

# Supporting Solutions Service

## SCOPE OF THIS CHAPTER

This chapter outlines how the Supporting Solutions Service supports young people aged 11 – 17 years on the ‘edge of care’ and their parent(s)/carer(s).

See also **Family Group Conference** and [Child Sexual Exploitation](#)

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## 1.Criteria for Service Support

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The Supporting Solutions Service will support young people aged 11 – 17 years and their parent(s)/carer(s). The Supporting Solutions Service definition of ‘edge of care’ is as follows:

- The young person will need to enter care within days or weeks if current levels of support are insufficient to safeguard them, due to family relationships or family breakdown escalating and/or other issues are worsening.
- The young person is in the early stages of court proceedings where concerns are in relation to family relationship breakdown, and where social workers have to make decisions on whether sufficient change is possible to enable the child to safely remain at home.
- The young person may not be able to remain in their family home, if an alternative intervention or support package is not swiftly put in place including those provided with respite care.
- The young person has been accommodated in an emergency but where the aim for them is to be reunited with their family quickly with appropriate support.
- The young person's long term foster placement is at risk of breaking down and the plan is for the young person to remain in this placement.
- Long term looked after young people, open to Looked After Children team, with a plan to be rehabilitated back home to family.
- All young people who are returning to a family placement following a period of time in care will be entitled to a Family Group Conference.

The Supporting Solutions Service cannot offer interventions where:

- Intensive edge of care intervention will not impact on the current situation, for example, where domestic abuse is present but perpetrator is still in the family home or where there are significant parental substance misuse concerns but parent is not willing to access services.
- If there is evidence of previous intensive intervention with no evidence of change, unless there has been a change in circumstance or a period of time between the last intervention.

## **2. Referral Pathway for Intensive Support**

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Referrals to the Supporting Solutions Service can be made only via 2 pathways:

1. Directly from a social worker/social work consultant or team manager where the case is considered as imminent risk of being 'edge of care' due to a breakdown in family relationships.
2. When there has been Emergency Duty Team involvement (this may also include the Supporting Solutions Service duty worker) and a young person has been accommodated overnight or there is significant risk of a family breakdown due to family relationships.

### 3. Referral Process

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A member of the management team or the duty worker will take the referral information.

There are no referral forms for the referrer to complete, however, it is the responsibility of the person taking the referral to complete the 'Screening and Referral Information' form. This is to ensure effective gatekeeping of the service and that appropriate questions are asked at the point of referral in relation to the needs of the family, the types of intervention the referrer feels are needed and that without intensive intervention there would be a significant risk of family breakdown. Questions asked at the point of referral follow 'Signs of Safety' guidance.

This can be completed over the telephone if the referral is received directly from the social worker or can be completed after Emergency Duty Team / Supporting Solutions Service duty involvement where it has been agreed that the case should be allocated a Supporting Solutions Service worker and this has been agreed by the family. If there has been Supporting Solutions Service duty involvement it is likely that this worker will be asked to complete the 'Screening and Referral Information'.

If a referral is received via Emergency Duty Team crisis support and the case is open to One Point, discussion will take place with One Point worker/Team Manager at the earliest opportunity to ascertain if the case is to be escalated to the locality Families First Team. If this is the case a Supporting Solutions Service worker will be allocated to the case. If the case is to remain within One Point Team, this does not meet the criteria for Supporting Solutions Service intensive support and the case will continue to be supported by the One Point Team. Given that the young person has experienced a period of crisis a Family Group Conference should be considered by the One Point Team, with the view to prevent a similar situation occurring in the future and to prevent the family entering higher level services by having plans in place that identify appropriate family support, meet the needs of the young person and offer a safe living environment for them.

If a referral is received via Emergency Duty Team crisis support and the case is not known to services, discussion will take place with the locality Families First Team Manager, Social Work Consultant or Duty Social Worker at the earliest opportunity highlighting a plan of support that will be offered to the young person and family in the very early stages of intervention. This is likely to be completed by the Supporting Solutions Service duty worker (and may involve the

Families First duty social worker) until the allocated social worker and Supporting Solutions Service worker are identified.

If a referral is received and it is felt by Supporting Solutions Service management team that the case does not meet the Supporting Solutions Service definition of 'edge of care' a consultation will be offered to the referrer and any suggested actions are to be recorded on the young person's electronic case record. It may be that while the case does not meet the criteria for intensive Supporting Solutions Service intervention other interventions such as Family Group Conference or ERASE support can be offered.

If a referral is received from a social worker where the case is already open but has reached crisis point, there is an expectation that the social worker or duty social worker will have visited the family to assess the current situation and consider support needed before making a referral to Supporting Solutions Service.

If management team are unable to allocate a Supporting Solutions Service worker immediately or the allocated worker is not available for an immediate response, support will be offered through the Supporting Solutions Service duty worker. There is an expectation that where families are experiencing crisis / imminent risk of breakdown there will be an immediate response from Supporting Solutions Service.

## **4. Role of the Duty Worker**

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There are Supporting Solutions Service duty workers available Monday – Friday 8am – 8pm and Saturday and Sunday 9am – 5pm.

The role of the duty worker is to respond to immediate requests for support, this may include:

- Home visit to respond to crisis situation
- 1-1 with parent / carer to discuss their concerns and steps to move forward
- 1-1 with young person to discuss their concerns and steps to move forward
- Family Network Meeting / Family Offers to identify immediate family support
- Restorative conversations to support family relationships
- Respite support for young person
- Other appropriate identified actions to support the immediate needs of the family

- Duty workers may also be required to act as a second worker on cases where there is an identified risk or to support cases that are already open to Supporting Solutions Service but the allocated worker has other commitments. This will reduce the impact of unexpected crisis support for open cases on planned work.

### **Phase 1 – Crisis Intervention (up to 24 hours/immediate response)**

This will be offered to a young person and their family who are experiencing a crisis and who, without immediate mediation and conflict resolution, are at risk of family breakdown.

This will be delivered in the family home, alternatively at the service base or if required the young person will be removed from the family home and stay in the crash pad/emergency foster placement overnight. The service aims for a young person who is experiencing family breakdown to be able to stay one night only or over a weekend if accommodated by the Emergency Duty Team out of day time hours, followed by a rapid response offer to the family the next day.

This will be the responsibility of the duty worker (or the allocated worker if allocated at point of crisis). If a Family Network Meeting is started by the duty worker, there will be an expectation that the duty worker plans and completes this and the allocated worker will attend if they are available.

The duty worker will also be responsible for handing over a brief outline of the support offered and agreed for Phase 2, this will be recorded on the young person's electronic record for the Emergency Duty Team, the next duty worker and/or the allocated worker.

### **Phase 2 - Rapid Response (up to 7 days)**

Intensive support will be offered to families who are experiencing family breakdown and may have been or are at risk of the young person being removed from their family home. This will include conflict resolution, restorative conversations and may result in a family network meeting to identify any support from within the extended family and wider support network.

This will be the responsibility of the allocated worker, however, if the worker has other appointments that cannot be changed the duty worker may also be asked to support in this phase.

### **Phase 3 - Engagement and Identification (4 weeks)**

A period of intensive engagement will be offered using a number of interventions including motivational enhancement therapy, conflict resolution, and restorative conversations alongside practical support.

#### **Phase 4 - Interventions Programme (up to 12 weeks)**

A program of evidenced based interventions will be delivered from a pick and mix menu available to meet the needs of the individual young person and their family/carers. This will also include “supported referrals and attendance” to any specialist and therapeutic services identified as part of the safety plan, this may include substance misuse, CAMHS, Youth Offending.

In this phase there will be monthly reviews between the allocated worker and their line manager.

#### **De-escalation (up to 6 months)**

A period of de-escalation will be offered to the young person and parent/carers to allow families the opportunity to demonstrate sustained change without intensive interventions. This will also, however, allow immediate support to be offered as and when needed.

## **5.Role of allocated Supporting Solutions Service worker**

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### **Phase 1 and 2**

- Worker to contact family and Social Worker to arrange visit within 1 working day. If Social Worker not available for immediate response Supporting Solutions Service worker to complete initial visit(s) and visit with Social Worker within 3 working days. (This maybe Supporting Solutions Service duty worker).
- Plans to be made with family for crisis intervention. This may include FNM which is to be completed within 5 days from point of referral.
- Transport Consent Forms to be completed.
- Lone Working Risk Assessment to be completed.
- Read referrals for young person at the earliest opportunity.
- Read assessments and care plans for young people at the earliest opportunity.

- Speak to young person 1:1
- Speak with parents/carer 1:1
- Plan and agree immediate interventions with young person, parent/carer and Social Worker.
- Update work plan with interventions completed and outcomes during this phase.
- Ensure that visits are offered to family to meet their needs in line with the current phase of support.

### **Phase 3**

- Identify and agree planned interventions with young person and parent/carer.
- Complete stars with young person and parents/carer to inform planned interventions.
- Complete objectives section on work plan and identify appropriate tools and resources to use to meet objectives.
- Share work plan with young person and parent/carer and ask them to sign a copy to evidence they agree to engage with identified interventions.
- Ensure that visits are offered to family to meet their needs in line with the current phase of support.

### **Phase 4**

- Carry out planned interventions.
- Ensure that visits are offered to family to meet their needs in line with the current phase of support.
- Cases will be reviewed at Team Around the Family meeting or in case discussions. Outcomes at point of review to be discussed and further actions identified. It is the responsibility of the Supporting Solutions Service worker to update work plan for review.

### **De-escalation and Closure**

- At the end of phase 4, there will be a period of de-escalation. In relation to length and support required in de-escalation, this will be agreed between Supporting Solutions Service worker, young person, parent/carer and Social Worker. This is offered to allow families a monitored period of reduced intervention and also quick access to support if required.
- Family/ young person star to be reviewed to evidence outcomes.

- Closure summary to be completed at end of de-escalation, young person's views to be obtained at point of closure. Completed work plan to be shared with young person, parent/carer and Social Worker. Copy saved on file. Work plan to identify relevant contact numbers for VCS/relevant services identified during package of support.
- Once closed exit matrix to be completed within 1 week of closure.

## **6. Case Discussion and Review**

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Case discussions will be completed on a monthly basis with the allocated Supporting Solutions Service worker. Where there is also ERASE intervention it is good practice for the ERASE worker to also take part in these discussions.

It is the responsibility of the allocated Supporting Solutions Service worker to update the 'Actual Outcomes' section of the work plan prior to the discussion to allow case review to take place and further actions to be identified.

Case discussions will follow 'Signs of Safety' guidance and ensure that the voice and experiences of the young person are evidenced. Case discussions will be recorded on the young person's electronic case record as well as the young person's case file.

## **7. Work Plan and Closure Summary**

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Every family that accesses intensive interventions will have an individual work plan that is tailored to meet their needs. This work plan will identify support to be offered to the young person and parent/carer at each phase of intervention and will also identify resources that are used as part of this process.

Work plans will be reviewed and updated regularly.

Each work plan will identify a plan for de-escalation of support from Supporting Solutions Service as well as appropriate services within the Voluntary and Community Sector that family can access in order to sustain changes made and help to prevent a re-entry into higher level services.



## **8.Children of Concern Meetings**

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Children of concern meetings take place on a Friday afternoon and Monday morning. The purpose of these meetings are to ascertain if additional support is required for cases in Phase 1 and 2 and identify other cases where additional support may be required to prevent escalation.

Children of concern meetings will identify cases where it may be appropriate to offer sessional respite support or respite foster care.

Children of concern meetings also identify support required where the allocated worker is on leave.

## **9.Electronic Case Records and Analysis**

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All electronic case notes are to follow the Supporting Solutions Service standards of recording.

Effective use of analysis is to be used in case recordings to:

- Identify patterns and trends;
- Identify strengths and risks;
- Highlight observations and the impact these may have on the young person or parent/carer;
- Consider the impact of interventions on the young person.

## **10. Service User List**

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It is the responsibility of each Supporting Solutions Service worker to ensure that their service user list is up to date as changes occur or at the very least every Friday prior to the Children of Concern meeting. Service user lists allow the Supporting Solutions Service management team to monitor caseloads and consider the most appropriate allocation of cases.

Service user lists should also contain up to date and accurate contact information for young person and parent/carer to ensure they can be easily contacted.

## **11. Allocation of work**

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Supporting Solutions Service workers have a case load which allows intensive interventions to take place with young people and parents/carers.

Ideally workers should not have more than one case in Phase 1 or 2, this is to ensure the worker can respond appropriately to crisis situations. Workers will generally have 4-5 cases on their case load, however, when cases reach the de-escalation phase this will likely be more.

Where possible Supporting Solutions Service workers will be allocated cases in 1 or 2 geographical areas of the county, this is to reduce travel time and increase the amount of face to face time workers have with young people and parents/carers.

## **12. Families Who Disengage/Crisis Led Only**

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When families start to disengage from support by the service, for example with cancelled or ineffective visits and no response to telephone calls/text messages or they only engaged when they were in crisis significant attempts will be made to re-engage the family in support. This will include:

- Unannounced home visits, at different times of the day;
- Note through the door with details of next planned visit and reminded of Supporting Solutions Service worker's contact details;
- Joint visit with Social Worker or other relevant professional;
- Letter to family;
- Attend Team Around the Family meeting.

If after this there is still no evidence of any motivation to engage with offers of support, case discussion is to be held between Social Worker, Supporting Solutions Service worker and line manager where case closure or further appropriate actions will be agreed.

### **13. Need Linked to Disability Rather Than Relationship Breakdown**

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These cases are likely to require specialist intervention to offer appropriate support specific to the young person's needs but the service will consider if there is a role to support relationship breakdown as part of this.

### **14. Escalation for Safeguarding Concerns/Dispute Resolution Process**

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When the service have significant concerns regarding safeguarding of a young person, the allocated Supporting Solutions Service worker will share these concerns with the child's social worker and agree a plan of how to address these.

If the service continues to have concerns and the situation remains unresolved discussions will be held between Supporting Solutions Service line manager and the Social Work Team Manager or Social Work Consultant to discuss an appropriate response.

### **15. Respite Workers**

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Where families are experiencing a crisis or it has been agreed as part of the plan of support, young people can access weekend and evening respite support which is offered through a bank of sessional workers. Requests for sessional workers are to be agreed through Supporting Solutions Service management.

### **16. Foster Carers/Out of Hours Emergency Accommodation**

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Foster carers linked to Supporting Solutions Service will be available to provide weekend respite or emergency out of hours accommodation when a young person is in crisis and it is not appropriate for them to remain in the family home/long term placement. The young person must be open to Supporting Solutions, or meet the criteria for the Supporting Solutions Service.

Where all other options have been explored and it is not appropriate due to risks/situation for a young person to be cared for by a Supporting Solutions Service foster carer then the bed in the emergency children's home will be used.

Foster carers will be on an on call rota on weekdays for emergency placements and on a weekend will be used for planned respite care for Supporting Solutions Service young people.

## **17. Full Circle**

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Full Circle workers based with Supporting Solutions Service are able to offer a range of support to both Supporting Solutions Service workers as well as young people and parents/carers.

Supporting Solutions Service workers will access a monthly training session facilitated by the Full Circle worker and a monthly clinical group supervision. Individual clinical supervisions will also be available upon request. The Full Circle worker will offer weekly slots for case consultations, Supporting Solutions Service workers are able to access these for all cases.

Where there is a clear need for therapeutic interventions the Full Circle worker will offer 1-1 sessions with the young person. Parents and carers will also be able to access support through Full Circle training programmes.

## **18. ERASE**

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The Educate and Raise Awareness of Sexual Exploitation (ERASE) team is multidisciplinary team, with staff from the police and children's services. We work to engage and educate professionals, young people and their families to raise awareness of Child Sexual Exploitation, internet safety, perpetrator behaviours, risk taking behaviours, how to ask for help and how to keep safe. Supporting Solutions are able to draw upon the expertise of the ERASE Team for advice and resources both within Children's Services and the Police.

### **Criteria for ERASE Support Worker Intensive Support**

- The young person must be high risk of Child Sexual Exploitation which is determined by the Child Sexual Exploitation Risk Assessment tool.

- The young person must be open to a Families First Team, Looked After Team or the Young People's Service.

### **Referral Process**

A Child Sexual Exploitation Risk Assessment Tool must be completed by the lead professional who is working with the young person. This must be emailed to the ERASE inbox to be screened by the Detective Sergeant of the ERASE Team to include any police intelligence and to clarify whether the young person is; high, medium or low risk of Child Sexual Exploitation.

If the young person is high risk of Child Sexual Exploitation or if the ERASE Sergeant and the Supporting Solutions Management are in agreement that the young person requires specialist support from ERASE, an ERASE Support Worker will be allocated.

If the young person is medium to low risk of Child Sexual Exploitation the ERASE Team will share resources and provide telephone consultations to ensure that the professionals working with the young person is able to put relevant interventions in place to reduce the risk of Child Sexual Exploitation for that young person.

If the young person is accessing Supporting Solutions intervention, the ERASE Worker can offer joint visits to the young person or the family to increase their awareness of Child Sexual Exploitation and methods of reducing the risks of Child Sexual Exploitation.

## **19. Family Network Meeting / Family Offers**

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Family Network meetings can be completed for a Supporting Solutions case upon referral by duty worker or allocated worker as an intervention to address an initial crisis within a family. There is an expectation these are completed within 5 working days. All Family Network Meetings should be followed up with a Family Group Conference to explore longer term support for families. (See Appendix 1 for flow chart).

Family offers can be completed whereby support for family members or a respite placement is required in a crisis situation to support the young person remains in the care of their family where they would be at risk of coming into local authority care imminently. During telephone discussions with family members concerns are shared and family members are asked support they can offer in the short term to support the family. This is then shared with the Social Worker and the family.

## Appendix 1

