**APPENDIX 2.**

**Joint -working Guidance**

**The continuation of Early Help and Targeted Intervention support to families during Social Care Assessments and Interventions.**

 **To be read in conjunction with the Step Up and Step Down Procedure**

Context:

It is expected that Early Help and Targeted Intervention) services could be accessed by families with an escalating level of need that require their needing Social Care or specialist services involvement. The Early Help and Targeted Intervention service is intended to be preventative and the numbers of cases escalating to social care interventions are likely to be relatively small as a proportion of the total workload.

The service has worked with and will continue to work with cases where; interventions have been required at specialist and targeted levels ; where there have been safeguarding referrals from partner agencies; or are cases stepped down from Children in Need (CIN) teams and Child Protection (CP) interventions.

Opportunities for co-working:

The result of this is that the Targeted Intervention Practitioner team will be working with families where Social Care assessments and interventions prove necessary. To account for the interruption to targeted intervention or EHA work during a social care assessment and to ensure cases did not drift in the early intervention system, cases may be suspended whilst an assessment is undertaken. In reality, targeted intervention have not withdrawn services from families during this period, as it would leave families without support when they are at their most vulnerable, but it is often the case that interventions already underway do not automatically safeguard children.

Targeted intervention or an EHA cannot be a substitute for a thorough assessment of risks in social care although it could complement it and provide a platform for post assessment intervention.

Support and services that can be delivered alongside Social Care:

Many of the interventions provided in targeted intervention including the EHA process may also be appropriate to meeting a family’s needs and improving children’s outcomes despite any potentially increased risks requiring social care intervention. It is proposed that these interventions continue during any single assessment and may also continue as part of a CIN or CP plan in the majority of cases.

Any intervention provided through targeted intervention would have to have clear and measurable outcomes for the family identified and be within an agreed timescale for that intervention, which can be from six weeks to six months and in some cases longer. It is recognised that Social Care plans can continue for longer but ongoing support for families would need to be established as part of a recognised ‘step down’ from targeted intervention. It is considered likely that it may not be appropriate to continue targeted interventions or an EHA during a Section 47 investigation as there may be a risk that evidence could be contaminated.

The types of intervention that it may be appropriate to continue during a single assessment, or as part of a CIN or CP Plan, may include:

* Parenting support through groups or 1:1
* Behaviour management support for parents/carers
* Remedial work on the family home and to establish routines and behaviours that will eradicate neglect and maintain improved living conditions
* Support to ensure children have a school or nursery place or in improving school attendance
* Advocating for a child with parents and/or partner agencies to resolve issues affecting the child’s wellbeing at school e.g. bullying; academic problems etc.
* Ensuring parents/carers continue to access support for adults’ issues which are affecting the children including mental health difficulties, drug and alcohol abuse, domestic abuse
* Ensuring parents/carers are continuing to access support for issues such as housing and tenancy problems; benefit advice and debt management that may impact on the child and family’s material wellbeing.
* Supporting families to engage in support services that will help build resilience and sustain changes made during the intervention eg. Children’s centre other Council commissioned support services; schools and communities.
* Ongoing support from the early intervention caseworker who can support families through assessment and take a positive role in the implementation of any CIN or CP Plan. This may require particular skill and perseverance where the early intervention lead practitioner has made the Social Care referral,

This list is not exhaustive, other interventions may be appropriate to continue.

Benefits of co-working to children, families and professional partners:

There are potential benefits in this approach which include:

* Maintenance of relationships with children, families and professionals by the early intervention lead professional which enables early intervention services to continue interventions that will persist if needs remain at targeted intervention or EHA level but which also support outcomes at specialist level
* Provision of additional support and knowledge of the family to assessing social workers and the facilitation of joined up working with early intervention services.
* Provision of uninterrupted, ongoing support to families when they are at their most vulnerable.
* Early intervention timescales are not interrupted by the single assessment process and this will enable more early intervention cases to conclude within accepted timeframes.
* Co-working can begin immediately to ensure a seamless transition for families.

Dependencies:

There are some dependencies and logistical issues which would need to be resolved for co-working to work effectively and it is recommended that the Targeted Intervention Team Manager will liaise with nominated counterparts in Social Care to address these as soon as they arise. They are:

* There is the potential for blurred boundaries over accountability and confusion for families over the ‘lead professional’ role and this may provide opportunities for families to mislead professionals in some cases. **If the case is open to social care, the lead professional role and responsibility will remain with the social worker and the early intervention practitioners will support the social care intervention or plan but will not lead on work that requires a qualified social worker or is a social care duty.**
* Co-working will require a clear protocol/mechanism for targeted intervention and or social care to communicate to each other any increasing risks they identify while the case is open to both early intervention and social care as it is not expected that early intervention submit additional safeguarding referrals once the case is open to Social Care
* Social Care and targeted intervention service may use different recording systems, any co-working would require good, regular communication between the different teams and may result in the need for some duplicated recording on different systems.
* Extension of targeted intervention timescales would reduce the capacity to take new cases and may necessitate a waiting list/unallocated cases in the targeted intervention service which would have to be risk managed and could increase numbers of safeguarding referrals from partner agencies.