

Early Help Family Assessment Auditor's Guide

September 2021 (to be reviewed no later than September 2022)

The Resilient Families Practice (RFP) audit is designed to:

- Identify strengths in practice
- Showcase how well the workforce use the Resilient Families principles to bring about improved outcomes and sustained change for children and their families
- Identify practitioner's strengths and learning needs
- Support in the identification of practice themes within teams and across the directorate
- Improve practice which will lead to improved outcomes for families and help us achieve our aims **(to build relationships that help create the conditions for change, to work in strength based partnerships, for families to leave us stranger than when they found us)** for our work with them
- Reinforce our purpose – **to give practical and emotional help, with love and care, so that families can feel stronger**

Audit Process:

- Audits are undertaken bi-monthly to allow each service time to focus on completing Quality Assurance activities within their own teams
- Family audits will be carried out by the Head of Service, Service Managers and Team Managers of First Stop Early Help, Family Service and Transformation Teams. Managers will not audit families from their own team to ensure objectivity
- Practice Leads will oversee the process, ensuring audits are completed and thematic recommendations are followed up. They will also obtain feedback from practitioners to improve the way we complete the audit process
- There is an expectation that there will be open communication between the Practice Leads and the auditing managers. It is the responsibility of the auditing manager to notify the HOS if there are circumstances which mean the deadline will not be met
- Families selected for audit will be allocated on MOSAIC on the first Monday of the month. If Monday is a bank holiday it will be sent the first Tuesday of the month

- If audits are not allocated on the first Monday of the month, the audit deadline will be extended by the number of days the audits are delayed. The auditing managers will be notified of the new deadline via e-mail
- Once published, Practice Leads will send an e-mail to the practitioner, their supervisor and the auditor to notify them which family has been selected for audit. The e-mail will alert the practitioner that the auditor will meet with them 1 :1 after they have completed the audit to get their reflections
- The meeting should be used to listen to the FW's reflections about their work with the family with a particular focus on what was helpful / not helpful in progressing the work to achieve the family goals. The auditor should use the set questions to guide the meeting and use additional clarifying, exploratory and appreciative enquiry questions to get a full understanding of the FW's experience. The worker's reflections and experience of supervision should be used to inform section 5. Supervisor role in the Helping Process
- In addition, the auditor should arrange a 3-way meeting with the FW (after the worker reflection meeting) and their supervisor to hear feedback about the work with the family and to share the auditor's findings
- Auditors can also arrange to meet the supervisor separately if necessary
- Upon completion of the 3-way meeting, the audit (including the workers reflections) should be 'finished' on MOSAIC and an e-mail sent to the practitioner and their supervisor and the Service Manager via e-mail to confirm the findings
- The audit should cover the period of work for the previous 6 months, but the original referral dates and information should be used for section 3. Timeliness, consent and recording
- Identified areas for development in supervisory practice / conduct should be reviewed periodically by the SM
- The deadline for completion is the last Friday of the month. The completed audit (including the workers reflections) must be completed on MOSAIC by the deadline
- System errors and data breaches are to be addressed immediately with the Team Manager and the Service Manager notified
- Any identified risks or safeguarding concerns are to be addressed with the Team Manager in the first instance. If the auditor and the Team Manager disagree about the course of action, the concern should be escalated to the Service Manager and the Head of Service notified.

Section 1. General information

- General information about the child and family that are being audited is pulled through from the person summary
- Disability – note if the index child or any other member of the family has a disability
- Other family members – name, relationship, age of siblings – list all members of the family, relationships and ages of all children in the family
- Theme for the audit – will be added when the audit when it is allocated to you
- Complete the RFP audit as usual with a particular focus on the set theme
- Answer any additional set questions in the audit instructions
- If you notice particular strengths in practice or areas for development in relation to the specific audit theme questions, please make sure you also write them in the relevant part of section 6. Conclusions of the audit form

Section 2. Worker Reflections and Family Feedback

- This section is to record worker reflections from the 1 :1 meeting with the auditor and FW
- For FSCF FW families, the expectation is that the auditor contacts the family for feedback as part of the audit process. Positive feedback should be recorded verbatim on the relevant section of the audit form using the questions prompts. A summary of the conversation should be sent to the worker and copied to their supervisor to recognise their good practice. Negative feedback should be recorded as case note 'feedback shared with TM for action XX/XX/21' on MOSAIC. A summary should be shared with the relevant supervisor. Please consider the family circumstances before contacting them to check that it is appropriate. Families that are open to CSSW at the time of auditing **should not** be contacted for feedback.

Section 3. Timeliness, Consent and Recording

- The timescale for TAF reviews is now **60 working days**, rather than 90 calendar days – a reminder has been added to the guidance section of the audit form
- FWs to complete the **whole TAF Review process** (meeting, writing the episode and manager sign off) within 60 working days (not just holding the meeting)
- Family Support dashboard will highlight urgency (red) at 50 working days to give enough time for the all the elements of the TAF Review episode to be completed
- FWs should be encouraged to hold the TAF meeting by 50 working days at the latest

- FW completes Review TAF episode and tasks to Team Manager for sign off no later than 11 weeks (55 working days) after the date of the initial TAF meeting or previous TAF review meeting (NOT completion of the initial TAF episode or TAF Review episode)
- The box to indicate if the initial TAF was in timescale, should only be ticked 'yes' if the initial TAF meeting **and** episode has been completed within 10 working days of the EHFA episode being completed
- The box to indicate if the TAF review was in timescale, should only be ticked 'yes' if the TAF review meeting **and** episode has been completed within 60 days of the initial TAF (or subsequent TAF reviews) being completed

1 Cause for concern	2 Requires Improvement	3 Satisfactory	4 Good	5 Practice excellence
	Evidence in less than 50% of the family file	Evidence in 50% of the family file	Evidence in 75% of the family file	Evidence in 90 – 100% of the family file
<p><u>Recording</u> is jargon free and written in plain English with correct spelling and grammar</p> <p>Case notes refer to the children, young people and parents in the family (and professionals in the network) by their names, rather than their role or position in the family / network</p> <p>Contact to first decision was completed within 3 working days</p> <p>EHRD was completed within 10 working days</p> <p>All children in the family were seen within 10 working days of the assessment being initiated</p> <p>EHFA was completed within 30 working days</p> <p>EHFA was copied to all children in the family at the time the assessment was completed</p> <p>The initial TAF meeting was held within 10 working days of the EHFA being completed</p> <p>The TAF review meeting was held within 60 working days of the initial TAF completion</p> <p>Subsequent TAF review meetings were held, and the episode was completed within 60 working days</p> <p>Recording is accurate and up to date (within 5 working days)</p> <p>Signed consent form, safeguarding and information sharing documents have been uploaded</p>				

Case notes focus on and evidence outcomes for the family and every child – contact with family / network is linked to working towards goals to improve outcomes

Case notes clearly evidence individual work taken including direct work (any work done directly with a child, young person or parent using tools, resources, activities and interactions to enable the child / parent to make sense of their situation and make progress towards their goals)

Evidence that feedback on the service received was obtained from the family – recorded in section 10. Comments and Signatures of the EHFA and section 6. Analysis in the TAF Review, section 6 Views of parties at case closure of the closure record

Informal feedback may also be recorded in case notes

RFP benchmark levels of need are completed accurately and reflect the needs of the family identified in the EHFA and original referral

RFP progress levels of need are completed accurately at TAF review and closure

Closure letter detailing family achievements, details of LP if appropriate and contact details for EH was sent to the family and network

All closure steps have been completed

There are no concerns regarding timeliness or recording

Section 4. Quality of the Helping Process

Exploration and shared understanding

1 Cause for concern	2 Requires Improvement	3 Satisfactory	4 Good	5 Practice excellence
	Evidence in less than 50% of the family file	Evidence in 50% of the family file	Evidence in 75% of the family file	Evidence in 90 – 100% of the family file
<p>Evidence of partnership building</p> <p>Family and FW communicate clearly and openly with each other</p> <p>Family are constructively engaged in the Helping Process https://ascpractice.camden.gov.uk/early-help-guide/resilient-families-practice/the-helping-process/</p> <p>Family and FW use their expertise in complementary ways</p> <p>Shared decisions have been made about the partnership and Helping Process https://ascpractice.camden.gov.uk/early-help-guide/resilient-families-practice/the-helping-process/ and here https://ascpractice.camden.gov.uk/early-help-guide/resilient-families-practice/tools-for-exploration-and-assessments/</p> <p>The partnership is trusting and respectful</p> <p>The family consider the practitioner and partnership to be supportive, connected, facilitative, influential and purposeful</p> <p>EHFA was completed within timescales</p> <p>FW contacted the referrer to discuss the referral and kept in regular contact to keep them informed about progress</p> <p>Exploration and shared understanding sections of the EHFA are jargon free and written in plain English with correct spelling and grammar</p> <p>Show consideration for the cultural and religious background of the family, paying attention to ‘protective’ characteristic under the Equalities Act that may affect the work with the family – link to our GRAAAAAACES framework</p> <p>Father / male carer’s views have been sought been included as part of the assessment or sought and they declined to comment or N/A as not appropriate and rationale regarding decision making has been provided</p> <p>If VOF has not been able to be included directly, father / male carer has been appropriately considered and mentalised</p> <p>VOC (age appropriate lived experience, understanding of the current situation, wishes, hopes, aspirations, vision of what they would like family life to be like) and in particular the child’s voice in relation to the original referral reason has been included as part of the assessment</p>				

VOC is adequately represented for all children in the family

Evidence that there is a relationship with all members of the family and an understanding of their individual needs in the context of their family relationships and environment

Assessment includes all relevant adults and children including those living away from the children's family home if they impact on the child's wellbeing

Understanding of the family needs in relation to the historical context (consider the chronology of incidents / events and previous service involvement and engagement) and the family relationship to help

Equal attempts have been made to engage all members of the family and the interrelationship and dynamic between all family members has been captured in the context of their strength and influence

Appropriately frequent home visits to complete direct work / understand the family story

Creative attempts to sustain the relationships if the family have been reluctant to engage

Open and transparent discussions or movement towards this

Evidence that the EHFA has explored parenting, parents and siblings, family and friends, school and early years, employment and income status, community and wider circumstances and its impact on the children – see also Early Help Assessment Guiding Principles (Detailed)

<https://ascpractice.camden.gov.uk/early-help-guide/family-early-help-covid-guidebook/fscf-procedures-during-covid/assessments-and-plans-guidance/#main>

[RFP Tools and Resources](#) have been used to support the family to tell their story

The family have been supported to describe their story in sufficient depth and detail

Exploration topics were mutually agreed between parent and FW

Exploration used the ecological model, which was shared by the FW

Evidence of comprehensive and focussed analysis of all relevant information from a range of sources (school / GP / health professional) that helps the family make sense of their situation and the FW accurately assess their needs

Concise analytical summary of factors contributing to areas of concerns or making change difficult to achieve and factors and strength that are likely to support change

Strengths, resilience and positive attributes in the family have been explored together and recorded

Risk, threshold and vulnerability were explored together (led primarily by the parent) and responded to appropriately (see threshold guidance on this link <https://ascpractice.camden.gov.uk/early-help-guide/family-early-help-covid-guidebook/fscf-procedures-during-covid/stepping-up-escalation-procedures/>)

The nature, complexity and role of family resilience and risk factors are understood

A clear picture of the families' situation has been acquired through facilitation by the practitioner, in which the effects of key resilience and risk factors are known

Quick wins and unknowns / areas for further exploration are clearly recorded

Concerns regarding CCE / CSE have been appropriately explored and recorded – see guidance and tools here <https://ascpractice.camden.gov.uk/early-help-guide/family-early-help-covid-guidebook/fscf-procedures-during-covid/general-policies-and-procedures/>

If neglect is identified as a presenting issue at either the EHRD stage or during the course of the assessment, the Graded Care Profile tool has been used to explore this with the family – this will need to be updated with guidance from CSSW regarding which tool we will be using going forward – tool and guidance notes are here <https://ascpractice.camden.gov.uk/early-help-guide/family-early-help-covid-guidebook/fscf-procedures-during-covid/general-policies-and-procedures/>

Achieving a clear and shared understanding of the immediate and wider family circumstances

Stable and dynamic risk and resilience factors have been discussed

Key areas for change have been discussed and negotiated

Parents and practitioners have been open about the extent of their shared understanding as well as where differences exist

There is a shared understanding of the impact of parent constructs on family circumstances and the FPM Helping Process
<https://ascpractice.camden.gov.uk/early-help-guide/resilient-families-practice/the-helping-process/>

Resilient Families outcome baseline measures have been appropriately explored and recorded

Evidence that the relevant parts of the assessment has been developed and shared with the children, parent and carers and their support network in an age appropriate way`

Evidence that feedback (including any complaints) on the service received was obtained from the family – recorded in section 10. Comments and Signatures of the EHFA

Informal feedback may also be recorded in case notes

Section 4. Quality of the Helping Process

Goal setting and strategy planning

1 Cause for concern	2 Requires Improvement	3 Satisfactory	4 Good	5 Practice excellence
	Evidence in less than 50% of the family file	Evidence in 50% of the family file	Evidence in 75% of the family file	Evidence in 90 – 100% of the family file
<p>Goal setting and strategy planning was delivered in timely way</p> <p>Goal setting and strategy planning sections of the EHFA are jargon free and written in plain English with correct spelling and grammar</p> <p>Show consideration for the cultural and religious background of the family, paying attention to ‘protective’ characteristic under the Equalities Act that may affect the work with the family – link to our GRAAAAACES framework – although we are not yet using a set framework for exploring identity, please look to see if any of the tools on this page have been considered/applied https://ascpractice.camden.gov.uk/early-help-guide/family-early-help-covid-guidebook/black-lives-matter-resource-repository/resources-for-daily-practice/#main</p> <p>Father / male carer was included in the goal setting and strategy planning or N/A as not appropriate and rationale regarding decision making has been provided If VOF has not been able to be included directly, father / male carer has been appropriately considered and mentalised</p> <p>VOC has been included in the goal setting and strategy planning (VOC has been sought and included and there are clear goals identified for each child)</p> <p>Quick Wins have been negotiated, implemented and reviewed</p> <p>Explicit agreement exists between the family and the FW about the family issues on which the Helping Process will focus</p> <p>Family issues have been mutually prioritised</p> <p>TAF plan is used to guide conversation with children / family regarding family outcomes and goals before and after TAF reviews</p> <p>Family outcomes and goals identified in the TAF plan are realistic, explicit, family led and collaborative, child friendly, accessible and SMARTER and are allocated to named individuals to carry out; including the family members, professionals, and the children</p> <p>Preferred SMARTER strategies that make best use of family strengths, knowledge and expertise have been prioritised</p>				

Guidance on SMARTER goals is here <https://ascpractice.camden.gov.uk/early-help-guide/resilient-families-practice/tools-for-goal-setting/making-smarter-goals/#main>

Parents possess a clear, realistic plan to achieve the most important SMARTER goals

Identified outcomes and goals for all children and adults in the family (not just the parents and index child)

Builds on the strengths / positive / protective factors and creates new opportunities for positive and sustainable outcomes

Multiple options for achieving goals have been generated by the family and FW and evaluated together

Family goals are linked to the needs identified in the exploration and shared understanding part of the assessment

Actions in the plan directly correlate to expected outcomes

Strategy planning is an integral part of the work with the family – FW has explicitly discussed and addressed how the family may achieve the small steps leading to an overall goal, any barriers that may prevent them from completing the steps and ideas to overcome them

Emerging needs are identified and responded to effectively

Evidence that feedback (including any complaints) on the service received was obtained from the family – recorded in section 6. Analysis in the TAF Review

Informal feedback may also be recorded in case notes

Section 4. Quality of the Helping Process Implementation (intervention)

1 Cause for concern	2 Requires Improvement	3 Satisfactory	4 Good	5 Practice excellence
	Evidence in less than 50% of the family file	Evidence in 50% of the family file	Evidence in 75% of the family file	Evidence in 90 – 100% of the family file

Intervention was delivered in a timely way

Implementation (intervention) sections of the EHFA are [jargon free and written in plain English](#) with correct spelling and grammar

Show consideration for the cultural and religious background of the family, paying attention to 'protective' characteristic under the Equalities Act that may affect the work with the family – [link to our GRAAAAACES framework](#) – although we are

not yet using a set framework for exploring identity, please look to see if any of the tools on this page have been considered/applied

<https://ascpractice.camden.gov.uk/early-help-guide/family-early-help-covid-guidebook/black-lives-matter-resource-repository/resources-for-daily-practice/#main>

Father / male carer included in the implementation (intervention) or N/A as not appropriate and rationale regarding decision making has been provided

If VOF has not been able to be included directly, father / male carer has been appropriately considered and mentalised

VOC has been included in the implementation (the VOC is evident in the plan, intervention and direct work) and the work is child focussed

Implementation (intervention) is linked to the needs identified in the exploration and shared understanding part of the assessment, plan and agreed goals

Direct work (any work done directly with a child, young person or parent using tools, resources, activities and interactions to enable the child / parent to make sense of their situation and make progress towards their goals) is undertaken with all members of the family in 1 : 1 and in groups / family sessions as appropriate

FW has challenged and encouraged the family the use their own skills, resources and strengths to carry out their plan and create and sustain change (not just the FW doing 'for them')

Parents and practitioners have put the plan into practice

Parents and practitioners have gathered evidence about the impact and process of Implementation from a variety of sources

RFP tools and strategies have been used to support the family make progress towards their goals – tools are here <https://ascpractice.camden.gov.uk/early-help-guide/resilient-families-practice/tools-for-goal-setting/>

Evidence based tools are used to deliver interventions where appropriate and necessary

Clear identification of the likely duration of the intervention and the intended outcomes for each child with a review period

Intervention is family led and collaborative, child friendly and accessible

Support was sequenced in such a way to address stressors to enable the family to move forward as well as structured to address underlying or causal issues at appropriate times

Intervention is flexible and adaptable based on the ongoing assessment of need

Emerging needs are identified and responded to effectively

Evidence that feedback (including any complaints) on the service received was obtained from the family – recorded in section 6. Analysis in the TAF Review

Informal feedback may also be recorded in case notes

Section 4. Quality of the Helping Process Review (TAF review)

1 Cause for concern	2 Requires Improvement	3 Satisfactory	4 Good	5 Practice excellence
	Evidence in less than 50% of the family file	Evidence in 50% of the family file	Evidence in 75% of the family file	Evidence in 90 – 100% of the family file

Initial TAF and TAF reviews are held within timescales – TAF guidance is here <https://ascpractice.camden.gov.uk/early-help-guide/family-early-help-covid-guidebook/fscf-procedures-during-covid/assessments-plans-and-taf-guidance/#main>

Review (TAF Review) section of the EHFA is [jargon free and written in plain English](#) with correct spelling and grammar

Show consideration for the cultural and religious background of the family, paying attention to ‘protective’ characteristic under the Equalities Act that may affect the work with the family – [link to our GRAAAAAACES framework](#) – although we are not yet using a set framework for exploring identity, please look to see if any of the tools on this page have been considered/applied
<https://ascpractice.camden.gov.uk/early-help-guide/family-early-help-covid-guidebook/black-lives-matter-resource-repository/resources-for-daily-practice/#main>

Father / male carer was invited to the TAF review if appropriate or N/A as not appropriate and rationale regarding decision making has been provided

If father / male carer did not attend the TAF review, they were contacted for feedback / appropriately considered and mentalised and were sent information about the outcome of the meeting. Separate TAF offered to father / male carer if appropriate

Children attended the TAF if age / stage appropriate and were encouraged to express their feelings about the work, individual and family goals and progress

FW made efforts to differentiate the information in an age appropriate format and was creative with solutions to including all members of the family and encouraging children to attend

If children did not attend the TAF review, their thoughts and feelings were appropriately represented and they were sent / given information about the outcome of the meeting. Separate TAF offered to children if appropriate

Direct work, intervention, goals, plan and relationships with professionals are reviewed periodically

RFP tools and strategies have been used to support the family to review the work and the partnership with the FW (tools are here <https://ascpractice.camden.gov.uk/early-help-guide/resilient-families-practice/tools-for-reviews-and-endings/>)

Parents and practitioners have reviewed the impact and experience of Implementation

Implementation effort and success have been acknowledged and appreciated, difficulties and challenges identified with parents and addressed

The impact of the Helping Process on goal and outcome progress have been explicitly explored and reviewed

Details of what good progress looks like is clearly identified

The quality and effectiveness of the family / Family Worker partnership and other Helping Process tasks have been explored and reviewed

Necessary amendments and next steps to the Helping Process have been discussed together and put into practice

TAF review was used as an opportunity to review and revise the plan if necessary and make sure that the goals are up to date and still relevant

Emerging needs are identified and responded to effectively

Evidence that feedback on the service (including any complaints) received was obtained from the family – recorded section 6. Analysis in the TAF Review

Informal feedback may also be recorded in case notes

Section 4. Quality of the Helping Process

Ending and preparing for closure

1 Cause for concern	2 Requires Improvement	3 Satisfactory	4 Good	5 Practice excellence
	Evidence in less than 50% of the family file	Evidence in 50% of the family file	Evidence in 75% of the family file	Evidence in 90 – 100% of the family file

Ending and preparing or closure section of the EHFA is [jargon free and written in plain English](#) with correct spelling and grammar

Show consideration for the cultural and religious background of the family, paying attention to 'protective' characteristic under the Equalities Act that may affect the work with the family – [link to our GRAAAAACES framework](#) - – although we are

not yet using a set framework for exploring identity, please look to see if any of the tools on this page have been considered/applied

<https://ascpractice.camden.gov.uk/early-help-guide/family-early-help-covid-guidebook/black-lives-matter-resource-repository/resources-for-daily-practice/#main>

Father / male carer was sent a copy of the closure letter (and included in the ending) or N/A as not appropriate and rationale regarding decision making has been provided

RFP tools and strategies have been used to support the family to reflect on their achievements and look to the future (tools are here <https://ascpractice.camden.gov.uk/early-help-guide/resilient-families-practice/tools-for-reviews-and-endings/>)

Closure letter detailing family achievements, details of LP if appropriate and contact details for EH was sent to the family and network

Sensitive consideration was given regarding how the ending would be managed if the family were stepped up to CSSW or reallocated due to staff sickness / unplanned leave

A smooth, planned and managed transition was made to a new LP, community or universal or other service and the relationship scaffolded

Practical and emotional effects of completing the Helping Process have been explored in an open and transparent manner

The impact and value of the parent / Family Worker partnership have been explored and acknowledged, with the worker actively facilitating this when necessary

Success and challenges of family goals and outcomes have been explored and acknowledged together

Clear forward plans that draw on the parent's knowledge and expertise have been developed and agreed.

Future plans address and manage outstanding difficulties, include contingency arrangements and tools to sustain change

Emerging needs are identified and responded to effectively either by keeping the family open or scaffolding relationships with the network to manage any new presenting issues

Evidence that feedback on the service (including any complaints) received was obtained from the family – recorded in section 6. Views of parties at case closure of the closure record

Informal feedback may also be recorded in case notes

Thoughtful, empathetic, child friendly and meaningful ending that helped the family feel that their unique individual circumstances and story were understood, that they were 'seen' and held in mind

Section 5. Supervisor role in the Helping Process

Partnership with the worker

1 Cause for concern	2 Requires Improvement	3 Satisfactory	4 Good	5 Practice excellence
	Evidence in less than 50% of the family file	Evidence in 50% of the family file	Evidence in 75% of the family file	Evidence in 90 – 100% of the family file

TM used the Early Help assessment procedure (here) <https://ascpractice.camden.gov.uk/early-help-guide/family-early-help-covid-guidebook/fscf-procedures-during-covid/assessments-plans-and-taf-guidance/#main>

and met with the FW at the point of allocation to discuss planning, purpose of the assessment, any risks or considerations and timescales at the point of allocation and recorded :

- What is the purpose of the assessment?
- The family chronology and impact on the current situation
- What work will be carried out e.g. who will be seen / spoken to (family / professionals etc)
- What reports / records will be read?
- The family composition, ethnicity, sexuality, gender, religion, social background and identity of the family and whether it may impact on the work with the family, the assessment and service delivery
- What are the issues in terms of race, culture, disability, religion, sexual orientation or class?
- Does anyone in the family have any special needs that may affect their ability to take part in the assessment, i.e language or communication difficulties, and how will these be addressed?
- The date boxes should also be completed at the point of allocation by the Team Manager / supervisor – target completion date should be maximum 28 working days after allocation. The midway review date should be 15 working days after allocation
- All children in the family should be seen within 10 days of the assessment being initiated

The plan should be a list of bullet points that set out an understanding of the referral reason, purpose of the assessment, who will be seen and / or contacted for information

Assessment plan section of the EHFA is [clear, concise and written in plain English](#) with correct spelling and grammar

TM has cultivated and nurtured a partnership relationship which is supportive, connected, facilitative, influential and purposeful

The TM supports the FW to remain curious, focussed on the plan and how direct work / meetings / telephone calls with the network and contact with the family help them to achieve their goals

The worker's reflections and experience of supervision as discussed in the 1 :1 meeting with the auditor should be used to inform this section

DRAFT

Section 5. Supervisor role in the Helping Process

Parallel process

1 Cause for concern	2 Requires Improvement	3 Satisfactory	4 Good	5 Practice excellence
	Evidence in less than 50% of the family file	Evidence in 50% of the family file	Evidence in 75% of the family file	Evidence in 90 – 100% of the family file
<p>TM supports the FW to mentalise the family and network</p> <p>TM uses the opportunity to model Resilient Families in supervision – a supervisory arrangement is a relationship – TM should be modelling everything we expect workers to model in their relationships with families, in their relationship with their supervisee</p> <p>TM models practice excellence in their own practice and supports the FW practice excellence aspirations</p> <p>Evidence that the supervisor has followed up on actions / areas of development from previous audits</p> <p>The worker’s reflections and experience of supervision as discussed in the 1 :1 meeting with the auditor should be used to inform this section</p>				

Section 5. Supervisor role in the Helping Process

Quality of supervision recording

1 Cause for concern	2 Requires Improvement	3 Satisfactory	4 Good	5 Practice excellence
	Evidence in less than 50% of the family file	Evidence in 50% of the family file	Evidence in 75% of the family file	Evidence in 90 – 100% of the family file
<p>Supervision recording is clear, concise and written in plain English with correct spelling and grammar</p> <p>Supervision is held every 4 – 6 weeks</p> <p>Supervision notes are uploaded within 5 working days of the meeting with the FW</p> <p>Supervision comprises a balance of formative, normative and restorative elements</p> <p>Supervision notes are not only a list of events since the last supervision – appropriate curiosity, direction, mentalisation and reflection are included</p> <p>Actions for FW (and TM) are given a completion date and are followed up in each session</p> <p>The worker’s reflections and experience of supervision as discussed in the 1 :1 meeting with the auditor should be used to inform this section</p>				

Section 6. Conclusions

Conclusions and auditors scores

1 Cause for concern	2 Requires Improvement	3 Satisfactory	4 Good	5 Practice excellence
	Evidence in less than 50% of the family file	Evidence in 50% of the family file	Evidence in 75% of the family file	Evidence in 90 – 100% of the family file
<p>Full understanding and review of the family file shows practice excellence in the majority of practice areas</p> <p>Evidence of change and / or the foundations for change</p> <p>Consider ‘did help help?’, ‘what has changed / improved for the family?’, ‘what is the feedback from the family?’ and ‘what has been the impact of the work with the family?’</p> <p>Timeliness and the sections of the Helping Process should be scored according to the evidence in the family file, worker reflections, family feedback and scoring guidance</p> <p>The overall score for the audit should be calculated by adding all of the number scores together, 1 – 5 only (excluding N/A) and dividing by the number of sections that received a number score.</p> <p>E.g. if you have scored</p> <ul style="list-style-type: none"> • timeliness, consent and recording 3, • exploring and understanding 4, • goal setting and strategy planning 3, • implementation 4, • review 4 and • endings N/A <p>the overall score for the audit would be $3 + 4 + 3 + 4 + 4 = 18$, $18 / 5$ (as the N/A score is not included) = 3.6 (rounded up to 4. Please round up or down to the nearest whole number</p>				