

CHILDREN’S SERVICES

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

**PRACTITIONERS GUIDANCE**

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| **1.** | **INTRODUCTION** |
| 1.1 | 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’ |
| 1.2 | The level of need for families can change and improvements made in their circumstances following intervention by Universal, Families First, Intensive Family Support Team (IFST) Specialist Adolescent Service Hertfordshire (SASH), Specialist and/or Safeguarding Services. The Transfer Protocol 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 Children’s Services is seamless and family focused. |
| 1.3 | 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. |
| 1.4 | Before considering a transfer 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 transferring cases to Safeguarding Services 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. |
| **2.0** | **PRINCIPLES OF TRANSFER PROTOCOL** |
| 2.1 | 1. There should be good communication (ideally face to face or by telephone) between Team Managers to agree thresholds and contribute to the plan. 2. Capacity of a team to take on cases will not prevent or delay transfer. 3. 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. 4. 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. 5. 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. 6. Transfer agreements reached at Early Warning stage must be honoured. 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 (there should be a decision within 1 working day and allocation within 2 working days of the transfer. The exception is Triage Panel which will allocate at the next available panel). 9. The Customer Service Centre or MASH must not be used as a way of transferring down cases. |
| **3.0** | **FRONT DOOR PATHWAY DECISIONS** |
| 3.1 | Customer Service Centre send the contact to MASH, SASH Hub, Families First Triage, Assessment Team or 0-25 Together Service. If the receiving team feels the case does not meet their criteria, they should contact the team they feel the contact should have been sent to.  Discussions should ideally be held between Team Manager to Team Manager however staff deputising for managers, e.g. Consultant Social Workers can consult to avoid delay.  If the case transfer is not agreed, the initial receiving Team Manager contacts the MASH Service Manager. The MASH Service Manager will make a final decision within one working day as to where the contact will be sent and progressed. |
| **4.0** | **DISENGAGEMENT OR LACK OF COMPLIANCE FROM FAMILIES** |
| 4.1 | If consent is withdrawn or the family refuses to engage following step down, the receiving team should contact the referring team for a case discussion.    (N.B. Safeguarding teams do not have powers to require families to co-operate; this may change the risk analysis of the case). |
| **5.0** | **CASE TRANSFER AND ALLOCATION PROTOCOL FROM ASSESSMENT TEAMS TO FAMILY SAFEGUARDING TEAMS** |
| 5.1 | When transferring cases from Assessment to Family Safeguarding, the following processes must be followed: |
| 5.2 | A. When and How to Initiate the Early Alert   * The Assessment Team Manager will send the Early Warning Alert to the relevant Family Safeguarding Team Manager within 2 working days of the decision to progress to CIN or Initial Child Protection Conference. The Early Alert needs to state what the proposed plan (CP/CIN) is at that time. The Child & Family Assessment will not always be completed at this point, but the Assessment Team will have gathered the relevant information to inform their proposed plan. |
| 5.3 | B. Family Safeguarding Response to Early Alert and Visit to Child   * If the receiving Family Safeguarding Team isn’t going to be the team accepting the case due to cross team allocation, the receiving Family Safeguarding team will liaise with their Family Safeguarding colleagues accordingly and forward the Early Alert on within one working day. They will also inform the Assessment Team Manager which team the Early Alert has gone to within one working day. (Same principle applies for LCS case transfers). * Within 2 working days of receiving the Early Alert, the Family Safeguarding Team Manager will review the case and raise any issues of clarification in respect of information gathering, threshold or work to be completed with the Assessment Team Manager, noting that the Child & Family Assessment may not yet be completed. This will provide an excellent opportunity for joint working/planning opportunities to be considered and a date/time for a joint visit agreed where possible. This visit should take place prior to CIN meeting/ICPC or within 2 days of this meeting. |
| 5.4 | C. Assessment to Notify Family Safeguarding of Changes to Plan   * If there are any changes to the proposed plan for the child or any significant events, the Assessment Team Manager will alert their Family Safeguarding counterpart. |
| 5.5 | D. Family Safeguarding Allocation of Social Worker Timescale   * At least two working days prior to CIN meeting or ICPC, (sooner if possible) the Family Safeguarding Team Manager will identify who the allocated social worker will be and will confirm this with the Assessment Team Manager. Joint visit details will be confirmed if this has not already happened. |
| 5.6 | E. Sharing of C&F Assessment for CiN Cases Timescale   * For CIN cases, the Child & Family Assessment will be shared with the Family Safeguarding Team by the Assessment Team Manager via casenote alert 5 days prior to the CIN meeting. |
| 5.7 | F. LCS Case Transfer Timescale   * The LCS case transfer will be sent to the Family Safeguarding Team Manager within 2 working days of the CIN meeting taking place – ensuring the CIN minutes have been completed- and within one working day of the ICPC. * The Family Safeguarding Team Manager will review the case file to ensure it is ready for transfer – i.e. demographics, case summary, genogram, case summary and casenotes and will raise any queries with the Assessment Team manager who will resolve.   Case transfer will not be rejected or step-back to Assessment Team. Any discussions about threshold or outstanding tasks must have taken place prior to this – (see paragraph 5.3 (second bullet point. ‘*’within two working days of the Early Alert…”*) |
| 5.8 | **Legal Advice / Legal Planning**  *Early Legal Planning*  If the Assessment Team seek early Legal Planning and the outcome of this is to issue, the Assessment Team hold the case until the first hearing, at which point the case transfers to the relevant Family Safeguarding Team. (all principles above apply).  *Legal Planning for Unborn Babies*  In the case of unborn babies where the Assessment team initiate legal planning, and the baby is due to be born within the 4 weeks following the ICPC/Legal Planning Meeting (with an outcome to issue at birth) the Assessment Team maintain case responsibility until first hearing. Joint working may take place, but case responsibility sits with the Assessment Team.  If the baby is due 4 weeks plus after the ICPC/Legal Planning Meeting, the case transfers at ICPC to the Family Safeguarding Team. Again, joint working may take place – case responsibility will be with Family Safeguarding following transfer at ICPC. |
|  | |  | | --- | | Examples of joint working may include:   * Which SM Chairs the LPM, * Assessment Team preparing the first statement, * Family Safeguarding undertaking some visits etc.   There will be clear recorded communication between teams in order to enable safe, well communicated joint casework. | |
| 5.9 | **Managing Escalating Concerns for the Child**  If concerns for a child escalate significantly i.e. urgent legal advice is needed to safeguard the child prior to case transfer, the case remains with the Assessment Team. It is recognised that it would be in the child and family’s best interest to limit any changes to worker/team at this very vulnerable point. The case will then transfer in the usual way either at ICPC (if threshold not met or alternative arrangements made) or at first hearing. |
| 5.10 | **Escalation Process Between Assessment & Family Safeguarding**  It is understood that there can be challenges with case transfers due to differing threshold opinions or capacity to allocate. It is the clear expectation that any such issues are discussed openly and honestly between Assessment and Family Safeguarding Team Managers in order for them to resolve, at the earliest opportunity and always prior to CIN meeting/ICPC.  There may be occasions where this cannot be achieved, and escalation is needed. Where this is the case, the following process will apply:   1. Once the relevant Team Managers agree by phone or face to face (including virtual) that they have exhausted all options to resolve, they will decide who will escalate to both the Assessment and Family Safeguarding Service Managers and do so within one working day. 2. It is the expectation that the relevant Service Managers have a telephone or face to face (including virtual) discussion that may include the Team Mangers in order to resolve and agree a way forward within one working day. 3. Only if the issue has not been resolved will the case then be escalated to the relevant Heads of Service – not before. Service Managers will decide who will escalate the case and will need to alert both Heads of Service. 4. Heads of Service will resolve and provide direction within one working day.   The escalation process should not cause delay in urgent safeguarding matters and can be expedited if needed. |
| 5.11 | Additional Good Practice Principles   * For planned Strategy Discussions, Assessment team to consider inviting Family Safeguarding colleagues – Chairing/confirmation of decisions sits with Assessment. * Where this doesn’t take place, Assessment Team Manager can alert Family Safeguarding Team Manager to completed Strategy minutes to support early joint working and case discussions * Discussions may take place between Assessment and Family Safeguarding colleagues when outline plans are being developed |
| **6.0** | **STEP UP OF CASES DUE TO** **SAFEGUARDING CONCERNS** |
| 6.1 | Step up from Families First  If a further referral is received on a family receiving support from a partner agency which is not an immediate safeguarding concern this will be reviewed by a Triage Manager who will step up the case up if required. |
| 6.2 | Step up from Triage Panel  Following further enquiries, if the Triage Manager identifies the family require a Child and Family Assessment the Triage Manager will step up on LCS. A case summary of the work undertaken, and information gathered along with the managers rational to the decision will be included. Due to the review being undertaken by a qualified Social Worker and the volume of work, a conversation is not required before completing the process.  If an immediate concern for the safety of the child is identified, the Triage Manager will call the relevant Assessment Team Manager to inform of the transfer. If unable to contact, they will inform the relevant Service Manager.  This does not negate any partner making a referral using Protected Referrals or by calling the Police if there are immediate child protection concerns. |
| 6.3 | Step up from Adoption Support Team  Where there are safeguarding concerns:   1. The practitioner will discuss with the Adoption Support Team Manager. 2. The practitioner (or manager) will then complete the [online referral form](https://www.hertfordshire.gov.uk/services/childrens-social-care/child-protection/report-child-protection-concern.aspx). 3. Where there is imminent risk of harm the practitioner (or the Adoption Support team Manager) will speak with relevant Assessment Team.   The Adoption Support Team will keep involvement open on LCS PAS.  Safeguarding Team may request access to PAS to view records where needed by contacting the Adoption Support Team Manager. |
| **7.0** | **STEP DOWN OF CASES WITH NO IDENTIFIED CHILD PROTECTION CONCERNS** |
| 7.1 | When a child or young person no longer meets the criteria / requires support from the following services:   * Joint Child Protection Team * Assessment Service * Family Safeguarding Service * 0-25 Together Service   Where ongoing support would be more suitable to be provided by:   * Intensive Family Support Team * Families First Support * Triage Panel * SASH Early Help   The following processes will apply: |
| 7.2 | Step Down to Intensive Family Support Team (IFST)  On completion of the Child and Family Assessment if it is identified that the family would benefit from IFST and the family have multiple needs across more than one family member, a conversation should take place between the Assessing Team and IFST.  Ideally this should be Team Manager to Team Manager however staff deputising for managers can consult to avoid delay. Once the IFST Manager has agreed to allocate the family within IFST the case can be transferred from LCS to EHM. Where there is a disagreement between Team Managers regarding the step down, they should involve their Service Manager to help resolve the disagreements as quickly as possible.  If, during the assessment, it has been identified there may be a reluctance to work with IFST a joint home visit should be arranged with the Social Worker and Family Intervention Worker.  Where a CIN plan is being ended and its identified that the family would require further intensive support, they should contact the IFST manager to discuss the needs of the family and invite to the penultimate (second from last) review meeting with a view to accepting the case at the final meeting. |
| 7.3 | Step Down to Families First Support  During the assessment process the Social Worker will identify the needs and consult with services currently supporting or, able to support the family. If it is established that the family require coordinated support, then the Social Worker can explore with the services involved their availability to lead on a Families First episode and a Team Around the Family (TAF).  If the Social Worker has identified an appropriate lead, for example the school have agreed, then the case can transfer from LCS to EHM with clear instruction that school have agreed to provide a key worker for the family under Families First. This will then be transferred to the Early Help service desk who will contact the identified party to register the FFA.  If the Social Worker has been unable to identify a key worker during the assessment however feels the family would benefit from support delivered by more than one service, they should gain consent from the family to discuss their needs at Triage Panel. Triage Panel then transfer the case from LCS to EHM.  Where a CIN plan is being ended and its identified that the family would require further support outside of a CIN plan, the Social Worker should be discussing and identifying a key worker during the family’s last CIN review. The case can then be transferred from LCS to EHM with clear instruction of the identified keyworker. The case will then be assigned to the Early Help desk to ensure the family are registered and the Family’s First process is followed. |
| 7.4 | Step Down to Triage Panel  Triage Panels are held weekly in most of the ten districts, some will be held fortnightly due to lower referral numbers.  The Triage Panels are multi agency meetings where the needs of the family are discussed to establish the most appropriate service to offer support and lead on the Families First Episode.  Consent from the family needs to be given before discussion at Triage Panel, as all support offered from Triage Panel is through voluntary engagement.  There may be a small number of cases where, following further checks by the Assessment Team the case has not met threshold for C&F. In those cases, the same process as above follows.  In all step-down cases the Social Worker should be as clear as possible as to what their recommended support actions should be. The Families First worker will still discuss with the family what their needs are, as their engagement at this level is voluntary. |
| 7.5 | Step Down to SASH – Early Help  On completion of the Child and Family Assessment if it is identified that the young person has emerging needs which would benefit from early level SASH support. SASH will work directly with the young person to support:   * Aged 11 to 17 years and on the edge of care and at risk of family breakdown and the concerns are at early level and require work on EHM. * Aged 11 to 17 years missing from home or at risk of experiencing child exploitation, including sexual and criminal exploitation, gangs and county lines and the concerns are at early level and require work on EHM.   The transfer discussion should ideally be between Team Manager to Team Manager, however staff deputising for managers can consult to avoid delay. Once the SASH Manager has agreed to allocate the family/child within SASH the case can be transferred from LCS to EHM.  SASH will support the individual child who meets the above criteria they will not provide support for the whole family/younger siblings – it may be appropriate to consider joint working; For example, where younger siblings are subject to CiN Plans or CP Plans, it may be more suitable for SASH to provide specific support in the form of a service that is included in the CiN/CP Plan and the FSS service maintains lead professional role. However, in instances whereby the younger siblings do not require a CiN or CP plan, the SASH service will be the lead professional.  Where there is a disagreement between Team Managers regarding the step down, they should involve their Service Manager to help resolve the disagreements as quickly as possible (i.e. within one working day).  If, during the assessment, it has been identified there may be a reluctance to work with SASH, a joint home visit should be arranged with the Assessment Social Worker and SASH worker. |
| **8.** | **SPECIALIST ADOLESCENT SERVICES HERTFORDSHIRE (SASH)** |
| 8.1 | The service provides support to:   * Young people aged 11 to 17 years in families where at the edge of care and family breakdown is likely outcome unless support is put in place * Young people who go missing from home or those that are at risk of, or experiencing child exploitation, including sexual and criminal exploitation, gangs and county lines * Young people in the Youth Justice system to prevent offending and re offending; and to support victims of youth crime and their communities * Young people aged 16 or 17 years old who are homeless or at risk of homelessness * Where needed, supporting young people returning home following a period in residential mental health provision (Tier 4 return home) |
| 8.2 | **Roles and Responsibilities Between SASH, Assessment and Family Safeguarding in Relation to Strategy Discussions, S47 Enquiries, LPMs and Court Proceedings**   |  |  |  | | --- | --- | --- | |  | **SASH** | **ASSESSMENT AND**  **FAMILY SAFEGUARDING** | | Strategy Discussions and S47 Enquiries | *Cases Already Open to SASH*  Child/young person already open to SASH and information of a Safeguarding nature is received regarding the young person and or siblings aged 11yrs+. SASH will undertake Strategy discussions and S47 enquiries.  SASH to set up S47 enquiries as appropriate and should it require a CP Conference, SASH will lead this and follow the normal transfer processes, and if appropriate, to work jointly with FS Team in cases where contextual safeguarding / exploitation is present. (Follow the same process highlighted in section 5 regarding Early Warning to FS).  *Sibling Groups*  Any siblings must be considered as to risk of significant harm and discussion between managers of SASH and the relevant Safeguarding Team needs to take place and a decision made about the threshold and referral of younger siblings to the relevant safeguarding team.  *Police Protection*  Where a young person (11+) has been subject to Police Protection (and fits SASH criteria), SASH will undertake s47 enquiries/Strategy discussion and any subsequent S47 enquiries. | *Cases Already Open to SASH*  Child/young person already open to SASH and information of a Safeguarding nature is received regarding young children in the home (under 11 yrs). Assessment Team decision required for younger siblings and safeguarding.  *Cases Not Open to SASH (11 +)*  The Assessment Team leads the case.  *Sibling Groups*  Family is not open to Children’s Services. Referral received regarding sibling group, one of whom is an adolescent. Safeguarding concern is regarding all children in the family and the Assessment Team carry out an assessment for all the children.  *Contextual Safeguarding*  SASH will provide consultation where contextual safeguarding is an issue for the young person and to discuss the available support services, as appropriate, which may include joint working with SASH prior to and once the case transfers from Assessment to Family Safeguarding. | |  | **SASH** | **ASSESSMENT / FAMILY SAFEGUARDING** | | Legal Planning Meetings | SASH hold a pre-Legal Planning Meeting (LPM) which includes Social Worker, SASH Team Manager and SASH Service Manager or Head of Service. Outcome is to convene Legal Planning Meeting.  *Arranging and Chairing LPM*  SASH Social Worker sets up LPM, inviting Service Manager from Family Safeguarding: who will chair the meeting.  *Preparation of Court Statements*  If decision is Care Proceedings, SASH prepare statement and accompanying paperwork as requested by Child Litigation Unit.  *Attending First Hearing*  SASH Social Worker and Manager attend court for First Hearing. If an Order is granted, case transfers to Family Safeguarding and SASH involvement ends. | Family Safeguarding agreement that a LPM is to be convened. Head of Service to agree that LPM required in discussion with SASH Head of Service  *Arranging and Chairing LPM*  Family Safeguarding Service Manager attends and chairs the LPM.  Preparation of Court Statements  Assessment and Family Safeguarding Service Manager to comment on Statement and feedback to SASH.  *Attending First Hearing*  Family Safeguarding attend First Hearing and case transfers at First Hearing if Order granted. | |
| 8.3 | **Case Transfers to and from SASH** |
|  | Child in Need Transfers from Assessment and Family Safeguarding Services to SASH  On completion of the Child and Family Assessment if it is identified that the family would benefit from a service from SASH as a Child in Need due to the following circumstances:   * Aged 11 to 17 years and on the edge of care and at risk of family breakdown and the * Aged 11 to 17 years missing from home or at risk of experiencing child exploitation, including sexual and criminal exploitation, gangs and county lines and the concerns are at early level.   If the case is transferring from Family Safeguarding Service, this may be during a Child in Need episode and SASH could accept a case where the criteria above is met.  SASH do not provide support for siblings within the household unless they have support needs which meet SASH threshold criteria. In such circumstances it may be appropriate to joint work with the Family Safeguarding Service to provide the right support to each individual child.  Transfer discussions should ideally be held between Team Manager to Team Manager however staff deputising for managers can consult to avoid delay.  Once the SASH Manager has agreed to allocate the young person within SASH the case can be transferred on LCS.  Decisions for transfer and allocation should be undertaken within a timely manner. (There should be a decision within 1 working day and allocation within 2 working days of transfer).  Where there is a disagreement between Team Managers regarding the transfer, they should involve their Service Manager to help resolve the disagreements within the timeframe specified above. |
| 8.4 | Case Transfers to CLA from SASH  Where a young person has remained in care (CLA) longer than 16 weeks and there is no indication of a return home, it is the expectation that cases are transferred to the CLA and Care Leaver Service at 16 weeks (2nd CLA Review). This decision should be clearly documented by the SASH Manager within case recording.  The SASH Manager/Practice Manager will liaise with the appropriate Manager within CLA teams to progress the case transfer.  The permanence plan for the young person to remain in care (not returning home) 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 by the Independent Reviewing Officer (IRO), in line with Permanence Planning Procedures.  Any request for transfer to the CLA and Care Leaver Service must include:   * the plan for permanence; * assessment; * information about the work undertaken to support the young person’s return home e.g. Family Group Conference, reintegration support package, or any viability assessment undertaken for an alternative family or friend’s carer; and * information is also required regarding any ARC intervention and why it is considered that remaining in care is the best outcome for the young person.   When the plan is to return home and it is estimated will take longer than 16 weeks, SASH will continue working with the young person and family, keeping the Independent Reviewing Officer informed of progress. It is important that a clear achievable plan is in place so that the young person has some certainty about their future.  Where the young person is 17.5 years and transitioning to the CLA and Care Leaver Service, the SASH social worker will continue to hold CLA case responsibility until the young person’s 18th Birthday, when case holding responsibility will transfer to their Care Leaver Personal Advisor.  At age 17.5 years SASH are required to send the early warning alert to the CLA and Care Leaver Project Officer and Care Leaver Team Manager who will confirm Care Leaver PA allocation and arrange a transitions meeting. At this meeting the SASH Worker and the Care Leaver Personal Advisor will work together to develop a Transition Action Plan. Whilst this action plan will remain the responsibility of the SASH worker, the Care Leaver Personal Advisor will work closely with the allocated worker to ensure they build up a positive working relationship with the young person and the professional network prior to case transfer. |
| **9.** | **CASE TRANSFERS BETWEEN SASH AND 0-25 TOGETHER SERVICE** |
| 9.1 | Many of the vulnerable young people that SASH work with have additional needs. This may include a young person having learning needs or ASD or a combination of both. These features alone do not mean that young person should automatically be held in the 0-25 Together Service.  0-25 will work with young people with significant ASD combined with a significant learning disability and who are likely to require social care support beyond 18. If the young person who has additional needs is thought to require the specialist support of 0-25 then this should be discussed by the relevant Team Managers. 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. The usual transfer protocols apply as outlined in the transfer checklist at point of transfer on LCS.  If 0-25 Together agrees to take the case, and subject to transfer criteria being met, there should be no unnecessary delay on the part of 0-25 accepting case responsibility. If 0-25 Together agrees to take the case, and subject to transfer criteria being met, there should be no unnecessary delay on the part of 0-25 Together accepting case responsibility.  Decisions for transfer and allocation should be undertaken within a timely manner. (There should be a decision within 1 working day and allocation within 2 working days of transfer).  Before any case from SASH can be considered, and if not already done, a Child & Family Assessment should be completed including a proposed Child In Need Plan.  Ideally there should be a hand over meeting between the respective teams and where possible the worker from 0-25 worker identified to take over case responsibility should attend the first or next review meeting with the current worker to ensure continuity for the child and family. |
| **10.** | **CASE TRANSFERS TO 0-25 TOGETHER SERVICE AND 0-25 TOGETHER CLA TEAM** |
| 10.1 | Transfers from Assessment Service to 0-25 Together Service  Not all children with a disability and/or additional needs require specialist services.  Where the primary concern for child or their family is a safeguarding one, largely unrelated to their disability, the case should be managed by the Assessment Team.  Should the case progress to either Child in Need or Child Protection, then that case should transfer to the relevant Family Safeguarding Team.  If following the assessment it has become apparent that in addition to the original safeguarding concerns, the child’s disability and/or additional needs are such that the child is likely to require specialist support, that may need to be lifelong that cannot be met by universal or targeted services, then at that point consideration should be given to the case transferring to 0-25 Together Services.  Transfer discussions should ideally be held between Team Manager to Team Manager however staff deputising for managers can consult to avoid delay. 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. The usual transfer protocols apply as outlined in the transfer checklist at point of transfer on LCS.  If 0-25 Together agrees to take the case, and subject to transfer criteria being met, there should be no unnecessary delay on the part of 0-25 accepting case responsibility.  Decisions for transfer and allocation should be undertaken within a timely manner. (There should be a decision within 1 working day and allocation within 2 working days of transfer). |
| 10.2 | Transfers from Family Safeguarding Service to 0-25 Together Service  In the context of the Family Safeguarding Service there are occasions that FSS will seek to transfer a child or young person with a disability or additional needs to 0-25.  Again, this is usually when over time it has become clear that the child concerned is likely to require specialist lifelong support beyond that which can be provided by universal services.  Transfer discussions should ideally be held between Team Manager to Team Manager however staff deputising for managers can consult to avoid delay. 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. The usual transfer protocols apply as outlined in the transfer checklist at point of transfer on LCS.  If 0-25 Together agrees to take the case, and subject to transfer criteria being met, there should be no unnecessary delay on the part of 0-25 accepting case responsibility. If 0-25 Together agrees to take the case, and subject to transfer criteria being met, there should be no unnecessary delay on the part of 0-25 Together accepting case responsibility.  Ideally there should be a hand over meeting between the respective teams and where possible the worker from 0-25 worker identified to take over case responsibility should attend the first or next review meeting with the current worker to ensure continuity for the child and family.  Decisions for transfer and allocation should be undertaken within a timely manner. (There should be a decision within 1 working day and allocation within 2 working days of transfer). |
| 10.3 | Transfers from CLA to 0-25 Together Service CLA Team  In the context of Children Looked After there are occasions when the CLA team will feel it appropriate to transfer the case the 0-25 CLA team. The process for doing so is the same as described in the previous section. |
| **11.** | **‘TRANSFER IN’ INITIAL CHILD PROTECTION CONFERENCES WHERE THE PRESENTING CONCERN IS CONTEXTUAL SAFEGUARDING** |
| 11.1 | **Step 1:** Customer Services Creates a Contact Record   * A Contact Record is created for Transfers in Conference requests by the Customer Service Centre which is then sent to the Child Protection and Statutory Review Service.   **Step 2:** Child Protection and Statutory Review Service will:   * Add the CPE flag and then progresses the contact to ‘Information and Advice’, and; * Re-assign the ‘Information and Advice’ to the relevant Service Manager. * Email the Service Manager to make them aware, providing contact details of the transferring local authority and also send any received documents. * Alert the Service Manager as to whether the transferring authority is requesting Herts Children’s Services to undertake any visits.   **Step 3:** Once all paperwork has been received the Service Manager will:   * End the ‘Information and Advice’ episode and start a new contact.   **Step 4:** Transfer In Conference Timescale   * This new contact can then have an outcome of ‘progress to referral’, at which point the Transfer IN Conference must be held within 15 working days.   **Step 5:** Request for Transfer In Conference   * The request for Transfer In Conference must be sent to the Child Protection Team within 8 days to ensure the conference is held within timescales. |
| 11.2 | *Outcome Timescales*  Should the above process not be followed, and the Outcome of the original contact is recorded as ‘Progress to Referral’ before documentation is received, then this will be deemed as being out of timescales.  *Visits to Child*  Hertfordshire Children’s Services Family Safeguarding Team need to undertake a visit to the child and family prior to a Transfer in Conference and complete an Assessment with the information gained for conference.  *Contextual Safeguarding*  If the presenting concern for the child is contextual safeguarding, the FSS Team Manager should have a case discussion with the SASH Team Manager prior to conference. A SASH worker can attend the Conference in conjunction with the FSS worker. If the decision of the Conference is for the child to become the subject of a CIN plan due to contextual safeguarding, SASH will become the lead professional. Should the child become subject to a CP Plan, the FSS will be the professional lead. |
| **12.** | **CASE TRANSFERS FROM ASSESSMENT SERVICE TO THE UASC TEAM** |
| 12.1 | The initial contact and transfer process for unaccompanied children and young people made known to Children’s Services is as follows: |
| 12.2 | |  | **TRANSFER IN**  (Via Eastern Region Transfer Protocol) | **UNEXPECTED ARRIVALS**  (Entering Hertfordshire via other means outside of the formal Eastern Region Transfer Protocol) | | --- | --- | --- | | ***Step 1:***  Upon Notification into Assessment Team | Once notification received via the Assessment Team, the Assessment Service Manager sends the notification to the UASC Project Officer. The UASC Teams process the contact / referral. | The Assessment Service processes the contact / referral. | | ***Step 2:***  Early Warning | The Assessment Team to send an Early Warning notification to the UASC Project Officer. | The Assessment Team to send an Early Warning notification to the UASC Project Officer. | | ***Step 3:***  Brokerage | Child / Young Person’s details are set up on LCS/EHM. | Child / Young Person’s details set up on LCS/EHM. | | ***Step 4:***  Assessment, Planning & Placement | This process is completed by the UASC Teams | This process is completed by the Assessment Teams. | | ***Step 5:***  CLA Review | This process is completed by the UASC Teams indefinitely. | Only the first review is completed by the Assessment Team. The allocated UASC Team Social Worker will attend this meeting (or a rep, if SW not available) | | ***Step 6:***  Transfer | The UASC Teams support the young person as a Child Looked After and then as a Care Leaver once they turn 18. Care Leaver support is offered until 21, or up until 25, dependent on needs. | At the first review, the Assessment Team transfers the child/young person to the UASC Teams. The UASC Teams will support the young person as a Child Looked After and then as a Care Leaver once they turn 18. Care Leaver support is offered until 21, or up until 25, dependent on needs. | |
| **13.** | **TRANSFERS FROM FAMILY SAFEGUARDING SERVICE TO CHILD LOOKED AFTER SERVICE WHEN THE CARE PLAN FOR THE CHILD IS ADOPTION** |
| 13.1 | Decisions About Joint Working  In most cases, joint working arrangements between Family Safeguarding and CLA will be suitable. On rare occasions, it may not be suitable to transfer a case to CLA and the Family Safeguarding social worker will remain the lead professional. In these instances, the Family Safeguarding social worker will receive adoption training and support throughout the process. |
| 13.2 | Roles and Responsibilities  The roles and responsibilities for the Family Safeguarding and CLA practitioners are noted below.   * ***Step 1: Legal Planning Meeting*** * FS complete a legal planning meeting and threshold is met to issue care proceedings. * ***Step 2: Permanency Planning Meeting*** * Within 28 days of a child becoming CLA, a permanency planning meeting is to be held. For all children under the age of 7 years, an adoption team representative is to attend. * ***Step 3: ADM***   Should the expert assessments determine that a care plan of adoption is required, the case is to be presented to ADM for the care plan to be ratified.   * Family finding team allocate a family finder and formally start a search for potential adopters. Any prospective adopters are sent anonymous information until such time a Placement Order is made. * Adoption file to be created on the child’s record. * ***Step 4: Early Warning Notification***   Following ADM, Early Warning document is completed and sent to CLA service in preparation for final hearing and case transfer.   * Identification of CLA social worker is completed and FS social worker keeps CLA team up to date with case progress. * Case responsibility remains with the FS social worker. * Should prospective adopters be identified, family finder to share the PAR with the FS social worker and CLA social worker. FS social worker and CLA social worker to complete a joint visit to meet with the potential adopters. * CLA team to start file audit in preparation for transfer. * The child’s Life Story Book One is completed by the FS social worker. * The FS Social Worker to begin drafting the Later Life Letter using the template. * ***Step 5: Final Hearing***   Final hearing is completed and on the basis a Placement Order is granted:   * Handover meeting is held by FS and CLA social workers and team managers. Outstanding tasks from file audit identified and tasked to relevant worker, including handover visit. * Should the Placement Order not be granted, then the CLA Team should be notified. * Case transfers promptly to the CLA social worker. * The outcome of the care proceedings is communicated to the child (where appropriate) by FS social worker. * Photos and names of the child(ren) are shared with any prospective adopters identified. * ***Step 6: Pre-Matching Meeting***   Pre-matching meeting is held.   * FS social worker will attend the pre-matching meeting with the CLA social worker to support robust matching discussions taking place. * If adopters are identified whilst the case is transferring to CLA, Family Safeguarding will attend Pre-Matching Meeting and Matching Panel. * If adopters are not identified at the time of handover, FS will support with matching adopters for a maximum of four months post matching meeting. * ***Step 7: Matching Panel***   Matching Panel is held.   * CLA social worker and FS social worker will attend matching panel and present information. |

**APPENDIX 1: DESCRIPTION OF TEAMS**

**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), Specialist Adolescent Services Hertfordshire (SASH) and a range of partners, Local Schools Partnerships, Family Centre Service, 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 the family, when there is no longer a requirement for statutory involvement however the family still require additional support to continue to make positive changes and sustain improvements made. Using the Continuum of Need this support may be offered by Targeted or Universal services. Dependent on the support needs identified the appropriate service can offer practical support and/or evidenced based programmes, utilising numerous frameworks and toolkits to continue to improve outcomes for families.

**INTENSIVE FAMILY SUPPORT TEAM**

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), family facing eviction and not in employment and have a child or children with poor school attendance and who is involved in anti- social behaviour/challenging behaviours in the community or home.

Hertfordshire’s Intensive Family Support teams work with families who require intensive support. They work with families to ensure they receive the right support from the right person 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 a mix of practical support, evidenced based programmes and strategies to improve outcomes for children, young people and their family.

Support is delivered using the ‘5 Factors of Family Intervention’:

1. A dedicated worker for the family, who…
2. looks at what is really happening for them
3. gives practical hands-on support
4. has an assertive and challenging approach
5. 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 understand 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 school terms for children with poor attendance (for each individual child in the family).

**ASSESSMENT TEAMS**

The Assessment Team(s) will aim to promote the children's upbringing within their families and use special interview techniques to help families come up with plans that will ensure they can safely care for their children. In some cases this is not possible to begin with and the team may consider alternate arrangements if agreed by the Court. Assessments may decide that the child and family's needs can be better met by a range of other services or lead to a plan involving a range of agencies that we would agree with the family for provision of services to meet the identified needs and address levels of risk.

**MULTI-AGENCY SAFEGUARDING HUB (MASH)**

The Multi Agency Safeguarding Hub is a team of staff from Children’s Social Care, Police, Health, Probation and BeNCH. The team reviews Contacts/Referrals sent to the team by the Customer Service Centre (CSC) or those triaged by the Police Domestic Abuse unit as requiring a multi-agency review. The MASH makes decisions based on multi-agency information shared from co-located partners (mentioned above) and virtual partners such as Schools, Housing, Children’s Centres and many more. The MASH will decide whether the child and family need help and support from targeted or universal services or whether we need to undertake a Child & Family Assessment (Children Act 1989) of the child(ren) via one of the Assessment Teams.

**FAMILY SAFEGUARDING**

The Family Safeguarding Teams are all Multi-disciplinary Teams made up of:

* Social Workers: work directly with parents and children, they are the case holders and case coordinators.
* Children Practitioners: work directly with children and their parents, they hold a small case load and provide support to the social workers.
* Domestic Abuse Practitioners: work to support victims of domestic abuse, helping them to recognise domestic abuse, support them to make changes to safeguard their children and themselves and help them identify the impact of Domestic Abuse on their children and themselves.
* Domestic Abuse Officers: works with perpetrators of Domestic Abuse to support them to recognise the impact of their actions and how these impact on their children, achieve change to stabilise their relationships and keep their children safe.
* Recovery workers: work with adults who are experiencing difficulties with either drug(s) or alcohol or both, support them to make positive lifestyle changes and enable them to care for their children.
* Mental Health Practitioners: work with parents who are experiencing mental health difficulties.
* Psychologists: work with parents and can undertake Psychological, Cognitive Assessments and assessments of different aspects of parenting.

**SPECIALIST ADOLESCENT SERVICES HERTFORDSHIRE (SASH)**

The Service has four area teams and two cross county teams, one with a responsibility for Youth Justice the other for Social Care. In addition there is a Central SASH Team who work across the county with the highest risk cases, supporting area SASH teams to address complex family dysfunction or separation, high risk behaviours, homelessness, child exploitation and Tier 4 returns home (mental health).

SASH as a whole will deliver flexible and responsive support packages to young people and families. The intensity of support will support will match the level of need whilst having the flexibility to respond to unexpected needs as they arise at all times of the week, this will include early mornings, evenings and possibly weekends, dependent on the needs of the family.

SASH will be underpinned by a practice model incorporating the below core frameworks:

* Trauma Informed - ARC
* Motivational Interviewing
* Appreciative Inquiry
* Restorative Practice

**0-25 TOGETHER SERVICE**

0-25 Together is our Social Work and Adult Nursing Service that intervenes and supports children with complex disabilities, life limiting or lifelong support needs.

We support families, children, young people and young adults who have a range of complex needs.

The Head of 0-25 Together is the Chair of Multi Agency Panel (MAP).

**CHILDREN LOOKED AFTER AND CARE LEAVER SERVICES**

CLA =

There are 6 Looked After Children Teams in Hertfordshire based in Apsley (West) and Stevenage (East). The Teams are made up of Social Workers; Children's Practitioners and Support Officers who work together to provide the best service possible to the children who are in our care. The Service provides a range of support for young people to help them come to terms with what has happened in their lives; provide them with a permanent home and help them prepare for work and independence.

CARE LEAVERS =

The Care Leaver Service supports 18-25-year olds who have left care. Our service supports young people with all their needs and offers advice and guidance to young adults. We complete Pathway Plans and maintain regular contact with these vulnerable young adults, in order to support them to move towards independence. ​

**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 21 or 25 if the child has an Education Health Care Plan (EHCP). The team has a statutory duty to provide advice and guidance on adoption issues and to carry out assessment of adoption support needs for adopted children. The team also supports adopted children and birth relatives with letterbox contact and direct contact is appropriate and also offers support to adopted adults.

AST records on LCS PAS, via advice and guidance.

**APPENDIX 2:**

**ACESS TO LCS, EHM AND LIVELINK GUIDES**

[**Social Care Systems LCS, EHM & Livelink - HCC (interactgo.com)**](https://hertfordshire.interactgo.com/Interact/Pages/Section/Default.aspx?Section=5313)

To access guides on how to complete case transfers on LCS and EHM

**EARLY (ALERT) WARNING OF CASE TRANSFERS FORM**

[**LINK**](https://intranet.hertfordshire.gov.uk/Interact/Pages/Content/Document.aspx?id=5635)

To be completed to provide an early alert to another service when the plan is to transfer a child / young person to another team.

**ADDITIONAL SECTION 17 & 47 FORMS**

[**LINK**](https://intranet.hertfordshire.gov.uk/Interact/Pages/Content/Document.aspx?id=4302)

Including Consent forms, checks, information sharing, etc.