



Family Help



Family Help – The Independent Review of Children’s Social Care

- Children & Families has entered a period of significant large scale transformation - driven by the report published in May 2022 of the Independent Review of Children’s Social Care
- A key focus of this report, and the associated recommendations, is in relation to creating a *‘revolution in family help’* by means of bringing together targeted early help and Children in Need to create a **Family Help** model
- An expectation is these new Family Help teams will operate at a much more local, community based level with a strong connection to the emerging Family Hubs
- A formal govt response to the Review report is pending, due early 2023
- Hampshire has applied to be a **Pathfinder** – expecting to hear outcome in near future...if unsuccessful this will not hold us up developing our model – we are working at considerable pace to develop and implement a new model.



Family Help – Phase 1

The approach being adopted by Hampshire in its journey to developing a new **Family Help model** is one that is phased and iterative.

Family Help, phase 1, has been focussed on the development and implementation of a new case holding role within our Childrens Assessment and Safeguarding Teams (CAST). This role will employ the skills of a **differently qualified worker**, to be known as a **Family Practitioner** and is different and separate to a Social Worker role.

A countywide recruitment campaign has recruited **36** Family Practitioners who will all be in post by early February 2023.

The primary **aims** being to:

- ✓ Provide a family with the most appropriately skilled professional to work with them to meet their needs and ensure the safeguarding of their children
- ✓ To build and sustain positive relationships with families keeping handovers and transitions to a minimum
- ✓ Support recruitment and retention through reducing caseloads

Family Help phase 1.2 is the combining of existing FSS and CAST.

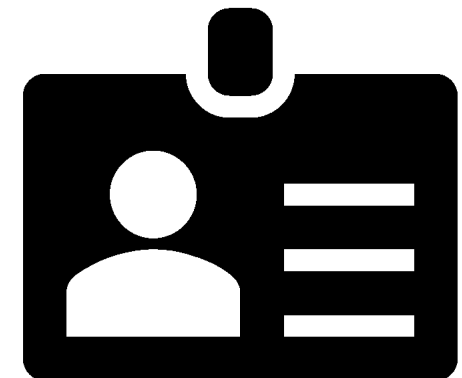


Family Practitioner role - Overview

This role has been developed within the context of statutory and legal requirements but also a desire, as an Outstanding authority, to lead in new and innovative ways of working.

The intention is:

- These new posts will be deployed within our Childrens Assessment and Safeguarding Teams (CAST) based on need, not uniform distribution
- A new **role profile** has been developed for the Family Practitioner
- These staff will **case hold specific families** who have met the threshold for receiving statutory services, thus social workers are no longer the only role who can case hold statutory level families
- These practitioners will **ONLY** case hold specific Children in Need case types where there is a lower level of risk
- Qualified Social Workers will have statutory case holding responsibility across a mix of case types but will exclusively case hold children on child protection plans and looked after children
- Agreed for some case types the Family Practitioner can undertake the C&F Assessment – there are **caveats** to this
- For some CIN families it will be appropriate for a Social worker and Family Practitioner to co-work a family





Family Practitioner case types

Homelessness (Teen/Southwark ruling, with family support Homelessness)	DCT case but open for funding	S117 Aftercare	Parental conflict – divorce / contact issues	Step down from CP to CIN	Unborn protocol - Family Practitioner can only case hold 3 months post birth where CIN and no safeguarding concerns
Adolescent engagement – education, mental health, not edge of care	Young Carers	Monitoring support due to parental mental health	SGO's with support plan	Finance Support / NRPF	<p>Principles</p> <ul style="list-style-type: none"> • Where there is potential for step up/down thus a change of allocated worker there will be a period of joint working to build relationships and support a positive transition. • In some situations families could meet both QSW and Family Practitioner from the start (unborn protocol which can step down after 3 months). • These case types are a guide. It is the responsibility of the TM to allocate according to the information available to the most appropriate worker. It is acknowledged that allocation of a worker may change as new information or events occur which impacts risk level.
Unaccompanied Ukraine minor	Supervision Order	Physical disability/ Learning disability of parents	Mental Health / Self harming - child	One child requires CIN in sibling group	
DV – perpetrator is out of the home and strong family support network in place	Parent criminal conviction – that is no risk to child	Missing, without risk of CCE/CSE	Parent Substance/alcohol use IN RECOVERY	Socially unacceptable behaviour	



Planning for phase 1.2

Having created and implemented the new Family Practitioner role as phase 1 of Hampshire's journey to implementing a full new Family Help model the focus has now turned to the next phase – that of **combining our Family Support Service and Childrens Assessment and Safeguarding Teams.**

This is a much larger and more significant piece of transformation given the size of Hampshire, the number of teams and staff involved and the changes to how we work with and deliver services and interventions to families.

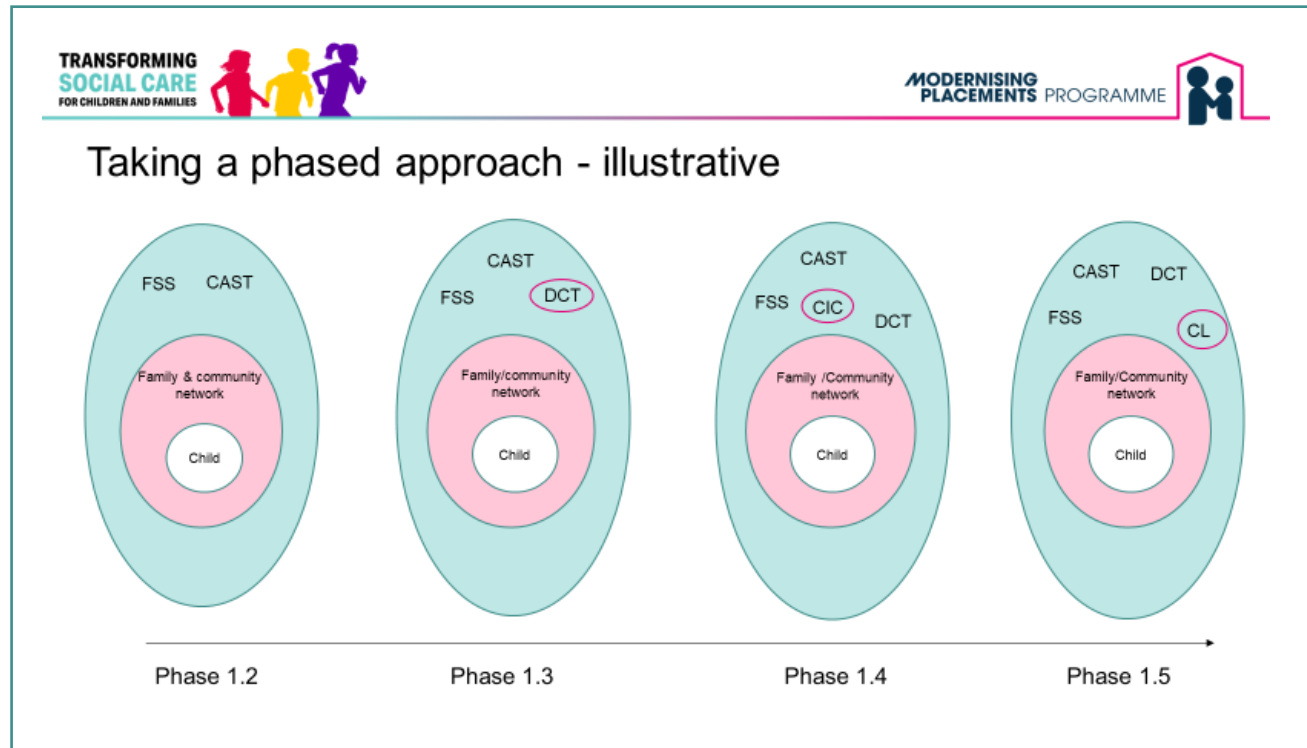
In terms of the Independent review of Children's Social Care and the direction of travel for Hampshire:

- There is significant potential to push even further than Review and combining FSS and CAST - potential to include other teams/services within a Family Help team...CIC, DCT, Fostering.....agreed phased and iterative approach where we can take the learning and use it to shape next phase
- QSW recruitment and retention is an on - going issue and will impact on fully implementing model
- Not looking to change current threshold for MASH
- Family Hubs are the vehicle to deliver Family Help
- Each FH team will serve a particular locality not a whole district
- QSW will have mixed caseloads , so could be holding early help families



Implementation

- All 8 districts will pilot new Family Help teams
- Additionally, there is scope and opportunity for some districts to also pilot other, specific elements in order to test out impact, effect and feasibility and shape further development of the model





Current District CAST Model

CAST

CAST

CAST

CAST

For some 5th
CAST

FSS



Family Help Model – 6 teams in all districts

FH 1

FH 2

FH 3

FH 4

FH 5

FH 6

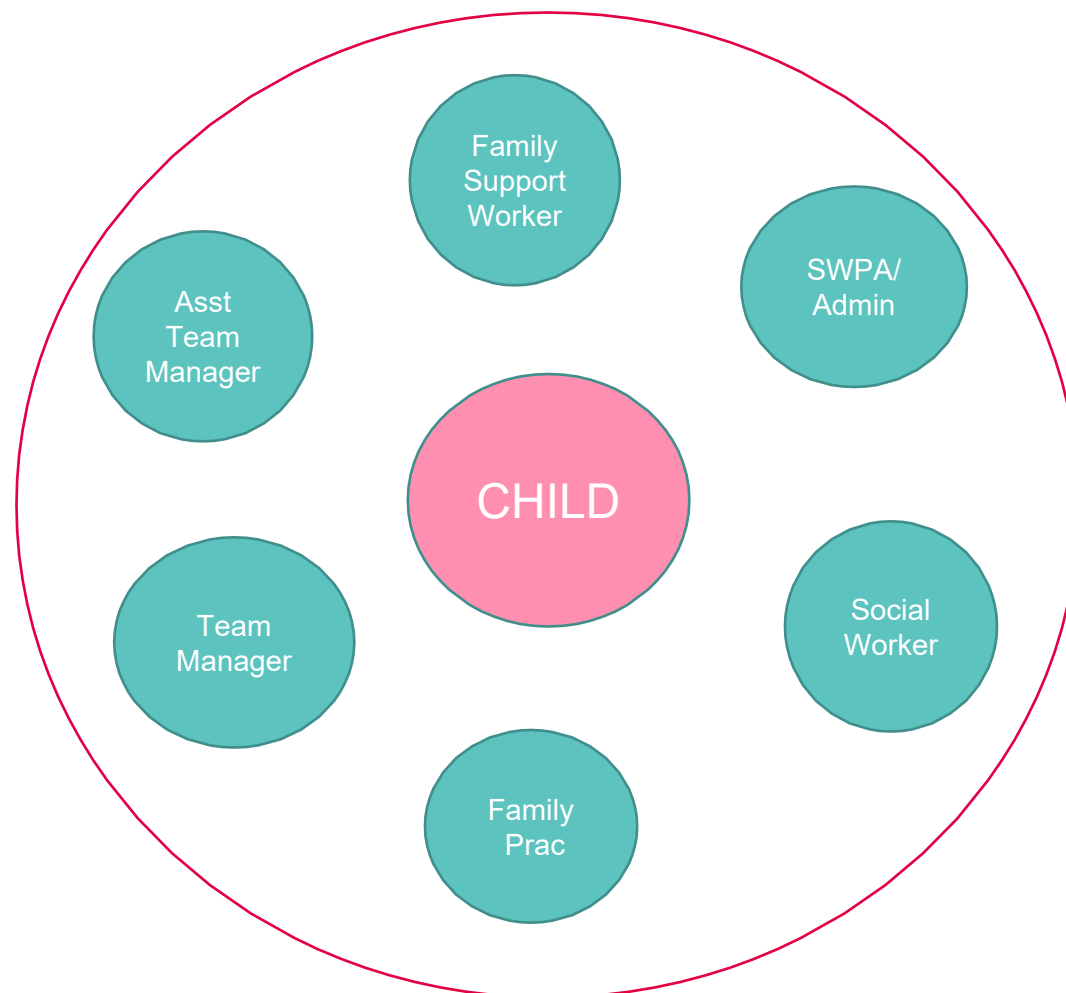


Phase 1.2 - Roles within a Family Help Team

Phase 1.2 - Combining Family Support Service and CAST

There are a number of roles that will combine to create a Family Help Team.

Proposal is for existing Family Support Worker roles in FSS to convert to Family Prac role – some staff may need upskilling to support them to case hold CIN.





Next steps

- Continued work to develop and refine new Family Help team structures
- Liaison with HR as aware there may be requirements to consult with staff
- Communicating and engaging with staff in order to include them in work to develop models