

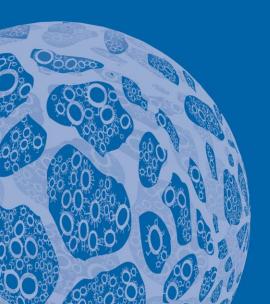


Children's Services

Step Up / Step Down Protocol









Step Up / Step Down Protocol

Keeping children safe – and promoting their welfare – is everyone's responsibility

This includes concerns relating to significant harm – and the need for early help.



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Children's Services Step Up / Step Down Protocol

Introduction

Children's needs are not static and they may experience different levels of need, at different points on the continuum, throughout their childhood years.

In some circumstances a child and family's needs may not be met through universal services or early help and there may be a need to provide more intensive or specialist support led by children's social care.

The term 'step up' is used to describe this process of seeking to meet a child's needs with a higher level service.

The term 'step down' is used to describe children and their families moving from a higher level of intervention, like a statutory children's social care intervention, to a lower level of coordinated support. Stepping concerns down well is important in ensuring that issues do not re-escalate.

This protocol is designed to guide practice by clearly explaining what we need to do and what we are seeking to achieve in order that children, young people and their families get the right service at the right time and experience safe and seamless transitions particularly step ups and step downs.

When local safeguarding partnerships are strong, families can expect to get 'the right service at the right time' and experience safe and seamless transitions between levels of service in line with their needs. Rochdale's Children's Needs and Response Framework can be accessed through the link below.

Rochdale's Children's Needs and Response Framework

What we are looking to achieve

There are some key principles and values that underpin this protocols' approach to step up and step downs so that children, young people and their families:

- Do not have to repeat their story unnecessarily and tell their story only once;
- Have their needs met by delivering the right service at the right time meeting their needs at the lowest appropriate level of intervention;
- Are central to the assessment and planning processes where the focus is upon meeting unmet needs and managing risk;
- Wherever possible have single joined-up plans;
- Are actively involved in, contribute to and understand their own assessments and plans;
- Are kept safe in transitions between services and do not experience a gap in provision or prolonged waiting between interventions.

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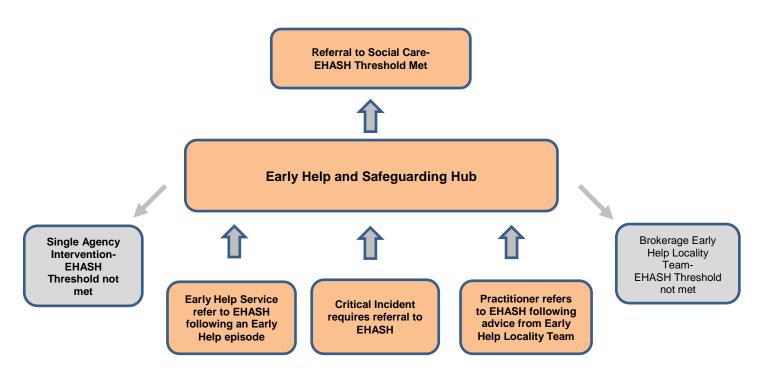


And that services and practitioners:

- Ensure that the child's voice is heard and represented;
- Deliver key decision making for children, young people and their families based upon relational practice;
- Understand and implement thresholds consistently in line with the needs and response framework (Rochdale's Children's Needs and Response Framework);
- Agencies step in and out of 'Team around the family' meetings (TAFs) according to assessed need;
- Agencies respond pro-actively to requests for support in accordance to the child's needs;
- Attend and contribute to TAF meetings, assessments and plans in order to achieve the best possible outcomes for families;
- Share information appropriately at meetings and share minutes and agreed actions in a timely manner (within 5 working days) in between meetings;
- Communicate and coordinate their roles and responsibilities effectively to partners and the family;
- Challenge appropriately the processes and agreements within TAFs including use of the escalation processes when necessary. (See '5. Resolving professional differences').

What we need to do- Step Up/Step Down Guidance

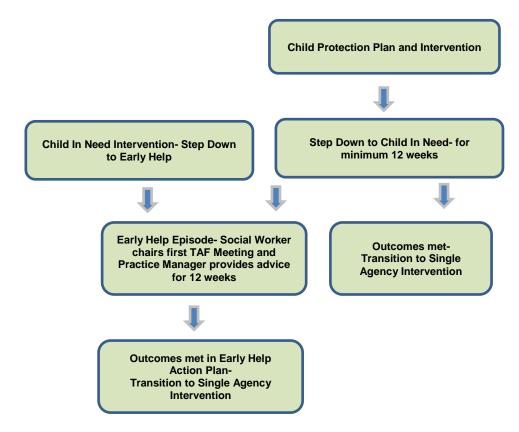
STEP UP FLOWCHART



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STEP DOWN FLOWCHART



What do we mean by the terms used- some other definitions

TAF (Team Around the Family)

Wherever a child, young person's or family's needs are sufficiently complex to require a coordinated multiagency set of interventions, it is good practice to coordinate this work via a 'Team around the Family' (TAF). Good practice also suggests that a TAFs operation should be based on a comprehensive up to date assessment of need and risk; a robust outcomes focused action plan; regular reviews; and meetings that include and empower the family themselves. TAFs are usually led or coordinated by a lead professional.

TAFs will typically operate at level 2 of the Child's Needs and Response Framework and be based on an Early Help Assessment, a Child in Need Plan or a Child Protection Plan

Step in

The ideal is for TAFs to retain some degree of consistency and continuity of membership both for the sake of familiarity with the plan and knowledge of the family. Whether a case steps up or down or remains at the same level there may be times when an additional need is identified and a new service or agency needed to join the TAF. In this case practitioners will step in to the TAF membership for a specific needs led purpose.

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Step out

As above with 'step in' when their piece of work is completed and change affected a practitioner may then step out of TAF membership

How do we resolve professional disagreements

There will be times when professional have different views on how best to support a child and family/carers and the levels of interventions required by different agencies.

Instances where practitioners disagree or have different views may include:-

- The recognition of need or signs of harm
- Not sharing information appropriately
- Not accepting referrals
- Not cooperating in planned joint interventions
- Not delivering services according to the identified threshold of need
- Not attending key professional meetings
- Not producing plans or minutes quickly enough or of sufficient quality
- Not following agreed processes, including this protocol

Section 10 of the Child's Needs and Response Framework outlines the agreed resolution and escalation process

How will we monitor whether this protocol is having the desired impact

The purpose of this protocol is to provide a framework for step up and step down processes between services and intervention levels so that children young people and their families are kept safe and experience seamless transitions, receiving the right service at the right time.

Ultimately the protocol seeks to strengthen Early Help in order that we will prevent unnecessary escalations and avoid re-referrals for cases that have stepped down. Whilst the success of this will be monitored on a case by case basis the progress for cohorts will also be monitored via individual management processes and strategic scorecards such as the Family Service Model steering groups, RBSCB sub group and Early Help and Safeguarding Governance





Appendix

Community and Universal Service

Step Up Guidance

If a simple specific agency response is required and you are not able to complete this action, and action is needed from a different service, with parental consent either sign post and follow through with the parent, or with parental consent advocate on behalf of the family and arrange for the action to take place from the required service.

If you cannot meet the presenting level of need for the child and family or the level of need is not clear, not known or not being met, with parental consent move to level 2.

If you feel a child or young person is in immediate danger or immediate risk of significant harm you should contact the Police on 999 and call 0300 303 0440 to speak to Social Worker in the EHASH about your concerns.

Early Help Support

Step Up Guidance

If you cannot meet the presenting level of need for the child and family at this stage and the complexity of need is increasing or has not been possible to resolve with parental consent move to level 3

Step Down Guidance

Once all identified actions as part of the early help assessment support plan have been met, or the level of presenting need decreases and reduces with parental consent and multi-agency agreement move to level 1.

Please note:

All Early Help Assessments and plans should be completed in partnership with the family and be shared with all partners including parents.
Please note: Multi-Agency Team around the Family meetings should take place at regular intervals with meeting minutes recorded on EHM.

Early Help and Safeguarding Hub

To support the concern you should clearly outline the unmet needs and risks inherent in the situation including supporting assessment evidence. In addition to a written assessment such as an EHA this supporting evidence may also include information from the child and/or parent themselves and any direct observations you may have made.

If the concern is ongoing, emerging or long term you should also include information as to what support has already been put in place or offered and what has happened to heighten your concerns.

Step Up Guidance

The EHASH will review your information with a view to supporting you in identifying if Level 3 Child in need support is needed and will make a referral to Children Social Care under level 3 if required.

Step Down Guidance

The EHASH will support in reviewing the information and have a consultation as to why the threshold to progress to level 3 has not been reached with clear guidance on how to strengthen the existing package of support under level 2.

Child In Need / Child Protection

These Children and Young People have significant unmet needs and are subject to high risk factors. Without statutory or coordinated response they will continue to suffer or be at risk of suffering significant harm. They will be supported through child in need, child protection and child looked after plans.

Step Down guidance

The Children and Family assessment and statutory plan of support should be shared with all partners represented as part of the plan and with parents prior to any step down

This should form the bedrock of support moving forward at lower levels. The decision to step down should take place at the final CIN meeting with agreement reached with parents and the team around the family.

Choosing the lead for the new 'stepped down' plan should be based upon their relevance to the outstanding issues identified and the quality of their relationship with the child/family