

Early Help Family Support Worker Offer

A new approach to supporting
families

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1. Introduction

- 1.1 This document sets out the early help offer for a countywide Family Support Work Service. The role of the FSW is to work alongside families with children aged from 0 to 18 years old with complex needs who have, via the single assessment process and family support meetings, requested support, which impact on their children's lives.
- 1.2 The team will be locality based across Warwickshire and employed and line managed by Warwickshire County Council.

2. Why is it needed?

- 2.1 The Family & Parenting Support Service (FPS) now includes four family support worker (FSW) teams:
- Common assessment framework (CAF) FSW team;
 - Priority Family support worker team;
 - Family Intervention team; (from April 2016)
 - 0 -5's FSW (from June 2016)
- 2.2 With these additions, it has been appropriate to look at the structure of the team and the way that it works. The Family & Parenting Support team have redesigned the service to ensure that they are developing a single, consistent approach to all family support work undertaken and the access to it. This will improve coherence for families, workers and other services.

3. What does the service seek to achieve?

- 3.1 The service will contribute to the following People Group outcomes:
- People are safe;
 - People are independent;
 - People enjoy life;
 - People are healthy;
 - People learn;
 - People contribute;
 - People are poverty free;

3.2 The service will contribute to the following Priority Families outcomes:

- There is a reduction in offending behaviour across households in Warwickshire;
- Warwickshire children are sustaining attendance levels of over 90% in appropriate education provision, with less recorded fixed term and permanent exclusions, and instances of lateness;
- Children are looked after in a safe, supportive and stable home environment and receive a seamless provision of service;
- Households are financially stable, with adults in sustainable employment and young people in positive destinations;
- Families are becoming free of violent/abusive experiences. Families are receiving support and 'coping and recovering' from these experiences;
- Parents and children are able and supported in managing health needs;

3.3 The Early Help Strategy sets out the Warwickshire approach as “*seamless with the right team, the right services at the right time*”. The FSW service will be part of a wider Early Help Offer which will try and do things well and prioritise the following areas:

- Building community capacity which strengthens the resilience and independence of children and families;
- Having a clear and comprehensive early help offer;
- Ensuring clear and seamless step up and step down procedures across the tiers of intervention which is driven by the needs of the family and child and not by organisational imperative.

3.4 There is some mapping needed to identify and strengthen links with other early help services as the FSW offer is co-dependent upon the successful development and delivery of services in a wider network. Early help involvement with National Development Team for Inclusion (NDTI) and the 0-5 working group set up in Rugby will focus on 3 work streams which strengthen community links developing the following:

- Streamlining the client's journey (streamlining process and paperwork);
- Information asset based approach by all who work with families;
- Community connections (looking at the infrastructure and sustainability of voluntary and community based organisations to support identified issues (not complex or complex intensive)).

3.5 The Warwickshire approach will make a difference in the following ways:

- Our work will be underpinned by evidence, measures and monitoring;
- Our impact will be assessed by talking to children, parents, carers and partners;
- Our work will make a difference for parents and children.

4. Summary overview of early help for FSW Service

4.1 All FSW's will undertake work from tier 3 on the threshold criteria 'windscreen' where work is complex. They will:

- work with families in their own home using evidence based tools to support change. Their overarching approach will be to "Think Family";
- hold cases of 10-15, using a workload management tool to agree caseloads with line managers;
- work with families for a maximum of 12 months with reviews at 3, 6 and 9 months with an exit strategy completed by 12 months. Unmet need will be flagged through Early Help Locality Panels;
- will deliver or signpost to aspects of the stepped approach such as the Triple P rolling programme, Freedom Programme and Charm. An [Early Help Single Assessment](#) (formerly CAF) will be the underpinning assessment, with work plans with families being outcome focussed and SMART.

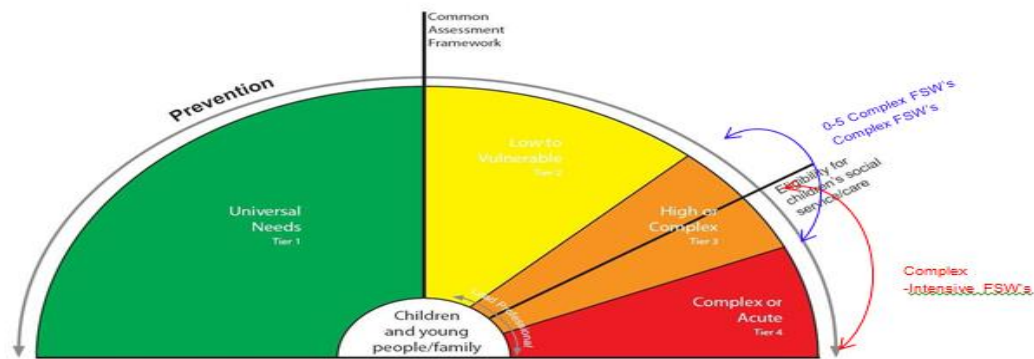
4.2 The team will work to prevent escalation to social care and also when there is an identified piece of work required as a "step down" from social care. Step down work does not include the use of Family Support Workers as a monitoring service for families.

5. Overlap with social care

5.1 In addition to above, part of the team (formerly Family Intervention) may be positioned to respond to child in need (CIN) and reducing children looked after (CLA) drivers with the ability to work more intensively with families alongside social workers at higher end tier 3 (CIN) and tier 4 (CP).

- 5.2 The service is offered to support families who are more likely to have entrenched complex presenting issues, which are often generational and may present as less resilient. This is based upon the family intervention model which evidences more frequent visiting, often outside normal office hours. On occasion, however the intervention required may be sourced from the stepped approach or through the wider early help offer, as will be delivering specific elements of the child in need or child protection plan (CP).
- 5.3 The [social care single assessment](#) will be the underpinning assessment.
- 5.4 Where threshold is met for a CIN plan or CP plan the lead professional will be the social worker with aspects of the plan being delivered by FSW. Referral will be agreed by team managers in social care who will have an overview on current priorities and will liaise with early help to utilise the best resource available.
- 5.5 Team managers will forward the referrals to the weekly early help allocations meetings via the early help administrators.
- 5.6 Clear working agreements will clarify desired outcomes, timescales for intervention, review processes and reporting and communication frequency and methods.
- 5.7 The proposed capacity of this “overlap service” is:
- South- 4.5 FTE- 27- 36 families receiving support at any one time;
 - North- 7.6 FTE 45- 60 families receiving support at any one time;
 - East 6 FTE 36- 48 families receiving support at any one time;
- (this is dependent upon teams being fully staffed)
- 5.8 Families will need to meet the 4 Priority Families criteria to ensure expected levels of payment by results, as this is the primary funding source for the team. 62% of current FSW salary costs and 48% of management costs are funded through Priority Families payment by results scheme.
- 5.9 In order to ensure that families receive the right level of help WCC have developed a “stepped” approach to support (see appendix 1). This support is positioned at level 3/4 on the thresholds ‘windscreen’. It is reasonable to expect that families will have exhausted self-help and lower level support at levels 1 and 2 before accessing a service, or have such complex needs that support is needed straight away.

- 5.10 Early help has integrated the Family Intervention, Priority Family, CAF FSW and 0-5 FSW posts to offer a new complex, and complex-intensive support for identified priority families.



6. Detailed service offer

6.1 Referral criteria for family support work

6.1.1 Single assessment and Priority Families criteria (payment by results) = Family Support Work Service:

- An early help single assessment or statutory single assessment will underpin the family support service and act as the referral form mechanism (by exception, and through children's centres or early help panel. Some cases may not have a single assessment and the FSW may need to write the single assessment).
- The service takes referrals in relation to households where there are multiple complex needs, high cost to public services, and ensuring where four of the following criteria are met:
 1. Families affected by domestic violence abuse;
 2. Children who have not been attending school regularly;
 3. Parents and children involved in crime and anti-social behaviour;
 4. Adults out of work or at risk of financial exclusion;
 5. Parents and children with a range of health problems;
 6. Children who meet the threshold criteria in the [Warwickshire](#)

[Thresholds for Services](#) document for tier 3 and tier 4 services (overlap with social care and co-working in place where allocated to social worker).

6.1.2 The 0-5 FSWs and the Warwick District Council funded Housing Family Support Worker post are exceptions to the above, with a reduced number of Priority Family criteria to be met. Referrals for the 0-5 FSWs will be received directly from children's centres and therefore may not always have a single assessment in place.

Table 1: Referral criteria

	Single Assessment	Priority Families Criteria	Level of Intervention
0-5 Complex	No	2 met	Tier 3
Complex	Yes	4 met	Tier 3
Complex-Intensive	Yes	4 met	Tier 3 & 4

Table 2: Staffing

	0-5 Complex	Complex	Complex-Intensive	FTE Total	Apprenticeships
North	4 FTE	9 FTE	7.6 FTE	19.6	1 FTE
South	3 FTE	10 FTE	4.5 FTE	17.5	1 FTE
East	3 FTE	6 FTE	6 FTE	15	Deferred

6.2 Referral route

6.2.1 Referrals into the FSW service will be via the Early Help Officer. **All referrals** will be triaged by the Early Help Officer using:

- The Stepped Approach (Appendix 1);
- Priority Families data matching;
- Step down procedures;
- [Warwickshire Thresholds for Services](#) document.

6.2.2 Weekly locality allocation meetings to be chaired by Early Help (CAF) Manager and attended by early help officers and locality FSW team managers

will identify capacity, timescales, and appropriate level of intervention and allocation of family support work. Accepted referrals will be managed via Mosaic. These are internal meetings and separate from Early Help Panels.

6.2.3 The Early Help Officers will receive referrals from:

- Early Help Officers in the MASH;
- The early help network where an early help single assessment is in place;
- Early help panels;
- Social care children's teams.

6.3 Assessment

6.3.1 The single assessment will provide the one underpinning assessment for the family in line with the WCC principle 'one assessment, one plan'.

6.3.2 Workers will be equipped with a range of evidence informed tools to support change, including:- home; strengths and difficulties questionnaires (SDQ); capacity for change; restorative approaches; genograms; Triple P; non-violent resistance (NVR); and risk assessment. These will inform practice and build on the single assessment.

6.3.3 Complex intensive family support workers may need to undertake specific aspects of specialist assessments as part of CIN/ CPP work. This will be a joint piece of work to identify key priorities for work undertaken with families.

6.3.4 Children's centres (where a child aged 0-5 years is in the family) may require workers to complete a single assessment if not already in place. The Warwick District Council funded housing Family Support Worker may be required to complete a single assessment if not in place.

6.4 Waiting lists

6.4.1 Early help officers will manage the 'front door' for the Family Support Work service and will advise the early help network of the process. Regular communication via early help panels and locality allocations meetings will ensure regular information sharing and updates are possible between early help officers and with early help lead professionals.

6.4.2 Where capacity is not available the family will be declined a service until capacity is available. However no waiting list will be held as the expectation is

that the early help network continue to provide support. Any safeguarding concerns should go through the MASH process (See Appendix 2 Risk Register).

- 6.4.3 There is a current piece of work being undertaken which aims to reduce the number of families held on established priority families waiting lists (referred to as legacy lists).

6.5 Timescales for Intervention

- 6.5.1 Any processes will be balanced against a culture of building relationships, building on family strengths, supporting change and seamless provision across the continuum of need, as identified in the Early Help Strategy.
- 6.5.2 In order to manage the expectation of no waiting lists the 'front and 'back door' will need to be managed effectively and efficiently. The following processes will be put in place:
- All referrals will be screened prior to allocation between locality team managers and early help officers at locality allocation meetings;
 - Clear guidance will be set regarding consent for service and non-engagement of service. If families do not engage after an assertive outreach approach then a letter will be sent to the referrer and family advising of closure and signposting to community resources from the FSW service (update criteria of closure link);
 - Regular case management supervision with evidence of management oversight and decision making;
 - Use of evidence based and evidence informed practice;
 - Clear lead professional roles and responsibilities to move work forward;
 - Where workers are not lead professional but assigned workers, clear identification of work outcomes and timescales will be put in place;
 - Clear review process in place at 3 months, 6 months, 9 months and 12 months with SMART FSW plans. Intervention should be time limited to a maximum of one year;
 - Clear exit strategy recorded at Family Support Meetings and in writing at point of closure with signposting to community resources to both referrer and family. Family Information Service (FIS) to be a standard part of the

exit plan;

- Use of locality panels to review 'stuck cases' and capacity to change.

Table 3: Workload Management

	Cases	Lead professional
0-5 Complex	10-15	Yes
Complex	10-15	Yes
Complex Intensive	6-8	Level 3 Early Help- Yes Level 3/ 4- When social worker allocated FSW will be assigned worker

6.5.3 Allocation of work will need to be agreed via supervision as workload is dependent upon geography of visits, complexity of work, intensity, size of family group, and workers' emotional resilience. This will be developed with the work stream looking at a tool for workload management.

6.5.4 Analysis of FTE posts and proposed caseloads would allow for the following number of cases to be worked at any one time (see table 4). This assumes no vacancies and no absence.

Table 4: Service Capacity

	Caseload per worker	FTE posts	Minimum Service Capacity (cases)	Maximum Service Capacity (cases)
0-5 Complex	10-15	10	100	150
Complex	10-15	25	250	375
Complex Intensive	6-8	18.1	109	145
Totals		53.1	459	620

6.5.5 Case allocation and information management will be handled via MOSAIC.

7. Step up/step down

7.1 Step up within the FSW service

7.1.1 If there are safeguarding concerns and a case has been referred through to the MASH for a social work service, the arrangements of family support need to be considered.

7.1.2 If the family's needs meet the threshold for children's social care, a single assessment will be conducted by a social worker. During this period of assessment (a 35 day period of transition - maximum 60 working days) is required to enable assessment to take place and information to be handed over. After which the involvement of the FSW will close as CIN/CPP process will start.

7.1.3 Due to the case being allocated to a social worker a single assessment will have been completed which may identify a specific task to be undertaken by the FSW service delivering complex intensive work. The social work team manager will assess the current priorities for FSW intervention within their team and will refer accordingly.

- The Stepped Approach (see Appendix 1),
- Priority Families data matching.

7.2 Step down from social care

7.2.1 Families who are ending a CIN/CPP **without** existing complex intensive FSW intervention will need a current and relevant plan/assessment in place in order to step down support. This would follow the step down procedure and referrals will come via locality panels or locality step down allocation. All referrals will be triaged by the Early Help Officer using:

- The Stepped Approach (Appendix 1);
- Priority Families data matching;
- Step down procedures;
- [Warwickshire Thresholds for Services](#) document.

7.2.2 Families that are ending a CIN/CPP **with** FSW intervention from complex intensive will need an exit plan involving the stepped approach. A clear exit strategy will be recorded at family support meetings and in writing at point of closure, with signposting to community resources to both referrer and family. FIS to be a standard part of exit plan. This exit support would be worked within a 60 working day maximum period.

8. Documents and further reference

[Early Help](#)

[Single Assessment Strategy](#)

[Guidance and procedures on the Early Help Single Assessment](#)

Appendix 1: Stepped approach for Family Support and Access to Services

	What is the focus?	What is the Criteria?	What will be delivered?
Unavoidable accommodation	Step 4b: In a Foster placement	To keep children safe from harm and neglect	Child Protection Plan or other social care service pertaining to children in need of help
	Step 4a: Access to an intensive family Support Worker (previously Family intervention workers)	Prevent children from becoming the Children Looked After Work with the most complex and challenging family situations	Complex intensive cases that meet identified criteria 1. As below: Risk or actual neglect 2. Split family conflict 3. Challenging or extreme behaviour 4. Parenting difficulties 5. Child/ adult has mental health needs
High Level need Identified	Step 3: Access to a 121 Family Support Worker (amalgamation of PF FSW & CAF FSW team)	Time limited direct work to advise on the implementation of previous knowledge gained Practical solutions	Complex cases that meet identified criteria (From NFA data) 1. Risk or actual neglect 2. Split family conflict 3. Challenging or extreme behaviour 4. Parenting difficulties 5. Child/ adult has mental health needs
	Step 2: Access to direct parenting advice	Brief parenting advice and guidance Social and peer support	No criteria Identified and signposted via MASH and CAF
	Step 1: Easy access to parenting information	Increase parental knowledge and skills through easy access material and information Guided self help	No criteria Identified and signposted via MASH and CAF
			<p>Foster carer to provide nurture and care to child [ren] in loco parentis in foster carers home – all parenting support should be available to foster carers also (may prevent requirement for residential)</p> <p>Parenting assessments for 121 work and use of evidence based tools to identify parenting need and action plan Triple P</p> <ul style="list-style-type: none"> Non Violence resistance Transitions programme <p>Frequent and unannounced Home visits</p> <p>Parenting assessments for 121 work and use of evidence based tools to identify parenting need and action plan</p> <ul style="list-style-type: none"> Triple P Non Violence resistance Transitions programme <p>Regular and planned Home visits</p> <p>Regularly scheduled Parenting groups in the community Regularly scheduled Triple P seminars and groups Parenting groups ran by children centres such as parenting puzzle and Solihull Approach Parenting duty line School Health</p> <p>Online information via FIS [2/3 minute information resources on a variety of topics, such as Sleep, Autism etc.] Downloadable FIS advice leaflets Recommendation of parenting books and resources (books on prescription via libraries) Online parenting courses triple P Access to community & Voluntary groups Smart Start funded projects <i>To be developed:</i> Community resources and access to information from Community Champions (School FSW/Pastoral etc.)</p>