

Supporting Families Division Transfer Policy

(Relating to the support we give to children, young people and their carers)

Responsible Officer: Susannah Beasley-Murray, Divisional Supporting Families Division

Coverage: Children's Social Care and Early Help

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I. Introduction

- 1.1. It is important for all of us involved in the lives of children and their carers to acknowledge that transition points - where one worker’s involvement with a family ends and responsibility for the support transfers to another part of the service - can lead to anxiety and stress. In our Better Together framework, where we encourage relationship building to occur from the first point of contact, it is inevitable that there could be all sorts of emotions for those children and their carers when they have to say goodbye to one worker and start a new relationship with another worker and their team; workers may also carry emotions regarding such transitions.
- 1.2. It is for this reason that it is really important for all involved in this process to try to increase the likelihood of a successful transition. The purpose of this protocol is to outline the agreed process and points of transfer for children, young people and their families requiring a children’s services intervention. It includes the transfer points from and to all teams within Children’s Social Care, including ‘step-up’ and ‘step down’ to Early Help as well as from Children with Disabilities to Adult Services.
- 1.3. It is essential that staff and Team Managers ensure they are clear and informed about this protocol. This will in turn enable them to provide open and transparent communication with those they are working with and secure effective transition points that reduce drift and anxiety for children and families who need support.

1.4. The relational ethos as embodied within the Better Together Practice framework is fundamental to this protocol.



1.5. In the context of transfers, we encourage staff from the existing team and the receiving team to:

- **Connect** – make sure that there is good communication regarding the transfer process which is responsive to requests for information and respectful in tone. Where there are differences of opinion it is even more important to connect face to face or via a Teams call rather than through email which can easily be misunderstood.
- **Be Curious** – if the receiving team doesn't understand what they are being asked to do or why, ask questions in the hope of gaining understanding. It may be that through being curious an alternative perspective can be heard.
- **Build a community** around the child – remember that the transfer of involvement from one worker to the other is an important part of building a community of support around the child. It's important the way we work with each other supports the child and their carer to build a relationship with the new worker.
- **Co-produce a plan** – where possible it is helpful for the new worker to be involved in shaping the plan that they will take forward so that there is a shared agreement going forward of what will help the child.
- **Collaborate for change** – transfer points can be catalysts for change, especially when we work together.

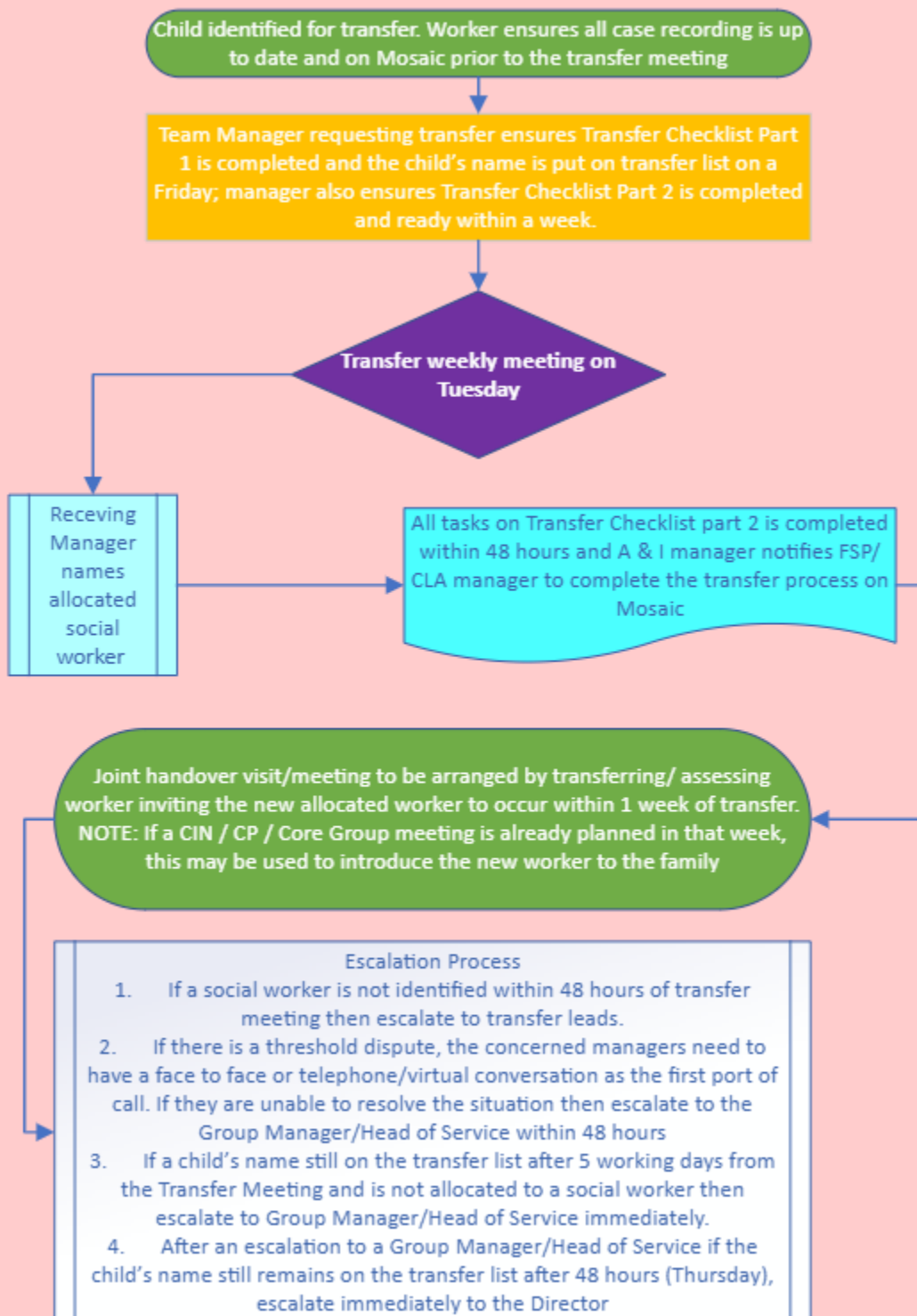
- Check back – we will get feedback from children, young people and their carers, as well as colleagues involved in the transfer about what was helpful and what could improve this process.

II. Principles

1. The needs of children and their best interest should always remain the most important consideration within the transfer process; children and young people's wishes and feelings must be clearly evidenced (age and ability/ mental capacity enabling).
2. Under no circumstances will children who need statutory services be left without an allocated social worker who is actively engaged in meeting their needs.
3. The process of transfer should be simple and solution focused. Managers should be flexible in their approach and decisions should be made from the point of view of the child and family.
4. Transfer arrangements will always be mindful of the need to ensure the safety of children. It is essential that good quality information is passed from the transferring/ assessing team to the receiving team to prevent gaps in knowledge and to ensure that the welfare and protection of the child is kept at the forefront of decision making.
5. The number of social worker changes for a child/young person should be kept to an absolute minimum but in adherence to the current delivery model which does have handover points. For example, responsibility for work with a child shall transfer from MASH or Assessment and Intervention directly to Children Looked After or Through-care if the professional judgment suggests that the trajectory for a child is long term care or permanency planning, even if the court does not in the first instance accept the Local Authority care plan.
6. It is acknowledged that where there are historical gaps which pre-date the allocation to the current worker this will not be a reason to hold up the transfer of support.
7. The way we work together is important, especially when there are differences of opinion. Good transfers are based on effective communication between teams and workers and where there are disagreements, all attempts should be made to resolve the matter respectfully and face to face/over a Teams call, rather than over email.
8. All children subject to statutory services will be allocated to a qualified worker with the necessary experience and training to provide effective intervention.
9. Good practice when transferring work from Children's Social Care to Early Help has at its heart a shared understanding of the needs of the child and family at the point of closure. Evidence of a strengths-based conversation with the family to shape the planning and identify the needs is key. Informed consent and participation of the family in the stepdown process is essential.
10. Transfer between the services must not be blocked due to capacity issues or disagreement over thresholds- it is for the transferring/ assessing team to determine the threshold based on their assessment. Any disagreements must be resolved respectfully within 48 hours via escalation to Heads of Service if necessary and, if still unresolved by the Divisional Director within 72 hours.

Transfers will take no longer than 2 weeks from agreed transfer point.

III. The Process



IV. Transfer Points

A. Multi Agency Safeguarding Hub (MASH), Assessment & Intervention (A&I), Family Support & Protection, (FSP) Children Looked After (CLA)

- 1.6. Children who are being considered at a Child Protection Conference should be transferred from A&I to FSP at the initial conference; the receiving social worker should attend. A handover visit after transfer is desirable and should be included in the child's record ("case notes"/key documents and episodes). Team Managers are responsible for auditing records.
- 1.7. Children who are on a Child in Need plan should transfer at the CIN meeting where the plan will be drawn up with input from everyone involved and written up by the A&I service. The identified worker from FSP should attend the meeting.
- 1.8. All children on a CIN plan should have a completed and up to date plan prior to transfer to FSP.
- 1.9. Where children are the subject of care proceedings the transfer should start at the first hearing. A period of joint working should commence at this point for up to 4 weeks negotiated between the outgoing and receiving team on an individual basis; after this, responsibility will transfer in full. It is the responsibility of the managers to determine the nature of any joint work, but the focus should be on hand over and endings.
- 1.10. When children are looked after under Section 20 of the Children Act 1989, responsibility for the work should be transferred at the first Children Looked After review, unless there is a clear and feasible plan (over and above the standard aspiration) for the young person/child to be rehabilitated home. The receiving social worker should be present at the review.
- 1.11. When requests are received for Section 7 and Section 37 reports from Family Courts for a family that is not already open to a social worker in Tower Hamlets, they will be referred by MASH to the transfer manager in FSP for allocation within FSP. The same applies for any children where the court is making determination regarding designation of interim or full supervision orders. If designation of children with Interim Care Orders is being sought, these children will be allocated to a social worker within CLA, straight from MASH.
- 1.12. The number of social worker changes for a child/young person should be kept to an absolute minimum, but in adherence to the current delivery model which does have handover points. The process of transfer should be simple and solution focused. Managers should be flexible in their approach and decisions should be made from the point of view of the child and family.

- 1.13. It is not in the best interests of children to transfer their social work support when an alternative place to live is being sought for them. It is imperative for managers to stay flexible and keep children at the heart of this process.

B. Children with Disability

- 1.14. The main requirement for allocation to the Children with Disabilities (CWD) team is that the child has an actual diagnosis of disability. Parents who have a diagnosis of Severe Learning Disabilities or Global Developmental Delay can also be considered by the CWD team and discussions should take place between Team Managers regarding individual situations.
- 1.15. There are several subtly different definitions of disability. Tower Hamlets adopts the definition which arises from the Disability Discrimination Act (DDA)

“a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.”

Further guidance on disability and criteria can be found in the Short Breaks Statement produced by Tower Hamlets.

- 1.16. Many referrals will concern families where only one of a group of siblings has a disability. These families should be allocated to the CWD team if the child’s diagnosed disability is the main reason for the need for input from Children’s Social Care. The CWD team work with children irrespective of their legal status or type of plan. In accordance with the principle of keeping siblings with one worker as far as practicable, managers will determine which team in Children’s Social Care should work with the family, dependent on the reason for concern, to ensure that a family has one Social Worker and Manager.

C. Through Care Service

- 1.17. All eligible (13-week rule under the Leaving Care Act 2000) young people will be allocated a worker to progress pathway planning, as will young people who have been de-accommodated and become “relevant” within the definition of the Leaving Care Act 2000.
- 1.18. A young person who is 16 or 17 and eligible for support through Leaving Care provisions will have one worker either from the Children Looked After service or the Through Care Service; they will complete the pathway plans so duplication is avoided. A decision regarding whether to transfer support from the Children Looked After to the Through Care service will be based on the needs of the young person, taking into account the impact of a change of worker and staff capacity.

D. Children who are unaccompanied and seeking asylum

- 1.19. Age assessments go through the Through Care Service and this team is responsible for undertaking the assessments.
- 1.20. A young person who is 16 or 17 and eligible for support through Leaving Care provisions will have one worker either from the Children Looked After service or the Through Care Service; they will complete the pathway plans so duplication is avoided. A decision regarding whether to transfer support from the Children Looked After to the Through Care service will be based on the needs of the young person, taking into account the impact of a change of worker and staff capacity.
- 1.21. 18-year-olds are allocated to the Home Office for support.

E. Transferring support between Children’s Social Care and Early Help (often referred to as ‘step up’ or ‘step down’)

- 1.22. Social Workers must ensure the following prior to ending their work with a family:
 - Get consent from the family to make sure they are consenting to work with Early Help (EH)
 - Hold a consultation with a Birth-19 (B-19) manager or senior practitioner in the Locality that the family live in (you can get clarity from the Early Help Hub about who you need to speak to). The purpose of the consultation is to get an agreement that there is a role for an EH B-19 Family Support Worker, this should be done at the earliest possible opportunity if you feel the family would benefit from support through Early Help rather than Children’s Social Care or if the family have continuing Level 2 support needs following a period of statutory intervention.
- 1.23. Following an agreement with the B-19 manager or senior practitioner, to transfer support, the social work team must ensure the following: -
 - Make a referral to the Early Help Hub so that a contact record can be completed (the process will change at some point once Early Help move across to Mosaic)
 - Social worker should arrange a Team around the Family (TAF) or final CIN meeting ensuring key professionals are invited. If the family has not been allocated within Children’s Social Care, but the family and EH locality have agreed to work together (or agreed to consider this), then invite either the manager or senior practitioner to the meeting. This arena can also be used to explore the viability of Early Help support following initial consultation.
 - The social work team must complete and provide an updated chronology.

- The social worker must clarify with the family if they are happy to share the assessment, CIN/CP Plan with EH
 - The Closing Summary can now be completed including Section 6 where the EHA scores at closure is completed (although scoring no longer needs to be sent to Early Help IT as the guidance states on the closing summary). The action plan should be completed with SMART Objectives highlighting the tasks for ongoing work and the name of the lead professional (the lead professional will not always be the EH Practitioner) identified.
- 1.24. If the Early Help practitioner thinks that the needs of the family require support through Children's Social Care, they should discuss this with their manager. If the Early help manager agrees, then the practitioner must make every effort to inform the family and explain their rationale in doing so.
- 1.25. The Early Help manager shall arrange a consultation with the MASH manager to agree this. The following documents must be made available to the MASH manager:
- Early Help Assessment to be sent if one is available, if not, a Multi-Agency Referral Form
 - A Chronology if appropriate (at the moment this is a training need that is being looked at for all B-19 staff)
 - Minutes of the last Team Around the Child or Family meeting or any recent set of minutes from meetings.
 - All to be sent to MASH inbox only with email overview, copying in the relevant EH manager to the email.
- 1.26. If there are any disagreements regarding statutory interventions/ thresholds, then this should be escalated to management (of the relevant team).

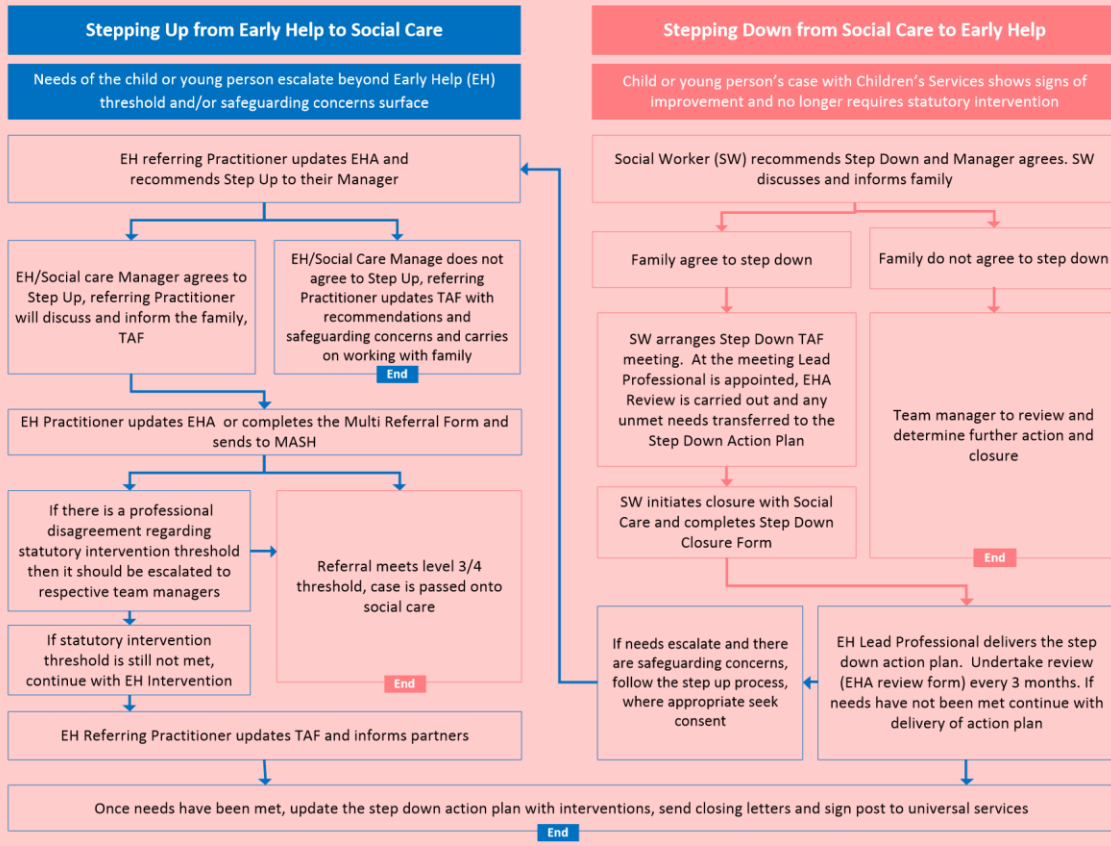
See Flow Chart below.



Tower Hamlets Step Up Step Down

Early Help services and Children's Social Care

Date: 3rd May 2019 V1.8



If you are concerned that a child is at risk you should contact the Tower Hamlets Multi Agency Safeguarding Hub on 020 7364 5601



V 1.8

For further information, questions or consultations please contact.

Katherine McLoughlin - katherine.McLoughlin@towerhamlets.gov.uk- 07596890956 (NE Locality - Bow/Bromley-By-Bow/Mile-End)

Romina Trombini – romina.trombini@towerhamlets.gov.uk – 07562431815 (NW Locality – Bethnal Green/Globetown)

Jade Edwards – jade.edwards@towerhamlets.gov.uk – 07563379843 (SW Locality - Shadwell/Wapping)

Monsur Ahmed – Monsur.ahmed@towerhamlets.gov.uk – 07923242554 (SE Locality – Poplar/Isle of Dogs)

V. APPENDICES

A. Transfer Audit Tool

Transfer checklist					
		Item	Yes	No	N/A
<i>Before child is placed on transfer list</i>	1	Up to date Single assessment/Updating assessment oversight with rationale for CIN/CP Plan			
	2	Are all children transferring named in the transfer list?			
	3	Is there a CIN review/ ICPC date?			
<i>Before child is transferred</i>	4	Neglect toolkit (mandatory for all children, assessment informed by the neglect tool)			
	5	DV Risk assessment and safety plan			
	6	Exploitation Screening tool/Exploitation Risk assessment and safety plan			
	7	Upton date CIN/CP visit			
	8	CIN plan/Review episodes completed and incoming. episodes tasked to the new SW.			
	9	Case chronology (pls do not close the episode as this needs to be a live document)			
	10	Transfer Summary			
	11	Updated case front sheet with all contact details (family, GP, school and any other) and NHS number			
	12	Are all relevant episodes/documents copied over to siblings?			
	13	Handover discussion held?			

B. Case Transfer flowchart

