

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

Review date: May 2023

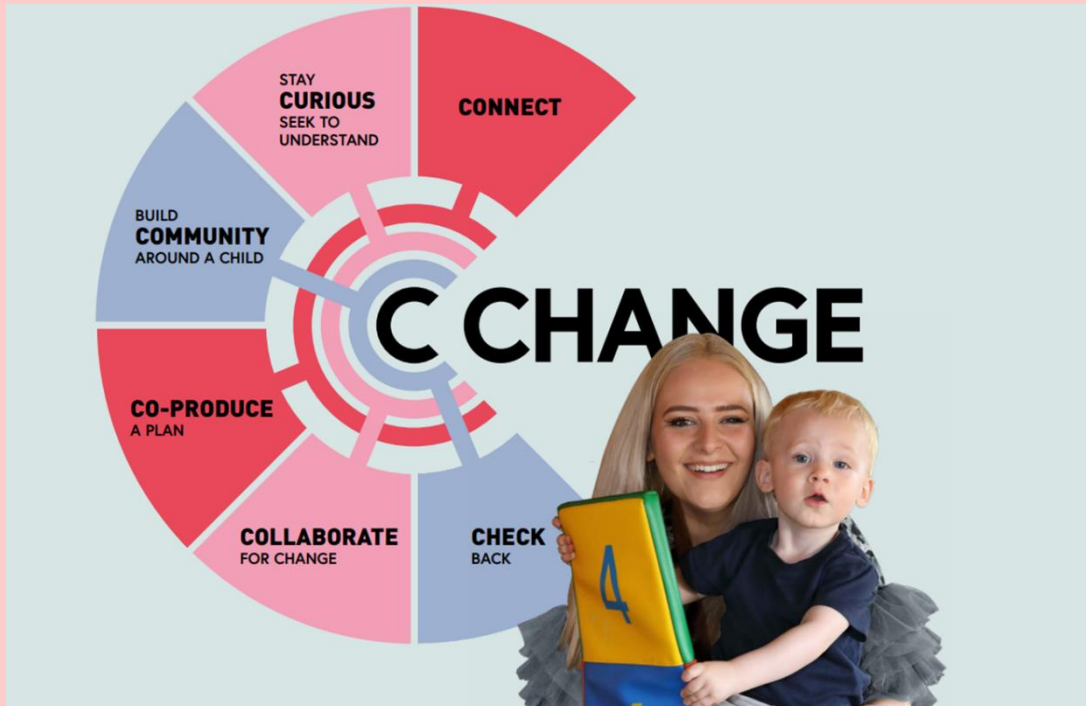
Status and version: Update version 3

Table of Contents

I.	Introduction	3
II.	Principles	5
III.	The Process	6
IV.	Transfer Points	7
A.	Multi Agency Safeguarding Hub (MAST), Assessment & Intervention (A&I), Family Support & Protection, (FSP) Children Looked After (CLA)	7
B.	Children with Disability	8
C.	Through Care Service	9
D.	Children who are unaccompanied and seeking asylum	9
E.	Transferring support between Children’s Social Care and Early Help (often referred to as ‘step up’ or ‘step down’).....	10
V.	APPENDICES	13
A.	Transfer Audit Tool.....	13
B.	Case Transfer flowchart	14

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. 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.
- 1.2. 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. It outlines the expected process, accountabilities and procedures that should be applied when a case requires transfer from one team to another. The purpose is to ensure the following:
 - To ensure safe transition of children and young people's case files.
 - To ensure plans for children and young people are clearly understood by the receiving team.
 - To ensure children and young people are clear about the status of their allocated worker and team responsible for their plan.
- 1.3. It is essential that staff and Team Managers ensure they are informed about this protocol and comply with the procedures to ensure timely throughput of cases. 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.

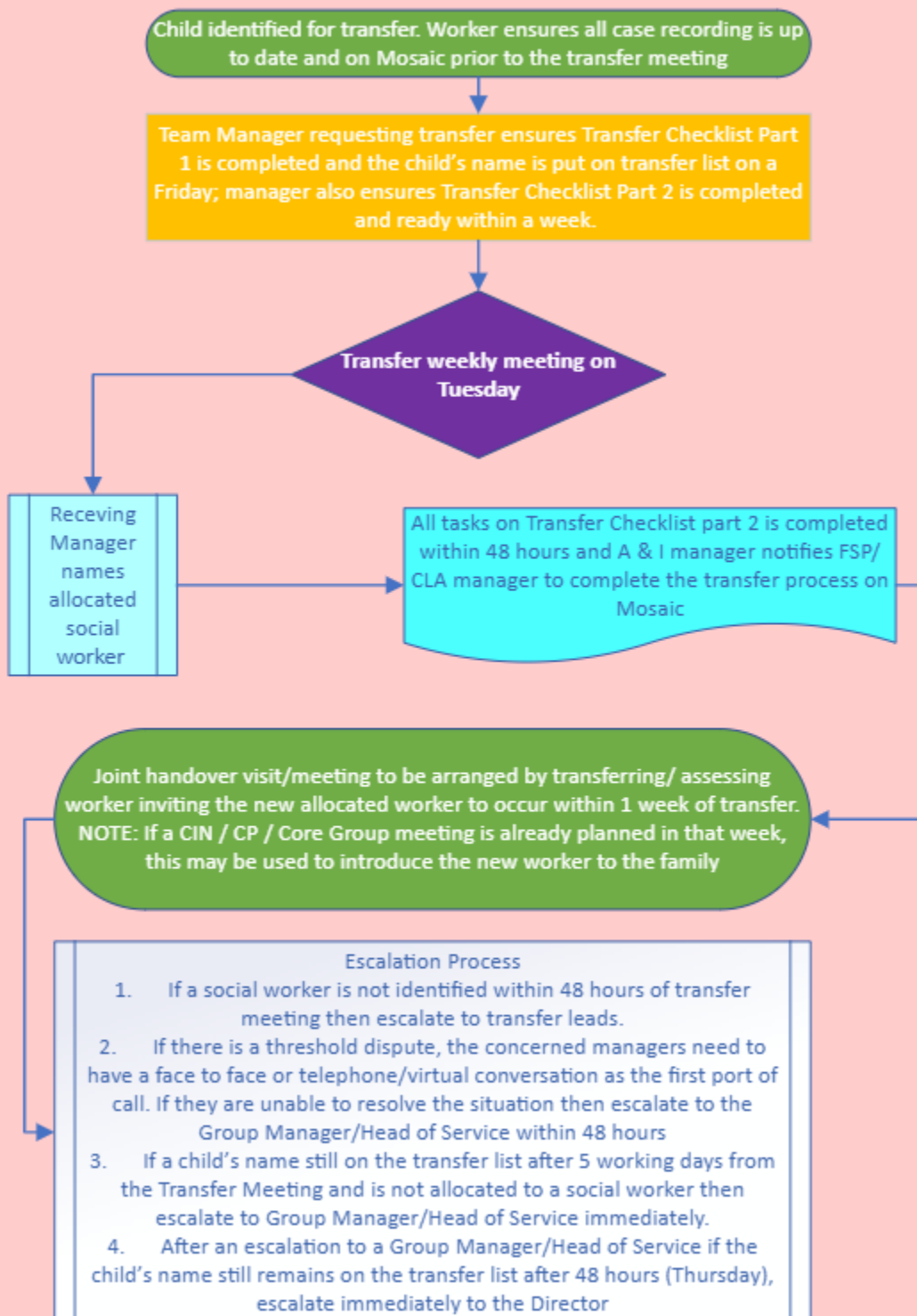
- Check back – we will get feedback from children, young people and their carers, as well as colleagues involved in the transfer about what was helpful and what could improve this process.

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 MAST 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 1 weeks from agreed transfer point.

III. The Process



IV. Transfer Points

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

- 1.6. Children who are being presented by the A & I team at the Initial Child Protection Conference will be transferred from A&I to FSP (or CWD) at the initial conference; the expectation is for the SW from the receiving team to attend. If not the duty worker or the team manager from the respective team will be required to attend.
- 1.7. As part of the safety planning for a child, consideration for an LPM may arise, thus requiring A&I to present to a legal planning meeting (LPM) which may occur in advance of an ICPC, or following the ICPC if the identified risks require consideration and oversight from the LPM panel. The receiving team should attend the LPM in order to facilitate and support transfer between services.
- 1.8. If the SW team is seeking permission to commence pre proceedings, a draft Letter Before Proceedings with a clearly set out pre proceedings intervention plan should accompany the LPM referral documentation (as per the LPM guidance). The receiving team will progress pre proceedings work following LPM. It will be good practice to involve the incoming team in developing the proposed pre proceedings intervention plan. If the outcome from LPM is to issue care proceedings, the case holding team will progress with it and transfer the case to a relevant service at the first Case Management Hearing.
- 1.9. During the transfer between A&I and services, the receiving team upon receipt of the notification, and having undertaken the transfer audit checklist, should transfer the case within the timescales set out (within one week).
- 1.10. If a challenges arise during the transfer process, communication should occur between the services, in order to create a resolution, or to revert to the escalation process (flow-chart on page 6).
- 1.11. Children who are on a Child in Need plan should transfer from the A & I team to FSP at the initial CIN meeting with the receiving team present, the details of the identified social worker and receiving team manager should be provided prior to the CIN meeting. However, in the event the FSP receiving SW does not attend the initial CIN review meeting, the A & I and FSP SW or Team Manager will hold a handover discussion about the case at which point the case is transferred, providing the file is up to date and ready for transfer). All children on a CIN plan should have a completed and up to date plan prior to transfer to FSP.
- 1.12. Where children are the subject of care proceedings the transfer takes place at the first court hearing. The case responsibility is with the receiving team (CLA). 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 within the prescribed timescales (one week).

- 1.13. 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.
- 1.14. 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 MAST 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 MAST.
- 1.15. 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.
- 1.16. 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

- 1.17. Many referrals will concern families where only one of a group of siblings where one child might have a disability, these families should be allocated to the CWD team. If the child's diagnosed with disability is the main concerned child, the case should be referred to children with disability team at the point of referral through MAST. 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.
- 1.18. 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.

- 1.19. 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

- 1.20. 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.
- 1.21. 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

- 1.22. Age assessments go through the Through Care Service and this team is responsible for undertaking the assessments. Referrals received from MAST go straight to Through Care team.
- 1.23. 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.
- 1.24. 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’)

- 1.25. 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.

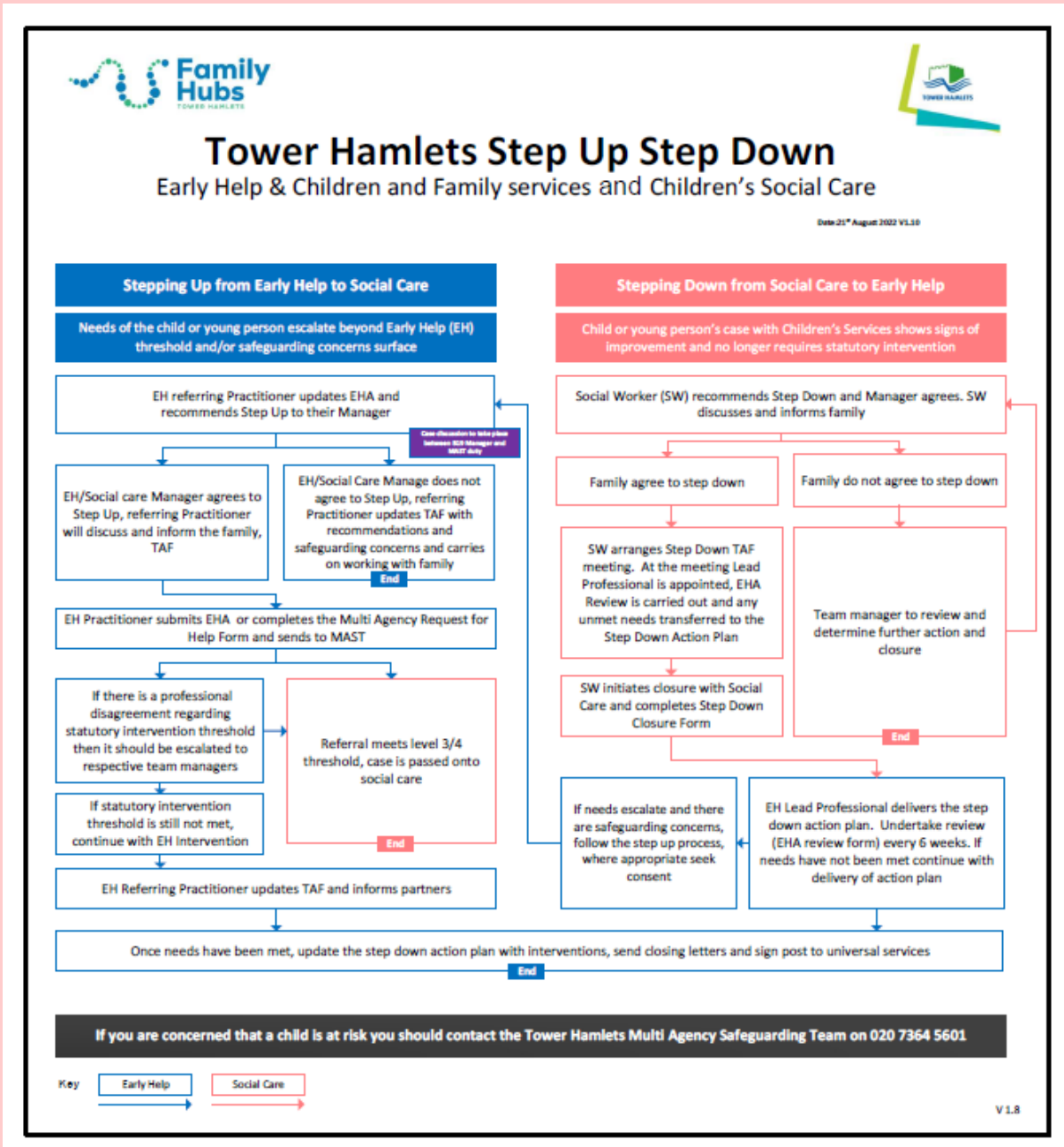
- 1.26. Following an agreement with the B-19 manager or senior practitioner, to transfer support, the social work team must ensure the following: -
 - Make a referral to the Early Help Hub so that a contact record can be completed (the process will change at some point once Early Help move across to 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.

Transferring support from Early Help to Children's Social Care (Step up Process)

- 1.27. Early help practitioner recommends to their manager that the needs of the family require support through Children's Social Care. If the Early help manager agrees then the practitioner must make every effort to inform the family and explain their rationale in doing so.
- 1.28. Early Help manager shall arrange a consultation with the MAST manager to agree this. The following documents must be made available to the MAST 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 MAST inbox only with email overview. Copying in the relevant EH manager to the email if the manager is not
- 1.29. If there are any disagreements regarding statutory interventions/ thresholds, then this should be escalated to management (of the relevant team).

Flow Chart below need to reflect the step up and down process above.

See Flow Chart below.



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)

Sara Lewis (SWISS) – 07912480704 Sara.Lewis@towerhamlets.gov.uk

Akhtar Rahim (Breaking the Cycle) - 07961 898 320 Akhtar.Rahim@towerhamlets.gov.uk

Zahra Jama (MAST/Early Help strand) - 07563 379 843/020-7-364-5006 (option 2)

Zahra.Jama@towerhamlets.gov.uk

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 TM 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 casfront sheetwith 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? Case file transferred on Mosaic?			

B. Case Transfer flowchart

