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| **NEWPIP Therapist Information Pack / Checklist**  **Family Name: ID / Reference Numbers:** | | | | |
| **Information to**  **share at initial visits:** | **Guidance for staff** | **Therapist** | **Date** | **[Image result for tick sign in word](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=0ahUKEwjdvMaFj8zUAhULblAKHY9DDiMQjRwIBw&url=http://www.clker.com/clipart-black-check-mark.html&psig=AFQjCNHhKadNSvjzDPEq_gCHm2kjEOXOLA&ust=1498037590435244)** |
| Introduction to CNE and NEWPIP | * CNE – regional children’s charity est. 1891. * Aim – all north east children to grow up healthy and happy. * We do this by working together with children, young people and parents, supporting and empowering them to find their own solutions to difficulties they face. Give out CNE Values and Behaviour document. * NEWPIP – Parent Infant Partnership. For parents who find that issues during pregnancy or after their baby is born are causing difficulties in the relationship between them and their baby. * Discuss the potential structure, content, location, frequency of sessions. * Reinforce that engagement with the service is entirely their choice and that they can end things at any time. Give NEWPIP leaflet for parents and appointment card.   This may be as much as you cover in an initial visit and you may leave the parent/s to consider whether they want to go ahead with the service. |  |  |  |
| Data Protection | * We are required by the Data Protection Act to ask for your consent before we share information with other agencies or ask them to share information they hold about you with us. Discuss what this means for their situation, i.e. which professionals/what level of information. * Information is stored safely and securely. We mainly have electronic records but do hold some paper records. Electronic records are all password protected and on systems that meet legal data protection requirements. Paper records are kept in locked fireproof cabinets. |  |  |  |
| Record keeping | * We keep records such as your name, address, date of birth, personal information that is relevant to the support we are giving you (give an example relevant to the family, eg post-natal depression) and details of the support we provide for you. |  |  |  |
| Confidentiality | * We will only discuss or disclose information with others where it is necessary to do so as part of the support we are providing. Give an example relevant to the family. |  |  |  |
| Information sharing | * We will share information on a need to know basis with people where we feel it will be beneficial to you. We will always inform you first and you do not have to agree to give your consent. |  |  |  |
| Safeguarding | * The only exception to this is if we ever have a serious concern about a child or adult who we felt was in danger or at risk of harm to themselves or to others. In this situation we have a duty to share our concerns and to follow CNE and the Local Authority’s safeguarding procedures. |  |  |  |
| Complaints & Compliments | We welcome all feedback about our services, both compliments and feedback when we get things wrong so that we can learn from this and improve our services.  This leaflet explains the process. Give the Complaints & Compliments leaflet. |  |  |  |
| **Consent forms to be signed by parents:** |  | **Therapist** | **Date** | **[Image result for tick sign in word](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=0ahUKEwjdvMaFj8zUAhULblAKHY9DDiMQjRwIBw&url=http://www.clker.com/clipart-black-check-mark.html&psig=AFQjCNHhKadNSvjzDPEq_gCHm2kjEOXOLA&ust=1498037590435244)** |
| Session video consent | Discuss the purpose of the use of video in relation to helping the parent to think about their relationship with their child and obtain signature consent.  If relevant, discuss and seek additional signed consent to use video for training purposes. |  |  |  |
| Image, Audio & Film consent | Only use this form if CNE is seeking consent to photograph or record the family for wider publicity or promotion of the service or organisation. |  |  |  |
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| **Health & Safety paperwork to be completed by staff:** |  |  |  |  |
| Risk Assessment | Complete an Individual Family Risk Assessment and Management plan for every family and agree review timescales with line manager |  |  |  |
| Safe and Well | Complete Safe and Well paperwork and follow procedures for each family visit |  |  |  |
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| **Family assessment tools:** |  | **Therapist** | **Date** | **[Image result for tick sign in word](http://www.google.co.uk/url?sa=i&rct=j&q=&esrc=s&source=images&cd=&ved=0ahUKEwjdvMaFj8zUAhULblAKHY9DDiMQjRwIBw&url=http://www.clker.com/clipart-black-check-mark.html&psig=AFQjCNHhKadNSvjzDPEq_gCHm2kjEOXOLA&ust=1498037590435244)** |
| Parent Initial Questionnaire | To be completed at the beginning of the work. |  |  |  |
| HADS | Relevance and frequency of use to be agreed in clinical supervision |  |  |  |
| Ages and Stages | Relevance and frequency of use to be agreed in clinical supervision |  |  |  |
| KIPS | Relevance and frequency of use to be agreed in clinical supervision |  |  |  |
| DC:0-5 | Relevance and frequency of use to be agreed in clinical supervision |  |  |  |
| Parent Evaluation | To be completed at closure. |  |  |  |
| **Policies and procedures for staff to make themselves aware of:** |  |  |  |  |
| Safeguarding Policy |  |  |  |  |
| Lone Working Policy |  |  |  |  |
| Health and Safety Policy |  |  |  |  |
| Risk Assessment paperwork and procedure |  |  |  |  |
| Safe and Well paperwork and procedure |  |  |  |  |