

**Good Practice guide – Case Closure**

**The Background**

In Child Safeguarding Practice Reviews, Rapid Reviews and QA work, we have identified learning around good communication when closing a case and this has been identified as an area of improvement for NCT as a whole.

Reviews have highlighted that some professionals who are supporting families have not been aware of case closures/step-down or outcomes of assessments and, if they had been aware of these, their decision-making may have been better-informed when they have needed to make key safeguarding decisions for a child, young person or family.

**Conversations**

It’s often difficult to ensure we speak with all professionals when we are considering closing a case, but good practice would be for us to consult with other professionals and families as part of our decision-making process. Gathering information and consulting with others around the progress a family has made is important and should inform our risk discussions and case planning.

Meetings like Child in Need and Core Groups are good places to have these discussions, where everyone can be involved, and it is important for us to share our plans and to seek opinions from others.

If we are closing a case directly after an assessment, then good practice would still be that we complete a closure summary and complete a safety plan **with** the family.

**What legislation and our internal procedure**

In Working Together 2023 it states that ‘No single practitioner can have a full picture of a child’s needs and circumstances so effective sharing of information between practitioners, local organisations and agencies is essential for early identification of need, assessment, and service provision to keep children safe.’ [Working together to safeguard children 2023: statutory guidance (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/media/65cb4349a7ded0000c79e4e1/Working_together_to_safeguard_children_2023_-_statutory_guidance.pdf)

Our internal case transfer and closure procedure can be found here -

[1.3.4 Allocation of Work and Transfer between Teams - Case Transfer and Closure (proceduresonline.com)](https://northamptonshirechildcare.proceduresonline.com/p_allocation_work.html?zoom_highlight=closure)

 **Cont….**

**Always remember…**

Share reports where and when appropriate; when closing a case or completing a report, good practice would be to share this with the other professionals who have contributed to our assessments. It’s important to gain parents’ / carers’ consents to share reports, but it’s important that other professionals are aware of risks, concerns, or signs to look out for.

Management Oversight – good practice is that we have clear manager oversight when we are closing a case; this should clearly evidence our reasons for closing the case and what informed our decision. We should also clearly set out if there are any responsibilities for other professionals.

Sending letters or e-mails; we may have had discussions in meetings, or individually with professionals, about our intentions to close or step-down a case to other services. Good practice is to follow up these conversations with written information. A closure letter or e-mail to professionals is important so this is then held on their files as a record of the case decision and any actions. Remember to also store this in our records so we can evidence communications with others.

Good clear closures summaries or step-down / safety plans; often, when we close a case, we identify on-going work or responsibilities for other professionals - these would have been pre-agreed with relevant professionals and the family but it’s important that we clearly record any actions for others and share this information with them. If, when closing a case or stepping down, case closures are shared with others, this is documentation of what has been agreed. In both situations we also should be completing a safety plan as part of closure and step-down; good practice would ensure that we have professionals, parents / carers and children / young people involved in safety plans and we need to ensure all children have their own age-appropriate safety plan. If we are closing a case and there is NFA from any other agencies, a safety plan would still be good practice for the family.

We should consider creating Safety plans for:

* Professionals
* Parents
* Children’s version

When communicating with health: we need to be mindful that Health, in our area, is not one organisation and they work with different recording systems; so, to just communicate with one person in Health will not automatically mean that all professionals from health will receive the information. If we have more than one person working with a family from health, please remember to ensure everyone is updated on case decisions - either by communicating with them all individually, or agreeing with one key health professional that they will ensure all other health professionals working with the child, young person and family are informed of decisions.