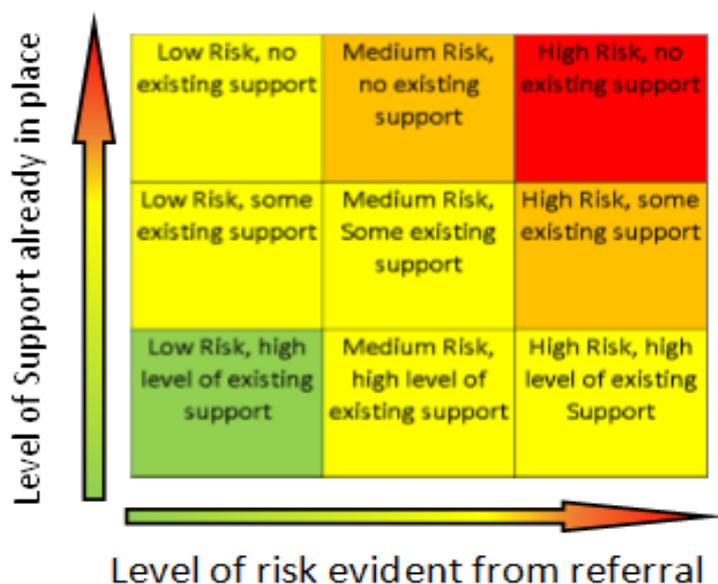


<b>Section 3: Early Help Case Management</b>	
<b>3a. Allocations</b>	
<b>3a1.</b>	<b>Case Allocation Principles</b>
	<p>In general the principle should be that, whenever possible, there is only one “lead professional” for each family producing the overarching assessment and plan, monitoring progress, being the “key worker” and commissioning additional assessments and interventions. This worker should hold the understanding about how the family functions.</p> <p><b>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.</b></p> <p>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 young 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.</p> <p>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.</p>
<b>3a2.</b>	<b>Allocation of Cases Requiring an Early Help Assessment</b>
	<p>All referrals will be screened within 5 days of receipt into the EHCM team incoming work, with urgent referrals flagged by the EHU or MASH being screened within 24 hours. Where there is capacity families will be allocated a case manager immediately.</p> <p>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.</p>
<b>3a3</b>	<b>Waiting List Principles for Early Help Case Management</b>
	<p>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.</p> <p>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 taken into account. 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.</p>

Whilst a family is on the waiting list, an EHCM Team Manager will arrange for an Education Enforcement Officer to take action in relation to poor school attendance where relevant. Visits by Rapid Assessment Workers may be undertaken to offer advice and support or to gain an update on the family’s needs.

A group manager will review any case awaiting allocation in the EHCM teams for more than 10 weeks. Actions and decisions will be recorded on MOSAIC.

**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 or where index child is under 5 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 with 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.

<p><b>3a6.</b></p>	<p><b>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)</b></p>
	<p>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 allocated to a case manager with specific knowledge of enforcement processes.</p>
<p><b>3a7. Allocation of step down cases from children’s social Care.</b></p>	
<p>Social Worker to speak to/or email either the Early Help Case Management Team Manager or Senior Professional Practitioner of the relevant locality to discuss the step down and if this is appropriate for Family Service.</p> <p>A conversation MUST be undertaken and step-down agreed BEFORE the step down request is completed on Mosaic. The family MUST consent to work with the FS. Please be clear what is to happen if family do not engage with Family Service after step-down agreed.</p> <p>Step-down agreements need to be actioned promptly and if there are any changes to the family circumstances, SW needs to update the relevant Family Service manager to ensure the step-down agreement is still valid.</p> <p>If you send an e-mail regarding a step-down please address it to both the Team Manager and SPP.</p> <p><b>For social worker consideration prior to step-down:</b></p> <ul style="list-style-type: none"> <li>➤ The Family Service now takes referrals for all children aged 0-18 years. Step-down referrals no longer need to be sent to Children’s Centres for Level 3 work.</li> <li>➤ What do you want to step down the case for? Does it meet the Level 3 threshold?             <ol style="list-style-type: none"> <li>1. Specific support for a child/children/parent/carer</li> <li>2. Are parents in work or looking to return to work?</li> <li>3. Are there any unmet health needs?</li> <li>4. Do you have the children’s school attendance figures? Is attendance of concern?</li> </ol> </li> <li>➤ A stepdown to L3 includes allocating to a Case Manager who will act as lead professional, complete/review the child and family assessment, co-ordinate appropriate support and hold MAMs, undertaken referrals to other agencies (including the FS Interventions and Intensive teams). Level 3 is defined in the Pathway to Provision.</li> </ul>	

**Stepping Down the case**

When agreement has been reached for the stepdown you will need to complete the necessary stepdown paperwork through Mosaic. You can include in this that you have had a conversation with the relevant manager and they have agreed the stepdown so this can be fast tracked through. We will case note that we have spoken to you on Mosaic.

If you are holding a meeting or doing a final visit to the family – if you advise the relevant managers, they will try and ensure a Case Manager attends this to aid a smooth transition between services for the family.

**3a8 Case which has been stepped up to CSC by Family Service**

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 SW should make the final decision and notify the relevant FS 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 FS 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 CSC assessment is for a CIN or CP Plan then at this point Family Service will close the case.

**3b. Assessment, Planning and Review**

**3b1. Full Assessments**

Assessments 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 they should have a recently completed assessment. These assessments will have a currency of 16 weeks after which time they must be reviewed.

**3b2. Decisions on Case progression following Single Initial 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:

	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 interventions team.</li> <li>• 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.</li> <li>• That the assessment indicates risk/need/complexity that necessitates ongoing case management. Ongoing case management would be required where there is a safeguarding risk; 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. It may also be that there are parallel or potential legal processes (for example for school non-attendance) that dictate ongoing case management.</li> </ul>
<b>3b3.</b>	<b>Planning</b>
	<p>Early Help Case Managers will be expected to complete a Family Action Plan linked to the Assessment within 8 weeks of allocation</p> <p>The targets in the Family Action Plan should be SMART, will be agreed with the family and will link to the Troubled Families’ agenda outcomes. The target outcomes, actions and responsibilities will normally be agreed at a Team Around the Child/Family (TAC/TAF) meeting. The Family action plan should be shared with the family and agencies involved.</p> <p>Where the family meet two or more of the Troubled Families’ criteria the plan must include an action and outcome target against each of the separate criteria which the family meet (see Troubled Families section).</p> <p>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. If there is a legal obligation for us to remain involved, for example in relation to enforcement of school attendance, a Family Action Plan will be written in the absence of consent and will detail the steps we plan to take in relation to the attendance and the timescales for these.</p>
<b>3b4.</b>	<b>Reviewing Progress</b>
	<p>The Family Action Plan should be reviewed at a maximum frequency of every 16 weeks and where possible this should be done at a TAC/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.</p>

	<p>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.</p> <p>Where a family does not attend the TAC/TAF, the review must be shared with them following the meeting and they should contribute to and agree any new actions.</p>
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**3b5. 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	30 working days	EH Case Manager
Agreement of plans (initial)	Agreement of plan coming from assessment with the family / young person	40 working days	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.

**3c. Engaging with and Motivating Families, Children and Young People**

**3c1. Engaging families in the assessment process**

There is an expectation that families will be actively engaged in the assessment process. Parents and carers, both those who are part of the household and those who are absent but with regular caring responsibility, should be approached to contribute to the assessment.

As a minimum it is expected that the child that is the subject of the referral should be seen one to one by case managers where they are of an appropriate age. Where there are other children in the household the case manager should make a decision as to whether they need to be met with as part of the assessment. This decision will be informed by agency checks, conversations with parents and observations in the family home. Where no areas of need are identified it is not expected that the child/young person will be met with.

**3c2. The case managers role in supporting, assisting, advising and motivating families**

The Lead Professional from the Early Help Case Management Team should be regarded by the family or young person as their “key worker”, the person they can

	<p>trust, who knows what is going on and who can facilitate the services they need to reach the mutually agreed outcomes. Case managers should know the whole family, their individual and collective strengths and weaknesses and their aspirations for the future. They should be a source of honest advice and the person providing challenge and motivation to make changes to benefit the children, family and wider community.</p> <p>Where a family is engaging well with a worker from the Parenting and Family Teams there will be a reduced need for direct contact with the family by the lead professional, though they are expected to remain in touch to continue to encourage their motivation and to support implementation of strategies.</p> <p>Where a family is not engaging with the interventions from The Parenting and Family Teams, or any other support agency identified, it is the role of the lead professional to complete both planned and unplanned visits to the family to attempt to understand what the barriers are to engagement and to reduce these, using sanctions where appropriate.</p>
<b>3c3</b>	<b>Early Help Case Management Case Closure following Non Engagement</b>
	<p>Where a family are not engaging, and where there is no statutory obligation for our involvement (such as school attendance) the following steps must be taken before a case can be closed:</p> <ul style="list-style-type: none"> <li>• Telephone calls and text messages to be sent to the family to try to arrange a visit.</li> <li>• Letter to be sent to family with details of a planned home visit.</li> <li>• Unplanned home visits to be undertaken at different times of the day.</li> <li>• Conversation with other professionals involved with the family to ascertain whether there is good engagement with another service. Joint visit with that service if appropriate.</li> <li>• Letter to family requesting contact within 5 working days if they continue to want a service.</li> </ul>
<b>3c4.</b>	<b>The role of the case manager in directly delivering interventions</b>
	<p>NCC Early Help Case Managers will have access to professionals delivering a range of individual and group based interventions and to public and voluntary sector agencies in their locality. This does not preclude Case Managers delivering interventions to a family, and often the discussions inherent in gathering information for an assessment or agreeing a plan are an intervention in themselves. When deciding whether to deliver an intervention themselves the case manager should consider the impact on their workload, their skill in delivering the required intervention and the potential benefits for the family in having another professional involved. These are issues which should be discussed in both practice coaching and line management supervision sessions.</p>

<b>3c5. Engagement Quality Standards</b>			
<b>Quality Standard</b>	<b>Descriptor</b>	<b>Timescale</b>	<b>Responsibility</b>
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 the family following the review.	6 weekly	EH Case Manager
Cases held for Troubled 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.

### **3d. Team Around the Child/Family (TAC/TAF) Meetings**

#### **3d1. Circumstances in which a TAC/TAF meeting should be convened**

The TAC/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 TAC/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 TAC/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. TAC/TAF meetings should normally be convened every 16 weeks, in line with the planning cycle.

#### **3d2. Chairing of TAC/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 Leaders or Senior Professional Practitioners will be appropriate chairs in these circumstances.

	<p>Where a case has been receiving intensive support and is perceived to be “stuck” the TAC/TAF should always be independently chaired by a Unit Leader or Senior Professional Practitioners.</p> <p>A standard agenda for the meetings should be followed.</p>			
<b>3d3.</b>	<b>Attendance at TAC/TAF Meetings and Child/Family Involvement</b>			
	<p>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.</p>			
<b>3d4.</b>	<b>Recording the Outcomes of a TAC/TAF Meeting</b>			
	<p>The purpose of the TAC/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.</p>			
<b>3d5.</b>	<b>TAC Meeting Quality Standards</b>			
	<b>Quality Standard</b>	<b>Descriptor</b>	<b>Timescale</b>	<b>Responsibility</b>
	Convening of an initial TAC/TAF meeting	The date a first TAC/TAF meeting takes place in appropriate cases	Within 35 working days of allocation	EH/CC Case Manager
	Convening a review TAC/TAF meeting	The frequency TAC/TAF review meeting take place in appropriate cases	Every 16 weeks	EH/CC Case Manager
<p>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.</p>				