

# TOGETHER for Children and Young People

Together we will make Cheshire East a great place to be young

# Step Up / Step Down Policy Receiving the Right Help at the Right Time

Children's Social Care & Early Help services

July 2023



| Policy Information Sheet   |   |  |
|--|---|--|
| Service Area   | Children's Social Care and Strong<br>Start, Family Help and Integration   |  |
| Date effective from  | July 2023   |  |
| Responsible Officer  | Head of Service CIN/CP and Head of Service Family Help and Integration  |  |
| Date for Review  | July 2024   |  |
| <ul> <li>Status</li> <li>Mandatory (all staff names must adhere to guidance)</li> <li>Optional (Procedures and practice can vary between teams)</li> </ul> | Mandatory   |  |
| Target Audience  | All Integrated Children's Services staff All partner agencies   |  |
| Related Document(s)  | Pan Cheshire Multi Agency Escalation<br>Policy – see <u>CESCP website</u>   |  |
| Superseded Documents   | Step Up to Children's Social Care/Step<br>Down to Early Help March 2016<br>Step Up/Step Down Policy 2019<br>Step Up/Step Down Policy June 2020<br>Step Up/Step Down Policy June 2021<br>Step Up/Step Down Policy November<br>2022 |  |
| Equality Impact Assessment   | Checklist completed   |  |
| Date of Approval   |   |  |

#### **Document control**

| Version no | Type of change | Date | Description of change |
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If you have any comments or views on this document, please contact us at <a href="mailto:childrensdevelopmentandpartnerships@cheshireeast.gov.uk">childrensdevelopmentandpartnerships@cheshireeast.gov.uk</a>

### **Equality Impact Assessment**

Equality Impact Assessments (EIAs) must be completed whenever you plan, change, or remove a service, policy or function. They should be an **integral** part of continuous service planning and policy development. For further details and guidance on completing EIAs please see <a href="here">here</a>.

#### **EIA Checklist**

|   | Equality Impact Assessment  |            |  |  |
|---|---|------------|--|--|
| 1 | Does the policy/guidance affect one group less or more favourably than another on the basis of:   | Yes/<br>No | Comments   |  |
|   | Race  | NO         |  |  |
|   | Ethnic origins (including gypsies and travelers)  | NO         |  |  |
|   | Nationality   | NO         |  |  |
|   | Gender  | NO         |  |  |
|   | Culture   | NO         |  |  |
|   | Religion or belief  | NO         |  |  |
|   | Sexual orientation including lesbian, gay and bisexual people   | NO         |  |  |
|   | Age   | YES        | Service is for children aged 0-18 (18-25 for SEND) |  |
|   | Disability-learning disabilities, physical disability, sensory impairment and mental health problems  | NO         |  |  |
| 2 | Is there any evidence that some groups are affected differently?  | NO         |  |  |
|   | If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?  | YES        |  |  |
| 3 | Is the impact of the policy/guidance likely to be negative?   | NO         |  |  |
| а | If yes can the impact be avoided?   | N/A        |  |  |
| b | What alternatives are there to achieving the policy / guidance without the impact?  | N/A        |  |  |
| С | Can we reduce the impact by taking different action   | N/A        |  |  |
| 4 | Evidence considered – What data or other information have you used to evaluate if this policy is likely to have a positive or an adverse impact upon protected groups when implemented? |            |  |  |
| 5 | Initial consultation – Have you consulted staff representatives and/or external representatives including those from protected groups? What were their views?                           |            |  |  |

## **Equality Impact Assessment**

6 Promoting equality - Does this policy have a positive impact on equality? What evidence is there to support this? Could it do more?

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In Cheshire East, we use Signs of Safety (and Signs of Wellbeing). This model of practice is based on therapeutic thinking that encourages working with children, young people and families to build on their strengths, empowering them to better manage the risks and challenges they may face now and in the future. The Signs of Safety approach underpins this policy and how we work across Cheshire East.

#### **Executive Summary**

This policy outlines the process for stepping cases up to Children's Social Care and for stepping cases down to the wider Early Help services within the Local Authority and across the partnerships.

#### 1. Purpose, Scope, Aims and Vision

- 1.1 The interface between Early Help Services and Children's Social Care is an essential component to ensuring that children, young people and families receive the right help at the right time. The pathways between these services are key to ensuring all children are safe, wherever they are within Cheshire East's Thresholds of Need.
- 1.2 The pathways between the thresholds of need, particularly the interface between Targeted Help Lower Tier (Early Help) and Targeted Upper Tier (CIN and CWD) must be simple and seamless with roles, responsibilities and lines of accountability explicit and with clear management oversight recorded. Equally the pathway to Statutory intervention at Child Protection level needs to be well understood, robust and swift to avoid any delay.
- 1.3 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.

#### **Early Help Levels**

- Targeted lower tier (Complex level of need, formally level 3, usually, but not exclusively led by the Local Authority Family Help Service)
- Extra Help (single agency response, formally level 2 or Universal Plus, typically led by education, health and community partners)
- 1.4 Decision-making should always be child and family focused. The child's needs should be kept paramount. The policy should be used alongside the revised multi-agency threshold of need document, launched in July 2023, to map out the current strengths but also areas of concern to identify the appropriate level of intervention required.
- 1.5 Safeguarding procedures will always remain paramount. If a child is at risk, or believed to be at risk, individual safeguarding procedures must be followed, and Cheshire East Consultation Service (ChECS) must be contacted without delay.

- Contact ChECS on 0300 123 5012 Option 3, Option 2
- Out of office hours 17:00-08:30am Mon-Thurs,16:30 Friday Please call our Emergency Duty Team on 0300 123 5022.
- 1.6 The Multi-Agency Assessment Toolkit, which contains the approved screening tools used across Cheshire East, has been developed to support practitioners to undertake effective assessments that enable them to accurately identify appropriate cases in need of Extra or Targeted lower tier Help or onward referral to Children's Social Care.
- 1.7 The tools included should also be used to review the effectiveness of the support plans that are in place and the outcomes for the child/ren to ensure effective support and intervention is being provided.
- 1.8 They should be revisited regularly to assess impact and identify where plans need to change.
- 1.9 They can be used to support escalation, but this shouldn't be the only time they are utilised. Please submit your screening tool when you are contacting the Integrated front door to support your evidence for escalation and to aid decision making.
- 1.10 Using the Extra Help and Targeted Help assessment and planning tools at the earliest opportunity will hopefully support positive outcomes for children, meaning onward referral to Children's Social Care may not be required. However, should a case need to be referred, professionals will be expected to evidence why a threshold has been met despite appropriate intervention and reflective review.

#### 2. Children's Social Care to Early Help Step Down Pathways

- 2.1 The Step-Down Pathways from Children's Social Care to Early Help services have been developed to promote both a consistency and clarity of practice across the continuum. 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 already have a positive relationship with the professional and understand the worries held. Relationships are key to effective intervention and improved outcomes.
- 2.2 The Step-Down Pathways enable practitioners across Children's Social Care and Early Help services to work together to ensure that families receive the right help at the right time and, when it is no longer appropriate that a social worker is involved but some continued support is required, there is appropriate support available. This may be delivered by the wider Multi- Agency Early Help partnership (educational settings, health providers, voluntary, charity, faith sector to name but a few) or, where more targeted intervention is required, via the Local Authority resource across Strong Start, Family Help and Intervention services.

- 2.3 Effective step down helps to ensure that families do not remain open to statutory intervention longer than necessary and helps to ensure that needs are met, and outcomes improved at an early help level which reduces the risk for cases needing to step back up.
- 2.4 The Step-Down Pathways have been split into two specific sections to reflect key differences for step down from Children's Social Care to an Early Help professional where families will benefit from continued support.
- 2.5 These are.
  - a) Step down from a Children and Families Assessment and
  - b) Step down from a Child in Need Plan.

#### a) Step Down from Children and Families (C&F) Assessment

#### **Principles and Practice Expectations**

- 2.6 C&F Assessment completed, decision in supervision to step down for further support, with family's consent. No CIN plan in place:
  - Allocated Social Worker completes C&F Assessment.
  - Team Manager authorises assessment and agrees decision to step down to an appropriate Early Help Service and final supervision records the decision to step down.
  - Identify, where possible, who in the current professional network is most appropriate to act as lead professional at either a Targeted lower tier level or Extra Help level.
  - Assessment analysis should make clear recommendations.
    - a clear outline of tasks/intervention that need to be actioned.
    - contingency plan if the family fail to engage post step down.
  - Allocated Social Worker to hold a meeting, inviting any relevant professionals already involved to gain consent and agreement with the family to engage with Early Help services and to identify the most appropriate person to lead the Extra Help/ Targeted Help Plan.
  - If a meeting isn't possible, the conversations or email exchange covering the same points should be documented.
  - The minutes of the meeting will be distributed within 2 working days following the meeting.
  - Once a lead is identified, the transfer to EHM form is completed (appendix 2)
  - If there is no identified practitioner to lead the plan from those already supporting the family, then the EHM form will be sent to the Family Help Front Door who will review and either allocate to the appropriate LA Family Help team, if it is clear that lower tier targeted interventions are required, or

book onto the next Joint Allocation Meeting (JAM) for wider multi-agency discussion, usually where a case is meeting the Extra Help threshold of need. The JAM is attended by members of the wider multi agency Early Help partnership and cases will be allocated from there following review and discussion. Best practice would be that the social worker attends their slot at JAM to present the outstanding actions and agree who across the partnership is best placed to lead at an appropriate early help level.

- If the Family Help Front Door don't agree that threshold for step down has been met, or the detail on the form needs improving, they will discuss this with the social care team manager in the first instance then follow the escalation process as necessary. This needs to be actioned and resolved within 5 working days as we do not want delay in intervention for the family as this could lead to drift, non-engagement or increased risk.
- If there is a suitable professional already involved with the family whilst the C&F is underway, but they refuse to take on the lead role at an Early Help level, practical support for the professional can be accessed via the Partnership Family Help Officers. If they continue to refuse and there are no justified grounds to do so and as a result, they are not fulfilling their safeguarding responsibilities, then the Escalation Policy should be followed as necessary by the social care team manager in the first instance.

#### Tracking of Step Downs

- It is really important that the transfer of the EHM form is completed in a timely
  way and that the information contained within it is detailed. All step downs
  will be tracked going forwards to ensure agreed intervention is taking place
  with the family. The Local Authority Partnership Family Help Officers, who sit
  in the Family Help Front Door Team, will be completing this tracking,
  therefore need all appropriate information to complete these checks
  effectively.
- 2.7 Handover from Children's Social Care to Early Help and formal transfer of case responsibility:
  - Best practice would denote that within five working days of the Step down through the Family Help Front Door or through the Joint Allocation Meeting (JAM), a joint visit between the Social Worker and newly allocated Early Help practitioner should take place with the family. The sharing of the C&F Assessment and recommendations for the Early Help Plan should already have been shared before this visit. Whilst this is best practice, and there are many benefits to a face to face joint visit at handover to reduce the risk of non-engagement and potential re-escalation, it has to be recognised that this won't always be possible, and the early help intervention shouldn't be delayed or paused as a result of this not taking place.

#### b) Step Down from Child in Need Plan

#### **Principles and Practice Expectations**

- 2.8 Child in Need meeting confirms plan for step down with families consent at the next meeting:
  - Team Manager confirms decision to step down in supervision and records this on the child's record.
- 2.9 As soon after the penultimate Child in Need meeting as possible, a Lead Person to take forwards the Early Help intervention should be identified from professionals already involved in the current Plan:
  - The Social Worker is expected to have discussions with the family network and involved professionals regarding the Lead Person role. Consideration should be given regarding who is best placed to lead on the intervention required. The family view on this is imperative as early help intervention is consent based. The Threshold of Need document should also be referred to as intervention that falls within the 'Extra Help' category should be led by a member of the wider multi agency partnership whereas it may be necessary at the lower tier targeted help level to hand over lead responsibility to a member of the LA Family Help team where the needs remain complex.
  - If there is no agreement regarding a Lead Person from within the current membership of the Plan, and it is appropriate for a member of the plan to lead and this maybe the family's wish, where resolution cannot be achieved by the social worker and the appropriate lead person, the social worker will discuss with their team manager who will then pick the matter up with the line manager of the professional to try and resolve.
  - Further disagreement will result in following the escalation policy if the reasons for not leading are not justified and there is evidence, they are not fulfilling their safeguarding responsibilities.
  - Where appropriate, the identified lead can seek advice and practical support via the LA Partnership Family Help Officers. The family can in exceptional circumstances be progressed for discussion at the Joint Allocation Meeting (JAM) to avoid further delay but this shouldn't be a default position that then is abused when leads are refusing. To allow the case to be discussed at JAM, the completion of the transfer to EHM form needs to take place.

Bottom Lines for family's that are being stepped down from social care to both the partnership Early Help offer as well as LA Family Help:

- Authorised C&F Assessment
- Appropriate screening tools have been completed to inform the step down e.g., GCP 2 where neglect has been a concern.

- Clear plan of intervention for lead worker to co-ordinate
- Visit to family recorded within the last 4 weeks.
- Plan (if there has been one since assessment) within the last 4 weeks.
- Record that the family have been spoken to and agree with support from Early Help services
- Summary of Reasons for Step down and intervention so far.
- Is there a need for a contingency plan if parents withdraw consent?
- Date of the final CIN meeting shared to ensure appropriate attendance
- 2.10 Final Child in Need meeting to be held within five working days.
  - Multi-agency agreement that the case steps down, with the families consent and clear tasks identified.
  - There is an expectation that the identified Lead Person attends the final Child in Need meeting. If not possible, then a final handover visit is to take place to the family between the Social Worker and the Lead Person.

#### 3. Step Up Pathways

- 3.1 The Step-Up to Children's Social Care Pathways enable practitioners who recognise and can evidence that needs have escalated and meet the threshold for Upper Tier Targeted Support (CIN) or Statutory intervention (CP), they are reviewed in a timely and robust way to ensure the child, young person and family receives the right help at the right time.
- 3.2 The Step-Up Pathways have been split into two sections to reflect key triggers for step up from Early Help case management to Children's Social Care.
- 3.3 The two sections are;
  - 1) Step up- Immediate safeguarding led pathway
  - 2) Early Help not progressing pathway

#### **Principles and Practice Expectations**

Step Up – Immediate Safeguarding-Led Pathway

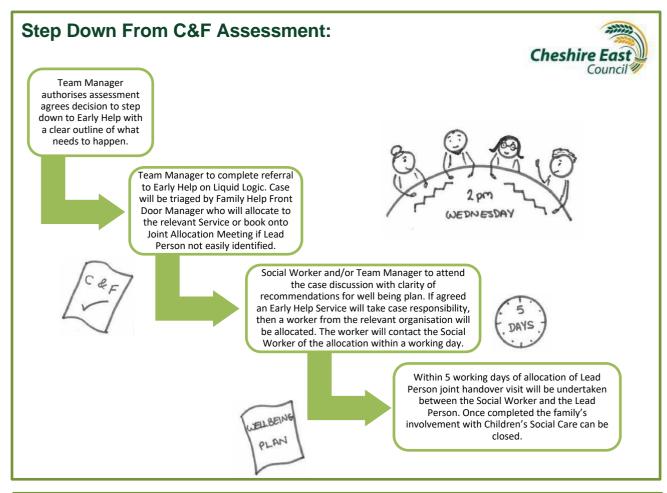
3.4 The family may be open to Early Help services or in some cases, there weren't concerns prior to the trigger event so no intervention is in place

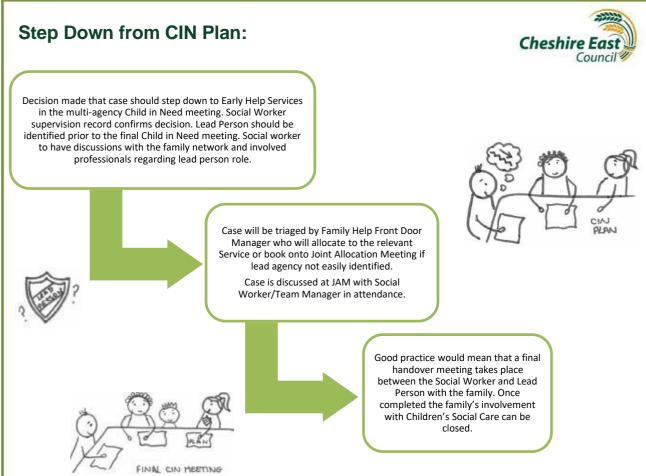
- The trigger incident could relate to a child or a parent, for example a child presenting with a potential unexplained injury or a significant incident of domestic abuse.
- Referrer clarifies details and context of potential incident, considering the significance of the incident, the impact upon the child, and the impact upon the capacity of the parent to protect the child.
- Any allegation of injury to a child should have clarification as to whether this is accompanied by a disclosure.
- 3.5 The referrer must contact ChECS immediately by telephone. Completing a portal form in this instance is not appropriate. If the referrer is not also the lead professional of an open early help plan but they know one is in place, they should inform the lead professional too following the contact with ChECS so a risk assessment can be carried out. There may be other professionals that were due to go and visit the family and this may no longer be appropriate or safe depending on the circumstances so this information sharing across the professional network is really important.
- 3.6 If threshold has been met for intervention via Children's Social Care (CSC), ChECS will create a referral and pass through to the area team within one hour. The Child in Need/Child Protection team will make a decision regarding a S17 or S47 response.
  - CSC Duty Team Manager to decide whether an urgent Strategy Discussion is required or if an initial joint CSC/Early Help visit is the immediate next step; this should take place the same day.
  - CSC Duty Team Manager to allocate Duty/Lead Social Worker to complete the joint response.
  - C&F Assessment to be completed as appropriate
  - Expectation that the Lead Person of an existing early help plan remains involved for approximately four weeks until the C&F assessment is completed, and a decision made about future intervention. Cases will not be closed automatically at the 4 week mark if the C&F assessment is still ongoing. This is to ensure a seamless transition back to Early Help services where the C&F does not result in further social care intervention. However, a mutual decision can be made to close within the assessment period should there be clear indicators that the family will remain at Children's Social Care level and ongoing intervention will be picked up by their services instead. Early Help services should be proactive in understanding what their role is within this assessment period to ensure ongoing visiting and intervention is carried out at this crucial time.

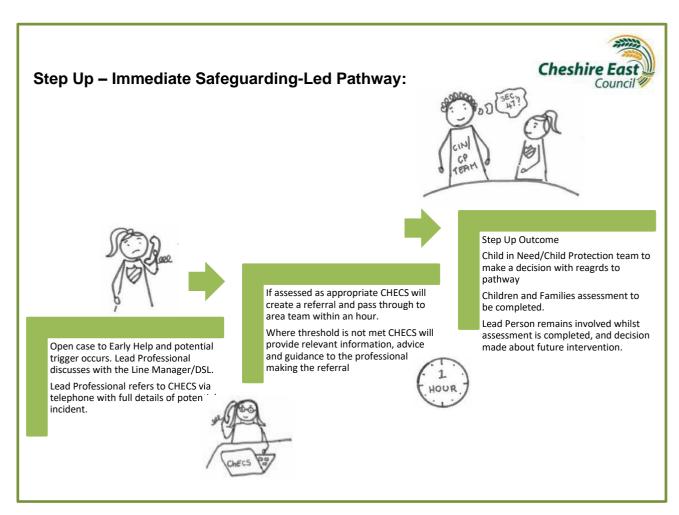
#### **Step Up – Early Help Not Progressing Outcomes Pathway**

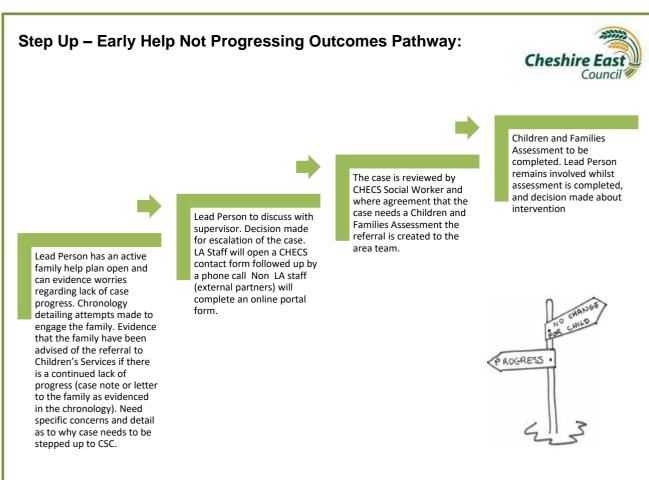
- 3.7 Open case to an Early Help service, likely Targeted Help on a Targeted Help plan and evidence that the plan is not progressing or keeping the child safe and lack of improved outcomes despite best efforts including multiagency reviews and group supervision.
  - The Lead Person should discuss concerns and rationale for step up with their supervisor during supervision (planned case file supervision or ad hoc supervision as appropriate)
  - Ideally there should have been Early Help intervention for a minimum of three months and there will be clear and effective management oversight.
  - The professional looking to step a case up should have completed a relevant screening tools and/or a GCP where appropriate and submit this with their portal form/ ensure its within documents on the case management system.
  - 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.
  - Evidence that the family has been advised of the referral to Children's Services if there is a continued lack of progress (case note or letter to the family as evidence in the chronology)
  - Where these points have been satisfied, there are safeguarding concerns and the lead agency feels that the threshold for children's Social Care is met, a ChECS online portal form should be completed (by non-Local Authority staff) but only where there are no immediate safeguarding issues which would require a phone call to ChECS. Local Authority staff will open a ChECS contact followed up by a phone call.
- 3.8 If threshold is agreed by ChECS, the referral will be sent to the relevant CIN/CP/CWD team within 24 hours.
- 3.9 Children and Families Assessment to be completed.
  - The C&F Assessment should be completed within an agreed time, not to exceed 45 days, recorded in supervision and recorded on the child's records.
  - As per point 3.6, the Lead Person should remain involved during this time
    whilst the assessment is completed, and a decision is made about future
    intervention but through mutual agreement, may end their involvement prior
    to the assessment concluding. This is to ensure a seamless transition back
    to Early Help services where the C&F does not result in further social care
    intervention.

#### Appendix 1 - Step Up/Step Down Flow Chart-









#### **Appendix 2 – Transfer to EHM Form**

This form should be completed for every case which will be Stepped Down from Children's Social Care to Early Help Services.

Every effort should be made to step down to a professional already involved in supporting the family as per the guidance within this policy.

- Step down to a LA Family Help worker- Targeted Help lower Tier via the CIN meeting or via Family Help Front Door if not part of the CIN professional network.
- Step down to an Early Help partner agency- Targeted Help Lower Tier or Extra Help via the CIN meeting or via Joint Allocation Meeting if not part of the CIN professional network.

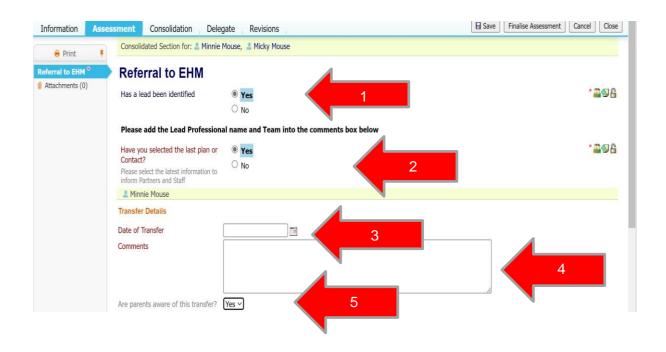
Joint Allocation Meetings are currently held every Tuesday and Thursday each week for all localities, but frequency may change when the Family Hub collaboratives are in place.

The 'transfer to EHM form' should be completed by the Team Manager as soon as practicable.

All step downs to Partner Early Help services will be tracked at agreed intervals by the Partnership Family Help officers. Dip sample and Audit will be in place as part of the continuous Quality Assurance schedule to ensure there is continued learning regarding effective step down and effective early help. Step down to internal Local Authority Family Hep services will also be tracked and monitored through regular data reporting, Quality assurance processes and Performance clinics.

# <u>Bottom lines for ANY case to be considered by Family Help Front Door or at Joint Allocation Meeting:</u>

- Authorised C&F Assessment.
- Plan (if there has been one since assessment) within the last 4 weeks.
- Case Consultation (Supervision record) confirming agreement to step down to Services.
- Summary of Reasons for step down and interventions already completed.
- Visit to family recorded within the last 4 weeks.
- Summary of Reasons for Step down and intervention so far.
- Clear plan of intervention for lead worker to co-ordinate
- Record that the family have been spoken to and agree with support from Early Help.
- Is there a need for a contingency plan if parents withdraw consent.





| Has a lead been identified?   |  |  |  |
|---|--|--|--|
| Yes – please add the lead professional name and contact detainto the comments box (arrow 4)   |  |  |  |
| <u>No</u> – where no, this case will either be reviewed at the Family Help Front Door for onward allocation or will be discussed at the Joint Allocation Meeting  |  |  |  |
| Have you selected the last plan or contact?   |  |  |  |
| Yes – should be the default answer in all cases with these being selected on questions  |  |  |  |
| <u>Date of Transfer</u> – date of form completion   |  |  |  |
| <u>Comments</u>   |  |  |  |
| Must include.   |  |  |  |
| <ul> <li>Lead Professional if already identified with contact details.</li> <li>Summary of Reasons for step down and interventions already completed.</li> <li>Clear plan of intervention for lead worker to co-ordinate</li> <li>Contingency plan if parents withdraw consent</li> </ul> |  |  |  |
| Are parents aware of the transfer?  |  |  |  |
| Answer should be yes as this demonstrates that they have given consent  |  |  |  |
|   |  |  |  |

| Question 6 | Forms to Include   |  |  |  |
|------------|--|--|--|--|
|            | Select the most recent:  |  |  |  |
|            | C & F Assessment,     Case consultation  |  |  |  |
|            | <ul><li>Case consultation</li><li>CIN Plan (dated within last 4 weeks)</li></ul>   |  |  |  |
|            | , ,  |  |  |  |
| Question 7 | Case Notes to include  |  |  |  |
|            | <ul> <li>Supervision record by manager agreeing to step down</li> <li>Home visit case note within last 4 weeks</li> <li>Case note containing consent from parents (maybe same as above)</li> </ul> |  |  |  |
| Question 8 | <u>Documents</u>   |  |  |  |
|            | Any relevant documents required to support transfer  |  |  |  |