

Suffolk Early Help Teams Allocation Policy

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Is this a Public Facing Policy: No

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Agreed by: CYPS Policies and Procedures Group

Responsible Service Area/Team: Early Help Team, Practice Development & Quality Assurance Team

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Document Summary

The policy sets out the arrangements for allocation of work and case responsibility in respect of all children receiving services from the Early Help Team under CAF. The requisite recording of these arrangements is also included.

Version Control	Reason for revision and summary of changes needed	Date
1.1	0-19 Health re design, case management system change, job role within Early Help changes	19/12/19
1.2	Actions from Serious Case Reviews – recognition of working with young parents	23/12/20
1.3	Removal of CAF Triage, addition of trawl and case analysis guidance, addition of caseload management oversight	01/06/21

We will on request produce this policy, or particular parts of it, into other languages and formats, in order that everyone can use and comment upon its content.

Contents

1	PURPOSE	2
2	POLICY PRINCIPLES	2
3	COMMON ASSESSMENT FRAMEWORK (CAF) ALLOCATION GUIDANCE	2
4	BROKER CAF	4
5	ASSESSMENT AND SERVICES FOR CAF	4
5	CASELOAD MANAGEMENT	6
7	CASE MANAGEMENT WHEN THE ALLOCATED PRACTITIONER IS ABSENT	6
8	APPENDICES	7

1 PURPOSE

- 1.1** The policy applies to all children receiving services from the Early Help Team under a Common Assessment Framework (CAF).

For the purpose of this policy, CAF also includes Adolescent CAFs. This policy is designed to enable all staff to:

- a) Be clear about the process for case allocation, caseload management and review and closure.
- b) Ensure that staff have the capacity and time to work effectively with children & families.
- c) Be clear about the arrangements for managing allocated cases when the case responsible practitioner is absent.

2 POLICY PRINCIPLES

A case is considered to be allocated to the team when:

- 2.1** The Early Help Practice Manager/Practice Lead will make a decision that a CAF received from the CYPS Portal will be opened.
- 2.2** Allocation to a named Early Help Practitioner is made when the Practice Lead/ Manager within the Early Help team has agreed case responsibility with the Practitioner.
- 2.3** The case responsible Practitioner and team are automatically recorded in the Case Management system upon allocation.

3 COMMON ASSESSMENT FRAMEWORK (CAF) ALLOCATION GUIDANCE

- 3.1** All CAFs are submitted via the Suffolk Children and Young Peoples Portal to the case management system (Liquid Logic) as an open contact and directed to the specific locality to make a decision if a CAF will be opened and allocated.
- 3.2** Early Help Practice Managers/Practice Leads will make an informed decision within 3 working days as to whether a CAF will be opened to the team, also allocating it within this timescale. Where the decision is taken not to open a CAF; information and guidance will be given to the CAF assessor within the same timescale.
- 3.4** Once a CAF has been opened and allocated, contact with the family will be made within 7 working days by the allocated Practitioner.

3.4 An Early Help Data trawl will be undertaken by the Practice Manager/Practice Lead in order to:

- gather important information about a child/young person and family
- to analyse their needs and the nature and level of any risk
- provide support to address those needs to improve the child/young persons outcomes to make them safe

3.5 Data Trawl recordings should summarise key relevant and significant information from both LCS and EHM. This information will inform case analysis & decision making and may also inform the work to be completed with the family and/or identified any risk factors.

The information gathered will help inform a case analysis which should be able to identify any protective factors and risks gathered from the trawl or identified in the CAF Assessment. Information gathering will include the developmental needs of the child, parenting capacity, and family/environmental factors.

At the heart of any data trawl and/or case analysis we should be asking the question What's life like for this child? What is the context they are living in and how do we make sense of that?

3.6 Further Data Trawl Guidance notes can be found on Liquid Logic.

3.7 Prior to allocating to the case responsible practitioner, a case analysis will be completed by the Practice Manager/Practice Lead to identify the:

- Suffolk Family Focus outcomes (see appendices)
- strengths - exceptions, what is already in place, who and how they are helping
- critical worries - what has already happened or is happening, what is the impact on the child, what are the people involved most worried about, what is life like for this child/young person?
- recommendations and actions

4 BROKER CAF

4.1 The MASH at times may request the Early Help Team to 'Broker a CAF' in circumstances where a referral does not meet the threshold for statutory involvement but additional support may be beneficial. Broker CAF requests are only used when a CAF is unable to be completed by another professional.

Similarly, the Participation and Tracking Team (PTT) may request that the Early Help Team 'Broker a CAF' where it may be beneficial to support a young person who is NEET or at risk of NEET.

4.2 Early Help Practice Managers/Practice Leads will make an informed decision within 3 working days as to whether a Broker CAF will be opened to the team, also allocating it within this timescale.

4.3 If the family decline the offer of a CAF and there is no identified significant concerns; a management decision will be recorded to reflect this.

4.4 If the family/young person does not respond to contact by the Early Help Team (as per the [Engagement Guidance](#)), the case should be taken to a transfer meeting to agree whether it meets threshold based on any concerns and lack of response. If appropriate after discussion at the transfer meeting; a management decision will be recorded to reflect this and the Broker CAF will be closed.

4.5 If, after a discussion in transfer meeting the threshold has been met for a Social Work Assessment; the Early Help Team will transfer this to Social Care in Liquid Logic and will be closed to the Early Help Team.

4.6 Once a broker CAF has been opened and allocated, contact with the family will be made within 7 working days by the allocated Practitioner.

4.7 Broker CAFs will be routinely discussed within case supervision, with management oversight being made around progress and/or possible delay of completion of the Broker CAF.

5 ASSESSMENT AND SERVICES FOR CAF

5.1 The allocated practitioner is responsible for working with the child to ensure that the child's experiences and wishes are understood, assessing the child's circumstances including any risks to the child, co-ordinating the child's plan and ensuring it is carried out. This work will include visits to the child and family in accordance with the plan. Practitioners should consider 'what is life like for this child/young person' and ensure that it is at the forefront of practice.

A [checklist for assessments](#) can be used to self-assess or to quality assure.

- 5.2** In a situation where a child(ren) may not be allocated as part of a consolidated sibling group who then requires support due to a referral, MASH or Customer First will notify the allocated team of the contact via Liquid Logic, who will consider a CAF is opened in accordance with the [Sibling Recording Guidance](#). This would be allocated to the practitioner who is already working with the family and a new assessment/mapping will be carried out and how their needs impact on the family circumstances.
- 5.3** In relation to an unborn baby who has siblings allocated to a team, when the practitioner responsible for the siblings becomes aware of the confirmed, viable (over 12 weeks) pregnancy, with consent, they will contact the midwife to ensure pre-natal checks are completed. The unborn child should be considered at the review point ensuring the assessment is updated and current.
- 5.4** When a new baby is born, an assessment should be completed reflecting the needs of the baby and the impact on the wider family and siblings.
- 5.5** For open cases to the Early Help Team where new concerns are raised through the MASH, it is the Practice Managers/Practice Leads responsibility to ensure that they have recorded management oversight on any child under 2 years who has been subject to 3 or more referrals within 6 months. Consideration to also be given to discussing at transfer meeting with Social Care.
- 5.6** Where a referral relates to a child with a disability, the practitioner will develop a joined-up approach that provides early and timely assessment of need either with, or without an Education Health and Care Plan.
- 5.7** Where a referral relates to a young parent and does not meet the threshold of Social Care, the practitioner will work with the parent and other services, such as Community Health Teams, Family Nurse Partnership and Family Hub Teams to ensure support is given to the young parent in their own right.
- 5.8** There must be no periods when the case is unallocated.
- 5.9** If a child/young person is receiving CIN support from a Social Care team and the siblings have been assessed as not meeting the threshold of S.17 continuing support but are receiving support through the CAF within Early Help, conversations will take place with the Social Care team and the Early Help team to establish how this will work in practice. This is to be in accordance with the [Transfer of Cases \(step up/step down Policy\)](#).
- 5.10** When a CAF is being closed, a case closure summary and analysis to demonstrate the outcome should be added to the child's electronic record; this is linked to Suffolk Family Focus outcomes. These summaries are an important part of case closure and also add understanding if cases return at a later stage.

5 CASELOAD MANAGEMENT

- 6.1** This policy recognises that each child/young person's case is unique in its demands. Actual caseload size depends on the complexity of each case and takes account of the practitioner's training and development needs, and other tasks such as mentoring and supervisory roles. Young Persons Workers, Senior Family Support Practitioners and Early Help Coaches caseloads may be higher due to the nature of their work; this is to be monitored in supervision sessions by the Practice Manager.
- 6.2** To ensure caseloads are manageable Practice Managers/Leads will monitor team allocations and address where needed.
- 6.3** Caseloads for a full time FSP should be equivalent to 20-25 children. This figure should include cases at CAF, CIN, CP and Child in Care.

When allocating caseloads, managers will take account of Supervised Contact which amounts to around 25% of an FSPs workload. As there may be occasions where Supervised Contact includes a large sibling group who may have contact together, managers may need to consider Supervised Contact as a percentage of workload rather than as the number of children in such cases.

- 6.4** Where there is a need for an increase in a caseload; this will be agreed by the Practice Manager and practitioner and will be reviewed within supervision.
- 6.5** If necessary, caseloads will be discussed by the Practice Manager with the Service Manager to monitor.

7 CASE MANAGEMENT WHEN THE ALLOCATED PRACTITIONER IS ABSENT

- 7.1** Urgent situations arising when the case responsible practitioner is not available must be managed within the team. This does not affect overall case allocation.
- 7.2** When it is evident that an allocated practitioner is going to be absent for more than a week, it is important that the family are made aware of this as soon as possible. The Practice Lead / Manager will make a decision around who is going 'to hold' the case during the allocated practitioners absence. The family will know their name and how to make contact if support or advise is needed. Where absence continues for more than six weeks, the Practice Lead/Manager should re-allocate the family, in accordance with the [Early Help Engagement Guidance](#)

8 APPENDICES

Appendix One - [Suffolk Family Focus Outcomes Plan v 3.4](#)

Appendix Two - [Supporting Families Programme guidance 2021 to 2022](#)