

**Section 1: Nottinghamshire County Council's Service Offer for Children Young People and Families**

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**Section 1: Service Offer for Children Young People and Families**
**1a. Thresholds for Children's Service**

	P2P Level One	P2P Level Two	P2P Level Three	P2P Level Four
<b>Children's Centres</b>	Universal services available for families with children aged 0-5	Targeted services available for families with children aged 0-5	Intensive work for families with priority needs. Where a family hits Trouble Families triggers Case Management services are also available as part of the Family Service offer (where index child or majority of children are aged 0-5)	Intensive work for families with priority needs. Intervention services are also available as part of the Family Service offer for families of children aged 0-5
<b>Family Service</b>		Advice and support available for lead professionals	Case Management services available as part of the Family Service offer (where index child or majority of children are aged 05-17) *see below 1b1 for exceptions/	Intervention services available as part of the Family Service offer for families of children aged 5-18
<b>Children's Social Care</b>				Management of cases 0-18 (<25 for care leavers)
<b>Youth Justice</b>		Advice and Support available for lead professionals for crime prevention	Crime prevention intervention and case management	Statutory Case management of young people in the youth justice system

**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:  <a href="http://www.nottinghamshire.gov.uk/caring/childrenstrust/pathway-to-provision/pathway-to-provision-documents/">http://www.nottinghamshire.gov.uk/caring/childrenstrust/pathway-to-provision/pathway-to-provision-documents/</a></p>
<b>1b1.</b>	<b>Early Help Case Management</b>



	<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"> <li>• 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.</li> <li>• 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).</li> <li>• 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.</li> </ul>
<b>1b2.</b>	<b>Intervention services</b>
	<p>Intervention services are available for children at “Level 3” and “Level 4” of the Pathway to Provision 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.</p> <p>Referrals to NCC Family Service Interventions Team or Intensive Support Team will be directly sent to the Team Managers using the mechanisms within MOSAIC or using a short referral form (accompanied by a current assessment and plan). Referrals should be made with the knowledge and consent of those to whom they pertain.</p>
<b>1b3.</b>	<b>Support Available for Cases not Meeting Level 3 or 4 Threshold</b>
	<p>Where a case is deemed to be “Level 2”:</p> <ul style="list-style-type: none"> <li>• an offer can be made for the referrer/lead professional to access advice and support in holding the case from the nominated “Case Manager for Level 2 Development” within the Early Help Unit.</li> <li>• If the child/children are aged below five years of age the family will still be eligible for services from their local Children’s Centre.</li> <li>• Children and Young people can also access Youth Service, School Nursing, Health Visiting and Family Nurse Partnership services across Nottinghamshire.</li> </ul>
<b>1b4.</b>	<b>Attendance referrals</b>
	<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>A referral for case management within the family service will be accepted where the child/young person and their family are experiencing difficulties at tier 3 of the pathway to provision. 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 and their family are not at tier 3 of the Pathway to Provision</p>

	<p>the local authority can be asked to issue penalty notices in relation to school attendance. See 1b5.</p> <p>Related documents:</p> <p>Parental Responsibility Measures for School Attendance and Behaviour Statutory Guidance for Schools, Maintained Academies, Local Authorities and The Police Nov 2013</p> <p>Nottinghamshire Local Code Of Conduct For Penalty Notices Issued In Respect Of Truancy And Excluded Pupils (revised Nov 2017)</p>
<b>1b5</b>	<b>Penalty Notices</b>
	<p>Once a child has exceed 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>
<b>Section 2: Requesting a Service</b>	
<b>2a. Making a referral</b>	
<b>2a1.</b>	<b>Tier 3 Early Help Case Management</b>
	<p>Requests for Case Management services for families at tier 3 of the Pathway to provision should be made via the Early Help Unit (EHU) using an Early Help Assessment Form (EHAF) if the index child or majority of children are aged 5 and over, and either via the EHU or directly to the Children Centre if the index child or majority of children are aged under 5.</p> <p>Parent/carer's and Young People can also self-refer by phoning the EHU who will complete an EHAF referral on their behalf, or by self-referring to a children centre.</p> <p>For under 5's Social Workers can Step Down cases that were previously subject to a Child Protection Plan to NCC EHCM teams.</p>
<b>2a2.</b>	<b>NCC Interventions and Intensive Teams</b>
	<p>Requests for interventions from the Interventions or Intensive Support Team can be made for children at "Level 3" and "Level 4" of the Pathway to Provision, aged 5-17 and their families via a Mosaic request or directly to the team inbox using a Menu of Intervention Request Form.</p> <p>For under 5's lead professionals can refer to the NCC Interventions / Intensive Support teams cases where a child is on a CP plan and are subject to legal planning arrangements.</p> <p>The Intervention and Intensive Support teams can be accessed by Early Help Case Managers, Social Workers, Youth Offending Case Managers, a Children's Centre Case Manager, CAMHS Lead Professionals or Supported Accommodation Keyworkers for families at tier 3 and 4 of the Pathway to Provision.</p> <p>The range of interventions on offer is described in the Menu of Interventions.</p>
<b>2a3</b>	<b>Children Centre Interventions</b>
	<p>Children Centres offer interventions across all the pathway to provision levels and any professional can refer in for these, including those who are eligible to refer for NCC</p>

	<p>Intervention and Intensive Teams.</p> <p>Requests for interventions from the Children Centre for families with children under the age of 5 can be made directly into the Children Centre in the area where the family live. The range of interventions on offer is described both in the Family Service Menu of Interventions and in each Children Centres' "what's on" guide.</p>
<b>2a4</b>	<b>Step Down from Social Care</b>
	<p>At point of closure to Assessment or District Child Protection teams, if there is the need for ongoing intervention at tier 3 a Social Worker will complete a step down episode on Mosaic.</p> <p>Where the index child, or majority of children, are under the age of 5 the Early Help Unit will forward the step down request to the appropriate children's centre.</p> <p>Where the index child or majority of children are over the age of 5 the Early Help Unit will forward the step down request to The Family Service Early Help Case Management Team.</p> <p>For under 5's Social Workers can Step Down cases that were previously subject to a Child Protection Plan to NCC EHCM teams.</p> <p>Step Down Principles - step-down cases from social care can be made directly to the Family /service. With prior agreement between Family service management and Social Care management. This can be undertaken by telephone or email.</p>
<b>2a5.</b>	<b>Section 136 Detention</b>
	<p>An Early Help Case Manager can be allocated to a family where a young person is detained under Section 136 of the mental health act, if there is no identified lead professional in Social Care or Youth Justice Service.</p> <p>To make the referral the S136 suite will contact MASH to inform of the detention and identify if there is an allocated Social Worker. MASH will pass the enquiry on to EHU where allocation to EHCM is required.</p> <p>In some instances the Suite will contact the EHU directly, in this case the EHU will generate a referral to EHCM. An EHAF will not be required.</p> <p>Referrals will be flagged for urgent allocation.</p>
<b>2a6.</b>	<b>Missing Return Interviews</b>
	<p>Requests for follow up interview for children who have gone missing from home will be passed via the Children Missing Officer to the Case Management (South) or Interventions (West and North) Team Managers. Where there is an existing lead professional in from The Family Service, Children's Social Care or Youth Offending the request will go directly to the allocated worker.</p> <p>In times of service pressure it has been agreed Rapid Assessment workers can be asked to undertake Missing Return Interviews for the Looked After Service. This will be dependant upon capacity.</p> <p>With prior agreement and depending on capacity RAW workers may undertake missing return interviews for LAC children.</p> <p>Related document: "NSCB Missing Children Guidance":  <a href="http://www.nottinghamshire.gov.uk/EasySiteWeb/GatewayLink.aspx?allId=451356">http://www.nottinghamshire.gov.uk/EasySiteWeb/GatewayLink.aspx?allId=451356</a></p>
<b>2a7.</b>	<b>Children Missing Education</b>

	<p>Requests for a home visit where there is a possible Child Missing Education (a school aged young person without a school place) will be made by the Child Missing Officer directly to the Case Management or Interventions Team Manager. Where these requests come into the Early Help Unit they must initially be directed to the Child Missing Officer.</p> <p>Children missing education that are from the Gypsy Roma Traveller community and require targeted support to apply for school places can be referred directly to Team Managers by the families themselves or by community members on their behalf.</p> <p>Cases identified by the Family Service should be referred into the VCEC group.</p>
<b>2a8.</b>	<b>Unauthorised Encampments</b>
	<p>Requests for a Welfare Visit to an unauthorised encampment can be made directly to team managers. An EHAF is not required. The General purpose of these visits would be to determine whether there are any children of school age in the encampment and confirming what arrangements in place for their education.</p>
<b>2a9.</b>	<b>16/17 Year olds Presenting As Homeless</b>
	<p>Requests for a service for 16/17 year olds who present as homeless or at risk of homelessness should be made directly to the Homelessness Team by completing an A1 referral and assessment form on Mosaic.</p> <p>For emergency requests a telephone call should also be made to the Homelessness team on 0115 8041470 to ensure there is an emergency bed available. The RAW will support the young person whilst in the emergency bed. Once the young person moves into a core/cluster unit support from RAW will end and the provider will become the lead professional.</p> <p>For planned moves into supported accommodation it may be necessary for the case to be allocated to Early Help Case Management whilst the young person is waiting for a bed space to be allocated.</p>
<b>2a10.</b>	<b>Young People 16/17 who are NEET (Not in Education, Training or Employment)</b>
	<p>Young People who are NEET can be referred directly to the NEET team by the Job Centre for the relevant locality using a "NEET support request form". Young people may also self-refer directly to the NEET team or via the EHU.</p> <p>Where the presenting reason for a referral into the EHU is that a young person is NEET or is at risk of becoming NEET, the case will be sent directly to the NEET team for the relevant locality.</p> <p>Where there are identified needs at tier 3 in addition to the NEET status, the young person can also be referred into the Case Management team for an assessment. If the young person is pregnant or a teenage mother they also can be referred to the Family Nurse Partnership and a Children's Centre service for holistic support.</p>
<b>2a11.</b>	<b>Sibling Young Carer Personnel Budget Payment Assessment</b>
	<p>Requests for an assessment for Sibling Carer Personnel Budget Payment can be made via the Customer Service Centre if the young person is not already open to a lead professional in Early Help or Children's Social Care. These will be sent directly to the Interventions Team manager for allocation.</p>
<b>2a12.</b>	<b>Child Employment, Chaperones and Entertainment Licences</b>

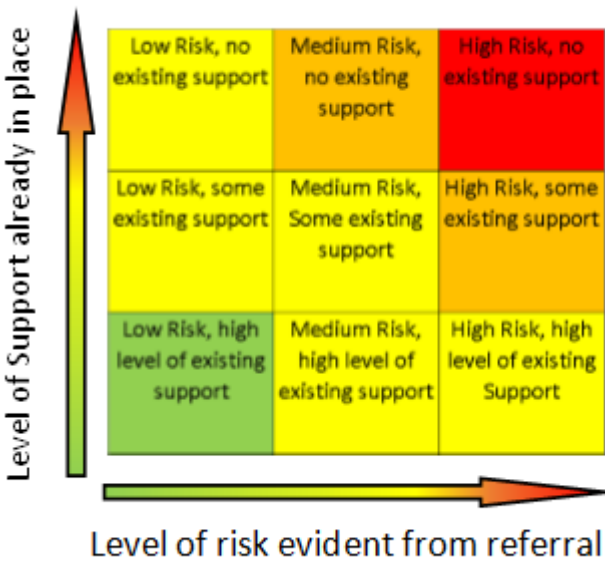
	<p>Applications for child employment, chaperone and entertainment licenses including chaperone's training can be made directly to the Senior Professional Practitioner – Employment and Entertainment using application forms available from the county council.</p> <p><a href="http://www.nottinghamshire.gov.uk/learning/schools/performing/chaperonesforchildperformers/">http://www.nottinghamshire.gov.uk/learning/schools/performing/chaperonesforchildperformers/</a></p> <p><a href="http://www.nottinghamshire.gov.uk/learning/schools/performing/licences-for-child-performers/">http://www.nottinghamshire.gov.uk/learning/schools/performing/licences-for-child-performers/</a></p> <p><a href="http://www.nottinghamshire.gov.uk/living/jobs/support-and-advice/child-employment/">http://www.nottinghamshire.gov.uk/living/jobs/support-and-advice/child-employment/</a></p> <p>Notifications of concern regarding Child Employment or Child Entertainment can be made directly to the Senior Professional Practitioner – Employment and Entertainment or via the EHU. Where there is a safeguarding concern the MASH should be contacted in the first instance.</p> <p>The Local Authority requires 21 days' notice prior to the date of the actual performance when a request for performance license is being requested</p>
<p><b>2a13</b></p>	<p><b>Penalty Notices</b></p>
	<p>In Nottinghamshire both the Local Authority through the Unit Leader for Enforcement, and Schools can issue penalty notices. The Local Authority will always be responsible for the collection of the penalty and where a Penalty Notice is unpaid (and the code of conduct has been followed in the issuing of the penalty) will take legal action under section 444(1) of the Education Act 1996 for the original offence.</p> <p>Requests for Penalty Notices to be issued by the Local Authority and requests should be made directly to the Education Enforcement Officer. It is good practice for schools to request the EPN within 3 weeks of the child's return to school following the offence to ensure currency and to allow sufficient time should the fine go unpaid and the original offence needs to be prosecuted in court. It will be necessary for the Education Enforcement Officer to receive details of the pupil's absence and the evidence that will be available to present to the magistrates' court should the penalty be unpaid. Reference should be made to the Local Code of Conduct.</p> <p>Where notices are issued by the School / Academy they must provide a copy of the notice to the Unit Leader for Enforcement within one week. The Unit Leader will monitor payment of the penalty and where payment is not received the LA will prosecute for the offence to which the notice applies or withdraw the notice (which can only be done in limited circumstances).</p> <p><b>The Local Authority will only prosecute those cases where the Code of Conduct has been followed fully in the issuing of the Penalty Notice And reserves the right to decide whether a case is prosecuted in Court for non-payment of a fine</b></p> <p>Penalty Notice will be issued within 10 working days of receipt of valid request.</p> <p>Related Document:</p> <p>Nottinghamshire Local Code Of Conduct For Penalty Notices Issued In Respect Of Truancy And Excluded Pupils (revised Nov 2017)</p>
<p><b>2a14.</b></p>	<p><b>Case Manager for Level 2 Development</b></p>
	<p>Where the threshold for Level 3 is not met, and the young person is aged over 5, a request for the support of a Case Manager for Level 2 Development can be made via the Early Help Unit. If an EHAF has already been completed this should be used as the referral form, however where an EHAF is yet to be completed the request can be made by telephone or email.</p>

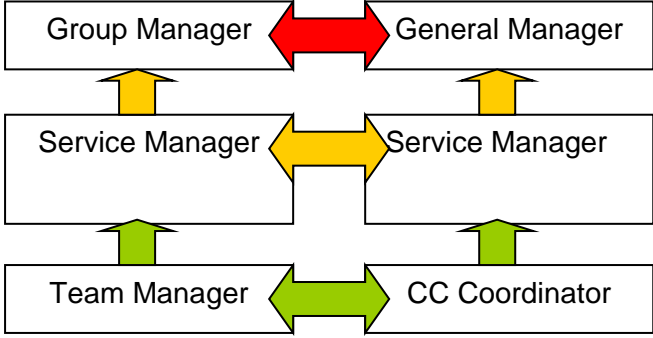
<b>2a15</b>	<b>Service Request Quality Standards</b>			
	<b>Quality Standard</b>	<b>Descriptor</b>	<b>Timescale</b>	<b>Responsibility</b>
	Processing of referral to an Early Help Service by EHU/MASH	The time taken from receipt of a request for Early Help/Children Centre case management to case being passed to team or declined.	2 weeks	Early Help Unit/MASH
	Processing of urgent cases to an Early Help Service by EHU/MASH	The time taken from receipt of an urgent request for Early Help/Children Centre case management to case being passed to team.	1 day	Early Help Unit/MASH
	Allocation of Missing Return Interview requests to a Rapid Assessment Worker by Early Help Case Management Team Manager or Interventions Team Manager	The time taken from receipt of a request for Missing Return Interview to allocation to a Rapid Assessment Worker	24 hours	NCC Team Manager
See section 8 for guidance on relaxation of quality standards in times of decreased capacity or increased demand.				
<b>2b. Consent</b>				
<b>2b1.</b>	<b>Consent for referrals</b>			
	<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>			
<b>2b2.</b>	<b>Families where not all members consent to a service</b>			
	<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.</p>			

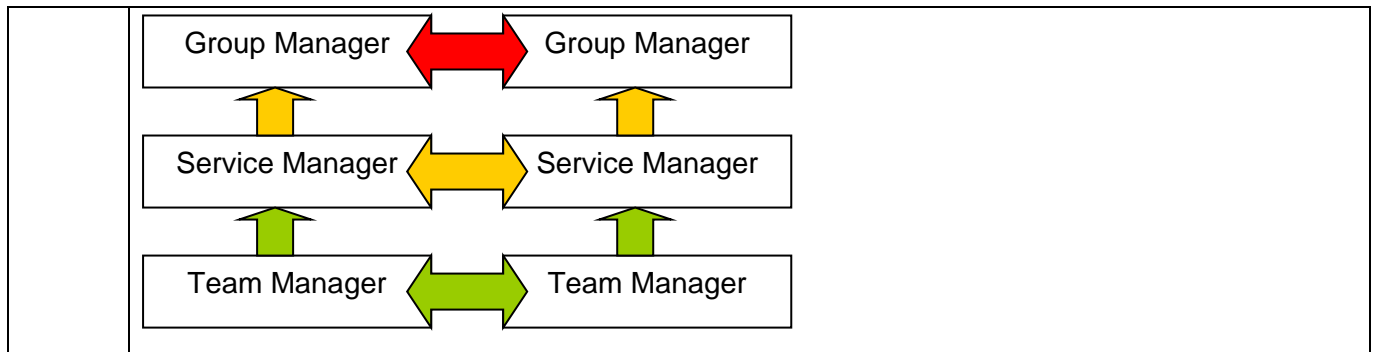
	<p>Where school attendance is below 90% with absences unauthorised, consent for the referral from parent/carer and/or young person is preferred but not required.</p> <p>Consent is not required from parent/carer or young person for the request for completion of a Missing Return Interview. (Consent will be required at the point of first contact in order for the assessment to be completed.)</p>
<p><b>2b3.</b></p>	<p><b>Cases with no or limited consent</b></p>
	<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"> <li>• Where a child has been persistently absent from school</li> <li>• Where a child is missing from statutory education</li> <li>• Where a child or young person requires a follow up interview having been missing from home</li> <li>• Where there is an unauthorised encampment</li> <li>• 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)</li> <li>• Where a family meet the “Troubled Families” eligibility criteria.</li> </ul> <p><b>Points to note when engaging involuntary clients</b></p> <p>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 the addressing the underlying issues in the family.</p> <p>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.</p> <p><b>The following can help in the continuing engagement of involuntary clients:</b></p> <ul style="list-style-type: none"> <li>• Maintaining continuity by avoiding frequent changes of worker.</li> <li>• Striking a balance between exercising authority, and empowering the client to control the process where possible.</li> <li>• Giving practical assistance, e.g. advocacy, helping clients to fight for their rights</li> <li>• Paying attention to what is positive in the client’s behaviour and celebrating all achievements.</li> <li>• 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.</li> <li>• Where the relationship has broken down completely, independent mediation services</li> </ul>

	may be worth exploring.
<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> <p>Children Centre Services will respond to both referrer and families within 3 working days of receiving a referral to acknowledge receipt of the referral and inform when the next allocations meeting is. It is at this meeting that there will then be a further contact to inform both if the referral is being accepted and next steps. Where a referral is identified as needing immediate support this will be actioned straight away and will not wait until allocations meeting.</p>
<b>3a3</b>	<b>Waiting List Principles for Early Help Case Management</b>
	<p>When a family referred for Case Management or Children Centre Service 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.</p>



	<p>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 or System1.</p> <p>Risk will be managed by prioritising for immediate allocation those cases which have high risk factors and low level of existing support.</p> <p>Whilst a family is on the waiting list, NCCTeam Managers will arrange for 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.</p> <p>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.</p>
3a4	<p><b>Prioritisation and Risk Management</b></p>
	
3a5.	<p><b>Decisions on Early Help Case Management or Children's Centre Management</b></p>
	<p>Level 3 cases should be allocated to:</p> <ul style="list-style-type: none"> <li>• 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,</li> <li>• 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</li> </ul> <p>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>

	 <pre> graph TD     TM[Team Manager] --&gt; SM1[Service Manager]     TM --&gt; SM2[Service Manager]     CC[CC Coordinator] --&gt; SM1     CC --&gt; SM2     SM1 --&gt; GM[Group Manager]     SM2 --&gt; GM     SM1 --&gt; GM2[General Manager]     SM2 --&gt; GM2     GM &lt;--&gt; GM2     TM &lt;--&gt; CC             </pre>
<b>3a6.</b>	<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>
	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.
<b>3a7.</b>	<b>Allocation of Cases Requiring a Rapid Assessment</b>
	Each Case Management or Interventions Team will have Rapid Assessment Workers who will be able to take the vast majority of cases requiring a rapid response. When not deployed to undertake assessments these workers will be used flexibly to cover leave and to help manage cases on the waiting list. Rapid Assessment Workers may deliver programmes of work for the interventions team for up to 50% of their time. Rapid assessments are likely to fall into these main categories <ol style="list-style-type: none"> <li>1. Follow up of Children Missing from home,</li> <li>2. Emergency referral for homeless 16/17 Year Olds,</li> <li>3. Unauthorised Encampments,</li> <li>4. home visits to children missing from education,</li> <li>5. home visits for families on the EHCM waiting list</li> <li>6. Undertaking missing return interviews for LAC children if requested</li> <li>7. Supporting homeless young people open to the assessment team moving into temporary accommodation for a period of up to 3 weeks.</li> </ol> There may be other circumstances when a rapid assessment or urgent visit is deemed as necessary by the Team Manager.
<b>3a8.</b>	<b>Resolving Disputes with referrers</b>
	Referral disputes are most likely to centre on the application of the Pathway to Provision levels in relation to cases. Disputes should be resolved with the minimum of escalation but if necessary Team Managers can refer up to Service Managers and Service Managers to Group Managers where resolution cannot be achieved. Referrers should be made aware of any delays and delays should be kept to a minimum with disputes resolved within 1 working day.


**3a9. Case Allocation Quality Standards**

Quality Standard	Descriptor	Timescale	Responsibility
Screening of Early Help referral and feedback to referrer following request	Time taken to screen a referral and feedback to the referrer following receipt from the EHU or another referrer	5 working days	Team Manager or equivalent
Emergency Homelessness Referral Allocation	Time taken to allocate a case to a Rapid Assessment Worker following receipt from the EHU/MASH.	1 hour	Team Manager or Family Support Lead
Unauthorised Encampment Visit Request Allocation	Time taken to allocate a case to a Rapid Assessment Worker following receipt from the EHU/MASH.	1 working day	

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

**3b. Assessment, Planning and Review**
**3b1. Rapid Assessments**

Follow up interviews with children who have gone **missing from home** must be completed within 72 hours of their return. The Family Service will undertake these interviews where there is not another lead professional involved. Follow up interviews should be completed using the "Return Interview" form. If, after assessment, there is a need for early help case management the worker will make the Team Manager aware. If escalation to Children's Social Care (via the MASH) is required, as there are child protection concerns, the Rapid Assessment Worker will make this referral.

16/17 Year Olds whom are at **immediate risk of homelessness** will be allocated to a Rapid Assessment Worker within 1 hour of receipt of referral into the Early Help Case Management

	<p>Team. The Rapid Assessment Worker will meet with the young person on the day of allocation to ensure their immediate safety, to mediate a return home where safe to do so and to check and add to the information on the A1 assessment. They will liaise with the Waiting List Team Manager to find suitable accommodation for the young person. The Rapid Assessment Worker will remain allocated to the case until the young person is in stable accommodation, either through mediated return home or placement with a supported accommodation provider.</p> <p>Where the local authority receives notification that an <b>unauthorised encampment</b> has moved onto council or highway owned land there is a requirement for a welfare assessment to be completed by the Gypsy Traveller Liaison Officer. Where there are children on site a Rapid Assessment Worker will accompany the Liaison Officer on a visit to assess the educational needs of all school aged children. Where the required support can be given on the day, for example in the completion of a school application form or delivery of educational materials, this will be done by the Rapid Assessment Worker. Where there is a need for early help case management the worker will make the Team Manager aware.</p> <p>Where a young person is identified as a <b>Child Missing Education</b> (A young person without a known school place) the case will be allocated to a Rapid Assessment Worker for a one-off home visits to ascertain whether there is a school place, and whether support is required to access education. Where support can be given on the day, for example in the completion of a school application form, this will be done by the Rapid Assessment Worker. Where there is a need for early help case management the worker will make the Team Manager aware. Rapid Assessment Workers undertaking home visits for CME cases must always follow the robust contact protocols as outlined in 3c3 of the Operating Guidance.</p> <p>RAW Workers should consider if there is information through siblings in schools as to the whereabouts of families where a home address appears difficult to locate or is unknown / uncertain. There should be regular updates to Fair Access / EHE /Admissions where they are involved or have requested the RAW visit.</p> <p>Referrals to the Vulnerable Children Education Commissioning Group (VCEC) where a return to education has not been achieved.</p> <p>Where a RAW worker is involved the case should remain open until there is management agreement that all appropriate steps have been taken to locate the CME and relevant teams within NCC have been notified (Admissions / Fair Access / EHE).</p>
<p><b>3b2.</b></p>	<p><b>Full Assessments</b></p>
	<p>Assessments should be made within 30 working days of allocation using the Nottinghamshire Child and Family Assessment framework.</p> <p>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.</p>
<p><b>3b3.</b></p>	<p><b>Decisions on Case progression following Single Initial Assessment</b></p>
	<p>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 or Children Centre Service for ongoing case management. There are a number of possibilities at this point which must be agreed by the Team Manager or Senior Professional Practitioner, or Service Manager in the case of Children Centre Services:</p> <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</li> </ul>

	<p>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. In these cases an offer of support can be made to the lead professional via the teams level 2 case adviser. 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.</p> <ul style="list-style-type: none"> <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>3b4.</b>	<b>Planning</b>			
	<p>Early Help and Children Centre 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.</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 section 11).</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>3b5.</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 case.</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>			
<b>3b6.</b>	<b>Assessment, Planning and Review Quality Standards</b>			
	<b>Quality Standard</b>	<b>Descriptor</b>	<b>Timescale</b>	<b>Responsibility</b>

Return interviews – missing children	Completion of an allocated Return Interview	72 hours	Rapid Assessment Worker
Initial face to face contact – homeless 16/17 year olds	Face-to-face or telephone contact with homeless young person	2 hours	Rapid Assessment Worker
Responding to Unauthorised Encampments	Attendance with other agencies to encampment	1 working day	Rapid Assessment Worker
Initial contact with family (full assessments)	Face-to-face or telephone contact with family/young person	5 working days	EH/CC Case Manager
First home visit	Visit to home address	10 working days	EH/CC Case Manager
Completion of full assessments (initial)	Fully completed assessment	30 working days	EH/CC Case Manager
Agreement of plans (initial)	Agreement of plan coming from assessment with the family / young person	40 working days	EH/CC Case Manager
Formal review frequency	Review/Update of assessment and plan	Every 16 weeks following plan completion (max)	EH Case Manager/CC Worker

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**

	<p>The Lead Professional from the Early Help Case Management Team or Children’s Centre should be regarded by the family or young person as their “key worker”, the person they can 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 interventions from Child and Family Support workers in the Intensive Support or Interventions 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. Similarly, where a child is receiving intensive speech and language support or a parenting programme there will be a reduced need for contact with the Children Centre Case Manager.</p> <p>Where a family is not engaging with the interventions from Child and Family Support workers in the Intensive Support or Interventions Teams 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> <p>In Children Centres staff will often be both the lead professional for the case and the person who delivers interventions with a family.</p>				
<b>3c5.</b>	<b>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/CC 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.	Monthly	EH/CC Case Manager
Tertiary period	Case Manager face to face contact with the family following the review.	6 weekly	EH/CC Case Manager
Cases held for Troubled Families monitoring only	Minimum of telephone contact every three months	Every three months	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.

### **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.

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. A standard agenda for the meetings should be followed.			
<b>3d3.</b>	<b>Attendance at TAC/TAF Meetings and Child/Family Involvement</b>			
	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.			
<b>3d4.</b>	<b>Recording the Outcomes of a TAC/TAF Meeting</b>			
	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.			
<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
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.				
<b>3e. Persistent Absence</b>				
<b>3e1.</b>	<b>Enforcement</b>			
	<p>All “attendance cases” at tier 3 of the Pathway to Provision will be allocated to a Case Manager within the Early Help Case Management Team.</p> <p>If there is no other lead professional involved then the same case management process should be followed as for any other Early Help case (see sections 3b-e)</p> <p>If there is a lead professional identified from Social Care or Youth Offending then the Early Help Case Manager will be involved in relation to attendance only and will be expected to follow guidelines in section 3e2.</p> <p>In both cases the Early Help Case Manager should make persistent attempts to contact the family to explain the law in relation to school attendance and the consequences of not improving this.</p> <p>In all cases if within 20 days of allocation the attendance has been persistently 85% or below (more than one day off a week) then the Case Manager should seek legal supervision with the Unit Leader for Enforcement and where appropriate to do so a Notice to Attend will be served. The first legal supervision should be within 20 days of allocation.</p>			

	<p>Consideration of a Notice To Attend can be brought forward if the Early Help Case Manager has been unable to engage the family.</p> <p>Attendance should be reviewed every 4-6 weeks with the involvement of the Unit Leader for Enforcement where legal proceedings are underway.</p> <p>Where a young person is persistently absent from school, with attendance less than 85% and where absences are unauthorised, enforcement action should always be considered and reasons for not pursuing this route should be documented.</p>			
<b>3e2.</b>	<p><b>Guidance for case management 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</b></p>			
	<p>There will be families for whom education attendance and enforcement work is needed but where the existing lead professional is not able to undertake these. For example when a Social Worker, Children’s Centre Lead Professional or YOT Case Manager are the lead professional for a family where a child has an attendance problem. Such cases will be dual allocated to an Early Help Case Manager for work specifically on attendance. Families attending a Nottinghamshire school but living outside of the county will also be allocated specifically for attendance rather than full case management.</p> <p>This Case Manager will as a minimum visit the family once in person to discuss the law in relation to school attendance and the consequences of not improving this. They should make attempts to discuss the barriers to school attendance and feed these back to the lead professional.</p> <p>The Case Manager should consider commissioning one to one and group packages of support to reduce the barriers to attendance where the young person resides in the county.</p> <p>Where the case manager is unable to see the family at home, attempts to contact by phone and post should be made, and the parent/carers should be invited to attend a meeting in school.</p> <p>The Case Manager should monitor the attendance of the young person and the families’ engagement with the interventions in relation to school attendance. They should attend relevant CSC, Children Centre or YOT lead meetings and contribute towards the CIN/YOT/CC plan as a representative for the Family Service. If the attendance is not improving and/or if the family are not engaging with interventions, the Case Manager should seek legal supervision with the Unit Leader for Enforcement.</p> <p>The requirement, or not, for additional visits after the initial visit will be dictated by the progress of the family in relation to improving attendance. Where legal proceedings are initiated there will be a need to complete subsequent visits.</p>			
<b>3e3.</b>	<p><b>Quality Standards for non-lead professional attendance cases</b></p>			
	<p><b>Quality Standard</b></p>	<p><b>Descriptor</b></p>	<p><b>Timescale</b></p>	<p><b>Responsibility</b></p>
	<p>Allocation to an Early Help Case Manager for enforcement</p>	<p>Time taken to allocate a case to a case manager for Enforcement following receipt from the EHU or another referrer</p>	<p>Referral will be screened within 5 working days of receipt and allocated as soon as there is capacity.</p>	<p>Team Manager or equivalent</p>
	<p>Initial contact with family</p>	<p>telephone contact and Face-to-face</p>	<p>Expectation is that indirect contact is</p>	<p>EH Case Manager - Enforcement</p>

		(either home visit or school meetings) with family/young person	made within 5 working days and direct contact is made within 10 days	
Contact frequency	Case Manager Face-to-face contact with the family whilst case is open	Visits completed in line with legal proceedings, estimated at once every 6 weeks.	EH Case Manager - Enforcement	
Attendance and Enforcement review	Frequency with which case manager reviews attendance and considers whether enforcement action is required	First Legal Supervision within 20 days of allocation and every 4-6 weeks thereafter.	EH Case Manager and Unit Leader - Enforcement	

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.

### **3e4 Principles and processes for managing the workload for cases referred to Case Manager Enforcement only:**

There will be no cap on the number of cases allocated to a Case Manager Enforcement Only. However, it is expected that at any one time they will carry no more than a maximum of 50 cases.

When an attendance referral is received without consent consideration will always be given to whether it would be more cost effective and reasonable to issue a Penalty Notice fine. Which if unpaid would be prosecuted in a normal manner.

Where the student concerned in Year 11 consideration will be given to allocation to a NEET Worker who would simultaneously deal with the attendance issues

Where there are CME or Missing concerns consideration will be given to RAW workers undertaking the initial visits to the family.

In order to help manage the flow of work and demand for intervention when a referral is received:

1. A Notice to Attend will be issued but no contact or intervention will commence for 4 weeks at which point attendance will be reviewed.
2. If attendance concerns are ongoing a Formal Warning Letter will be issued.
3. During the following 4 week period a minimum of 3 contacts will take place (one will be planned, one unannounced and one by phone) in order to allow for sufficient evidence to be gathered. This could include if required attendance at ICPC's Core Groups or other Multi-agency meetings in order to secure contact with the parent.
4. If at the end of that 4 week period attendance remains a concern a Court Action Letter will be issued.
5. During the following 4 week period at least one further visit or contact will take place depending on whether any additional evidence is required.
6. The Case Manager for Enforcement will remain involved until the Case is heard in court. Following the court result the Unit Lead for Enforcement will notify the Case Manager how long post court monitoring should last. Ordinarily this would be a maximum of 4 week before closure assuming the school attendance concerns are resolved.

**Cases Open to Early Help Case Management:**

- a) In cases where there is withdrawn consent and ongoing attendance issues with a Notice to Attend having been issued the case will only transfer over from EHCM to Interventions by agreement between the two Team Managers and following legal supervision. Decisions to transfer cases and close to EHCM will take into account capacity within both teams, whether evidential thresholds have been met and whether a PN could be used as an alternative to continued allocation to a case manager.
- b) In cases where there is ongoing poor attendance or withdrawn consent and a formal warning letter has been issued the Early Help Case Manager will remain allocated to the family until the Court Action Letter has been issued at which point the Unit Lead for Enforcement will manage the case through to prosecution. This will be agreed through legal supervision and will be conditional of sufficient evidence being in place. And remedial action will be agreed in legal supervision.

Movement between these stages will be agreed either in legal supervision with through Management Agreement in order to ensure there is sufficient action and evidence to proceed to the next stage.

Decisions and actions at all stages will be recorded on Mosaic.

**3f. Commissioning Interventions and Joint Working with Intervention Teams**
**3f1. Commissioning work from the Interventions Team, Intensive Support Team and Children's Centre Intervention Services**

Menus detailing the options for intervention will be available to help guide case managers and other lead professionals in selecting the appropriate programme of work for the families with whom they are working. In many cases consultation with the professionals involved in intervention delivery will be recommended before referral to ensure that interventions are suitable.

Where a specific programme of intervention is commissioned (either intensive or otherwise) it may be that the worker delivering the intervention finds, through getting to know the family or by completing specialist assessment, that the chosen programme is no longer the appropriate option for the family.

Where this occurs the intervention/intensive worker should speak to the designated lead professional and their Team Manager about which intervention would be more appropriate before making any changes to the intervention being delivered.

Where there are disputes in relation to this the agreed escalation policy should be followed.

There is an expectation of close liaison between the case management and intervention professionals/Children Centre Family Support Workers before and throughout periods of intervention.

Where referrals are made into the Interventions Team for parenting support, the default will be to offer the parent/carer a place on an appropriate parenting course. One to One parenting interventions will be offered only in exceptional cases as outlined in the Menu of Interventions.

**3f2. Making or Assisting with Referrals to Adult Services**

Where adults in a family have a clear need that is impacting on family functioning Case Managers should assist, by providing information and advice, or making a referral (where the adult is not capable of doing so or where a professional referral is needed) to the appropriate adult service providers.

The involvement of adult services is essential where progress needs to be made against an ETF trigger. In particular staff should consider referrals to Substance Misuse, mental health

	and Domestic Violence and Abuse Services when these issues are identified. In all cases consent must first be sought from the client.
<b>3g.</b>	<b>Case Closure</b>
<b>3g1.</b>	<b>Withdrawal of consent or Persistent Non-engagement</b>
	<p>In some cases there may be persistent non-engagement or withdrawal of consent (or failure to give consent) either at the point of assessment or during subsequent support and intervention.</p> <p>The following must be considered prior to case closure.</p> <ol style="list-style-type: none"> <li>1. Does the persistent non-engagement mean that a child is likely to be at risk of neglect or abuse? If so a referral should be made to the MASH.</li> <li>2. Are there enforcement processes that need to be followed, either in the interests of fairness, justice and social policy or to secure engagement? Examples may include Education Penalty Notices, prosecution for non-attendance, parenting contracts and orders, anti-social behaviour injunctions etc.</li> <li>3. Would a change of approach or worker be likely to increase engagement or compliance?</li> </ol>
<b>3g</b>	<b>Case Escalation to tier 4</b>
	<p>If a client/family with whom an Early Help or Children Centre Case Manager is working are referred to MASH, the Case Manager should provide information about the nature of Family Service involvement, the engagement of the family and about any safeguarding concerns.</p> <p>Where the MASH pass the enquiry on to the Assessment Team, the Case Manager should keep the family open to themselves whilst the Social Worker completes an assessment. The Early Help or Children Centre Case Manager should contribute towards the assessment, and where appropriate should conduct a joint initial visit with the Social Worker.</p> <p>Where the Assessment Team pass the case on to the District Child Protection Team the Early Help or Children Centre Case Manager should close the case, marking on their closure form the reason for closure being “stepped up to tier 4”. The Case Manager should liaise with Social Care to inform them of the closure and ensure all information has been shared about ongoing interventions.</p> <p>Where the case is closed following Assessment Team’s involvement, the Case Manager can restart their work at the point the family were referred to MASH. Keeping the case open means the social worker does not need to re-refer into Early Help Services.</p>
<b>3g3.</b>	<b>Outcome Definitions</b>
	<p>Outcomes are measured using four descriptors at case closure:</p> <ul style="list-style-type: none"> <li>• <b>Fully Resolved</b> - The child or young person has moved down at least one level on the Pathway to Provision and the child’s needs are significantly improved.</li> <li>• <b>Partially Resolved</b> - The child or young person remains on the same level on the Pathway to Provision but there has been an improvement in some of the child’s needs.</li> <li>• <b>Not Resolved</b> - The child or young person has moved up a level on the Pathway to Provision <b>Or</b> The child or young person remains at the same level on the Pathway to Provision but they or their family have not engaged/withdrawn or refused consent and</li> </ul>

	<p>the evidence is that the child's needs remain unmet.</p> <ul style="list-style-type: none"> <li>• <b>Moved out of area</b> – this definition should be used where a family or young person has moved outside of Nottinghamshire and where a case is not fully resolved.</li> </ul> <p>There will also be a requirement to record at case closure the status of the case in relation to Payment By Results claim.</p> <ul style="list-style-type: none"> <li>• Closed and <b>ready for claim</b></li> <li>• Closed and <b>requires monitoring for claim</b> (detail of what needs to be monitored and when need to be provided)</li> <li>• Closed and <b>no claim possible</b></li> </ul>			
<b>3g4.</b>	<b>Cases that Move Outside of Nottinghamshire</b>			
	Where cases move outside of Nottinghamshire and there are outstanding needs the Case Manager should make every attempt to secure the appropriate services for the child/family/young person before closing the case.			
<b>3g5.</b>	<b>Case Closure Quality Standards</b>			
	<b>Quality Standard</b>	<b>Descriptor</b>	<b>Timescale</b>	<b>Responsibility</b>
	Outcome at case closure	All cases will have a recorded outcome at closure in line with the definitions	At case closure	EH/CC Case Manager
<b>3h. Parenting Orders and Contracts</b>				
	<p>Parenting Orders and Contracts will normally be held by the nominated lead professional for the family. The activities required (parenting programmes) will be available through the menu items offered by the Interventions or Intensive Support team.</p> <p>Where a Parenting Order is being considered an assessment as to the appropriateness of this disposal should be commissioned from the Interventions Team prior to the court date. Where the Parenting Order is raised as an option in court without prior notice, referrals to the Interventions Team for an assessment will be prioritised in order to comply with court timescales.</p> <p>Enforcement of Parenting Orders remains unchanged and is executed by a statement given to the police and potentially followed by arrest and either a Caution or prosecution by the CPS.</p> <p>Where a Youth Justice Case Manager holds a Parenting Order at the point at which the young person's order comes to an end, a new Responsible Officer must be named. Where there is ongoing work to be undertaken at Tier 3 the Youth Justice Case Manager should make a request for an Early Help Case Manager. Where there is no identified ongoing work and only monitoring is required, in addition to the monthly Parenting sessions, a designated Unit Lead will become the responsible officer. They will make a request for a case manager if the need arises.</p>			
<b>3h1</b>	<b>Enforcement of Parenting Orders that have been Breached:</b>			
	<b>Deciding whether a Breach has occurred:</b>			
	The designated Lead Professional or Responsible Officer will decide whether a Parenting			

Order has been breached, This decision should be taken following consultation with their Team Manager or another relevant Team Manager and with the Case holding Lead Professional where one is allocated. Where cases are school attendance related a discussion should also take place with the Unit Lead for Enforcement.

**Once a Parenting Order has been breached:**

1. Within One working day of the Breach the designated Lead Professional or Responsible Officer should contact the parents to ascertain reasons for non - compliance.
2. Where the reason given is determined to be **acceptable** no further action will be taken.
3. At this point the designated lead professional or responsible officer may wish to give consideration to any change in direction to the parent or whether a formal application to court should be made to vary the order. A request to vary a parenting order is only likely to be relevant where there are very specific requirements in the order that are subsequently considered to be unrealistic.
4. Where the reason for the breach is determined to be **unacceptable** a discussion or meeting should be held with the parent to agree how further breaches will be avoided.
5. The designated Lead Professional / Responsible Officer will issue a Warning Letter to the parent outlining the consequences of any further breaches of the order.
6. Where there is more than one unacceptable breach within a 3 month period then a Breach Letter will be formally issued.
7. The Lead Professional or designated responsible officer will convene and multi-agency meeting. The meeting will include police representation. The parent will also be invited to attend.
8. The designated Lead Professional or responsible officer will prepare a statement for the Police and a copy of the parenting order. The statement will include:
  - Chronology of events,
  - Directions set by responsible officer
  - Details of parenting order proceedings
  - Compliance or breach
  - Warnings issued
  - Details of any ongoing concerns about the child's attendance that resulted in a PO being issued and
  - Copies of any correspondence.
9. At the multi-agency meeting the Police will either a) issue a caution, b) decide no further actions or c) consult the CPS regarding possible charges and returning the case to court.
10. The Parenting Order does not cease at this point. It should continue to run until the order is complete or the case has been returned to court.
11. The Police should be kept informed about the progress of the order following the Multi-agency meeting.

**Section 4: NCC Interventions Team**

**4a. Allocation**

	<p>Cases will be allocated to the Intervention Team's Child and Family Support Workers by the Team Manager. Cases will be allocated based on the practitioner's role descriptor, current workload (with the expectation that a full caseload is approximately 12 to 22 clients depending on expected visiting frequency) and area of expertise and skill.</p>
<p><b>4b. Assessment</b></p>	
	<p>It is the expectation that all cases worked by the Interventions Teams will have had a Single Assessment completed, with some agreed exceptions. NCC Child and Family Support Workers within these teams will therefore not complete the Single Assessment.</p> <p>Some menu items and interventions will require specialist assessment in addition to the Single Assessment and these will be completed by the Child and Family Support Workers.</p>
<p><b>4c. Planning Meeting and Intervention Plan</b></p>	
	<p>Child and Family Workers will make contact with the lead professional to undertake a planning meeting or discussion and arrange an introductory visit to the family within 10 working days from allocation.</p> <p>The Intervention plan should be written within 5 working days of the planning meeting and should include detail of what sessions will be delivered and at what frequency (to include dates where appropriate). A copy of the intervention plan should be shared with the family. The plan should be implemented immediately with the first session being delivered within one week of the plan being agreed.</p> <p>There are some exceptions to this within the Interventions Team for example parenting courses or young person groups.</p> <p>Child and Family Workers will make contact with the designated lead professional to undertake a planning meeting or discussion to clarify and agree the purpose and objectives of the intervention being commissioned. This could happen through a SW or Case Manager inviting a C&amp;FW to a TAF meeting, a CiN meeting or CP conference / review. In many instances it will be appropriate to have that discussion over the phone or through Skype so as not to delay the commencement of the intervention and cause undue drift or delay for the family.</p> <p>In line with best practice it is recommended that a joint introductory visit to the family takes place within 10 working days from allocation to support engagement with the intervention. However, where this is not possible the C&amp;FW should proceed to commence the intervention and plan a first visit within this same timeframe. This will assist in reducing drift and delay for the family and possible difficulties with engagement as a result.</p> <p>The Intervention plan should be written within 5 working days of the initial visit to the family and this should include details of what sessions will be delivered and at what frequency including dates and times to help avoid drift and delay. A copy of the intervention plan should be shared with the family.</p> <p>The plan should be implemented immediately with the first session being delivered within 5 days of the initial meeting with the Family.</p>
<p><b>4d. Review of Intervention Plan</b></p>	
	<p>The Intervention Plan should be reviewed at the half way point in the delivery of the planned sessions. The menu of intervention details programme lengths.</p> <p>Any variations or extensions to plan should be agreed with a manager.</p> <p>The final review episode should be completed within 5 days of the last visit in order that the</p>



	<p>case can be progressed to closure.</p> <p>In order to monitor and address drift or delay in cases open to the Interventions or Intensive Support &amp; Parenting Teams any work remaining open after 12 weeks must be agreed by a Service Manager.</p>
<b>4e</b>	<b>NEET Only Cases</b>
	<p>Where the presenting reason for a referral into the EHU is that a 16-17 year old young person is Not in Employment Education or Training (NEET) or is at risk of becoming NEET, the case will be sent directly to the Futures NEET Team for the relevant locality.</p> <p>The NEET team will be managed directly by Futures but will remain colocated within Family Service Locality basis in line with the Service Specification to provide continuity for requests for NEET support and interventions to the Family Service.</p> <p>Futures will have responsibility for managing the delivery of NEET support, allocation of cases and supervision of work and monitoring of outcomes.</p> <p>NEET workers will keep Lead professionals updated of their involvement.</p> <p>NEET workers will be expected to identify where there may be a need to refer to the Early Help Case Management Team. The NEET worker should consider whether there are younger siblings whom may meet Tier 3 of the pathway to provision. In such cases the NEET worker would remain involved with the individual in relation to entering work or training and would seek consent from the young person and their family to refer them for a holistic assessment from the Early Help Case Management team.</p>
<b>4e1.</b>	<b>Allocation of NEET/ Risk of NEET Cases and Mosaic</b>
	<p>Cases will be allocated on the Futures CCIS system.</p> <p>Work will continue to be received through Mosaic from EHCM and Social Workers using the request for intervention step.</p> <p>There will not been a NEET Intervention Plan step on Mosaic.</p> <p>NEET workers will record on Mosaic when a case has been allocated to them with a note outlining the plan or work.</p> <p>A worker relationship will be set on Mosaic for the duration of the NEET workers involvement.</p> <p>A case Note will be recorded on Mosaic at closure outlining the outcome of work undertaken.</p> <p>The NEET worker will be responsible for keeping the referring Lead Professional notified of work undertaken and any outcomes.</p> <p>Where any significant incidents or disclosures take place these must be recorded on Mosaic for the attention of the lead professional.</p>
<b>4e2.</b>	<b>Not Knows, September Guarantee and Destinations</b>
	<p>Futures NEET team will be responsible for September Guarantee and Destinations delivery and will report to the Contract Manager progress of these annually.</p> <p>They will also provide regular updates in relation to NEET, EET and Not Known in line with the contract specification.</p>
<b>4f.</b>	<b>Parenting Groups</b>
<b>4f1.</b>	<b>Coordination of Parenting Groups for the locality</b>

	<p>Where referrals are made into the Interventions Team for parenting support, the default will be to offer the parent/carer a place on an appropriate parenting course. One to One parenting interventions will be offered only in exceptional circumstances.</p> <p>The Countywide Family and Parenting Planning Group approves those parenting programmes which are used by the Family Service and Children Centre Services</p> <p>Each quarter, the Interventions Team Manager and the Parenting Coordinator in each locality will be responsible for convening a meeting of Family Service and Children's Centre Family Support Workers along with other key partners to agree the number, location and resourcing of parenting programmes for the subsequent period. It is suggested that the meetings should work two quarters in advance (i.e. planning for quarter 3 in quarter 1). These agreements will be used to populate the details of the intervention menus available to case managers/lead professionals.</p>
<b>4f2.</b>	<b>Coordination and delivery of Parenting Groups for the Family Service Intervention Team</b>
	<p>The Parenting Coordinator will take responsibility for coordinating the delivery of those parenting groups to be run by the Locality Interventions Team on a quarterly basis. Various Child and Family Support workers will contribute to the co-delivery of parenting programmes at different times in the year. The Parenting Coordinator will identify a lead and a co-facilitator for each course, with the course lead taking responsibility organising venue's and attendee's for their course, and ensuring lead professionals/Interventions and Intensive Team workers receive feedback after each session.</p>
<b>4g</b>	<b>Parenting Assessments</b>
	<p>NCC Child and Family Worker will make contact with the lead professional to undertake a planning meeting and introductory visit to the family within 5 working days from allocation. An agreement should be made as to the limits of the assessment and what the family are expected to engage with.</p> <p>Pre-Court Parenting Assessments for YJ or Education Welfare related parenting orders should be completed within 2 weeks of allocation.</p> <p>PAMS assessments should be completed within 12 weeks of allocation unless otherwise stipulated by the court. The report should be completed within no more than two weeks of the final session with the family.</p>
<b>4h</b>	<b>Sibling Young Carer Assessment</b>
	<p>The sibling young carer's assessment and annual reviews should be completed by the Young carers Worker within 30 working days of allocation. This includes the assessment being signed off and the commissioning of the personnel budget being competed.</p>
<b>4i</b>	<b>Financial Responsibility Advisor</b>
	<p>The Financial Responsibility Advisor (FRA) will complete Initial Household Income Assessments for Special Guardianship Order applicants, where the local authority are in support of the application and considering funding the placement. Where the referral is made with a minimum of two weeks' notice these will be completed within the timescales of the court.</p> <p>The FRA will offer advice and guidance to Kinship carers in relation to welfare rights.</p>
<b>4j.</b>	<b>Department for Work and Pensions Seconded</b>

A DWP secondee will be based in the intervention team and will take referrals to support adults to make progress to work, where the family meet the Extended Troubled Families criteria and are known to Children Social Care, Early Help or Children Centre Case Manager or Youth Offending team.

**4k. Kinship Care**

The Family Service Intervention Team offers a number of specialist interventions in relation to Kinship Care, including a course in Preparing to be a Kinship Carer, and support for making applications for Special Guardianship and Child Arrangement Orders. The range of Interventions offered are detailed in the Menu of Intervention and can be requested by the allocated Social Worker or Lead professional via Framework or a request form.

Before interventions are offered, an assessment of need should be undertaken. This may be completed by Social Care where the children are already open to them or if there are safeguarding concerns. Alternatively the family should be referred via the Early Help Unit for an assessment by either the Case Management team or Children Centre depending on the age of the children.

An assessment of financial need may also be undertaken by The Family Service.

Whilst receiving support from the Interventions or Intensive Team the family will remain open to a social worker or case manager in order to review progress. Once all areas of need have been addressed the family will be closed to The Family Service, but can be referred for further assessment in the future.

**4L Intervention Team Quality Standards**

<b>Quality Standard</b>	<b>Descriptor</b>	<b>Timescale</b>	<b>Responsibility</b>
Screening of an interventions referral	Time taken from point of referral coming into team to referral being processed and either allocated or placed on waiting list	Within 5 working days	Team manager or equivalent
Planning Meeting and intervention plan	Time taken to hold a planning meeting and write up intervention plan episode or assessment plan	Planning Meeting or discussion to be held within 10 working days and Plan Step to be completed within 5 working days from first Visit.	Child and Family Worker
Review of Intervention Plan	The frequency with which the Intervention plan is reviewed	Every 6 to 12 weeks	Child and Family Worker
Feedback from Intervention worker to the lead professional	Frequency with which the Child and Family Support Worker will feedback	Where engagement is good (no appointments missed, no concern	Lead Professional and Child and Family Support Worker.

		to the lead professional in relation to engagement of a family with an intervention.	about commitment in sessions) the Lead Professional can be expected to get information from MOSAIC contact entries.  Where there is concern about engagement the lead professional should be notified in person, by telephone or email <b>within 24 hours.</b>	
<b>Section 5: NCC Intensive Team</b>				
<b>5a allocations</b>				
	Manager to screen referrals for intensive support within 5 working days of receipt. The expectation is that intensive referrals will be urgent and where possible should be allocated immediately.			
<b>5b Planning Meeting and Intensive Intervention Plan</b>				
	<p>NCC Child and Family Worker to make contact with the lead professional to undertake a planning meeting and introductory visit family within 10 working days from allocation.</p> <p>The Intensive Intervention plan should be written within 5 working days of the planning meeting and should include detail of what the sessions will cover and at what frequency (to include dates where appropriate). A copy of the plan should be shared with the family. The plan should be signed off by a manager within 3 days.</p> <p>The plan should be implemented immediately with the first session being delivered within one week of the plan being agreed. All sessions should be pre-arranged with the family to avoid drift and delay.</p> <p>Child and Family Workers will make contact with the designated lead professional to undertake a planning meeting or discussion to clarify and agree the purpose and objectives of the intensive intervention being commissioned. This could also happen through a SW or Case Manager inviting a C&amp;FW to a TAF meeting, a CiN meeting or CP conference / review.</p> <p>In line with best practice it is recommended that a joint introductory visit to the family takes place within a maximum of 10 working days from allocation to support engagement with the intervention. However, where this is not possible the C&amp;FW should proceed to commence the intervention and plan a first visit within this same timeframe. This will assist in reducing drift and delay for the family and possible difficulties with engagement as a result.</p> <p>The Intensive intervention plan should be written within 5 working days of the initial visit to the family and this should include details of what sessions will be delivered and at what frequency including dates and times to help avoid drift and delay. A copy of the intervention plan should be shared with the family.</p> <p>The plan should be implemented immediately with the first session being delivered within 5 days of the initial meeting with the Family.</p> <p>There are some exceptions to this within the Intensive Support &amp; Parenting Team for</p>			

example parenting courses or young person groups.

**5c Review of Intensive Intervention Plan**

The Intervention Plan should be reviewed every 6 weeks. There should be input from both the lead professional and the family but a formal meeting is not expected.

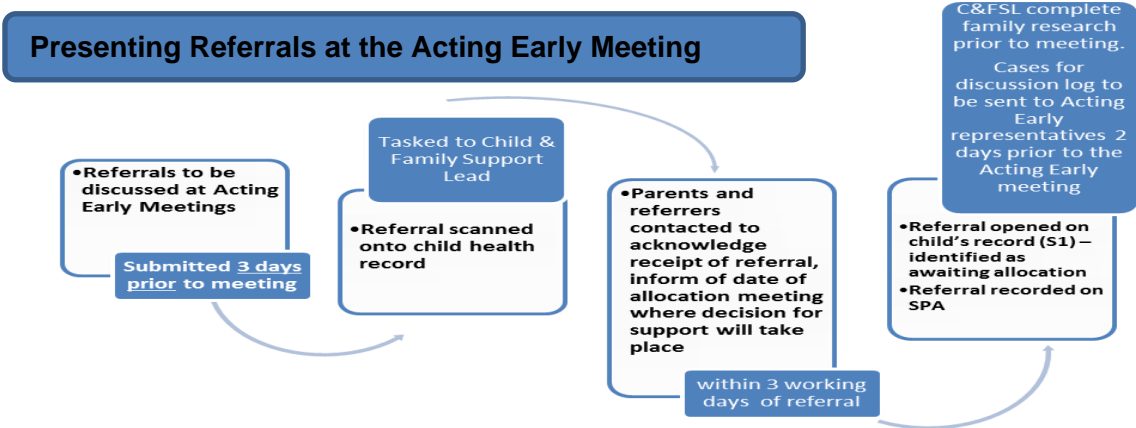
Any variations or extensions to plan should be agreed with a manager.

The final review episode should be completed within 5 days of the last visit in order that the case can be progressed to closure.

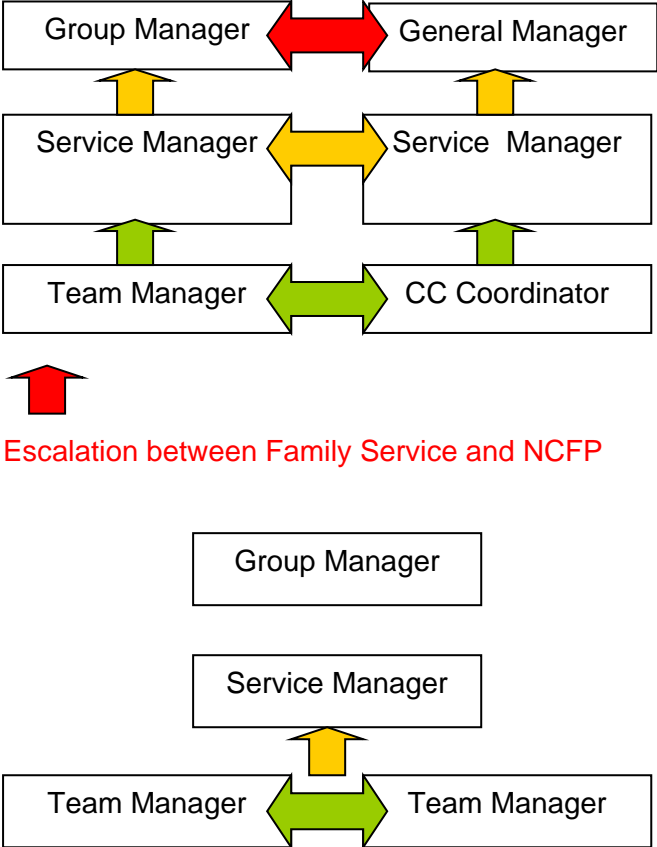
In order to monitor and address drift or delay in cases open to the Interventions or Intensive Support & Parenting Teams any work remaining open after 12 weeks must be agreed by a Service Manager.

**5d Intensive Team Quality Standards**

<b>Quality Standard</b>	<b>Descriptor</b>	<b>Timescale</b>	<b>Responsibility</b>
Screening of an intensive referral	Time taken from point of referral coming into team to referral being processed and either allocated or placed on waiting list	Within 5 working days	NCC Team manager
Planning Meeting and intervention plan	Time taken to hold a planning meeting and write up intervention plan episode	Planning Meeting or discussion to be held within 10 working days and Plan Step to be completed within 5 working days from first Visit.	NCC Child and Family Worker
Review of Intensive Plan	The frequency with which the Intensive plan is reviewed	Every 6 weeks	NCC Child and Family Worker
Feedback from Intensive worker to the lead professional	Frequency with which the Child and Family Support Worker will feedback to the lead professional in relation to engagement of a family with an intervention.	Where engagement is good (no appointments missed, no concern about commitment in sessions) the Lead Professional can be expected to get information from FRAMEWORKI contact entries.  Where there is concern about engagement the lead professional	Lead Professional and NCC Child and Family Support Worker.

			should be notified in person, by telephone or email <b>within 24 hours.</b>	
<b>Section 6: Interventions delivered through a Children Centre Service</b>				
<b>6a Referral</b>				
	Where a family have an identified lead professional in the Family Service Case Management Team, Social Care or Youth Offending Team, referrals can be made to the Children Centre where there are children under the age of 5 in the household, including where there is an unborn child.			
<b>6b Allocation</b>				
	<p>Referrals to Children Centre Services for Interventions will be considered at the locality Acting Early Meeting.</p> <p><b>Purpose of acting early meeting:</b> To identify cases where there are emerging problems, potential unmet need and any referred step down cases from Social Care, and ensure that appropriate interventions are put in place to safeguard children.</p> <p>To provide an integrated approach to supporting children under 5 and their families (taking a wider 0-19 family approach as appropriate).</p> <div style="text-align: center;">  </div> <p><b>Acting Early Meeting Practice</b></p> <ul style="list-style-type: none"> <li>• [ ] allocation are agreed</li> <li>• Threshold of need agreed at meeting and recorded</li> <li>• If allocated : Record on system One case allocated or if placed on waiting list</li> <li>• Non allocation – reason for refusal to be recorded on child's record</li> </ul> <p>Referrers and parents informed of outcome of Acting Early Meeting if not in attendance</p>			
<b>6c Intervention and Review standards</b>				
	<p><b>3 working days:</b> Refer contacted and informed if the referral is being allocated.</p> <p><b>Within 2 weeks of allocation:</b> contact with family takes place</p> <p><b>6-8 weekly reviews:</b> from start of interventions</p>			

	<b>3-6 month follow up:</b> completed after case closure to assess sustained impact and identify any further emerging need
<b>6d</b>	<b>Case Closure following non-engagement</b>
	Did not attend policy standard practice – X3 attempted contacts. Third contact includes follow up letter and information regarding support that is available followed by closure and update to referrer.
<b>Section 7: Principles for Intensive and Intervention Teams and Interventions delivered by Children Centre Services.</b>	
<b>7a</b>	<b>Concerns about children and MASH/Child Protection Referrals by Intervention and Intensive Staff</b>
	<p>Staff working in the Intensive Support, Interventions Team and delivering interventions through a Children's Centre Service may develop concerns or observe circumstances or incidents that lead them to believe that there is a child protection issue or that there is evidence that the case has crossed into level 4 of the P2P. In all instances these concerns should be discussed with the line manager.</p> <p>Where there is an urgent or immediate concern or there has been the direct observation or a significant incident interventions staff should not delay in making a referral to the MASH but should inform the Case Manager/Lead Professional immediately that they have done so and why.</p> <p>In other circumstances it may be that the need is less urgent and that discussion can be had with the Case Manager / Lead Professional to see if there is any further context to the concerns and the Case Manager/Lead Professional can then discuss with the interventions worker who is best placed to make the MASH referral if it is assessed as being required.</p>
<b>7b</b>	<b>Prioritisation, Stacking Cases and Waiting Lists</b>
	Prioritisation criteria for each interventions menu items are detailed within the Menu guidance. It will be for Team Managers, working closely with Unit Leaders, to ensure that cases are prioritised correctly and that there is feedback to case managers or lead professionals where there is likely to be delay or a waiting list is in operation. Disputes about prioritisation should be dealt with in line with "Dispute Resolution" in the section below.
<b>7c</b>	<b>Interventions with children who are looked after or subject to a child in need or child protection plan</b>
	Where interventions are delivered to looked after children or those subject to a statutory plan, interventions staff must attend ICPC, RCPC and LAC reviews. Staff must provide written information about the nature of intervention, progress and outcomes for the family for other Multi Agency Meetings.
<b>7d</b>	<b>Dispute resolution</b>
	Disputes are most likely to centre in prioritisation and waiting times or closures following non-engagement. Disputes should be resolved with the minimum of escalation but if necessary Team Managers can refer up to Service managers and Service managers to Group Managers where resolution cannot be achieved. Referrers should be made aware of any delays and delays should be kept to a minimum with disputes resolved within 1 working day.

	 <p><b>Escalation between Family Service and NCFP</b></p> <p><b>Escalation between two teams from within The Family Service</b></p>
<p><b>7e Intervention and Intensive Case Closure following non-engagement</b></p>	
	<p>Following two instances of non-engagement during a programme of intervention, or four if the intervention is “intensive”, the responsible interventions worker should discuss with the designated Lead Professional as to whether the intervention programme should be closed. If a decision is made to continue the intervention it should then be closed if there is any further non-engagement unless directed otherwise by a Team Manager. Where there is a parenting order or contract the agreed service procedures should be followed.</p> <p>Any disputes should be raised using the “Dispute Resolution” process detailed above.</p>
<p><b>7f Interventions Menus</b></p>	
<p><b>7f1</b></p>	<p><b>Menus</b></p>
	<p>The Family Service Menu of Intervention describes the variety of interventions on offer through the Interventions and Intensive Support Teams and Children Centre Services.</p> <p>All interventions described on the menu can be accessed via a Mosaic request or using the Children Centre menu request form. Where colleagues do not have Framework access a request form should be emailed directly to the team inbox with a copy of the most recent assessment where relevant.</p> <p>Menu items will include intensive work with whole families, one to one work with parents, young people and associated adults, completion of specialist assessments, group courses and one off advice sessions or workshops.</p>
<p><b>6g2.</b></p>	<p><b>Application and flexibility of menu items</b></p>



	<p>Each menu item has a description of the range of content that can be expected to be covered. In many cases there should be flexibility to allow the practitioner delivering the intervention to determine the appropriateness of the different content options, so that the individual needs of the client can be met by the intervention.</p> <p>Evidence based parenting programmes however must be delivered according to their license and evidence base, as this ensures effectiveness where staff have the skills to facilitate the programme. Where amendments are required, the worker must submit any change through the Nottinghamshire Parenting Programme validation panel.</p> <p>For each menu item there will be a specific duration and frequency recommended. Practitioners should seek management signoff where there is a perceived requirement to alter these.</p> <p>Where the agreed number of sessions for a planned intervention have been completed without the desired outcome being fully achieved, analysis of the lack of progress should be undertaken by the Case Manager/Lead Professional and any other involved professionals before a decision is made about whether further sessions are offered. Where possible this should be as part of a TAC/TAF meeting.</p>
<b>7g3.</b>	<b>Availability of Menu Items</b>
	<p>Waiting times for accessibility of menu items will be determined on a local level and reviewed regularly. For each menu item priority groups will be identified to whom precedence should be given in the event of a waiting list. The Team Manager will be responsible for the prioritisation of cases.</p>
<b>7g4.</b>	<b>Extent of intervention covered by Intensive Support Workers.</b>
	<p>There will be crossover between the content of different items on both the intensive support and the interventions menus.</p> <p>Where an intensive worker has the skill to deliver items from the interventions menu as part of their intensive package of support this is likely to be appropriate in some cases and there will be a benefit to the family of having fewer professionals involved with them.</p> <p>However there will also be occasions where it would be appropriate for a family to be accessing menu items across both the Intensive Support and the Interventions teams. For example if an intensive worker is focusing on the parents and the functioning of the household they may not have the capacity to also deliver one to one work with the young person in the family. In these circumstances a child and family support worker could be commissioned to deliver this separately.</p>
<b>7g5.</b>	<b>Review of Intervention Menus</b>
	<p>There will be a need to review menus of intervention but it is essential to keep consistency across the county. Therefore any proposed changes will need to be discussed at both "Locality Family Services" and "Intervention/EHCM/IS Team Managers Meetings" before final sign off by the Family Services Leadership Team Meeting and where appropriate the Nottinghamshire Family and Parenting Multi-Agency Planning group.</p>
<b>Section 8: Homelessness and Supported Accommodation Requests</b>	
<b>8a.</b>	<b>Emergency Homeless Requests</b>
<b>8a1.</b>	<b>Definition</b>

	<p>Emergency Homeless Requests include:</p> <ol style="list-style-type: none"> <li>1. Homeless 16/17 year olds, this includes people who are temporarily staying with friends or family or are living in very overcrowded conditions, as well as people who are rough sleeping or living somewhere they have no legal right to stay.</li> <li>2. 16/17 year old Looked After Child where there has been a placement breakdown.</li> <li>3. Existing Supported Accommodation service user that has been asked to leave a service with 24 hours' notice following a major incident</li> <li>4. Care Leavers</li> </ol>
<p><b>8a2.</b></p>	<p><b>Process</b></p>
	<ul style="list-style-type: none"> <li>• 16/17 homelessness cases will be allocated to Rapid Assessment Worker within an hour of receipt of referral and contact will be made within 2 hours. Wherever possible this should be face-to-face.</li> <li>• The Rapid Assessment Worker will establish whether the young person is in fact homeless and begin mediation with the family/current residence in appropriate cases – where possible to facilitate a return home.</li> <li>• The Rapid Assessment Worker will establish whether the young person does/does not wish to be looked after.</li> <li>• If the young person does not wish to be accommodated under Section 20 the Rapid Assessment Worker will capture as much information as possible about the young person in the A1. The Waiting List Manager will notify providers of a new A1. (Where the Young Person wishes to be accommodated under s20 the case is referred to MASH by the RAW).</li> <li>• The Waiting List Manager will email the A1 to one or more suitable service/s. The Supported Accommodation Provider must accept all emergency referrals.</li> <li>• If no emergency accommodation is available the case is referred to MASH by the RAW</li> <li>• Where emergency accommodation is used the RAW will remain involved until a longer term housing solution is found. On-going mediation with the family will take place where it is safe and appropriate to do so. Daily contact will be made with the young person whilst they are in emergency accommodation. The Supported Accommodation Provider does not initiate a support plan or provide support whilst the young person is in emergency accommodation.</li> <li>• The Waiting List Manager will score the A1 and the young person will be added to the waiting list</li> <li>• Once the young person has moved into Supported Accommodation the Rapid Assessment Worker will close, with the Supported Accommodation Keyworker becoming the lead professional. If the case is particularly complex and needs a holistic assessment and coordination of services by an Early Help case manager then a request can be made directly to the EHCM team manager. By the RAW or Waiting List Manager.</li> </ul>
<p><b>8b. Planned moved requests</b></p>	
<p><b>8b1.</b></p>	<p><b>Definition</b></p>

	<p>Planned move requests include:</p> <ol style="list-style-type: none"> <li>1. The requirement for a supported accommodation place because of a planned move from Residential Care or Foster Care.</li> <li>2. The requirement for a supported accommodation place because the young person has been “served notice” at their existing accommodation, but is not required to move out immediately. This may include but is not restricted to when parents are moving house, overcrowding situations, relationship breakdown.</li> </ol>
<p><b>8b2.</b></p>	<p><b>Process when there is an existing CSC lead professional</b></p>
	<p>These will not be allocated within the Case Management Team. The Existing Lead Professional will complete the A1 and send to the Central Access Hub where the Waiting List Manager will liaise with the lead professional and manage communication with the providers, informing the lead professional when a place becomes available. The lead professional will be able to access a menu item from the interventions team - "supported accommodation transition package" - which would include practical support for moving in and some work on independent living/life skills.</p> <p>Young people open to the Assessment Team moving into an Emergency Bed space will be able to receive practical day to day support from a RAW worker for up to three weeks.</p> <p>Social Workers:</p> <ul style="list-style-type: none"> <li>• Will remain the lead professional and will be responsible for completing any assessments such as the A1.</li> <li>• Will keep the case open for the duration of the RAW workers involvement for any young person in an Emergency bed space.</li> </ul> <p>Raw Workers:</p> <ul style="list-style-type: none"> <li>• Provide practical support for up to 3 weeks to young people aged 16/17 open to the social case assessment teams moving into an emergency bed space. This can include support to physically move in, get practical items they may need (clothes, toiletries, food), Support and accompany them to access any important or necessary appointments (ie DWP), offer some emotional support to help them settle.</li> <li>• All referrals need to be made via the Rapid Assessment locality email address and must include the manager.</li> <li>• The cases must be allocated to a RAW with a mosaic step open where their involvement is recorded.</li> <li>• The case will close to the RAW at the end of the 3 week support period.</li> </ul>
<p><b>8b3.</b></p>	<p><b>Process where there is no existing CSC lead professional</b></p>
	<p>The Young Person is allocated to an Early Help Case Manager who meets with the young person to check accuracy and to add to the information on the A1. The young person is placed on the waiting list, meanwhile mediation for the young person to remain at home is carried out where relevant and safe to do so. The Case Manager will complete a Single Assessment to ascertain the wider support needs of the young person and their family and commission support from the interventions teams as required. When a place becomes available, practical support around the move to supported accommodation including independent living skills will be provided either by the Case Manager or can be commissioned from the menu of interventions depending on which is appropriate (see section 3d2). In most cases the keyworker at the supported accommodation service will become the lead professional once the young person moves into</p>

	<p>the accommodation. The keyworker will be able to access some menu items from the family service menu of intervention. Where there is a potential placement breakdown the provider can access additional support from the interventions team to help prevent the placement breaking down. If the placement does break down the supported accommodation provider will need to complete a new A1 and a discussion will take place at the supported accommodation panel around access into emergency accommodation.</p>
<b>8b4.</b>	<b>Process where the young person is over 18</b>
	<p>The A1 assessment will be completed by the referring agency. The waiting List Manager will score the A1 and notify providers of its existence. The Waiting List Manager will manage communication with the providers and the provider will notify the client when a place becomes available for them. The Family Service will not provide direct support to these young people.</p>
<b>8b5.</b>	<b>Process for 18+ care leavers</b>
	<p>These young people are allocated to after care advisors from within CSC. The aftercare advisor will complete the A1. The Waiting List Manager will score the A1 and notify providers of its existence. The Waiting List Manager will manage communication with the providers, liaising with the After Care Advisor to ensure the young person is suitably informed of their choices and is offered a place when one becomes available. The Family Service will not provide direct support to these young people.</p>
<b>Section 9: Case Records</b>	
<b>9a Types of case records</b>	
	<p>A case note should be made in the running record on FRAMEWORK1 or SystemOne to record the following events:</p> <ul style="list-style-type: none"> <li>• A record of a visit</li> <li>• A record of any contact with the child or family</li> <li>• A summary of information from other agencies and professionals</li> <li>• A record of any case discussions with managers, service users, family members, other professionals</li> <li>• References to information scanned and uploaded into 'Documents' (include the date and the details of the person providing the information)</li> <li>• Manager's recordings (e.g. decisions made on the case and supervision notes)</li> <li>• E-mail correspondence (copies should be included if the communication is relevant only to the service user and case management)</li> <li>• Telephone calls (the telephone number, full name and role of the caller or person called should be recorded along with the purpose of the call)</li> <li>• References to key meetings, court appearances, change of placement, completion of assessment, case allocation or transfer</li> </ul>
<b>9b Timeliness and accuracy of records</b>	
	<p>Case notes should be recorded as soon as possible after a contact, communication or event, and must be recorded on FRAMEWORK1 or System One within a maximum of 7 working</p>

	days. <b>If harm or injury has occurred, or potential harm or risk is identified, recording must be completed by the following working day.</b>
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### 9c Content and format of records

	<p><b>Records of direct sessions with children, families and young people should include as minimum:</b></p> <ul style="list-style-type: none"> <li>• <b>WHO</b> – Who was involved in the session</li> <li>• <b>AIM</b> – what was the aim of the session</li> <li>• <b>METHOD</b> – what methods and tools were used to undertake the session</li> <li>• <b>OUTCOME</b> – was the session successful in meeting its aims, if not why not and what will be done differently</li> <li>• <b>ACTIONS</b> – detail any actions arising from the session</li> </ul> <p>Staff should also record those present during the session but whom did not partake, and should add notes of observations or incidents not directly linked to the aim of the session.</p>
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### 9d Case Recording Quality Standards

	Quality Standard	Descriptor	Timescale	Responsibility
	Record timeliness	Time taken to make running records on cases	By the end of the next working day where there is risk identified.  Within a minimum of 7 working days of occurrence in all other incidents.	EH/CC Case Manager and Supervisor

## Section 10: Supervision and Practice Coaching

### 10a. Line Management Supervision

	<p>Line management supervision should be undertaken in line with corporate guidance. Effective supervision should provide an opportunity to consider the following issues:</p> <ul style="list-style-type: none"> <li>• Effective workload management.</li> <li>• Monitoring of individual performance and quality of service provided.</li> <li>• Reflection and guidance on focus of work and methods used.</li> <li>• Ensuring commitment to positive outcomes and effective working with others.</li> <li>• Maintaining motivation and job satisfaction through clarity on work objectives, positive feedback, critical reflection, personal support and</li> </ul>
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	<p>continuing personal and professional development CWDC (2008)</p> <p>Line management supervision for NCC staff should comply with the NCC corporate supervision policy which can be found at <a href="http://intranet.nottscc.gov.uk/departments/childrenfamiliesculture/policies/cfcs-policies-and-procedures-online/cyps-supervision-policy/">http://intranet.nottscc.gov.uk/departments/childrenfamiliesculture/policies/cfcs-policies-and-procedures-online/cyps-supervision-policy/</a></p> <p>NCFP colleagues will follow their own organisational policy.</p>
10a1	<p><b>Supervision Recording Expectations</b></p> <p>In most cases there should be evidence of effective management oversight for families open to The Family Service and Children Centre Services.</p> <p>Where a case discussion has been held, either through planned supervision or where advice and guidance on a safeguarding concern has been sought, a record of this should be made on the Mosaic or SystemOne record for the child.</p> <p>Supervision records of case discussions should show a brief summary of the discussion and agreed actions. Where appropriate line managers should record progress of the case and what needs to happen to bring about change.</p> <p>Where there is not a requirement for case discussion, for example on a simple case only requiring minimal involvement, management oversight will be evident in managers providing guidance upon allocation, and in the signing off of assessment, planning and review documentation.</p>
<b>10b.</b>	<b>NCC Practice Coaching</b>
	<p>In addition to line manager supervision each NCC frontline practitioner will be provided with the opportunity to have a Practice Coach, who will not be their line manager. Coaching in this instance is based on a structured conversation which allows the practitioner to reflect on their impact on a service user and the reasons why this has been successful or not and may also involve direct observation of practice and feedback. This can then develop into changes of approach where needed or the identification of good practice. It is important that this approach is judgement free and therefore there is a conflict between “management” of an individual and the coaching relationship. To this end the sessions are confidential, not delivered by anyone with line management responsibility for the worker (and may be a peer) and the Practice Coach need not provide any feedback to line managers unless there are serious concerns about the safety of practice or attitudes towards service users.</p> <p>Formal records of the coaching sessions are not required and any notes taken during the coaching session will be disposed or retained by the person being coached.</p>
<b>Section 11: Quality Assurance and Case Audit</b>	
<b>11a</b>	<b>Quality Assurance</b>
	<p>The Family Service will undertake quality assurance of its service provision in line with the expectations outlined in the CFCS quality assurance framework. This specifies that all services are expected to have the following routine arrangements in place:</p> <ul style="list-style-type: none"> <li>• Feedback from children, young people and families on their experience of service provision</li> <li>• Feedback from frontline staff</li> <li>• Feedback from partner agencies</li> </ul>

	<ul style="list-style-type: none"> <li>• Learning from complaints, compliments, serious incidents and serious case reviews</li> <li>• Observations of practice</li> </ul>
<b>11b</b>	<b>Quarterly Audits</b>
	<p>Cases open to Early Help or Children Centre Case Managers will be audited on a quarterly basis, using the standard case file audit tool for children's services and the Notts Healthcare Trust audit tool for children centre services. Cases will be audited against practice standards. Cases to be audited will be allocated by the Quality and Improvement Team in NCC and by the Children Centre Performance and Quality Service Manager. Each Group, Service and Team Manager will audit a minimum of 4 cases per quarter in NCC. In Children Centres, cases will be audited by Children Centre Service Managers.</p> <p>Cases which are open for "Enforcement Only" will be exempt from the quarterly audit process.</p> <p>Cases are audited by a manager independent to the case, with the process involving a discussion with the case holding worker and their manager, rather than being a solitary desktop audit.</p>
<b>11c</b>	<b>Quality Assurance and Audit outcomes</b>
	<p>Outcomes from the individual audits will be sent to the Q&amp;I team who will do a quarterly summary of key learning – this will be by theme and by district, and should be the basis for discussion at the relevant governance meeting (e.g. locality team meetings) and for action learning sets/group supervision for practitioners to be held on a quarterly basis. Headline findings from the audits will be reported to the department's Performance Board.</p> <p>A programme of themed audits will also be developed in response to emerging issues or to identify whether learning has been embedded from serious incidents/serious case reviews or other sources of intelligence. Cross-departmental audits will also be undertaken, in order to track the journey of children across the range of services provided. This will always incorporate seeking the families' experience of the services they receive.</p> <p>Outcomes from Children Centre audits will be shared with their NCC commissioners on a quarterly basis alongside their performance monitoring information.</p>
<b>Section 12: Working With Schools, Early Years and Voluntary Sector Settings</b>	
<b>12a.</b>	<b>Supporting Lead Professionals Working with Level Two Cases</b>
	<p>There will be 6 Early Help Case Managers based within the Early Help Unit who will act as Level 2 development officers. These staff will not hold a caseload and will lead on support for lead professionals in schools and voluntary sector settings. The offer to these settings from the worker will be:</p> <ul style="list-style-type: none"> <li>• Advice on consent, the completion of early help assessments, gathering and sharing of information and analysis of risk and need</li> <li>• Support in identifying and accessing community, health and early help services</li> <li>• Helping to generate solutions to move "stuck" cases forward</li> <li>• Chairing of Team Around the Child/Family meetings where there are a number of different professionals involved and a level of independence is felt to be useful</li> <li>• Tackling Emerging Threats</li> </ul> <p>Additionally, Children Centres have a named link to each Private Voluntary or Independent</p>

	(PVI) early years setting and they can offer support where it is appropriate to do so.
<b>Section 13: Troubled Families Agenda</b>	
<b>13a Troubled Families Criteria</b>	
	<p>Families which satisfy two or more of the following criteria are eligible for a Troubled Families:</p> <ul style="list-style-type: none"> <li>• Parents and/or children involved in crime or antisocial behaviour</li> <li>• Children who have not been attending school regularly</li> <li>• Children who need help</li> <li>• Adults out of work or at risk of financial exclusion and young people at risk of worklessness</li> <li>• Families affected by domestic violence and abuse</li> <li>• Parents and/or children with a range of health problems</li> </ul>
<b>13b Early Help Case Management Team and Children's Centre Lead Professionals responsibility for Troubled Family identification and PBR claims</b>	
	<p>All cases open under the Family Service (both in EH case management teams and in Children's Centres) will, at the point of assessment, be screened to assess whether they meet two or more of the troubled family's criteria. The Case Manager must include all family members in their assessment, noting those for whom there are no issues.</p> <p>There will be a requirement on the Early Help Case Manager/ Children's Centre lead professional to include in their assessment details as to how the criteria are met in addition to recording some aspects of data required by the Troubled Families Unit. Upon identification of a family meeting at least 2 criteria the case will automatically be flagged to the SAU (Policy and Performance Team) through MOSAIC. This team will complete quality assurance of the data on the assessment.</p> <p>All identified families will have a Family Action Plan which will include target outcomes agreed with the family and linked to the Nottinghamshire Family Outcomes Plan. The plan will also be the mechanism by which data is collected and reviewed for cost benefit analysis.</p> <p>In partnership with the whole family we will be working towards <i>significant progress</i> against <u>all</u> the criteria which the family meet. The definition of <i>significant progress</i> will be different for every family depending on what would be a substantial but achievable change for them.</p> <p>The Family Action Plan, and progress made towards the families personalised targets, will be reviewed a minimum of every 4 months. Where significant progress has been made <u>and</u> sustained the SAU (Policy and Performance Team) will be notified that a PBR claim can be made.</p> <p>Where a case is closed due to progress, but sustainability of the change is yet to be evidenced, the case will be allocated to the Strategic Analytical Unit for monitoring. These cases will be reviewed in line with Payment by Results submission deadlines and locality Business Support staff may be required to make contact with other agencies to ensure evidence to support the claim is available e.g. schools for attendance certificates.</p> <p>Where a claim can be made due to sustained employment, yet the family still requires input from the Family Service the Case Manager should inform the Strategic Analytical Unit that a claim could be made.</p> <p>Related Document: Nottinghamshire Family Outcomes Plan.</p>



13c	<b>Quality Assurance of assessment, plan and interventions for Troubled Families</b>
	<p>The Family Service and Children Centre Service’s rolling quality assurance programme will include assessment and analysis of work with families that meet the Troubled Families’ criteria (including those open to Children’s Centres). This will include scrutiny of:</p> <ul style="list-style-type: none"> <li>• the quality of evidence recorded in the assessment and Family Action Plan to show that the criteria has been met</li> <li>• the inclusion of SMART targets towards all identified criteria within the Family Action Plan</li> <li>• the appropriateness of the interventions delivered to successfully achieve progress against the plan</li> <li>• the inclusion of all required data in the assessment and Family Action Plan</li> </ul> <p>Staff will be expected to make themselves available to discuss cases with the Troubled Families Spot Check team who will be visiting the local authority at least twice before 2020 to ensure that claims are valid and evidenced.</p>
13d	<b>Auditing of Payment by Results Claims</b>
	<p>Once a case has been identified as being ready for a Payment by Results Claim, the SAU (Policy and Performance Team) will be notified. At closure a Team Manager or Advanced Practitioner will complete ETF Case Closure Checklist prior to submitting to the SAU (Policy and Performance Team) through Mosaic. A selection of these cases will then be audited by the SAU (Policy and Performance Team) and the ETF Project Manager.</p> <p>Information from the Assessments, Family Action Plans and Reviews will be used to populate the Troubled Families Information System from which a Dashboard of data will be available including the Cost Benefits of the programme.</p>
13e	<b>NEET Unit’s responsibility for troubled families identification and PBR claims</b>
	<p>One of the Troubled Families criteria is <i>“Adults out of work or at risk of financial exclusion and young people at risk of worklessness”</i>. As such, every case open to the NEET workers within the Interventions Team will have met this criteria.</p> <p>The Futures NEET team will identify cases where the family meeting two ETF triggers including NEET. They will undertake an assessment using their Life Chances Fund documentation and an action plan. These cases will be notified to the SAU.</p>
13f	<b>YOT responsibility for Troubled Families Identification and PBR claims</b>
	<p>One of the Troubled Families criteria is <i>“Parents and children involved in crime or antisocial behaviour”</i>. As such, every case open to Youth Justice Service will have met this criteria. Where there is not another Lead Professional involved the YJ case manager takes responsibility for screening as to whether the family meet at least one other criteria and thus are eligible for a Troubled Families claim. Where a family is identified, the YJ Case Manager should agree the next steps with their Line Manager:</p> <p>Where they are able to coordinate support to the whole family, the YJ Case Manager will complete a monitoring form to evidence that the troubled family criteria is met and to provide the required data for programme. They will agree achievable targets against these criteria with the family, recorded on a Family Action Plan. The case is flagged up with the Data Collection and Analysis team at this point. Where it is not appropriate for the YJ Case Manager to coordinate a whole family plan, the case should be referred to the Early Help Case Management Team.</p>

	Where only low level of need is identified, and where capacity is an issue, a decision to not prioritise the case for allocation to an Early Help Case Manager can be made by the team manager.
<b>13g</b>	<b>CSC responsibility for troubled families identification and PBR claims</b>
	<p>One of the Troubled Families criteria is “<i>Children who need help</i>”. As such, every case open to Children’s Social Care will have met this criteria.</p> <p>All cases open to Children’s Social Care will, at the point of assessment, be screened by the SAU to identify whether they meet at least one other criteria and thus are eligible for a Troubled Families claim.</p> <p>Upon closure of a case that has been identified as meeting the Troubled Families criteria, the progress made will be reviewed by the SAU and sustainability of change will be monitored for a PBR claim.</p> <p>Regardless of Troubled Families PBR monitoring, the allocated Social Worker should step down to the Early Help Case Management Team, with the consent of the family if there are outstanding issues at tier 3.</p>
<b>13h</b>	<b>Children’s Centre responsibility for troubled families identification and PBR claims</b>
	Children’s Centre Services will be required to send a copy of completed the Child and Family Assessment, Action Plan and review documentation for cases which meet the Troubled Families Criteria (for which they are the lead professional) to the Strategic Analytical Unit. This will allow for data collection, cost benefit analysis, quality assurance activity, claims for payment by results and will mean that additional information from data sets can be shared with the lead professional. This data will be transferred to the Strategic Analytical Unit on a monthly basis.
<b>Section 14: Child Employment, Chaperones and Entertainment Licences</b>	
<b>14a</b>	<b>Child Entertainment License</b>
	<p>Child Entertainment Licenses will be issued by the Senior Professional Practitioner – Employment and Entertainment within the South EH Case Management Team. These relate to young people aged 0-16 appearing in both broadcast and non-broadcast activities including paid sport, modelling theatre, television and/or film performances.</p> <p>Prior to issuing the license the Senior Professional Practitioner will, where appropriate, complete checks with education, social care and early help services to ensure no conflict in relation to child wellbeing including education welfare and attendance. The school’s opinion on the application will be sought.</p> <p>Unannounced inspections to the place of performance as well as the lodgings (where appropriate) will be undertaken to observe those young people performing in the authority.</p> <p>Where a tutor is required due to the length of time out of education, checks may be undertaken of the appropriateness of the tutor and the content of the curriculum undertaken.</p> <p>Copies of the Child Performance Licence will be issued to the licence holder, the host authority where the performance will take place and the parents/carers.</p> <p>Where appropriate a Body of Person’s license may be granted to an organisation, group or society well known to the local authority. Consideration of this can be requested via the Senior Professional Practitioner – Employment and Entertainment.</p>

<b>14b Chaperone's Licensing</b>				
	<p>Chaperone's Licenses in relation to the supervising of children in entertainment will be issued by the Senior Professional Practitioner – Employment and Entertainment.</p> <p>Prior to issuing the license the Senior Professional Practitioner will complete DBS checks and, with the permission of the applicant will check children's services databases to ensure that there is no known reason that the applicant is not suitable to chaperone children.</p> <p>The Senior Professional Practitioner – Employment and Entertainment will deliver regular training on Chaperoning including up to date safeguarding information and all new applicants for chaperone's licenses and license renewals will be expected to attend.</p>			
<b>14c Child Employment Licensing</b>				
	<p>Child Employment Licences will be issued within 25 days of application to the Senior Professional Practitioner – Employment and Entertainment.</p> <p>Prior to issuing the license the Senior Professional Practitioner will, where appropriate, complete checks with education, social care and early help services to ensure no conflict in relation to child wellbeing. Where the employer is unknown to the local authority a site visit and unannounced inspection may be undertaken.</p> <p>The permit will be issued and copies sent to both employer and parent/carers. The hours which the child is permitted to work will be detailed and unannounced inspections may be undertaken to ensure compliance.</p>			
<b>14d Notifications of Child Employment or Child Entertainment without a license and/or without an appropriate licenced chaperone</b>				
	<p>Where there is a concern with regards to a young person under the age of 16 being in employment or undertaking an entertainment role without the knowledge of the local authority, notification should be made directly to the Senior Professional Practitioner – Employment and Entertainment.</p> <p>Where such a notification is received the Senior Professional Practitioner will undertake the following as required:</p> <ul style="list-style-type: none"> <li>- Write to related parties to request further information</li> <li>- Support related parties to apply for appropriate licenses</li> <li>- Complete unannounced site visits and inspections</li> <li>- Refer to MASH where there are safeguarding concerns</li> <li>- Seek legal action in relation to non-compliance with the above</li> </ul>			
<b>14e Related Documents</b>				
	Children and Young Person's England – The Children Performance and Activities Regulations 2014.			
<b>Section 15: Meeting and Governance Structure</b>				
	<b>Meeting</b>	<b>Chair</b>	<b>Attendees</b>	<b>Frequency</b>
	<b>Early Help Leadership</b>	Group Manager – Early Help	<ul style="list-style-type: none"> <li>• Group Manager (Early Help)</li> </ul>	Monthly

<b>Team</b>	Services	<ul style="list-style-type: none"> <li>• Service Managers NCC Family Service</li> <li>• Troubled Families Project Manager</li> </ul>	
<b>Children Centre Family Service Working Group</b>	Group Manager – Early Childhood Services	<ul style="list-style-type: none"> <li>• Family Service Manager (South)</li> <li>• Children Centre Service Managers x 7</li> <li>• Troubled Families Service Manager</li> <li>• Children Centre Data Manager</li> </ul>	
<b>Locality Family Services Meeting</b>	Locality Service Manager	<ul style="list-style-type: none"> <li>• Locality Team Managers</li> <li>• Children Centre representative</li> <li>• Early Childhood Locality Team Managers</li> </ul>	6 weekly
<b>Joint Intensive Support /Parenting and Interventions – Team Managers Meeting</b>	Nominated Service Manager	<ul style="list-style-type: none"> <li>• Intensive Support - Team Managers</li> <li>• Intervention Team - Team Managers</li> </ul>	6 weekly
<b>Early Help Case Management Team – Managers Meeting</b>	Nominated Service Manager	<ul style="list-style-type: none"> <li>• Early Help Team Managers</li> <li>• Homelessness Manager</li> </ul>	6 weekly
<b>Team Meeting:</b>  <b>Intensive Support Interventions</b>  <b>EH Case Management</b>	Team Manager	<ul style="list-style-type: none"> <li>• All team members</li> <li>• NCFP colleagues</li> </ul>	Monthly

<b>Unit Meetings</b>	Unit Leader	<ul style="list-style-type: none"> <li>Unit Members</li> </ul>	Local arrangements	

**Section 16: Service Manager Theme Leads**

	South (LT)	West (DM)	North (JE)	Supported Accommodation (BC)
YP Substance Misuse			X	
NEET		X		
Persistent absence		X		
Missing Children	X			
Young Carers		X		
Domestic violence			X	
Young People Who Harm			X	
Parental Mental health and substance misuse	X			
Homelessness				X
Emotional and mental health			X	
ASB/Youth Crime/Youth Justice			X	
EHCM	X			
Intensive Interventions		X		
Interventions		X		
Parenting		X		
Early Years	X			
Child Sexual Exploitation	X			
Workforce Development		X		

**Appendix One: Case Referral Pathway Flow Chart**

