

Barnet

0-19 Early Help

Operational Protocol

2019

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1. Introduction

- 1.1 The driver for developing an integrated Early Help approach is aligned to the principles of Professor Eileen Munro's review which noted the need for "Early intervention needing to be early intervention"; "providing the right service at the right time" and the notion of "bringing together a coordinated approach to multi-agency support".
- 1.2 The need for change was further emphasised in the Ofsted Single Inspection undertaken in Barnet in 2017, which identified a good range early help services, but that they were not well coordinated. The development of a locality based Hub model has been in response to the evidence and to improve access to timely and well-coordinated early help services for children, young people and families living in the borough.
- 1.2 Barnet's 0-19 Early Help Service aims to drive;
- Child centered practice;
 - Good quality early help assessments and targeted intervention;
 - An evidenced based practice framework;
 - Prevention and Diversion activities;
 - Effective risk and safeguarding procedures;
 - A partnership based practice framework; and
 - A seamless delivery model.

2. What is Early Help

- 2.1 Early Help is intervening as early as possible in the life of a problem to prevent the problem from escalating. This includes;
- help in the early years of a child or young person's life (including pre-natal interventions)
 - anticipating where need may arise in priority groups, often by building an understanding of the wider family and community influences
 - providing early response services at the right time to meet family's needs and to support to resolve emerging issues and problems
 - stepping in to prevent escalation of problems and children, young people and families needing specialist services; and
 - when specialist intervention is needed, delivering multi-agency resolutions in good time.

- 2.2 Early Help allows for the right support to be put in place at the right time and aims to break cycles of dependency on services by empowering and enabling children, young people and their families to do things for themselves making them more resilient and independent.

3. 0-19 Hub Model

- 3.1 The Early Help 0-19 Hub model provides for co-located professionals to build sustainable relationships with schools, communities and locally provided services by being closer to where children live, go to school and access services. The model aims to:

- Improve ease of access – ensuring that all sectors of the Barnet community are in ‘reach’ and have access to ‘localised’ services and support;
- Provide support as early as possible – Building on Eileen Munro’s principles of “Early Help, should mean Early Help”;
- Minimise the number of assessments, changes of professional and ‘referral on’ culture;
- Improve coordination and joined up working across statutory and voluntary or community based services;
- Provide opportunities to share skills and best practice across professional disciplines and agencies;
- Improve information sharing and reduce duplication of effort;
- Deliver interventions based on the needs of children and families, not service structures;
- Develop the evidence base for early help interventions; and
- Improve the experience of children, young people and families in accessing Early Help Services.

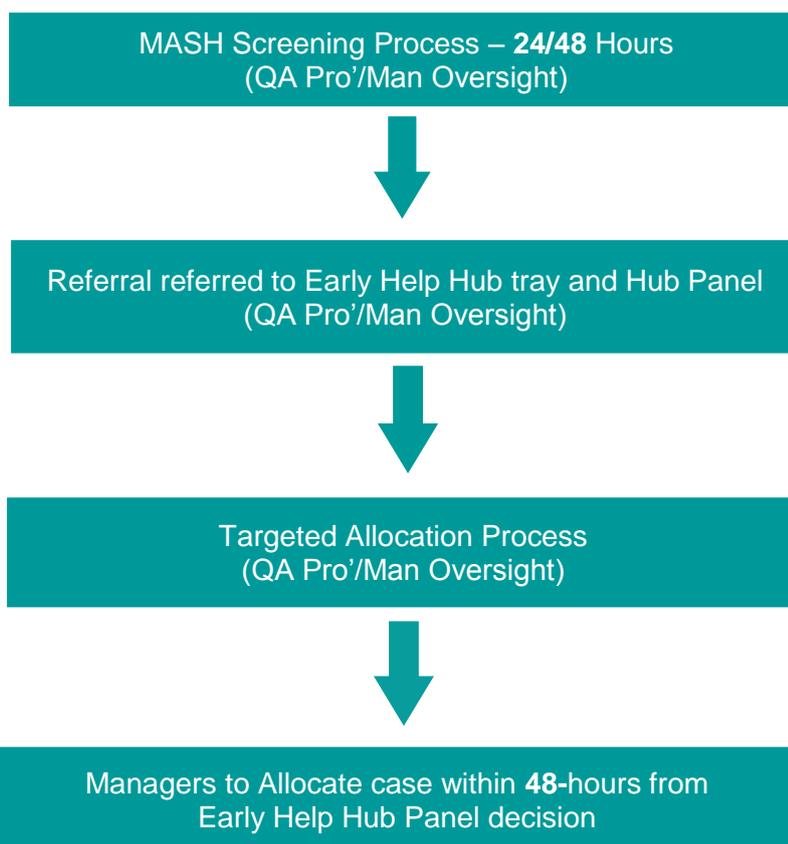
4. Eligibility for Early Help Services

- 4.1 [Barnet’s Continuum of Need and Support](#) outlines the needs of a child in the context of the level of service they may require. Professionals and members of the public may contact the Multi-Agency Safeguarding Hub (MASH) when a need for a service arises or there is a concern about a child’s welfare, development or safety. Referrals should be completed on a [MASH Referral Form](#).

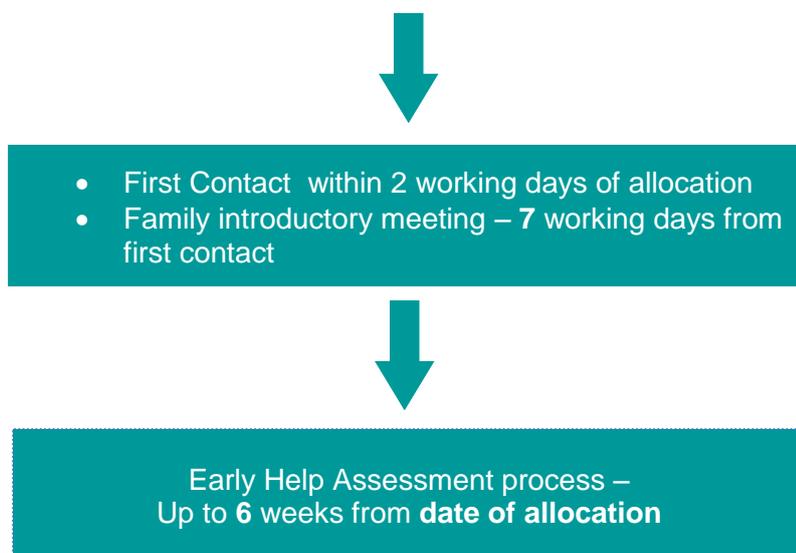
- 4.2 When a referral is received, the MASH will clarify the information and if necessary and with the agreement of those with parental responsibility, gather further information in order to build a full picture of the child and family including their strengths and resources. Each referral will be given a priority rating/ranking, according to the level of 'Risk and Need', which dictates the speed of the information sharing and decisions about next steps. Depending on the nature of the information received the MASH may determine that the case falls within the remit of the Early Help Service and pass the referral to the managers responsible for the Early Help Hub trays (South, West & East/Central), who will in turn prepare the referral for the next available Early Help Hub Panel (see [Barnet MASH protocol](#)).
- 4.3 The Early Help Hub Panel is a weekly multi-agency meeting that discusses referrals to Early Help received from the MASH and agree coordinated interventions and allocate a lead professional to manage and co-ordinate any support or services needed for the child, young person or family. An illustration of the process thereafter is outlined below.

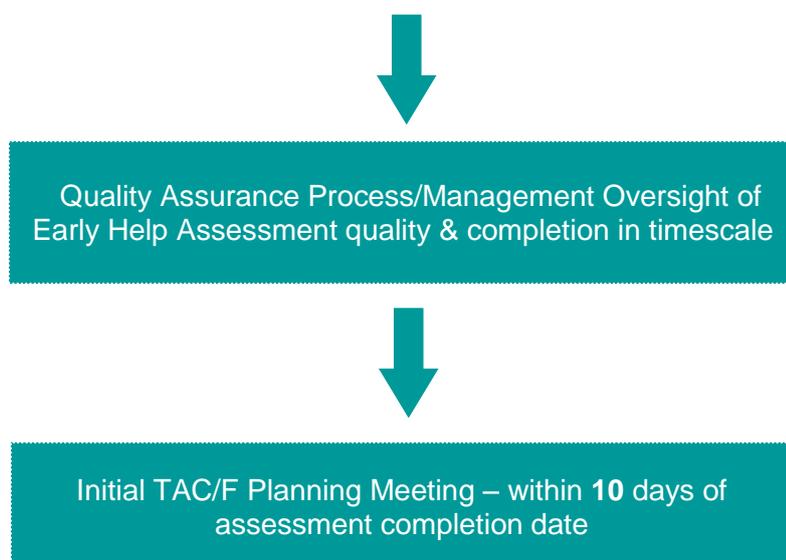
5. Allocation Processes

- 5.1 The Early Help Panel is a key part of the Hub model and ensures that early help support is decided upon and delivered through a partnership based approach. The current operation works on the premise that all referrals received into Early Help, whether through the MASH, step-down from CSC or from YOT/REACH will be presented and heard at the panel, in order to appoint a Lead Practitioner and co-ordinate services for the child and family from the outset.
- 5.2 The Early Help Panel currently meets weekly on Tuesdays, the frequency and timing of Panels will remain under review to ensure they remain 'fit for purpose'.
- 5.3 Most referrals into Early Help will be overseen by the Early Help Panel, although to ensure that Barnet is utilising the panel effectively, referrals that do not require a multi-agency wrap around will be allocated by Early Help managers directly to 0-19 Practitioners. This two-pronged approach to allocation will ensure that Early Help manages the volume of referrals received in for support, timely practice is adhered to and those families needing partnership based support will be given the extra oversight from the Early Help Hub Panel.
- 5.4 Early Help managers should utilise all available information on the incoming referrals, in order to determine what process of allocation should be applied. The allocation process is to ensure that all referrals are allocated to practitioners directly. Limited case details will be circulated to Hub Panel members at the next available meeting for information sharing purposes and for Lead Professionals to receive any additional information Panel members may hold.



- 5.5 The Lead Professional (LP) is responsible for undertaking an assessment of the needs of the child, convening a Team Around the Family (TAF) meeting, with the agreement of the family and agreeing a plan of action, including ensuring that appropriate services are accessed and delivered to the family.
- 5.6 An initial TAF meeting will be convened within 10 working days of the LP concluding an Early Help Assessment (EHA) of the family. This meeting should include any professionals working with the family to ensure that there is no duplication and that any work undertaken is efficient and effective.

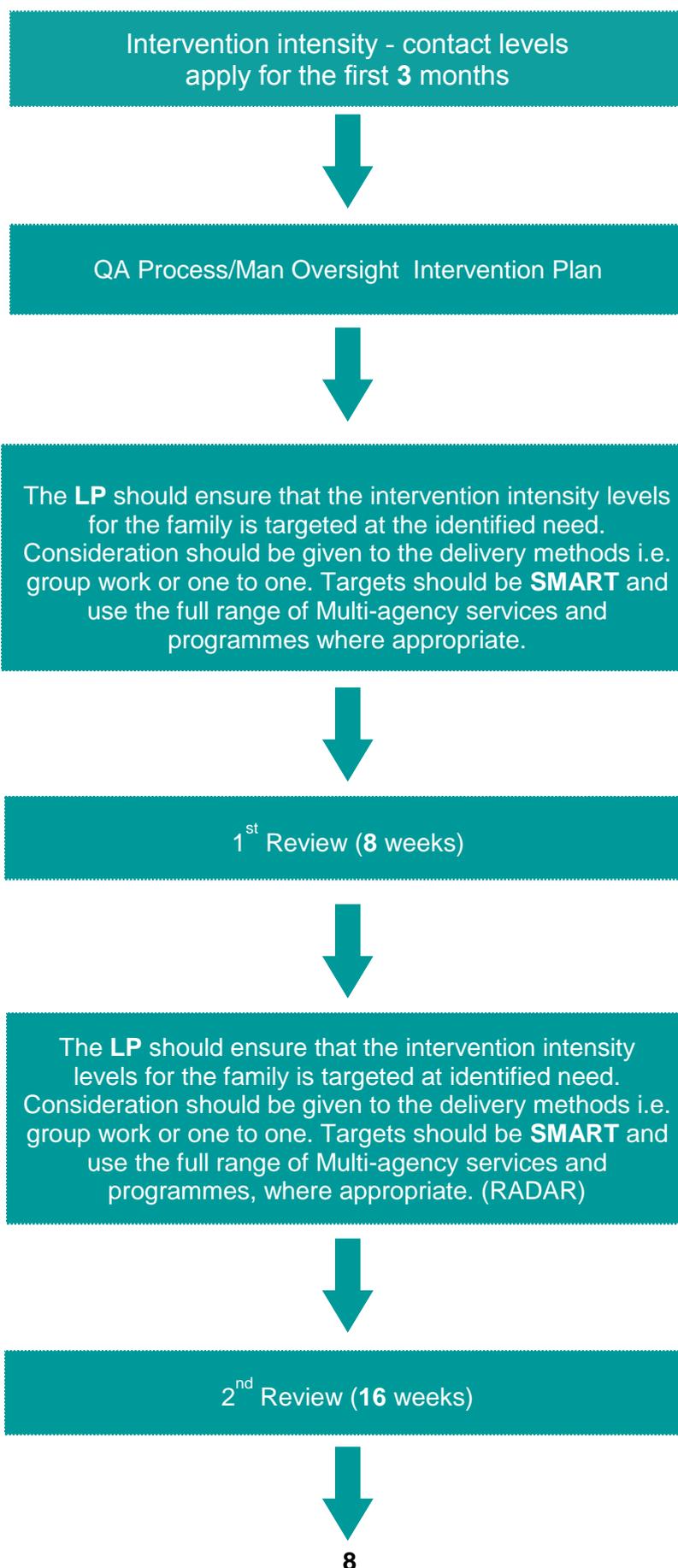


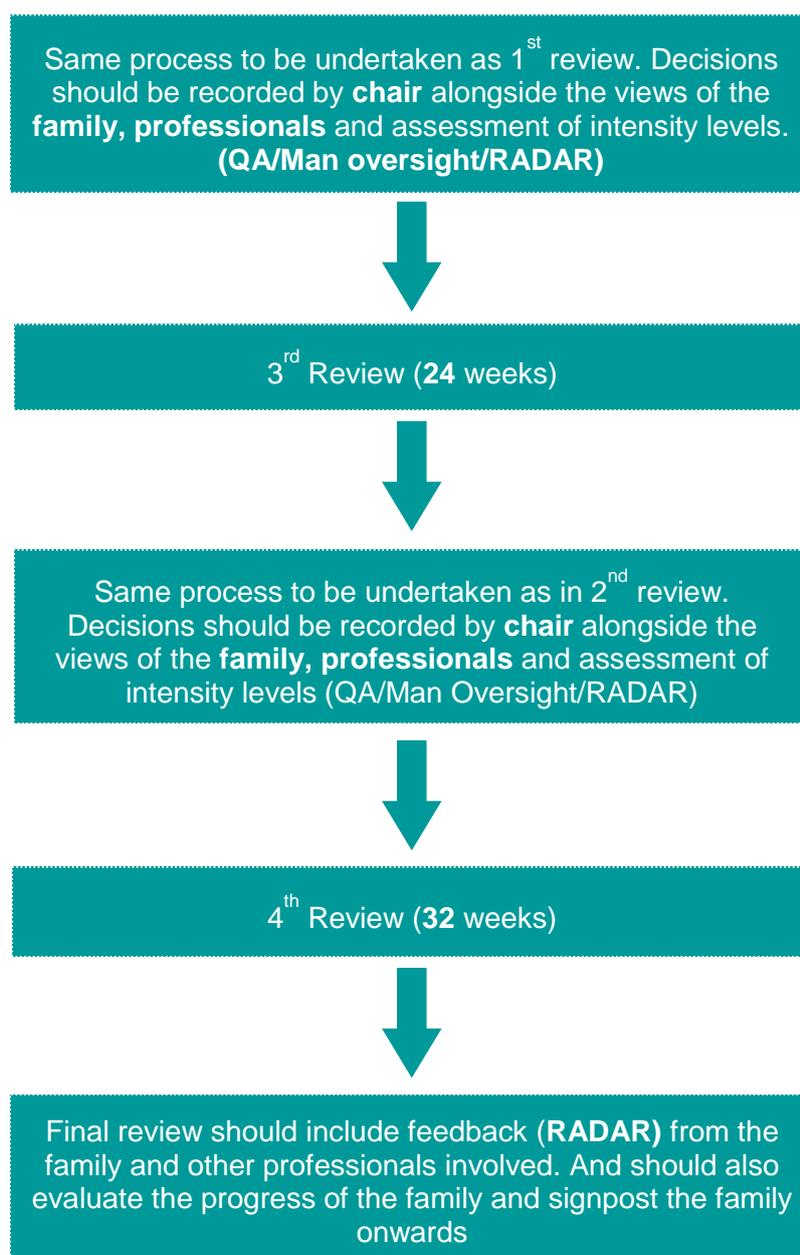


6. Starting the Assessment

- 6.1 The LP should make contact with the family within **2 working days** of a child being allocated and arrange a home visit within **7 working days**, in order to start the EHA. The EHA should be completed within **6 weeks** of allocation. When undertaking the assessment it is important to confirm with the family that they have already given agreement for you to share information with other agencies who can assist them. It is also important to share with the family that the assessment will be holistic even though some members of the family may not be adversely impacted by the crisis.
- 6.2 On completion of the EHA, a TAF meeting should be convened (**within 10 days** of the completion of the assessment) and the initial TAF meeting chaired by a manager or Advanced Practitioner (AP). If a number of agencies are already working with that family, it is still helpful to convene a TAF meeting to ensure that everyone knows what each other is doing, to make the support more efficient and to reduce the frustration for the family of having to repeat information multiple times.

Initial TAC/F Planning meeting to be chaired by Manager or Advance Practitioner. Decisions on safeguarding, referrals, interventions and time frames to be agreed during this meeting which needs to be underpinned





7. Planning Interventions

- 7.1 Each child and family circumstance is unique and plans will be tailored to their individual needs.
- 7.2 The plan for the family will be agreed at the first TAF meeting. However, it may also be drafted and worked on alongside the assessment process, in order to ensure that families receive timely support. The child (where age appropriate) and their family will be asked to participate in the development of the plan. The plan will also agree how often the LP will contact and see the child and their

family. The LP must record the voice of the child at a minimum of every 4 weeks for the duration of the intervention.

- 7.3 The agencies attending the TAF must identify how they are going to support the family to deliver the plan including timescales. The TAF will be reconvened every 8 weeks or sooner (dependent on circumstances) until it is agreed that:
- either the plan has been completed
 - a further need is identified; or
 - the case escalates to Children’s Social Care.
- 7.4 If the plan has been completed, the TAF must ratify that it has been achieved and if any universal services are required which need a referral, the LP must complete this prior to closing the intervention.

8. Delivering the Intervention

- 8.1 Within Barnet, it is expected that Lead Professionals will use the Practice Models from the Early Help Practice Standards in undertaking any assessments and interventions. The Early Help Practice Standards set out resilience based approaches and include Signs of Safety, Restorative Approaches, Systemic Practice and Positive Parenting approaches. The Early Help workforce development framework will support training for staff in all of these approaches. Other evidenced based models may be used in conjunction with the Practice Model and this may include attachment, desistance, social learning theory, task centred practice and behavioural interventions.

The framework is outlined below.



9. Levels of Contact and Engagement

- 9.1 Contact and engagement with families is key to helping them build resilience and addressing the underlying issues related to their needs. All contacts with families should be **assessment** and **family need** driven and the frequency should be designed in a way that it is reduced over the period of the engagement. The early help definition of contact can be contextualised through the following methods;

- home visit.
 - office visit
 - school visit
 - Duty Officer
 - telephone/Skype contact; and
 - contact with Partnership agencies working with the family.
- 9.2 Using a phased approach towards contact and engagement, Lead Professionals may want to follow a structured outline in their case management of families as follows;
- 1st Month** – 2 times per week (intensive phase)
- 2nd Month** – 1/2 times per week (intensive phase)
- 3 Months** – 1 appointment per fortnight (less intensive phase)
- 3/6 Months** – 1 appointment every 2/3 weeks (less intensive phase)
- 6/9 months** – 1 appointment per month (preparation for exit stage)
- 9.3 A structured approach towards contact and engagement enables families not to be reliant on professionals and reinforces their abilities to ‘cope’ when things are not going so well. The nature of early help work requires professionals to provide sustainable support to families over a short engagement period, therefore contact should not be ‘ad hoc’ and should be structured and designed around the families’ needs and abilities.
- 9.4 Whilst the above **illustration** is a guide, which Lead Professionals may want to follow, the key aspect is that an agreed level of contact and engagement should be outlined in the intervention plan and signed off accordingly by the TAF or Early Help Locality Manager as appropriate to the needs of the family.

10. Voice of the Child

- 10.1 Children and young people must be at the heart of everything we do, we must strive to see and understand the world from the way that they see and experience it and we must listen and observe to what they communicate so we can enable them to make meaningful contributions.

"Above all, it is important to be able to work directly with children and young people to understand their experiences, worries, hopes and dreams." (Munro, 2010)

- 10.2 The voice of the child/family is key to;
- engagement
 - assessment and intervention planning
 - decision-making

- service delivery
 - partnership work
 - empowerment; and
 - building resilience.
- 10.3 This aspect is also intrinsic to all work undertaken in Early Help, not only in the areas noted above but also when we are not helping to improve the child or families' outcomes. The voice of the child/family will help us as practitioners to listen and make changes when things are not going so well for the family.

11. Home Visits

- 11.1 Home visits are an essential part of the work we do in Early Help. Observing families in their own personal environment can be beneficial, both for the family and the practitioner.
- 11.2 Firstly, children are more likely to say what they think and be more open in their home environment, than in the confines of an office or statutory setting. From the practitioner's perspective, an open and relaxed child or family is more likely to provide vital information that could shape the assessment and intervention processes. In addition to this, as practitioners we get to see the family's living experience during home visit contact and any noticeable change or deterioration in subsequent visits, which will help tailor intervention at a much more timely pace.
- 11.3 Whilst there are not any particular timescales on home visits during the course of engagement, practitioners are encouraged to undertake as many as they feel necessary. Good practice dictates that families are seen at home as part of the assessment, intervention and review cycles. This would help to inform the assessment on progress, deterioration and other aspects of our work with children, young people and families.

12. Escalating concerns to Children's Social Care (Step Up)

- 12.1 Whilst it is preferable that the LP escalates safeguarding concerns in a planned way, there will be occasions where incidents escalate quickly and need a fast response because of an immediate safeguarding concern. In this instance, it would be good practice to discuss the referral with a line manager and the MASH team, ahead of making the referral formally to the MASH. This would ensure that other non-statutory options are considered, where appropriate.

- 12.2 If there are immediate safeguarding concerns in relation to an open Early Help episode led by a community-based Lead Professional, the Lead Professional will follow their agency's safeguarding procedures and continue to refer these directly to the MASH.
- 12.3 The MASH also may receive open contacts on EHAs, from agencies who are not part of the 0-19 Service Early Help/TAC (such as from A&E, GP or the police). The Lead professional and 0-19 Early Help Hub team may not have any knowledge of these new concerns. These should be risk assessed by the MASH. If the MASH decide that the threshold is now too high to remain at EHA level, then the MASH will inform the Early Help Hub team and ask them to close the EHA on EHM, and the MASH will pass the referral to DATs.
- 12.4 If however, The MASH manager makes the decision EHA should continue, as the threshold has not been met for Social Care, then the Early Help Hub managers will receive an alert 'to link to episode' in their EHM Hub work tray, for the Early Help Hub Team Manager to record the new contact on EHM and notify the Early Help Coordinator and Lead Professional.
- 12.5 Whilst cases may be stepped down by DATs straight to Early Help, cases cannot be stepped straight up from Early Help to DATs.
- 12.6 In relation to new concerns arising during an open Early Help episode which requires an urgent risk assessment, for example where the Early Help Lead Professional may have become aware that a new concern has emerged since they initiated the EHA, which may have increased the risk in the family (such as the return of a perpetrator in the home), then the Early Help Team Manager should contact the MASH via an email sent to the MASH in-box, in order for the case to be reviewed by a MASH Manager. (It is best practice to let the DATs Duty Manager know that a case may be coming to them, dependent on the MASH's re-assessment).
- 12.7 The MASH managers will assign back to the last involved DATs Team if the case has been closed within the last 6 weeks in the event that the decision of a MASH TM is for progression to statutory intervention.
- 12.8 Cases will be re-assigned back to I&P if closed within the last 3 months on the same basis.
- 12.9 Once an EHA has stepped-up, the Early Help Social Worker will ensure the Early Help episode is closed on EHM, with a clear record of the reasons for closure.
- 12.10 Planned Step-ups on more chronic situations, need to be brought to the weekly Allocations/Transfer Meeting, by the Early Help Team Manager and the Advanced Practitioner/0-19 practitioner. The Early Help Manager should ensure that the case has been mapped in advance and the case is ready for transfer. There is also the option at the Transfer Allocations Meeting for a joint

visit to be agreed with the DATs Social Worker and EH Lead to confirm decision around the threshold.

13. Step-down from Children's Social Care

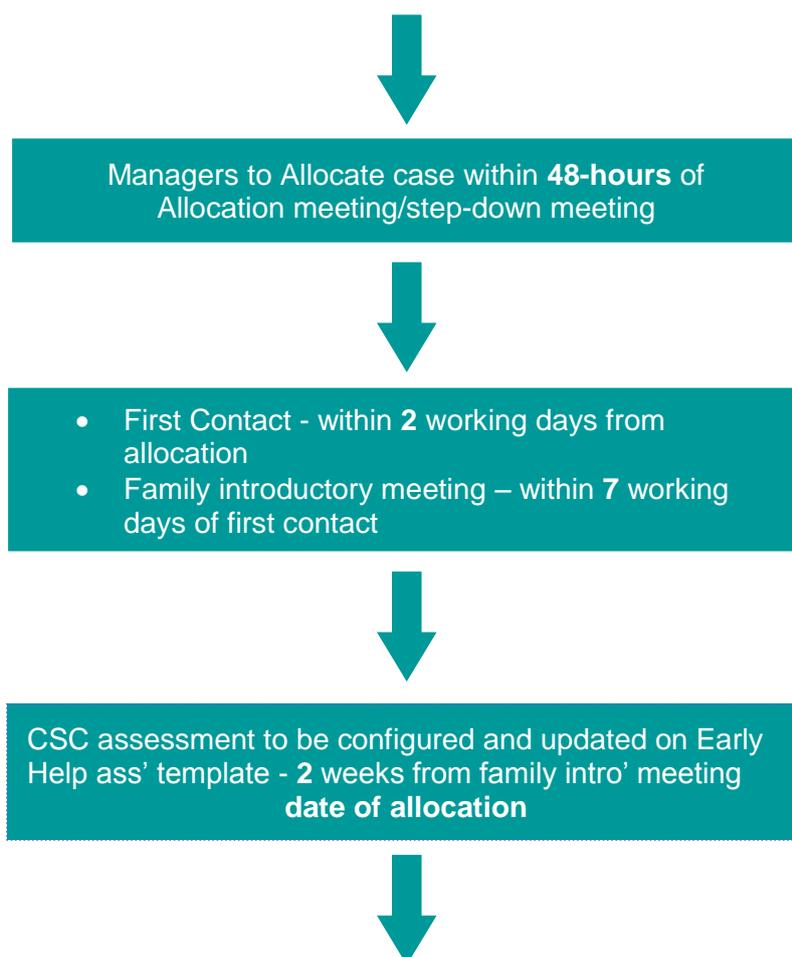
- 13.1 Where a case is being stepped down from Children's Social Care, the Social Worker should discuss the need to step-down with the duty Early Help Social Worker before inviting Early Help to the next CIN review. Thereafter, both the stepping down Social Worker and the Early Help Social Worker will agree that the necessary intervention plan is updated and relevant to early help thresholds, before undertaking a joint home visit to the family. Once everyone is in agreement, the Early Help Social Worker will refer the stepping down case to the Early Help Hub Team Manager for allocation and to open the Early Help episode on the recording system.
- 13.2 In circumstances where CSC (Duty & Assessment Service) are stepping down a case where a Child and Family assessment has not been completed, the case should be discussed with an Early Help Social Worker or Manager before being presented at the next available Early Help Hub Panel by the stepping down Social Worker. Once the case has been accepted into Early Help, the allocated LP should treat this case as a new referral and follow the timescales for EHA and intervention practice noted earlier in this document.
- 13.3 Where both CSC and Early Help Hub Panel cannot agree on the way forward, the case should be referred to the Transfer Panel, where Head of Service oversight and decision-making will determine whether the case should step-down to Early Help or not.
- 13.4 There will be occasions where young people reaching the point of their 18th birthday or completing statutory Court Orders require additional support. The REACH Team and Youth Offending Team (YOT) work with such young people and the overarching view is that some of them would benefit from additional support from the Early Help 0-19 Service once they have reached 18 and all CIN services cease or complete their statutory Court Order.
- 13.5 In Barnet, this cohort of young people will be identified by the REACH team and YOT 3 months prior to them turning 18 or their Court Order coming to an end and a 'consent' based service will be offered by the Early Help 0-19 service. In referring the young person, the REACH Social Worker or YOT Worker should ensure that the case is listed and presented at the Early Help Hub Panel, by having an initial 'consultation meeting' with the Early Help Social Worker or AP.
- 13.6 Following a Hub Panel decision, both the REACH Social Worker/YOT Worker and the Early Help Social Worker/AP will agree the remaining intervention plan needed before undertaking a joint home visit to see the young person and their family. Once everyone is in agreement, the REACH Social Worker/YOT Worker will formally refer the case to the Early Help Hub Team Manager to

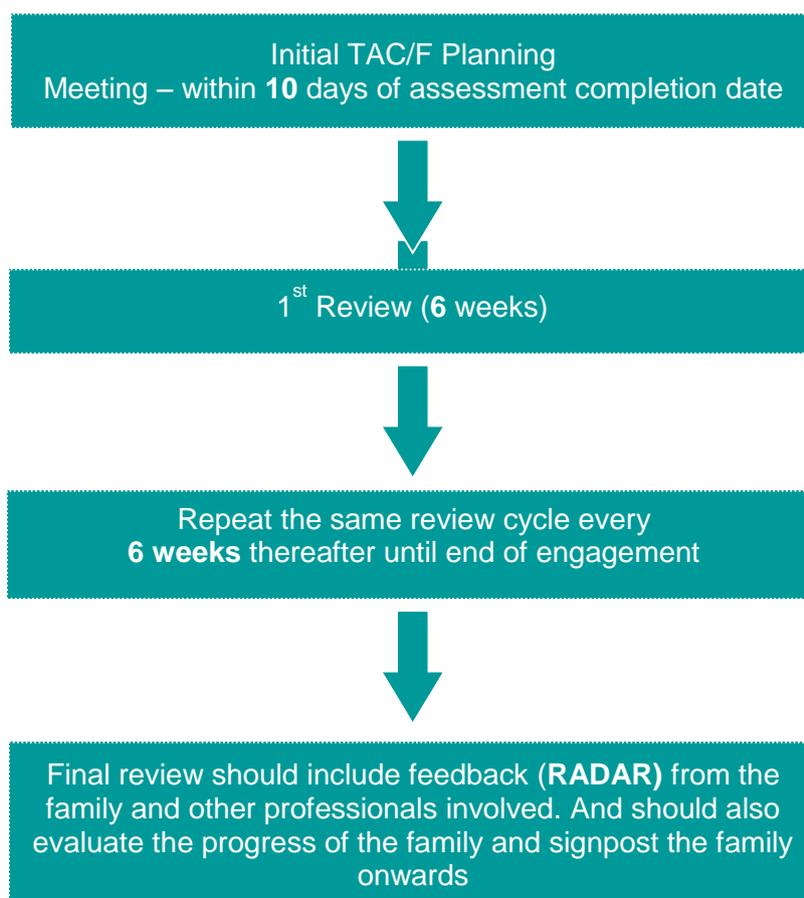
open the Early Help episode on the recording system, when the young person has reached 18 or their Statutory Court Order has expired.

- 13.7 From a systems point of view, REACH will step-down or request a service from the Early Help 0-19 Hub service via EHM, which is consistent with the approach being used by CSC. The YOT however, is not as yet able to follow a similar approach based on system limitations and the fact they use a criminal justice based recording system, which does not have the capacity to 'speak' to EHM. Therefore, as a temporary measure all YOT referrals for step-down or request for services will be submitted on the Universal Plus referral form straight to the respective Hub.
- 13.8 The longer- term ambition is for all referrals and step-downs into Early Help to go through the partnership based Hub Panels, so that there is a consistent process, oversight and partnership decision-making to all cases.

14. Working with Step-down Cases

- 14.1 In terms of process, step-down cases follow a similar pattern to that of a new referral into the MASH, particularly from the point of allocation.





- 14.2 Engagement in the majority of step-down cases is generally concluded within a **6-month** period, as most of the work would have been completed during the statutory stage of intervention and as such the families' risk and outstanding needs should be reduced to within Early Help thresholds at the point of the case being accepted. If the LP is of the opinion that the family has new needs, then line management approval to extend the engagement period should be sought.

15. Step-down to Universal Services

- 15.1 Once all intervention has taken place and the plan ratified as having been delivered at the TAF alongside the family, the LP should complete any outstanding recording, case closures and make any referrals for universal services discussed in the TAF. It is considered good practice to accompany the family to the initial meeting with universal services, in order to promote engagement and provide any information that would support a successful transition into the new service.

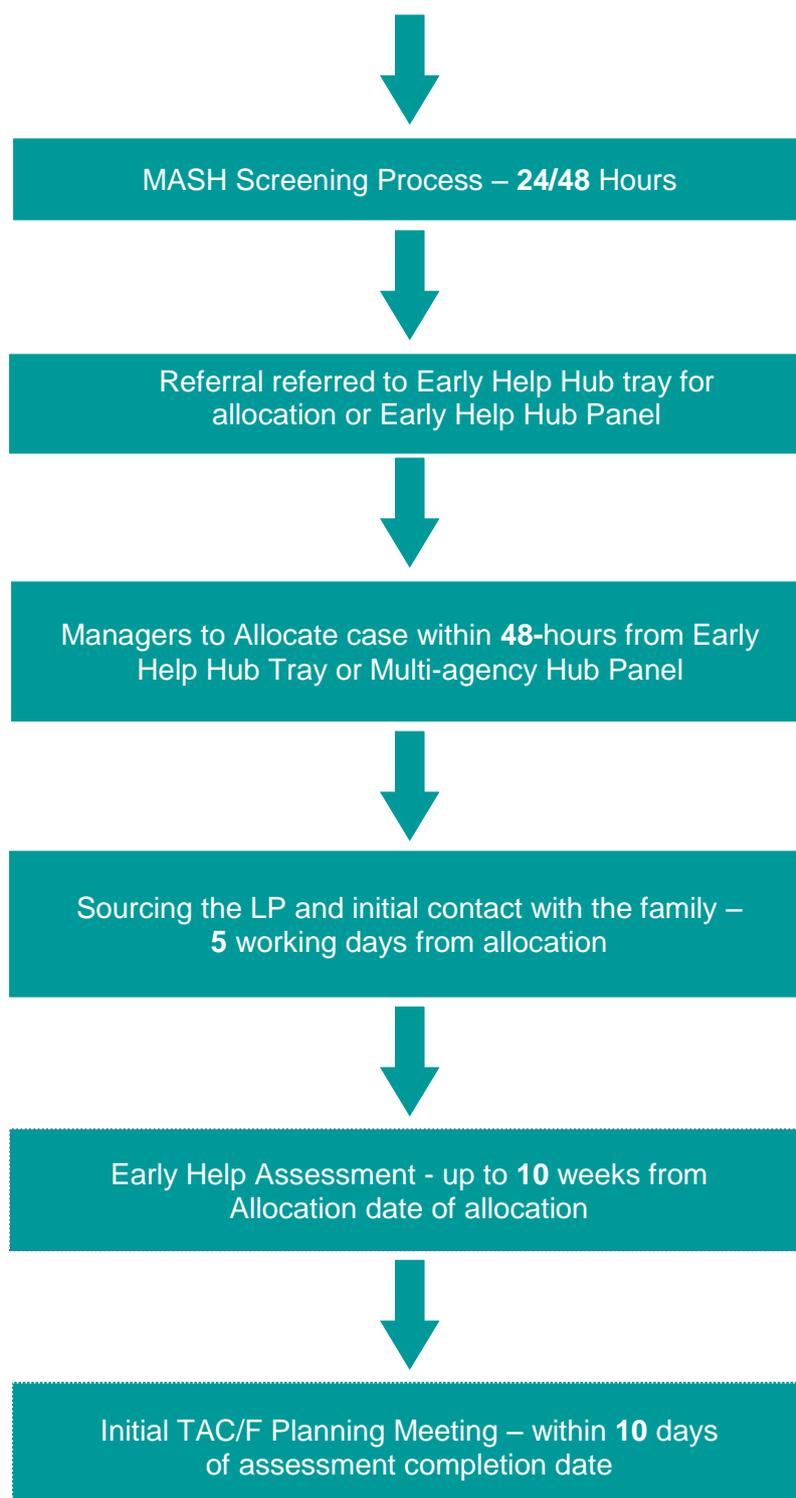
16. Commissioned Services

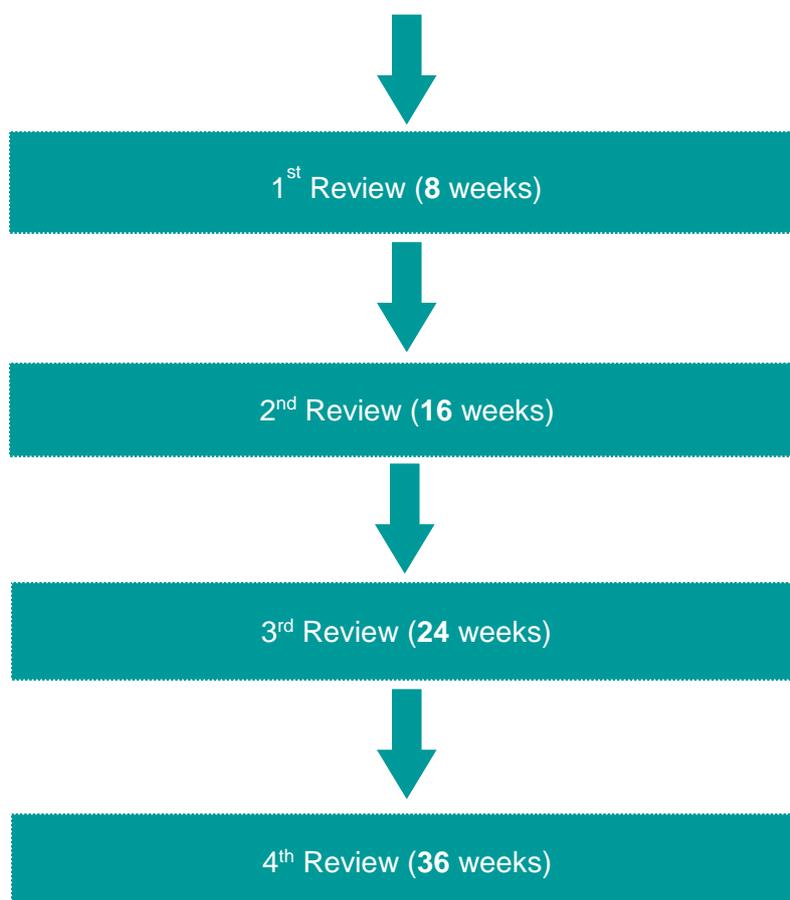
- 16.1 The 0-19 Hub Service is partnership based by design. Within the model there are a number of services and skills, which are accessible to wider family services. In order to access those services, referrers (CSC, REACH & YOT) need to request a commissioned piece of work. It is important to draw distinction between a commissioned piece of work and the step-down process.
- 16.2 Step-down is when a referring service wants to transfer the case and LP functions into early help based on threshold and there no longer being a need for statutory intervention. A commissioned piece of work is where the case and LP function remains with the referring service but they require the skills and resources of Early Help to deliver an aspect of the intervention plan.
- 16.3 Early Help would expect the referrer to engage in a commissioning meeting post referral, to ensure that that the requested service is clearly agreed, which should include timescales, the framework of the work and the feedback mechanism. Once the requested service has been delivered, Early Help should end its involvement, leaving the LP to continue to manage the case. If at any point the LP of the case requests a new service from Early Help, this should be treated as a new referral and as such a new commissioning meeting held.
- 16.4 As outlined in the step-down section of this document, CSC/REACH/YOT will commission services using the Universal Plus referral form in a temporary capacity whilst Early Help develops its groupwork and commissioning tray on the EHM recording system. All 0-19 practitioners delivering commissioned intervention should ensure that they record all sessions and outcomes on the LCS recording system. With regard to the YOT recording, practitioners in an interim position should record on EHM and send a copy of the write-up to the YOT caseworker as and when sessions occur.

17. Cases Led by the Community

- 17.1 Barnet's Early Help service has established a good and co-ordinated service delivery framework, which is led and delivered by our partnership agencies. The co-ordination of the process is held by the Local Authority, but the LP function and delivery of the intervention plan is owned by the appointed partnership agency, supported and monitored by the Local Authority Early Help Co-ordinator.
- 17.2 This is an approach Barnet wishes to maintain and develop further in the new 0-19 Hub model as it meets one of the guiding principles of the model, which is multi-agency partnership working.
- 17.3 The 0-19 Hub in the East/Central locality has shown early signs of the strength in the partnership between the local authority and other local services,

particularly around the LP role and intervention delivery to vulnerable families. Barnet aims to build on this through the Early Help Hub panel and by developing a set of practice standards that will enable partners to deliver a more timely and effective service to those families that they are working with. Whilst cases held in the community generally work to timescale, it is fair to say that the timescales are not timely or consistently applied across the community. Therefore, in order to maximise the effectiveness of the work undertaken, the Early Help 0-19 Hub, in conjunction with partners, have reviewed the current timescales and revised them accordingly;





18. 'Out of Court' Disposal Cases

18.1 The Legal Aid, Sentencing and Punishment of Offenders Act 2012, introduced a range of Youth 'Out of Court' disposals, aimed at diverting young people away from the Criminal Justice System and into early help support programmes, which were deemed as a more appropriate response to low level offending. The Out of Court disposals centre around the following:

- **Turning Point** (A police led disposal, which requires the Early Help 0-19 Hub Service to undertake the initial assessment process and the police to undertake the intervention)
- **Triage** (This disposal works with young people voluntarily who have a confirmed low-level offence for up to 3 months. The key to this disposal is that young people do not become 'first time entrants'.
- **Youth Caution** (Voluntary engagement)
- **Youth Conditional Caution** (Compulsory engagement for up to 3 months)

- 18.2 In Barnet, the “Out of Court” disposal framework is delivered by the Early Help 0-19 Hub Service with a greater emphasis on developing a wider partnership based approach towards decision-making, assessment and intervention
- 18.3 The process for delivery is based around the Police, YOS and 0-19 Hub Service meeting on a weekly basis to review and make decisions on the most appropriate “Out of Court” disposal for those young people who have committed a low-level offence. The Panel will consider a wide range of information related to the offence, the individual and their personal circumstances before coming to a decision. Once a decision has been reached the allocated worker will be expected, under an initial Asset Plus assessment, to draw on the young person’s offending and associated welfare needs to develop an intervention plan designed to reduce the risk of offending in the future.
- 18.4 For all disposals the interview and assessment process must be completed within **2 weeks** of the allocation. Thereafter, the 3-month engagement and intervention process commences with a clear focus on partnership based delivery on the core elements of the assessment.
- 18.5 Practitioners should use the ‘contact’ process illustrated earlier in this document to decide how often the young person should come in to see them or a partnership worker. In deciding on frequency, the practitioner should take into consideration the gravity of the offence, risk factors and the young person’s welfare needs. Intervention planning and delivery should ensure that there is an initial, mid-term and end review process embedded within the ‘Out of Court’ disposal.
- 18.6 In the case of the Youth Conditional Caution, this requires the young person to legally commit to this disposal and if they miss two or more appointments they can be referred back to the police for Court prosecution for the original offence. The practitioner will need to complete a statement (breach) on the missed appointments and why they assess that the Order should be referred back to the police for Court prosecution.

19. Return Home Interview Cases

- 19.1 The Early Help 0-19 Hub Service leads on the Return Home Interview (RHI) process outlined in the Barnet Missing Children protocol, when children return home from a missing episode.
- 19.2 Once a parent, guardian or carer reports a child under 18 years old as missing from home, the Police will invoke their own internal protocols in order to determine the whereabouts of the young person. In line with their protocol, police have a duty to inform the local authority of a missing child, so that the appropriate enquiries and assessment of the reason(s) for the missing episode can be made and where appropriate, partnership based support can be offered, in order to address the identified concerns.

- 19.3 From the point of allocation of the Return Home Interview, practitioners have up to 72 hours to make contact with the family and young person in order to ascertain the rationale behind the missing episode and to identify any support that helps to reduce any further missing episodes. The 72-hour period also includes the practitioner completing the RHI templates assessment tool and ensuring that a quality assurance process has been undertaken by their line manager, before the assessment is shared with the LP and the operational lead for CSE and Children Missing.
- 19.4 It is important that every attempt is made to make contact with the family and young person during the 72-hour period. It is expected that the allocated practitioner will make at least 3 attempts to contact the family using the various forms of communication. However, the actual RHI should be conducted in person unless the young person is known to go missing on a regular basis. In this instance, a discussion with the line manager and the operational lead for CSE and Children Missing should be sort in order to agree a suitable approach.

20. Troubled Families Cases

- 20.1 In June 2013, the Government (MHLCG) announced plans to expand the Troubled Families Programme for a further five years from 2015/16 and reach an additional 400,000 families across England.
- 20.2 There are now six criteria which entitle families to be eligible for support from the programme:
- parents and children involved in crime and anti-social behaviour
 - children who have not been attending school regularly
 - children who need help, including those in the early years
 - adults out of work or at risk of financial exclusion and young people at risk of worklessness
 - families affected by domestic violence and abuse; and
 - parents and children with a range of health problems.
- 20.3 Practitioners holding Early Help cases that meet the Troubled Families criteria will be expected to log the family's details with the Troubled Families Coordinator and provide regular updates to the coordinator around the families' progress, in order for the Troubled Families team to claim Payment by Results (PBR). The progress reports should focus on two or more criteria areas related to the family and evidence how they have improved their situation. When the case is ready for closure, the closure part of EHM should be completed and evidence the improvements made by the family.

21. Universal Plus Cases

21.1 The MASH receives a significant amount of referrals for Universal Plus support, cases which are ordinarily low in risk and require a single agency approach or in some case two agencies to support the family. Most Universal Plus cases will not require an EHA and as such will be allocated by the Hub Team Managers directly to practitioners for action and will not be presented at the Early Help Hub Panel based on the low needs of the family. There are three types of Universal Plus cases:

- programmes delivery
- casework sessions; and
- services requested by CSC (commissioned services).

21.2 All three types of cases would normally be rag rated by MASH as green. An example of the type of intervention associated with Universal Plus is:

- Parenting programmes
- Youth work groups programmes
- Mediation
- Family support
- Wellbeing Programmes
- CAMHS in schools
- Welfare Advice; and
- Children Centre programme and clinics.

21.3 Universal Plus cases requiring a programme will be allocated to the relevant work trays for action and will be picked by practitioners delivering the requested service. For casework sessions, which is normally where a parent or family require short intervention such as mediation or 'one to one' parenting, the expectation is that practitioners will use the Universal Plus referral to deliver the intervention requested and work with the family in a timely manner towards their goals and the development of resilience.

21.4 From a casework perspective, working with a Universal Plus cases should follow a process of:

- agreeing the work and timescales with the family
- delivering the intervention
- a review process; and
- end review process and closure on the EHM recording system.

- 21.5 Cases coming into Early Help, which are as a result of a request for support by statutory services, (including YOT and REACH) should remain be professionally led by CSC (or REACH/YOT). However, our involvement is in relation to delivering a specific intervention, available within the Early Help services relevant to a child and family's needs. In this instance, the CSC social worker should use the commissioning form on the EHM recording system to request the service required. The practitioner receiving the allocation should thereafter speak with the requesting CSC social worker and agree the nature of the work, timescales, reviews and expected outcome. A joint introductory meeting with the family should be convened, in order to ensure that 'all' are on the same page about the work being undertaken. The 0-19 practitioner should provide the CSC social worker with regular updates on the sessions via recording on the LCS system and review processes. Once the intervention has been completed, it should be closed to Early Help and any future requests for more support should be treated as a new referral.

22. Preventing Drift

- 22.1 In view of the Barnet Early Help model investing in a multi-agency approach, where the LP role can be allocated to the local authority or community professional alike, it is important that the relevant hub has oversight of the cases that are not progressing in a timely manner, for whatever reason. The value of having a hub full of multi-agency professionals contributing to decision-making that enables the case to be progressed without need for statutory intervention cannot be under-estimated and demonstrates the unity of the collaboration to improve the families' outcomes.
- 22.2 Joint working can sometimes be seen at its best during periods of adversity, the pulling together of resources, knowledge and expertise to wrap around the family during the crisis is a recognised approach in early help practice. Barnet, is adopting this approach towards cases that have stalled by utilising our Early Help Hub panel as a multi-purpose panel, discussing new cases and post allocated cases that are of concern to professionals. Lead professionals will be expected to present the case and use the forum to consider new ways of working to unblock problems with families and their progression.
- 22.3 The Drift Panel does not replace current practice for case discussions, but is an additional tool open to lead professionals, when the need arises.

23. Post 18 Practice

- 23.1 The new Early Help 0-19 Hub Model works with children, families and young people up to the age of 19. However, it is important to note that post 18, the young person would need to have come from one of the following:

- Child Looked After
- post Adoption
- currently open to statutory services
- open to YOT or REACH
- currently working with Early Help
- child with a disability; and
- closed to Children's Services within the last 3 months
- New referrals who are not from the list above should be referred to Adult Services

24. Case Recordings

“Recording is a key social work task and its centrality to the protection of children cannot be over-estimated. Getting effective recording systems in place to support practice is critical.” (The Munro Review of Child Protection: Final Report – A child-centered system 2011).

24.1 Good case recording provides an up to date and accurate account of a child's, family's lived experience, their wishes and feelings, the reason for professional involvement, setting out risks, plans for intervention and assist in focusing work. Good case recordings aid continuity in the absence of allocated workers, providing information to assist enquiries into complaints, investigations, audits and case reviews. But most importantly good case recording provides children with a sensitive and meaningful record of events in their life. With this, it is essential that the Early Help service adopts a timely and meaningful approach towards case recording and ensures that all practitioners record the factual outcomes of 'contact' with children, young people families, and professionals within 48 hours from the date of the contact. Good case recording is also the completion of case summaries, chronologies and genograms on each and every family practitioner are working with.

24.2 An example of a case recording for a Youth Justice intervention contact is as follows:

Start

- was the appointment kept - compliance with Order
- was the young person on time - compliance with Order
- what was the session about - victims, linking to the offense
- was it linked to plan - this session was part of the intervention plan and aimed at improving the young person's understanding of victims and consequential thinking

Middle

- a flavour of the session - what was discussed

- what tools were used - were offending or any other evidence based tools used to deliver the session - if so how did they help the session
- what was understood - what did the young person take on board, say, analyse, review
- any areas of difficulty - what needed further understanding, was an issue or the young person disagreed with

End

- outcome - evaluation of the session
- analysis of the session - key points, good or bad
- voice of the young person – understanding their views
- level of engagement - throughout, partial or not at all
- challenges - attitudes, different learning style, outside issues impacted on session etc.
- next appointment date - planning in advance; and
- contents of next session - continuation of victim's work

24.3 Whilst this example is not an exclusive approach, it is designed to develop a structure around intervention sessions and ensure that practitioners are consistent in their work with families and their recording of contact sessions.

25. Caseload Weighting

25.1 The nature of Early Help work varies as family needs often differ in terms of complexity. In Early Help we expect the majority of the workflow coming in to Children's Services to start and finish with early help intervention, with a smaller proportion of families needing and receiving statutory services support.

25.2 Individual caseloads will often vary in order to capture the different level of needs families may have. In keeping with the practice standards developed for statutory services, we expect frontline 0-19 practitioners to hold anywhere between 12-15 cases. This number take into account the different levels of casework involved:

- Lead Practitioner role
- Early Help assessment
- step-down
- secondary allocation
- commissioned in from CSC; and
- Universal Plus.

25.3 The premise of the 0-19 Hub model is that practitioners will hold a variety of the functions noted above, which will all add up to a caseload of approximately 12-15 cases. The variance in caseloads will also take into consideration those practitioners delivering programmes, groupwork or residential activities. The 0-

19 Hub model is in the process of developing a transparent caseload weighting tool, which Hub managers will be expected to use to inform the allocation process, decisions on work complexity and the number of cases any one practitioner is holding.

- 25.4 Whilst a caseload of up to 15 is what the 0-19 Hub model anticipates, there will of course be periods where caseloads might go slightly above our target number and in these moments, practitioners and Hub managers should reach agreement on this and about ways in which this should be managed. However, this is balanced with the reality that caseloads can equally go through periods where they are reduced to below the expected number and as such, this should be factored in. With regard to Advanced Practitioners, the expectation is that they will hold a caseload of up to 10 families with supervisory line management of at least two front line 0-19 practitioners.
- 25.5 Part-time members of staff of all grades will hold a pro rata caseload and where appropriate hold a pro rata supervisory or line management caseload.

26. Management Oversight

- 26.1 Management oversight should be viewed as a shared process between the LP and Line Manager, particularly around decision-making, change of circumstances, escalation of risk or safeguarding. Whilst the primary responsibility is for the line manager to oversee the work of the LP, the nature of early help work often means that monthly supervision cannot be the only avenue for management consultation. Decisions stemming from the following should also be recorded as management oversight by the line manager or the LP:
- supervision
 - group supervision
 - team meetings
 - multi-agency Hub panel decisions
 - discussions at desk spaces, where a manager has agreed a particular way forward or taken a decision
 - duty manager consultations; and
 - decisions taken at Team Around the Family meeting
- 26.2 Effective case recording is strengthened when either the line manager or the LP takes responsibility for writing up the discussion, where a decision has been made.
- 26.3 Management oversight is not primarily about the manager recording decisions, it is about evidencing that both manager and LP are communicating and are taking decisions jointly.

- 26.4 Whilst there are no set performance indicators for management oversight, beyond monthly case supervision, throughout the case management model there are key processes such as the assessment, intervention planning, reviews and case closure where it is **expected** that line managers will have an impact on the direction of the case.

27. Service User Experience Feedback

- 27.1 Feedback from service users is an important aspect of hearing the voice of child(ren)/family, engagement, intervention planning and shaping service delivery going forward. In Barnet, we want to ensure that the feedback we receive, positive or negative is frequent, listened to and acted upon. The current model using RADAR is based around each early help service undertaking their own separate RADAR with the child and/or family, which can sometimes be onerous for families.
- 27.2 Under new proposals the Early Help LP will co-ordinate the feedback process and ensure that the key review stages of the Early Help service delivery are used to gain a co-ordinated impression of all services working with the family. This will mean that one practitioner is completing the RADAR with the family on behalf of the wider Early Help offer at set points of the engagement.
- 27.3 This approach will ensure that we receive quality and meaningful feedback, which we can use to measure progress, the wider service delivery and to shape the service where the feedback suggests there is a need to do so. In addition to this, research has shown feedback from families can sometimes work to empower and address some of the power imbalance within the family/professional working relationship.

28. Quality Assurance

- 28.1 The Early Help Practice Standards alongside the Key Performance Indicators have been developed to provide a framework for our work with children, young people and families. The 0-19 Hub Services' performance going forward will be overseen and scrutinised regularly by senior managers in Family Services to ensure that the 0-19 Hub Service is compliant with its agreed standards. Early Help managers will be added to the auditing schedule already in operation in Family Services and will audit cases using a toolkit developed from the principles of our Practice Standards.

29. Early Help Minimum Standards Summary

