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| **1.4.4 Allocation of Work between Teams in Children’s Services – Case Transfer and Closure** | Top of FormBottom of Form |

**AMENDMENT**

A full review of this procedure was undertaken in August 2019 and amendments were made throughout. The procedure must be read in full.

In October 2019 amendments were made to section 2.8 Disabled Children’s Team to clarify where cases will be held if the needs of the child and family extend beyond disability. The service remit for the Adolescent Service (AS) (formally known as the Integrated Adolescent Service) was amended – see section 2.2. Transfer arrangements for cases into the AS were also amended – see sections 3.4 and 3.4.4.

In December 2019, amendments were made to sections 3.3.3 and 3.4.4 in order to make reference to the Stepdown Process Chart and to the Tier 3 Stepdown inbox.

In January 2020, links to process maps detailing with the transfer of cases from the Multi Agency Safeguarding Hub (MASH) and Duty and Assessment Teams (DAAT) have been added.

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1. **Case Closure**

**1.** **Introduction**

This procedure applies to all teams working in Children’s Services. It outlines the expected process that should be applied when a case is transferred from one team to another. This procedure aims to ensure that:

* All services and teams within Early Help, Targeted Support, Safeguarding and Children in Care respond as quickly as possible to meet the needs of children;
* The Duty and Assessment Teams assess risk and need for all children who meet the thresholds for statutory assessment and will undertake brief work with families, who can step down to Targeted Support Service;
* Children’s Support and Safeguarding Teams will be focused on children subject to child in need plans, child protection plans and families with long term complex needs sometimes necessitating legal proceedings;
* Children in care will be supported by the Children in Care Service (unless they have a significant disability);
* Young people who have been in care making the transition to adulthood are assisted by the Leaving and After Care Service;
* Where the child has complex health needs or disabilities which meet the criteria for specialist provision, the whole journey and service provision will be managed by the Disabled Children Team (DCT).

It is not intended that this document should be seen as a rigid procedure but as framework guidance of responsibilities involved in the successful transfer of work between Early Help, Targeted Support, Safeguarding and Children in Care.

This document details the transfer arrangements for case between the following teams:

* Targeted Support;
* Adolescent Service (AS);
* Multi Agency Safeguarding Hub (MASH);
* Duty and Assessment Teams;
* Children’s Support and Safeguarding Teams;
* Disabled Children’s Team (DCT);
* Children in Care (CiC) Service;
* Leaving and After Care Service.

**1.1 General Principles**

It is important that the journey of children, young people and their families through services is as smooth as possible. To achieve this, managers must work together and adhere to the following general principles:

1. **Services provided by Early Help, Targeted Support, Safeguarding and Children in Care represent a single service;**
2. **The child’s needs, their journey and their welfare should always be at the centre of any decision about transfer of case responsibility;**
3. **The number of changes of social worker for children and their families should be kept to a minimum;**
4. **Transfer of case responsibility will take place within defined timescales. Delays which are harmful to children’s experience of services or planning are not acceptable and should be resolved quickly;**
5. **Early Help and Targeted Support will use the Signs of Safety Practice Framework to underpin its work with children, young people, families and carers. This means using strengths and relationship based approaches to protect children and support families;**
6. **The transferring team manager must check the case prior to transfer to ensure that case files are up to date and necessary activities have been undertaken. This includes the undertaking of statutory visits i.e. cases cannot be transferred if statutory visits are outstanding.

The list detailed in section 1.2 (Case Transfer Checklist) must be used to audit the case. The case can only be transferred when all points listed in the audit are satisfied. The receiving team manager must undertake checks and be satisfied that the case record is up to date;**
7. **Where the audit identifies gaps, the transferring service will be immediately given a copy of the completed checklist. The originating service will have 10 working days to ensure the recording is up to agreed standards. When recording is at agreed standards, transfer to the receiving service will take place;**
8. **The receiving team manager must make necessary changes to case allocations on CareFirst so that case does not appear unallocated;**
9. **Whenever possible, warm handovers should be used. Joint working between the allocated worker and the receiving worker are advised in order to help the child (and their family) get familiar with the new professional. Where possible at least one joint visit to the child should be made. It also offers an opportunity for the receiving worker to get familiar with the case and to contribute to planning;**
10. **The allocated worker must inform the receiving worker of any event (e.g. meetings, appointments etc.) that the receiving worker will be required to attend after the point of transfer. The receiving worker must be informed as soon as possible.**
11. **Where a team has existing financial arrangements in place – e.g. accommodation this must be discussed between the two team managers prior to transfer;**
12. **Where possible we need to have ‘one family, one worker’. However, there may be a few circumstances where maintaining this principle is not possible or appropriate. Or where periods of co-working or joint working is in the best interests of the child.**

**1.2 Case Transfer Checklist**

**1.2.1 Case Transfer within Children Social Care**

When cases are being transferred between teams and services within children social care the following tasks should be completed / up-to-date prior to case transfer:

* Chronology;
* Genogram;
* Statutory Visits up-to-date and recorded on child’s file;
* Case notes;
* Risk Assessment;
* Minutes of the last CIN meeting, Core Group or CiC Review;
* Record of case management decisions and supervisions;
* Record on child’s file of any financial obligations as at time of transfer;
* Clearly stated contact arrangements, where relevant;
* Transfer Summary;
* All relevant and up to date Plans (e.g. Care Plan, Personal Education Plan, Pathway Plan etc.).

**1.2.2 Case Transfer from the Targeted Support to Children Social Care**

When cases are being transferred from the Targeted Support to children social care the following tasks should be completed / up-to-date prior to case transfer:

* Chronology;
* Genogram;
* Transfer or Closure Summary;
* Updated Risk Assessment;
* Minutes of the last TAF or professionals meeting;
* Current Targeted Support Action Plan with updated actions/progress.

**2. Service Remits**

**2.1 Targeted Support (TS)**

Targeted Support deliver intensive intervention to families where there are children aged 0-19 to improve children’s lives and life chances and where there are identified complex support needs. That is where children are at risk of poor outcomes due to problems in the level of care and parenting they receive and/or where they experience difficulties at home, school or in their community.

 They are based in Children’s Centres across the county and are delivered within two areas:

* Northamptonshire West (Northampton, Daventry & South Northants)
* Northamptonshire North (Corby, Kettering, Wellingborough and East Northants)

Interventions are delivered either 1:1 with the family/children/young people or within group work and can be provided alongside social care support. TS interventions support the following family circumstances:

* Parenting capacity and capability;
* Challenging behaviour – routines and boundaries;
* Domestic abuse support;
* Housing and finance;
* Family relationships/breakdown;
* Neglect/emotional abuse;
* School and nursery admissions;
* Child Sexual Exploitation (CSE) and missing episodes;
* Substance and alcohol misuse – parent or young person;
* Mental health and/or emotional well-being – parent or child/young person;
* Disability – with or without diagnosis.

Families are referred into the service via Access to Support Services.

**2.2 Adolescent Service (AS)**

This service provides a whole systems response to vulnerable young people aged 11-17, or 25 if young person has disabilities, care leavers and those young people who are under 11 who are caught up in contextual safeguarding or youth justice who may present to one or more services as being in need of help, support and or protection.

These young people are likely to be at risk of or actually experiencing a number of adversities.

For example:

* Repeated missing from home episodes;
* Repeated fixed term or permanent exclusions or absence from a school place;
* Family breakdown;
* Homelessness;
* Substance Misuse;
* Criminality;
* Exploitation – CSE/gangs/County Lines/trafficking;
* Family history of neglect and abuse.
* Poor mental health;
* Not in Education Employment or Training (NEET), school exclusions and children home educated

These young people will most usually present as being on the edge of care as a result of one or more of the above factors. They and their family are likely to require a period of intensive intervention and ongoing support for as long as it is required.

The scope of the work will cover young people within Tiers 3 and 4 of the threshold criteria but allocations will be made according to the ‘fit’ between the needs of the young person concerned although, where statutory interventions are required e.g. Section 47 (S47) enquiries or initiating legal proceedings, this work will be completed by qualified Social Workers within the Adolescent Service or Safeguarding teams, and/or with supplementary support by either an adolescent worker, RISE worker or housing officer . Where needs are determined to be Tier 3, an AS Practitioner will be the lead professional. Young people who do become looked after where there is no realistic prospect of returning home will transfer to the Children in Care Service. Where that young person is engaged with individual support services, for example in the form of positive activities, these will not be withdrawn just because the young person enters the care system. Adolescent Service will also support with reunification if this can be achieved.

**2.3 Multi Agency Safeguarding Hub (MASH)**

The MASH receives contacts, referrals and requests for information and advice for all Northamptonshire children for whom there are safeguarding and welfare/needs identified. They are the front facing intake team and apply consistent thresholds on contacts and referrals with the integration of partners to share appropriate information ensuring that children receive the right service at the right time before passing work out to partners to deliver Early Help (Tier 2), Targeted Support (Tier 3), Duty and Assessment Teams and Separated Children teams; cases returning within three months of closure will return directly back to the closing team. Cases returning to children social care within three months of closure will return directly back to the closing team, following the threshold application from MASH.

The expectation is that all work coming into the MASH is handled in a standard way, i.e. following a contact conversion to referral, a decision is made within 24 hours regarding future actions. However, there may be a number of families or pieces of work that do not fit into the defined service remits. For these families, it may be necessary to negotiate at the contact stage on a case by case basis what is in the best interest of the child and how Safeguarding and Early Help can best provide the service needed. Specifically MASH undertakes:

* Contact Records;
* Referral and Information Records;
* Initial information gathering where it is timely and safe to do so;
* Providing consultation and advice to professionals and the public;
* Sign-posting and redirecting children in need concerns below the threshold to appropriate universal and targeted services via the Early Help hub;
* Offer advice and guidance regarding appropriate service provision to meet children and families identified needs that do not meet the threshold for social care intervention;
* Providing responses to formal requests for information from Ofsted or other agencies on children who no longer receive a service;
* Receipt and dissemination of legal orders from Legal Services to teams;
* RAG (Red, Amber, Green) rate and progress work to relevant teams and specifically flagging referrals where children are deemed at an immediate risk of significant harm (RED) within 4 hours;
* Allocating to the appropriate children social care team and worker where a Section 7 or Section 37 report is requested by the court and it is an open case (or has been open in last month);
* Allocating children where children were formerly involved with a Children’s Support and Safeguarding team or the Duty and Assessment Team which are re-referred within three months of closure they should be allocated to that team to ensure the re-referral is responded to by someone already familiar with the family.
* Undertake daily multi-agency screening and implement initial safety plans for all children exposed to domestic abuse.

**2.4 Duty and Assessment Teams (DAATs)**

The Duty and Assessment Teams are the gateway by which children, young people, parents and carers, and other agencies gain access to the Safeguarding services of the council. The aim of the Duty and Assessment Team is to undertake incoming assessment and short term intervention work with families. Work with Targeted Support to enable children in need work below the threshold to take place in universal and targeted service areas.

DAATs work in a focused way with children in need (CIN) and their families where the most concerning areas can be resolved within 3 months. DAATs are committed to dealing with as much work as possible and will only transfer work to Children’s Support and Safeguarding Teams and other specialist teams when a considerable level of specialist and/or continuing input is required.

Section 7 reports on children we have had little or no previous involvement with will be completed by CAFCASS in line with the ADCS/CAFCASS protocol.

Specifically, DAATs will:

* Undertake Child and Family Assessments;
* Respond daily to safeguarding concerns received via MASH on children not already open to children social care to ensure initial safeguarding plans are in place;
* Child and Family Assessments of young people aged 16 or 17 who present as homeless (until the Integrated Adolescent Service is operational);
* Undertake short-term focused children in need social work interventions based on the CIN plan prior to stepping down or closure;
* Undertake S47 enquiries for children allocated in the team;
* Assessment and progression where appropriate of transfer-in Child In Need plans from other Local Authorities;
* Assess Complex CIN and develop plans prior to transfer to Children’s Support and Safeguarding Teams;
* Prepare cases as needed for Initial Child Protection Conferences (ICPC) and begin child protection plan (Cases will transfer at the ICPC);
* Be responsible for any court proceedings in an emergency, such as an application for an Emergency Protection Order, until the first Directions Hearing;
* Arrange as needed (with agreement of Service Manager and Strategic Manager) initial Section 20 accommodation of children;
* Organise any professional abuse and complex abuse investigations, for children allocated in the team;
* Referred issue is evidenced to have met the threshold of further assessment / intervention.

**2.5 Children’s Support and Safeguarding Teams**

Children’s Support and Safeguarding Teams (CSSTs) work with children and families with long-term complex issues that are most in need and require sustained intervention for more than three months including children subject to protection plans and legal proceedings and/or Section 20 arrangements.

Children’s Support and Safeguarding Teams will undertake:

* The reviewing and updating of Child and Family Assessments following a change of circumstances or as part of ongoing service provision and at least once every 6 months;
* Section 47 enquiries for children allocated in the team;
* Initial Child Protection Conferences where circumstances warrant for children already involved with the team;
* Implementation of Child Protection Plans to reduce risk and meet need prior to stepdown to CIN, Adolescent Service or Targeted Support;
* Where this Authority has had substantial previous involvement with a family, undertake an assessment and complete the Section 7 or 37 report for court;
* Review Child Protection Conferences;
* Transfer-in Child Protection Plans
* Detailed Pre Proceedings Work (Public Law Outline)
* Court proceedings for children until an Interim Care Order is granted
* Implementation of Child in Need plans with focused interventions for children most in need
* Children subject to proceedings under the No Order principle who are at home, or subject of an Interim Supervision Order or Interim Residence Order
* Children subject to Supervision Orders, including children who end up on a Supervision Order at the end of court procedings;
* Professional abuse and complex abuse investigations, for children allocated in the team
* Children subject to S20 until it is clear there is no prospect of a return home and at the 4 month review at the latest Assess and supervise/manage Private Fostering Arrangements
* Working in partnership with the Targeted Support to ensure productive co working arrangements and ‘warm’ step up/step downs.

**2.6 Children in Care Service**

The majority of children in care should progress to becoming children in need through their return to immediate or wider family, because it is only in exceptional cases that a permanence plan involving separation from birth parents would be established. The Children in Care Service provides ongoing support and services to all children for whom there is no viable plan to return home. The Children in Care Service also receives referrals for separate unaccompanied asylum seeking children and provides both the assessment and planning service for those children. Cases will transfer to the Children in Care Service after a child has been in Section 20 care and there is no plan or prospect of the child returning home or where proceedings have been issued and an interim care order has been granted. This will be supported by completion of S20 checklist, signed off by a senior manager. Prior to case transfer a Gateway Meeting will be attended where a decision will be made if court procedings are to be instigated. If an application is to be made to the court, the holding team will take responsibility of this and the case will be transferred to the CiC Service if an Interim Care Order is granted.

The Children in Care Service provide a 0 – 18 years old service for children and young people who have been looked after before the age of 16. The assumption is that these young people remain in the Children in Care service until the age of 18, with a Leaving & After Care Personal Advisor allocated alongside the Social Worker from the age of 16, who will then remain the allocated Personal Advisor after the young person reaches 18 and beyond. Exceptions to this will be made when a young person is aged 16 or over and their allocated Children in Care Social Worker leaves, or there is a mutual agreement between the young person, Independent Reviewing Officer (IRO) and social work team that a transfer to a different worker is in that young person’s interests. In these cases, young people will be transferred to a Leaving & After Care worker. CiC Service will link and work closely with Adolescent Service.

Children in Care Service will be responsible for the following:

* Age assessments and Child and Family Assessments for separated children;
* Review and update of Child and Family Assessments following change of circumstances or as part of ongoing service provision (at least once per year);
* Section 47 investigations for children allocated in the team;
* Court proceedings for children following an Interim Care Order being granted;
* Provision of services to children in Section 20 care who have no plan to return home;
* Formation and implementation of the Permanence Plan;
* Progression of plans for Adoption;
* Professional abuse and complex abuse investigations, for children allocated in the team;
* Joint care planning with Children’s Support and Safeguarding Teams where the Final Hearing is reached without an order being granted;
* Ongoing support where children in care are discharged home after a long period in care;
* Short term support as children in need for children who have been in Children in Care.

**2.7 Leaving and After Care Service**

Leaving and After Care Service (L&ACS) assist young people aged 16+ with managing the transition from care to independence. L&ACS provide services to young people looked after who have qualified for a leaving care service under the Leaving Care Act (2000).

L&ACS will arrange and provide:

* Services to:
	+ Young people, aged 16 and older, who have presented as homeless and were accommodated as section 20 as soon as it is clear that there will be no return home;
	+ Young people, aged 16 and older in the Children in Care Service;
	+ Young people, aged 16 and older, where a decision has been made that they should transfer early from Children in Care as above, and
	+ care leavers who are 18 years and older
* Needs assessments;
* Pathway planning;
* Section 47 investigations for young people under 18 allocated in the team;
* In-Time applications and Human Rights assessments for 17½ year unaccompanied asylum seeking young people;
* 21 plus assessments for the extended duties to care leavers up to the age of 25 years.

**2.8 Disabled Children’s Team**

The Disabled Children’s Team (DCT) assist children and young people with specific complex needs arising from their disabilities, subject to assessment, and support to those children’s parents and carers, including the provision of carer’s assessments, managing the whole pathway from first assessment to transition to adulthood/ leaving care. DCT fulfil all the relevant Children Act 1989 functions including child protection and children in care processes for children and young people to whom they provide a service. In addition DCT carry out functions in relation to self-directed care/ direct payment for young people aged 16+ and for parent/carers. The team are also responsible for planning transition for disabled young people from the age of 14, working closely with SEN and adult services colleagues.

Where a disabled child is part of a wider family group open to social care as a result of wider family issues and difficulties unrelated to the child’s disability then DCT will not hold case responsibility but will be available to offer support and advice to the key team which is most likely to be a CSST.

Where the disabled child requires the support and intervention of a social worker as a result of his/her impairment and there are wider family issues also requiring social care intervention then the disabled child will be held in DCT and the other children held in a CSST. There will be an expectation of close joint working across the services in addressing any safeguarding issues that may arise.

(See [Case Transfer Process Chart - MASH to Disabled Children's Team](https://proceduresonline.com/trixcms1/media/4256/mash-to-disabled-childrens-team.pdf) and [Case Transfer Process Chart - DAAT to Disabled Children Team](https://proceduresonline.com/trixcms1/media/4248/daat-to-disabled-childrens-team.pdf))

**3.** **Transfer Process**

**3.1 Transfer Pathways**

In addition to the Service Remits and Transfer Pathway described (see case transfer process charts linked to through this procedure), it should be noted that all operational teams in Safeguarding may route back to partners for Early Help or the Targeted Support, usually following the end of provision of acute and complex services where on-going Tier 3 provision is required in agreement with the family.

**3.2 Transfer of Cases from the Multi Agency Safeguarding Hub (MASH)**

**3.2.1 Case Re-Referred to Safeguarding**

A case that has been re-referred to Children Social Care within three months of closure will be returned to the team who was last involved where the decision has been made that level 4 concerns have been identified and the child is deemed to be a Child in Need under Section 17 or at risk of significant harm under Section 47 (Children Act 1989).

(See [Case Transfer Process Chart - MASH re-referrals to Safeguarding](https://proceduresonline.com/trixcms1/media/4252/mash-re-referral-to-safeguarding.pdf))

**3.2.2 Transfer of Cases to Duty and Assessment Teams**

(See [Case Transfer Process Chart - MASH to DAAT](https://proceduresonline.com/trixcms1/media/4255/mash-to-daat.pdf) and [Case Transfer Process Chart - MASH re-referral to DAAT](https://proceduresonline.com/trixcms1/media/4251/mash-re-referral-to-daat.pdf))

**Section 47**

If the decision is made for further enquiries to be made under Section 47 (Children Act 1989), the case is transferred to a DAAT. It is the responsibility of the DAAT to complete all activities needed to conclude a Section 47 enquiry as required by Working Together to Safeguard Children and Northamptonshire Safeguarding Children’s Partnership (NSCP) procedures.

**Section 17**

Following checks by MASH, if the decision is made that level 4 concerns have been identified and a child is deemed to be a Child in Need, under Section 17 (Children Act 1989), the case is transferred to a DAAT for a Child and Family Assessment.

**3.2.3 Transfer of Separated Children Cases**

When MASH is informed of a potential unaccompanied asylum seeking young person, contact will be made with the Separated Children’s Team who will complete an Initial Age Screening. Once the screening has been undertaken, if it is believed that the young person is under 18 years of age, the case will be transferred to the Separated Children’s Team. Where the outcome is that the young person is 18 years or over, the case will be closed by MASH.

(See [Case Transfer Process Chart - MASH to Separated Children](https://proceduresonline.com/trixcms1/media/4258/mash-to-separated-children.pdf))

**3.3 Transfer of Cases from the Duty and Assessment Teams**

Depending on the outcome of the Child and Family Assessment, the following case transfer processes must be followed.

**3.3.1 Transfer of Cases to Safeguarding Teams**

1. **Children Identified as in Need (Section 17)**

A Child in Need (CiN) meeting must be convened by the allocated social worker. To facilitate a warm handover, professionals involved in the case, the new allocated social worker or a representative from the receiving team, the family and the child (if appropriate) should attend the CiN meeting. A copy of the assessment should be available to the new social worker at least 48 hours in advance of the meeting. The allocated social worker must complete the CiN meeting minutes and CiN Plan. In addition to up-to-date case records, signed consent from a parent (or someone with parental responsibility (PR)) for agency checks, genograms and chronologies must be completed and uploaded into Care Store before the case is transferred.

1. **Children Subject to an Initial Child Protection**

When the threshold for child protection is met, the allocated social worker must ensure an Initial Child Protection Conference (ICPC) is convened. The case will be transferred to the receiving team at the conference. In addition to up-to-date case records, genograms and sign consent from a parent (or someone with PR) for checks, chronologies must be completed and uploaded into Care Store before the case is transferred.

1. **Children subject to Immediate Legal Action (Emergency Protection Order / Interim Care Order)**

Where immediate legal action is required in order to safeguard the welfare of children, this will normally take place following a Strategy Discussion between the Local Authority, Police and other relevant agencies.

Before an urgent application to Court (either for an [**Emergency Protection Order**](http://trixresources.proceduresonline.com/nat_key/keywords/emerge_prot_order.html) or an abridged notice [**Interim Care Order**](http://trixresources.proceduresonline.com/nat_key/keywords/interim_care_order.html)) can be made, consultation with Legal Services should take place to establish whether there is sufficient evidence to establish that the [**Threshold Criteria**](http://trixresources.proceduresonline.com/nat_key/keywords/threshold_criteria.html) for an application is met. The approval of the [**Designated Manager**](https://northamptonshirechildcare.proceduresonline.com/pr_desg_man.html#designated-manager-(emergency-protection-orders)) is required before the application is made. The Case Progression Manager should be informed.

The DAAT team manager will invite the Children in Care Service to attend the Court hearing and will notify them of the Court Hearing date, time and venue.

At the point of notification of the Interim Care Order hearing, a handover meeting between the DAAT and Children in Care Service Social Workers will take place.

The DAAT Social Worker, with the support of their team manager will complete the S47 Outcome Record, Child and Family Assessment, Witness Statement, Care Plan, Chronology and Genogram. The transfer from DAAT to the Children in Care Service will be completed at the making of an Interim Care Order

A retrospective presentation to the Gateway Meeting will need to be undertaken by the DAAT Social Worker which will be attended jointly by the Children in Care Social Worker. The involvement of the Children in Care Service with the family will begin by taking over all duties and responsibilities associated with the child’s Looked After Child status. This will provide the new worker with the opportunities to be fully involved in the child’s care planning and the family will experience a smooth transition between Social Workers and teams.

1. **Children Subject to Legal Planning Meetings – Public Law Outline (PLO)**

The DAAT team manager will notify the relevant Safeguarding Team of the case transfer.

The DAAT social worker, with the support of their team manager will complete the S47 Outcome Record, Child and Family Assessment, Genogram, Chronology and PLO letter. The case will be transferred at the point of the ICPC.

1. **Children subject to Section 20 accommodation**

If a child or young person becomes looked after by the Local Authority in an emergency under Section 20 of the Children Act 1989, the child’s needs and circumstances will be discussed and considered by the next Gateway Meeting. If a child or young person becomes looked after by the Local Authority in a planned way through Gateway Meeting a period of joint working between DAAT and the Adolescent Service will commence.

The DAAT social worker with the support of their team manager will complete the S47 Outcome Record, Child and Family Assessment, Genogram, Chronology and Care Plan. The case will be transferred to the Adolescent Service at first Child(ren) in Care Review.

(See [Case Transfer Process Chart - DAAT to Safeguarding or Children in Care](https://proceduresonline.com/trixcms1/media/4250/daat-to-safeguarding-or-cic.pdf))

**3.3.2 Transfer of Cases to the Disabled Children Team**

The decision to transfer a case between these teams will be made by the team manager, in conjunction with the allocated worker. The case must meet the [**Eligibility Criteria**](https://proceduresonline.com/trixcms1/media/4143/dct-eligibility-criteria-december-2019.docx) for Disabled Children’s Team. The transferring team manager must review the case to establish that the threshold has been met. The receiving team manager should review the case and determine if the case meets the criteria for service provision.

(See [Case Transfer Process Chart - DAAT to Disabled Children Team](https://proceduresonline.com/trixcms1/media/4248/daat-to-disabled-childrens-team.pdf))

**3.3.3 Transfer of Cases to Early Help or Targeted Support**

A decision is made by the social worker (after an assessment) that no further support is required by children’s social care and that the child’s needs can be met through Early Help (Tier 2) or Targeted Support (Tier 3). See the [Stepdown Process Chart](https://proceduresonline.com/trixcms1/media/4018/step-down-process-chart-december-2019.pdf) and follow the process as detailed in sections (a)(i) and (a)(ii).

1. **Children aged 0 - 19**
	1. **Tier 3 Support**:
	A closure summary is completed by DAAT that is emailed as an attachment to Tier 3 Step Down inbox. An Early Help Coordinator will use the summary to identify the most appropriate service for the child. A request will be sent by the Early Help Coordinator for identified support. The case can be closed on transfer to the Early Help Support Service who will take responsibility for allocation to TS or a suitable alternative Tier 3 service. Stepdown status to be set on CareFirst only after the closure summary has been emailed to the Tier 3 Stepdown inbox (T3stepdownTST@northamptonshire.gov.uk);
	2. **Tier 2 Support or Universal**:
	The social worker identifies the appropriate lead professional for the family and shares an action plan of the support needed with the lead. A copy of the action plan is forwarded to Early Help support for information. If the social worker cannot identify a lead professional, support is available from the Early Help Coordinator in order to identify a lead professional. Once the action plan has been shared with the lead professional, the case can be closed to children’s social care. If the social worker cannot identify a lead professional at the time of closure, the Early Help Support Service will continue to work to find one

**3.4 Transfer of Cases from Children’s Support and Safeguarding Teams**

**3.4.1 Transfer of Cases from Children’s Support Safeguarding Teams to the DCT**

The decision to transfer a case between these teams will be made by the team manager, in conjunction with the allocated worker. The case must meet the [**Eligibility Criteria**](https://proceduresonline.com/trixcms1/media/4143/dct-eligibility-criteria-december-2019.docx) for Disabled Children’s Team. The transferring team manager must review the case to establish that the threshold has been met. The receiving team manager should review the case and determine if the case meets the criteria for service provision.

**3.4.2 Transfer of Cases from Children’s Support and Safeguarding Teams to Children in Care Services**

See **Section 3.6, Transfer of Children in Care Cases to Children in Care Services**.

**3.4.3 Transfer of Cases from Children Support and Safeguarding Teams to Leaving and After Care**

See **Section 3.7, Transfer of Cases to Leaving and After Care Service**.

**3.4.4 Transfer to Early Help or Targeted Support**

A decision is made by the social worker (after a Child and Family Assessment) that no further support is required by children’s social care and that the child’s needs can be met through Early Help (Tier 2) or Targeted Support (Tier 3). See the [Stepdown Process Chart](https://proceduresonline.com/trixcms1/media/4018/step-down-process-chart-december-2019.pdf) and follow the process as detailed in sections (a)(i) and (a)(ii).

1. **Children aged 0 - 19**
	1. **Tier 3 Support**:
	A closure summary is completed by the social worker that is emailed as an attachment to Tier 3 Step Down inbox. The social worker is also required to complete an Access to Support online form. Once submitted, the Early Help Coordinator will use all information to identify the most appropriate service for the child. A request will be sent by the Early Help Coordinator for identified support. The case can be closed by Social Care as the Early Help Support Service will take responsibility for identifying an appropriate Tier 3 service or lead professional. Stepdown status to be set on CareFirst only after the closure summary has been emailed to the Tier 3 Stepdown inbox (T3stepdownTST@northamptonshire.gov.uk);
	2. **Tier 2 Support or Universal**:
	The social worker identifies the appropriate lead professional for the family and shares an action plan of the support needed with the lead. A copy of the action plan is forwarded to Early Help support for information. If the social worker cannot identify a lead professional, support is available from the Early Help Coordinator in order to identify a lead professional. Once the action plan has been shared with the lead professional, the case can be closed to children’s social care. If the social worker cannot identify a lead professional, the Early Help Support Service will continue to work to identify one so that Social Care can close their involvement.

**3.4.5 Transfer to Adolescent Service**

Cases will either be transferred to the Adolescent Service or co-worked with support from the Adolescent Service. There will be at least 5 potential routes into the Adolescent Service using Access to Support:

* Edge of care, reunification, placement support and Rise
* Adolescents needing support with or without contextual safeguarding at Tier 3 or Tier 4
* Assessed by EHCO but not eligible for the service
* From MASH to Adolescent Service for assessment by way of Senior Practitioner/Adolescent Social Worker as to whether Tier 3 or Tier 4 support required
* From MASH to DAAT for assessment and then onto to Adolescent Service for either Tier 3 or Tier 4 support

(See [Case Transfer Process Chart - MASH to Adolescent Services](https://proceduresonline.com/trixcms1/media/4253/mash-to-adolescents-service.pdf) and [Case Transfer Process Chart - DAAT to Adolescent Services](https://proceduresonline.com/trixcms1/media/4247/daat-to-adolescents-service.pdf))

**3.5 Transfer of Cases from the Children in Care Service**

**3.5.1 Transfer of Cases from the Children in Care Service to the Leaving and After Care Service**

See **Section 3.7, Transfer of Cases to the Leaving and After Care Service**.

**3.6** **Transfer of Children in Care Cases to the Children in Care Service**

(See [Case Transfer Process Chart - MASH to Children in Care Service (Unborn Child)](https://proceduresonline.com/trixcms1/media/4254/mash-to-cic-team-unborn-child.pdf))

1. **Cases in Care Proceedings**

Transfer of cases in care proceedings to Children in Care Services will occur at the making of the interim care order.

1. **Cases not in Care Proceedings**

Transfer of cases not in care proceedings will happen at the point of the second Children in Care Review, for Children to whom there is no viable plan to return home.

A ‘warm handover’ (introductory visits and joint meetings etc.) must be completed. Case continuity must be seen as the key factor e.g. if there are Child(ren) in Care Reviews or significant panels or other meetings at which the presence of the previous Children’s Support and Safeguarding social worker is integral, then these arrangements will be prioritised.

The purpose of this transfer process is to ensure early commencement of all required Children in Care processes. This will assist in preventing any drift and delay for any child or young person.

1. **Homeless Children**

Cases will be made ready for Children in Care Services where an homeless 16 or 17 year old is assessed under the Southwark Judgement as a Child in Need (Section 17, Children Act 1989), accommodated under Section 20 (Children Act, 1989) and for whom it is assessed it is unlikely that the young person will return to their parents’ care. The case will be made ready for transfer to a Children in Care Service with Children in Care Service Management agreement that the young person requires S20, outside of the Permanency Planning Meeting process. The case will be transfer at the first Child(ren) in Care Review.

**3.7** **Transfer of Cases to the Leaving and After Care Service**

An Eligible or Relevant Child becomes a Former Relevant Child when they turn 18. At this point the young person’s case will transfer to Leaving and After Care.

The case holding team manager must also notify the Leaving and After Care team manager by email of a young person who will require a personal adviser. The email should be sent when the young person is 15 ½ years old. Notification to include:

* Date of joint working arrangement;
* Date of Pathway Plan completion;
* Issues to take into account when allocating a Personal Adviser, if relevant;
* Key upcoming dates e.g. Child(ren) in Care Review;
* Immediate concerns.

Prior to the joint working period, a meeting must be held between the social worker, the Personal Adviser and their respective team managers. It is the responsibility of the social worker to arrange this meeting.

The meeting should:

* Share initial information clarifying the needs of the young person and how the Leaving and After Care will meet identified needs;
* Coordinate joint working of the case, including a timetable for joint working and the delegation of responsibilities of tasks to be undertaken, if relevant;
* Briefly review the progress of the young person against the existing plan and any immediate outstanding actions;
* Discuss risk management issues and any safeguarding plans;
* Arrange introductions.

Further meetings should be held between each Child(ren) in Care Review (a minimum of four times per year).

The social worker retains case responsibility for young people until they cease to be looked after. In exceptional circumstances where there are significant safeguarding concerns the case may remain open to a social worker post 18. A recommendation for the case to remain allocated to a social worker post 18 needs to be ratified by the Service Manager for the case holding team in consultation with the Service Manager for Leaving and After Care.

To facilitate joint working on the case the social worker and Personal Adviser will be in regular communication and should both maintain the young person’s electronic case file and ensure it is up to date and that they alert each other to contacts or actions taken through CareFirst.

Immediately prior to a young person's 18th birthday, the social worker must convene a meeting to discuss the transfer of responsibility and to serve as the formal transfer point. A team manager will chair the meeting. The purpose of the meeting is to:

* Discuss any remaining outstanding tasks;
* Ensure all statutory tasks have been completed (e.g. PEP, Medical, Pathway Plan);
* Share information clarifying the needs of the young person and how the Leaving and After Care will meet identified needs;
* Briefly review the progress of the young person against the existing plan;
* Discuss risk management issues and any safeguarding plans;
* Consider any remaining transfer issues, including endings.

The case holding team manager must quality assure the young person’s Pathway Plan prior to the transfer. At the point a young person ceases to be looked after, the entire case responsibility transfers to Leaving and After Care.

**3.8 Children in Particular Circumstances**

**3.8.1 Under 18 Unaccompanied Asylum Seeking Children (UASC)**

All unaccompanied children and young people seeking asylum will be subject to Enquiries undertaken by the Separated Children Team. The Separated Children Team will be responsible for completing all relevant activities relating to unaccompanied asylum seeking children until the young person’s 18th birthday.

It is the responsibility of the Separated Children’s Team to identify a social worker to attend the initial and subsequent Child(ren) in Care reviews until the young person’s 18th birthday when the case will be transferred to Leaving and After Care - see **Section 3.7, Transfer of Cases to the Leaving and After Care**.

**3.8.2 Relinquished Children**

All requests for relinquishment will initially be dealt with by the MASH. When the team becomes aware that a child is, or will be relinquished, the practitioner dealing with the request must bring it to the attention of their team manager who must refer the case to the service manager of the Children in Care Service. At this point, a discussion between both managers should take place in order to establish if this case is that of a relinquished child.

The case will be listed for a Permanency Planning Meeting as soon as possible. If following the Permanency Planning Meeting it is clear that the child is a relinquished baby then the Children in Care Service will schedule a Transfer Meeting within 5 working days of the Permanency Planning Meeting. Please note that for Relinquished children, the Children in Care Service will assume case responsibility for the Care Proceedings.

See the [Relinquished Children](https://northamptonshirechildcare.proceduresonline.com/chapters/p_relinquished_children.html) procedure for further guidance.

**3.8.3 Young People (age 16 and over) Remanded into Local Authority Care to Leaving Care**

By virtue of being remanded a young person becomes looked after under S20 of the Children Act 1989. If the total period of being looked after for this young person is over 13 weeks since the age of 14 as a result of this period of remand then the child becomes an Eligible Child. As such they will be entitled to a Personal Adviser from Leaving and After Care as well as a social worker in the Children in Care Service.

Once the remand period has ended, if the decision is for them to remain looked after (provided with accommodation under S20) then they remain Eligible and are entitled to a Personal Adviser from Leaving and After Care. If they were subject to a care order they will continue to be looked after.

In all other circumstances once the remand has ended then they will cease to be looked after and become a Relevant Child under the CLCA 2000. At this point the Children in Care Service transfer case responsibility (under procedures detailed above) and Leaving and After Care will become the key team and the Personal Adviser becomes the allocated worker.

If the young person receives a custodial sentence then they cease to be looked after (unless there is a Care Order in place) and become a Relevant Child under the CLCA 2000. At this point the Children in Care Service will transfer case responsibility and Leaving and After Care will become the allocated team and the Personal Adviser becomes the allocated worker.

If a young person, who becomes Looked After under s21 as a result of a remand, receives a custodial sentence before they have accumulated a total of 13 weeks of Looked After status since the age of 14, then they become a Qualifying Child under the CLCA 2000.

Under the Former Looked After Children Regulations (FLA) the Children in Care Service is required to complete an assessment to ascertain whether they require any support from the Local Authority whilst they complete their sentence. Under the CLCA 2000 the child is entitled to assistance, support and befriending from the Children in Care Service. So, the Children in Care Service should complete the assessment under FLA Regulations and then ensure that the case is notified to Leaving and After Care to provide a service to the child as a Qualifying Child.

If a young person who becomes Looked After under S21 as a result of a remand is discharged from custody before they have accumulated a total of 13 weeks of LAC status since the age of 14 it may be decided that they should continue as Looked After under S20. If so, they will retain their Children in Care social worker and they will should be allocated a Personal Adviser by Leaving and After Care when they become Eligible Children (i.e. accumulate a total of 13 weeks of LAC status since the age of 14 and are still looked after at the age of 16).

If a young person who becomes Looked After under s21 as a result of a remand is discharged from local authority care/secure estate before they have accumulated a total of 13 weeks of LAC status since the age of 14 and it is decided that they will return home then they cease to be looked after and are not treated as Qualifying Children. As such, the Children in Care Service would need to decide if they remain Children in Need or whether the case can safely be closed to the Children in Care service.

**3.9 Pre-birth Assessments**

There is no minimum gestational age at which a MASH Referral will be accepted. If the MASH determine threshold for assessment is met, it is essential that a thorough assessment and care planning is undertaken at an early stage.

In cases where assessment of an unborn child is required and there is an older sibling already allocated to a social worker the unborn child referral will transfer from the MASH directly and the assessment will be completed by the team in which the older sibling is allocated.

Where a child in care becomes pregnant, the unborn child’s assessment will be completed by the Children in Care Service and will be transferred by the MASH directly.

In cases where assessment of an unborn child is required where one or more of the parents are open to the leaving care team, the unborn child will transfer to the DAAT to complete the assessment. Close working relationships between the leaving care team and the DAAT social worker is required to ensure sharing of information. The Personal Advisor will provide the DAAT social worker with an updated chronology of the parents.

Where there has been a significant family history, but no children’s social care involvement over the last 6 months the unborn child will be transferred from the MASH to the DAAT to complete the assessment. In these circumstances, discussions are needed between the DAAT team manager and the previous team manager to ensure that knowledge of the case history is utilised to provide a coherent approach to siblings within the family.

Where there is no previous social care involvement but the current circumstances surrounding the unborn child is concerning, the DAAT will undertake the assessment.

Assessment will be transferred directly from the MASH to Children’s Support and Safeguarding Teams when the case involves:

* Unborn babies of parents where other children are open / have been open to children’s social care or where children have been removed from the care of the parents;
* Proceedings have been previously issued;
* Either parent has a conviction for offences against a child or where the safeguarding concerns are highly likely to require care proceedings.

The Children’s Support and Safeguarding team will notify the case progression officer to ensure timely presentation to Legal Planning Meetings and CAFCASS plus if required to prevent delay.

(See

**3.10 Dispute Resolution**

Where a child’s circumstances dictate that their assessed needs meet the criteria for more than one service, it is expected that team managers in the respective services will resolve any dispute over case allocation in the best interests of the child and family, without any delay in allocation.

In exceptional circumstances where clarification is required or an agreement cannot be reached, team managers will escalate the dispute to their respective service managers and a meeting will be arranged between the two services to reach resolution.

**3.11 Staff Absence**

When staff are absent (for example due to illness or annual leave), the team manager will immediately assume responsibility of the cases and will ensure the necessary work is completed within expected timescales. When a member of staff leaves the Authority, the team manager will identify an alternative practitioner to assume case responsibility and ensure a warm handover.

**4.** **Case Closure**

**4.1** **Case Closure Tasks**

The case should not be closed whilst actions remain outstanding. Once the decision to close a case has been made by the team manager, the social worker will notify all professionals involved with the family; the child (if appropriate); the parents and/or carers.

The social worker must carry out the following task:

* Complete the tasks set out in the [**Checklist for Case Closure**](http://ccl/csip/Project%20Documentation/Case%20Closure%20Checklist.pdf);
* Complete the CareFirst Closure Form;
* Send Closure Email to professionals that have been involved. Contact must be made with the named professional to verify where Closure Emails should be sent;
* Send [**Case Closure Letter**](https://northamptonshirechildcare.proceduresonline.com/chapters/docs_library.html#case_management) to parents/carers(this must include the Closure Summary);
* Complete ‘[**Notification to Admin of case closure - Closure form for electronic files**](http://ccl/sites/scs/Templates/electronic%20closure%20summary%20template_230713.doc)’ form;
* Ensure Care Store is up to date (see **Section 4.3, Care Store Checks**).

**4.2 Case Closure on CareFirst**

When closing a case on CareFirst, it is the responsibility of the team manager to ensure the following checks and tasks have been undertaken.

* Relationships:
	+ Personal and professional relationships are up to date;
	+ In ‘Allocations’, close down ‘Team’ and ‘Primary worker’.
* Personal details:
	+ Ensure all telephone numbers and addresses are up to date;
	+ Under ‘Roles’, close ‘Client’ role;
	+ Under ‘Classifications’ close ‘CIN episode’ and ‘Child in Need Code’ (if applicable);
	+ Under ‘Classifications’ ensure ‘Religion’ and ‘Language’ are accurate.
* Assessments:
	+ Check all assessments are authorised and any duplicates are removed from system.
* File Destruct Year Form completed.

There are additional steps that must be taken if the case was a Private Fostering case – see ‘[**Closing Private Fostering Arrangements in CareFirst – Instructions**](https://northamptonshirechildcare.proceduresonline.com/chapters/docs_library.html#case_management)’.

**4.3** **Care Store Checks**

The allocated social worker must ensure:

* The Chronology is up-to-date;
* The Genogram is accurate and complete;
* All closure letters have been uploaded.

**4.4 Child Leaving the Country or Moving Out of County**

Special consideration should be made when a case is closed due to a child moving abroad or out of county. In addition to completing the tasks set out in **Section 4.1, Case Closure Tasks** social workers must notify the Children Missing from Education (CME) Team via email (**cmetracking@northamptonshire.gov.uk**) using the Closure Email.

**End The Department for Education has released the updated version of** [**Working Together to Safeguard Children**](http://www.workingtogetheronline.co.uk/)**.
The changes will be reflected in this manual at the next update.**