been produced to provide front line practitioners and their managers with information about the Family Support Process (FSP). It also includes how to access support from Norfolk Early Help Family Focus Teams. This guide reflects the changes in practice in line with a Signs of Safety approach. It is intended that this document will be used to support practitioners with the practical aspects of the FSP and to facilitate positive working with children, young people and their families.

All supporting documentation can be downloaded from the [Norfolk Early Help website](https://norfolkearlyhelp.nottsgov.uk/).

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What is Early Help?

Early help is about working with children, young people and their families to offer the right support at an early stage before a small need becomes a bigger one. A number of different professionals and organisations may be involved in the Early Help process to offer support in a range of areas. The goal of Early Help is to support families to resolve their own problems and prevent further problems in the future.

Working Together to Safeguard Children (2015) identifies that ‘Effective early help relies upon local agencies working together to:

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

**What is the Family Support Process?**

The Family Support Process (FSP) is a shared assessment and planning framework for professionals who work with children and families. It aims to help with the early identification of needs of children and young people and promote a coordinated multi-agency response to meet them.

The FSP can be used to support children between 0-19 years, including where there is an unborn child, and can also be used with consent up to the age of 25 where a young person has a learning difficulty or disability.

The information below aims to clarify the key stages of the Family Support Process, including what the process will look like for families, the role of the professionals and how to request support from Norfolk Early Help and Family Focus.

Norfolk Children’s Safeguarding Board has adopted the Signs of Safety approach which is a strengths-based risk assessment and case planning format that is meaningful for the parents and children as well as the professionals. Using the Signs of Safety approach ensures that information about the family is fair, balanced and an accurate reflection of what is going well and the worries. What is important is that it encompasses the child’s, young person’s, family members’ and professionals’ views. This approach has been embedded in the Family Support Process.

The FSP could be used by any organisation or practitioner working with children/young people and families where there is a need for an Early Help provision. This includes organisations who work with a focus on children and young people, and organisations for whom families are the key focus. The FSP supports information sharing and multi-agency working between the family and appropriate practitioners, and should ensure that support for the child and family is co-ordinated.

<table>
<thead>
<tr>
<th>There are four main stages of setting up an FSP</th>
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</thead>
<tbody>
<tr>
<td>o <strong>Early identification of needs</strong></td>
</tr>
<tr>
<td>o <strong>Assessing</strong> what is going well and what we are worried about</td>
</tr>
<tr>
<td>o <strong>Planning</strong> and <strong>delivering</strong> services</td>
</tr>
<tr>
<td>o <strong>Reviewing</strong> progress</td>
</tr>
</tbody>
</table>
Family Support Process

Step by step guide for professionals

Do the family consent to the Family Support Process? If so, complete the Information Sharing and Consent form with all adults and age appropriate children, and issue a copy of the Privacy Notice for those household members not present. If you feel that the Norfolk Early Help and Family Focus team need to become involved, please complete a Request for Support Form and clearly stipulate what you are worried about, what’s working well and what you think needs to happen. Upload to Norfolk Early Help Website, [https://www.norfolk.gov.uk/children-and-families/early-help](https://www.norfolk.gov.uk/children-and-families/early-help).

Is there a Family Support Process currently in place? Ask the family, or if they are unsure ask Norfolk Early Help Family Focus team on 01603 223161.

Follow safeguarding procedures. See www.lscb.norfolk.gov.uk or call the Multi-Agency Safeguarding Hub (MASH) 0344 800 8020.

The Norfolk Early Help Family Focus Team will provide you with the Lead Worker details with whom you can make contact. They in turn will contact the family to seek consent for your involvement.

Record this on the child/young person’s or family’s record with the reasons why if known. Continue to monitor the case for risk. Continue to provide current services and signposting, single agency referral where appropriate. Continue conversations regarding the benefits of the FSP.

Complete the Family Support Process Assessment Form. Include assessment information and the feelings and wishes from the child/young person. With the family’s consent, you need to obtain information from all agencies currently providing support to family members in order to gain a fuller picture. Complete the analysis section which will identify the family’s worry statements and goals. Upload to the Norfolk Early Help website.

Is a Multi-Agency response required? Continue to provide current services, signposting and single agency referrals where appropriate. Upload FSP Assessment form to Norfolk Early Help website.

Contact appropriate agencies to ascertain if they can provide support via the FSP. If so find out what help they can offer and check out availability to attend the first meeting

- Agree with family the agencies to be invited to form the Team Around the Family
- Agree initial Team Around the Family meeting date
- Send the FSP Assessment Form, feelings and wishes forms and invitation to Team Around the Family meeting to the family and relevant agencies.

Hold a Team Around the Family meeting within 2 weeks of initial FSP Assessment:

- Identify Lead Worker or confirm existing lead worker will continue
- Complete Delivery Plan using identified worry statements and goals from the FSP assessment. Complete scaling questions and agree trajectory. Upload to Norfolk Early Help website.
- Identify Review date, time and venue

Monitor and hold review meetings at 6 weekly intervals. Remember to seek the feelings and wishes of the young person/people prior to every review meeting. At the meeting ensure actions taken are evaluated for impact on addressing needs and are used to inform next steps.

Following each review send all updated paperwork to the family members and the team around the family. Upload to Norfolk Early Help Website.

Needs met or closing Family Support Process for another reason? Give family members a copy of ‘Have your Say’ feedback form and upload final review documents to the Norfolk Early Help website.

For further information or support access the Norfolk Early Help website at: [https://www.norfolk.gov.uk/children-and-families/early-help](https://www.norfolk.gov.uk/children-and-families/early-help)

If at any point in this process you are concerned that a child is at risk of significant harm you should immediately follow safeguarding procedures. See www.lscb.norfolk.gov.uk or call the multi-agency safeguarding hub (MASH) 0344 800 8020.
Early Identification of Need
Early Identification of Need

The Family Support Process is consent based and is used where there is emerging stress or pressure in the family that is not able to be reduced by a single universal service. It is where the impact on a child/young person requires a co-ordinated multi-agency assessment and review process. It is used where the threshold for Statutory Social Care intervention is not met and there is no perceived significant risk to a child or young person.

If you are unsure, the Norfolk Threshold Guide should help you identify whether initiating an FSP or making a referral to Norfolk Early Help and Family Focus (NEHFF) is appropriate or you can have a conversation with a member of staff in the Early Help team or MASH.


The Family Support Process will identify and address emerging worries, build on existing strengths and support networks and access Early Help services that can work with the family to help them. If (at any point in the process) you believe that a child or young person is at risk of significant harm, do not delay contact the Norfolk Children’s Services MASH team on 0344 800 8020 or complete an NSCB1 referral form.

Before starting the Family Support Process the referring practitioner should contact the Central Early Help and Family Focus team on 01603 223161 or email norfolkfamilyfocus@norfolk.gov.uk to check if the family are already part of an existing FSP. The Family Support Process may, or may not, require intervention from the Early Help and Family Focus locality teams. The needs of the family may be more appropriately met by a team of professionals working with the family without a Children’s Services practitioner.
Information Sharing and Consent, the Request for Support Form and Privacy Notice

These documents can be found on the Norfolk Early Help website on the following web link: https://www.norfolk.gov.uk/children-and-families/early-help/information-for-professionals/request-for-support-and-family-support-process/request-for-support

**Notify us** if you are completing a FSP and do not need support from NEHFF.

If you are going to work with a family using FSP and do not require any support from the Norfolk Early Help and Family Focus locality team, then you need to complete the Information Sharing and Consent form (page 1) of the Request for Support form and upload to the Early Help website with the completed FSP Assessment Form. You need to be aware that audits of this work will take place from time to time to identify support and training needs of professionals within universal services.

Please provide a Privacy Notice when one or more members of the family are absent at the time of your visit and are unable to sign the Information Sharing and Consent form. This will give the absent party information about what his/her information will be used for and also the chance for them to opt out should they not want to be involved.

**Refer to us** if you are requesting support from NEHFF

If you feel that the Norfolk Early Help and Family Focus locality team need to become involved, then please complete the Information Sharing and Consent form (Page 1) and page 2 of the Request for Support Form, you can then upload to the Early Help website.

Ensure that you fully complete the Request for Support Form, including what’s working well in the family, what you are worried about and what you think needs to happen. Please ensure that the information you provide on what you are worried about, details what the impact is on the child. The worries may relate to the child’s development, the parenting they are offered or their environment. Please include as much factual information you have about the child and include information about their presentation (physical and social), and keep the language simple. Discuss and share this information presented within the Request for Support with the family prior to uploading this to the Norfolk Early Help website.

If a professional requires support with the FSP, the Process team within NEHFF can provide information, advice and guidance.

This may include:

- Short term mentoring for professionals to complete the FSP Assessment, Plan or review
- Information and guidance around implementing the Signs of Safety approach within the FSP
- Support for professionals to ensure that the voice of the children and young people are central to the FSP
- Consultation on ‘stuck’ cases

If you would like support around the Family Support Process please tick the appropriate box on the Request for Support form. There will be local briefings and Core FSP training for our partners in using the Family Support Assessment form and in the use of the Signs of Safety way of working. These will be advertised on the Early Help website and take place in each locality across the county.
Your Request for Support will be reviewed by an Early Help Manager and a decision will be made to either:

- Request further information
- Decide that the needs identified can be best met by the existing team around the family
- Allocate the case to the NEHFF Process Team to provide short term support to a professional within the FSP
- Allocate the case to an appropriate NEHFF Practitioner to provide a specific role alongside a team around the family.
Assess
Assess

The lead worker will contact the family and begin to gather information to inform the Family Support Process Assessment.

The FSP is a transparent voluntary process which should use a solution focused approach to empower the family to make lasting change. The process should be accessible for all involved and use appropriate tools to meaningful engage with the children, young people and their family. The FSP is not just about gathering information. It is a process which allows families to identify what is working well, what they are worried about and what they think needs to happen. This enables practitioners to analyse the information within the assessment to formulate worry statements and goals with the family. The FSP should draw on the strengths of the family and their wider network to support what needs to happen next.

Principles behind high quality assessments:

- Child centred
- Rooted in child development and informed by evidence
- Focussed on action and outcomes for children
- Holistic in approach
- Equality of opportunity
- Involve children and families
- Builds on strengths as well as identifying difficulties
- Integrated in approach
- Are a continuing process not an event
- Lead to action, including the provision and review of services
- Transparent and open to challenge

(Working Together, 2013)

From the outset it is important to take account of the communication needs of the children, young people and adults involved in the assessment process, and adjustments should be made in the way information is presented, and how meetings are run to ensure the FSP is accessible to all those you are working with. With consent, all members of the family should be actively involved in all parts of the Family Support Process based upon their age, developmental stage and identity. The voice of each family member within the assessment is important as it ensures that professionals understand the impact of issues on those individuals. The ultimate aim of the assessment is to improve outcomes and life chances for all members of the family.

The first box is for a genogram (family tree). Please detail here any information you have about the make-up of the family and wider support network. This is best completed with the family as it provides you with an opportunity to explore the views of who is currently providing support or could offer support in the future.

The following information provides you with a guide to completing a genogram. You could draw this with the family and attach it to the FSP Assessment form.
Genogram Guide

The following symbols are used to represent the gender of family members

- Male
- Female
- Gender unknown

If a family member is deceased, this is indicated by placing a cross inside their symbol:

Enduring relationships, such as marriage and cohabitation, are illustrated by a single unbroken line:

Transitory relationships are illustrated by a single broken:

Separation is shown by a single short diagonal line across the relationship line:

Divorce is shown by two short diagonal lines across the relationship line:

When there are a number of children from a relationship the eldest child is placed on the furthest left, followed by the second eldest and so on, with the youngest child appearing on the right.

Twins are indicated by two symbols coming from a single ‘stalk’
A miscarriage or abortion is indicated by a diagonal cross. In the genogram the miscarriage or abortions should be placed in the diagram in the same order as other children. So for example if a couple had a daughter, Mary, followed by a miscarriage, followed by a son David, their genogram would look like this:

The family members who are part of the same household are indicated by dotted line which is placed around the household members.
The reason for the assessment as identified by the young people and their parents or carers should be recorded in the assessment, in addition to the lead professional’s point of view. The lead Worker is responsible for ensuring that the FSP Assessment includes information relating to all consenting members of the household. In order to gain a holistic view of the family’s strengths and needs, other agencies supporting the family should be asked to contribute their relevant information to the assessment, or the assessment may be undertaken jointly. All information gathered should be relevant, proportionate and accurate.

The voice of the child should be heard throughout the FSP. This can be captured using feelings and wishes tools such as the ‘3 Houses’ or observations etc. Attach any completed feelings and wishes sheets to the Family Support Process Assessment form. Their content must be considered as part of the assessment process.

The ‘What’s Working Well?’, ‘What Are We Worried About?’ and ‘What Needs to Happen?’ boxes should be completed alongside the Department for Health Assessment Triangle and each of the three domains of the framework: environment and wider family context, child developmental needs and parenting capacity should be included. You can use the Signs of Safety mapping tool (3 columns) to support your discussions with the family and the wider support network. This information can then be used within the FSP Assessment form. Please make sure that the worries and strengths are as balanced as possible.
In all situations be clear about the source of the information in the assessment e.g. *School reports that during the summer term xx (name of child) arrived late for school every Monday morning.*

From the information gathered, an analysis of what’s working well, what we are worried about and what needs to happen can be used to form worry statements and goals. These are really useful in formulating what needs to happen next.

The FSP Assessment itself has two spaces for worry statements and goals but you may agree more than this with the family and you can add them as required. The worries and goals should be identified and agreed with the family and any other relevant professionals. The worry statement should be written like a message to the family in simple language all the time considering the impact on the child. These statements should relate to the key worries identified in the assessment. You can use the following structure to write you worry statements:

1. Who is worried?
2. What are they worried about?
3. What are they worried will happen if nothing changes

*E.g. Sam is worried that if Taylor continues to bully other pupils, not go to school and get drunk in the park with her friends; her family may get fined, she may be permanently excluded and she could get in trouble with the police. Sam is also worried that Taylor might not do well in her exams and won’t be able to get the grades she needs to go on to college or get a good job.*

A goal provides the description of what we need to see to know the agency/child/family are no longer worried and the Family Support Process can close. A goal should relate directly to the Worry Statement.

*E.g. Sam wants Taylor to achieve her potential and be safe and healthy. For this to happen Taylor needs to attend school 100% of the time and not drink Whiskey and Cider in the Park. Taylor needs to use social media safely and not use nasty or unkind words towards others online. Taylor needs the support of her family and clear and consistent boundaries put in place to help her achieve this.*

The scaling is a helpful way of understanding how each participant feels about the particular worry. 0 is the realistic worst case scenario and 10 is the best it could be for that particular situation. If there is a big difference in opinion on the number, scaling can help to facilitate an exploratory dialogue particularly in relation to managing risk. Always start by asking the family the question first, followed by professionals. *E.g. On a scale of 0 to 10…. where 0 is that you are really worried that Taylor is going to be permanently excluded and not complete her GCSEs and 10 is that you are not worried at all and Taylor will complete her exams and achieve her potential, where would you be?*
### Family Support Process Assessment Form

<table>
<thead>
<tr>
<th>Names of the child/ren/young people in the family:</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Please indicate all names child/ren may be known as and indicate how they prefer to be addressed</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child/Young Person’s System Reference No.:</th>
</tr>
</thead>
</table>

| Child/Young Person’s Date/s of Birth: |
| *If the child is unborn please include expected due date (EDD)* |

| Child/Young Person’s Main Address: |
| *This should be the child/ren main home where they live most of the time.* |

<table>
<thead>
<tr>
<th>Parent/Carer’s name/s:</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Please indicate all names parent/carer may be known as and indicate how they prefer to be addressed</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Carer’s System Reference No.:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Parent/Carer’s Date/s of Birth (if available)</th>
</tr>
</thead>
</table>

| Parent/Carer’s Address: |
| *If one of the parent/carer lives apart from the main household please include their address too.* |

<table>
<thead>
<tr>
<th>Name of person undertaking this assessment:</th>
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<table>
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<tr>
<th>Role:</th>
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<table>
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<tr>
<th>Organisation:</th>
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<table>
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<tr>
<th>Date of Assessment:</th>
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</thead>
</table>
Genogram/Family Tree (Please include members of the family, friends and agencies both inside and outside of the household which support the family)

A genogram is a way of representing a family tree and relationships within the family.

In order to understand the size and composition of the family, describe each family member in terms of their relationship to one another. It is important to consider other significant people who may not live in the family unit. Include frequency of contact with non-resident parents, carers or extended family.

Reason for Assessment

Child/Young Person View

Ensure you include the child/ young person views
Attach any wishes or feelings sheets, or observations etc. to this assessment.
Parent/Carer View

*It is important to include the parent/carers views as to why their family needs support.*

Assessor View

*Please clarify why you have chosen to do this assessment at this time. Detail any significant incidents or discussions that have led to your concerns. Please use clear language that the young person and family can understand. If you have consulted with other services before completing the assessment you should add this information. Remember to reference the source of the information you record.*

### Significant Events

*Any contact / decision/incident which is likely to have a significant impact on the child, family or work being undertaken should be indicated within this section E.g. birth of a child or separation of parents.*

### What’s Working Well?

**Existing Strengths** *(Describe what is going well in everyday life for the child and the family)*

*Describe areas where things are going well or the ‘seeds of change’ that the child or family have in place that we can work with to make the worries better. Cover input from the child/ren, parents/carers and professionals. Remember to draw reference from the Department for Health Assessment Triangle and each of the three domains of the framework: child developmental needs and parenting capacity, environment and wider family context should be included.*
Ask questions such as:

- What is the best thing about being in your family?
- What is (child’s name) good at?
- What do you like doing together as a family?

Existing Safety (Are there examples of when the problems faced by the family have been reduced or dealt with?)

These must directly relate to the concerns or worries

What Are We Worried About?

Worry/Concern/Risk/Harm (What worry/risk/past harm or behaviour have you seen (what impact do key issues and difficulties have on the family))

Cover three sections; what the child/young person is worried about; what the parents/carer/family are worried about; and what the professionals are worried about.

Remember to draw reference from the Department for Health Assessment Triangle and each of the three domains of the framework: child developmental needs and parenting capacity, environment and wider family context should be included.

Use words that the child and parent can understand, preferring quoting their words exactly.

Use open questioning to encourage participation of the child and family. E.g. ‘Tell me about...’; ‘explain how you feel about...’; ‘Describe your family life’; etc.

Be open and honest. Do not be vague about your concerns, and explain what has led to the concerns and the impact on the child and the family.
What are you worried will happen if things do not change

What’s the realistic worst case scenario (Bottom Line) if nothing changes for family?

Complicating Factors (What is making it harder for the family to deal with these problems?)

Things that may not be harmful to the young person but may add stress or make it harder for either the young person/family or professionals to resolve identified worries e.g. young carer, peer relationships, limited support network

What Needs To Happen?

What do you need to see to be sure the worry/concern/risk/harm or behaviour is less than it is now or not there at all?

What will we see being done that will show us that things have improved for the child / young person, the concerns have been addressed and professionals can step back from the family’s life?

Use the child and family’s words as much as possible.
This is not a list of services. Services can sometimes be the means of improving things, but this section needs to describe the ends. What do we need to see, to know things have improved for the child?

For example:

- Do not put ‘mum will attend anger management course’. Instead put ‘(Child’s name) will feel less upset because mum and dad have not shouted at each other for 6 weeks.’
- Do not put ‘Refer to Attendance Officer’ instead put ‘(Child’s name) has attended school on time every day this term and has participated well within class.’

Make sure this section closely relates to the previous sections of the assessment. Do not put actions that don’t relate to the issues identified.

### Analysis

<table>
<thead>
<tr>
<th>Worry Statement 1 (worry/concern/risk/harm)</th>
<th>Goal 1</th>
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</thead>
<tbody>
<tr>
<td>A ‘worry statement’ clearly outlines what everyone is concerned about. These may be written by the worker to the family, from the family to the child or from the child to the family.</td>
<td>Out of each worry statement, develop a goal – based on the next steps to work towards with the family. What will good look like?</td>
</tr>
<tr>
<td>• Who is worried?</td>
<td></td>
</tr>
<tr>
<td>• What are they worried about?</td>
<td></td>
</tr>
<tr>
<td>• What are they worried will happen if nothing changes?</td>
<td></td>
</tr>
<tr>
<td><strong>Always keep the focus on the impact on the child</strong></td>
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</tr>
</tbody>
</table>

### Scale of Difficulties

(On a scale of zero to ten; where would you, the child, parents, their support people and key professionals rate the situation? Why? People may have different opinions but that is OK)

| 0 | 10 |

The scaling question should be used to establish how concerned each person is about the worry. The child, parents and professionals should all score separately. There is no need to come to a consensus. The scaling can be very powerful in understanding where families are at in their thinking about change; and for opening up a discussion about why scores are similar or different for each person.)
<table>
<thead>
<tr>
<th>Worry Statement 2 (worry/concern/risk/harm)</th>
<th>Goal 2</th>
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</table>

Scale of Difficulties (On a scale of zero to ten; where would you, the child, parents, their support people and key professionals rate the situation? Why? Differences of opinion are welcome, do not try and get everyone to agree)

0                                                     10

Further worry statements and goals can be added as needed. But there should be no more than four at any one time.
Next Steps (What are the next most important things we need to do to build the child’s safety or wellbeing?)

Next steps is about giving children, young people and their family the opportunity to reflect on the above and consider what steps they can take which will move them a little further up the scale towards their goals.

The assessment provides a platform for families to see clearly what is happening in their life which gives them space to then consider their support network and strengths.

For example, if a worry is around school attendance, the family could consider and offer their next step as ‘to make time every evening to talk their child about how things were at school, did they have any worries and provide their child an opportunity to ‘offload’ ‘.

Whilst this may not resolve the whole issue it is something that the family have felt might improve things alongside other support. Full details of what needs to happen, by who and by when is then explored fully as part of the FSP Delivery Plan process.
### Child's/Young Person's Views

What are the child’s views on this assessment and is there anything they would like to add?

Ask the question when the assessment is complete. You will need to allow the child/young person time and space to understand what has been recorded.

This is a good opportunity to check for clarity. If the child or young person is not happy with the assessment, agree what you are going to do.

Try to get the child/young person to directly express their views rather than recording what the parents/carers say they think.

Never leave this section blank or write not applicable. If the child/young person is not available, then arrange to discuss this with them as soon as possible. If the child can’t comment, or refuses to, explain why.

### Parents’ and Wider Families Views

What are the adults’ views on this assessment and is there anything they would like to add?

Ask the question when the assessment is complete. You will need to allow the parent/carer time and space to understand what has been recorded.

This is a good opportunity to check for clarity. If the parent/carer is not happy with the assessment, agree what you are going to do.

Never leave this section blank or write not applicable. If the parent/carer is not available, then arrange to discuss this with them as soon as possible. If the parent/carer can’t comment, or refuses to, explain why.

### What will happen next?

<table>
<thead>
<tr>
<th>Action</th>
<th>Ticked</th>
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<tbody>
<tr>
<td>Your worker will arrange a Family Support meeting to arrange early help and contact the professionals listed below to be part of the team</td>
<td></td>
</tr>
<tr>
<td>A Family Support meeting is not needed. Your worker will continue to provide existing support</td>
<td></td>
</tr>
<tr>
<td>Your worker will use this form to request support from a single agency</td>
<td></td>
</tr>
<tr>
<td>Your worker considers there is a need to contact the social care team for safeguarding advice</td>
<td></td>
</tr>
</tbody>
</table>
**LEAD WORKER** (First point of contact for family and agencies)

| Name: | 
| Agency: | Contact Details: |

**Other Agency Involvement:**

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<tr>
<th>Name</th>
<th>Role</th>
<th>Agency</th>
<th>Telephone / Email Address</th>
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**Manager's Approval**

Manager's comments and decisions about the support provided to the family.

Date

D D M M Y Y Y Y

Please confirm date this was shared with the family

Date

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<tr>
<th>Parent/Carer Signature</th>
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<tr>
<td>Parent/Carer Signature</td>
<td>Date:</td>
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<tr>
<td>Child/Young Person Signature</td>
<td>Date:</td>
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<td>Child/Young Person Signature</td>
<td>Date:</td>
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Plan:
Plan

Before the first Team around the Family (TAF) meeting the FSP Assessment form should be agreed by the family and then shared with those professionals who the family have agreed to provide support as part of the Team Around the Family.

The first TAF meeting should take place within 2 weeks of the completed assessment. In attendance should be all relevant family members, including young people and members of the family’s support network to contribute towards what needs to happen next.

The professionals, together with the family, create an FSP Delivery Plan which will set out how the situation for the family can improve.

The FSP brings together a range of different practitioners to support the family following the FSP Assessment. As part of this process they should hold TAF meetings. Parents/carers should attend these meetings as well as young people if appropriate. These meetings should be planned carefully and the Lead Worker (with the family) should consider who and how many people should be at the meetings, who will record notes and actions, and ensure the meeting environment is suitable and fit for purpose. In addition to this, it is important that work should be undertaken with the family to help them engage in a meaningful way.

The Lead Worker should have already identified with the family worry statements and goals as a part of the FSP Assessment. Identifying the minimum number of worries and goals will keep the work focused and prevent the family from feeling overwhelmed. However you may add additional worry statements/goals now that you are meeting as a TAF. Having a timescale in place for each goal will keep focus, enable progress to be measured and give family a clear date to work towards. The goals can be removed and added to as the work progresses.

If a practitioner is unable to attend a meeting they should provide an update to the Lead Worker including actions undertaken, what’s working well, what they are worried about and what they thing needs to happen next. The update should include progress against the goals from their perspective; this can then be discussed at the meeting. The members of the TAF all have equal responsibility to work towards the goals including family members and their support network. Each practitioner involved in the Family Support Process is responsible/accountable to their own agency for the services they deliver to children, young people and their families; they are also jointly responsible for:

- Developing and delivering the FSP Assessment and Delivery Plan
- Delivering the activities they have agreed to carry out
- Keeping the other members of the team informed about progress in their area of responsibility, providing reports promptly and attending meetings
- Supporting the Lead Worker as required
- Contributing actively and positively to solving problems or resolving difficulties.
- Engage in an honest and transparent dialogue with the family present as to their worries
- Ensuring that if a child / young person is not present, that the meeting remains child focussed and their views are included.

Young people, parent/ carers and the wider family network should have actions to carry out as well as service providers. Families should also be encouraged to identify key people in their own family / community who can provide a network of support to help them meet their family’s goals.
<table>
<thead>
<tr>
<th>Name of the Children/Young People in the family</th>
<th>Child/Young Person’s System Reference No.:</th>
<th>Child/Young Person’s Date/s of Birth:</th>
<th>Child/Young Person’s Main Address:</th>
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<table>
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<tr>
<th>Parent/Carer’s name/s:</th>
<th>Parent/Carer’s System Reference No.:</th>
<th>Parent/Carer’s Date/s of Birth (if available)</th>
<th>Parent/Carer’s Address and telephone number:</th>
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<tr>
<th>Date of 1st TAF meeting:</th>
<th>Is this a transfer from Social Care? Yes/No</th>
<th>Date of this meeting</th>
<th>Date of next meeting</th>
<th>Date Family Support Process Closed:</th>
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**LEAD WORKER (First point of contact for family and agencies)**

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<th>Name:</th>
<th>Agency &amp; Role</th>
<th>Telephone / Email Address</th>
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**Team Around The Family**

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<tr>
<th>Name</th>
<th>Agency &amp; Role</th>
<th>Attended Y/N</th>
<th>Report provided Y/N</th>
<th>Telephone / Email Address</th>
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**Significant Events since assessment or last review meeting:**

*Ensure that upon closure of the FSP, the details of this decision are recorded within the review meeting notes.*

**REVIEW MEETING NOTES:**

**Child(ren)/Young Persons Views:**

*The voice of the child should be heard throughout the FSP process, capture how this will be achieved. Attach any completed feelings and wishes sheets or conversations etc. to the delivery plan. Their contents must be considered as part of the planning process.*

*Where it is not appropriate for the child/siblings to attend all or part of the meeting, please use this section to indicate how their views have been captured. This can include reference to drawings, words and pictures etc to express their wishes and feelings.*

**Parent/Carers Views:**

**Professionals Views**
<table>
<thead>
<tr>
<th>Identified Need (Worry/concern Statement)</th>
<th>Desired Outcome Goal</th>
<th>What are we going to do?</th>
<th>Who is going to do it?</th>
<th>When do we plan to start?</th>
<th>When do we plan to finish?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copy and paste from the FSP Assessment</td>
<td>Copy and paste from the FSP Assessment</td>
<td>Make sure the actions are clear and achievable. Ensure that the actions are related to the identified goal. Do not use acronyms or jargon without explanation.</td>
<td>Assign clear responsibility and ensure that this person agrees and is clear about what the action is. Ensure you consider what support can be offered by the family’s network (friends, family and community) in addition to professional support services.</td>
<td>Be clear about time scales avoid using the term ‘ongoing’</td>
<td>Be clear about time scales avoid using the term ‘ongoing’</td>
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Progress made towards desired outcome/goal

*Be clear about what has taken place since the FSP assessment or last review meeting and include the impact this has had on the child/young person*

**Scaling Question**

*The scaling question should be used to establish how concerned each member of the TAF is about the issues identified.*

“On a scale of 0 to 10, where 10 is that… and 0 is that…. Where are we now?”

0  Adamantly oppose .......................... 10  Completely support

**Who scaled what and why? Consider what would need to change to move up the scale.**
Progress made towards desired outcome/goal

### Scaling Question

“On a scale of 0 to 10, where 10 is that… and 0 is that…. Where are we now?”

| 0 |  |  |  |  | 10 |

Who scaled what and why? Consider what would need to change to move up the scale.

Progress made towards desired outcome/goal

### Scaling Question

“On a scale of 0 to 10, where 10 is that… and 0 is that…. Where are we now?”

| 0 |  |  |  |  | 10 |

Who scaled what and why? Consider what would need to change to move up the scale.
Progress made towards desired outcome/goal

**Scaling Question**

"On a scale of 0 to 10, where 10 is that... and 0 is that... Where are we now?"

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Who scaled what and why? Consider what would need to change to move up the scale.

Young Person Signature .................................................................Date ..........................................
Parent/Carer Signatures .................................................................Date ........................................
Review and Closure
Review

The FSP Delivery Plan is reviewed by the family group network and the Team around the Family to monitor improvements and modify the plan if necessary.

The goals are reviewed regularly (6 weeks) with the family and other professionals. If the outcomes are reached, and the situation has improved for the family, the work will finish. If the outcomes are not met, alternative ways of working will be considered including escalating the family to statutory social care. Discussions should take place and decisions made about how to progress and how the family can be supported.

Closure

All parties agree that the Family Support Process should finish.

At the closure of any FSP, it is important that all families are offered the opportunity to complete a feedback form. This is regardless of the reason for closure. The most up-to-date feedback form can be found on the Norfolk Early Help website.

A FSP may no longer be appropriate for a number of reasons, including:

- All identified needs met
- Universal services now meeting all identified needs
- Family has requested closure or withdrawn consent
- Social Care taking on full responsibility for the case

Once the FSP is closed, the FSP Delivery Plan should be uploaded to the Early Help Website so they can complete their baseline data function for the county.
Interface with Social Care
Social Care step down to FSP procedure

SCOPE OF THIS CHAPTER

This procedure applies to the Step down of cases from Social Care teams to Early Help via the Family Support Process. It should be read in conjunction with the Transfer Guide.

The Family Support process enables appropriate information sharing between family and professionals and provides a framework for holistic assessment of family needs, coordinated multi agency response and review as set out in Working Together 2015.

The Family Support Process is consent based and falls below the threshold of statutory social care intervention. This procedure should be read in conjunction with the Norfolk Threshold Guide and Norfolk Local Assessment Protocol

Contents

1. Introduction
2. Decision making for step-down
3. Issues of consent
4. Agreeing the Lead worker for FSP
5. The Transfer/Step-down meeting
6. Actions following the Transfer/Step-down meeting

1. Introduction

Norfolk’s vision is for all children and young people to be safe, happy and well. Children’s Services will be there at the right time to support children and young people to achieve their own personal ambitions, put their needs first, and never give up on them.

Children should have their needs met in universal services wherever possible, but it is recognised that some families need additional help for their children and some families require statutory intervention to keep their children safe and well looked after. This is never a static process, situations change and as a result so does need and risk. Practitioners need to understand this and to understand that children may ‘step up’ and need more services and ‘step down’ as interventions have impact and needs and risk changes as a consequence.

Children’s Social Care and Early Help services do not want to be involved in family life unnecessarily. The determinations on what services are right for a child in order to reduce risk is dependent on assessment and analysis of information.
High quality assessments are timely, transparent and proportionate to the needs of individual children and their families. All Assessments should:

- Identify what is working well in the family;
- Identify worries about the children and young people in the family through meeting them directly and eliciting their wishes, views and feelings or through observation of relationships;
- Identify what needs to change for the care of the children to be safe and stable in the long term;
- Be undertaken in partnership with family members, ensuring that each child and family understands the type of help offered and their own responsibilities, so as to improve the child’s outcomes;
- Be undertaken using a whole family approach which takes account of the perspectives of family and extended family, professional and naturally occurring networks.

By using the ‘Signs of Safety’ Approach across Early Help and Social Care processes, families will experience a common language that they are able to engage with, whatever the level of support and worries they are experiencing.

At all times the needs of the child are paramount when considering the transfer process and appropriate point to transfer case responsibility. There should be as minimal change of team and worker as possible. Safe transfer of work means early warning where possible, all relevant tasks completed, forward dates clearly identified, and all parties informed.

2. Decision making for step-down

Regular case supervision must ensure that decision making is always focused on the child’s wellbeing and presenting needs. While effective working relationships with parents is crucial to ensuring good outcomes for children, it should never replace the key question of whether the child’s health or development is likely to be impaired without statutory intervention. Thresholds of risk and harm must be applied.

Where a Social Care Team Manager decides that step-down to Early Help may be appropriate, a number of key considerations must be taken into account:

- Progress on any existing plan
- Whether the family are likely to consent to Family Support Process (FSP)
- Whether a Child in Need (CiN) plan with a robust support network is already in place
- Whether a professional within the support network could take the Lead role in co-ordinating the FSP

In all cases, the Social Work Assessment and chronology must be completed before the step-down process can be considered. Step-down must always be agreed and ratified within a multi-agency meeting.
3. Issues of Consent

In order to progress the step-down process the Social Worker must first explain to the family that the Family Support Process (FSP) is voluntary and the children, young people and their parents/carers can choose to be involved. The Family Support Process is a way of working out what continued support the family may need and how best to work alongside the family to provide that support. It will be led by a FSP Lead Worker and the Social Worker will no longer be involved in the case. The parent(s) must give signed consent (Information Sharing and Consent Form) for step-down and the family’s wishes and feelings, hopes and expectations regarding stepdown should be explicitly sought and recorded on it.

If a CiN plan and network of support is already in place, the family can choose who they wish to be the FSP Lead Worker from within the professionals in this group; understanding that the FSP Lead Worker will need to agree to carry out the role.

If no CiN plan is in place (case is within 20 days of being referred to social care) the social worker will ask the family who their ongoing network of support family will be, including members of their family/community network, and gain their consent for any additional professionals who may work alongside them as part of the FSP.

4. Agreeing the Lead Worker for FSP

Following consent, the social worker must contact any professional the family has identified as a potential Lead Worker for the FSP to share the child(ren) and family’s wishes and views about step-down. The social worker should provide information about the FSP and the Lead Worker role so the identified professional can:

a) Decide whether they are able to take on the Lead role for the child(ren) and family
b) Identify what, if any, support they may need with this from Norfolk Early Help Family Focus Team (NEHFF).

The Social Care Manager will take all cases due to step-down to the NEHFF Transfer meeting to discuss the need for support from NEHFF.

NEHFF may agree to provide:

- The FSP Lead Worker role where the family are in agreement and there is no one in the existing professional network able to take the Lead role.
- A range of support as part of the network of support delivering targeted interventions  
  Support to the FSP Lead worker identified by the family.

In all circumstances (even where no support is required from NEHFF), the Social Worker will:

a) Complete the NEHFF (Information Sharing and Consent) form to indicate that the case is transferring from social care to early help. Any support agreed from NEHFF should be detailed in this form.
b) Upload the Social Work Assessment, up-to-date Chronology and NEHFF form to the CS CSI mailbox via the Early Help Website. The social worker should record the reference of the upload number.
5. The Transfer/Step-down meeting

Where children already have a CiN plan and review date scheduled, the Step-down meeting will replace this meeting. All family and professionals must be advised of this by the social worker. The Step-down meeting will only go ahead if as a minimum a family member, the proposed FSP Lead Worker and the allocated social worker can attend (the “three key members”).

If no meeting date has been agreed the Social Worker will contact the family and agencies to obtain a date to hold the first meeting and provide a copy of the Social Work Assessment, Chronology and signed consent form. It is important that the family and key professionals who form the support network around the child attend the meeting to understand what their role is and agree the plan. The Step-down meeting must be rescheduled if as a minimum the “three key members” are not able to attend or do not attend the meeting.

The social worker will chair the meeting using the Signs of Safety/ Signs of Wellbeing framework, and work with the family and FSP Lead Worker to complete the Family Support Plan/Wellbeing plan. The key players in the plan should be the parents and their family/community support network. The plan should provide:

- Clear safety/wellbeing goals that are specific, measurable and realistic. The outcomes should be linked to the child/young person’s wellbeing.
- Clear Responsibility and Timescales with each action having named owner. These should always include actions to be undertaken by family members and the wider network alongside the support professionals will provide them to achieve their actions
- The views, hopes and expectations of the children and young people should be explicitly sought and recorded using tools and resources appropriate to the age and understanding of the individual.
- Date of the next Review

The completion of the plan at the meeting ensures the successful transfer to early help, with the social worker stepping away confident that the family, and the team around the family have agreed what actions need to be carried out and what the goal is.

6. Actions following the Transfer/Step-down meeting

It is the responsibility of the new FSP Lead Worker to populate the FSP delivery plan paperwork using agreements made at the meeting and upload it to the Early Help website. It must be distributed to the family and professional support network within 2 weeks of the meeting. They will be responsible for all future FSP meetings to progress the plan and any associated FSP paperwork.

The social worker will complete any outstanding paperwork on CareFirst, de-allocate themselves and add a NEHFF CareFirst Activity indicating the name and contact details of the Lead worker for FSP. The CareFirst Activity is a record that demonstrates that the case is transferred from social care to early help. The NEHFF Referral Team will confirm the FSP delivery plan is received by closing the CareFirst activity. If no FSP plan is uploaded within 2 weeks they will contact the Lead worker to provide any support required around upload.
Useful website links

- **Norfolk Early Help Website**

- **Signs of Safety Resources**
  http://www.norfolklscb.org/people-working-with-children/signs-safety/

- **NSCB Statutory Guidance and Publications & Research**
  http://www.norfolklscb.org/people-working-with-children/publications-research/

- **Working Together to Safeguard Children 2015**

- **What to do if you are worried a child is being abused guidance**

- **Guidance for Safer Work Practices for Adults who work with Children and Young People**

- **Information Sharing: Guidance for practitioners and managers**
  https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice

- **Seven Golden Rules for information sharing**

- **Keeping Children Safe in Education**

- **Traffic Light Tool and Brook Guidance regarding sexualised behaviour**