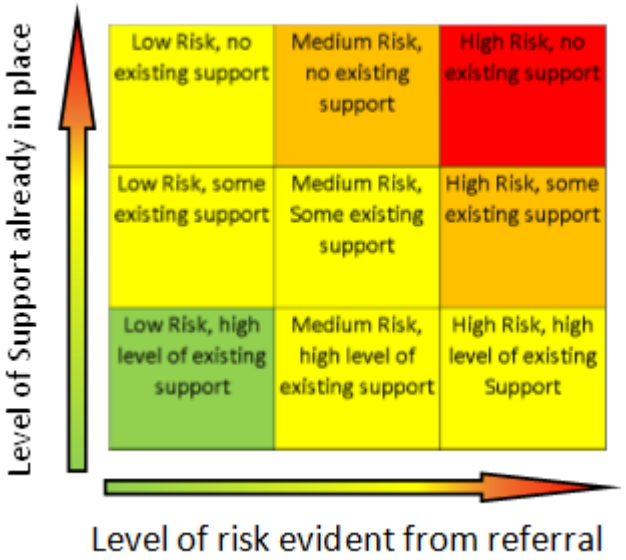
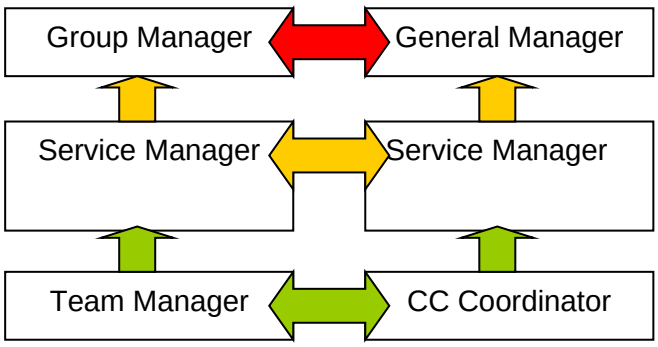
Section 3: Early Help Case Management	
3a.	**Allocations**
3a1.	**Case Allocation Principles**
	In general, the principle should be that, whenever possible, there is only one "lead professional" for each family producing the overarching assessment and plan, monitoring progress, being the "key worker" and commissioning additional assessments and interventions. This worker should hold the understanding about how the family functions. **Underlying this approach is a belief that a family functions as a system and that changes in any part will have a wider impact, be that positive or negative. The relationships between adults, between siblings and between children and care givers are all important and the lead professional needs to develop an understanding of this and to work with it to promote positive change.** There may be some cases where this is not possible or may not achieve what is needed for the family. An example of this might be a probation officer seconded to a YOT working with a 17-year-old and where there are much younger children within the family. Whilst it would be reasonable to expect the probation officer to make enquiries about the younger children's wellbeing it would be unrealistic, given their professional background and the prescribed assessment format, to expect them to produce effective assessments and plans for pre-school or primary aged children and in these circumstances allocation to a second lead professional would be appropriate. Managers will need to use their judgement in making such decisions. This may also be the case where a family needs a specific clinical intervention by a Health Visitor, but their holistic needs are being met through a Children Centre Service for example managing post-natal depression.
3a2.	**Allocation of Cases Requiring an Early Help Assessment**
	All referrals will be screened within 5 days of receipt into the EHCM team incoming work. Where there are capacity families will be allocated a case manager immediately. Where there is not capacity to allocate immediately the referral will be RAG rated for risk, given a priority level and placed on the waiting list.
3a3	**Waiting List Principles for Early Help Case Management**
	When a family referred for case management is placed on a waiting list, they will receive a letter informing them of this with contact details for the team. The referrer will receive notification of the family being placed on the waiting list and will be told what the level of prioritisation is and the expected wait time for allocation. To ascertain priority level, both the existing level of support and the level of risk indicators detailed in the referral should be considered. Decisions should be recorded on MOSAIC. Risk will be managed by prioritising for immediate allocation those cases which have high risk factors and low level of existing support.

3a4	**Prioritisation and Risk Management**
	
3a5.	**Decisions on Early Help Case Management**
	Level 3 cases should be allocated to: • The locality Early Help Case Management Team - where index child or majority of children are aged 5 or over and up until their 18th birthday and the family is being stepped down from Children's Social Care, • The Children's Centre Service - where index child or majority of children are aged from 0 up until their 5th birthday including pregnant mothers/expectant parents Allocation disputes should be resolved with the minimum of escalation but if necessary, where resolution cannot be achieved team managers can refer up to service managers and service managers to group managers within NCC, and service managers to general managers in the Children Centre Service. Referrers should be made aware of any delays and delays should be kept to a minimum with disputes resolved within 24 hours. 
3a6.	**Allocation of Attendance Cases Open to a Social Worker, YOT Case Manager, Children's Centre or who attend a county school but normally reside outside of Nottinghamshire (County)**
	Where a case referred in relation to persistent absence from school is open to a social worker, YOT case manager, Children's Centres case manager or is a child

	who attends a county school but normally resides outside of Nottinghamshire no further single assessment documentation is required but the work should be passed to the enforcement unit lead in The Family and Parenting Team.
3b	**Transitions between Early Help and Social Care**
3b1	**From Social Care to Family Service**
	The allocated Social Worker will need to have agreement from either an Early Help Case Management Team Manager or Senior Professional Practitioner prior to the step-down episode being sent on Mosaic and the Family Service manager will record their decision on Mosaic. The family MUST consent to work with the Family Service, and this should be recorded on Mosaic. For DCPT step-downs, a Family Service Case Manager can be identified to attend the final CIN review meeting where appropriate to discuss if the referral is appropriate. The outcome of the review must be clearly recorded prior to the completion of any step-down episode on Mosaic. Step-down agreements need to be actioned promptly and if there are any changes to the family circumstances the Social Worker needs to update the relevant Family Service manager to ensure the step-down agreement is still valid.
3b2	**From Family Service to Social Care**
	Urgent Safeguarding refer directly to MASH **Where you can identify long term support needs - step-up to DCPT** Family Service Case manager will discuss with FS Team Manager or SPP who will case note the con-versation and rationale. Where agreed that it needs to step-up, the Case Manager will email the relevant DCPT Manager with the information below and DCPT will accept or decline referral and case note the outcome and actions within 24 hrs. Consent required. **Where there are non-urgent safeguarding concerns such as evidence of risk factors but lack of engagement to demonstrate any progress, denial of concerns, multiple issues and historical concerns and would possibly benefit from a 10-day CAFA completed by the Assessment Team** Case discussion with DCPT Manager. Family Service Case Manager will discuss with FS Team Manager or SPP who will case note the con-versation and rationale. Where agreed that it needs to step-up for further assessment, the Case Manager will email the relevant DCPT Manager. The DCPT manager will case note the outcome and recommendations within 24 hrs. If Assessment Team recommended, FS Case Manager to send to MASH to transfer to the relevant Assessment Team. Consent required. **Step-up information to be included:** • Name and Mosaic ID

	• Consent Agreed • Concerns and Impact • Protective factors • Risk factors • Support already in place
3b3	**Coworking between Family Service and Social Care**
	Where a child is stepped up from Family Service Case Management for a 10-day CAFA, the allocated social worker will take over as lead professional. If there is Family Service intervention in place, we would usually recommend this work continues to ensure support for the family. The Social Worker should make the final decision and notify the relevant Family Service worker. The Social Worker and FS Case Manager should liaise about the family, as they will usually have a good knowledge of the family and can share information and concerns. It is also important the family are kept informed of the changes. After assessment, if the decision is for the case to remain with the Family Service Case Manager, the Social Worker should speak to the relevant Case Manager and advise them of this to prevent any drift & delay. If there are no active referrals for intervention from the Family Service and the Social Worker feels additional support is required, then the Social Worker should request the support needed using the 'Graduated Family and Parenting Offer'. No step-down is required regarding this return to Family Service as the case will have remained open but "on hold" during MASH or Assessment Team involvement. If the decision from the CSC assessment is to transfer the child to DCPT then the Family Service Case Manager will close their involvement. They should be invited to attend the initial CIN meeting / Child Protection Conference to share information. If the case already has an allocated early help case manager, they will step back from this case whilst either MASH or Assessment Team are involved. If there is FS intervention/intensive support in place, we would usually recommend this work continues to ensure support for the family. The active social worker should make the final decision and notify the relevant family service worker. The social worker and case manager should liaise about the family and case managers will undertake joint visits with social workers if this is helpful. It is important the social worker does have a conversation with the case manager as they will usually have a good knowledge of the family and can share information and concerns. It is also important the family are kept informed of the changes. During the assessment, if there are no active referrals for family service intervention or intensive support and the social worker feels additional support is required, they can complete the referral via the menu of interventions without having to wait until the stepdown point. This will prevent families being on waiting lists longer than is necessary.

	After assessment, if the decision is for the case to step back down to family service, the social worker should speak to the allocated case manager and advise them of this to prevent any drift & delay. There is no need to complete any other paperwork regarding this return to Family Service as the case will have remained open but "on hold" during MASH or Assessment Team involvement. If the decision from Children Social Care assessment is for a CIN or CP Plan, then at this point family service will close the case.
4c.	**Assessment, Planning and Review**
4c1.	**Full Child and Family Assessments**
	Most families will receive a full Child and Family Assessment. These should be made within 30 working days of allocation using the Nottinghamshire Child and Family Assessment framework. The assessment should be shared with the family. Where cases are stepped down or transferred from another service, and have a recently completed assessment the case can progress straight to plan. These assessments will have a currency of 16 weeks after which time they must be reviewed.
4c2	Proportionate Assessment
	Where there is an EHAF or good quality Early Help referral meaning the families needs are well understood and underlying factors have been considered they may be allocated for a "proportionate assessment". The Family Outcomes Wheel will be completed with the parent/carers and the children in the family within 20 working days of allocation (information from referral and background history to be added to information shared by the family). If additional needs are identified then discussion with manager to consider whether a full Child and Family Assessment is required to understand and address these
4c3.	**Decisions on Case progression following Child and Family Assessment**
	Once an assessment has been completed a decision needs to be made with regards to whether it needs to be retained by the Family Service. There are a number of possibilities at this point which must be agreed by the team manager or senior professional practitioner: • That during the course of initial assessment sufficient advice and intervention has taken place to resolve the issues. In these cases, following agreement with your line manager the decision and the outcome should be recorded and the case should be closed. • That the assessment indicates that the case does not meet the threshold for the Family Service but that some help is required by the child or family. In these cases, a lead professional should be identified in the service that works most closely with the child or family, most commonly a school, health professional or early years provider. It may also be that if a young person is NEET but has no other issues the case could transfer to the NEET workers in the Futures team.

	• That the assessment suggests that case management by another agency is more appropriate. For example, after assessment the case appears to cross the social care threshold or requires intervention from another specialist service such as CAMHS or Family Nurse Partnership. • That the assessment indicates risk/need/complexity that necessitates ongoing case management. Ongoing case management would be required where there are risk and vulnerabilities at level three of The Pathway to Provision; there are a number of interventions that need to be coordinated, where motivation to address the issues might be variable or where there are not the support networks to ensure that there will be successful engagement with the interventions. The assessment should be shared and agreed with the family.
4c4.	**Planning**
	Early help case managers will be expected to complete a Family Action Plan linked to the Assessment within 8 weeks of allocation or 4 weeks from step-down from social care. This can be extended at a manager's discretion. The targets in the Family Action Plan should be SMART, will be agreed with the family and will link to the Supporting Families' agenda outcomes. The target outcomes, actions and responsibilities will normally be agreed at a Team Around the Family (TAF) meeting. The Family action plan should be shared with the family and agencies involved. The plan must include the completion of the positive outcomes section and the outcomes wheel. Where the family meet two or more of the Supporting Families' criteria the plan must include an action and outcome target against each of the separate criteria which the family meet (see Supporting Families section). Where there has been a lack of engagement with the assessment and planning process, we may not be able to complete a plan with the engagement and consent of the family. The family action plan should be shared and agreed with the family. FAPs include all children if school attendance is an issue, and all attendance certificates will be uploaded. FAPS are completed 5 days after assessment. If the assessment has been completed by CSC for 1 child and then this is steeped down – the review will include all children if attendance is an issue.
4c5.	**Reviewing Progress**
	The Family Action Plan should be reviewed at a maximum frequency of every 16 weeks and where possible this should be done at a TAF meeting as a joint exercise including the family and all professionals involved with the family. It would be appropriate to review the family action plan at an earlier date should the circumstance/progress dictate this. At the review, progress towards each of the SMART targets, and progress observed in the family not linked directly to targets, should be noted. The effectiveness of the

	interventions which have been delivered should be judged. The appropriate next steps should be agreed in relation to whether further intervention is required and the nature of that intervention. New actions and targets should be recorded. An update from all agencies involved with the family must be gained for the review. Where a family does not attend the TAF, the review must be shared with them following the meeting and they should contribute to and agree any new actions.

4c6. Assessment, Planning and Review Quality Standards

Quality Standard	Descriptor	Timescale	Responsibility
Initial contact with family (full assessments)	Face-to-face or telephone contact with family/young person	5 working days	EH Case Manager
First home visit	Visit to home address	10 working days	EH Case Manager
Completion of full assessments (initial)	Fully completed assessment	40 working days	EH Case Manager
Proportionate assessment	Fully completed assessment	20 working days	EH Case Manager
Agreement of plans (initial)	Agreement of plan coming from assessment with the family / young person	20 working days from The TAF	EH Case Manager
Formal review frequency	Review/Update of assessment and plan	Every 16 weeks following plan completion (max)	EH Case Manager

Where there is a likelihood that the service request quality standards are not to be met, due to non-engagement from the family or capacity issues, a relaxation in standards must first be agreed by the manager and recorded.

4c7. Engagement Quality Standards

Quality Standard	Descriptor	Timescale	Responsibility
Initial period – minimum contact frequency	Case Manager Face-to-face contact with the family up to the initial Team Around the Family Meeting.	Fortnightly	EH Case Manager
Secondary period – minimum contact frequency	Case Manager face to face contact with the family during the period from initial TAF to first review review.	Monthly	EH Case Manager
Tertiary period	Case Manager face to face contact with	6 weekly	EH Case Manager

	the family following the review.		
Cases held for Supporting Families monitoring only	Monitoring of sustained progress		SAU

Where there is a likelihood that the service request quality standards are not to be met, due to demand on service or capacity issues, a relaxation in standards must first be agreed by the group manager and will subsequently be reviewed on a weekly basis until the issue is resolved.

5d.	**Team Around theFamily (TAF) Meetings**
5d1.	**Circumstances in which a TAF meeting should be convened**
	The TAF is a model of multi-agency service provision. The meeting brings together a range of different practitioners from across both adult and children's services to support an individual child or young person and their family. The members of the TAF develop and deliver a package of solution-focused support to meet the needs identified through the assessment. The model does not imply a multidisciplinary team that is located together or who work together all the time; rather, it suggests a group of practitioners working together as needed to help a particular child, young person or family. A TAF meeting should be convened when there are a number of different professionals involved with a family who will contribute to the plan and where there is a need to coordinate, schedule or review the different elements in concert. TAF meetings should normally be convened every 16 weeks, in line with the planning cycle.
5d2.	**Chairing of TAF Meetings**
	In most cases the lead professional (case holding professional from either Early Help Case Management or Children's Centre) will chair the meeting. In some instances, it may be useful to have a chair that is seen to have a level of independence, particularly if there is likely to be difficult or controversial discussion in a meeting and unit lead or senior professional practitioners will be appropriate chairs in these circumstances. Where a case has been receiving intensive support and is perceived to be "stuck" the TAF should always be independently chaired by a unit lead or senior professional practitioners. A standard agenda for the meetings should be followed.
5d4.	**Attendance at TAF Meetings and Child/Family Involvement**
	All of the professionals involved in the meeting should be invited to attend. Wherever possible and appropriate the family, including children should be included in the meeting.
5d4.	**Recording the Outcomes of a TAF Meeting**
	The purpose of the TAF meeting is to ensure that there is a clear and agreed plan for the family and to review progress. These outcomes should be recorded using the normal planning/review templates and any significant new information should be incorporated into assessments. Any disputes or disagreements raised in the

	meetings should be recorded in the case records entry confirming that the meeting took place and the participants.

5d5. TAF Meeting Quality Standards

Quality Standard	Descriptor	Timescale	Responsibility
Convening of an initial TAF meeting	The date a first TAF meeting takes place in appropriate cases	Within 45 working days of allocation	EH/CC Case Manager
Convening a review TAF meeting	The frequency TAF review meeting take place in appropriate cases	Every 16 weeks	EH/CC Case Manager

Where there is a likelihood that the service request quality standards are not to be met, due to demand on service or capacity issues, a relaxation in standards must first be agreed by the group manager and will subsequently be reviewed on a weekly basis until the issue is resolved.