# Quality Improvement Framework

# For Family Support

**September 2014**

NQIN

PRINCIPLED APPROACH TO QUALITY

The Bristol Standard

Quality Improvement for Birth to Five and Play Provision

## INTRODUCTION

### What is the Quality Improvement Framework for Family Support and why has it been developed?

There has been a wealth of research in recent years into the factors that drive outcomes for children and how to redress the inequalities that exist. This research has consistently concluded that parenting is critical to children's life chances and that the biggest influence on children's outcomes is from primary care givers and parents.

For all children the quality of the home learning environment is more important for intellectual and social development than parental occupation, education or income. What parents do is more important than who parents are. Evidence demonstrates that the effect of the home learning environment and experiences during the preschool period continues to be evident in children's developmental profiles at the end of Key Stage 1 and beyond.

It has been widely reported that loving, secure and reliable relationships with parents, together with the quality of the home learning environment, foster a child's emotional wellbeing, capacity to form and maintain positive relationships with others, language development and the ability to learn. The philosophy underpinning this Quality Improvement Framework is taken from this wealth of research which is that we, as practitioners working with children and families, must provide all possible support to parents in developing their parenting skills, establishing a high quality home learning environment and building loving and secure relationships with their children. By providing the very best family support, settings are making a critical contribution to improving the life chances and outcomes of all children.

This Quality Improvement Framework is a tool which any 'setting' providing family support can use to evaluate the effectiveness of their current practice in helping parents to develop their parenting skills, the quality of the home learning environment and their relationships with their children. Based on the same principles as 'The Bristol Standard Quality Improvement for Birth to Five' it is a self-evaluation framework that supports all settings to develop and improve the quality and effectiveness of their family support provision through an annual cycle of reflection. It involves a whole team approach with practitioners working together on a journey of developments, to improve outcomes for all children and their families.

Within Bristol, this Quality Improvement Framework is in alignment with the Children First Programme which focuses on integrated service delivery and targeting the most vulnerable children and families. It also sits within the context of the new statutory guidance for and core purpose of Children's Centres which is to improve outcomes for young children and their families, with a particular focus on families in greatest need of support, in order to reduce inequalities in child development and school readiness, parenting

aspirations, self-esteem and parenting skills and child and family health and life chances.

This Quality Improvement Framework has used the National Quality Improvement Network 'Principles for Engaging with Families' as the basis for the ten principles underpinning this framework.

The Work with Parents National Occupational Standards (referenced in this framework) aim to define the competencies required for any professional to carry out work with parents. Each standard comprises a number of performance criteria which an individual should demonstrate to be considered competent in working with parents. The criteria list what the individual needs to know and understand and also the way in which they should work with parents.

All references to safeguarding in this framework are based on the guidance published in 'Working Together to Safeguard Children' March 2013. This defines safeguarding children as the action we take to promote the welfare of children and protect them from harm. The guidance states that everyone who comes into contact with children and families has a role to play and that safeguarding is everyone's responsibility. The guidance sets out how organisations and individuals should work together to safeguard and promote the welfare of children and how practitioners should conduct the assessment of children.

This Quality Improvement Framework has been developed by a task group under the overview of the Parenting and Family Support Steering Group. Thanks are given to those who have been part of this task group for their time, expertise and contributions.


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## Quality Improvement Framework Task Group Members

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# Quality Improvement Framework for Family Support.[1]

## Principles for successful engagement with families

1. Practitioners work alongside families as equal partners in a valued working relationship.

2. Practitioners and parents are willing to listen to and learn from each other respecting and validating what families know and already do.

3. All staff find positive ways to actively engage those families and community members who traditionally find services difficult to access.

4. Practitioners show respect for diversity and difference, promote equality and challenge discriminatory behaviour and attitudes.

5. Practitioners have specific training, qualifications and expertise that are appropriate for working with families and have access to effective support and supervision to encourage reflective practice.

6. Parents are included in decision-making and their views and opinions are considered and respected.

7. Families' aspirations are raised and their confidence to access community services and resources increases.

8. The whole family and the network of key people around the child or young person are able to access multi-agency support that is coherent and meaningful to the family.

9. Universal services are available for all families with opportunities for targeted support where needed.

10. There is an understanding and honest sharing of issues around safeguarding with the safety of the child or young person paramount in all decision making.



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[1] The term 'family support' includes parenting support in all instances.

# Key Definitions

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| **Child or young person** | Any child, young person or vulnerable young adult pre birth to 25 years of age. |
| **Diversity** | Refers to the different and unique characteristics and experiences which families, children, young people and practitioners bring including those based on ethnicity, gender, age, religion, disability, national origin or sexual orientation. |
| **Family** | Refers to the network of key people around a child, in whatever form the family is constituted. This could involve parents, partners of parents, step parents, grandparents, carers and key adults in a child's life, siblings, step siblings and extended family members who have a close relationship with the child. |
| **Family support** | Work carried out by practitioners who offer support for the family in many different ways including home visiting, signposting, one to one support, group work and liaising with other professionals. |
| **Multi-Agency** | Different services, agencies, teams and professionals working together to provide co-ordinated services that fully meet the needs of children, young people and their parents or carers. |
| **Parent** | The term 'parent' refers to mothers and fathers as well as carers who have the responsibility for children in their care. |
| **Partnership** | A partnership model with the following key elements: a common aim; working collaboratively; complementary expertise; mutual respect; open communication and information sharing. |
| **Practitioner** | Any worker working with children and adults, including workers in early years, health, social care, family support or those working in the private, voluntary and community sector. |
| **Reflective practice** | Practice based on a cycle of reflection, dialogue, evaluation and implementation to disseminate effective practice, improve the quality of services and continually build on the previous best. |
| **Safeguarding** | Keeping children safe and protected from physical, emotional, spiritual and sexual abuse and neglect. |

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| **Service users** | Any adult or child accessing services either in settings such as health centres, community venues, schools, early years settings or Children's Centres or through services offered in their own home such as family visiting. |
| **Target Groups** | The groups and families the setting identifies as having needs or circumstances that require particular intervention and/or additional support. The following list is not exhaustive and does not imply that young children or families in any of these categories require additional support. The target groups will vary according to the setting's identification of its community and their needs but in any particular setting may include:<br><br>• Lone parents, teenage mothers and pregnant teenagers<br>• Children from low income backgrounds<br>• Children living with domestic abuse, adult mental health issues and substance abuse<br>• Children 'in need' or with a child protection plan<br>• Children of offenders and/or those in custody<br>• Fathers, particularly those with any other identified need, for example, teenage fathers and those in custody<br>• Those with protected characteristics[2], as defined by the Equality Act 2010<br>• Children who are in the care of the local authority (looked after children)<br>• Children who are being cared for by members of their extended family such as a grandparent, aunt or older sibling<br>• Families identifies by the local authority as 'troubled families' who have children under five<br>• Families who move into and out of the area relatively quickly (transient families), such as asylum seekers, armed forces personnel and those who move into the area seeking employment or taking up seasonal work<br>• Any other vulnerable groups or individual families including those young children and families identified as at risk of harm by other services- such as adult social care, schools, police, and health services. |

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[2] Children and families with protected characteristics may include: those for whom English is an additional language; those from minority ethnic groups; those from Gypsy, Roma and Traveller families; those from lesbian, gay and transgender families.

**Principle 1**

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**Practitioners work alongside families as equal partners in a valued working relationship.**

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**A. What the Principle should look like in practice.**

- Parents and practitioners value each other's knowledge, strengths and expertise. Practitioners recognise the uniqueness of family circumstances and acknowledge parents as being an important influence on their child's life.

- Practitioners communicate clearly with families in ways that promote openness and honesty.

- Practitioners support parents to engage in planning services to improve outcomes for the family.

- Practitioners support parents to develop mutual respect and trust.

- Practitioners are aware of the potential barriers to engagement, make careful observations, and listen sensitively to gain insights into family cultures.

- Practitioners recognise and value differences when working to overcome conflict through negotiation with families. Practitioners may need to seek support and supervision if these conflicts cannot be resolved.

**B. Questions for discussion to encourage practice improvement**

1. How do we empower families to be equal partners?

2. How do we provide opportunities for parents to develop confidence in our setting?

3. How do we value the contribution of families in planning and delivering services?

4. How do we recognise the unique role of parents in the delivery of our family support services?

5. How do we support families in overcoming any barriers to engagement?

6. How do we work in partnership with families to resolve conflict if and when it occurs?

**Principle 2**

> **Practitioners and parents are willing to listen to and learn from each other respecting and validating what families know and already do.**

**A. What the Principle should look like in practice.**

**Listening to parents**

- Staff are trained in and able to use active listening skills when working with parents.

- Parent's ideas and opinions about their child's progress and/or challenges are regularly sought and taken seriously.

- Staff recognise that parents have a wealth of knowledge about their child and family, and bring insights and feedback that enrich the work of the practitioner.

**Positive learning environment**

- Practitioners model being responsible learners through professional development and disseminate learning within staff teams.

- Steps are taken to positively promote access to parenting support services – working towards creating an environment where parenting courses are considered as normal as accessing ante-natal care.

- Advice, suggestions and parenting skills are offered in a respectful and sensitive manner, acknowledging that every family is unique and that parenting can be stressful, challenging and demanding.

- Reflective practice is embedded within the culture of the setting and staff have access to regular supervision.

**Respecting and validating families**

- Parents' knowledge of their own child is recognised and valued.

-  Family and parental strengths are identified and acknowledged.

- Practitioners understand the importance of self-reliance and work pro-actively to enable families to build resilience and independence.

**B. Questions for discussion to encourage practice improvement**

1. As a practitioner, how do you know that parents feel that their expertise in their own child is recognised and valued by the setting?

2. How do we find opportunities to reflect with parents on their strengths and successes?

3. What systems are there to ensure that a parent's ideas and opinions about their child are valued and can affect change?

4. What steps does your setting take to positively promote access to family support services?

5. How are practitioners supported in promoting the independence and resilience of parents?

**Principle 3**

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**All staff find positive ways to actively engage those families and community members who traditionally find services difficult to access**

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**A. What the Principle should look like in practice.**

**Knowledge of the Local Community**

- All staff have an awareness of the profile of the local community (e.g. demographic and health data) and the population trends in the neighbourhood.

- The planning of services is informed by an assessment of need in the local area.

- Data is monitored and reviewed to identify communities who are currently not using services in order to tailor those services to local needs and increase engagement by those communities.

**Service Access and Engagement**

- Staff have sufficient awareness and knowledge to understand some of the barriers families might experience in accessing family support, and what steps can be taken to remove these barriers.

- Parents feel that the services offered are accessible and make a difference.

**Service delivery**

- Parents and families from diverse communities have increased confidence in family support services delivered by staff who are competent in equalities issues. The setting promotes diversity in its staffing profile and encourages parental volunteering and positive action in recruitment.

- Effective systems are in place for consulting with families who experience barriers in accessing services and for using this feedback to develop different models of service delivery to meet the needs of these families.

- The continued professional development of staff includes the assessment and continuous improvement of competence in equalities practice.

**Partnership Working**

- Families from equalities communities may receive support from city wide and local agencies and networks. Staff are aware of these agencies and networks and are proactive in building links with these organisations, and effective in signposting and making referrals.

**B. Questions for discussion to encourage practice improvement**

1. How well do we understand the profile and service needs of our local communities?

2. What skills, knowledge, experience and support do we need in order to identify and positively engage families who are not using our services?

3. How could we make our services more accessible to all families who find it difficult to seek support?

4. How do we provide opportunities for all parents to be involved in planning, reviewing and delivering our services?

5. In what ways can we work towards making sure that the profile of our staff reflects the profile of our local community?

6. In what ways do we work with community networks and agencies in the city which support target groups?

**Principle 4**

> **Practitioners show respect for diversity and difference, promote equality and challenge discriminatory behaviour and attitudes.**

**A. What the Principle should look like in practice.**

- The setting positively expresses its commitment to non-discriminatory practice when communicating its mission statements, values and ethos. This includes publicity materials, advertising and recruiting for staff, and publicising services to families.

- All families have unique diverse experiences and aspirations of family support. It is important for practitioners to recognise and challenge their own assumptions to guard against stereotypes, to ensure families protected by equalities legislation are treated equally.

- Families from all communities feel safe in the knowledge that they will receive services which are openly committed to challenging discriminatory behaviour and which positively celebrate diversity.

- The commitment to anti-discriminatory practice is expressed in all policies and practices, including disciplinary, grievance and complaints policies.

-  All managers, staff, volunteers and service users are clear about the consequences and impacts of discrimination whether this is direct or indirect. The setting demonstrates clearly that discriminatory behaviour will not be tolerated.

- All staff challenge their own views to explore how they can become more inclusive through an on-going programme of equalities awareness and continuous professional development.

**B. Questions for discussion to encourage practice improvement**

1. How do we communicate our values and aims to our parents, partners and other stakeholders?

2. How do we ensure that all communities feel safe, secure and welcome in our setting?

3. In what ways do we value and celebrate difference promoting positive images of diversity?

4. How do we openly and honestly challenge discriminatory behaviour and attitudes?

5. How do we meet the legal requirements for non-discriminatory practice in our services?

6. How do we ensure that everyone involved in our setting positively embraces an ethos of anti-discriminatory practice?

**Principle 5**

**Practitioners have specific training, qualifications and expertise that are appropriate for working with families and have access to effective support and supervision to encourage reflective practice.**

## A. What the Principle should look like in practice.

**Specific training, qualifications and expertise**

- All practitioners have or are working towards qualifications appropriate for their job role and training in working with families.

- All practitioners are familiar with the Work With Parents National Occupational Standards (NOS) and have professional development opportunities to explore how these standards influence their service delivery to make a difference for families.

- Staff training is tailored to help meet the needs of the local community and includes a commitment to anti-discriminatory practice.

**Access to effective support and supervision**

- Practitioners have regular supervision, individually or as a group, that focuses on the process of their service delivery more than the task and develops reflective practice.

- The culture of the setting supports reflective practice through on going self-evaluation celebrating what has gone well and identifying areas for development.

- There is an on-going programme of staff professional development linked to needs identified through annual performance management.

**B. Questions for discussion to encourage practice improvement**

1. How are the Work With Parents National Occupational Standards promoted and used in service delivery within the setting?

2. How effective is training in developing the skills, knowledge, confidence and understanding of staff working with families?

3. How do current supervision arrangements develop reflective practice and promote effective service delivery?

4. How are practitioners enabled to develop and implement evidence based practice to meet the needs of their community?

5. How are the needs of the community identified and used to inform the professional development opportunities for staff?

6. How are practitioners, who have specific expertise in working with families, encouraged to share good practice within the setting and wider community?

7. How do we know that training has been effective in raising awareness and developing an understanding of the diverse needs of the community that embraces respect and difference?

**Principle 6**

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**Parents are included in decision making and their views and opinions are considered and respected.**

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### A. What the Principle should look like in practice.

- Appropriate methods are used to gather the views of parents in relation to service needs and to services which have been delivered.

- A system is in place for collating the views of parents, analysing these, and providing feedback which reflects all perspectives including negative ones.

- The planning cycle for the setting is informed by parental views gathered and includes a structure to use this information for the planning and development of services as well as for the allocation of resources.

- There is a system in place for feedback on the outcome of all consultations. Parents are informed of actions taken and decisions made. Feedback includes informing parents when it has not been possible to plan or amend services in accordance with parental views, and the reasons for this must be given.

- The feedback from consultation with parents is used to plan and design services and to measure the difference that family support services have made.

- There is active parental participation on advisory boards with the parent representatives supported to gather the views of other parents and to bring these to the discussion.

- Parents play a role in the governance of the setting and have access to support and training to help them to fulfil this role.

**B. Questions for discussion to encourage practice improvement**

1.  How do we include parents in decision making and what methods do we use to do this?

2.  How do we consider and respect parental views and opinions?

3.  How do we record and analyse the views gathered?

4.  What do we do with our gathered information from parents?

5.  How do we feed back to parents on how their views have informed the planning of services?

6.  How do we gather the views of families not currently using services?

**Principle 7**

> **Families' aspirations are raised and their confidence to access community services and resources increased.**

**A.  What the Principle should look like in practice.**

- Meaningful strategies and approaches are used when getting to know the family to enable a discussion about the child within the family.

- The information gathered during the 'getting to know the family' stage is recorded and agreed with the family.

- Families feel able to set personal, small, achievable goals with support from experienced staff.

- There are appropriate opportunities for reviewing with the family progress made in achieving these goals and sharing these achievements with the family to help them to feel empowered.

- Systems are in place to gather hard data about trends in the take up of services and soft data about the reasons for any significant changes.

- This hard and soft data is used to inform the planning of services and allocation of resources both for the setting and for individual families.

- Partnerships are established with other individuals and organisations (e.g. local schools and health visitors) that are already trusted by the family to support the family in accessing community services.

- Practitioners are pro-active in supporting families who do not yet have the confidence to access family support services, e.g. through home visiting, by using community networks, and by taking services out into the community.

**B. Questions for discussion to encourage practice improvement**

1.  How do we know that we have a genuine understanding of the aspirations of parents?

2.  How do we demonstrate that we are listening to the aspirations of families and not imposing our own aspirations/agenda on the family?

3.  How can we can we evidence that our families have raised their aspirations?

4.  How do we gather evidence and record an increase or decrease in the take up of services and resources by local families?

5.  What systems do we have for establishing the reasons behind variations in the take up of services?

6.  How are we supporting families to increase their confidence in accessing services?

**Principle 8**

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**The whole family and the network of key people around the child or young person are able to access multi-agency support that is coherent and meaningful to the family.**

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**A. What the Principle should look like in practice.**

- There is a clear understanding across the staff team and by the family about what is meant by the term 'multi-agency ' support, and how this can be accessed

- Clear information is provided to enable staff and families to understand the role of other agencies and the support these agencies can provide.

- Agreed information sharing protocols are in place to enable agencies to work together to best meet the needs of the family.

- All agencies and staff are clear how and when information has to be shared, and regular opportunities are available for professional development.

- All the key people around the child are acknowledged, their needs identified and meaningful support provided.

- Referral systems between agencies are consistent with feedback provided on services offered to the family, to ensure an aligned and co-ordinated approach.

- Opportunities are provided for agencies to come together to evaluate the effectiveness of the multi-agency support provided and refine ways of working.

- Regular progress reviews are held with the family to provide an opportunity for the family to report back on the effectiveness of the support provided by the different agencies and the impact of this support on the family.

- Systems are in place to capture the family journey from the point of review, the multi-agency support provided and the difference that this support has made for the family.

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**B. Questions for discussion to encourage practice improvement**

1. As a whole team, how do we know that we have a common understanding of what constitutes effective multi-agency working?

2. How do we access multi-agency support for families and how do we know that these services are fit for purpose?

3. What systems are in place for making referrals to other agencies and how do we know which agencies are already supporting the family?

4. How effective is information sharing across agencies in supporting the Team around the Family?

5. How do we know that multi- agency support is meaningful to the family?

6. How do we ensure that a multi-agency approach is making a difference for families and how can we demonstrate this?

**Principle 9**

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**Universal services are available for all families with opportunities for targeted support where needed.**

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**A. What the Principle should look like in practice.**

**Service Planning and Delivery**

- The setting uses demographic statistical information about the local area, in consultation with others, as the starting point in planning new services.

- The views of all families (including those not currently using the setting) is gathered in appropriate formats and analysed to inform the planning of services.

- All staff have an opportunity to familiarise themselves with the local area and to be aware of the availability of services for families.

- Staff meetings and development days are used as an opportunity to promote a common understanding of the benefit of both universal and targeted family support services. Staff reflect on the effectiveness of family support in order to review the menu of services on offer.

**Referral and Signposting**

- Clear and accessible referral pathways are established and reviewed which are understood by families so that they can access services.

- Strong relationships are developed with other local partners such as health, social care and the voluntary sector so that co-ordinated referral pathways are in place to deliver the best outcomes for families.

- Staff are supported to use their knowledge and skills to signpost families in need of targeted support.

**Safety of Staff**

- There are robust procedures in place to protect all staff, particularly when working alone or home visiting.

**Focus on Outcomes**

- Systems are in place to measure the impact of support on both the child and family delivered by the setting and/or by external providers.

**B. Questions for discussion to encourage practice improvement**

1. How do we ensure that all staff have a common understanding of what is meant by universal and targeted family support?

2. What information do we use to identify those families who may require targeted support or services?

3. How do we update and share information about city wide specialist services and family support networks?

4. How do we work in partnership with new families to identify their needs?

5. What are our routes for self-referral and for referral by other partners for families who might benefit from targeted support?  How do we know that these are effective?

6. What tools do we have to measure the impact of both universal and targeted support? How do we use this evidence effectively to inform the planning of services?

**Principle 10**

> **There is an understanding and honest sharing of issues around safeguarding with the safety of the child or young person paramount in all decision making.**

**A. What the Principle should look like in practice.**

- The setting promotes the welfare of children, protects them from harm and understands that everyone who comes in to contact with children has a role to play in the safeguarding of children.

- The setting adopts a child-centred approach based on a clear understanding of the needs and views of children.

- The needs and wishes of each child, are put first, so that every child receives the support they need before a problem escalates.

- An annual audit of safeguarding procedures is completed and an action plan developed to address areas for improvement and take into account any new local and national guidance.

- Robust safeguarding procedures and policies are in place, known by all staff and reviewed on an annual basis informed by the outcomes of the annual audit.

- Practitioners act as early as possible to meet the needs of children who need additional help by passing on information regarding any disclosure to the relevant nominated person.

- Practitioners are clear about what is required of them individually, about the role of other professionals and how they need to work together.

- All practitioners who come into contact with children and families are alert to their needs and any risks of harm that individual abusers, or potential abusers, may pose to children.

- All practitioners use concrete evidence, observations, and careful recording including differences of opinion and coordinate expert assessments

- All practitioners share appropriate information in line with the setting's safeguarding policy.

- Those practitioners involved with specific cases are supported and enabled to contribute to action plans and regular reviews.

- There is a named lead for safeguarding and all practitioners are clear about the role of this lead person.

**B. Questions for discussion to encourage practice improvement**

1. How do we know when children are unhappy?

2. How can we confidently identify parenting behaviour which might cause harm to a child?

3. How do we make sure that everyone in our setting shares our commitment to keeping children safe from harm?

4. How do we keep up to date with changes in local and national policies and how do we take these into account in reviewing our safeguarding procedures?

5. How do we include service users in developing and implementing our safeguarding policies?

6. In what ways can we be sure that we are sharing information appropriately with agencies and partners we are working with?

7. How do we make sure that we are clear about our own roles and responsibilities in keeping children safe?

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