

# **Children's Services**

## **STEP UP/STEP DOWN PROCESS & TRANSFER PROTOCOL**

### **PRACTITIONER GUIDANCE**

**Review Date:**

**June 2021**

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## **Introduction**

The purpose of this guidance is to ensure that:

- Children and families receive continuous needs-based support
- The service and support provided is delivered by the appropriate part of children's services
- The support is timely including transfer of cases between the various teams in Children's Services
- All those involved understand and abide by the 'Principles of Transfer'

The level of need for families can change and improvements made in their circumstances following intervention by Universal, Families First, Targeted Youth Support Services, Specialist and/or Safeguarding Services. The step up and step down approach describes the way in which a family can continue receiving a service once the role of respective services is coming to an end. This guidance is to ensure that the support provided from different parts of the service is seamless and family focused.

This guidance is aimed at all teams within Children's Services and the principles and checklist applies to cases which transfer between Families First/Targeted Services, Safeguarding and/or Specialist Services.

Before considering a step up or step down to other services, it is important that families are part of the decision making and give consent to share information (the exception would be in step up cases where doing so could place the safety of a child at risk). It is also important to ensure that other professionals involved with the family are aware of a transfer to another service.

## **Principles of transfer protocol**

1. Capacity of a team to take on cases will not prevent or delay transfer
2. There should be good communication (ideally face to face or by telephone) between Team Managers to agree thresholds and contribute to the step up or step down plan
3. Where there is a disagreement between Team Managers regarding the transfer, they should involve their Service Manager to help resolve the disagreements as quickly as possible
4. Where there is a disagreement the immediate or urgent needs of children and families must remain a priority and teams should approach this using their professional judgement to ensure the child/young person/family's immediate needs are addressed.
5. Transfer agreements reached at Early Warning stage must be honoured
6. Transfers will not be rejected on minor issues, cases can be co-worked and records updated by the transferring team if some actions identified are outstanding.

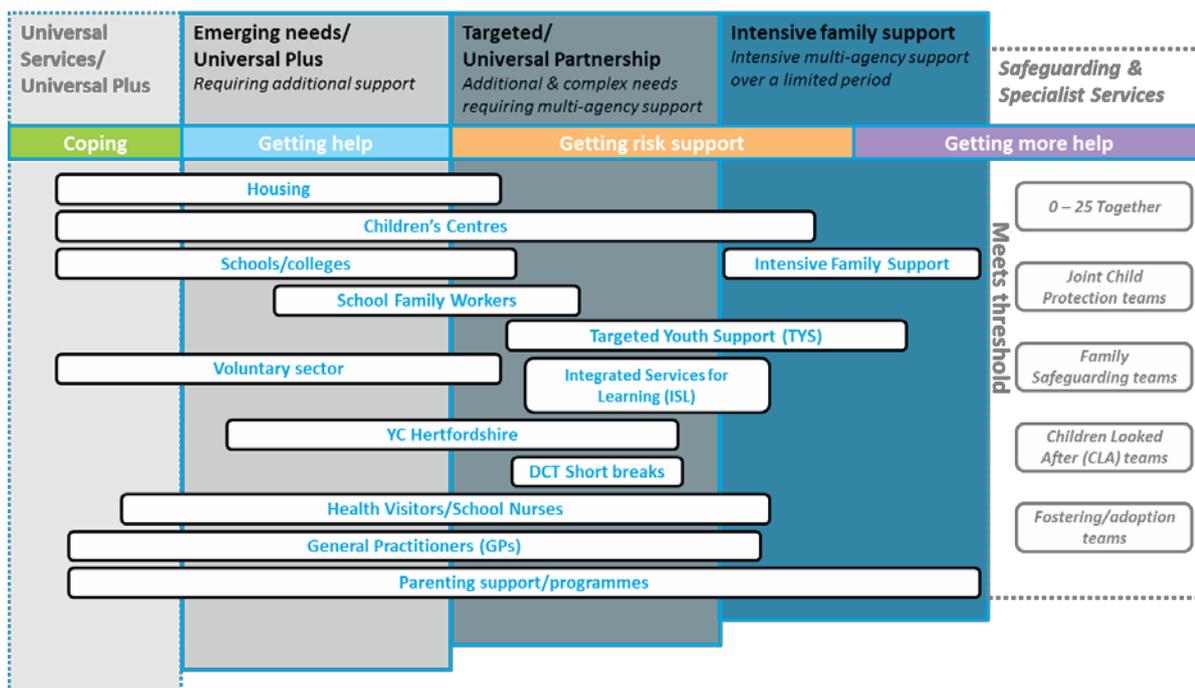
7. The transfer checklist must not delay the timeliness of transfer of cases and should not be used as a tool to prevent the transfer
8. Decisions for transfer and allocations should be undertaken within a timely manner (this should be a decision within 1 working day and allocation within 2 working days of the step up/step down/transfer).
9. The Customer Service Centre or MASH must not be used as a way of stepping up/stepping down cases.

## **Families First**

Families First is Hertfordshire’s Early Help offer and brings a range of services, teams and organisation together under a single brand. It includes Intensive Families First Teams (previously known as Thriving Families), Targeted Youth Support Services (TYSS) and a range of partners, Local Schools Partnerships, Children’s Centres, Schools, Health and the Voluntary Sector who are essential in providing support to families, children and young people at the earliest opportunity. They also have a key role in ‘Step Down’ and continuing to support them, when they no longer meet the safeguarding threshold but will need support to keep progressing and so that their needs are sustained at the earliest level, whether that is within a targeted or universal service. There is no age focus for the Families First, as long as there is a dependent child (under 18) within the family; the focus is to provide practical support and intervention to the whole family.

## **The Continuum of Need**

### **Continuum of Need**



## **Intensive Family Support Teams (Thriving Families)**

The work of the Intensive Family Support Teams (IFST's) contributes to the Department for Communities and Local Government and (DCLG) Troubled Families programme. This is for families who have a range of complex or substantial needs affecting more than one family member, not for an individual child with, for example, poor school attendance and anti – social behaviour. An example would be a parent with a mental health problem (not necessarily with a diagnosis), they are at risk of exclusion, facing eviction and are not in employment and have a child or children with poor school attendance and who is causing anti- social behaviour.

Hertfordshire's Intensive Family Support teams work with families who require intensive support. They work with families to make sure they get the right support from the right people at the right time. They offer support to all family members as long as there is a dependent child aged under 18 in the household. The focus is to provide practical support to the whole family where there is evidence of four or more of the following presenting issues and/or where the family are identified as requiring intensive support.

Support is delivered using the '5 Factors of Family Intervention':

- 1 1.A dedicated worker for the family
- 2 2.Who looks at what is really happening for them
- 3 3.Who gives practical hands-on support
- 4 4.Who has an assertive and challenging approach
- 5 5.Who is backed by an agreed plan and common purpose among relevant services

IFSTs - deal with each family's problems as a whole rather than responding to each problem, or person, separately. Having a dedicated single key worker to get to grips with the family's problems and work intensively (e.g. up to 3 times per week) to change their lives for the better and for the long term. IFST's are required to evidence significant and sustained progress across all presenting needs across the whole family for at least six months and 3 terms for poor school attendance for each child.

## **Targeted Youth Support Service**

Targeted Youth Support Service (TYSS) provide a targeted adolescent service for young people and families to prevent family breakdown or where young people are at the edge of care. TYSS also provide support for care leavers up to the age of 25 and work with young people where a youth justice service is in place.

Referrals to TYSS are needs based where the criteria are:

- Significant difficulty with family relationships has led to family breakdown or family breakdown is likely if intervention is not provided
- A 16/17 year old is homeless
- A young person is exhibiting high-risk behaviour or harm that could lead to family breakdown or places the young person or community at significant risk (this may include a risk of Child Sexual Exploitation)
- A young person is subject to a Youth Justice service
- A young person is a Care Leaver aged 18 or over

- Where a child who is missing from home requires an Independent Return Home Interview

TYSS do not accept transfer of a Child in Need plan from another team. They will however accept a Child in Need plan being stepped down to a Families First Assessment where there is further identified intervention with the young person and family which meets TYSS criteria.

TYSS can offer support to other teams via a specific piece of short term targeted intervention with a young person where this meets TYSS criteria and whilst the young person remains the case responsibility of another team. Examples of this are:

- Where a young person subject to a Child Protection Plan, Child in Need plan or a Child Looked After requires a short term targeted piece of intervention to address high risk behaviour and that work cannot be undertaken by the case holder
- Where a Child Looked After has a clear plan to return home or to independent living and a statutory review identifies a targeted piece of work to support or strengthen this plan

### **Adoption Support Team**

Adoption Support Team (AST) is part of the Adoption and Fostering Service and works with adopted children and their families, up to the age of 18, 25 if the child has a disability, birth relatives post Adoption Order and adopted adults. The team has a statutory duty to provide advice and guidance on adoption issues and to carry out assessment of adoption support needs. AST records on LCS, via advice and guidance. The team builds the views and needs of adopted children into work, with the majority of the direct work taking place with or alongside the adults.

Where safeguarding concerns are raised on a child whose case is open to AST, a Step Up to Safeguarding ,TYSS or 0-25 Team, takes place. Please see guidance in Appendix X on Step up from AST

### **STEPPING DOWN**

A set of process maps for step downs according to service area can be found in the Appendix

### **Step down from Family Safeguarding Services and Specialist Services including 0-25 Together**

The Family Safeguarding and Specialist teams will ensure that the assessment identifies the needs of the child/young person and family in order for the Families First to identify the most appropriate service, whether the family still needs an intensive level of support (IFST's), targeted (TYSS) or they can be supported by a partner agency e.g. School,

Children's Centre, Health Visitor. If you are not clear then contact the Triage manager to discuss the level of support required before the final review.

Step downs may be as a result of recommendations from an assessment (0-25 Together), or follow on from a Child in Need, Child Protection plan and Children Looked After where a need for ongoing support or intervention has been identified but where significant harm as a result of the care given to the child or significant impairment of the child's health/development is no longer evident. It is important to be as prescriptive as possible about areas need to be progressed.

Action and Impact meetings are held every month (insert link to A&I meeting dates on portal) will be the conduit for step down where a safeguarding team have been unable to identify a key worker to lead on the step down. The Chair of the Action and Impact meeting will identify which services/team/ organisation can continue to work on progress with the young person or family. You can continue to step down in the interim via Families First Triage if a key worker has been identified. If you have missed an A&I meeting please send to Families First Triage for a chairs decision. Step down is supported from LCS to EHM on the liquid logic platform.

If a child no longer needs protecting and you want to step down, it is practice to identify the professionals who should be invited to the final review. Send the step down request after the final review on EHM and outline the summary of the work to be completed. Please be as prescriptive as possible what you want in terms of what you want to progress.

**NB. Please do not put to put 'to Monitor' as this will not result in service provision**

### **Step down from Assessment Teams Joint Child Protection Investigation Team (JCIPT) and 0-25 Together**

If a contact has been raised to the team and does not meet threshold for an assessment or a Child and Family assessment has been completed and there are no protection concerns, complete a summary and step down to Families' First Triage, IFST or TYSS on EHM. Include a recommendation that a Families First assessment (FFA) is undertaken if a Child and Family assessment has not been completed. If a Child and Family assessment has already been undertaken, please seek agreement from the family for a copy to be shared with a Families First lead professional as a further assessment will not be required. It is important that the family has given consent and understands what the service recommended can offer. If consent is withdrawn or the family refuses to engage following stepdown the receiving team should contact the referring team for a case discussion, prior to case closure (N.B. Safeguarding teams do not have powers to require family to co-operate but this may change risk analysis of case).

### **Step down from MASH**

If there are no protection concerns send to IFSTs, TYS or Families First Triage for other partners to consider undertaking a Families First assessment.

## **Out of Hours**

If there are no protection concerns, OOHS step down the contact on EHM and send to Families First Triage, IFST or TYS.

## **Adoption Support**

If a contact has been raised to the Adoption Support team and the case meets significant harm as a result of care given/not given threshold send straight to Assessment team. If the case does not meet protection threshold and is likely to benefit from a co-ordinated multi-agency approach send to Action and Impact, TYS or IFST.

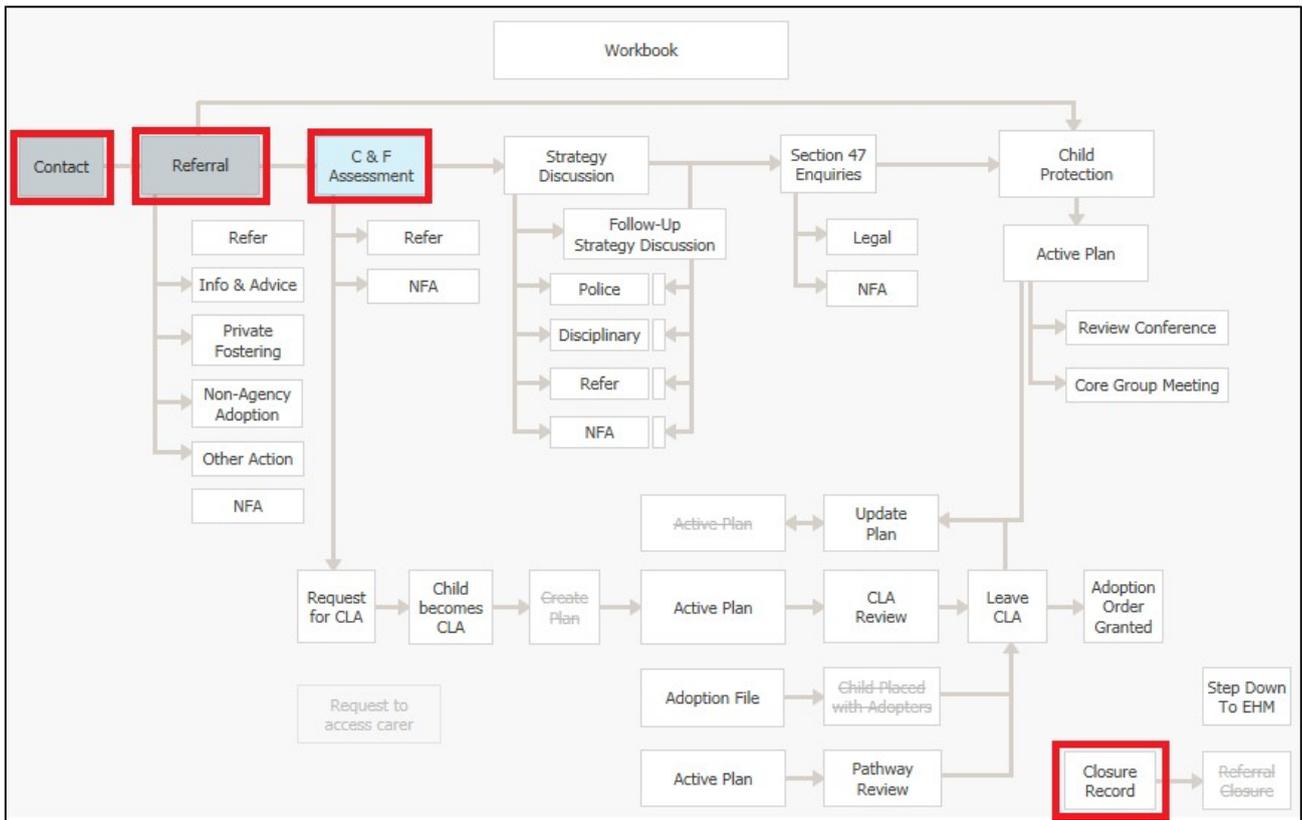
## **Disguised or lack of compliance from families**

If the step down process has been completed and there is evidence of disguised or lack of compliance and significant harm is now evident, relevant Safeguarding & Specialist Services manager will act as key decision maker at Action & Impact meeting to agree next steps.

## **Stepping down from LCS to EHM**

There have been 4 main places configured as available to step down a case from. These are the following:-

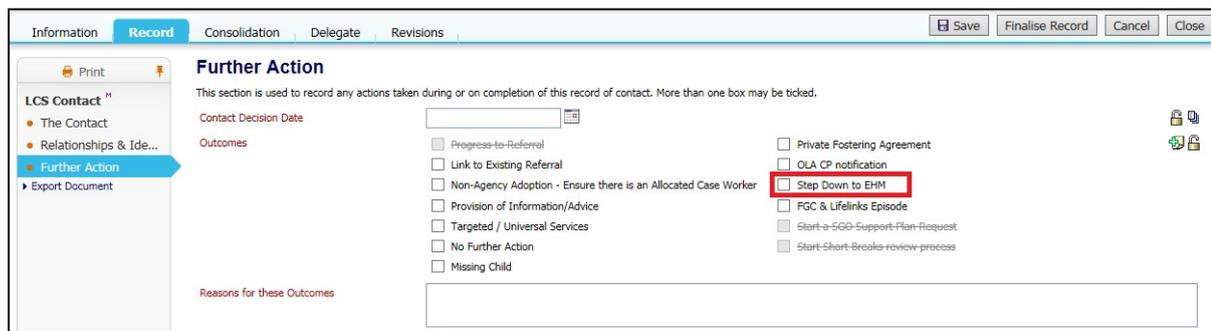
- Contact Record
- Referral Record
- Closure Record
- C&F Assessment



This guide will now describe how to start the Step Down process from the three places described above.

### Starting the step down from the Contact Record

If you want to start the step down process from the contact record you will need Start a contact record and then in the 'Further Action' tab and in the outcomes section you will need to select 'Step Down to EHM' from the list of available Outcomes to start the Step Down Process.



Once completed you will then need to follow the '[Completing the Step Down form](#)' part of this guidance.

## Starting the step down from the Referral Record

If you want to start the step down process from the Referral Record when you are completing the referral record in the 'The Referral' tab and the outcomes section you will need to select 'Step Down to EHM' from the list of available Outcomes to start the Step Down Process.

The screenshot shows the 'Record' tab of a software interface. The left sidebar has 'LCS Referral' and 'The Referral' selected. The main area contains several sections: 'Person Name' (Test), 'Time of Contact' (Normal working hours), 'Relationship to the child/Professional title', 'Address', 'Telephone Number', 'Email', and a question about remaining anonymous. Below this is the 'Reason for Referral' section with a dropdown menu set to 'Test' and a text box. The 'Details of Contact Source' section shows 'Health services - School Nurse'. The 'Further Action' section has a list of checkboxes for various outcomes. The 'Step Down to EHM' checkbox is highlighted with a red box. At the bottom, there is a text box for 'Outcomes'.

Once completed you will then need to follow the '[Completing the Step Down form](#)' part of this guidance.

## Starting the step down from the Closure Record

If you want to Step Down the case from the Closure Record you will need have started the Closure record. When you are in the first page of the Closure Record you will need to select 'Step Down'.

The screenshot shows the 'Assessment' tab of a software interface. The left sidebar has 'Closure Record/St...' selected. The main area has the title 'Closure Record/Step Down' and a question: 'Does this record need to be closed or stepped down to EHM?'. There are two radio buttons: 'Closure' and 'Step Down'. The 'Step Down' radio button is selected and circled in red. Below the question is a note: 'Please ensure you close the record as well when stepping down'.

Information Assessment Feedback Consolidation Delegate Revisions Save Finalise Assessment Close

Print

**Closure**

The Closure record is the final step before closing the case. Please provide a summary of reasons for social services involvement and case closure.

**Case Summary**

Date Case Closed (Closure Record) 10/10/2017

Case Summary Case summary goes here

Closure Record/St...
 

- Closure
- Step Down to EHM

Information Assessment Feedback Consolidation Delegate Revisions Save Finalise Assessment Close

Print

**Step Down to EHM**

Step Down

Start Step down to EHM (Assign to self)

Closure Record/St...
 

- Closure
- Step Down to EHM

Once initiated you will then need to follow the **‘Completing the Step Down form’** part of this guidance.

### Starting the step down from the C&F assessment

If you want to start the step down process from the C&F assessment when you are completing the assessment in the ‘Decisions following the Assessment’ tab and the outcomes section you will need to select ‘Step Down to EHM’ from the list of available Outcomes to start the Step Down Process.

Information Assessment Feedback Consolidation Delegate Revisions Save Finalise Form Close

Print

**Decisions following the Assessment**

(tick as appropriate)

Outcomes

Workbook  
 Referral to Other Agency  
 Strategy Discussion  
 CIN and all other actions (including PMR, targeted and universal services)  
 Legal Action  
 Private Fostering Agreement  
 Specialist Assessment  
 No Further Action (Early Exit due to Early Section 47 End)  
 Request to Accommodate  
 Step Down to EHM

Reasons for these Outcomes

If developmental needs are identified in a child/young person and services are not to be provided or are not available, please explain why:

Name of worker completing assessment Mr Robert Coombes

Date Assessment Started 01-Oct-2017

Date Assessment Completed

Please specify any questionnaires, scales or research that you have used during this assessment

**Families should be provided with the following information**

Complaints / Compliments procedures Date provided

Information on access to records Date Provided

Feedback questionnaire for parents/carers Date provided

Child and Family As...
 

- 1. Basic Information
- Key Agencies
- Summary of Childr...
- Assessment
- Decisions following...
- Data collection on...
- Manager's Decision

 Stage: Assessor
 

- Export Document

Once completed you will then need to follow the **‘Completing the Step Down form’** part of this guidance.

## Stepping Down during Info and advice work after Contact Record

If you have chosen 'Provision of Information/Advice' as the outcome and then need to step the case down you will need to follow the directions below.

**Further Action**  
This section is used to record any actions taken during or on completion of this record of contact. More than one box may be ticked.

Contact Decision Date: today

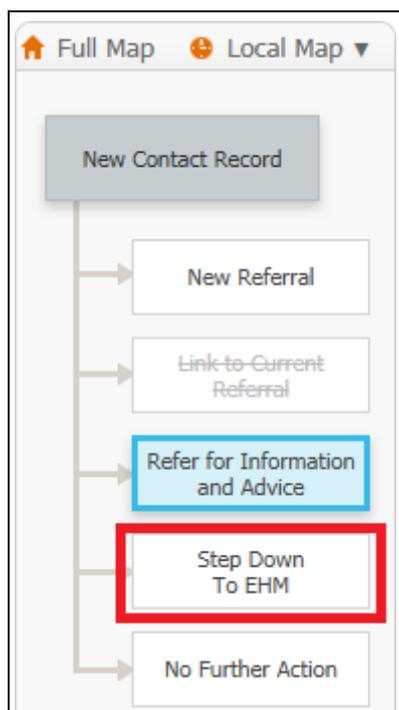
Outcomes:

- Progress to Referral
- Link to Existing Referral
- Non-Agency Adoption - Ensure there is an Allocated Case Worker
- Provision of Information/Advice
- Targeted / Universal Services
- No Further Action
- Missing Child
- Private-Fostering Agreement
- OLA CP notification
- Step Down to EHM
- FGC & Lifelinks Episode
- Start a SGO Support Plan Request
- Start Short Breaks review process

Reasons for these Outcomes: Provision of Information/Advice

Whilst you have the Information and Advice Record open you will need to start the Step Down process manually. It is critical to initiate the Step Down process before completing the 'Information and Advice Record' otherwise it will not be possible to start it.

To start the step down click on the 'Step Down to EHM' in the map as shown below.



Next you will need to add a date of initiation and then click 'Start this Step'. Before doing this you need to ensure that there is a case worker recorded on the record otherwise the step down will go into the Admin tray and you will need to contact ICT User Support to retrieve the task.

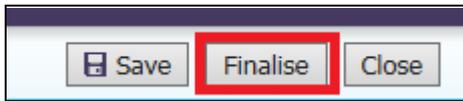
Once completed you will then need to follow the ‘**Completing the Step Down form**’ part of this guidance.

### Completing the Step Down form - Social worker section

1. Once the Step down process has been initiated by one of the methods previously described, the form will have been initiated and the first thing to do is click on the ‘Step Down to EHM’ form as shown in the screen shot.

2. Next you will need to complete the various questions within the step down form.

- Once you have completed the questions in the form you will then need to click on the Finalise button. This will then send the form to your manager to Authorise before it is stepped down.



## Manager Authorisation section

- In your tray there will then a task to authorise the Step Down to EHM. The task can be accessed by clicking on the task.

Today (1)	Person	Task Description
03-Nov-2017	Test, StepDown 4 yrs [Ref: 3363684]	<b>Step Down to EHM - Authorise</b>

- The manager then has an opportunity to review the form and then when happy click 'Finalise Assessment'.

**Step Down to EHM**  
(Select forms and case notes to Step Down to EHM when finalised, together with basic child demographics)

Summary of work completed (Please copy from your updated case summary)

Please confirm the documents being stepped down are relevant and proportionate and there is consent to share these documents  Yes  No

The comments section should include the reason for stepping down and any actions and urgent tasks

**Transfer Details**

Date of Transfer: 03-Nov-2017

Comments: The comments section should include the reason for stepping down and any actions and urgent tasks

Are parents aware of this transfer?

Transfer Recipient(s): Step Down to Action & Impact

**Forms to include in this transfer**

Select All / Select None

- Contact Record (Thursday, 2 November 2017)
- Contact Record (Tuesday, 10 October 2017)
- C & F Assessment (Thursday, 5 October 2017)
- Contact Record (Thursday, 5 October 2017)
- Contact Record (Sunday, 1 October 2017)
- C & F Assessment (Tuesday, 10 October 2017)

**Case Notes to include in this transfer**

Select All / Select None

- Case Note for Test, StepDown (4 years), on 02-Nov-2017 10:25, of type Case Summary
- Case Note for Test, StepDown (4 years), on 01-Nov-2017, of type Assessment Visit

**Documents to include in this transfer**

- Finally click 'Authorise' to conclude the process. This will complete the step down to EHM.

### Step Down to EHM

Active Task: Mr Robert Coombes (Reassign)    Started: 03-Nov-2017    Due: unspecified

[Step Down to EHM](#)    Task Details    No Other Children ▼

**Assessment Authorisation Stage:** Review the completed Assessment and amend if applicable. Once satisfied finalise the Assessment and choose to Grant Authorisation or to Request Further Information.

[Authorise](#)    [Request Further Information](#)

▶ View Step down to EHM by Mr Robert Coombes, Admin - ICS Departments (Awaiting Authorisation)    ▶ Amend

**Step Down to EHM**

The Assessment	<a href="#">Step down to EHM</a> (Session Finalised) [ Print ]
Worker	Mr Robert Coombes (Admin) (02-Nov-2017 to 03-Nov-2017)
Reviewer	Mr Robert Coombes (Admin) (03-Nov-2017 to 03-Nov-2017)

## **STEPPING UP**

### **Step up from Families First**

All step up requests from other partner agencies; where there are no **immediate significant harm concerns** will go through the monthly Families First Action and Impact meetings, these will also require agreement from the Families First Operations Manager to ensure that there is evidence that early interventions have taken place. The process for step up will be as described above.

**This does not negate any partner making a referral using Protected Referrals or by calling Police if there are immediate child protection concerns.**

### **Step Up to Assessment Services**

Where a case is open to IFST's, AST or TYSS and there are **immediate** child protection concerns requiring a Step Up to the Safeguarding Service, the relevant Manager must make direct contact with their counterpart in the relevant Assessment Team (including DCT Assessment where appropriate) and discuss the reason for child protection concerns. If there are concerns that a crime against a child has occurred, the relevant manager should approach the JCPIT manager in the first instance.

If the step up is agreed by the Safeguarding Manager, the relevant referring manager must ensure there is a case summary with the reasons for step up clearly outlined and initiate the step up process on EHM.

**NB the adults must be removed before the case is stepped up to LCS as recording in Assessment Services is for children.**

The Safeguarding Team accepting the step up need to create the contact in LCS. Everything that has been completed on EHM, including the assessment, plans, reviews, case notes and graded care profile will be available to Safeguarding through the linked

application (allowing you to move between EHM and LCS easily) – There is restricted access for partners in EHM to LCS due to data protection.

The assessment manager will make a decision (**within 24 hours of receipt of the email**) regarding whether a safeguarding assessment is required and record their decision making on LCS. They will then email the relevant manager (**within 48 hours**) with the outcome and reasoning for their decision, who will then ensure that this is recorded on the relevant recording system used by their service.

Where Safeguarding & Specialist Services carry out a S47 investigation, the referring service must keep the case open, liaising closely with the S&SS team to ensure effective working together. In such cases, it is essential that the roles and responsibilities of each team are fully understood, with the Social Worker from S &SS leading the S47 investigation. A Child and Family Assessment will be carried out by S&SS as part of the S47 enquiry. If the S47 investigation/Child and Family Assessment concludes no risk of significant harm, the case will close to the Safeguarding/Specialist team and work will continue from the relevant service.

The ONE MONTH rule should apply if a Step Up to Assessment /Sec47's, i.e. if the case has been open to FS in the previous month, then the case should go straight to the relevant Family Safeguarding team unless there are concerns that a crime against a child has occurred, in these circumstances the relevant manager should approach the JCPIT manager.

### **Step up to CLA Service from Targeted Youth Support Service**

For S20 cases, where the young person has remained in care longer than 12 weeks and there is no indication of a return home, it is the expectation that cases are transferred to the Children Looked after Team at 12 weeks (2nd CLA Review) unless the young person is 17 years old or older. This decision should be clearly documented by the TYSS Manager within case recording. The TYSS Manager/Practice Manager will liaise with the appropriate Manager within CLA teams to progress the case transfer. The permanence plan for the young person should be confirmed at least two weeks prior to the 2nd CLA Review so this plan can be presented at the 2nd CLA Review for ratification, in line with [Permanence Planning Procedures](#).

Any request for step up needs to include assessments, work undertaken to support young person's return home e.g. Family group conference, reintegration support package, viability assessment, ARC intervention programme etc. and clarity regarding legal status and plan for permanence.

### **Step up to 0-25 Service**

0-25 Together support a range of children, young people and young adults across the care continuum. Some cases that are deemed to be low risk are managed outside of regular

Child in Need procedures (further Information is detailed within section 4 of social work procedures manual). Where Safeguarding Concerns arise within 0-25 Together Cases, they will be escalated to the Locality Teams in the 0-25 Together Service.

This could include but is not an exhaustive list:

- Impact of the behaviour of the child/young person on the family.
- Domestic Abuse
- Poor home conditions impacting on the wellbeing of the child/young person.
- Neglect
- Emotional Abuse
- Drug/Alcohol misuse.
- Sexual Abuse
- Physical Abuse
- Any other Safeguarding concern.

The 0-25 Together Central Team AP/TM will have a conversation with Team Manager in Locality (0-25 service) and record discussions on a case note. The AP/TM will create a new contact on LCS and link to the original referral and will assign to the Locality Team Manager. Contact should be recorded on the case file by Information and Advice Officer

If there is any other case that is felt to require an assessment or where further intervention is required, which does not meet the criteria as outlined above then this must be discussed with the 0-25 Service Manager (East or West) who will make the final decision in regards to further actions required.

### **Step up to Family Safeguarding Service**

Where a case is open to IFST's, AST or TYSS and there are child protection concerns requiring a Step Up to the Safeguarding Service, the relevant Manager must make direct contact with their counterpart in the relevant Family Safeguarding Team or 0-25 Service (if the case has been previously held there within the last month) and discuss the reason for child protection concerns. If there are concerns that a crime against a child has occurred, the relevant referring manager should approach the JCPIT manager in the first instance. If the step up is agreed by the Safeguarding Manager, the relevant referring IFST's or TYSS manager must ensure there is a case summary with the reasons for step up clearly outlined and initiate the step up process on EHM.

**NB the adults must be removed before the case is stepped up to LCS as recording in Assessment Services is for children.**

The Safeguarding or Specialist Service accepting the step up need to create a new contact in LCS and all relevant information that has been made available from the EHM record, everything that has been completed on EHM, including the assessment, plans, reviews, case notes and graded care profile (where appropriate) will be available to the Family Safeguarding Team manager and allocated worker through the linked application enabling you to move between EHM and LCS.

The Family Safeguarding manager will make a decision (within 24 hours of receipt of the email) regarding whether a Family Safeguarding transfer is required and record their decision making on LCS. They will then email the relevant manager (within 48 hours) with the outcome and reasoning for their decision, who will then ensure that this is recorded on the relevant recording system used by their service.

### **Legal Planning Meetings and Statements for Court**

Requests for an LPM by TYSS in relation to secure or on the rare occasion to initiate care proceeding will require in the first instance a professionals meeting to be held by TYSS chaired by the TYSS Head of Service (lead for Safeguarding) to ensure all services that could be provided have been offered and all alternatives to secure have been explored. Following this should a Legal Planning Meeting be deemed necessary, the HoS for TYSS should contact the HoS for Family Safeguarding (East or West) requesting them to chair the LPM.

### **Court Statements**

Where the request for care proceedings or request for secure has been initiated by TYSS, the expectation is that the TYSS allocated worker who has been working with the child/young person/family will be required to provide a witness statement of the work they have been undertaking, alongside a Care Plan, Chronology and Genogram, statements from other professionals involved in the case may also be required to provide evidence.

## **Case Transfer and Allocations Protocol From Assessment Teams to Family Safeguarding Teams**

This section of the protocol is to provide guidance on transfer of cases for allocation to the Family Safeguarding Teams from the Assessment Teams.

### **Process to be followed:**

- Early alert to be sent to Family Safeguarding Service ( FSS) Team Managers (TM ) within 48 hours of Assessment TM decision to progress to CIN/ICPCC and be updated if any relevant changes occur prior to the initial CIN or ICPCC.
- Early Warnings of case transfers must be sent to the FSS TM's relevant to the area where the child's primary address is.
- The FSS TM will review the case within 2 days of receiving the early alert , if there are any discrepancies re threshold, this should be discussed with the Assessment TM within this 2 day period.
- The relevant FSS TM will identify the case worker and liaise with the Assessment TM from the transferring team within two working days of the decision to accept the case.
- The LCS case transfer to be sent to Family Safeguarding Team Manager when the case is ready for transfer within 48 hours of CIN or 24 hours ICPCC.
- FSS TM will review LCS records (using the checklist) for the case being transferred and will raise any issues with the transferring Assessment TM to ensure the case is fit for transfer.
- Where possible handover discussions should take place between the transferring Assessment team and the receiving FSS team in order for the receiving team to contribute to the CIN, CP or CLA plan. (These discussions are also helpful in discussing any developments across both teams e.g. changes in staff, caseload pressures, and resources identified etc.).
- The transferring Assessment team will update the receiving Family Safeguarding team of any changes/delays that may impact on the transfer process.
- FSS TM to receive and allocate the case to the new social worker within 2 working days of receiving this LCS case transfer request or on day of the ICPC. Failure to respond/receive the case will require immediate escalation by the Assessment Service Manager to Family Safeguarding Service Manager for resolution.
- If the identified FSS TM is not available, the manager or CSM covering for them will assume responsibility for this protocol.

**This section of the protocol is to provide guidance on transfer of cases for allocation to CLA Teams from the Assessment, Family Safeguarding and TYSS services.**

### **CLA Responsibility:**

- Early Warnings of case transfers must be sent to the CLA Service Managers and copying Business Support for allocations to the CLA teams. Decision to accept case transfer will be made within two working days of receiving the early warning.
- Ideally, Early Warnings are to be sent through one month before the child / young person needs to transfer through to the CLA Service.
- The nominated CLA Team Manager will identify the case worker and liaise with the Team Manager from the transferring team within 5 days of receiving the notification from the Service Manager.
- Handover discussions to take place between transferring teams and receiving CLA teams.
- Transferring team (assessment, family safeguarding or TYS) to update receiving CLA team of any changes that may impact on the transfer process.
- CLA Team Manager will review LCS records (using the checklist) for the case being transferred and will raise any issues with the transferring Team Manager to ensure the case is fit for transfer.
- Transfers to the CLA teams will be tracked by a record maintained by the CLA Business\_Support Officer.
- LCS case transfer to be sent to CLA Team Manager when case is ready for transfer. CLA Team Manager to allocate within two working days of receiving this LCS case transfer request. Failure to respond/receive transfer will require immediate escalation to CLA Service Manager for resolution.
- If the identified CLA TM is not available, the manager covering for them will assume responsibility for this protocol

### **Assessment Teams:**

- Transfer of UASC cases will be fast tracked to CLA and transferred at the first CLA review.
- Early warning of case transfer to be sent out to the CLA Service Manager at the time of the notification of the first CLA review.
- Where an Age Assessment has been undertaken, the outcome will be clearly loaded on LCS and, where the outcome is not agreed by the young person, that the outcome has been shared with the UKBA.

### **Safeguarding Teams/TYSS:**

- Early warning to be sent to CLA teams one month prior to date of actual transfer.
- The CLA team will endeavor to identify an allocated worker as soon as is possible to avoid delay and ensure the opportunity for joint visit to the child/YP
- (Joint visit does not apply to cases transferring from Assessment teams to CLA)

**Checklist for all Case Transfers**  
To be used by all teams

This checklist is an aide to social workers, practitioners and team managers to assist them ensuring that the relevant records are up to date and in-place.

**Note: This MUST NOT delay the timeliness of transfer of cases and should not be used as a tool to prevent the transfer.**

**Note: This is a single transfer checklist that will apply to all case transfer across the service. Complete sections as applicable.**

**Early warning of case transfers must contain a brief description of the referral, background & complexity (use case summary) and key dates and meetings.**

**With focus on the needs of the child/young person and their journey through our services, it is important that the following information (as relevant) is up to date and clearly recorded.**

**Current Social Worker:** .....

**Current Team Manager:** .....

For all Cases			
	Yes	No	Comments
LCS/workbook records are up to date:			
Case summary which is up to date			
Chronology of significant events is up to date, relevant and meaningful			
Care plan is up to date and authorised, (a single plan for child or young person)			
Legal status is clearly and accurately recorded (for 18 year olds former relevant or qualifying)			
Demographics and address (primary and placement address) correctly recorded, hazards, disability, communication needs etc.			
C&F assessment is up to date as at the latest review, case conference or CiN review.			
Consent Form			
NHS number (if known)			
Recording of known concerns in			

respect of Substance Misuse; Domestic Abuse or Mental Health indicating who e.g. parent, child/young person (as applicable)			
Workbook/Case notes/summary are up to date and there is appropriate signposting of documents uploaded onto live link			
Are there worker health and safety issues? If yes what are the risks and what measures have been put in place?			
Case supervision record and management decisions are recorded and up to date			
<b>For CIN and CP cases</b>			
	<b>Yes</b>	<b>No</b>	<b>Comments</b>
Finalised CIN plan (as applicable)			
Recorded and finalised statutory visit			
Records of care proceeding and Court judgment with signposting on Live link (as applicable)			
<b>For CLA Cases</b>			
Health records-IHA/RHA/dental and immunisation. (as applicable)			
Education records-PEP: <ul style="list-style-type: none"> <li>• Virtual school involvement for EET/NEET plan(as applicable)</li> <li>• Details of Youth Connexions PA</li> </ul>			
CLA review outcome & minutes			
Permanency planning records-as applicable (CPR, Best interest minutes, permanency planning minutes on live link) (as applicable)			
CPR is fully up to date and, as appropriate, any additions indicated as necessary by the Adoption Panel have been actioned. (as applicable)			
Life Story work – where permanence (Adoption or LT Fostering) has been identified as the primary care plan evidence is required Life Story work having been initiated/ inc memory box (as applicable)			

LCS Adoption file (as applicable)			
<b>For cases transfer between CLA &amp; TYS</b>			
Authorised Care / Pathway Plan part 1 and part 2 ( as applicable) inc <ul style="list-style-type: none"> <li>• PWP signed by young person</li> <li>• Accommodation post 18 addressed in PWP (e.g staying put agreement/supported lodging)</li> <li>• Referral to transitions team if LD/or independence plan post 18</li> <li>• Programme of independent living skills</li> <li>• PWP address entitlements/benefits/setting up home allowance/bank account details</li> </ul>			
Risk assessment and risk management plan is up to date (as applicable)			
CSE Risk – where identified, confirm LCS Hazard has been activated Missing episodes and return interviews recorded.			
Key documents/details of the following:			
Passport			
Birth certificate For UASC – Home office number			
NI number			
Driving License			
Any other personal documents			
Application for asylum seeker (as applicable)			

This checklist will be used by managers transferring and receiving cases to audit the case on LCS.

### Early Warning of Case Transfer

Family details- (add rows as required)

Names	DOB	Primary address	LCS number

Category of need - date of meeting if known

CIN	ICPCC	LPM

Risks to child/ren

Health and Safety risk assessment

CS history/ current concerns and recommended plan

Current worker.....

Assessment Team manager.....

Proposed date for transfer.....

**Hertfordshire County Council (HCC)  
Children's Services**

Adult's Name.....

DOB: .....

Adult's Names: .....

DOB: .....

Child's name	DOB	ICS

Child/Children's Address
Parents Address if different from above

**CONSENT FORM**



Children's Services staff work closely with different professionals, such as teachers, police, health visitors and GP's and other Hertfordshire County Council services. This helps our services meet the needs of individual children, young people and their families.

Working together means that we will need to share information about you and your family and also ask for information from professionals that will help us understand the situation.

We need your consent before we contact professionals outside of HCC for information or share information with them regarding you and your children. If you are in agreement we would ask that you sign this form.

**YOUR AGREEMENT WILL BE VALID FOR INFORMATION SHARING FOR ONE YEAR.** If we continue to offer a service after this time, we will ask for your continued written consent then.

You may withdraw consent to information sharing at any time by informing us in writing of this. You may also ask for the information shared to be conditional, for instance if there is someone you don't want us to share your information with or obtain information from.

Any details of the services we provide or information about you or your family will be stored and used in strict accordance with our registration under the Data Protection Act 1998. The leaflet attached explains more about our responsibilities.

You do not have to consent to information sharing but this may make it difficult to provide the services that you or your family need. You should also know that we have a legal duty to share information with other agencies if we believe it will protect you, prevent harm to someone else or prevent/detect a crime.

If we use your information for other reasons, for example to plan our services or do research, then we will make sure that you cannot be identified.

We will not use your information for staff training without asking you for specific consent at the time.

**DECLARATION**

I confirm that I have parental responsibility (PR) for my child(ren) **YES / NO (delete as appropriate)** and I agree to information being shared with and from other agencies external to HCC and services within HCC where appropriate. I understand the information I provide to Children's Services may be used for the above purposes.

Signed: .....  
Date:.....  
(Relationship)

Signed: .....  
Date:.....  
(Relationship)

Signed (by member of staff) .....Date:.....  
.....

Below are the professionals that Hertfordshire Children's Services may contact to share information with or request information from Please provide details of individual Professionals involved with your family.

<b>PROFESSIONAL</b>	<b>NAME/CONTACT DETAILS</b>	<b>PARENTAL COMMENT</b>	<b>FOR ADMIN USE</b>
School/Nursery/College			
GP			
Health Visitor/School Nurse			
Children's Centre			
Community Mental Health Team (CMHT)			
Midwife			
Hospitals			
Housing			
Child & Adolescent Mental Health Service (CAMHS)			
Probation			
Adolescent Drug & Alcohol Service for Herts (ADASH)			
Police Services			
EHCP Co-ordinator			
Community Health Professional			
Others			

**Please tick if you do not consent to our sharing your contact details ONLY, with an Independent Children Advocacy Service NYAS who will make contact with you once our involvement is finished to discuss our service to you.**

## Letter Templates for use by Safeguarding & Specialist Services when Stepping Down

**Note: These letters are a guide and should be personalised to the circumstances of the case.**

### Closing Letter to Parents - Template

Dear ,

I would like to thank you for spending time talking to me, what you have told me has helped me understand what is important to you and your family and what you would like to change, so that wherever we can we will try to offer you the right support.

I am writing to you to let you know what is going to happen next. I have made a referral to the Targeted Youth Service/Families First (Delete as appropriate\*) this is a team who also work with children and their families and offer support and to help families make positive changes, they will I am sure explain what they do when you meet with them.

They should be in touch with your family in the next 10 days.

Children's Services really value what children and their families tell us, we very much appreciate your views. Please complete the form included with this letter if you wish to tell us more about how we can make our service better.

Yours Sincerely

## Closing Letter Template to Child

Dear (child's name),

My name is ..... I am the social worker/ Families First worker who has been meeting with you and your family. One of my most important jobs is to talk to children about your worries and what makes you happy.

As I told you last time I saw you, I will not be visiting you any more, but I have asked some other people to come and spend time with you and your family, to help you all, they are called the .....team and they will be visiting soon.

I have really enjoyed getting to know you and I am very happy that I was able to help you and your family. If you have any ideas about how I can help other children like you, please contact me on.....or complete the form I have added to this letter

Yours Sincerely

**Children's Services**  
**Director: Jenny Coles**

**Children's Services**  
**Hertfordshire County Council**

**Tel: 0300 123 4043**  
**Fax:**  
**Date:**

Dear

**Re:**

Following our work with you and your family, I am writing to enclose a copy of the completed Assessment/Recommended Plan for further support.

We are recommending no further involvement from this team and it is therefore our intention to close the case, and as discussed with you we have requested support from Families First/TYS who will be in touch with you soon.

Your views and feedback regarding the service we have provided is welcomed and will be valued by the team and there is the facility for these to be electronically added to our records, even after closure. If there is anything you wish to have added or any queries, please write to us or contact us by telephone.

Yours sincerely

## Letter to Professionals

**Children's Services**  
**Director: Jenny Coles**

**Children's Services**  
**Hertfordshire County Council**

Addressee  
Address Line 1  
Address Line 2  
Town/District  
County Postcode

**Tel:** 0300 1234 043  
**Fax:**  
**Email:**  
**My ref:**  
**Your ref:**  
**Date:**

Dear

**Re:**

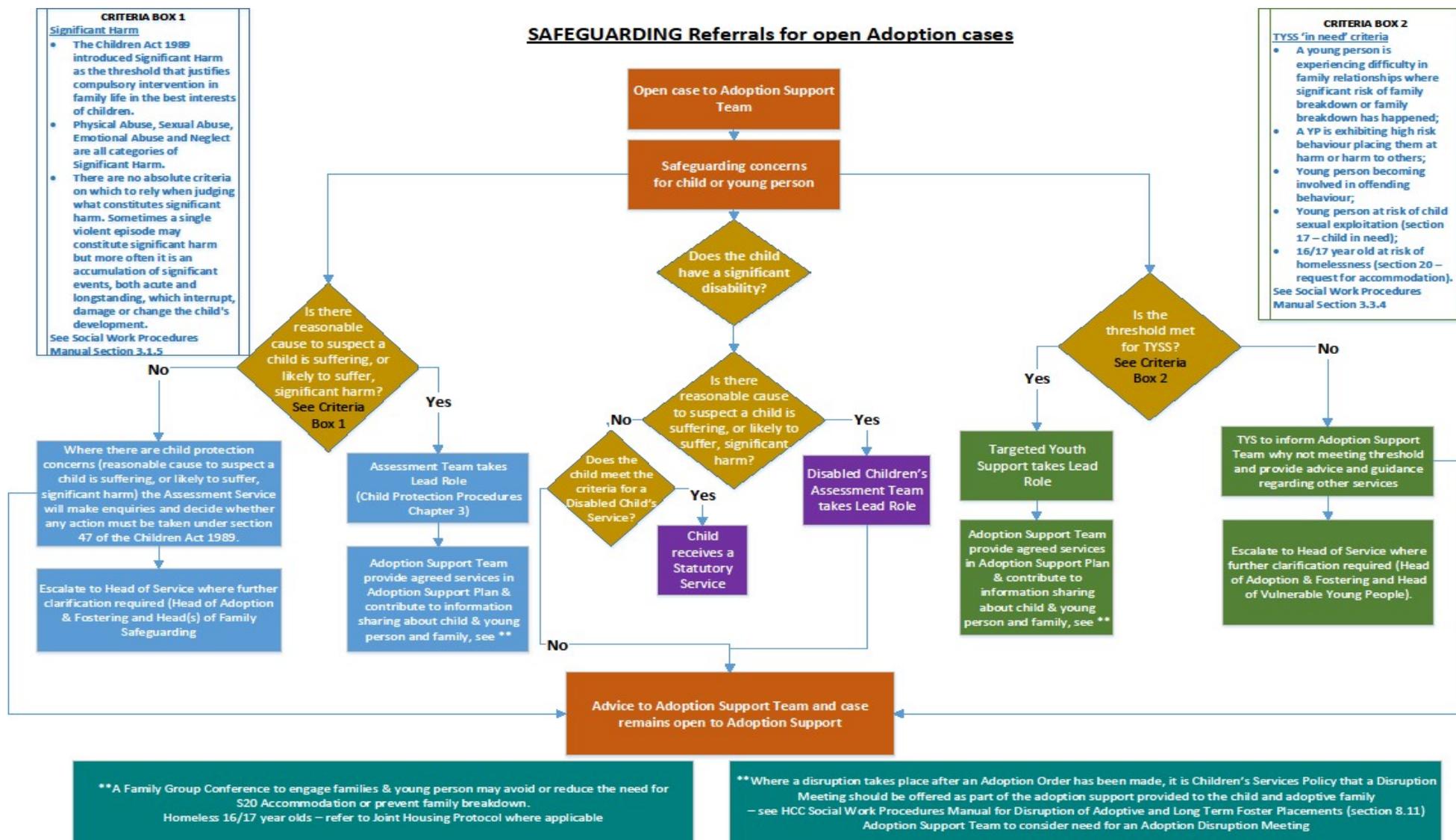
Thank you for the referral you made to this department. This team will now be closing their involvement and have requested further support for the family from (add service).

Children's Safeguarding Services assessed .....needs, and identified that they would benefit from support in the following areas:

If you require any further information please do not hesitate to contact us on the above number.

Yours sincerely

## SAFEGUARDING Referrals for open Adoption cases



\*Subject to TYSS procedures review current 'working arrangements' in Adoption Support for TYSS action is 13 years.

## Case allocation resolution process.

1. There may be occasions when there is dispute between teams about the appropriateness of a case allocated to them. (In terms of threshold for that team) i.e. a case may have been passed by the CSC to the Assessment Team who may hold the view that it would be more appropriately allocated to TYS.
2. In such situations, it is key to remain focused on the immediate and then ongoing needs of the child and family and the issue of allocation therefore needs to be resolved promptly, at the lowest possible level and **within one working day**. (To ensure Working Together compliance)
3. Referrals CANNOT be passed back to the CSC for them to resolve this issue.
4. The case allocation resolution process is therefore as follows; *(Please note this process also be applied to case transfers between teams)*

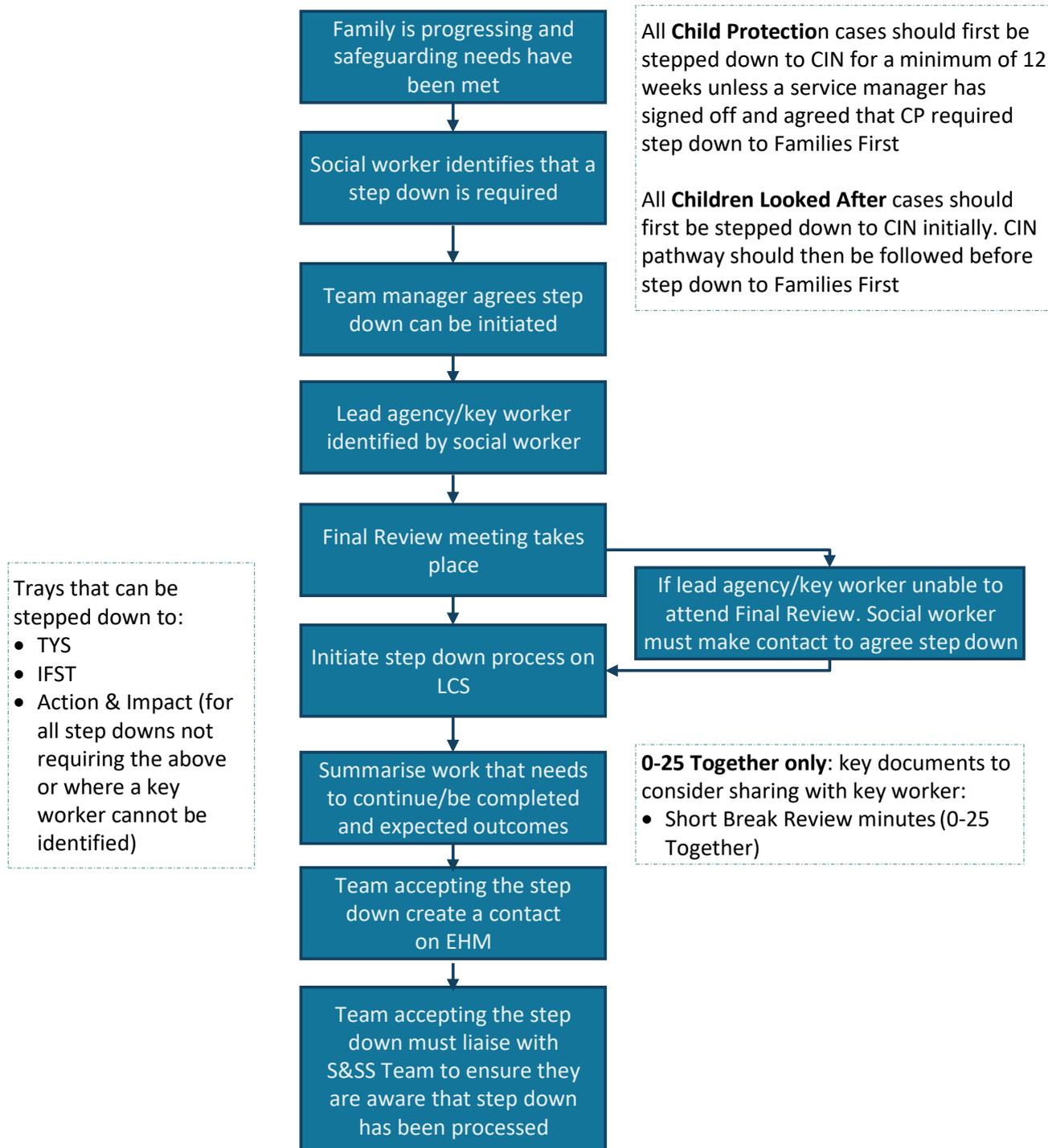
Level	Responsible Officer
Level 1:	Team Manager – Team Manager of the team the case has been allocated to makes contact with the Team Manager of the team they feel should have received the referral. Issue of case allocation/lead responsibility and/or joint working is resolved and added as a case note to LCS/IES. Where resolution is not possible – case allocation dispute is escalated immediately to <b>Level 2 to enable resolution within one working day</b> .
Level 2:	Service Manager - Service Manager with responsibility for the team the case has been allocated to makes contact with the Service Manager responsible for the team they feel should have received the referral. Issue of case allocation/lead responsibility and/or joint working is resolved and added as a case note to LCS/IES. Where resolution is not possible – case allocation dispute is escalated immediately to <b>Level 3 to enable resolution within one working day</b> .
Level 3:	Head of Service (Service Manager for TYS/TF/EH) - with responsibility for the team the case has been allocated to makes contact with the Head of Service/Service Manager (TYS/TF/EH) responsible for the team they feel should have received the referral. Issue of case allocation/lead responsibility and/or joint working is resolved and added as a case note to LCS/IES. Where resolution is not possible – case allocation dispute is escalated immediately to <b>Level 4 to enable resolution within one working day</b> .
Level 4:	Director of Family Safeguarding/Operations Director Specialist Services/Operations Director Service for Children Young People - makes contact with the relevant Director to discuss and resolve the issue of case allocation/lead responsibility and/or joint working and add a case note to LCS/IES.

**Please note the timescale of one working day.** If the presenting issues are not urgent, professional discretion to be used whilst avoiding drift and delay.

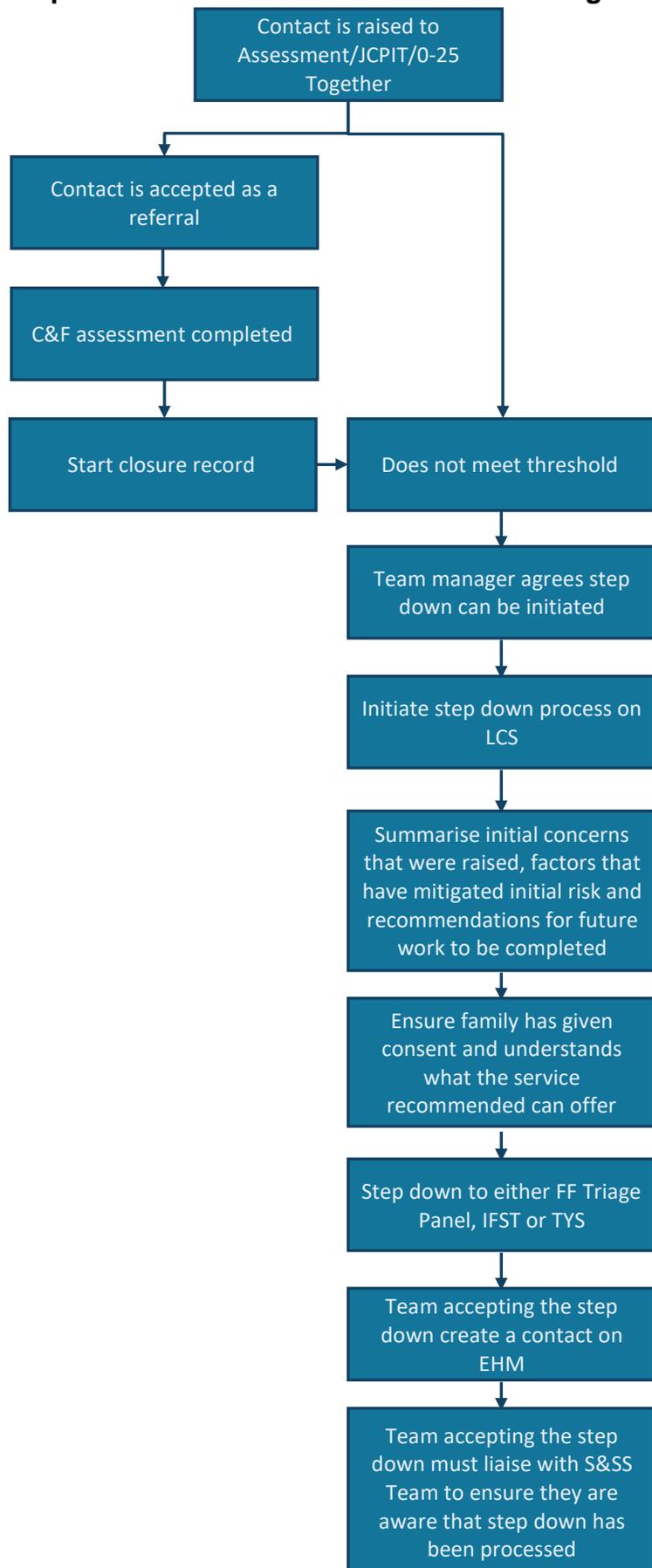
5. There may be occasions when there are potentially immediate concerns for a child/young person. In such situations, there may not be time for the case allocation to be resolved in line with the above process. In such circumstances, the team that received the referral will need to go out to address the immediate concerns however this does not mean that they will retain case responsibility once the resolution process has been completed and this must not be a deciding factor in this process.

## Process Maps for step downs

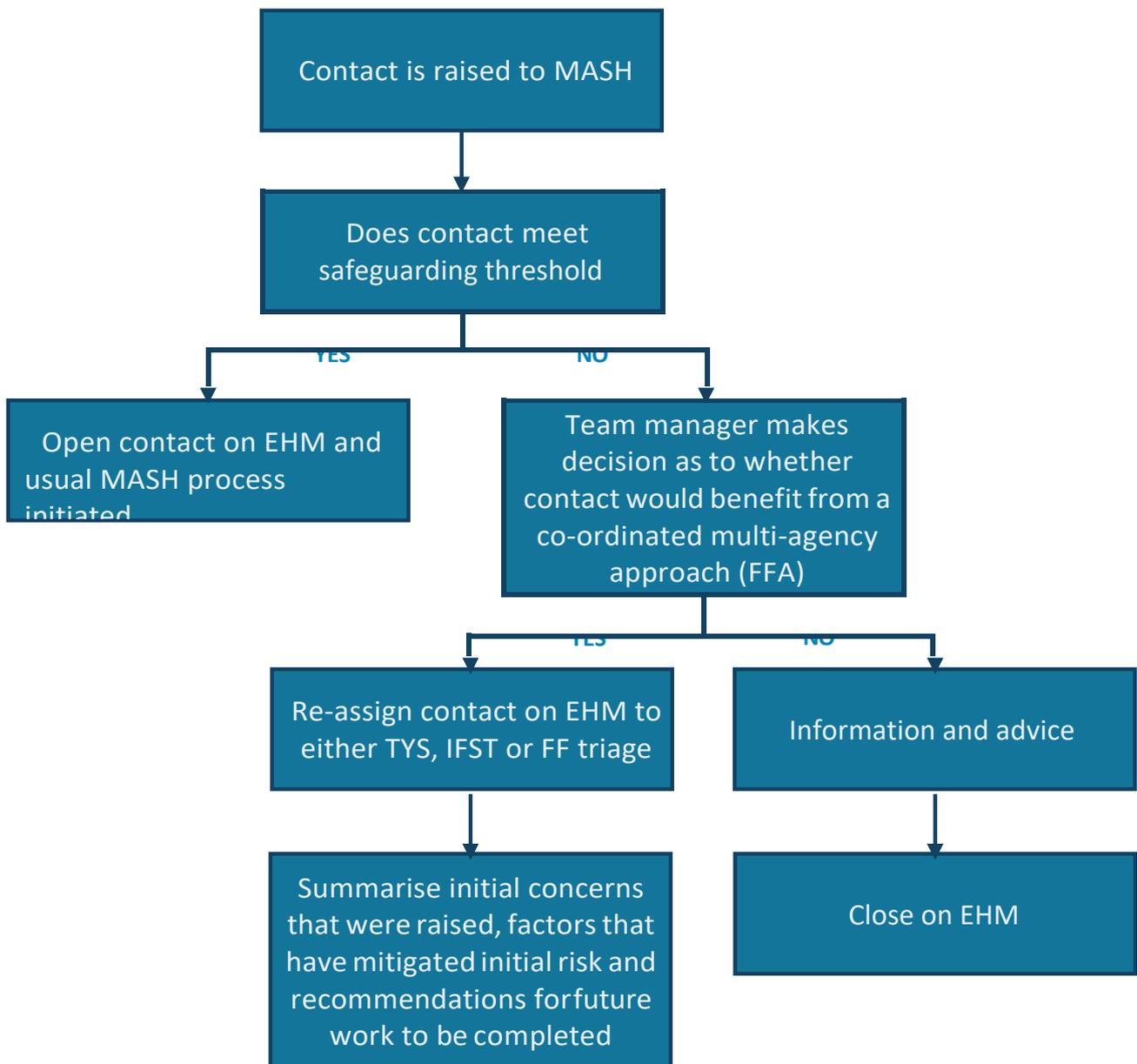
### Step down from Family Safeguarding/0-25 Together



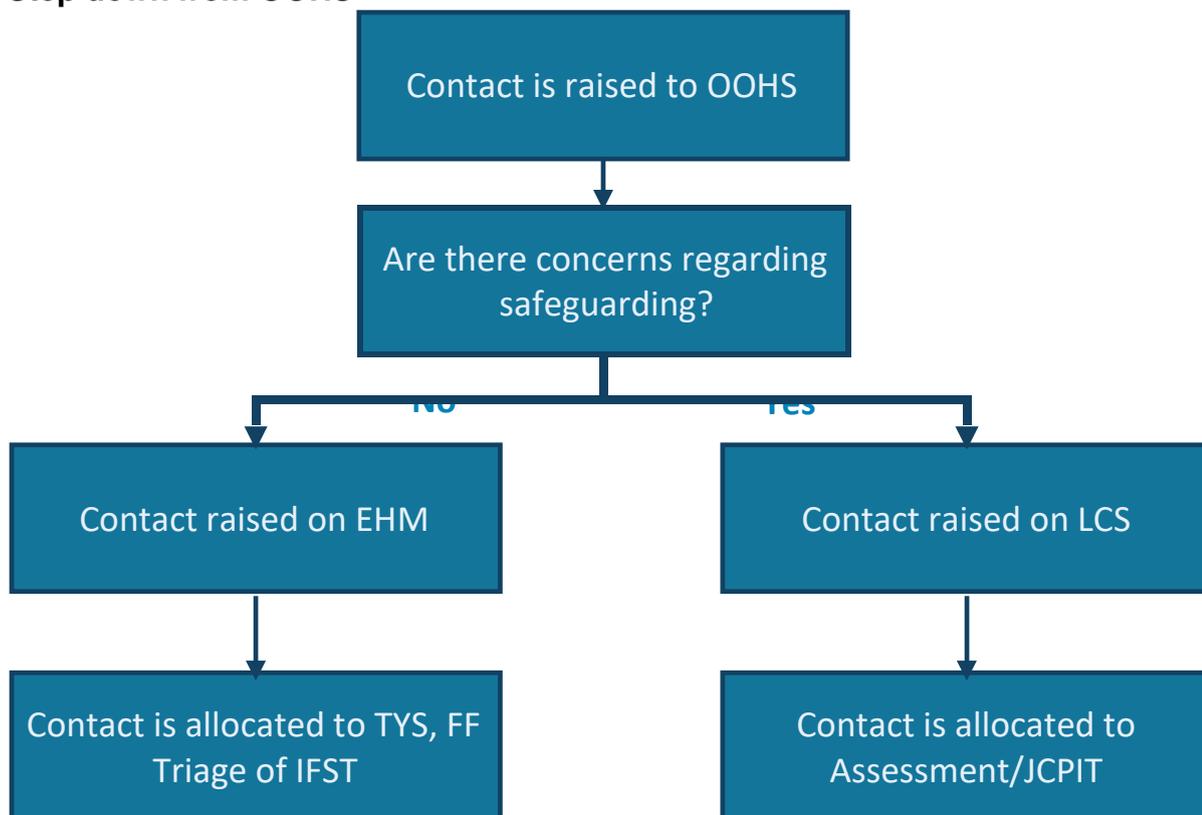
## Step down from Assessment/JCPIT/0-25 Together



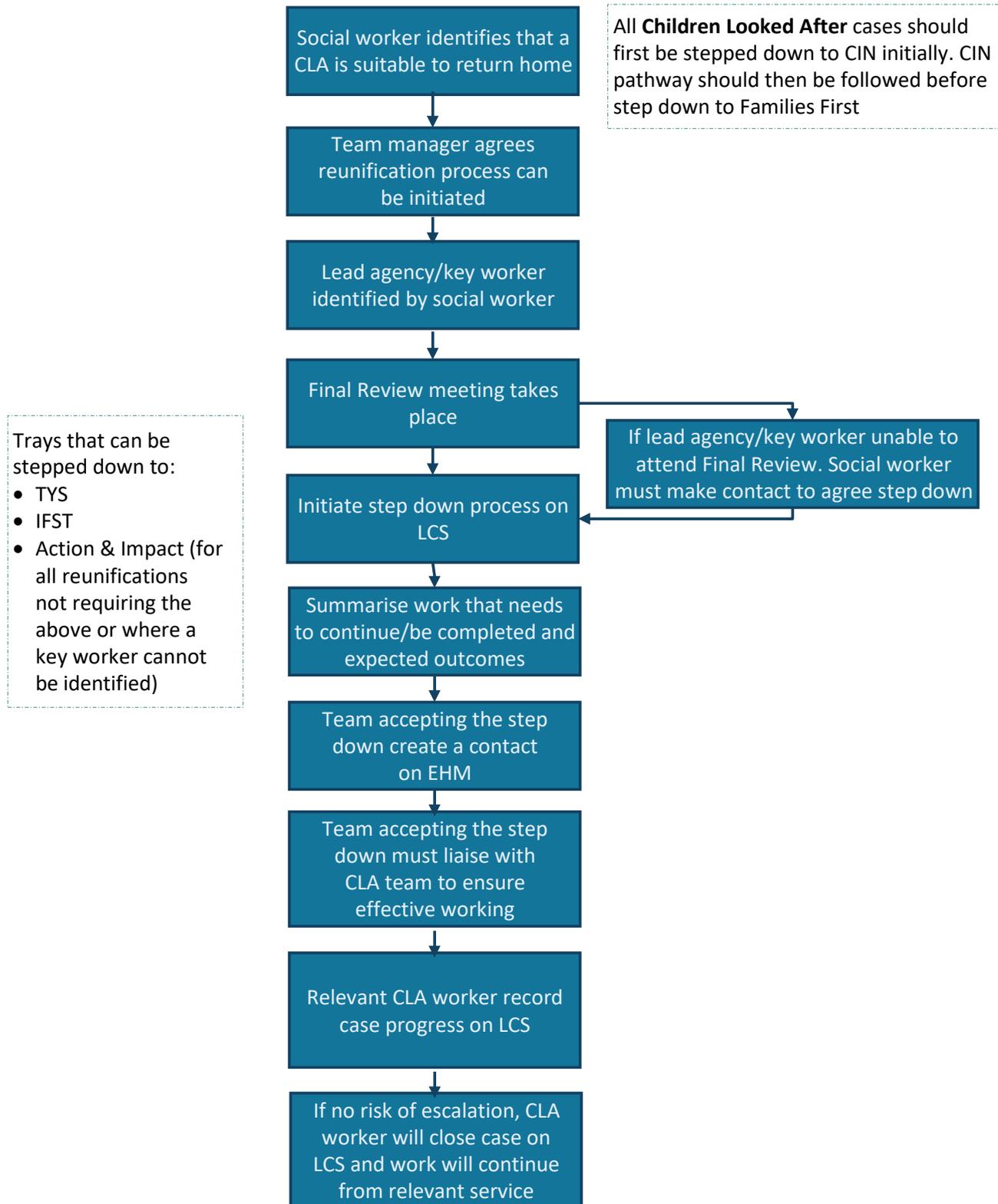
## Re-assigning from MASH



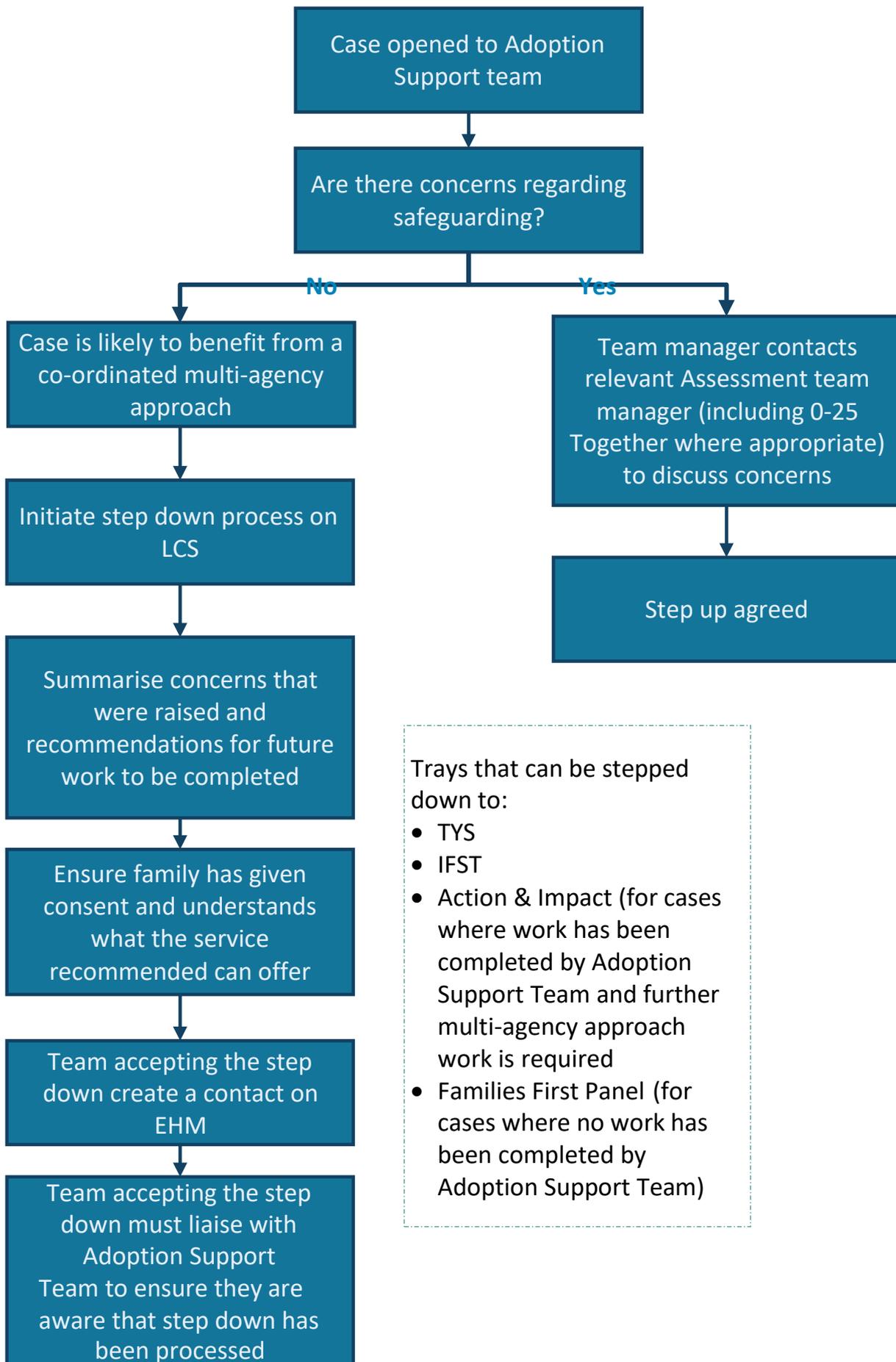
### Step down from OOHS



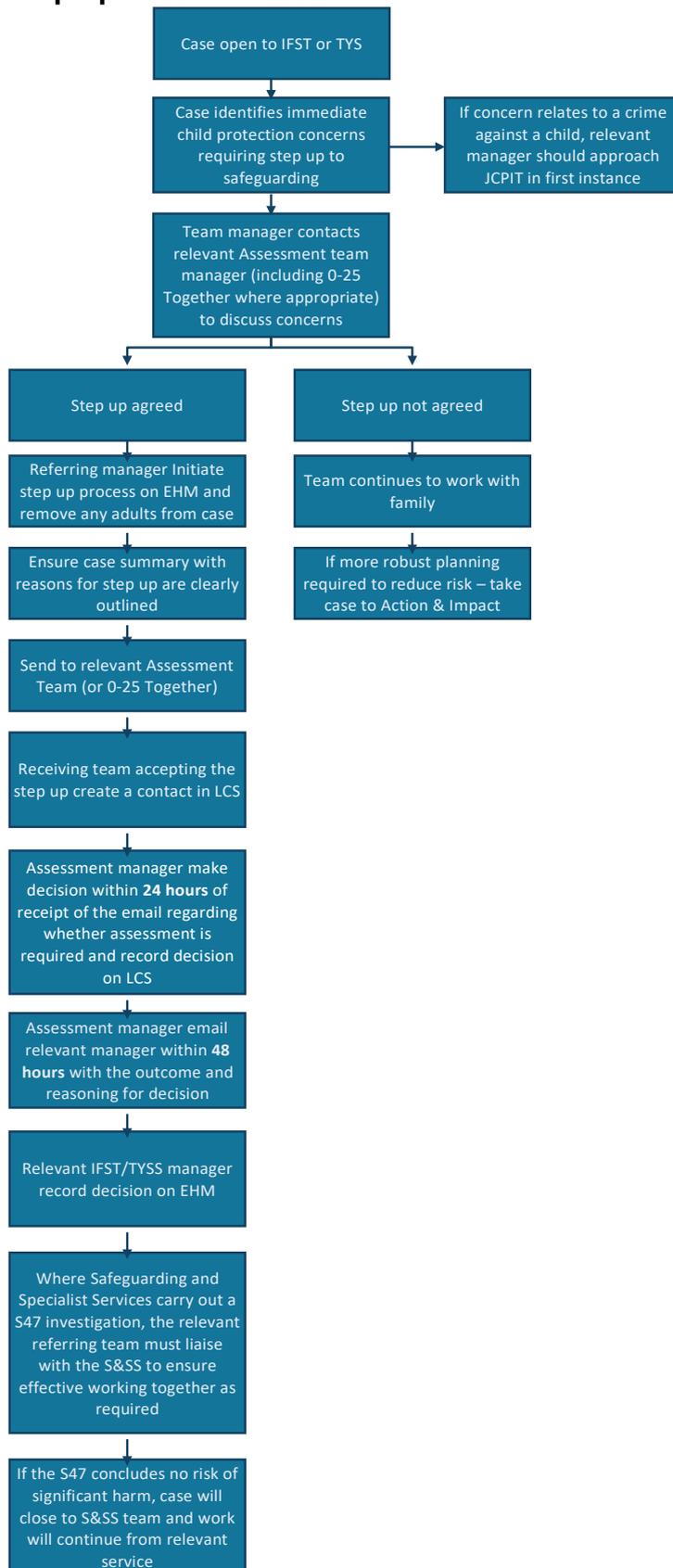
## CLA Reunification



## **Step down from Adoption Support**



## Step up to Assessment



## 1. Process for disguised or lack of compliance from families

