1.3.4 Allocation of Work and Transfer between Teams - Case Transfer and Closure

**AMENDMENT**

This procedure was amended in September 2024 to reflect the name change from the Disabled Children’s Team (DCT) to the Children with Disabilities (CWD)Team. Section 3.7 was also amended to include changes to how cases are transferred into the Leaving Care Service.

**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 Children and Family Support Services, 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 ongoing internal Children and Family Support Services (e.g. Strengthening Families or the Young People Service) and/or Partnership Early Help Services;
* 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 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 Children with Disabilities (CWD)Team.

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 Children and Family Support Services, Safeguarding and Children in Care and Leaving Care.

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

* Children and Family Support Services: Partnership Support, Strengthening Families, Young People Service or Family Solutions (edge of care);
* Multi Agency Safeguarding Hub (MASH);
* Duty and Assessment Teams;
* Children's Support and Safeguarding Teams;
* Children with Disabilities Team (CDT);
* Children in Care (CiC) Service;
* Leaving 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 Children and Family Support Services Teams, Safeguarding, Children in Care and Leaving 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. 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;
6. 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 and the IRO informed of joint working between Children in Care and the Leaving Care Team.
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;

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's 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, Safety Plan etc.);
* Dates of Education and Care Plan Review meetings are recorded;
* Circle to Success Needs Assessment Valuing Care Assessment;
* Education Health and Care Plan (EHCP) and latest Personal Education Plan (PEP) if applicable.

1.2.2 Case Transfer from Children and Family Support Service teams to Children Social Care

The following tasks should be completed / up-to-date prior to case transfer, The information will be sent in the first instance to the MASH for consideration:

* Chronology;
* Genogram;
* Transfer or Closure Summary;
* Updated Risk Assessment;
* Minutes of the last Team Around the Family (TAF), and Family Network meeting also any professionals meeting;
* Current Action Plan with updated actions/progress;
* Outcome Star report;
* The Education and Health Care Plan (EHCP) is on file;
* Dates of Education and Health Care Plan review meetings are recorded and relevant minutes from meetings;
* Carer’s assessment if applicable;
* Information about direct payments and short break services if applicable.

**2. Service Remits**

2.1 Children and Family Support Service - Strengthening Families Team

Strengthening Families 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. Strengthening Families 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 the [**CFSS@nctrust.co.uk**](mailto:CFSS@nctrust.co.uk) inbox.

2.2 Children and Family Support Service - Young People Service

This service provides a whole systems response to vulnerable young people aged 11-17, or 25 if young person has disabilities or care leavers.

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;
* Anti-social or offending behaviours;
* Extra familiar harm CSE/CCE Exploitation, Gangs, County Lines/trafficking;
* Family history of neglect and abuse;
* Poor mental health;
* Not in Education, Training or Employment (ETE), 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. 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 Safeguarding teams, and/or with supplementary support by either an Young People Service practitioner or housing officer. Where needs are determined to be Tier 3, a Young People Service Practitioner will be the lead professional.

Young people who become looked after where there is no realistic prospect of returning home will be allocated to a qualified social worker in 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. The Youth Support 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 for all Northamptonshire children for whom there are safeguarding concerns 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 Duty and Assessment Teams, Children with Disabilities Teams and Separated Children teams; cases returning within three months of closure will return directly back to the closing team following the threshold application from MASH. Children and families in need of support from Tier 2 and Tier 3 services should be referred to the Children and Families Support Service (CFSS) - Partnership Coordinators Team by professionals.

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 48 hours regarding future actions (24 hrs if high risk). 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 CFSS Partnership Coordinators 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 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 initial response for safeguarding concerns regarding children, young people and their families. The aim of the Duty and Assessment Team is to undertake incoming assessment and short term intervention work with families. Consideration of Preventative Support will be given to enable children in need work below the threshold to take place in Children and Family Support 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;
* 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; or planned court application until the initial hearing;
* Arrange as needed (with agreement of Assistant Director or gateway panel) 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 (SAS) 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;
* 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 or CFSS;
* 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 Child Arrangement Order;
* Children subject to Supervision Orders, including children who end up on a Supervision Order at the end of court proceedings;
* 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 CFSS to ensure productive co-working arrangements and 'warm' step up/step downs.

2.6 Children in Care Service

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 new arrivals of separated 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 the 2nd Children in Care Review has agreed that the child/young should be permanently looked after or where proceedings have been issued and an interim care order has been granted. 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.

When a Young Person’s Pathway Plan is for them to remain a child in care until the age of 18, they should be allocated a Personal Adviser from the age of 16.5 years old. The Leaving & After Care Personal Advisor allocated alongside the Social Worker will then remain the allocated Personal Advisor after the young person reaches 18 and beyond.

Children in Care Service will be responsible for the following:

* Age assessments and Child and Family Assessments for separated children;
* Review and update of the Circle to Success Needs Assessment and Child in Care Review report, twice a year and subsequent Care Plan;
* Needs Assessment and Pathway Plan for children aged 16 plus;
* 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 Care Service

Leaving 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 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 Children with Disabilities Team

The Children with Disabilities (CWD) Team 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. The CWD Team 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, the CWD Team 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 the CWD Team 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 the CWD Team 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 Children with Disabilities Team and Case Transfer Process Chart - DAAT to Children with Disabilities Team**](https://proceduresonline.com/trixcms1/media/4256/mash-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 Children and Family Support Service for consideration of preventative / partnership 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 and Case Transfer Process Chart - MASH re-referral to DAAT**](https://proceduresonline.com/trixcms1/media/4258/mash-to-separated-children.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://northamptonshirechildcare.proceduresonline.com/p_allocation_work.html))

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.
2. **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.
3. **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 or an abridged notice Interim Care Order) can be made, consultation with Legal Services should take place to establish whether there is sufficient evidence to establish that the Threshold Criteria for an application is met. The approval of the [**Designated Manager**](https://northamptonshirechildcare.proceduresonline.com/pr_desg_man.html#emerg_prot) 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  
     
   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.
4. **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.
5. **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 Gateway Meeting within 4 weeks of entry into care. 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 CIC Service at first Child(ren) in Care Review.  
   (See [**Case Transfer Process Chart - DAAT to Safeguarding or Children in Care**](https://northamptonshirechildcare.proceduresonline.com/p_allocation_work.html))

3.3.2 Transfer of Cases to the Children with Disabilities 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 Children with Disabilities 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 Children with Disabilities Team**](https://proceduresonline.com/trixcms1/media/4248/daat-to-disabled-childrens-team.pdf))

3.3.3 Transfer of Cases to Children and Family Support Service (CFSS) or Early Help partnership agencies

A decision is made by the Social Worker and their Team Manager (after an assessment/intervention) that no further support is required by children’s social care and that the child/children and Family needs can be met through ongoing internal Children and Family Support Services and/or Partnership Early Help Services.

**Social Worker Actions Required:**

* **Closure Summary**  
    
  A closure summary and a copy of the safety plan should be completed by the case holding social worker, and consent is gained from the family. This summary and Safety Plan should clearly identify the ongoing tasks required. All required information will be sent by email to [**CFSS@nctrust.co.uk**](mailto:CFSS@nctrust.co.uk);
* **What Happens Next?**  
    
  A Partnership Coordinator will review the closure and will assess which agency/team can best support the family. This could be a trusted partner agency coordinating early help support, or an internal service within CFSS. The support option will be discussed with the family within 5 working days;
* **Step Down Discussion**  
    
  Step-downs that are transferred to internal CFSS services, the Allocated Practitioner will contact the Social worker for a step-down discussion within the same 5 working days’ period, good practice would be to convene a joint home visit. It is essential that the social worker has formally agreed the step-down arrangements with Parents as part of their closure summary;
* **Case Transferred**  
    
  The case will then be closed to the Social Worker and The Children and family support allocated Practitioner will take responsibility for the role of Lead Professional and co-ordinate ongoing support.

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 CDT

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 Children with Disabilities 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**](https://northamptonshirechildcare.proceduresonline.com/p_allocation_work.html#transfer_cic).

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

See [**Section 3.7, Transfer of Cases to Leaving Care Service**](https://northamptonshirechildcare.proceduresonline.com/p_allocation_work.html#transfer_leaving).

3.4.4 Transfer to CFSS - Family Solutions Team

Cases referred to the Family Solutions team or mostly co-worked with Social Workers until a point that they can be closed to social care. This closure will form part of an agreed ongoing support plan by Family Solutions.

The Family Solutions offer is to promote and safeguard the wellbeing of children and young people aged 0-17 years old defined as being on the edge/cusp of care and to prevent them entering into the care system wherever possible by supporting them to remain safely in their immediate family or with wider family networks. Also they offer support to social care colleagues when a child / young person has been assessed for reunification home following a period of being accommodated by the local authority, if it is identified as safe to do so this can include independent living if appropriate.

Family Solutions will work with partners to provide a consistent and co-ordinated response to 16 and 17-year-old young people (including teenage parents and pregnant teenagers) who present as homeless and are in need of accommodation or accommodation-related support.

Work offered by the Family Solutions team will include:

* Direct work with the child and young person and their family;
* Assessment and evaluation of help and support needed in liaison with the child or young person’s Social Worker;
* A multi-agency response for homeless 16 and 17-year-old young people;
* Developing an individualised action plan based on strengths and identified needs;
* Monitoring intervention plans and updating as needed;
* Advocating for the child/young person;
* Providing emergency crisis interventions;
* Ensuring that crisis and/or contingency plans are in place;
* Family Group Conferencing;
* Sharing of safeguarding concerns.

All casework identified for Family Solutions will be referred via the [**familysolutions@nctrust.co.uk**](mailto:familysolutions@nctrust.co.uk).

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 Care Service

See [**Section 3.7, Transfer of Cases to the Leaving Care Service**](https://northamptonshirechildcare.proceduresonline.com/p_allocation_work.html#transfer_leaving).

3.5.2 Transfer of children from Children in Care Service to the Support and Safeguarding Team at the conclusion of Care Proceedings, when a Supervision Order is granted or a Child In Need/Child Protection Plan is in place

Cases will transfer from the Children In Care Service to Support and Safeguarding at the conclusion of care proceedings, when a Supervision Order is granted, or the children are subject to Children In Need or Child Protection Plans. Early Alerts should be completed by Children In Care Service when a Final Care Planning Meeting is arranged, if there is a potential outcome that a Supervision Order will be granted or if the proceedings are likely to conclude with a Child In Need or Child Protection Plan in place.

When proceedings conclude with an outcome of a Supervision Order, Child In Need Plan or Child Protection Plan, the children should transfer to the Support and Safeguarding Team.

There is reference to the practice guidance is encouraged to ensure that such transfers are managed in the best interests of the children/young people concerned. A case handover discussion is essential between teams and cases should not transfer with the agreement of both Team Managers. This might include delaying transfer to ensure it is at the right time for the child and ensuring that there is a planned handover. Where cases are more complex a joint supervision prior to handover could be considered to ensure planning is clearly shared and understood and key information is not lost in transfer causing unnecessary delay for the child.

The transferring team should complete a Child In Need Plan prior to case transfer. If the proceedings conclude and the children are subject to a Child Protection Plan, the case should transfer at the next Core Group Meeting. Transfer to the relevant part of the Support and Safeguarding Service is dependent on home/family home address.

It is essential that the Early Alerts are sent to the relevant Service Manager as soon as the potential outcome of a Supervision Order, Child In Need Plan or Child Protection Plan becomes known. This will provide an opportunity for the support and safeguarding team to attend the Final Care Planning and be involved in the care planning and pre-hearing discussions. Both teams should attend the Final Hearing.

It is the responsibility of the Team Manager of the transferring team to complete a case file audit, including a review of checklist documents audit prior to the Early Alert Form being sent.

When children have an EHCP the Plan needs to be saved on Carestore. The dates of planned education meetings need to be clearly recorded and the classification added on Carefirst.

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))

3.6.1 Transfer of children and young people who are accommodated under Section 20, CA 1989 from DAAT and Support and Safeguarding to the Children in Care Service

Cases will transfer from DAAT and Support and Safeguarding Children in Care (CiC) Service when a plan for permanency is in place, which has been ratified at a Children In Care Review or in a Gateway Meeting. There needs to evidence of robust work to support the family and child/young person to help prevent long term/permanent accommodation.

There is reference to the practice guidance is encouraged to ensure that such transfers are managed in the best interests of the children/young people concerned. A case handover discussion is essential between teams and cases should not transfer without the agreement of both Team Managers. This might include delaying transfer to ensure it is at the right time for the child and ensuring that there is a planned handover. Where cases are more complex a joint supervision prior to handover could be considered to ensure planning is clearly shared and understood and key information is not lost in transfer causing unnecessary delay for the child.

Following the decision regarding permanency and updating the child’s Care Plan or young person’s pathway plan to reflect this, the DAAT or Safeguarding Team should complete the Early Alert to the relevant area of the children in care service. This is dependent on home/family home address (not the child’s placement).

Transfers to the West Children In Care Teams:  
[**CICAllocations.Longterm@NCTrust.co.uk**](mailto:CICAllocations.Longterm@NCTrust.co.uk)

Transfers to the North Children In Care Teams  
[**nct-cicnorthallocations@nctrust.co.uk**](mailto:nct-cicnorthallocations@nctrust.co.uk)

Where it is assessed that the child will remain in care, the transfer of the case, with appropriate reference to the practice guidance and principles, will progress following the statutory children in care review meeting or gateway meeting, which recommended that the plan for the child/young person is one of permanency.

It is the responsibility of the Team Manager of the transferring team to complete a case file audit, including a review of checklist documents audit prior to the Early Alert Form being sent.

When children have an EHCP the Plan needs to be saved on Carestore. The dates of planned education meetings need to be clearly recorded and the classification added on Carefirst.

3.6.2 Transfer of children from DAAT and Support and Safeguarding to the Children in Care Service and young people who is subject to Care Proceedings

Cases will transfer from DAAT and Support and Safeguarding to the Children in Care Service when an Interim Care Order is granted. Early Alerts should be completed by the transferring team when the Gateway Meeting makes the decision to issue care proceedings and make an application for an Interim Care Order. Where the plan for children to be subject to Interim Supervision Orders, these children should transfer to the Support and Safeguarding Service.

There is reference to the practice guidance is encouraged to ensure that such transfers are managed in the best interests of the children/young people concerned. A case handover discussion is essential between teams and cases should not transfer without the agreement of both Team Managers. This might include delaying transfer to ensure it is at the right time for the child and ensuring that there is a planned handover. Where cases are more complex a joint supervision prior to handover could be considered to ensure planning is clearly shared and understood and key information is not lost in transfer causing unnecessary delay for the child.

The transferring team should complete a child’s care plan prior to case transfer. Transfer to the relevant part of the children in care service is dependent on home/family home address (not the child’s placement). Early Alerts should be sent to the following e-mail address:

[**CICCourtAllocations@nctrust.co.uk**](mailto:CICCourtAllocations@nctrust.co.uk)

It is essential that the Early Alerts are sent through as soon as the decision is made by Gateway, the care planning and pre-hearing discussions to take and sufficient notice provided for the children in care team to attend the initial hearing.

It is the responsibility of the Team Manager of the transferring team to complete a case file audit, including a review of checklist documents audit prior to the Early Alert Form being sent.

When children have an EHCP the Plan needs to be saved on Carestore. The dates of planned education meetings need to be clearly recorded and the classification added on Carefirst.

3.6.3 Transfer of Homeless Children Cases

Cases will be made ready for Children in Care Services where a 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. Such cases must be presented to the Access to Resource Panel for ratification. 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 Care Service

Where a 16 or 17-year-old becomes (or remains) a Child in Care they become entitled to Leaving Care services. If they leave care after their 16th birthday but before they have been in care for more than 13 weeks since they were aged 14, they are classified as Qualifying Children. If the total period of being looked after for a young person at the age of 16 is over 13 weeks since the age of 14 then the young person becomes an Eligible Child. As such they will be entitled to a Personal Adviser from Leaving Care, as well as a Social Worker in the Child in Care Service.

An Eligible or Relevant Child becomes a Former Relevant Child when they turn 18. At this point the young person no longer requires a Social Worker but is entitled to the continuing involvement of a Personal Adviser and at this point the case will transfer to the Leaving Care Service.

The Leaving Care Team Manager with lead role for allocations will consult the Child in Care list on a monthly basis and allocate a Personal Adviser from within the Service. Allocation will be completed on matching process of skill and location basis.

The case holding Team Manager should also notify the Leaving Care Team Manager, allocations by e-mail 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:

• Anticipated date of joint working arrangement.

• Anticipated date of Pathway Plan completion.

• Any concerns to take into account when allocating a Personal Adviser, if relevant.

• Key upcoming dates (LAC Review);

• Immediate concerns.

Prior to the anticipated date of the start of the joint working period, a joint supervision should take place between the Social Worker, the Personal Adviser and their respective managers. The allocated Social Worker and their line manager are responsible for setting up and recording this meeting. Roles and responsibilities will be agreed at this meeting and dates set for future meetings.

The meeting should;

• Share initial information, clarifying the needs of the young person and how the incoming Service can provide continuity of response to those needs;

• Coordinate joint working with the young person, including 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, safeguarding plans and overall plan.

• Consider introductions and timetable for joint working.

• Leaving Care Service to share Leaving Care transfer checklist and discuss actions to get the tasks completed before the young person turns 18.

The allocated Social Worker should arrange a time to introduce the Personal Adviser to the young person. At this initial introduction meeting, the Personal Adviser should explain their role in supporting a young person to prepare for adult life and in helping the young person and their support network to plan for the young person's future. Both the Social Worker and Personal Adviser remain allocated to the young person whilst the young person remains in care, with the social worker recorded as the primary work on Care First.

Both Social worker and Personal Adviser should attend all CIC reviews, and PEP meetings for the child. The transfer checklist should be discussed at the CIC review meetings.

There should be a four-way meeting at least 3 months prior to the young person`s 18th birthday. This should be chaired by the line manager for the Social Worker who is the Primary worker and the minutes of these 4-way meetings should be recorded in a supervision record on Care First. Placement costs and exit plans need to be discussed at this meeting.

The Social Worker retains case responsibility for the young person until they cease to be in care. 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 CIC in consultation with the Service Manager for Leaving Care.

To facilitate joint working with the young person, 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 Care First.

The Social Worker will be responsible for completing the Initial Pathway Plan and updating the Pathway Plan until transfer. The Personal Adviser should be consulted in respect of the plan and should make a written contribution in relation to accommodation (including Staying Put), education, employment and training, preparation for independence and financial support. Any placement costs need to be agreed with Leaving Care Service Managers prior to transfer. If the young person has additional needs, a referral to Adults via MIAP needs to be made by 17th birthday at the latest.

Immediately before the young person's 18th birthday, a final supervision meeting involving both line managers to discuss the transfer of responsibility (including Adult Social worker, if required). Meeting to be Chaired by Social worker’s Line manager.

Checklist to be discussed and actioned.

• Discuss any remaining outstanding tasks.

• Ensure all statutory tasks have been completed (PEP, Medical, Pathway Plan);

• Share information clarifying the needs of the young person and how the incoming Service can provide continuity of response to those needs.

• Briefly review the progress of the young person against the existing plan.

• Discuss risk management issues, safeguarding plans and overall plan;

• Consider any remaining transfer issues, including endings.

• Review and discuss transfer responsibility

The CIC Team Manager should quality assure the young person’s Pathway Plan prior to the transfer of the case to Leaving Care.

The following tasks should be updated, and the transfer list completed (see form below pages 4 and 5) and sent to Team Manager (allocations) of Leaving Care Service. The Leaving Care manager as above will review the case file and transfer to the Leaving Care Service when ready, and the following are up to date:

• Chronology

• Genogram

• Statutory Visits

• Case notes must be complete and finalised

• Fully Updated Risk assessment if required

• Safety plans completed if required

• Minutes of the last Core Group or CIC Review authorised

• Record of case management decisions and supervisions

• Agreed relevant outstanding tasks recorded on joint supervision

• Signposting of relevant documents

• Notification of any meetings or appointments and arrangements

• Personal Education Plan

• Pathway plan updated and with current savings recorded

• Case transfer reviewed and updated

• Before transferring the young person, the case file should be quality assured and signed off by the transferring in Team Manager to ensure all outstanding work has been completed

• 18th Birthday money given by CIC Service

• Costing of placement agreed by Service manager CIC/Service manager Leaving Care Service 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 Care - see Section 3.7, Transfer of Cases to the Leaving 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 Procedure**](https://northamptonshirechildcare.proceduresonline.com/p_relinquished_children.html) 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. These young people will be allocated in the CIC Service.

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 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 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 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 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 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 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.

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://proceduresonline.com/trixcms1/media/2917/letter-closure-letter-for-cp-is_v0-3.docx) 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**](https://northamptonshirechildcare.proceduresonline.com/p_allocation_work.html#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'.

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 using the Closure Email.

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