



Early Help

Operational Guidance



Review: October 2018



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Section A: Overview

1. Who this guidance is for

If you're a practitioner in an **Early Help Locality Team or universal setting**, this guidance is for you. It also provides an overview of the service offered to colleagues across CYPS, and our partners who are interested in our early help offer.

It aims to give you advice and information to help you deliver the best possible outcomes for families, children and young people in Haringey. It also sets out the service's expectations and standards for working safely and effectively.

2. Service aims

'Early help' means all of the services – internal, external, voluntary and community based - that enable families to achieve sustainable, positive outcomes, become more resilient, and prevent the escalation of their needs.

Haringey's Early Help Locality Teams are integral to the delivery of Haringey's multi-agency partnership early help offer, and our collective aim is to provide families with the right support at the right time and give children and young people the 'best start in life' (Ref. Corp Plan priority 1).

Early Help practitioners provide direct and practical support to families facing multiple and/or complex issues, to address needs at an earlier stage and prevent issues from escalating. Haringey's response to the national Troubled Families agenda has been fully integrated into the Early Help Locality model.

3. Summary of Early Help Locality Teams

There are three Locality Teams and each one provides flexible hands on support and purposeful interventions to families, children and young people with additional needs (predominantly those at Level 2 of the LSCB Needs Threshold).

The service is led by the Operational Service Managers who oversees operational practice alongside Partnership Development Service Managers, who are establishing robust local networks to promote and embed integrated, whole family working, supported by the use of the Conversations 4 Change process and holistic family support plans.

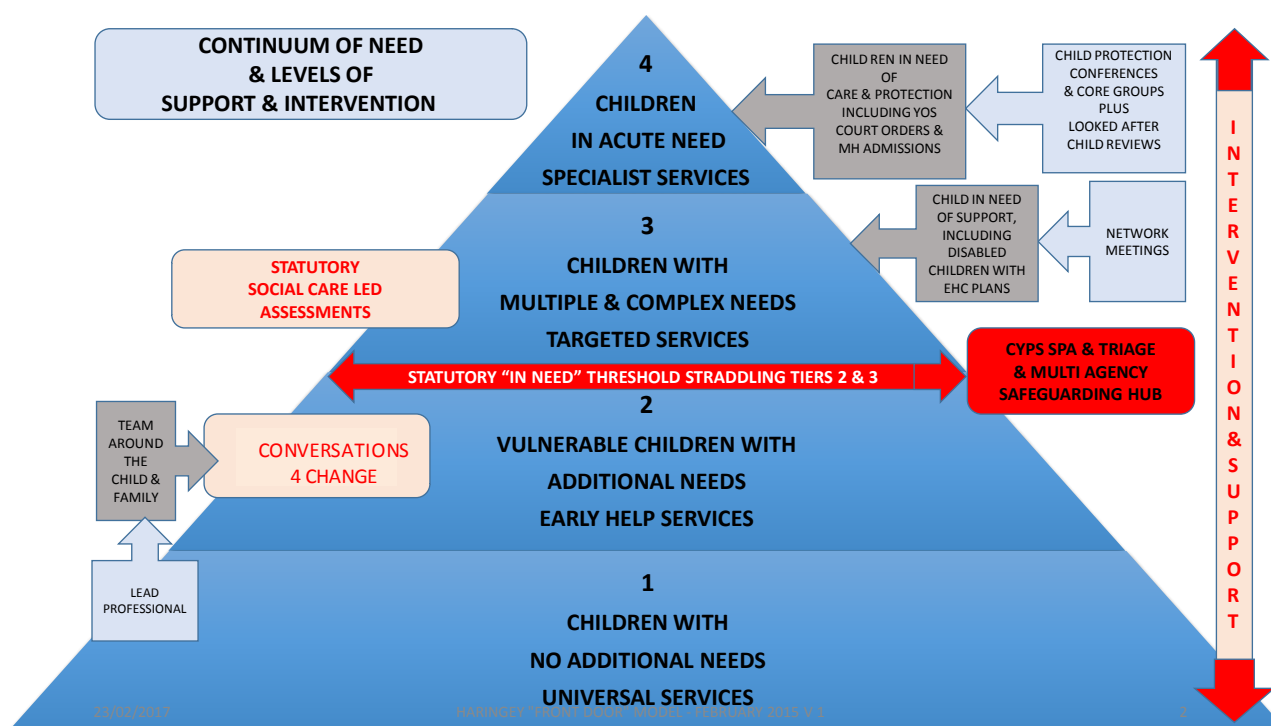
This service will add value to and collaborate with existing early help provision in Children's Centres, Schools and other universal settings.

This service includes a Youth Team delivering activities and interventions provision at Bruce Grove, and other sites including specific responses to the needs of young carers and youth participation. This team will work closely with the Targeted Response and Youth Justice Service and schools to support delivery of the Young People's Strategy.



Accessing Early Help Locality Teams

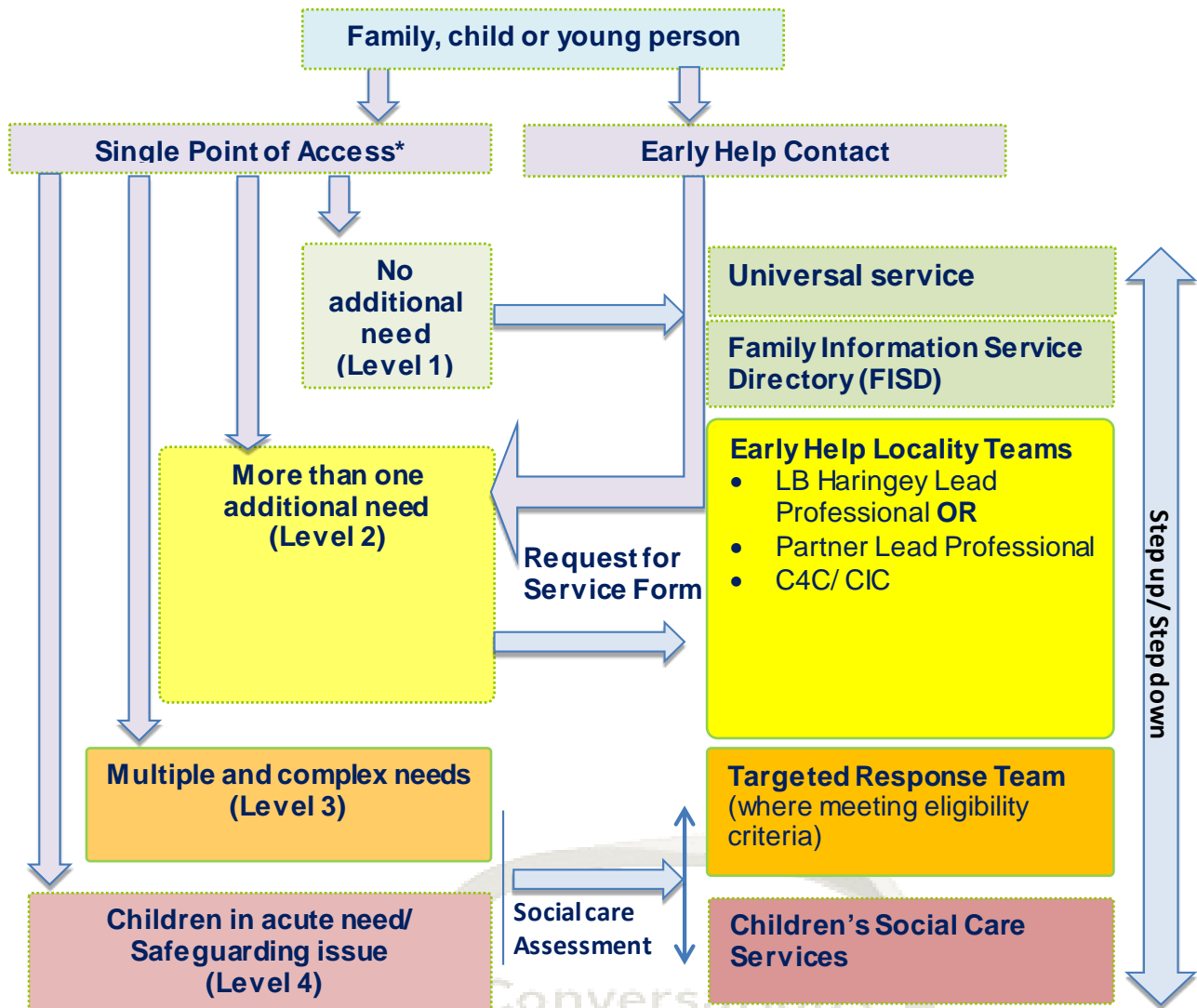
[LSCB Needs Thresholds Guidance](#) helps practitioners to identify the level of need of a family, child or young person. This is used by the Single Point of Access and all professionals in Haringey to help families, children and young people to find the service that is best able to support them. The diagram below sets out a summary of the different level of needs and key assessments/ interventions at each:



Early Help locality teams are accessed through the **Single Point of Access (SPA)** which provides a clear route into both early help and children's social care services, as shown in the diagram below. The core principle for this model is a shift towards resolving issues and problems as early as possible in the journey of the family, child or young person. In order to offer a streamlined and timely response to families identified by settings as being in need of help, the Early Help Team Managers are now able to authorise accepting families 'at source', rather than sending them through an additional Triage process at the SPA. Joint meetings can be arranged with families who are anxious about the support being offered. Once consent is obtained and the case is appropriate for Early Help, an Early Help Contact will be initiated on Mosaic (the children's database).



Pathways into Early Help:



*All **safeguarding and child welfare concerns** are directed immediately from SPA to the Multi Agency Safeguarding Hub (MASH), which determines service response.



4. Early Help Locality Teams

Objectives	Enabling families, children and young people with additional needs to achieve sustainable outcomes (e.g. improved health and well-being, improved educational attendance, securing employment) and preventing escalation.
Targeting	Predominantly families, children and young people with more than one additional need who are assessed as being below Level Three (LSCB Threshold of Need).
Interventions	<p>Three Early Help Locality Teams will deliver a range of interventions and evidenced based practice to improve outcomes for families' children and young people including:</p> <ul style="list-style-type: none"> • Conversation for Change and Planning • Hands on, direct, persistent and practical whole family support • Evidence based parenting programmes and parenting support • Access to specialist support for substance misuse, domestic abuse, child sexual exploitation and employment advisors (DWP) • Coordinated education, recreational or social programmes to improve outcomes for young people • Group work and one to one support • Support for young carers • Embedding the early help Conversation for Change approach across universal services
Staff Roles	<p>The teams include the following staff roles:</p> <ul style="list-style-type: none"> • Family Support Workers • Senior Family Support Roles • Team Managers • Service Managers • Early Help Administrator • EH Liaison Officers, located in SPA/ MASH • Locality teams will be supported in the areas of domestic abuse, substance misuse, CSE, youth work and DWP by specialist thematic colleagues located within the targeted team, youth team and seconded multi-agency colleagues.
Timescales	Family Support Workers will typically support families for between four to six months on average, to deliver outcomes agreed within the Checking in on Change plan.

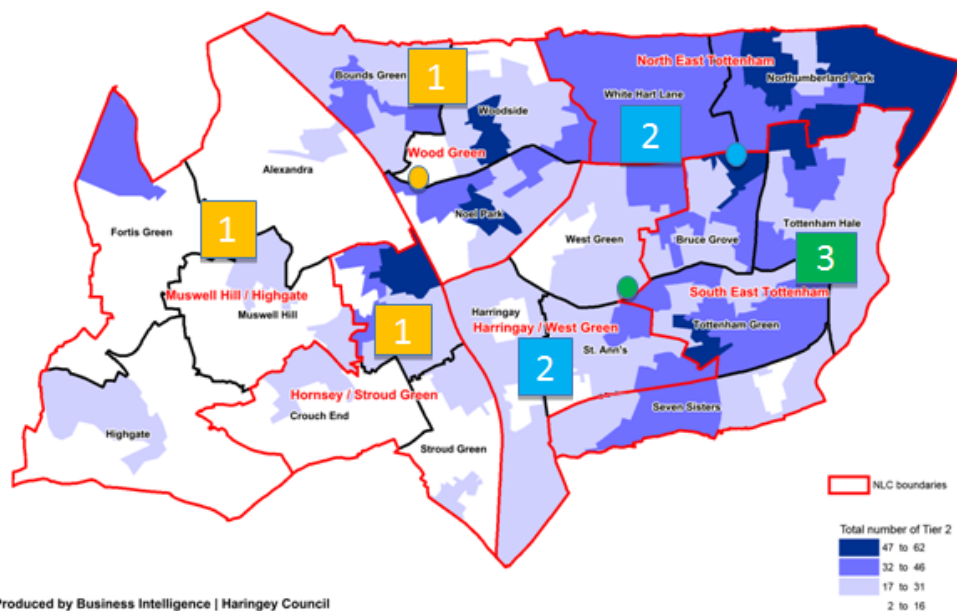




5. Locality Areas

The map below sets out the localities that each team is responsible for.

Our longer term goal is to develop community based premises and facilities through co-location with other services and facilities (e.g. children's centres and libraries). This will support teams to work more closely with the communities they serve and to work flexibly across localities.



Team	Localities	Premises
1. Early Help Locality Team - West	Muswell Hill/ Highgate + Wood Green + Hornsey/ Stroud Green	River Park House (RPH)
2. Early Help Locality Team - Central	Haringey/ West Green + North East Tottenham	Neighbourhood Resource Centre (NRC)
3. Early Help Locality Team - East	South East Tottenham	Neighbourhood Resource Centre (NRC)



6. Guiding principles

Our **Guiding Principles** for the delivery of early help are:

6.1 The Five Factors of Family Intervention

Support delivered to families, children and young people reflects the five factors of effective Family Intervention:

- Dedicated, named coordinator
- Deliver practical 'hands-on' support
- Adopt a persistent, assertive and challenging approach
- Takes a whole family approach
- Work to an agreed plan and agreed outcomes

(Working with Troubled Families: A Guide to the Evidence and Good Practice, 2012)

6.2 Signs of Safety

In September 2015, Haringey Children and Young People's Service adopted the Signs of Safety model. This approach seeks to create a constructive culture around safeguarding organisation and practice. It also provides specific practice tools and processes, where professionals and families can engage with each other in partnership to improve the wellbeing of children. This framework can be understood as containing four domains for inquiry:

- What are we worried about?
- What is working well?
- What needs to happen?
- Scaling question

6.3 Voice of the Child

Capturing the Voice of the Child (VoC) is pivotal to effective planning and achieving agreed outcomes. Practitioners must listen and enable children and young people's voice to influence the development of support plans. The Signs of Safety approach equips our practitioners with the tools and processes designed to more actively involve children in assessment, to involve them in understanding why professionals are intervening in their lives and to involve them in safety planning. These tools which also ensure VoC is recorded effectively and processes include:

- Three Houses tool
- Fairy/Wizard tool
- Words and Pictures explanations
- Child relevant safety plans



6.4 Family Outcome Star

The suite of Outcome Stars enables families and practitioners to work collaboratively to understand the issues facing families and distance travelled towards sustainable outcomes. The tools engage families and frontline staff in the Journey of Change, and can provide timely management information to demonstrate the impact of interventions. This outcome focused approach to our work will contribute towards measuring success for individual families, for services, and for the organisation as a whole in addition to identifying areas in which to focus key work. Outcome Star scoring has been embedded into the Conversations 4 Change workflow.

We work on a scale from 0 to 10 where; 9-10 effective parenting, 7-8 finding what works, 5-6 trying, 3-4 accepting help, 1-2 stuck.

The EH service uses the Family Star Plus as its primary distance travelled tool as it covers ten areas of parenting essential to enabling children to thrive:

1. Physical health
2. Your well-being
3. Meeting emotional needs
4. Keeping your children safe
5. Social networks
6. Education and learning
7. Boundaries and behaviour
8. Family routine
9. Home and money
10. Progress to work

The Youth Star and My Star are also available for EH practitioners to use as appropriate to the age and participation of specific children and young people.

When completing the initial Outcome Star after the star has been introduced to the family, all ten areas must be scored. This Star will be completed using an agreed score or if this cannot be achieved, it will be led by the family support worker's score with a record kept of the family scoring. The star will be reviewed at regular intervals and will support the family's understanding of distance travelled, protective factors and areas for development. At each review all areas are pulled through, if there are no concerns relating to a particular theme this will be noted and scored accordingly.

There is detailed local guidance on using the Family Outcomes Star. This can be found at:



7. Local context and drivers

7.1 Haringey Corporate Plan 2015-18

LB Haringey has a three-year Corporate Plan with five priorities. Corporate Priority 1 of this plan commits to 'Enable every child and young person to have the best start in life, with high quality education'.

7.2 Haringey Early Help Strategy for Children, Young People and Families 2015-18

LB Haringey has developed an Early Help strategy which describes how we will achieve better outcomes for families, children and young people by developing family resilience, and intervening early when help and support is needed. This strategy has three core outcomes:

1. Improved family and community resilience
2. Thriving children, young people and families
3. Strong partnerships making effective use of all resources

These will be delivered through:

1. Prevention and early intervention to reduce escalation of need
2. Enhanced access to and co-ordination of integrated services
3. Sustained resilience for families, children and young people
4. Developing the workforce to be more confident and empowered practitioners of early help
5. Increasing equity of access to quality provision for all families, children and young people

8. National context and drivers

8.1 Working Together to Safeguard Children (HM Government, 2015)

This is a guide produced by HM government on inter-agency working to safeguard and promote the welfare of children.

This defines early help as:

- Providing support as soon as a problem emerges at any point in a child's life from the foundation years through to teenage years.
- It can also prevent further problems arising, for example, if it is provided as part of a support plan where a child has returned home to their family from care.

8.2 Ofsted Thematic Inspection of Early Help

The Office for Standards in Education, Children's Services and Skills (Ofsted) regulates and inspects to achieve excellence in the care of children and young people, and in education and skills for learners of all ages.

Ofsted requires local authorities and partner agencies delivering early help to children and families to:

- Improve quality and consistency of assessments/ plans



- Provide professional supervision to all staff delivering early help – particularly in respect of whether families need more formal help
- Ensure early help professionals have access to effective training
- Ensure children's needs for early help arising from parental substance misuse, mental health and domestic abuse are addressed in commissioning plans.

8.3 Troubled Families Programme

The Troubled Families programme is a Government scheme with the aim of helping families with multiple needs to turn their lives around. Local authorities receive a financial incentive for identifying and improving the outcomes of eligible families.

- **Phase One (2012-15):**

In this phase the programme focused on 'turning around' the lives of 120,000 families experiencing unemployment, youth crime or anti-social behaviour and poor education, attendance or exclusions. In May 2015 Haringey met its target of achieving sustained outcomes for 850 families (since 2013).

- **Phase Two (2015-2020):**

From 2015, the Department for Communities and Local Government (DCLG) has expanded the programme's target to 400,000 families nationally. LB Haringey will aim to work with 3,130 by 2020. The programme focuses on families with a broader range of problems. In Haringey we have refocused early help resources towards working with families at an earlier stage and with needs at a lower (pre-statutory) level. Work delivered through family support and youth support services will now contribute to achieving the Troubled Families outcomes, and [Payment by Results](#) income through the adoption of a holistic whole family approach.

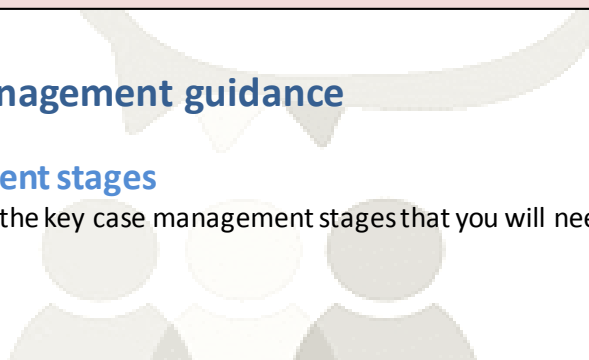
Phase Two Troubled Families - Eligibility Criteria:

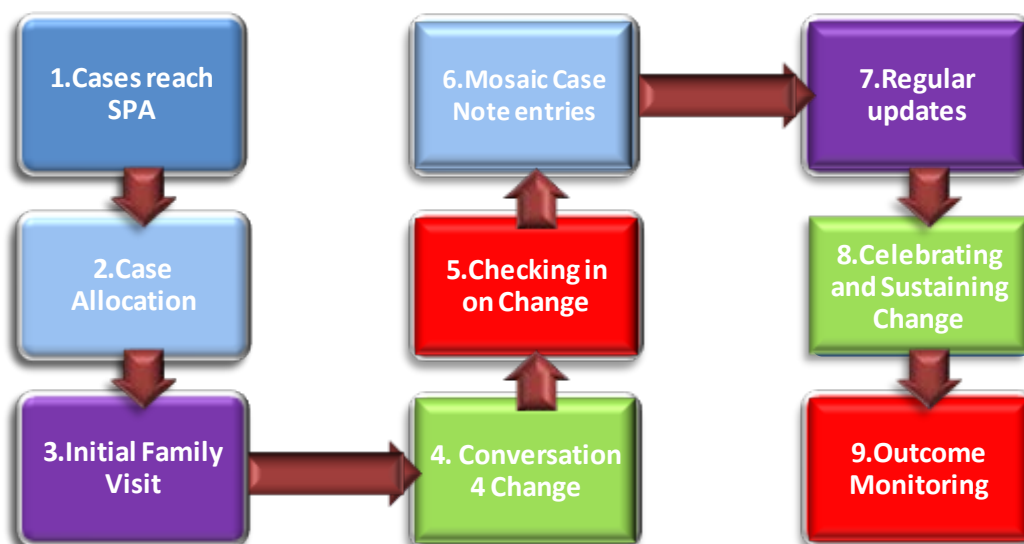
- Parents and/or children involved in crime or antisocial behaviour
- Children who have not been attending school regularly
- Children who need help
- Adults out of work or at risk of financial exclusion and young people at risk of worklessness
- Families affected by domestic violence and abuse
- Parents and children with a range of health problems

Section B: Case management guidance

9.1 Case management stages

The diagram below sets out the key case management stages that you will need to use and understand.





9.2 Service Standards

Stage	Our Service Standard	Standard Descriptor	Timescale
1. Cases reach SPA	<p>SPA uses the following timescales from receiving a case to directing it to the right service:</p> <p>Red (Tier 4): Within four hours</p> <p>Amber (Tier 3): Within 24 hours</p> <p>Green (Tier 2): Within 3 working days</p>	<p>The level of need is determined and then used to decide which part of the Children and Young People's Service the case should be handed over to. This is known as a triage process:</p> <ul style="list-style-type: none"> ➤ Level 1 cases will only require the support of everyday universal services, and will not need any further help from the Council's Children and Young People's Service. ➤ All Level 2 cases with more than a single issue will be directly allocated to one of the Council's Locality Teams, to coordinate early help support. ➤ All Level 3 and 4 cases will be referred through the Multi-Agency Safeguarding Hub (MASH) and may go on to Children's Social Care. ➤ All level 4 cases involving significant harm will be dealt with by Children's Social Care. 	24 hours



2. Case Allocation	Cases will be allocated to a Family Support Worker within 1 working day of arriving in the Locality Team workflow.	<ul style="list-style-type: none"> ➤ Cases will be allocated with a clear description of the presenting needs, and relevant family history evidenced with a Case Note entry on Mosaic using the Case Allocation Record template. ➤ The allocating supervisor will discuss the case with the Family Support Worker prior to the initial home visit. They will discuss the Case task, any necessary case directions and jointly complete the Home Visits Risk Assessment form which is uploaded under Mosaic Documents. 	Week 1
3. Initial Family Visit	The first face to face visit will take place within 5 working days (1 week) of case allocation	<ul style="list-style-type: none"> ➤ The initial visit will be completed ideally with the referrer. If they are not available this should be completed with a colleague from within the Locality Team if the risk assessment notes a medium or high risk. Usually this visit should take place within the family home. ➤ Locality Administrators in each Locality Team will be responsible for scheduling this visit. ➤ Signed Consent will be obtained at the initial visit and uploaded under Mosaic Documents thereafter. ➤ The FSW will input on Mosaic that the visit has been successful using the appropriate case not empty 	Week 1-2
4. Conversation 4 Change	The Conversation for Change document and initial Baseline Data form will be completed within maximum 15 working days (3 weeks) of case allocation	<ul style="list-style-type: none"> ➤ The Family Support Worker will conduct a minimum of at least two home visits to complete the Family Outcome Star/My Star (i.e. weekly face to face contact), and sufficient engagement with partners to gather relevant information in 	Week 3

		<p>order to complete the Conversation 4 Change and initial Baseline Data form. These documents must be copied across to all sibling's files (not parents).</p> <ul style="list-style-type: none"> ➤ Home visits should be maintained at a level which reflects the intensity of support required to enable timely progress, to be made with the family in line with the agreed goals. New families will require higher levels of engagement with a minimum of weekly visits and additional contacts. ➤ There is an expectation that practical hands on support will begin at the first point of contact with families, and that necessary interventions are not held up by any workflow processes. ➤ The voice of the child must be evidenced at every point in the journey. 	
5. Checking in on Change	<p>4.1 The first Checking in on Change and updated Baseline Data form will be completed within 20 working days (4 weeks) of case allocation</p> <p>4.2 For Step down cases, these documents will be completed within 15 working days (3 weeks) of case allocation</p>	<ul style="list-style-type: none"> ➤ The initial Team Around the Family Meeting (TAF) can be held at any point prior to completing the Checking in on Change document, and updated Baseline Data form if relevant. These documents must be copied across to all sibling's files (not parents). ➤ Step Down cases will be formally transferred via a TAF Meeting and will be tasked directly to the Checking in on Change stage of the Mosaic Workflow. If this is not possible then a joint visit with the social worker should be arranged. In these cases, Stages 1 and 2 remain the same as above. 	Week 4
6. Mosaic Case Note entries	All case note entries must be entered onto Mosaic as soon as	<ul style="list-style-type: none"> ➤ Any contact with families, professionals or other, 	Applicable end to end



	possible, and no later than 3 working days	including telephone calls, home visits, professional's meetings etc., must be uploaded onto Mosaic case files using the correct case note title and copied across to all siblings (not parents). Case note entries must not be retained elsewhere.	for whole case progression
7.Regular updates	Subsequent TAF meetings, Family Outcomes Star/My Star, Checking in on Change documents and Baseline Data forms will all be updated every 8 weeks	<ul style="list-style-type: none"> ➤ TAF Meetings to take place every 8 weeks with an update of the Checking in on Change document at each meeting, and Baseline information updated thereafter. These documents must be copied across to all sibling's files (not parents). ➤ This means that the Family Outcome Star/My Star must be revisited at least every 8 weeks to contribute to every new Checking in on Change. The paper Family Outcome Star/My Star is to be uploaded to Mosaic and copied across to siblings 	Every 8 weeks after initial TAF meeting Every 8 weeks
8.Celebrating and Sustaining Change	Celebrating and Sustaining Change document and final Baseline Data form to be completed within 5 working days (1 week) of final TAF Meeting and sent to an authorising Manager for sign off.	<ul style="list-style-type: none"> ➤ An Exit Plan is agreed at the final TAF Meeting and Lead Professional responsibility is handed over (if relevant). The Celebrating and Sustaining Change and final Baseline Documents must be copied across to all siblings (not parents). ➤ The authorising Manager will complete a review and ensure that any necessary case actions are completed prior to closure. ➤ A closure letter is to be send to the family by the FSW ensuring the family understand, that we will contract them in 3 months and that they can contact us should they need to. 	Week 22-26 (4-6 months)
9.Outcome Monitoring	8.1 Locality Administrators in each Locality Team will make telephone	<ul style="list-style-type: none"> ➤ Families will be contacted to confirm if progress has been 	3 and 6 months



	<p>contact with the family 3 months after case closure</p> <p>8.2 Families will be visited within 5 working days of the telephone contact where they are judged to require additional support</p> <p>8.3 Further checks on sustained progress will be made by the Data Team at monthly intervals</p>	<p>sustained and to complete the 3 month follow up form, which will be copied to all sibling's case files (not parents). A case note confirming this will be added to Mosaic.</p> <ul style="list-style-type: none"> ➤ Where a family ask for additional support or are believed to require further intervention, they will be called by their previously allocated Family Support Worker wherever possible (or suitable delegated other) to assess the presenting concerns. ➤ The FSW will offer relevant signposting over the phone or arrange to visit the family to offer an intervention to resolve the difficulties, or arrange for the case to be re-opened to Early Help. ➤ Information on progress towards outcomes achieved will subsequently be collated and reported on by the Early Help Data Team at regular intervals, in support for Troubled Family Outcome claims and effectiveness of service intervention. 	<p>Monthly</p>
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There is more detailed local guidance available at:

[S:\CS\DirF\AllF\Early Help & Prevention - Locality & targeted teams\Early Help \(all localities\)\26- Processes Procedures and Forms](S:\CS\DirF\AllF\Early Help & Prevention - Locality & targeted teams\Early Help (all localities)\26- Processes Procedures and Forms)

Templates are available at:

[S:\CS\DirF\AllF\Early Help & Prevention - Locality & targeted teams\Early Help \(all localities\)\1 - Letter templates](S:\CS\DirF\AllF\Early Help & Prevention - Locality & targeted teams\Early Help (all localities)\1 - Letter templates)



	Case Note Template Titles and guidance	
Event	Situation	Case Note Template Title
Case Allocation	Manager allocates a case to the Family Support Worker.	EH case allocated
	Manager and FSW meet to discuss case.	EH case allocation meeting
Family Visits	A FSW conducts the initial home visit , or first visit to the location of the families' choosing. The meeting takes place. The FSW will use the Early Help Initial Visit – Successful case note entry	Use specific case note entry
	A FSW attempts the initial home visit or first visit to the location of the families' choosing, however the visit does not take place. The FSW will use the Early Help Initial Visit –un-successful case note entry	Use specific case note entry
	A FSW conducts further home/family visits which are successful (NOT TAF's).	EH family visit - successful
	A FSW attempts further home/family visits which do not take place (NOT TAF's).	EH family visit - did not take place
	A FSW conducts a school visit which is successful (NOT TAF's).	EH school visit – successful or EH Children Centre visit - successful
	A FSW attempts a school visit which does not take place (NOT TAF's).	EH school visit - did not take place
	A FSW conducts further visits at another location which is successful (NOT TAF's).	EH other setting visit - successful
	A FSW attempts further visits at another location which does not take place (NOT TAF's).	EH other setting visit - did not take place
TAF Meetings	A FSW conducts the initial TAF meeting . The meeting takes place.	EH initial TAF meeting - successful
	A FSW attempts the initial TAF meeting , however the visit does not take place.	EH initial TAF meeting - did not take place
	A FSW conducts subsequent TAF meeting. The meeting takes place.	EH TAF meeting - successful



	A FSW attempts subsequent TAF meeting, however the visit does not take place.	EH TAF meeting - did not take place
	A FSW conducts the FINAL TAF meeting . The meeting takes place.	EH final TAF meeting - successful
	A FSW attempts the FINAL TAF meeting , however the visit does not take place.	EH final TAF meeting - did not take place
Emails	Be prescriptive about the person you email. Try to refrain from using person names such as "emailed Bob", unless you are referring to the child. Instead use the person's relationship or profession. Add a brief note about the email message. Say if the email is "to" if it is sent by the FSW, or "from" if the email is received from someone else.	Email to mother RE: Dental visit Email to GP RE: Mother's non attendance
Phone calls	Be prescriptive about the person you call. Try to refrain from using person names such as "spoke to Bill", unless you are referring to the child. Instead use the person's relationship or profession. Avoid abbreviations for phone call, such as "T/C". Add a brief note about the call. Say if the call is "to" if it is made by the FSW, or "from" if the call is received by the FSW. Therefore if the call is to the child's mother regarding a dental visit, say "Phone call to mother RE: Joel's dental visit"	Phone call to Mother RE: non-attendance at TAF Phone call from head master RE: Joel's non attendance
Text Messages	Be prescriptive about the person you text. Try to refrain from using person names such as "texted Frank", unless you are referring to the child. Instead use the person's relationship or profession. Add a brief note about the text message.	Text to mother RE: home visit Text to GP RE: Mother's non attendance
Managerial events and duties	A manager completes a dip sample audit, and adds a case note to verify it has been completed.	EH dip sample completed
	A manager completes and conducts case supervision with a FSW.	EH case supervision completed
	A manager completes an Early Help Contact form to initiate a workflow.	EH Request for Service contact completed



	<i>Case has been de -allocated and is now closed to Early Help.</i>	EH Case Closure
	<i>A manager completes a full case audit</i>	EH Case Audit Completed
EH monitoring calls conducted by BSO's	<i>A BSO calls the family 3 months after case closure, as a check-up. The family responded to telephone call.</i>	EH 3 Month outcome monitoring - Successful
	<i>A BSO calls the family 3 months after case closure, as a check-up. The family did not want to engage or did not respond after 3 attempts to call.</i>	EH 3 Month outcome monitoring - Not completed
	<i>A visit by the FSW is required as part of the Monitoring checks, and is successful.</i>	EH monitoring visit - Successful
	<i>A visit by the FSW is required as part of the Monitoring checks, but does not take place.</i>	EH monitoring visit - did not take place
TF OUTCOMES	<i>A successful claim made with DCLG regarding significant and sustained progress criteria.</i>	TF Outcome - SSP Claim
	<i>A successful claim made with DCLG regarding employment criteria.</i>	TF Outcome - Employment Claim
STEP DOWNS	<i>Service manager agrees that EH will accept a step down from weekly CYPS Transfer Panel.</i>	EH Step Down Summary from Transfer Panel
	<i>Allocating SFSW confirms that a step down case has been transferred to Early Help.</i>	EH Step Down Allocation completed
STEP UPS	<i>Team Manager/ SFSW/ FSW confirms that a case has been stepped up to Social Services.</i>	EH Step Up completed

Section C:

10 Getting the basics right

10.1 Case management

All staff with case management responsibility will be expected to:

- Deliver on the timescales and actions for each stage set out in **Section B: Case management guidance**
- Understand and work within the guiding principles set out in **Section A: Overview**.



10.2 The Audit Programme

Audit is central to our Quality Assurance process and will be a systematic and ongoing litmus test, on how well we are doing and our impact on our children and young people of Haringey. An Early Help case file audit tool linked to Ofsted priorities, Children and Young People's service standards together with the Signs of Safety tool is now embedded as the generic audit resource for the service. This will ensure consistency and reliability in gathering all qualitative and quantitative data, from which reporting and service delivery improvement can be measured.

Case file audit activity is conducted monthly and our grading criteria is in line with Ofsted requirements as outlined below:

- **Outstanding** = significantly exceeds minimum statutory requirements
- **Good** = Exceeds minimum statutory requirements
- **Requires improvement** = Meets minimum statutory requirements
- **Inadequate** = Does not meet minimum statutory requirements and requires urgent action in order to safeguard a child

A random selection of audits will be chosen each month, comprising of current open and recently closed cases. These will be allocated to Locality Senior Family Support Workers, Team Managers, Service Managers, the Head of Service and Assistant Director for Early Help & Prevention for scrutiny. Each auditor will assess the quality of work practice, engagement with families, and timeliness and detail of recording.

Data gathered from monthly audit activity will be the subject of moderation by the Service Manager for Quality Assurance, to ensure consistency and reliability of professional audit practice and accurate application of the threshold criteria and Ofsted grading. Audit will then translate into essential quantitative and qualitative data reports from which senior managers can plan strategic and operational improvement. Targeted improvement can then be generated through team plans, supervision, service improvements, training and workforce learning and development.

The audit process can be found at the following location:

S:\CS\DirF\AIlF\Early Help & Prevention - Locality & targeted teams\Early Help (all localities)\26- Processes Procedures and Forms

10.3 Consent

Consent is needed from a parent/ carer in order to record and share information on families, children and young people. Information can be shared without consent in the following circumstances:

- When a child is believed to be at risk of significant harm
- When the public interest in safeguarding the child's welfare overrides the need to keep the information confidential
- For the prevention, detection or prosecution of serious crime
- When there is a legal obligation to do so.



10.4 Stepping up/ stepping down

If family or individual's needs change you should use the [Haringey LSCB Thresholds Guidance](#) document to inform your decision on what action to take.

If you have any safeguarding concerns, you should speak to your line manager/supervisor if available or contact the Single Point of Access on **020 8489 4470**. [What to Do If You're Worried About a Child \(PDF, 439Kb\)](#) provides guidance on dealing with safeguarding concerns.

Where **needs have escalated** the Lead Professional/ TAF may decide to step up the case to a statutory service.

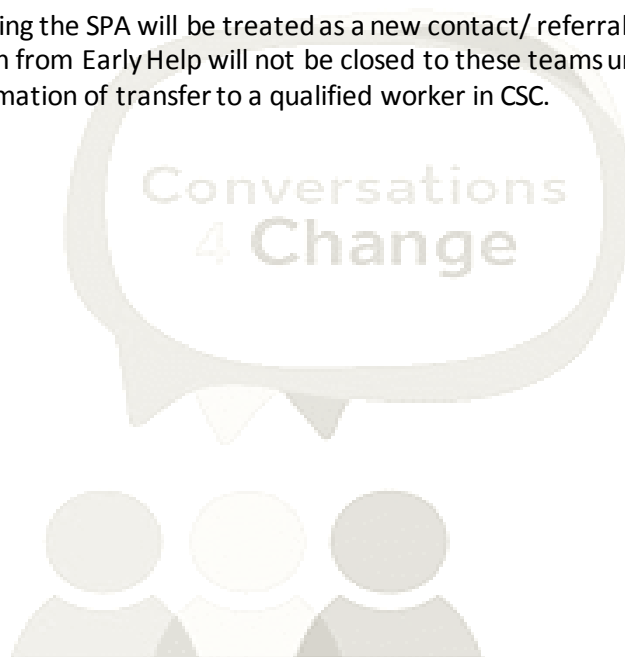
This is done following a TAF/virtual TAF by referring the case to the Single Point of Access, for triage and assessment ahead of redirection to the most appropriate service.

Consideration should be given as to what additional/ specialist support could be accessed by the family, with the Lead Professional remaining the same where appropriate

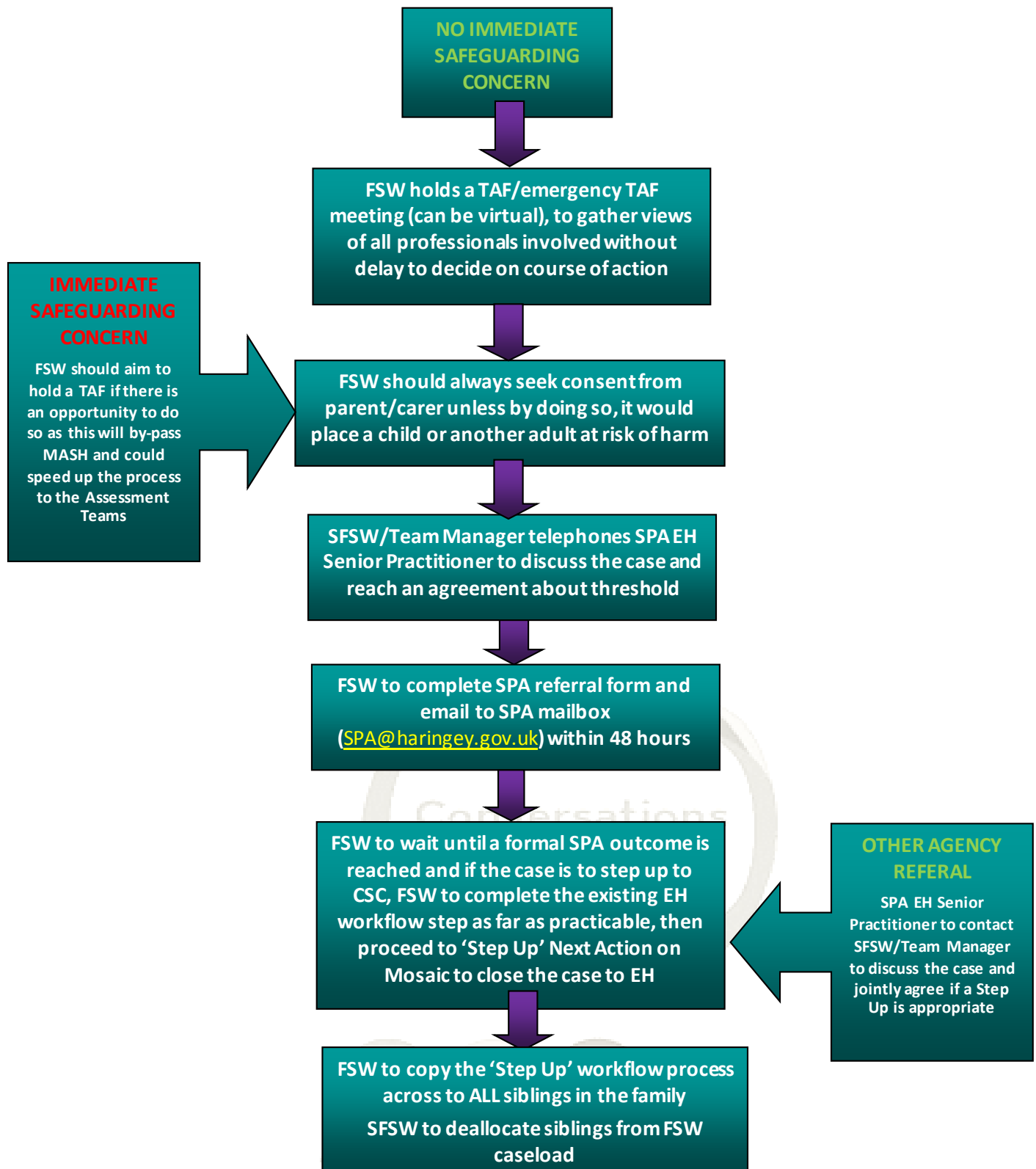
Where **needs have decreased** Lead Professional/ TAF may decide to step down a case to a universal service. This is managed outside of the Single Point of Access. In this instance **Lead Professionals** need to:

- Hold a Team Around the Family Meeting and present recommendations
- Agree level of need and identify services required
- Organise a case handover meeting to include proposed service(s) which the case is being stepped down to

Cases stepped up and entering the SPA will be treated as a new contact/ referral and recorded as such on Mosaic. Cases stepped down from Early Help will not be closed to these teams until a SPA Triage outcome is reached, and there is confirmation of transfer to a qualified worker in CSC.



10.4.2 Early Help Step Up Process





10.5 Working with Schools, Children's Centres, and Universal Settings

The Early Help Service is committed to offering an appropriate Tier 2 Family Support resource, to every Children's Centre, Primary School, Secondary School and Sixth Form Centre in Haringey. Our model of practice includes allocating a named Family Support Worker to every school setting; and arrangements in place for Children's Centres to receive two half days a week of Family Support Worker resource. For all other settings this can vary depending on need and capacity.

Attendance at settings should always be purposeful and could take the form of Coffee Mornings, Parent Workshops, Drop-in sessions, Vulnerable Children's Meetings, Safeguarding Panel Meetings or Case Consultations.

As part of our commitment to embedding an early help approach in universal services, we aim to support Children's Centres and schools to build their capacity and resilience to respond to low level needs (i.e. early help) without the need for Local Authority involvement. We will do this through developing our 'Team Around' offer, which is to build a network of professional support around the setting to deliver targeted interventions, tailored to local needs through a range of workshops and interventions for pupils, parents and staff.

Prevention through Partnership is a multi-agency collaboration of support services that responds to families at a Tier 2 threshold, under London Safeguarding Children's Board guidelines. At the heart of this offer, is the objective of helping Schools and Early Years settings draw in services to support the families they work with, by providing a menu of interventions available locally. This offer does not replace or deter from any existing process or offer from us to work with families who meet the threshold for a Family Support Worker. It complements our core offer and is intended to support settings with building resilience to work together to deliver help at the earliest point, and start to build a Team Around the Family that will hopefully reduce the risk of any escalation or need for further services later on.

The menu of interventions can be accessed here:

<http://www.haringey.gov.uk/children-and-families/early-help>

10.5.1 Working with Children's Social Care

A. Cases stepped down from Children's Social Care

Families, children and young people identified by CSC for potential step down to early help will be identified at the earliest opportunity as part of ongoing case reviews.



CSC workers will consider all options for step down, including universal service providers. Step downs will only be accepted into early help where the level of need has been reduced to below Level 3 (LSCB thresholds guidance). They will seek agreement from their manager of the step down to Early Help and have the opportunity to discuss the case with the Operational Service manager, if they are unsure about the support offered by Early Help or if there is a question about threshold.

Once a decision to step down a family, child or young person has been made the consent of the family to work with Early Help Service is sought. If agreement is reached the CSC worker passes their completed transfer request summary to their manager, who will then pass on all transfer requests by their staff to the relevant Business Support Lead before 12 noon on a Thursday.

All Early Help cases will then be screened by a service manager, who will then attend the Transfer Panel on a Tuesday morning. Once cases have been agreed for step down the Service Manager will make a note describing this on Mosaic.

To progress step down a joint Children in Need/Team Around the Family meeting will be arranged to agree case allocation and transfer. It is good practice that this is arranged before the transfer request is made.

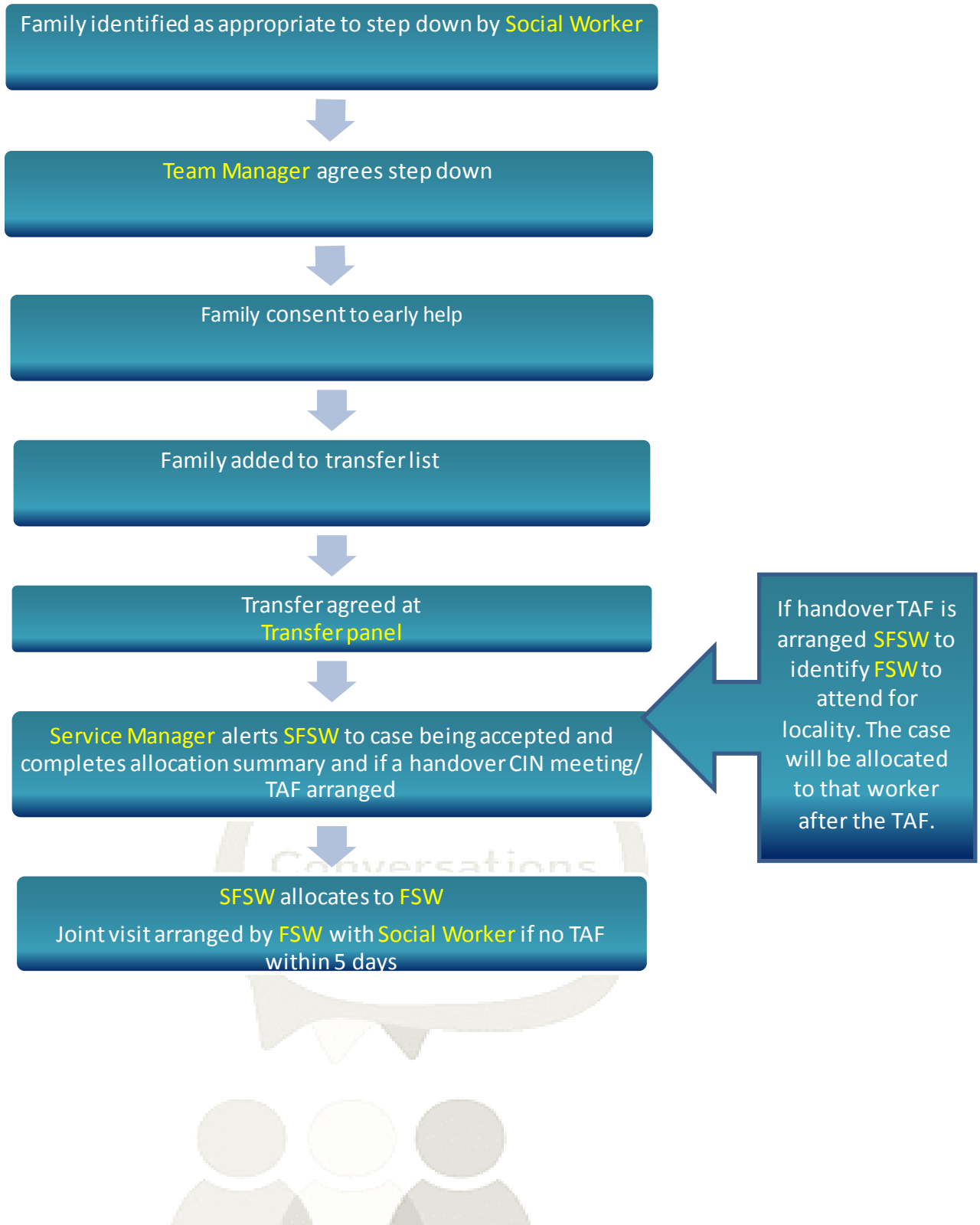
This joint meeting will be attended by the family, Early Help Team Manager/Senior Family Support Worker responsible for the locality the family lives in.

Where the family is present, consent to work with Early Help service will be confirmed at this meeting. The case will be closed to Children's Social Care and stepped down to the Early Help Service, and this will be confirmed to all parties.

If the family are not present, a joint family visit will be required to make introductions, explain service offer and obtain consent. If consent is not obtained, the case remains open to Children's Social Care.

If a Child and Family Assessment **has not** been completed in the last six months, as part of the Checking in on Change the FSW is expected to review the original circumstances for the service request and note any significant changes in the Checking in on Change.

10.5.2 Early Help Step Down Process





10.5.3 Resolving disagreements

We can challenge threshold decisions sent through via SPA, clarify the risk and rationale for the allocation to Early Help in order to ensure that the case is appropriate and engagement achievable. If having received a case and additional or new evidence comes to light which we believe escalates risk, then the step-up process should be initiated.

Where there is a disagreement between professionals about a case (e.g. about a threshold decision or service allocation/ referral) the following escalation procedure should be followed:

1. Family Support Worker/ Senior Family Support Worker to raise issue with Team Manager
2. Team Manager to discuss with Children's Social Care Team Manager
3. If unresolved after **2 working days**, Team Manager to raise issue with Service Manager
4. Service Manager to raise with relevant Service Manager in Children's Social Care. Service Managers to resolve within 2 working days
5. If unresolved to be escalated to Heads of Service for final decision

The final decision should then be recorded on Mosaic.

10.7 Transfers between councils

Where cases are transferred to other councils or received by Haringey, the handover process should take a maximum of **4 weeks**.

Transfer to other councils should use the same process for stepping down a case to another service described in **3. Stepping up/stepping down** (i.e. TAF meeting with representatives from the service receiving the case).

Cases received from other councils will be directed to Haringey's Single Point of Access (SPA).

10.8.1 Management and supervision

Effective supervision by a line manager is critical to support staff to engage meaningfully with families, which in turn will improve the likelihood of engagement and interventions being successful and sustainable.

Haringey Children and Young People's Service is committed to providing quality supervision for all staff within the Signs of Safety and framework, as a key part of improving outcomes for children, young people and their families and of enabling staff to provide the best possible interventions. The focus for supervision in practice is as follows:

- Progressing individual cases
- Managing workload
- Supporting workers' growth and development
- Building emotional and psychological health and resilience



All supervision is based on the Signs of Safety three column assessment and planning approach and uses the EARS appreciative enquiry model:

- what is working well;
- what are or might be the worries;
- what needs to happen.

10.8.2 EARS

Turning Questions into Conversations - these can be used in supervision to assist reflection and promote the asking of the right questions, enabling a two-way process between Supervisor and Supervisee.

- Elicit
- Amplify
- Reflect
- Start over

Supervision of case work has a two-fold function: case planning and supporting workers' growth and development.

Case planning encompasses both progressing individual cases and managing workload. Supporting worker's growth and development includes building emotional and psychological health and resilience and the promotion of learning and development.

All workers should receive supervision individually with their supervisor, at a minimum of every four weeks. This will include space for the supervisee and supervisor to discuss workloads, practice, performance, development, health and safety, emotional health and well-being, as well as effective and reflective case supervision. A minimum of 1 hr 30 minutes per month needs to be set aside for uninterrupted, and reflective supervision.

All cases will be discussed according to levels of risk and need. The aim is to discuss all cases on monthly basis. However, as a minimum open cases must be discussed at least once every three months.

In addition to supervision, there will be an individual performance development review using the 'My Conversation' framework: <http://intranet/news/my-conversation-and-mapping-your-career>. This will be instead of an appraisal and will inform your overall development. A discussion in line with the 'My Conversation' guidance will be arranged with your manager at the appropriate interval.

Corporate information and guidance on Performance Appraisals can be found at the following link: http://intranet/index/directorates/ssc/personnel/performance/performance_appraisals.htm



10.9 Recording and reporting

All staff will be expected to ensure that contact and interventions are recorded on Mosaic to enable effective monitoring, and tracking of progress against desired outcomes. This includes:

- Recording baseline information and progress (e.g. ensure that a minimum of 2 issues are recorded, e.g. attendance was 65% at the time of assessment, detailing interventions to address this and progress against this baseline)
- Recording Family Star scores and uploading paper documents into Mosaic
- Adding the school/children's centre each child attends, gender, ethnicity, religion, address onto Mosaic

Practitioners must ensure that:

- Voice of the child is captured. Recording the child's 'voice' should also include any observations made by the Family Support Worker, particularly in cases where the child's is pre-verbal or has additional needs around speech or understanding.
- Information relating to decision making at all stages of the child, young person, or family's journey must be recorded, including the child's contribution and response to decisions.
- Records of action, analysis, decisions and direction are clear and up to date.
- They only record 'fact' not interpretation, remaining mindful of language, jargon and acronyms
- Conversations should be clarified to check understanding, through practitioners summarising back to family members.
- Information about what work was completed with the family is noted, specifically the intervention used.
- Content and decisions regarding case discussions during supervision are recorded.

10.10 Data protection and information sharing

Data Protection is critically important to maintain and fully understand when working with vulnerable children and families. It is a professional responsibility that should be achieved consistently and embedded into daily, weekly and monthly routine to ensure application and adherence to the standards listed below.

It is important that all staff have a sound working knowledge of the responsibilities and duties identified within the legislative parameters of the **Data Protection Act 1998**. It is the employee's responsibility to read and practice to the standards identified within the Data Protection Act 1998. A breach of Data Protection is regarded very seriously and could result in disciplinary or even legal proceedings.

The **Council's Data Protection Policy** can be found at the link below:

http://intranet/index/directorates/corporate-governance/data_protection_act/info_management.htm

Information and guidance on information sharing can be found at the link below:

http://haringeychildcare.proceduresonline.com/pdfs/g_info_sharing_for_practionners.pdf



10.10.1 Seven golden rules of information sharing

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.
2. Be open and honest with the person (and/or their family) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if you are in any doubt without disclosing the identity of the person where possible.
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if in your judgement, that lack of consent can be overridden in the public interest. You will need to base your judgement on the facts of the case.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person, and others who may be affected by their actions.
6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

10.11 Health and safety

Practitioners are required to complete all required health and safety risk assessment documents (i.e. Lone Working Risk Assessment Template - LWRA - and Work Related Driving Risk Assessment). Practitioners are also required to provide their Insurance documents (which must contain business use) and a Full Licence prior to carrying services users in their car.

Information, guidance and the council policy on health and safety covers the following areas:

- Risk Assessment Policy and Guidance
- Stress Management Policy and Guidance
- Driving – Work Related Road Safety Policy and Guidance
- Working at home assessments
- Accident Reporting Policy
- Display Screen Equipment Policy and Guidance
- Violence at Work Policy



This can be found at the following link:

http://intranet/index/directorates/ssc/personnel/staff_well_being/health_and_safety.htm

10.12 Lone working and home visits

All staff should be familiar with the Health & Safety Lone Working Policy and refer to Haringey Council's Safety Procedure. In most circumstances, staff will be required to visit service users in their own home. All staff who undertake home visits should follow any specific instructions given to them by their line manager and the council policy.

The council's lone Working Policy can be found at the link below:

http://intranet/index/directorates/ssc/personnel/hr_policies.htm#lpolicies

10.13 Leave

Council policies on annual leave can be found at the following link:

http://intranet/index/directorates/ssc/personnel/leave_entitlement/annual_leave.htm

Section D:

11. Resources

11.1 Key LB Haringey documents and resources

[Haringey LSCB Thresholds Guidance](#)

This revised and updated thresholds guidance document provides a framework primarily targeted at all professionals working with children, young people and families in Haringey. The framework describes a number of levels, or tiers, of need and introduces a schematic way of understanding children's Early Help to help professionals decide how they can be met.

[Family Information Service Directory](#)

This directory provides contact information for services for families, children and young people in Haringey.

Guidance for working with children and families

<http://haringeychildcare.proceduresonline.com/chapters/contents.html>

Training and development

http://intranet/index/learning_zone.htm

SMART working

http://intranet/index/directorates/ssc/it_services.htm



Communications

<http://intranet/index/directorates/communications.htm>

Premises and facilities

http://intranet/index/directorates/corporate-property/property_management/buildings-facilities-lp.htm

Haringey Council Children's Services Tri.x

<http://haringeychildcare.proceduresonline.com/index.html>

11.2 Best practice resources

Links to national sources of best practice and guidance are set out below:

[Early Intervention Foundation - interactive guidebook](#)

The Guidebook is an online resource for those who wish to find out more about how to commission and deliver effective Early Intervention. It will continually evolve and expand to incorporate lessons on 'what works' in the delivery and commissioning of children's services.

[Working with Troubled Families: a guide to the evidence and good practice \(DCLG, Dec 2012\)](#)

This is a tool to help local authorities to work effectively with troubled families, and brings sources evidence about family intervention into one place.

[Working with Parents and Families - national occupational standard \(NOS, Jan 2011\)](#)

The Work with Parents National Occupational Standards (NOS) aim to define the competencies required to carry out the functions carried out by the Work with Parents Workforce.

[Centre for Excellence and Outcomes in Children and Young People's Services - C4EO](#)

C4EO works with local areas and services (across the public, private, voluntary and community sectors) to gather examples of excellent local practice which have led to significantly improved outcomes for children, young people and their families.