

# **Early Help and Safeguarding Services Case Transfer Protocol**

*Ensuring that children are receiving the right help at the right time*

# Creating a culture where excellent practice can thrive

## Children and Young People Directorate

### **1. Principles**

1. Case transfers will always be child centred.
2. There will be good communication between Team Managers to agree and contribute to planning for case transfer.
3. Capacity of a team to take on a family will not prevent or delay transfer.
4. Where there is a disagreement on transfer, the immediate or urgent needs of a child/ family will determine final decision regarding transfer.
5. All decisions regarding transfers will be made in the best interest of the child and family and will be timely.
6. The child and family and involved professionals / agencies will be fully informed of transfer once it has been agreed.
7. Transferring and Receiving Social Workers will ensure the child and family are appropriately introduced to the newly allocated Social Worker in order to promote positive relationships.

### **2. Scope**

2.1. The purpose of this protocol is to set out the arrangements as to how and at what point a child or young person should move from one team to another, or from one worker to another, as their needs change. It covers transfers between allocated practitioners within the same team and transfers between any of the following teams across the Service:

- *Early Help*
- *MASH*
- *Assessment Teams*
- *Children with Disabilities Team*
- *Child Protection and Court Teams*
- *Early Permanence Team*
- *Children in Care Team*
- *Leaving Care Team*

2.2. Alongside the protocol is a MOSAIC *Transfer Case* checklist for effective transfer which can be found in MOSAIC from the start button at [Transfer Case](#)

### **3 Context**

3.1. Children and families need clarity as to who has responsibility for working with them. Practitioners and partner agencies need clarity as to who is the lead professional and what their role is.

3.2. Children and families will benefit from being supported by the teams that best reflect the level, complexity and nature of their needs. This means that there will be certain points in their journey where a change of team is inevitable. On these occasions, change needs to be managed in the most seamless way possible.

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3.3. A change of practitioner is a significant event for a child and family and needs to be reflected in sensitive and careful handling by managers and practitioners. It is vital that practitioners have sufficient information to provide a safe and effective service and avoid duplication of questioning of children and families wherever possible.

3.4. The needs of the child are paramount when considering a change of the adult who is helping them and therefore there will be occasions when exceptions will be made in relation to the transfer points laid down in this protocol especially if it will mean better outcomes for the child. This is a matter of professional judgement and will need agreement by a Service Manager.

### **4. Our bottom lines/ Practice Standards**

1	Management oversight is the key to ensuring that changes are managed effectively for children and families and ensuring compliance with practice standards in relation to recording and the transfer checklist.
2	Families and carers will be fully informed about any changes, understand the reasons for the change and be clear about the timing.
3	There will be a joint visit to the child and family between the outgoing worker and the new worker wherever possible before the transfer date.
4	Involved professionals will be informed including the rationale for any change.
5	Changes of workers within the same team are agreed by the Team Manager.
6	Changes of teams are in line with the transfer points laid out in this protocol and any exception to this would need to promote a better outcome for the child and have the agreement above Team Manager level.
7	Changes of teams are confirmed at the weekly Transfer Meetings where arrangements for safe transfer are agreed. The meeting takes place on Tuesday at 9am.
8	There are handover discussions between the outgoing Team Manager/worker and the new Team Manager/worker to ensure clarity and ensure that there are no gaps in knowledge or delays in activity.
9	Transfer summaries are succinct, explain clearly the priorities for intervention. This is to ensure that the child's needs will be met.
10	Changes are recorded promptly on the electronic record so that MOSAIC has up-to-date information as to the lead practitioner and team.
11	At no point should a child be left without a named allocated practitioner. If difficulties are experienced in transferring cases due to capacity this should be escalated to the relevant Service Manager.

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### **5. Transfer Process between Service Areas (except Early Help)**

5.1. Transfers between practitioners and/or services will be conducted in a timely fashion, ensuring as much continuity as possible for families. All transfers between services will be discussed and decided through the weekly transfer meeting which involves the appropriate operational managers from each of the services.

5.2. The business process is a spreadsheet on SharePoint (Case transfer tracker) and the operational managers up to Head of Service level are able to access and amend this spreadsheet.

5.3. The details of all children who need to be transferred should be entered on the spreadsheet by midday Friday with relevant information in time to discuss and confirm transfer arrangements at the meeting on the following Tuesday. The tracker is updated during the meeting.

5.4. After the case transfer date is agreed, the pending change of worker is discussed with the family and professionals.

5.5. Team manager oversight ensures that the child's case file record is up to date and ready for transfer.

5.6. A child specific transfer discussion takes place between transferring and receiving practitioners and managers.

5.7. Letters are sent to the family and professionals confirming a change of service and/or practitioner and the date of transfer.

5.8. A handover meeting is held with the family between transferring and receiving practitioners, within 5 working days of the transfer date.

### **6. Transfer Process in the same Team**

6.1. All transfers (re-allocations) between practitioners in the same service area will be decided and managed between Team Managers. The process will be same as above, from 4.4 – 4.8.

### **7. Transfer Process between Early Help and Safeguarding Services**

7.1. Services for children and families should be provided on a continuum of help and support, which allows professionals to be flexible and respond to different levels of need. Children's needs are not static, and they may experience different needs, at different points on the continuum, throughout their childhood years. Step up / Step down processes aim to improve outcomes for children by ensuring families experience a seamless transition from one level of service intervention to another.

#### **Stepping cases up to level 4**

7.2. There may be instances after the Early Help Assessment and plan has been implemented when the circumstances around the child change or where new factors are discovered affecting the child or their family's needs or identification of risk of significant harm. If the lead practitioner has any safeguarding concerns or believes that needs have escalated since working with the family, they should discuss their concerns with their manager/ safeguarding lead. If the manager is agreement with the proposal for escalation into safeguarding services, the early help practitioner will complete the Multi Agency Referral Form and submit to the MASH. The lead practitioner and

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manager will attend any strategy meeting or other significant meetings that are convened such as a Child in Need meeting.

### Stepping down from Safeguarding Services

7.3. This process applies to children and families that have had a statutory intervention at level 4 from either the Assessment, Child in Need, Child Protection/Court or Child in Care teams and their intervention has concluded but additional needs are identified that could be met through Early Help.

- The allocated Social Worker will discuss with the family and Team Manager the proposal to step down to Early Help.
- The allocated social worker will discuss with the family the basis on which Early Help services are offered. The family are required to give their consent for Early Help intervention as it is a voluntary service.
- Once step down is agreed as proportionate, the allocated social worker will coordinate arrangements for a step down meeting (this could be a final Child in Need meeting) which will be attended by the family and a senior Early Help Practitioner.
- The Early Help practitioner attending the allocation meeting will agree that step down to Early Help is the appropriate level of intervention.
- A clear Early Help Action Plan will be agreed with the family during the meeting, including timeframes.
- The outgoing allocated social worker and their manager will ensure that all work has been completed and progress the step down on work flow within 5 days of the allocation meeting.
- The family will be allocated to an Early Help practitioner within 10 days of the step down allocation meeting.

## **8. Service Remit and Transfer Points between Statutory Social Work Services**

### **MASH**

8.1. A child will progress from the MASH to the Assessment Service at the point at which it is agreed that the threshold for Child & Family assessment has been reached. A child will progress from the MASH within 4 hours if threshold for a section 47 enquiry is met, otherwise within 24 hours of receipt of the request for service.

8.2. If the MASH receives a **re-referral** on a child previously known and open to any statutory service within 3 months of the involvement ending, the child will be transferred back to the previous service and where possible to the previous allocated social worker. The social worker or their Team Manager will be contacted by the MASH as part of the first response.

8.3. A child must be allocated to a social worker within 24 hours of the 'need to progress' decision being made in the MASH.

8.4. For children who MASH identify as an unaccompanied asylum seeking child, they will be allocated to the Children in Care Team.

8.5. For children who MASH identify as being privately fostered they will be allocated to the fostering Team.

8.6. For children who are subject to s85 and s86 Children Act 1989 or have long term health provision, will be allocated to the Children in Care Team.

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8.7. For those children who are on remand they will be allocated to the Children in Care Team.

8.8. 16/17 Homeless who become accommodated under sec 20 will transfer to Children in Care

8.9. Transferring in conferences:-MASH send a notification to the CP/IRO service. The case is not opened on MOSAIC. The CP/IRO service send a conference date and request a report is prepared by the originating authority, if then accepted by Hereford Children's Services a transferring conference is convened. At the conference the child/ren are allocated directly into the Child Protection, Court service.

8.10. Children transferring from another Local Authority who are subject to Child in Need, will be allocated to the Child in Need Team.

### Assessment Service

8.11. The Assessment Service is responsible for undertaking the Child and Family assessment, child protection enquiries. They are responsible for the private fostering assessments in respect of the child but joint work with the fostering team who assess the potential carers. They are responsible for s37 and s7 reports for any children who are not currently allocated to a social worker. If the assessment concludes that the child is in need of ongoing statutory social work service, the child will need to be presented at the transfer meeting at the earliest opportunity to agree next steps in relation to moving to one of the following services dependent on help required:

- Child in Need - For a child in need the transfer point will be at the initial Child in Need meeting.
- Child Protection and Court - For a child subject to a Child Protection plan the transfer point will be the Initial Child Protection Conference. For a child who is subject to care proceedings the transfer point will be at the initial hearing.
- Children in Care - For a child who becomes 'Children in Care' the transfer point will be their first Children in Care Review.
- Children with Disabilities - For a disabled child the transfer point will depend on the threshold criteria for the Disabled Children's service and the legal status of the child. If the criteria is met for this service including referrals for the short breaks service, these children will progress from the MASH to the Disabled Children's team for assessment. [Disabled children's social care – Herefordshire Council](#)

### Children in Need Service

8.12. If the assessment concludes that ongoing non – statutory help is required then the child will be stepped down to the Early Help Service in line with process outlined above (Para 7)

8.13. For Children transferring into Child in Need Service the following must have been completed before transfer.

- Completed assessment and Child in need plan
- Minutes of Child in Need meeting
- Visits
- Chronology and Genogram
- Case summaries (to include dates for next round of meetings)
- 10 day reviews or supervision. (where the 10 day review is recorded as supervision)
- Up to date visits recorded.
- Key Information, contact details, Parental responsibility; legal statues and Ethnicity

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- Minutes of any meetings (e.g. Strategy, Risk Management Meetings for children at risk of exploitation and date of next Risk Management meeting).

### Child Protection and Court Service

8.14. This service is responsible for providing help and services to children who are subject to a Child Protection plans and children in care, who are subject to care proceedings.

8.15. If there are children in the same family subject to different plans, the children will be held within the team that reflects the highest level of need.

8.16. For Children transferring into Child Protection and Court Service the following must have been completed before transfer

- Initial Health assessment
- Chronology and Genogram
- Case summaries (to include dates for next round of meetings)
- 10 day reviews or supervision. ( where the 10 day review is recorded as supervision)
- Visits recorded.
- Core group minutes, if case does not transfer at ICPC.
- Up to date Care plans / Safety plan
- Key Information, contact details, Parental responsibility; legal statues and Ethnicity
- Minutes of any meeting (e.g. strategy/CIN)
- Completed Assessments /reports
- Contact arrangements for Children in Care
- Signed consent for medical appointments
- Placement Information Record
- Delegated Authority Forms
- Initial Person Education Plan (PEP)
- Risk assessment for children at risk of exploitation and date of next Risk Management Meeting
- Case management and orders and date of the next hearing PLO plans and minutes of meeting

### Children in Care Service

8.17. For children in care, the child will transfer to the Children in Care team when a permanency plan has been agreed.

8.18. For children in care the following must have been completed before transfer:

- Most recent Children in Care Social Workers review report;
- Placement Information Record;
- Delegated Authority forms
- Initial Personal Education Plan (PEP);
- Initial Health Assessment should have been arranged and where possible taken place;
- Up to date Care Plan;
- Up to dated Pathway Plan and needs assessment (if the young person is 16)
- Up to date risk assessment & safety plan (young people at risk of exploitation or with complex behavioural and emotional needs)
- Up to date minutes of meetings (strategy, risk management meeting, networking minutes) and dates of next meeting
- Up to date case summary (to include details of family time, chronology and genogram)
- Up to date case supervision
- Key Information, contact details, Parental responsibility; legal statues and Ethnicity

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- Statutory visit completed within timescales and at least 5 days previous to transfer.
- A copy of all current Legal Orders must be scanned into the child's file record and a copy of the birth certificate.
- Any financial agreements should be up to date.

### Leaving Care Team

8.19. Young people in Herefordshire are considered to be leaving care aged 18. When a child in care is aged 15 years and 9 months, a Team Manager notifies the Leaving Care Manager. The Leaving care manager will allocate a Personal Advisor to the young person when they turn 16. The Personal Advisor will co-work with the allocated social worker until the young person becomes 18. This allows for a smooth transition and introduction to the young person's preparation to leaving care.

When a young person turns 18, social work involvement ceases. The Personal Advisor will work with a young person up until they are 25 as set out in the governments keep on Caring Protocol supporting young people from care to independence.

The following must be transferred before case transfer:

- Most recent Children in Care Social Workers review report;
- Placement Information Record;
- Up to date Pathway Plan and needs assessment
- Up to date placement plan with agreements in place for example Staying Put
- Up to date risk assessment & safety plan (young people at risk of exploitation or with complex behavioural and emotional needs)
- Up to date minutes of meetings (strategy, risk management meeting, networking minutes) and dates of next meeting
- Up to date case summary (to include details of family time, chronology and genogram
- Up to date case supervision
- Cease Looked After Episode to be completed prior to transfer
- Key Information, contact details, Parents/family members details, and Ethnicity
- Statutory visit completed within timescales.
- A copy of all current Legal Orders must be scanned into the child's file record and a copy of the birth certificate.
- SW arranges for the Health Passport to be created and shared with the young person
- Any financial agreements should be up to date.

### 9. Dispute Resolution

9.1. Managers will work co-operatively to resolve transfer issues as they arise. **Resolution should in all cases be achieved within 3 working days.** The key aim is to ensure that the flow of cases is achieved by managers working together. In rare and cases, it will be necessary to escalate transfer issues to Heads of Service and in exceptional situation that matter will be referred to refer the matter to the Service Director Early Help and Safeguarding whose decision will be final.