



Title	Step up Policy
Purpose/scope	To ensure consistency of process and practice when children and young people who are accessing level 3 Targeted Early Help support require the assessment and intervention of Children Social Care. To ensure children, young people and their families are accessing the right support, at the right time, at a level that is consistent and proportionate to the presenting needs.
Subject key words	Step up, children's social care, targeted early help
Council Priority	Behaviours: be consistent
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Step up Policy

Children's Social Care and Targeted Early Help

January 2023

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1. Restorative Practice

1.1 Shropshire Children's Social Care has adopted a Restorative Practice approach and it is an important part of the way in which we support families to become better equipped to solve their difficulties and address challenges. Restorative practice is a term used to describe behaviours, interactions and approaches which help to build and maintain positive, healthy relationships, resolve difficulties and repair harm where there has been conflict.

1.2 When we work with and alongside people, there is strong evidence to say that outcomes for children and their families are improved.

1.3 Restorative practices enable those who work with children and families to focus upon building relationships that create and inspire positive change. Creating change sometimes requires challenge as well as support.

1.4 Restorative practices range from formal to informal processes that enable workers, managers, children, young people and their families to communicate effectively.

2. Executive Summary

2.1 This policy outlines the process for stepping cases up to Children's Social Care (CSC) from Targeted Early Help.

Purpose, Scope, Aims and Vision

2.2 The interface between Early Help Services and Children's Social Care is an essential component of a robust service for children and families ensuring they receive the right help at the right time. The pathways between these two approaches are key to ensuring all children are safe and access the appropriate level of support in a timely way, ensuring children seamlessly transition between two pathways with no drift and delay.

2.3 The pathways between the Levels of Need (thresholds), particularly the interface between Levels 3 Targeted Early Help and 4 Complex/Significant Needs as per Shropshire Safeguarding Community Partnership, Thresholds of Need (<https://westmidlands.procedures.org.uk/assets/clients/6/Shropshire%20Downloads/Childrens%20Threshold%20Document%20-%20FINAL%20May%202021.pdf>), must be clear, simple and seamless with expectations, roles and responsibilities and lines of accountability explicit with clear management oversight.

2.4 This policy details what is required of staff within the Children's Social Care and the Early Help multi-agency workforce. It includes the whole of Children's Services and all partners who may be involved in Early Help at the Targeted/Complex level of need.

2.5 Decision-making should always be child and family focused. The child's needs should be kept paramount and the policy should be used as guidance for decision-making.

2.6 Child Protection Procedures will always remain paramount. If a child is suffering or likely to suffer significant harm, Shropshire's child protection procedures must be followed without delay, in the usual way:

- Contact First Point of Contact (FPOC) on 03456 789021.
- Out of office hours call our Emergency Social Work Team on 03456 789040.

3. Assessment Tools

3.1 In addition to understanding and applying (Chapter 1: Assessing Need and Providing Help in Working Together 2018), it is important that all agencies and practitioners working with children and their families are aware of, use and contribute to the different types of assessment approaches and tools used in Shropshire.

Early Help Whole Family Assessment

3.2 Working Together to Safeguard Children 2018 (Chapter 1 paragraphs 8-10) outlines the expectations of effective assessment of the need for early help. There are a range of Early Help tools to help practitioners gather information and evidence to inform their assessment. The approved multi-agency Early Help child and family assessment tool in Shropshire is the Whole Family Assessment, which should be completed online through the Early Help Module (EHM). Following completion of the Whole Family assessment, a Whole Family Action Plan should be completed.

Shropshire Safeguarding Community Partnership Procedures, Pathways and Tools

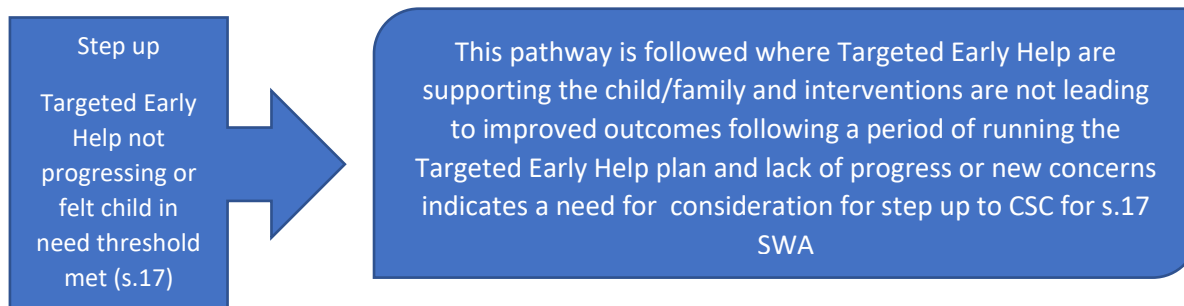
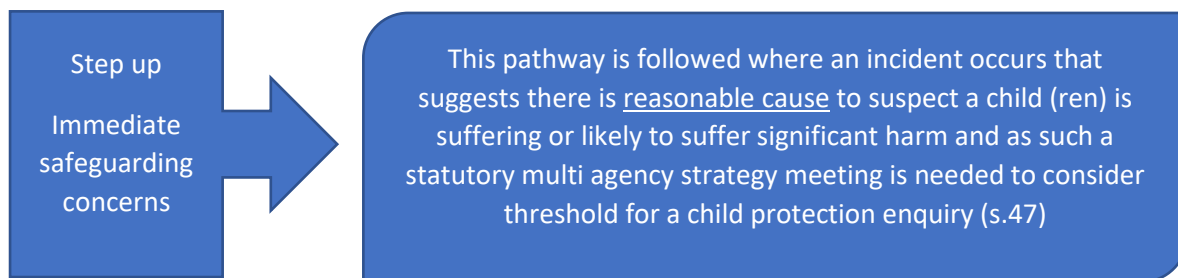
3.3 In addition to the Whole Family Assessment and Action Plan, there are a number of multiagency Child Safeguarding Regional Procedures and Local Tools and Pathways. These should be considered as part of an assessment at the earliest point if/when there are indicators of concern related to risk of harm to a child(ren). It is vital that indicators of harm are identified, and everybody works with children, their families and each other to offer support at the earliest opportunity; to try and prevent the development of more complex needs, significant harm and the need for statutory child protection.

4. Step Up Pathways

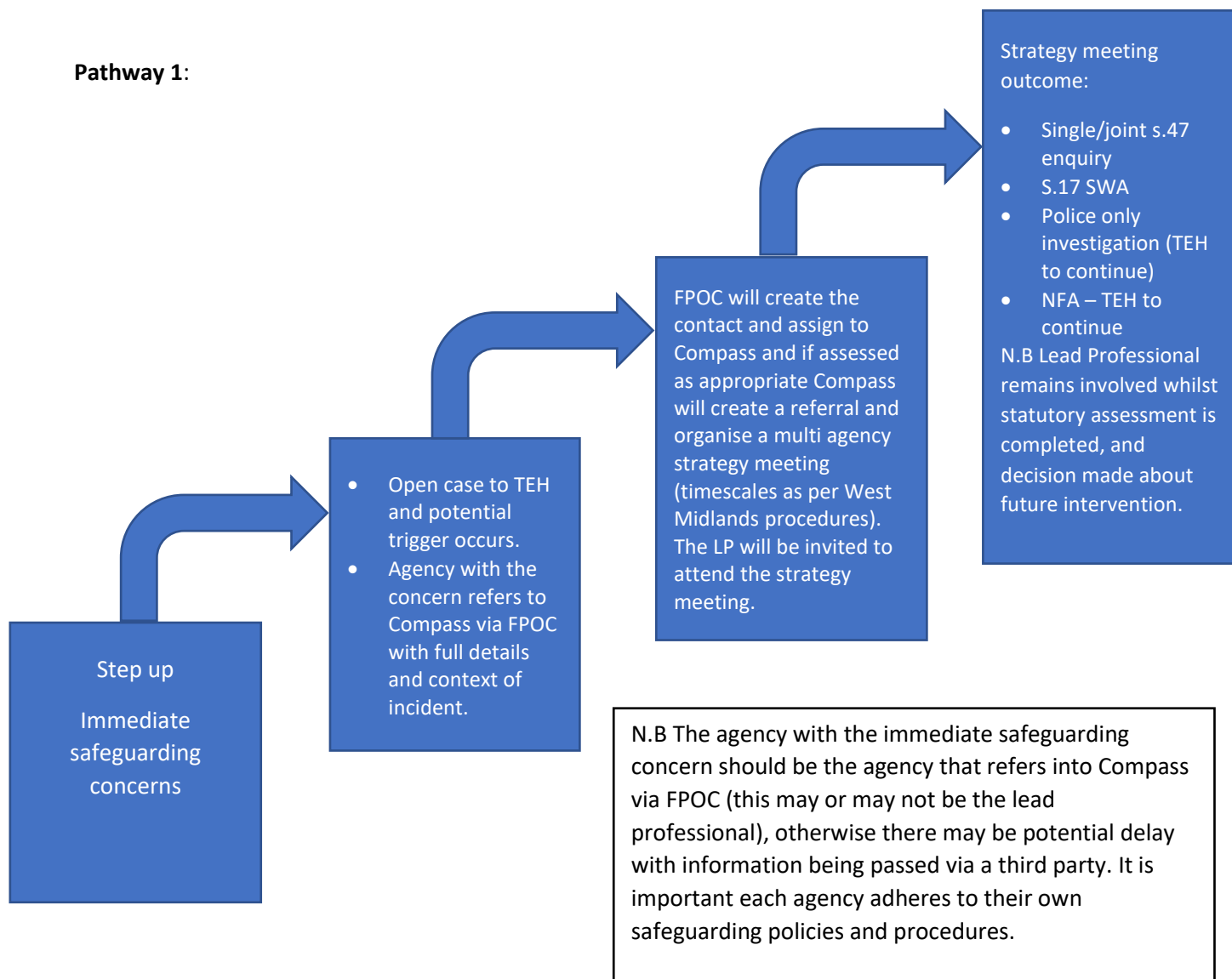
4.1 The Step Up Pathways from Targeted Early Help to Children's Social Care have been developed to promote both a consistency and clarity of practice across the threshold of needs. In particular, they seek to recognise that children and families are more likely to engage and respond to intervention, working with professionals to improve outcomes, where they have a positive relationship with the professional and understand the concerns held.

4.2 The Step Up Pathways seek to enable practitioners across Children's Social Care and Targeted Early Help providers to work closely together to reduce families receiving statutory intervention and to promote early support in order to work with families to improve outcomes.

4.3 The Step Up Pathways have been split into two sections to reflect key triggers for step up from Targeted Early Help to Children's Social Care via Compass:



Pathway 1:



Pathway 2 :



5. Principles and Practice Expectations

5.1 Open case to Targeted Early Help and immediate safeguarding concerns arise:

- The incident could relate to a child or a parent, for example a child presenting with a potential unexplained injury or a significant incident of domestic abuse.
- Allocated Lead Professional clarifies details and context of incident, considering the significance of the incident, the impact upon the child, and the impact upon the capacity of the parent.
- Any allegation of injury to a child should have clarification as to whether this is accompanied by a disclosure.

5.2 Where the significant incident or disclosure is made to somebody who is not the Lead Professional, it would be appropriate for that professional to report straight to Compass via FPOC (First Point of Contact). Where another agency has raised the concern, Compass will notify the lead professional and invite them to the strategy meeting where relevant.

5.3 Assessed as appropriate, Compass will create a referral and convene a multi-agency strategy meeting, the Lead Professional will be invited to attend this meeting (regardless of whether or not they are the referrer).

5.4 The multi-agency strategy meeting (Chaired and facilitated by Children Social Care) will make a decision regarding the outcome, which could include a joint/single agency s.47, a s.17 SWA, Police only investigation or no further action (if either of the latter two outcomes is decided then Targeted Early Help will continue).

5.5 If a s.47 enquiry of s.17 SWA is decided then the Lead Professional will remain involved whilst the assessment is completed, and decision made about future intervention. Consideration to be given to the feasibility of a joint initial home visit.

5.6 Open case to Targeted Early Help not progressing or felt child in need threshold is met (s.17) :

5.7 The Lead Professional should discuss worries regarding outcomes not progressing, where there has been Targeted Early Help intervention for a minimum of three months, during supervision, and there will be clear management oversight. The management oversight may be recorded either in a case note or in an early help supervision form on EHM.

5.8 The professional looking to step a case up should have completed an early help assessment and/or a GCP2/CE risk assessment where appropriate. It is acknowledged that the early help assessment would be completed but won't necessarily be updated before MARF is submitted. In line with EH Practice Standards EHA is reviewed every 6 months unless significant change.

5.9 There should be a chronology detailing attempts made to engage the family, evidence-based assessment tool utilised and what impact this failure to progress has upon the child. Alternatively attempts to engage a family can be detailed/evidenced within the MARF.

5.10 There is an expectation a recent home visit will have been undertaken or evidence this has been attempted (in circumstances of non engagement) within 72 hours of the submitting the MARF.

5.11 Evidence that the family has been advised of the referral to Children's Services if there is a continued lack of progress).

5.12 Where there are safeguarding concerns and the lead agency feels that the statutory threshold is met for a s.17 SWA, a discussion has taken place with Compass and it has been agreed the step up request can progress (consent of the parent will be needed).

5.13 The duty assessment team will complete the s.17 SWA within maximum of 45 working days.

5.14 The Lead Professional remains involved whilst the assessment is completed, and a decision is made about future intervention.