

SOCIAL WORK AND EARLY HELP WORKING TOGETHER.

The guidance covers:

**Step up, Step Down Processes between the MASH,
Contact Centre, Area Social Work Teams and Early Help.**

**Joint worked cases between Area Social Work and Early
Help Team**

Date: Implementation: July 17

Author: Jayne Jones

Date Reviewed: May 2018



(1) Introduction

1.1 The guidance explains the connectivity between the Early Help Hubs, Contact Centre/MASH and Area Social Work teams. The connectivity between these services is commonly known as **step up / step down**. The guidance also includes when Social Work and Early Help work jointly together with children and families.

1.2 We know that at times children and families will need and receive services and will move up and down the Level of Need in Manchester. There will be times when they need additional support or protection, as they become stronger and more resilient the additional needs they require will reduce. The step up / step down and joint working processes described in this document are pivotal to children and families receiving timely and effective support and help.

1.3 It is important that all routes into the Early Help hubs connect and that the priority is identifying and supporting the needs at the earliest opportunity.

1.4 Key Principles:

- Children and families should not be expected to tell their story more than once
- The transfer of information is done seamlessly and without delay.
- Effective and robust communication between Social Work and Early Help.
- Children and families receive the least intrusive service for the assessed need.

1.5 A child's journey through the Level of Need in Manchester is described in the Child and Whole Family Decision Framework Level of Need (see appendix 1) this guidance is pivotal to ensuring the needs of children and families are identified and acted upon in the most appropriate manner.

(2) The Early Help offer

2.1 The Early Help hubs provide a range of services for children and families to reduce the likelihood of emerging problems escalating further into statutory services. Most importantly they provide families with the right support at earliest opportunity. The delivery of successful Early Help relies upon a coordinated approach to deliver the following key principles. The model of Early Help is consent based and requests for Early Help should always be where possible with the agreement of the family.

Principles for effective Early Help:

- Promoting Early Help with families to empower them to address any emerging problems.
- Ensuring an Early Help Assessment is done with the family at the earliest opportunity.
- Providing a targeted Early Help service.

- Ensuring children, young people and their families feel connected to their communities by strengthening locality partnerships.

The delivery of Early Help is achieved by:

1. Providing advice and guidance.
2. Co- coordinating a targeted offer of early help.
3. Providing a brief intervention to families through a timely response from the Early Help Assessment Teams.
4. Delivering a range of parenting programmes, interventions and direct work.
5. Providing early help practitioners to deliver targeted interventions for families with complex needs and children on the edge of care.

2.2 The overall purpose of Early Help is too intervene early. It is essential for the offer to be as effective as it can that the services working alongside the family to achieve the key principles. This guidance relies on Social Work and Early Help having open and honest conversations to work together and achieve the best outcomes for the children and families of Manchester.

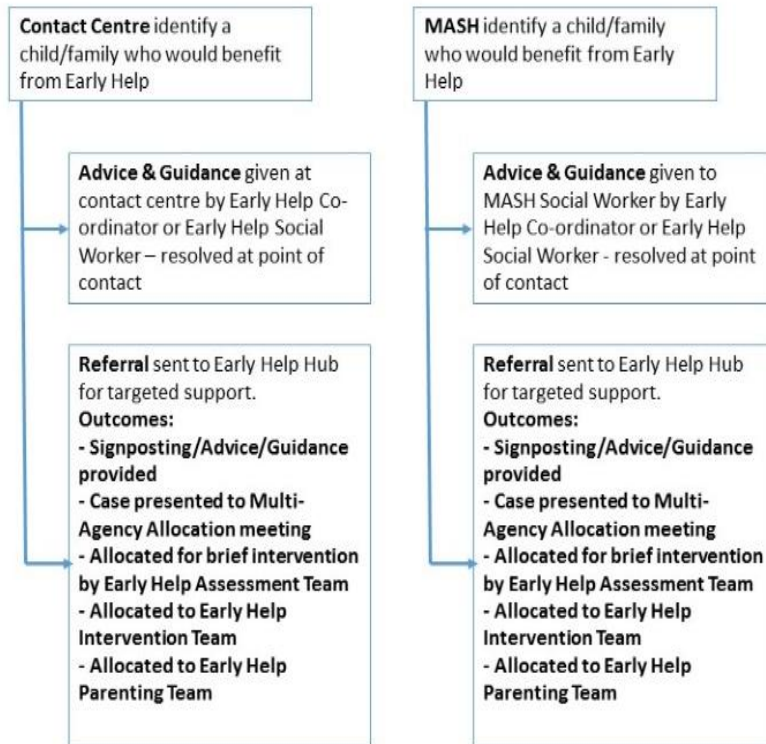
(3) Step Down

3.1 **Contact Centre / MASH to Early Help** - Early Help is an integral part of the Contact Centre & MASH. The MASH, including the Contact Centre will refer to Early Help in a timely manner child or families that do not meet the criteria for a Social Work assessment but would benefit from a provision of early help services.

3.2 The Early Help staff situated within the Contact Centre / MASH and the Hubs will identify the future help and support for the family as per diagram 1.

3.3 It is important that the issues of **consent** are fully explored by the Contact Centre and MASH with families and are clear that a referral is being made into Early Help and what this means. The triage process within the Early Help Hubs will be completed with the agreement from the family.

Diagram 1. Identification of help and support from Contact Centre/MASH



3.4 Early Help decision making within the Contact Centre & MASH that does not progress to a targeted offer via the Early Help Hubs will be recorded by the Early Help staff as an offer provided at point of contact.

3.5 Children and families that are referred into the Early Help Hubs should have been mapped using the signs of Safety and have a plan and contingency for Early Help if the family do not engage. This should include if the family do not engage whether a referral to Social Work should be made.

3.6 **Area Social Work Team to Early Help** - This section describes the processes for case being passed from area Social Work Teams to Early Help with no further Social Work involvement.

3.7 MASH Recommendation for Child and Family Assessment not progressed by area Social Work Team - Case referred to Early Help.

3.7.1 The area Social Work teams should discuss any rejected Child and Family Assessments with the MASH prior to approaching the Early Help Hub. The area Social Worker must complete the following steps:

- (i) Discuss the reasons for the change in outcome from the referral with the MASH team manager. Agree case does not progress to Children and Family Assessment. Case note should be recorded by MASH Team Manager.
- (ii) Area Social Worker contacts Early Help Hub to discuss child/family and agree appropriate for Early Help and a plan of action. The plan must be

written up by the area Social Worker and contingencies / timescales if the family does not engage.

3.7.2 Any decisions not to progress to a Child and Family Assessment should be resolved within 24hrs to prevent any delay for the family. If the case is escalated to Senior Management then again it should be resolved within a further 24hrs.

3.8 Step Down from a Child and Family Assessment or Child in Need Plan - An outcome from a Child and Family Assessment or Child in Need planning can be to step down to Early Help Hub for targeted support. The family should understand and be part of the plan. Cases identified as being stepped down to the Early Help Hub should include the pro forma for Early Help Hub Allocations (see appendix 2) attached to the Child and Family referral form on Micare. The request must include:

- Signs of Safety Mapping of what is working well, what you are worried about and what needs to happen in respect of Early Help targeted support – the family plan.
- Dates of forthcoming meeting / visits to family for joint handover.

3.8.1 The referral will be screened by the EH Social Worker and presented to the next multi agency allocations meeting were the case is a Level 4 (this should be within 5 days). In the event that the case being stepped down is Level 3 the Early Help Social Worker may provide advice and guidance for appropriate Early Help services to support the step down without necessarily the case being presented to allocations or allocated to a MCC Early Help Practitioner.

3.8.2 Allocation Meetings take place every Thursday in each hub and are attended by a wide variety of services and agencies. The area Social Worker is encouraged to attend the allocations meeting to present the child and family's needs to ensure the most appropriate plan is put in place.

3.8.3 Once the case has been allocated to an Early Help Practitioner / Service it is essential that an appropriate hand-over is arranged between Social Work and Early Help that the family is involved in.

3.8.4 It is the expectation that following a Child and Family Assessment being completed and the plan being to step down to Early Help, Early Help will visit the family or attend a Multi-agency meeting with the allocated Social Worker as part of the step down to Early Help. This will ensure that there is a coherent plan detailing the next steps for Early Help. The allocated Social Worker is encouraged to refer into Early Help at the earliest opportunity to ensure the step down can be planned.

3.8.5 For children and families who have been open as Child in Need again it is the expectation, Early Help will attend the final Child in Need Meeting with the family. The allocated Social Worker will not end the involvement with the family until an agreed safe plan is in place. Where the child and family have had significant Social Care involvement an Early Help Team Leader, Social Worker or Team Manager will attend the Child in Need Meeting to ensure the plan is appropriate and safe for Early Help before accepting the work.

3.8.6 For families where a child is under 5 and the Social Worker feels that the case does not require being stepped down to the Early Help hubs the Social Worker should refer to the **Early Years Outreach Delivery Model** to provide the family with

on-going universal or targeted support. Social Work should follow the flow chart for stepping down to Early Years.

3.9 In regards to **Assessment & Planning** for step down cases that have recently had a Child and Family Assessment an Early Help Assessment will not be completed – the Early Help Practitioner will progress with a plan only. If an assessment has not taken place within the last six months at the handover Child in Need meeting it should be agreed with the family whether it would be worthwhile completing an Early Help Assessment (appendix 3).

(4) Step Up

4.1 There will be occasions when children within Early Help will require a service from Social Work. This could occur at any stage within Early Help because the child's needs have changed, escalated or the child may require a specialist service in addition to that offered within Early Help. The Early Help Hub Social Workers play a critical role in escalating children and families back into Social Work.

4.2 Stepping up from the Early Help triage process - On occasions it may become evident as part of the triage process within Early Help that the child/ren require/s a Social Work assessment and/or risk of/harm has been identified. Children and families stepped up following the triage process will be sent direct to the area Social Work team from an Early Help Social Worker using a Contact Information record on Micare completed by the Early Help worker.

4.2.1 If a child protection concern is raised during the triage process and the Early Help Social Worker is not available the Early Help workers should refer without delay to the Contact Centre.

4.2.2 In the event that the MASH have referred to Early Help and the original referrer does not support the Early Help recommendation or the Early Help Social Work feels the needs of the child or family is greater than Early Help a case discussion should take place between Early Help Social Work and MASH. This should be within 24 hours so the MASH can consider the decision and change the outcome if appropriate to Social Work Assessment.

4.3 Stepping up from Early Help Interventions - When concerns are raised or the Early Help plan is not working then this should be discussed with the key professionals involved with the family and a Team around the Family (TAF) Meeting should be called, this should not cause delay to case planning and needs to be prompt and within 5 working days from the issues being raised. If a child protection concern is raised Early Help workers should refer without delay to the Contact Centre / MASH.

4.3.1 Children and families stepped back up from interventions as a general guidance should have a consultation with the Early Help Senior Social Worker or when issues are complex the Early Help Senior Social Worker should attend the TAF meeting. The Senior Social Worker should use the signs of safety approach to identify existing strengths, danger / risk and what needs to happen. This discussion should be recorded on a case note by the Early Help Social Worker. If the Early Help Social Worker deems the child requires a statutory intervention as a child in need or a Child in Need of protection the Early Help Social Worker will refer direct to the area

Social Work team using a Contact Information record on Micare completed by the Early Help worker.

4.4 Allocation of children stepped back up to Social Work – It is agreed that when a case is stepped back up to Social Work it will be stepped up to the Team that de-escalated the children within a 3 month timescale.

(5) On-going Social Work support with an Early Help offer

5.1 Early Help have a role in supporting some children and families with on-going Social Work involvement. The focus of Early Help work is with children and families requiring help and support on Level 3 or 4 of the Level of Need. However Early Help may have a role in supporting some children and families with on-going Social Work involvement (this could be Level 5 of the Level of Needs or a child on the edge of care).

5.2 Children and families requiring more specialist support include entrenched families with significant Social Care history, children and families with multiple risk and complex issues are not appropriate for Early Help. For example, when a child is subject to Child Protection procedures / Public Law Procedures / LAC and the needs are escalating, then the child should be considered within Social Work for a more specialist service as the family's needs are greater than can be provided within Early Help services.

5.3 The model for joint working ongoing Social Work cases is:-

- The child or family meet the Early Help criteria, which demonstrates that this is the early signs of an emerging problem/s.
- The family are engaging in the Social Work intervention
- A Signs of Safety assessment and plan completed and owned by the Social Worker with identified needs and specific timescales.
- An evidenced based intervention is required and can be delivered by an Early Help practitioner.

5.4 Joint worked cases between Social Worker and Early Help will benefit from the wide range of multi-agency partners available through the hubs and the Early Help practitioners will refer the child / family to partner agencies as appropriate.

5.5 Social Work should refer to the Early Help Hubs for joint worked cases in the same way as stepped down cases by using a Children & Family Referral episode with the pro forma attached. The Children & Family Referral form only needs to state "see Early Help pro forma". The pro forma for requesting joint working cases should clearly demonstrate that it meets the model and includes:

- Signs of Safety Mapping of what is working well, what you are worried about and what needs to happen in respect of Early Help targeted support – the family plan.
- Dates of forthcoming meeting / visits to family for joint handover.
- Timescales for the evidence based intervention.

Requests for joint worked Social Work cases will be screened by the Early Help Social Worker and have oversight from the Interventions Manager (Team Manager, Locality Manager or Team Leader).

(6) Escalation

6.1 There may be times when front line practitioners have differing views about the level of need and response required. It is crucial that these differences are resolved as quickly as possible to avoid any delay for the family and child. To avoid drift, especially in step-up cases, resolution should be reached within 48 hours.

6.2 If these differences occur at the Triage stage, cases should be discussed with the Early Help Hub Social Worker and the Contact Centre/MASH Early Help Coordinator and relevant Team Managers.

6.3 If differences occur at the Interventions stage, the case should be discussed with the Early Help Hub Social Worker, the Early Help Team Manager and the relevant Locality Social Work Team Manager.

6.4 Where Team Managers cannot agree, the case should be escalated to the Hub Locality Manager and the Locality Social Work Head of Service.

6.5 Ultimately the Strategic Head of Early Help and the Deputy Director Children's Social Care will be the final decision makers.

The Children and Whole Family Decision Framework Level of Needs will assist professionals in identifying what service or intervention is most appropriate for the child and family.

Appendix 1

Level of Need	Level description / response	Referral Pathway
1	Child, Young Person or families whose needs are being met, or whose needs can be met by universal services	Universal Services
2	Child, Young Person or family with additional needs that can be met by single agency providing additional support or by signposting to an additional agency – complete an early help assessment (EHA)	Early Help Hub
3	Child, Young Person, or family who would benefit from a coordinated programme of support from more than one agency using the early Help Assessment and team around the child meeting.	Early Help Hub
4	Child, Young Person or family who requires intensive and coordinated support for complex issues via targeted services / Early Help Hubs and where support at Level 3 has not improved outcomes – an EHA should have previously been completed.	Early Help Hub (or MASH)
5	Child or young person at risk of, or suffering significant harm, due to compromised parenting, or whose needs require acute services or care away from their home – Referral to MASH 0161 219 2843 where practitioners can access specialist advice on safeguarding concerns, you must follow up the referral in writing in 48 hours.	MASH

Appendix 2.

Early Help Allocations Pro Forma

This form is to be completed in place of section 5 of CAFR*. PLEASE ADD TO SECTION 5 of CAFR SEE ATTACHED PROFORMA

Subject Child Name & Micare ID:	Subject child only, Age and Micare number.
Family Composition: (DOB and ages)	Siblings, full name and age. Parents – Full name and age. It is also helpful to note where there are absent fathers and what contact arrangements are in place.
Address/Contact Details:	
Housing provider:	Private rented, Home Owner, Housing Association.
Family referred to Early Help:	00/00/2016 date of CAFR
Reason being referred to Allocations :	Referrer contact details: YOUR NAME AND CONTACT DETAILS
What are we worried about?	* * *
Date CAFA Completed &/or Planning Meeting:	
Level of Need Is this step-down or to be joint worked?	
What's working well / strengths?	* * * *
What needs to happen? (Area's of identified need)	* *
Dates of forthcoming meetings / visits to family planned:	
Status of Intervention	Step Down or Joint Social Work

Please keep to maximum of 2 pages in total.

Appendix 3.

Early Help 'Next Steps' Guidance when to complete an Assessment or a Plan as part of level 3 / 4 targeted Early Help Support.

- a. Self-referral into service / Request for service from universal services with **no EHA**

Step 1. Specialist Early Help Assessment (Register EHA)

Step 2. Plan

- b. Request for Service from universal services or any third party **with a universal EHA**

Step 1. Review EHA, is this reflective of the families current situation, if so

Step 2. Plan incorporating recommendations / goals from EHA where relevant, and

Step 3. Map any other issues as they emerge during relationship building / planning.
(Register if no active EHA, after 6 weeks)

- c. Step down from Social Work **Planning** (CP / CIN planning)

Step 1. Joint handover visit with SW stepping down case / or attendance at final CIN meeting.

Step 2. Review SW Assessment & Plan, as part of meeting or with SW, is this still reflective of the current family situation? If it is,

Step 3. Plan incorporating relevant recommendations / goals from SW Assessment / Plan,

Step 4. Map any other issues as they emerge during relationship building / planning. (Register if no other active EHA, after 3 months)

Or

If it is evident at this stage that the Assessment & Plan are no longer reflective of the current family situation, a joint decision is made with the SW and/or multi-agency meeting to move to

Step 1. Specialist Early Help Assessment, include **any relevant** SW danger Statements / safety goals (Register if no active EHA, after 3 months)

Step 2. Plan

- d. Request for service as an outcome from a CAFA

Step 1. Plan, incorporating recommendations / goals from CAFA, **and**

Step 2. Map any other issues as they emerge during relationship building / planning. (if no other active EHA, after 6 weeks)