

PFSA Handbook



This Handbook has been designed by Parent and Family Support Advisors (PFSAs) and their managers for PFSAs and their managers, both for new and existing staff.

The intention of this handbook is not to override individual schools' policies and procedures, but to provide guidance and support for PFSA's and managers who would like to use it.

If you have any feedback or suggestions for the handbook, please do not hesitate to contact hello@connectsomersex.org.uk with this.

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What does good look like?

It is noted that PFSA's, Schools and Neighbourhoods will do things slightly differently and it is hard to interpret what 'good' looks like, here are a few ideas of what good practice can look like regarding PFSA's.

It is recognised as good practice for the PFSA to secure a working agreement with the family at the start of the support; outlining the support offered, possible time scales, confidentiality agreements, information sharing and consent. These are covered in more detail later in this handbook.

The relationship and trust a PFSA builds with children and their families enables them to provide the best support for families. It helps them to undertake assessments such as an Early Help Assessment (EHA) in a holistic way that is supportive to the family. For lots of families, undertaking an EHA pulls together everything that is happening (strengths and needs) in one place and is a document that the family can take ownership of. This also helps with sharing information with other agencies where appropriate (with parents/ young people's consent) and is seen as good practice to complete.

Parent Family Support Advisers (PFSA's) are a part of the 12 neighbourhood and 6 education locality model which operates in Somerset. There is more information about this in the appendices. Working within a neighbourhood and locality enables families to get help locally.

Peer Support, Line Management, and Clinical Supervision

Line management may vary for PFSA's depending on your individual school policies and procedures. Best practice would be that each PFSA receives a minimum of monthly line management time, it's worth noting that the regularity of this may vary and is to be jointly agreed by the PFSA and Line Manager. Line Management should cover topics including; personal wellbeing, work/ life balance, training requirements, referral triage and case supervision. It's important to note that case management may take place outside of Line Management.

PFSA's who cover multiple schools will naturally need to link in with these individual schools to support their families and follow each school's safeguarding policy, however having one designated line manager for their management/supervision needs who is

aware of their entire caseload is beneficial. This also provides a clear line of contact for ad-hoc support that may be required, for example, someone to debrief with after a tricky home visit, small worries and concerns that are non-urgent but cannot wait a month, or support on 'stuck' cases.

Some schools already choose to purchase in 'clinical supervision' for their PFSA's to use as a tool to discuss cases they are working on. This is an optional purchase, but PFSA's who do receive this have found the additional support invaluable. Clinical supervision is a space which enables a more in-depth conversation on cases covering any concerns such as risk.

The Family Intervention Service runs regular PFSA support sessions within each neighborhood. We would highly recommend attending as an opportunity to network and troubleshooting with other PFSA colleagues in your neighbourhood. This should be in addition to in-house line management, and it does not replace the need for in school line management support. If you are unsure how to access this sessions, please contact your [Connect Somerset Champion](#) in this first instance. The Champion is also there to facilitate group peer support with PFSAs in your neighbourhood which may take place alongside this session or separately as this does vary from neighbourhood to neighbourhood and your Champion will be able to advise you further of this.

Induction

It is important to offer a thorough induction to all new PFSA's and below is an example of an induction checklist that can be used as a guide for those first few weeks of a PFSA joining your School.

Induction Checklist: Parent Family Support Advisor

Name:	Start date:
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To be completed in the first month:

Topic	Completed with
DBS checked and recorded	
Office Induction <ul style="list-style-type: none">- Fire regulations and procedure- Car park- IT equipment and sign out (phone, laptop, chargers)- Resources and printing	
Dress Code	
Sickness absence	
Annual leave if all year round	
Working day: hours, breaks and work life balance	
Confidentiality	
Professional Boundaries	
Disclosures	
Mentoring and buddying	
LADO	
Professional differences	

Policies and Procedures:

Policies or Procedure:	Date read and staff initials
Safeguarding policy	
Lone working policy	

Complaints policy	
Data protection policy	
Professional Development policy	
IT policy	

Key Documents:

Essential	Effective support for children and families	Somerset Safeguarding Children Partnership
Essential	Family Strengths and Needs Tool Kit There is an editable summary sheet that can be downloaded too.	Somerset Safeguarding Children Partnership
Essential	Child Exploitation Tool	Somerset Safeguarding Children Partnership
Essential	Early Help Assessment	Early Help Assessment (EHA) and Supporting Documents – Professional Choices
Essential	Graduated Response Document	Graduated Response Document (Needs to be downloaded each time you use it as it's classed as a live working document).
Recommendation	Education Engagement Services: Resources around attendance.	Education Engagement Services
Recommendation	SDQ	SDQ Outshining
Recommendation	School Information	It is recommended to create a 'School Information' document for PFSAs working across multiple schools including: <ul style="list-style-type: none"> • List of School names. • Headteacher contact information. • SENCO contact information. • DSL contact information. • Generic school contact information.

Training recommendations*:

*Note that each School will have their own set of mandatory training to follow, so it's important to be aware of this.

Essential training Training FAQs - Somerset Safeguarding Children Partnership	Date Booked	Completed
Introduction to Child Protection (interagency) training		
Advanced Child Protection (interagency) 2 day training		
Advanced Child Protection (interagency) update		

Recommended training	Date Booked	Completed
Brooks Sexual Behaviors Traffic Light Training		
Motivational Interviewing		
Introduction to Somerset's SEND Local Offer (Access: 'Manual login' – 'Log in as guest')		

Recommended services where PFSAs regularly refer to:

Promise Mentor	Home - Promise Works
Transition Workers (Formally CAOT)	Virtual School - Education and learning, Information, advice and guidance For Professionals – Contact the Inclusion advice line - 0300 123 2224 For Families- Contact Somerset Direct - 0300 123 2224
Sendias	Somerset SENDIAS
Young Somerset including Mental Health Support Team (if a Mental Health Support Team School, alternatively the Community Wellbeing Service could be an option of support).	Home - Young Somerset
Youth Justice	Somerset Youth Justice Team
Young Carers	Somerset Young Carers - Somerset Carers
Family Intervention Service	Family Intervention Service
Children's Social Care	About Children's Social Care

Children's Disability Team	Children with Disabilities social work teams
ESS (Available via EHA)	Support Services for Education
CAMHS (Can use EHA)	CAMHS Single Point of Access (SPA)
Somerset Integrated Domestic Abuse Service	https://somersestdomesticabuse.org.uk/professional-resources/ (Can complete a DASH alongside this form).
Somerset Drug and Alcohol Service	https://www.turning-point.co.uk/for-professionals

Resources that PFSAs regularly use:

Theme	Resources available
Help4All- provides an overview of Somerset's universal services on a range of topics; money, food, home, mental health, domestic abuse, drugs and alcohol, parenting.	#Help4All
LGBTQ+	Home 2BU Somerset
ELSA Support	https://www.elsa-support.co.uk/ Both free and paid resources are available. https://www.elsa-support.co.uk/ Both free and paid resources available.
TWINKL	https://www.twinkl.co.uk/ Both free and paid resources available. https://www.twinkl.co.uk/ Both free and paid resources available.
TES	https://www.tes.com/en-gb Both free and paid resources available. https://www.tes.com/en-gb Both free and paid resources available.
Parenting	Tuning Into Kids and Teens
PFSAs also often use resources around online safety (including nudes and AI), emotions, mindfulness, family and relationships including parental conflict, OCD, domestic abuse/violence, eating, sleeping, self-harm, bereavement, SEN support. If you are a PFSA who has any examples of these that you would like adding to the handbook, please contact us on hello@connectsomerset.org.uk	

Three-month review (probation review) checklist*:

**Note that this is an example and School policy should be followed as a priority, so this may not be relevant.*

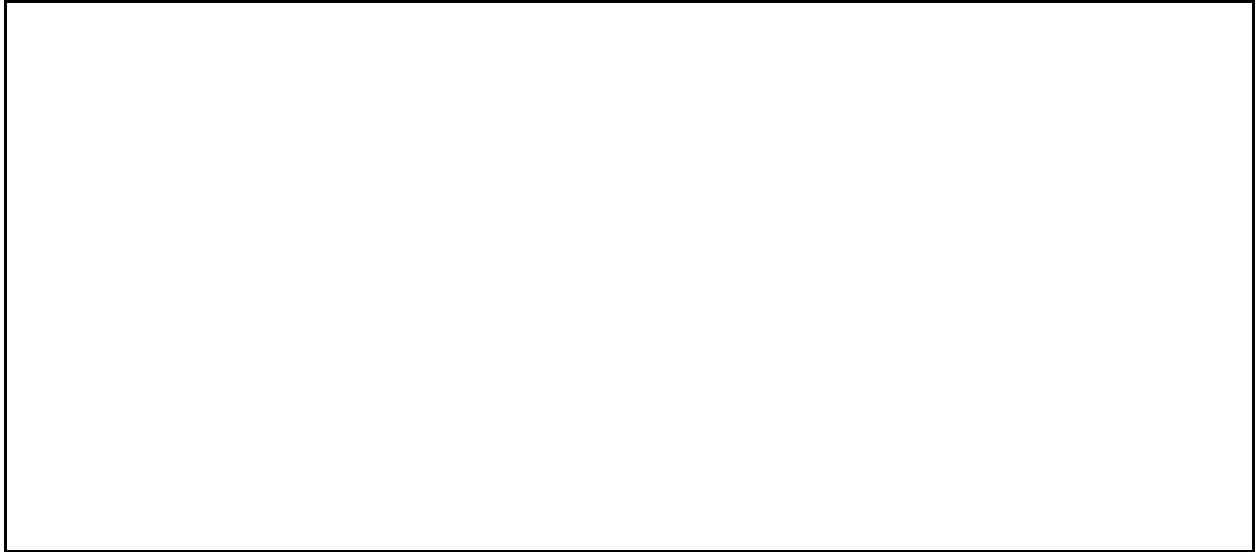
Review by mentor	
Observation of 1:1 with young person	
Observation of 1:1 with adult	
Observation of leading a TAF	

Six-month review (final probation review) *:

Building on from the 3-month review, it is suggested that the following is also covered by the six month review:

Confidently working to the job description	
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Comments/feedback from line manager:



Employee's signature:

Date:

Line Manager's signature:

Date:

Training

Please see below a recommendation of training suggestions, particularly helpful for new PFSAs:

Training list for new PFSAs:

Safeguarding and Child Protection

- Introduction to Child protection/ Safeguarding (1 day course)
- Working together to safeguard children (Designated lead) (2-day course)

Available to book via the Somerset Safeguarding Children Partnership - [Events List](#)

Domestic Abuse

- Introductory Course (level 1)
- Domestic Abuse and Teenage Relationships (Level 2)
- Domestic abuse refresher (level 2)

Contact domesticabusetraining@somerset.gov.uk for training.

Courageous Conversations

Click here to access free online training - [eLearning: Courageous-Conversations](#)

Parenting – Tuning into Kids/ Teens

- First Aid Training
- Health and Safety at Work Training

Sexual Health (all FREE) – Somerset Sexual Health Team

Contact - Andrew Wilson andrew.wilson1@somerset.gov.uk

2024/2025 free training, [click here](#).

- The Basics (Must do this before the C- Card training) (1 day course)
- C Card Training (½ day course)

21st Century Kids – the challenges of young people's choices and relationships

- 1 day course

Somerset Safeguarding Children partnership

eLearning – plenty of FREE training on the website - [eLearning Courses](#)

They also provide plenty of in-person training, [click here](#).

Somerset Phoenix Project – Bitesize Training Videos.

- Shame (20 mins)
- Attachment (30 mins)
- Polyvagal & Grounding (1hr)
- Self-Injury (45 mins)
- The Brain & Trauma (45 mins)
- Group Supervision (15 mins)
- PACE approach (15 mins)
- How to get others to understand Trauma (25 mins)
- Mental Health and Wellbeing of Professionals (2.5hrs)
- Dissociation (2hrs)
- Mental Health and Wellbeing of Professionals (2.5hrs)
- Sensory Processing and Trauma (2hrs)

Mind In Somerset

Visit www.mindinsomerset.org.uk/training/upcoming/ to see upcoming training

- Transgender Awareness (Tier 1 - Starter)
- Understanding Anger Awareness (Tier 1 - Starter)
- Hearing Voices Awareness (Tier 1 - Starter)
- Mental Health and Menopause Awareness (Tier 1 - Starter)
- Grief and Loss Awareness (Tier 1 - Starter)
- Support Skills for Bereavement Conversations (Tier 2 - Developer)
- Introduction to Suicide Intervention Support Skills and Services (Tier 2 - Developer)

- Adult Level 2 First Aid for Mental Health (Tier 3 - Enhancer)
- Youth Mental Health Awareness and Intervention Support Skills (Tier 3 - Enhancer)

Talk Relationships

[Sex and relationships \(RSE\) training courses for teachers and school leaders | NSPCC Learning](#)

Advice First Aid

[Advice First Aid - Citizens Advice Somerset](#)

Contact - Catherine Govier Catherine.Govier@CASomerset.org.uk

Every Life Matters

Lots of FREE training

- Suicide Awareness
- Suicide Alertness
- Suicide First Aid
- Safety Planning
- Emotional Resilience
- Self-harm Alertness
- Supporting Children's Mental Health and Wellbeing
- Assessing for Suicide in Kids
- ASIST
- Mental Health First Aid

<https://www.every-life-matters.org.uk/training/>

Referrals

Managing PFSA caseload is dependent on several factors:

- The number of schools you cover.
- The number of PFSA's employed within your setting.
- Working hours/contract.
- Taking into consideration when accepting referrals, the workload will increase if parents live separately.
- It is important to have regular meetings with your Line Manager to review your current caseload to ensure it's manageable.
- Looking to close cases once the action plan has been completed, or there has been little engagement from the family over a prolonged period such as 6 weeks.
- To manage caseloads for parenting advice support, a referral to the Tuning into Kids or Teens courses, (if applicable in your area), would cover this work and help reduce wait times and caseload numbers.

The job description for a PFSA will vary from school to school and the suggestions below as to which referrals will and won't be accepted may look different depending on your setting.

However, it is important to have a clear agreement that is made jointly with your setting and mutually agreed about what support you can and can't offer.

The PFSA Referral Process:

It is worth recommending to professionals that you work with that before any referral is made to yourself as a PFSA that they are to contact you as the allocated PFSA to discuss the possibility of a referral and whether it's appropriate, this will also support in building relational practice.

Primary Schools:

Often the process within primary schools is that before a PFSA referral is considered, it needs to be discussed during a Team Around the Family or Parental meeting or through internal school meetings such as with the Designated Safeguarding Lead or Head of Year which addresses the need for early help support.

Interventions that could be undertaken before referral to PFSA:

- ELSA input – at least 6 sessions.
- Counselling or in-school pastoral or Mental Health support.
- If there are any medical/ developmental issues, it's worth considering if the parent/ guardian has been to the GP for a possible pediatrics referral (this excludes possible Autism Spectrum Diagnoses or ADHD as GPs don't refer anymore via this route and schools do this through the neuropathway).
- Have Team Around the Family (TAF) meetings been held to discuss possible interventions within the school? What has previously been tried? What successes have there been?
- If there are safeguarding concerns that have you spoken with the Consultation line/ Somerset Direct for advice?
- Signposting for different support, which could include a possible step-in from your allocated PFSA, at a TAF meeting for possible signposting advice.
- Has any Education Engagement Service advice been sought and implemented and for how long?
- Learn4Love- Universal Parenting offer available for families for free by using the access code 'dragon': [Online Learning](#)

Recommendations of what to include in a referral:

- We should clearly state the outcomes that you are hoping to achieve with the work of a PFSA.
- Ideally notes the specific piece of work to be undertaken (although this may evolve during the initial stages of engaging with the family so some flexibility will be needed).
- This work could include supporting the gathering information for an EHA/ CAMHS referral. Or more bespoke external support from agencies that deal directly in targeted support such as around bereavement, drugs and alcohol, child sexual exploitation etc.

As a PFSA you can use the referral to begin forming an action plan that for in the first instance is between 6-8 sessions.

Possible reasons for which a PFSA referral would not be accepted:

- For signposting purposes only.
- If the referral received is above the threshold of PFSA support.
- If the family have received PFSA support within the last 3 months and the difficulties that the family are presenting with are the same. However, it's worth noting that a one-off step-in visit may be helpful to revisit/reinforce agreed strategies.
- If there are a lot of additional services already in place (CAMHS, Children's Social Care including FIS, ELSA), it may be the case that referral would be better to be revisited in the future. Unless perhaps the services such as ELSA are working towards a different difficulty. Similarly, when they are receiving counselling, this needs to be discussed to understand what this work is focusing on and therefore if a PFSA can complement this appropriately.

Possible reasons for referral would be*:

**This list is not exhaustive, best practice is always to talk through any possible referrals with the PFSA in the first instance, where advice can be offered without the need for a referral.*

- Attendance concerns identified through the TAF/ Parental/ Pastoral meetings.
- Anxiety/ mental health (for primary school aged children this may be once the ELSA has been explored or in secondary school once counselling has been tried initially).
- Adult mental health needs within the family that are impacting on the young person.
- Transition work.
- Work on self-esteem/ confidence/ friendship issues – that are more than ELSA level.
- Bereavement work (which shouldn't generally take place for at least 6 months after the bereavement).
- Young carers – to support referring to more appropriate services such as the Family Intervention Service.
- Family conflict which impacts on young people (divorce, family breakdown, separation).

- Parenting, including boundary setting, consequences, emotional coaching, sleep hygiene, healthy relationship work, and signposting for financial support. As well as signposting to other parenting programmes.
- Gathering evidence for assessments, and if needed referring up to a level 3/ 4 service.
- 1-1 work with young people on relationships (which could be abusive/sexual/ to do with exploitation etc.). - only if the PFSA has received the appropriate training.
- Domestic abuse in the family, needing support to access a more appropriate service.

It is important to be clear and honest with the families about why they are being referred to a PFSA and what support they can expect to receive. Some PFSA's have chosen to develop leaflets or information which can be provided to families who have been referred to help them choose if it's the right support for them at the right time.

This is an example of a leaflet that has been produced:

What does a Parent Family Support Advisor do?

Parent Family Support Advisors are there to offer support and guidance for you and your family on various issues such as:

- Self-esteem
- Emotional health
- Parenting concerns
- Emotion coaching
- Family issues
- School attendance
- Learning worries
- Behaviour problems
- Drugs & substance misuse
- Relationships
- Building partnerships between home and school
- Feeling isolated



Parent Family Support Advisors can also direct you to other services or professionals which may be useful for example:

- Health Visitors
- The Family Intervention service (FIS)
- Children's Social Care
- Funding Charities
- CAMHS
- Citizens Advice (CAB)

Parent Family Support Advisors are here to help children and young people make the most of their education and their time at school.

We will work closely with them, their teachers and parents/guardians to help them fulfill their potential. We may also work with the family as a whole.

The work will depend on individual circumstances and we will agree on a plan of support together.

Our support is on a voluntary basis and we will only be able to support the child or young person if they and their parents sign consent agreeing to the support.

We will usually arrange a meeting with parents/guardians to discuss how the work will take place.

Where will this work take place?

There are a number of ways in which a Parent Family Support Advisor could work with you, for example:

- In school
- In the family home
- Mutually agreed venue outside of school if parents' consent

How is the Service accessed?

Before a Parent Family Support Advisor can become involved with a child, young person and their family they need to have received a request for support, these can be requested by by

- *Parent (via the school)*
- *Head teacher/SENCo (Primary School)*
- *Pastoral Team Leader (PTL) /SENCO **

The referral will include the child's or young person's name, address, date of birth along with the reason for the referral. This is often very different for each individual situation.

PFSA's

We currently have *two** PFSA's who work across (*named schools*).

(*NAMED PFSA's*) support children, young people and families in and out of school. They will always look to understand what is going on for you and look to assist you to help find solutions that might be useful.

Case Management System

Somerset Council are working towards providing PFSAs with access to the Early Help Module (EHM) system as a Case Management System to log their work. This is the system that Children's Social Care practitioners such as the Family Intervention Service (FIS) workers have access to.

Work is currently in development, and PFSAs will be offered onboarding once the development work has been completed.

This section will be updated to reflect these changes.

Data

PFSA's should, where appropriate and in discussion with the family share information with other agencies that are relevant to the support for the family. This should including any policies around data and confidentiality by their employing school and/ or the school that the child attends, as in line with the national guidance on data including GDPR policies.

It is important to note that any information PFSA's have written/ stored on a child and their family can be requested by the parent/guardian to see. This is normally done via a Subject access request, and the parent would have to put this request in writing to the school to request access.

It is important for PFSA's to ensure that anything they write about a family/ child is factual and not their opinion.

Both the PFSA and the employing school should establish clear guidelines regarding confidential data/ files relating to parents/ carers, families and pupils as well as how to safely store data, this may differ between schools.

Some ways this information is stored are as follows:

- On a secure Drive in the school, they are employed in.
- On a secure Drive in the school the child attends.
- CPOMS safeguarding system.
- My Concern safeguarding system.
- Case management system through Somerset Council (once available).

When a PFSA starts work with a family the parent/ guardian should be asked to complete a consent form.

This is an example below:

EARLY HELP REQUEST AGREEMENT FORM

Parent and Family Support Advisor (PFSA)

Your agreement will enable us to offer you the most appropriate support for you and your family, this will involve sharing your details with other agencies such as, schools, health services, education support services and Somerset Council, as well as many others. We will inform you of how your data will be shared as we work with you.

Any information that is gathered, recorded, and shared about you and your family, will be done in accordance with your rights under Data Protection. You have the right to ask the practitioner completing this request for a copy of your data. You may also have the right to rectify or erase your personal data, and the right to object to processing, please speak to the practitioner if you have any concerns. However, these rights are only applicable if the school has no other legal obligation concerning that data. You also have the right to complain to the regulator, <https://ico.org.uk/>

This agreement includes the following family members and support processes	
Parents/carers	Type parent/carers' names
Children <i>Include dates of birth for all children</i>	Type children's names

Written Agreement			
Signed (parent)		Date	
Signed (requester)		Date	

- or -

Verbal Agreement

I, type your name and position, have discussed the information in this request for support with type parent/carer's name on select date and can confirm that they have agreed to this request being submitted. I also confirm that I have made them aware of the information in this form and that they agree to its terms.

Transform Family View (TFV)

What is Transform?

Transform Family View is an innovative digital solution designed to consolidate and streamline information about children and families. By integrating data from various sources, we create a holistic view that helps professionals make informed decisions and provide better support.

How does it work?

Transform Family View integrates data from over thirty-two data sources, including education, Family Intervention Services, Children Social Care, Youth Justice, Department for Work and Pensions, the Police and Voluntary Community support services to create a single, digital view.

This information is then made available to authorised professionals through power BI, who can use it to provide better support and services to families.

Funded by the Department of Education, who cite Local Authorities as having a Single Digital view as 'best practice.'

Training

Training sessions are delivered through Teams, covering the use of Transform Family View, the lawful bases used for joining information in this way and how to protect the information. No need to 'pre-book,' simply join with the link. Bring your DBS number to the session to start the permissions process.

[Transform Family View](#)

PFSA Tracker:

The Transform team also hosts a 'PFSA Tracker' which enables PFSA data to be included on the Transform system.

This is an image of the tracker:

	I	J	K	L	M	N
1	ALLOCATED PFSA	DATE CLOSED	CLOSE OUTCOME	EHA START DATE	NOTES	
2		04/05/2023	Step-over L2	18/10/2021		
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

The Transform team ask that PFSAs complete the tracker and submit this to them monthly. The tracker is simple to use and a good document to have to provide an overview of the cases that you are working with.

The consent form in the section previous has a statement within it which covers the data that PFSA's submit via the Tracker. If you have any questions on the Tracker and how to ensure that consent is gained for you to use it, contact the team on transform@somerset.gov.uk

Home Visits

How do I conduct a 'good' home visit? Some 'Top Tips':

- Remember the family have consented for you to be in their home; thus, you are a guest.
- Respect the client's time. If you are running late, notify the family, as this demonstrates that they are important to you.
- Wear comfortable attire (no suits/ties etc.), this can create an initial barrier, and it is important to put the family at ease.
- Always consider confidentiality and be clear in the next steps and how you are sharing information between professionals. Note-taking is necessary during the visit but it's important to be clear on who is going to view these notes, where they are held etc. as this may be a concern to some families. It is important that through this trusting relationship, you make it clear that any safeguarding concerns that may be raised during the visit you will need to share with your safeguarding teams at school but that you will keep the family updated (where appropriate).
- If you are taking a laptop to visit, note that this may create a 'physical barrier' with the screen being in front of you and makes it difficult to actively listen and demonstrate empathy through facial expressions/body language while typing.
- Even though families have consented to PFSA support, they may still initially feel uneasy with a professional being in their home and a crucial part of our role is to build positive, non-threatening relationships and the sooner this can be achieved, the more likely the family will be to engage with consistent strategies, you have mutually agreed. Remember to maintain a respectful, non-judgmental attitude. A friendly approach can help in establishing a trusting relationship from the outset.
- Always introduce yourself and explain the purpose of your visit and outline the expectations of your role, from the frequency of visits and how they can contact you.
- Go through the referral documentation to ensure that the support outlined is what they have agreed to.
- It is important to explain that the support you can offer and any agreed actions going forward are about us working with the family; we are not there to tell them what to do.

- Give them time and space to talk. Listen actively, show empathy and avoid interrupting. This is about them, not you.
- Maintain professional boundaries but with a friendly demeanor!
- Being allowed into the home gives you the opportunity to conduct on the spot risk assessments. e.g. does the parent/carer appear to be under the influence, are there excessive amounts of empty bottles/cans around, do younger children appear unkempt etc. Raise this with the appropriate professionals following the visit.
- Visits should build meaningful relationships with the family so be open and honest with them about what you are doing and clear with what you need to work on together (action plan), to effect positive changes and outcomes.
- Type up your case notes as soon as possible after the visit to ensure accuracy, detail, and proper oversight.

Initial home visit tips

Tips for that initial home visit (where you haven't been in the home before) also include:

- When completing an initial home visit, it is recommended that you should do a joint visit with a colleague or another professional working with the family in case of risk.
- When completing an initial home visit, inform parents that you might take some notes so you can write up a summary of your visit/ or action plan.
- When completing an initial home visit, talk through sharing data, who you will share with and why.
- When completing an initial home visit, talk through what support for the family might look like.

How to stay safe when lone working

Tips for safe lone working and home visits

- Your school/employer should have a lone working policy and risk assessment in place – be sure to have thoroughly read this in your induction. Best practice is that policies and risk assessments are reviewed annually – make sure you thoroughly read any amended versions. Report any incidents where you have felt unsafe to your manager so they can update risk assessments as required.
- If schools haven't got a consent form signed, get this signed at the home visit and leave a copy with parents.
- You should always have a manager available to contact while on a home visit – make sure they are aware of where you are going and how long you should be. Best practice is to confirm you have left the family home with a manager or 'buddy' (another colleague). This is especially important if it is your last meeting of the day, and you will not be returning to the office.
- It's advisable to have an online calendar (such as Outlook) with appointments in (including the name of the family and address) which certain staff can see, including your Line Manager and any other PFSA's.
- When parking your car consider parking as close as possible to the home and in a space that is easy to get out of quickly if you need to leave the home due to risk.
- Phone/message the family on the day of your visit to confirm – this avoids a wasted journey should the family forget.
- Have a safety word or code that you can use in a telephone call with your manager to alert them you feel like you might be in danger – common words are 'red' or 'Scarlett' that can be used in a sentence, for example: 'Can you tell Scarlett I may be late back to the office' or 'Can you get my red folder out ready for me'.
- Get a manager or 'buddy' to call you if you are exceeding the expected time of a visit.

- Have access to an in-car phone charger or a power bank to ensure you are always able to get in touch with a manager.
- If you have a work phone, it can be helpful if this is on a different mobile network to your personal phone, this helps to maximise service coverage.
- After knocking on a family door, always take a step back – this makes it easier/safer to walk away if met with aggression.
- Wherever possible, when in the home, sit on the seat closest to the door.
- Keep car keys in pocket/easily accessible in case you need to leave in a hurry.
- Carry a water bottle with you – this can be an excuse to not accept a drink in the house if you do not feel comfortable doing so, without seeming rude!

An example of the Lone Working policy for PFSA's

Note that this is an example and your School should already have a Lone Working Policy in place for you to follow which may differ slightly to this.

This policy is designed to alert staff to the risks presented by lone working; to identify the responsibilities each person has in this situation, and to describe procedures which will minimise such risks. It is not intended to raise anxiety unnecessarily, but to give staff a framework for managing potentially risky situations.

Contents

1. Lone Working
2. Context
3. Definitions of Risk
4. Responsibilities of Team Members
5. Training
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11. Working from home
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1. Lone Working

For the purposes of this policy, a lone worker is someone who has no visual or audible communication with another person who is capable of providing assistance without delay, should illness, injury, or any other emergency or incident occur.

2. Context

Parent and Family Support Advisors (PFSAs) support vulnerable children and their families to make positive change. The support PFSA's offer can be in-depth and require frequent home visits and lone working with children/young people and their families.

Some of the work undertaken by PFSAs will involve working out of regular office hours and working alone with children/young people and their families in homes, schools and other venues. This type of working carries with it risks you might not normally find in a workplace and team members need to be aware of these and how to respond to them.

It's a manager's responsibility to seek to protect those team members who work alone and undertakes, as far as is reasonably practicable, to minimise the risks to the health and safety of its employees and those who may be affected by their activities.

3. Definitions of risks

3.1. Physical Assault

Physical assault, for the purposes of this document, should be regarded as: the intentional application of force to the persons of another, without legal justification, resulting in physical injury or personal discomfort.

Physical assaults include being shoved, pushed, punched, kicked or headbutted, this is not an exhaustive list.

3.2. Non-physical Assault

Non-physical assaults, for the purposes of this document, should be regarded as: the use of inappropriate words or behavior causing distress and/or constituting harassment. It is very difficult to provide a comprehensive description of all types of incidents that are covered under this definition; however, the following examples would be consistent:

Offensive language, verbal abuse and swearing, which prevents staff from doing their job or makes them feel unsafe
Negative, malicious or stereotypical comments
Invasion of personal space
Brandishing of objects or weapons
Near misses, i.e. unsuccessful physical assaults
Threats or risk of serious injury to a member of staff or visitors
Bullying, victimisation or intimidation
Stalking, Spitting, Unreasonable behavior and non-co-operation, Any of the above linked to destruction of or damage to property

3.3 – Accidental injuries/illnesses

Lone workers may find themselves in a situation whilst working alone where they become unwell or injured though no fault of their own or their client but may not be able to access the appropriate support, first aid or medical attention due to being alone.

4. Responsibilities of Team Members

4.1. Managers' Responsibilities

Managers are responsible to:

- Promoting and supporting the aims and objectives of this policy
- Ensure any known risks are reported at the point of request and made clear to the allocated workers.
- Maintaining staffing levels and adequate cover when dealing with work related to violence and aggression and ensuring that team members are not subjected to lone working where there is deemed to be high risk
- When there is a foreseeable likelihood of an incident occurring, putting immediate measures into place to reduce the risk to the lowest level that is reasonably practicable.
- Implement an out of hours duty system to protect staff who may be working outside of the school day.
- Managers should ensure that transportation used for travelling to and from visits is appropriate.

- Provide the appropriate PPE and other equipment required to protect their employees – such as access to a mobile phone or laptop.
- Provide a debrief for the staff member and updated risk assessment or lone working policy should an incident occur.

4.2. Employees' Responsibilities

- All PFSAs have a general duty to take reasonable care of their own safety and that others who may be affected by their actions. All team members must ensure that they:
- Co-operate with managers to enable them to meet their obligations in respect of the prevention of physical and non-physical assaults and the reduction of risks relating to lone working.
- Make sure their contact details are shared with team members and that electronic calendars are kept up to date with working times and addresses of home visits and shared with all team members.
- Make sure non-working days and mobile numbers are clearly marked in electronic calendars and available to all members of the team.
- Make sure emergency contact details are kept up to date with their manager and their contract holder.
- Undertake and adhere to any relevant risk assessments relating to children/young people and their families where there is a perceived or known risk.
- Be vigilant and ensure that known or identified risks are immediately reported to their line manager, or any changes to risk levels.
- Be aware of out-of-hours arrangements and the details of the duty Rota for management so that immediate contact can be made in the event of an emergency.
- Report any accident or incident to their line manager.
- Attend any relevant health and safety-related training.
- Ensure that any vehicles used for transportation are in good working order with a valid MOT certificate and insurance. Transporting of young people or service users should be a last resort and only with prior discussion with management and a risk assessment.

5. Training

Team members should know that their own safety comes first. They should not be in situations that make them feel unsafe and should remove themselves as quickly as possible, should the need arise.

Training will be made available to team members to support them in minimising their access to risk and maximising their awareness of risk aversion.

6. Information Sharing

It is important that team members have access to good quality information regarding contacts and locations, so they can do their job efficiently and safely. Managers should ensure that there is appropriate information shared to and from other agencies and school, especially where there is deemed to be an elevated risk posed by working with that family. It is within the law that we have to supply/obtain information where there are reasonable grounds to believe that an employee may be at risk from coming into contact with a particular person or entering a particular premise. This information should then be made available to all team members who may come into contact with the person or family and with any other known services supporting them.

Team members should also be aware that if, at any stage of their work with a family, they are made to feel unsafe, this information should be reported to their line manager, who should take appropriate action and inform those with the need for such information.

Team members are expected to keep electronic calendars up to date showing their whereabouts and giving the full address and contact numbers of any home visits they are undertaking. Staff should be given up to date training around GDPR and information sharing.

7. Team Member and Client Contact

Under no circumstances should a team member give out their personal contact details to clients. This includes phone numbers, email addresses, home addresses and social media handles.

Team members will be equipped with the necessary equipment to ensure that they do not need to give clients their personal contacts details in order to be available to them.

Team members should also be vigilant of their social media presence and should monitor any relevant privacy settings to ensure clients are not able to view their posts and profiles. Best practice would suggest the use of an anonymous name,

administering the highest possible privacy settings and removing personal profile pictures.

Should team members encounter any inappropriate contact from a client, it should be logged and reported to their line manager.

8. Safety Control Point

An important element within this policy is the requirement for team members and managers to know the whereabouts of their colleagues while they are working, so their movements can be traced, should the need arise.

This need might come from the engagement of a client known to be high risk, from necessary deviations to planned activity or from working outside of normal hours (early morning, evening or weekends). In such cases, it is important that there is a Safety Control Point (SCP), which can act to safeguard team members in the event of an incident occurring.

The SCP could be one of the following:

- The team office during normal working hours.
- A nominated person, or buddy, with a mobile phone.
- A named member of management

The SCP would be the person or persons who should know the movements of team members that are working.

The SCP will also have the details about the team members so that appropriate steps can be taken in the unlikely event of that team member failing to return to the office or call in following an appointment. These details will be stored on a central record sheet and should include the team members:

- Name and date of birth
- Address and home contact details including an emergency contact
- Car registration, make and model
- Mobile phone number (both work and personal)
- Whereabouts, including the address and contact of the visit taking place
- Up to date electronic calendar

9. Notification of visits and changes to visits

It is a requirement of the Management of Health and Safety at Work Regulations that employers are aware of their employees' movements, so far as it is reasonably

practicable, but without being onerous. All team members will have access to electronic calendars, which must be shared across the whole team and kept up to date with full addresses and updated times of visits, wherever possible. Each team member will have the capacity to update their calendar while working away from the office through the use of a smart phone and/or laptop computer.

Any visits conducted out of normal working hours or that pose a high risk to the worker should prompt that team member notifying their manager or an agreed buddy within the team to act as their SCP.

Likewise, any changes to appointments as outlined in the previous paragraph should be cascaded to the team member's SCP and amended in their calendar accordingly as soon as possible.

In cases where a home visit is perceived to be moderate to high risk, best practice would suggest team members send an electronic calendar invitation to their SCP as a reminder of their need for following a visit up with a safety call.

10. Preventing and Responding to Incidents

Team members must always put their own safety first and remain vigilant to potential risks or threats at all times. Reasonable measures are to be taken by all team members to prevent incidents that may compromise their safety. All team members will be equipped with smart phones and belong to a 'buddying group',

In the unlikely event that a team member finds themselves at elevated risk from a client, the following steps should be taken: Carry out a risk assessment based on known risks Ensure that mobile phones (both work and personal) are switched on and adequately charged while working

If risk is high, lone working is not to take place at that address or with that person or family, appropriate measures are to be put into place with support from team or another service

Park your car near the house, pointing in the direction affording the quickest exit (preventing the need to turn the car, wherever possible) Follow clients into their home and shut the front door yourself to prevent them being locked and ensure knowledge of how the door opens

Remain vigilant, continue to assess possible risk before entering any premise and do not enter the property if you are concerned for your safety for any reason (this might include visitors, pets, home conditions, etc.) and trust your instincts.

Remain vigilant, keep track of the movements of people in and around the house.

Remain vigilant, observe and prevent an increase in threatening or abusive behaviors using de-escalation skills.

Position yourself near any known exits ensuring there are no barriers, including people.

Where necessary, exit the premises quickly and safely, leaving behind anything that might prevent this from happening.

Contact your line manager to report your concerns or any incident and arrange for a debrief of the situation.

Where necessary, contact the police directly on 999.

11. Working from home

Where management deems that it is appropriate that team members are able to work from home, the employee accepts full responsibility for their personal safety and agrees that their home environment is one that is safe and appropriate to work from in respect to both safeguarding and confidentiality.

12. Monitor and review

The Manager responsible for Health and Safety should regularly monitor the implementation of this policy and its procedures in each establishment. Following any incident, a Risk Assessment should be carried out and its findings used to inform change to procedures and working practices.

How to work with separated parents

- If both parents have Parental responsibility (PR) then they are both entitled to have information on their child/ children.
- Where possible best practice is to meet with both parents (ideally together, but more so now this is not possible so arrange two separate initial visits).
- Each parent/guardian signs a consent form.
- Where possible, hold TAF's with both parents, again if not possible then two separate ones.
- Where a parent is not having any contact with their child or there is domestic abuse then it is likely you would not be informing that parent of the work you are

doing. In this instance it is best to speak with the child's school/ DSL to work out what they do and best way forward.

- See lone working policy for additional tips.
- For more information on supporting separated parents and managing parental conflict:
- https://www.cypsomersethealth.org/somerset_parents_and_carers_managing_relationship_conflict
- [Reducing Parental Conflict - Somerset Safeguarding Children Partnership](#)

Handovers and school transitions

It's important to provide support for families of children that you may work with during transitions such as moving to a secondary school.

If you are actively working with a family whilst a transition takes place, please liaise with the previous/ new PFSA to ensure continuity of work strategies and actions to support with achieving the desired outcomes. This should be a short-term step-in, piece of work to support with the next steps. One suggestion of a smooth handover is hosting a joint visit with the family.

If you are a PFSA in a secondary school, it could also be worth linking with the school's transition team to help identify any potential students needing early help; this could be supporting the school with signposting to relevant provisions, pastoral support or anything that could potentially affect learning and well-being. This sharing of information/knowledge at this time is key to early help and could prevent the need for external agency referrals in the future.

Appendices

Appendix 1: Neighbourhood Working

What does Neighbourhood working mean in Somerset?

Neighbourhood working is a way of working where staff work directly with families and residents with the aim of improving the outcomes in Somerset.

With importance on:

- Understanding and working with local context, resources and relationships to create solutions to meet the specific needs of each community.
- Collaborative approach involving multiple stakeholders, including the local authority, residents' community organisations and local businesses.
- Community drive- involving local professionals and residents in decision making and problem solving so solutions are driven by a shared community and have local support.
- Integrating services- coordination and collaboration of services so families in the community have a clear understanding of what support is available, where and who will offer it.

How does the NHS describe Neighbourhood working?

Neighbourhood working describes a **way of working where neighbourhoods** - often self-defined and often hyper-local - and statutory services, work together to improve the health and wellbeing of their population.

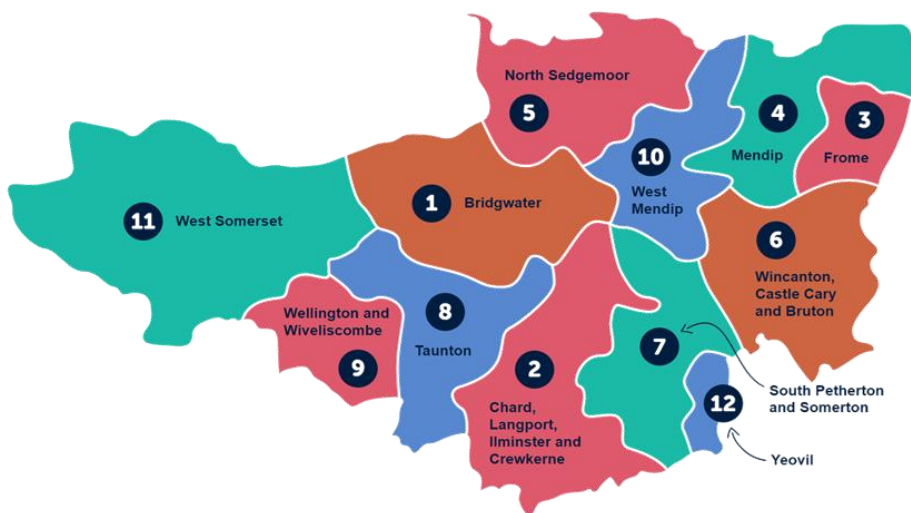
How many Neighbourhoods are there?

There are 12 Connect Somerset Neighbourhoods, this is the best alignment with the Somerset system to maximise integration and more effective support for families and residents.

These 12 Neighbourhoods are:

- Aligned with Primary Care Networks (PCNs). There are 13 Primary Care Networks with 2 in the 'Taunton' Neighbourhood that share a PCN Clinical Director.
- Coterminal with Adult Services Neighbourhoods.
- Coterminal to the 6 Education localities.
- Work closely with the 18 Local Community Networks (LCNs).

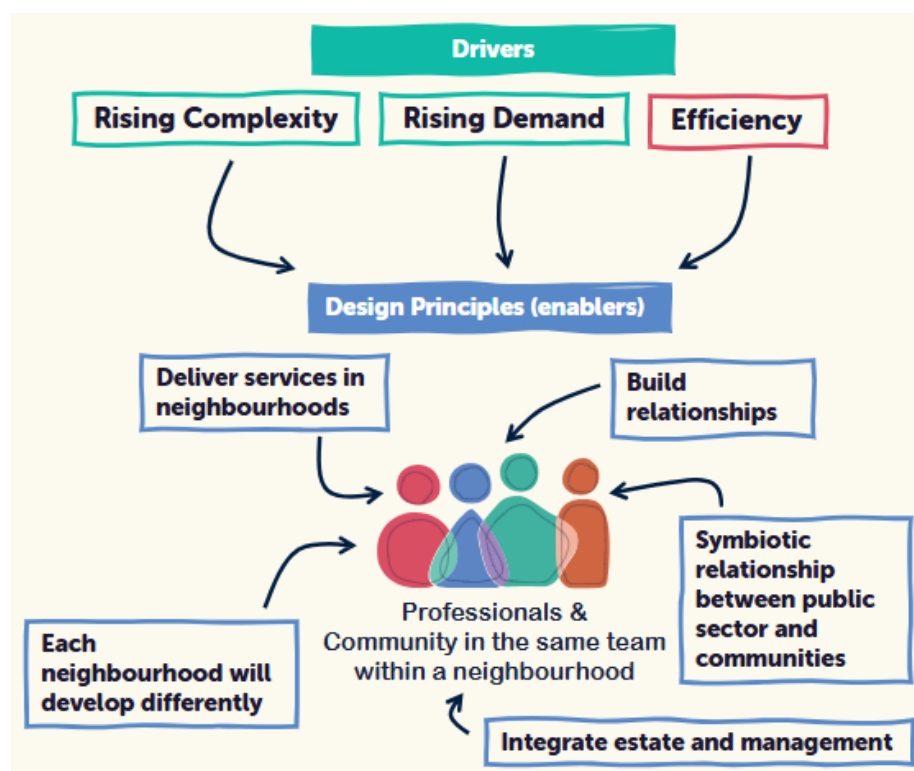
Where are the 12 Connect Somerset Neighbourhoods?



Each Neighbourhood has a Connect Somerset Champion which is driving 'Building Neighbourhood Teams' by:

- Hosting regular Neighbourhood Team meetings.
- Providing an opportunity for Parent Family Support Advisers (PFSAs) to connect with other PFSAs in their Neighbourhood.

As a part of the wider 'Building Neighbourhood Teams' workstream for Connect Somerset:



Working in partnership – to co-ordinate services, local activity, networks and create opportunities to bring people together



Community and resident led – co-designing and evolving the 100-hub model with our residents and communities



Growing stronger communities – able to support one another, enabled by a strong VCFSE offer. Residents and professionals understand local resources



Integrated services, multi-disciplinary teams – relationship and strengths-based approach that tackle issues holistically



A workforce who feel connected – who are well networked working flexibly in neighbourhoods across physical and virtual space



Preventing issues arising by addressing them early – tackling inequality, through more integrated public services and more resilient local communities

How do I know who the Champion is for my Neighbourhood?

You can find out who the Connect Somerset Champion is for your Neighbourhood from the Connect Somerset website: [Connect Somerset Champions](#)

The 12 Champions work closely and to fuzzy boundaries, meaning that if you are not contacting the Champion who supports your 'neighbourhood', they will swiftly introduce you to the Champion who does.

What do the Connect Somerset champions do?

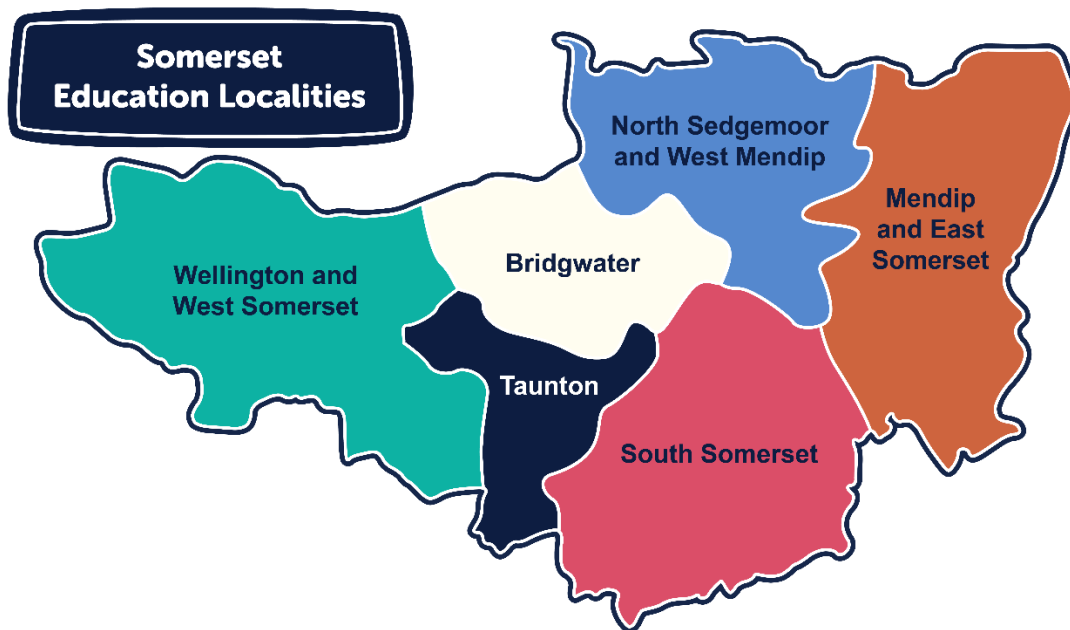
The 12 Champions are there to join up public services and connect to the Voluntary, Community, Faith, Social Enterprise (VCFSE) sector, improving the efficiency of how these services work together. They work collaboratively with public services, ensuring that they are designed to meet the needs of local communities. Champions do not work directly with families and residents.

If you work with families and residents, working with your local Champion can help you

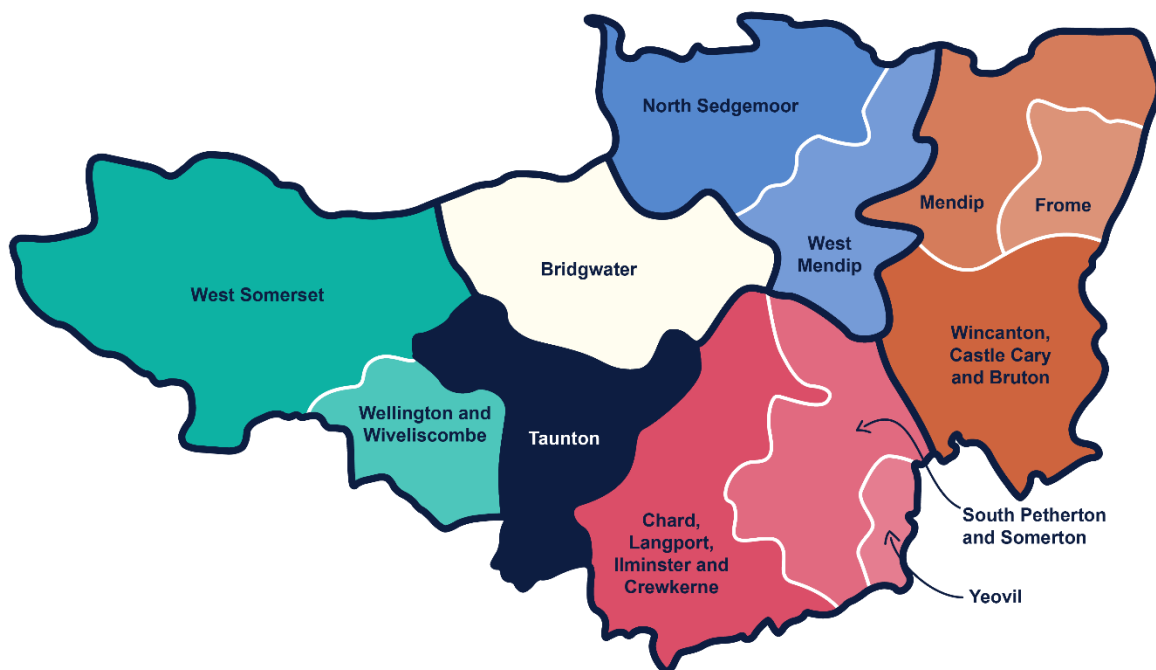
- Be connected to your community and increase your understanding of the local early help offer delivered by Statutory Services, Education and VCFSE organisations.
- Improve local processes such as the Team Around the School, Data Sharing and the Transform database.
- Be more proactive and increase the volume of early help.
- Lead a wider strategic view of local needs and a place-based approach to future planning.

How are the 12 Neighbourhoods coterminous to the 6 Education Localities?

There are 6 Education Localities which have similar pupil numbers per locality, which are co-terminous to the 12 Connect Somerset Neighbourhoods.



You can see exactly how they are coterminous by the below infographic:



What is the difference between the 12 Neighbourhoods and 18 Local Community Networks?

In summary, we propose to build on the foundations of two symbiotic structures: a Local Community Network (LCN) model to bridge the democratic / governance gap between County and Parish / Town / City Councils, engage with communities and encourage local action on local priorities; and a Neighbourhoods model for operational delivery aligned with NHS structures to build resilience and organise teams to maximise relational practice and early help.

Key Contacts

- Somerset Direct – 0300 123 2224
- Early Help Hub (Family front door) – 01823 355803
- Inclusion advice line - 0300 123 2224
- CAMHS Single Point of Access - 0300 1245 012
- Connect Somerset Area Champions – <https://connectsomerset.org.uk/children-family-and-school-support/connect-somerset-champions/>
- Children and Young People's Neurodevelopmental Partnership telephone advice line - 0303 033 3002 (Mondays from 1pm to 4pm, Wednesdays and Thursdays from 9am to 12pm)