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**STANDARD OPERATING PROCEDURES FOR THE EARLY HELP FAMILY WORK TEAMS**

These procedures apply to all frontline workers working in the Locality Early Help Family Work Teams regardless of who their employer is.

They are based upon principles of best practice and good customer service.

**Referrals**

Referrals for the Early Help Family Work Teams are received either through:

* Early Help First Contact team
* Step down from a social work team
* Parent support calls
* Attendance a TAF meeting where an EHA is already open and identified that the family meet the supporting families' criteria for the Family Work team and that the case requires an intensive piece of family work (invite to go to Senior Practitioner). A copy of the EHA and latest action plan should be requested prior to attendance being agreed so that the senior practitioner can determine whether there might be an appropriate role for the team. (See Appendix 1)

**Allocated work**

Once a referral is accepted by the senior practitioner or locality manager the team have **48 hours** to make contact with the family to advise of the referral.

The allocated worker has **10 working days** to see the family and must see the child or children or clearly indicate why they have not and when they will see the child in the case notes. In addition, the date of first TAF will be agreed within 10 working days.

Consent will already have been obtained through the Early Help Support Request process and should be indicated on the relevant section of the EHM.

If the Early Family Work Team is at full capacity, then the senior practitioner should put a case note on the file to explain this and to state when it will be allocated. If a locality is operating a waiting list, then the family are to be opened on EHM for support calls. The family will be contacted within 48 hours and the family will be offered a support call at least once a fortnight, they will also be given a number to call the team on for support if needed. A support call episode to be opened on EHM while the family is receiving Support calls. Once the family is allocated an EHFW then the support call episode will be closed on EHM and EH support opened.

If, following referral, the family do not engage readily then the worker, in consultation with the senior practitioner, should explore all other ways to engage with the family including:

* joint visits with workers from other agencies already working with the family
* meeting with the family first in locations they are comfortable in
* meeting at different times

The worker should go back to the original referrer as part of this process to see if they can support the engagement or explain the non-engagement. Only when all avenues are explored extensively should the worker and senior practitioner agree that efforts will not continue. This should then be recorded on the file as a closure case note and the original referrer informed of the outcome and a letter sent to parent/carer or young person. It would not be expected that a case would remain

allocated for more than four weeks if there was no contact from the family.

**Completion of the Early Help Assessment**

The Early Help Assessment should be completed and authorised within a **6 week** period unless there is a clear reason why this can't happen (for example school summer holidays prevent getting all relevant information).

If it isn't completed and authorised within 6 weeks then a case note should be put onto the case record stating why this is. The Early Help Assessment should be completed following the guidance in the EHM considering all members of the family.

The Early Help Assessment should be discussed with, and quality assured by the senior practitioner/ Senior Early Help worker upon completion who will ensure that it meetsgood practice within SOS approach. It should be shared with the family before it is finalised and the views of the family on the completed assessment noted.

The completed assessment should be shared with all those who are going to be invited to be part of the Team Around the Family with the agreement of the family.

**Team Around the Family Meetings and EHA action plan**

A Team Around the Family meeting should be organised to be held within four weeks of the case being allocated.

The meeting should be organised somewhere which is agreed with the family and where the family and care team can attend in person. People identified as part of the network should be invited with sufficient notice to allow maximum participation (no later than two weeks before the meeting). The Team Around the Family should be organised at a time which allows for maximum family participation particularly for working parents.

At the TAF meeting the Wellbeing plan should be agreed. The plan should clearly set out which member of the network the action relates to, who will be responsible for completing it.

The network should agree how often they will meet to review the plan **(this is often 6-8 weeks)** and what will happen if outcomes are not achieved. There should not be more **than twelve weeks between TAF meetings.** This can be variable and dependent on the SoS timeline.

**Closing a case**

The case may close for a number of reasons:

* **All parts of the Wellbeing plan have been achieved**

The final TAF meeting should set this out clearly and identify who the family would contact if they feel that more support is needed. The family should be asked to complete the family feedback tool and the EHA closure form completed.

* **The piece of work to be undertaken by the family worker is completed and the family have made progress against the outcomes but there is still some work to be completed**. The TAF should identify what the ongoing support needs to be and who will support the family with this. The TAF to be advised that should there be a need for EH support in the future then any universal services working with the family can refer back to EH at such a time. This will be recorded in the TAF outcomes and detail any ongoing support the family will continue to receive through universal services. The case will then close to EH. EH will not step down to another lead professional. If there is an ongoing need for EH support for a family already open to EHFW then the case will remain open until those EH outcomes are achieved.
* **When the case escalates to a social work intervention and the assessment carried out identifies that there needs to be ongoing work from a social worker longer term (more than 45 days).** At the point a C and F assessment is to be undertaken the SW and EHFW agree roles during assessment period. When it is clear the family will be stepped up to Childrens Social Work the EH family worker will explain to the family that their role has ended and agree a handover process with the identified social worker.
* **If the family no longer consent or are not able to meet the bottom lines set out in the SoS Wellbeing Plan.**

The family worker will ensure they have given the family different opportunities to take part in the work

* + joint visits with workers from other agencies already working with the family
	+ meeting with the family first in locations they are comfortable in
	+ meeting at different times

The family worker will inform other professionals of the reason to close and detail any continued involvement required from them.

For all cases which are being closed the worker should complete a closing summary which details:

* Reason for involvement
* Work undertaken and outcomes achieved or reasons for escalation
* If there has been no engagement with the family details of what attempts have been made to engage with the family.
* Reasons for closure demonstrate the timeline objectives are met and outcomes are clear for the family to utilise support via the agreed networks.

**Case Recording**

Case recording should be undertaken on the Early Help Module. EHFW’s will encourage families to have a whole family approach where consent is obtained from parents to provide support and intervention with all the children in the family. However, in cases where parents only consent to specific children being involved with EHFW, then case recording should only be undertaken for those specific children where consent has been obtained.

The Early Help Support Request or the Episode will only include the children where the adult with parental responsibility has consented. If a young person is under 16 generally parents will need to consent for involvement, over 16 young people can consent themselves as long as they are judged to have capacity. If this is likely to prevent a young person accessing support this should be discussed with a Senior Manager and any decisions clearly recorded. Any other children in the wider family (e.g., living at a separate address) should not be included within the Episode. Adults should not be included. If a parent has not given consent for all their children, reasons why need to be clearly recorded on case summary.

All open Early Help Family Work episodes should have a case summary completed in line with the case summary template within **45 days** of the family being opened, this should then be updated every **three months**.

Parents and relevant carers details may be seen on the child's main demographics screen but do not include these adults within a case note as this will, in effect, record a case note entry onto their record. Case notes should be recorded against the children only. Make reference in your case note of the parent at the visit.

Events considered to be ‘significant’ or relevant should be added to a chronology and the relevant tick box selected within the case notes.

A case note should be recorded to indicate the worker has made an initial contact within the first 48 hours following the hub decision - use **‘Initial 48 Hour Contact’**

When recording the first home visit use the case note type **‘Initial Home Visit’**

Case notes should be finalised as soon as the worker is satisfied with the content, and not left as ‘Unfinalised’.

The Lead Professional must be recorded at the outset, via the Services tab within the EHM Episode.

If the Lead Professional changes the new worker’s details must be updated as soon as possible. A case should be re-assigned by using the Case Transfer process, which automatically updates the new Lead Professional as well as allocating tasks.

When closing a case, the details should be recorded as soon as the work with the family has ended. Follow the Episode Closure task within the workflow process.

Demographic changes such as new addresses, new telephone numbers, and changes to family relationships should also be updated as soon as you become aware, and the case summary updated.

Forms such as EHA and TAFs are consolidated as one document but you will need to be specific when highlighting each child's needs or within the EHA and TAF, use the Consolidation option (or toggle icon).

Certain tasks which are shared between the family (e.g., the recording of TAF meetings) are grouped together, but the task to organise the meeting only displays for the youngest child, not against each child.

If a case escalates and there is social work involvement, but the family worker is remaining involved because it is going to be a short-term involvement (less than 45 days) then recording for the intervention with the EHFW should be placed on both EHM and ICS. The EHFW should complete a case record on EHM and then email a copy of this to the social worker to request they input it on ICS. This will ensure the ongoing EHFW support is evidenced on both EHM and ICS.

All recording should follow the principles of best practice and be clear, concise, state the purpose of the contact with whom and when. The SOS case recording template should be used. Case recording should separate fact from opinion and clearly state the views of the family including the children’s views wherever is relevant. VOC - should be recorded in blue and bold e.g. - **VOC**

**Management oversight**

All workers should receive monthly supervision from the senior practitioner. In addition, the Band 6 early help family workers will also receive case supervision from the Senior EHFW. This process will allow the worker to reflect on each family they are working with, progress being made and next steps. Supervision can be a combination of individual and group-based sessions. Each worker should have access to at least ten individual supervision sessions over a twelve-month period.

Supervision recording relating to the cases should be placed on the relevant case file and evidence the discussion which has taken place, reflections made, research used to base decisions on and further actions for the worker and supervisor using the agreed Signs of Safety supervision template. Early Help Family Work cases are part of the overall children's social care audit process.

**Parent Support calls**

When a family has been identified for a parent support call, they will be contacted within **48 hours** of the team receiving the request. They will be offered support calls within a week of this contact. There will be three attempts over three days and if none of these are successful then a letter will be sent to ask the family to make contact. This will be recorded on a Parent Support form on EHM.

Parent support call contact should be for no longer than **four weeks**. This is to ensure appropriate support and signposting is provided in a timely manner. Should families require support for longer then consideration should be given for a referral to EH family work intervention.

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**Appendix 1- Process for referral for an open EHA case**