

1b.	Thresholds for The Family Service
	<p>The thresholds for the Family Service relate directly to those in the latest version of the Pathway to Provision (P2P).</p> <p>Pathway to Provision</p>
1b1.	Early Help Case Management
	<p>Early Help and Children Centre Case Managers are available to families where children or a child (aged 0-17 years) meet the “Level 3” threshold within the P2P. The P2P level will be normally agreed through the Early Help Unit. These can include families previously at Level 4 (i.e. receiving services from Children’s Social Care) where case management can be stepped down and where further interventions are required. Where interventions are not required but there is a need for ongoing monitoring and surveillance cases should be stepped down to the agency with most regular ongoing contact with the child and family. Referrals should be made with the knowledge and consent of those to whom they pertain.</p> <p>Level 3 cases should be allocated to:</p> <ul style="list-style-type: none"> • 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. • Children’s Centre Services - where index child or majority of children are aged from 0 up until their 5th birthday and including unborn children and expectant parents (including pregnant teenagers). • To the Locality EHCM Teams where there has been a Step down from a Child Protection Plan from either the DCPT Teams or the Assessment Teams.
1b2.	Parent and Family Interventions
	<p>The Graduated Family and Parenting Offer is available to differing extents to families on tiers 2-4 of the Pathway to Provision.</p> <p>Where there is lead professional allocated from the Family Service, a Children’s Centre, Children’s Social Care, a Youth Offending Team, Supported Accommodation providers or CAMHS referrals to will be directly sent to the Team Managers using the mechanisms within MOSAIC. Referrals should be made with the knowledge and consent of the family.</p> <p>Where there is no NCC lead professional, universal services can contact the EHU to identify what support is available for families with a lower level of need.</p>
1b4.	Attendance referrals
	<p>The threshold for persistent absenteeism has been met when a child/young person’s school attendance has fallen below 90% in the 6 weeks preceding the referral, and where absences have been unauthorised.</p> <p>When attendance is of particular concern and there are other complex issues affecting the family then a referral for case management within the family service will be accepted. Referrals should be made with the knowledge of those to whom they pertain however they can be made without the consent of the parent where attendance is below 90%.</p> <p>Where the child/young person with poor school attendance does not have complex issues affecting them and the family, the local authority can be asked to issue penalty notices in relation to school attendance or will consider allocating to an Attendance</p>

	Case Manager who will offer a lower level of assessment and support, focussed on lifting barriers to school attendance.
1b5	Penalty Notices
	<p>Once a child has exceeded 6 sessions/3 days of unauthorised absence over a rolling 6 week period, the school can issue or ask the Local Authority to issue Educational Penalty Notice to each parent for each child to whom persistent absence applies.</p> <p>In these cases the Local Authority will also consider what services or measures may be required to prevent or reduce further unauthorised absence.</p>
2b	Consent
2b1.	Consent for referrals
	<p>Where a referral is being made for Early Help Case Management or Children Centre Service, the referrer must inform the parent/carer, and where relevant the young person, of the referral. Consent should be sought from the parent or young person for the referral and evidenced in the referral.</p> <p>Cases referred for attendance where there is no consent for support could be allocated for enforcement only to the Interventions Team. This will be by management agreement and following consideration of capacity.</p>
2b2.	Families where not all members consent to a service
	<p>In some instances there may be a disparity between the willingness to engage between different members of the same family. The principle should be that wherever it is possible and safe to still provide support to those members of the family that want it, this should happen. Where there is a possibility that the worker(s) or family members may be at risk (an example of this might be in an ongoing domestic violence situation) then a careful risk assessment should be undertaken involving colleagues from other agencies and senior managers as appropriate. Where school attendance is below 90% with absences unauthorised, consent for the referral from parent/carer and/or young person is preferred but not required.</p> <p>Consent is not required from parent/carer or young person for the request for completion of a Missing Return Interview. (Consent will be required at the point of first contact in order for the assessment to be completed.)</p>
2b3.	Cases with no or limited consent
	<p>There will be a number of circumstances, supported by legal or statutory guidance, where families will be contacted regarding the need for a service (or to outline the consequences of failing to address problems) without their consent. Examples of this will include the following:</p> <ul style="list-style-type: none"> • Where a child has been persistently absent from school • Where a child is missing from statutory education • Where a child or young person requires a follow up interview having been missing from home • Where there is an unauthorised encampment • Where a child is engaged in crime or anti-social behaviour and has been issued with an order (this will be undertaken by the Youth Justice Service) • Where a family meet the “Troubled Families” eligibility criteria.

Points to note when engaging involuntary clients

Working with involuntary clients takes time and persistence and progress is often slow. Clients often begin with negative attitudes towards workers. However, they may revise these opinions over time. It is important to understand what the initial resistance is about and get beyond that. Many families have had bad experiences which leave them struggling to trust professionals. Clients' timescales might not fit with statutory or performance management requirements and manager's permission to work outside of normal timelines may be needed in some cases. Where lack of consent is a persistent issue the initial assessment documents may be providing an analysis of the issues around engagement rather than addressing the underlying issues in the family.

Involuntary service users are often mistrustful of services. Building trust, even on the smallest scale, can start to overcome their fears. Trust can be built by simple things: consistency; sticking to your word; being honest and upfront about the situation and why you have become involved; apologising if you or your organisation makes a mistake. This does not mean that clients should feel that they can trust you with their secrets, or to always be on their side. It means that they can trust you to be honest with them maintain appropriate boundaries and make these explicit.

The following can help in the continuing engagement of involuntary clients:

- Maintaining continuity by avoiding frequent changes of worker.
- Striking a balance between exercising authority and empowering the client to control the process where possible.
- Giving practical assistance, e.g. advocacy, helping clients to fight for their rights
- Paying attention to what is positive in the client's behaviour and celebrating all achievements.
- Showing the client your humanity, e.g. by finding a common interest, revealing something about yourself, showing empathy or 'going the extra mile' in working with them.
- Where the relationship has broken down completely, independent mediation services may be worth exploring.