

Transfer of Cases between Social Care and Early Help Teams ('Step Up /Step Down')

Operational from: 1st January 2015

Version Number: 9.1

Agreed by: CYPS Policies and Procedures Group

Responsible Service Area/Team: Practice Development and Quality Assurance

Review Date: August 2018

Document Summary

The purpose of this guidance is to set out the arrangements made for cases to transfer between Early Help Teams /Children's Centres and Social Care Teams in achieving progression both upwards and downwards through the levels of support for children young people and their families, according to need. The desired outcome is that all interventions are proportionate to the child's needs. The child/young person and family should experience the range of support and services provided by CYPS as seamless, being mindful of any impact of changes in relationships with key professionals.

We will on request produce this policy, or parts of it, into other languages and formats, in order that everyone can use and comment upon its content.

Review Date:		
Version Control	Reason for revision and summary of changes needed	Date
2.0	Original Version	April 2012
4.0	Revision following consultation.	March 2013
4.1	Revision following introduction of Statutory Assessment	February 2014
4.2	Revision following introduction of Signs of Safety.	17 June 2014
5	Revision following change to CAF Admin procedures for step down.	18 December 2014
6	Revision following MEIC.	20/07/2015
7.	Revision	
8	Revision following SCR Baby J to make requirements clearer, MASH. Tracking tool included.	September 16
9	Revision following new Practice Lead role in Children Centres'	November 2016
9.1	Review – small amendment of wording.	August 2017

Context for Transfer of Cases Guidance

All operational practice in CYP is underpinned by the 'Signs of Safety & Wellbeing' practice framework. In considering case transfers between early help and social care teams the 4 domains for consideration will be considered:

- i) What are we worried about?
- ii) What's working well?
- iii) What needs to happen?
- iv) Safety scaling

The Transfer Cases guidance reflects the key principles of Making Every Intervention Count; 'one family, one plan, one lead worker' and 'children, young people and families at the heart of what we do'. The highest importance must be placed on seamless transfer between teams.

Note: For the purposes of this policy when referring to Children's Centre's we are including:

- Health and Children's Centre Clinical Managers
- Health and Children Centre Managers
- Children's Centre Managers
- Children Centre Practice Leads

1. Thresholds

The guiding document around thresholds: '[Meeting the Needs of Children and Families in Suffolk](#)', is available on both the Suffolk County Council website and the Local Safeguarding Board website.

2. Case Transfer meetings:

- will be held at a minimum of fortnightly intervals, and provide the oversight to ensure thresholds are appropriate and cases transfers are carried out with needs of child and family at the centre. Area Service Managers will be responsible for ensuring these meetings take place.
- will include Early Help Practice Manager/Practice Lead, Health & Children's Centre Manager/s, Children Centre Practice Leads, Health Visitor, the Named Safeguarding Nurse (if applicable to the case), Social Care Consultant Social Worker and/or Social Care Practice Manager.
- will agree arrangements for family and child to meet the new worker/ other professionals to be consulted/ informed.
- will record and track cases transferred to ensure all cases 'land' safely with correct service/ team.
- will ensure that any difference of opinion about decisions to transfer cases or thresholds is escalated to Practice Managers or Service Managers to resolve. Resolution should in all cases be achieved within 7 days

3. Case Records:

The child's journey across services must be clearly visible in both the Social Care record and the Early Help record. Recordings must document decisions made, outline the work that has been agreed upon transfer and clarify what documents have been passed across to the receiving team.

4. Case Transfer: Early Help Services to Social Care:

- 4.1 A child who has been assessed via the Common Assessment Framework (CAF) and is being supported by a Family Network Plan or a single service within an Early Help/Children Centre may need a service from a Social Care Team because the child's needs or circumstances have changed, as assessed by the Lead Professional in consultation with the Family Network Meeting members.
- 4.2 Cases to be discussed at transfer meetings following which, if it is agreed that a social care service is required, a [Multi-Agency Referral form](#) should be completed and forwarded to Customer First clearly stating reasons why matters cannot continue to be addressed within the Early Help/Family Network Plan and giving an indication of what has been agreed at the transfer meeting on the MARF. Practitioners must ensure that all documentation relating to the case is up to date and on Profile: The Common Assessment (CAF), the Safety and Well-being plan, the chronology, and any other relevant supporting evidence.
- 4.3 The decision to transfer should consider any implications for risk in the event of the family deciding not to continue/take up Early Help support.
- 4.4 In situations where an agency involved with the child wishes to make a referral to social care, a dialogue about the referral should normally take place between the referrer and the Early Help Practice Manager to be clear about needs, unless a concern has been identified as an emergency in which case a referral should be made without delay via Customer First. Suffolk Safeguarding Children Board. Child Protection procedures must be followed (www.suffolkscb.org.uk). Where a referral is made MASH will apply the full information searching and decision making process.

Please see supplementary guidance regarding referrals on Early Help open cases in Appendix 4.

- 4.5 Consent should be sought from the parents/carers and young person prior to a transfer request, unless seeking consent would place the child at risk of significant harm. Any decision to proceed without consent should be taken in consultation with the Social Care team and clearly recorded.

- 4.6 MASH will clearly record the decision to transfer and reasons and feedback to the referrer and Early Help Team/Health & Children's Centre.
- 4.7 MASH will oversee any inconsistency in the application of thresholds. MASH CSWs will bring this to the attention of the MASH Operations Manager for feedback to Area Practice Managers.
- 4.8 The case transfer meetings will review the transfer arrangements for families who have been transferred to ensure that engagement has taken place and any actions using a standard tracking document. Please refer to Appendix 4.
- 4.9 Prior to any Social Work Assessment or Strategy Discussion/S47 Enquiry taking place, the Early Help team should provide the Social Care Team with the following:
- A chronology with end summary of the circumstances, including outcomes achieved through Family Network planning
 - Any recent assessment / SOS mapping
 - Contact details of child and family's network
 - Contact details of all professionals involved
 - The child 's safety and well-being plan with details of any ongoing needs and identified outcomes for further work by the Early Help Team/Children Centre. This should also include the child's version of the plan.
 - Date of next Family Network Meeting
- 4.10 Any current Family Network or single agency plan and/or service must continue while the Social Work or Strategy Discussion/S47 Enquiry is carried out. Regular communication must take place between the Social Care Team and the Early Help Team/Health & Children's Centre/Lead Professional to ensure service provision is maintained. The assessment can be enhanced through joint visiting/joint working with the Lead Professional. The Social Care Team should give advice on the continuing appropriate support and/service. Cases that are transferred to Social Care teams should not be closed to the Early Help teams until the SA/S47 has been completed and the decision taken that the case will remain open to the Social Care Team.
- 4.11 If, following a Social Work Assessment or Section 47 Enquiry the child is not deemed to meet the threshold for CiN services, the social worker/Consultant Social Worker should meet with the Early Help Lead Professional/worker to inform them of the Social Work Assessment/S47 Enquiry findings.
- 4.12 If, following assessment, the child is considered to need CiN services, the allocated Social Worker will convene a Family Network meeting or make the appropriate request for a Child Protection Conference in accordance with existing timescales. Those professionals already involved should be invited to these meetings. If Family Network meetings have begun in Early Help, these will continue into CiN. Any

work already with the family that has already been undertaken in Early Help will be incorporated into the first Family Network meeting.

5. Transfer of Case: Social Care to Early Help/ Children Centre

- 5.1 From Safety and Well-being CiN Plan: Where planning and services have resulted in improved outcomes but there are some remaining needs and worries and the family have given consent to the information being shared, then Social Care should seek a service from the Early Help Team/Children Centre.
- 5.2 The decision to transfer a case to the Early Help Team/Children Centre will be made by the Consultant Social Worker/ Social Care Practice Manager, in conjunction with the social worker. The decision to accept a case will be discussed at the case transfer meetings, or where transfer is required between meetings, by Early Help Team/Children Centre/Early Help Practice Managers or Consultant Social Worker/ Social Care Practice Manager/Named Safeguarding Nurse (if applicable to the case).
- 5.3 Where families withdraw consent following case transfer, any consequent risks to the child not getting the service should be reviewed by the Early Help Practice Lead/ Early Help Practice Manager/Children Centre Manager, Children Centre Practice Lead and the Social Care CSW/ Social Care Practice Manager. Further guidance for Early Help available in the Engagement guidance and Allocation Policy launching 1st September 2017.
- 5.4 **Information required for transfer:** the allocated social worker should provide the Early Help/Children Centre with:
- The signed CYP consent form
 - Chronology with end summary of the circumstances, including outcomes achieved through CiN planning.
 - The child 's CiN/safety and Well-being plan with details of any ongoing needs and identified outcomes for further work by the Early Help Team. This will also include any plan which has been done for the child.
 - Any recent assessment/ mapping.
 - Contact details of child and family's network
 - Contact details of professionals involved

The social worker will convene a final Family Network meeting and invite the Early Help Team/Children Centre Lead Professional/worker to attend. This meeting should also serve as the initial Family Network meeting (Early Help). A new Lead Professional will be agreed at this meeting and a Safety and Well-being plan developed using and building on the existing Safety and Well-being CiN plan. The social worker should prepare the parent/carers, children, and young people for contact from the Early Help Team/Children Centre Lead

Professional. Following the agreement to transfer, work from the Early Help Team/Children Centre should commence with the family. Note: There may be circumstances in Children's Centres when a single service plan is appropriate.

- 5.5 Where cases are transferring with more than one child in a family the Early Help Team/Children's Centre will take a family approach to ensure that all children who require a service are considered. All children transferring will be recorded on the case transfer tracking document.
- 5.6 Any child who no longer requires a child protection plan *must* be supported through a CiN plan for a minimum period of three months before the transfer of the case to the Early Help Team/Children Centre is agreed, other than in exceptional circumstances in which case this must be agreed before the CP Review Conference by the Social Care Service Manager. The Practice Lead / Early Help Practice Manager / Health and Children Centre Manager / Health and Children Centre Practice Lead must be present at the Conference considering ending the plan.
- 5.7 Where a child is ceasing to be looked after, s/he will be supported by a CiN plan for a minimum of three months before the case transfers to Early Help. Managers should refer to the 2015 Care Planning, Placement and Case Review Regulations for timescales and arrangements.

6. Arrangements for service from Early Help Team/Children Centre following a Social Work Assessment.

- 6.1 The child may not be considered a Child in Need but support from the Early Help Team/Children Centre has been identified through the Social Work Assessment. The Early Help Practice Lead / Children Centre Practice Lead and Social Care team Consultant Social Worker should agree all case transfers, normally at the case transfer meeting. The social worker should ensure that this decision is communicated to the referrer. Consent should be sought and a copy of the social work assessment and a chronology (where the family has had previous involvement) sent to the relevant Early Help team mailbox.
- 6.2 These cases should also be 'tracked' as part of the case transfer meetings so that all can be assured that the family have engaged and services provided.

7. Transfer of Cases from the Disabled Children & Young Peoples Social Work Team to the Activities Unlimited Service.

- 7.1 **The Activities Unlimited Service**
Activities unlimited is a service which brokers short breaks activities to meet the needs of disabled children, young people, and their families. It

can answer queries around activities and short breaks and signpost to other agencies and organisations.

- 7.2 The Disabled Children and Young People's Social Work Team social worker undertakes a final CiN review meeting for the child/young person.
- 7.3 The Activities Unlimited provision and service will be discussed at the final CiN review meeting. If it is decided that the service is appropriate for the child/young person and family, the Disabled Children and Young People's Team social worker will explain the enrolment process and support the family to enrol.
- 7.4 The Disabled Children and Young People's Social Work Team closes the case to the team and records that the family have been referred to Access Unlimited. Note: The CiN review outcome will be recorded on CareFirst as 'referred to short break activity'.
- 7.5 If the family is already receiving Direct Payments funded by the Disabled Children and Young People's Social Work Team, no further Activities Unlimited offer will be made in any one financial year.

Contact Details

- **Customer First/Emergency Duty Service**

Tel: 0808 800 4005 (Public) 0845 606 6167 (Professionals)

Fax: 01449 723127

Post: PO Box 771, Needham Market, IP6 8WB

Email: customerfirst@suffolk.gov.uk

Emergency Duty Service: 0808 800 4005 (Out of Office Hours
Emergencies only)

- **MASH**

Tel: 01473 263200

Fax: 01473 263280

Post: The MASH, Landmark House (3rd Floor), 4 Egerton Road,
Ipswich, Suffolk, IP1 5PF

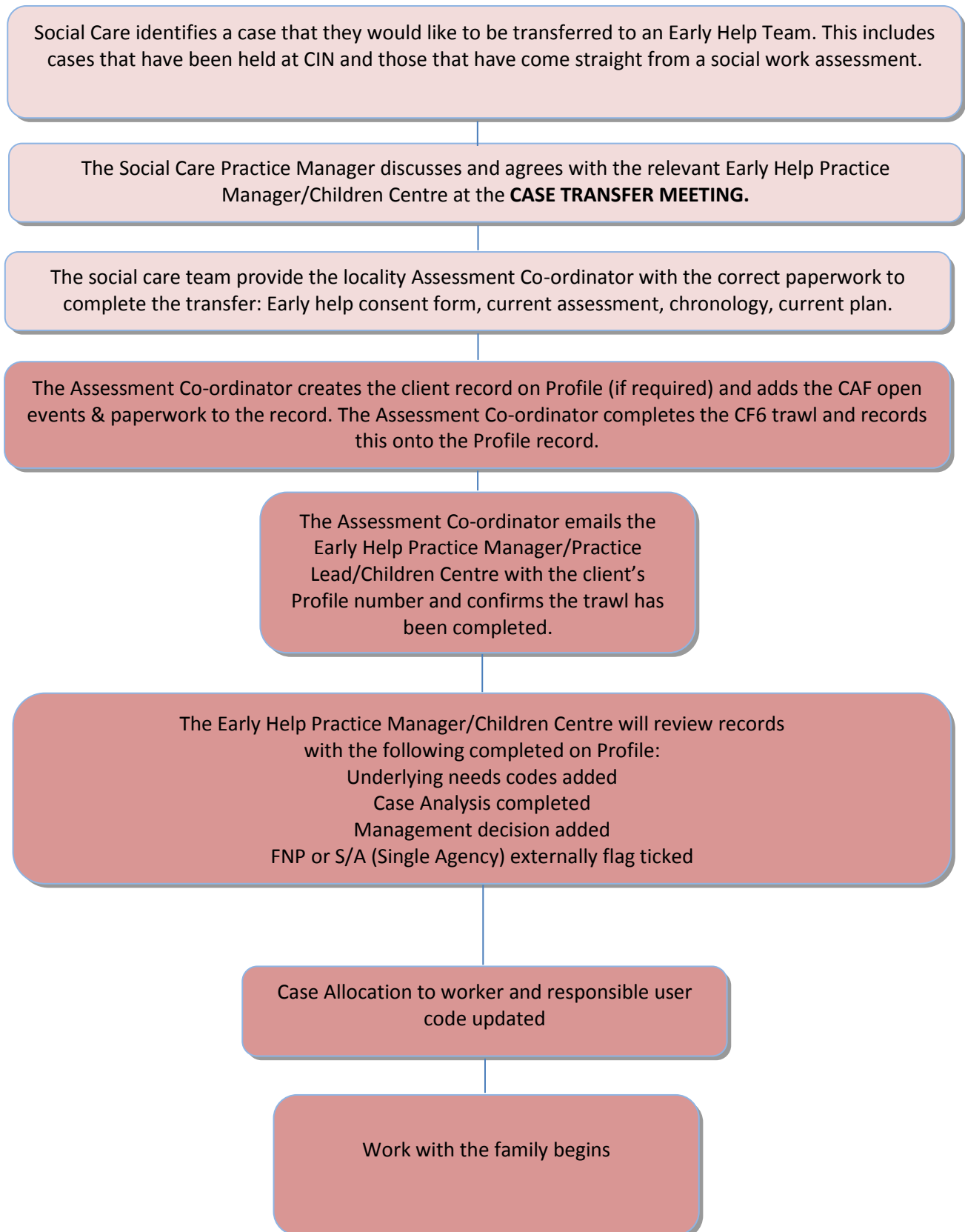
Email: mash.partnership@suffolk.gov.uk

- **MASH Professional Consultation Line**

Tel: 0345 6061499

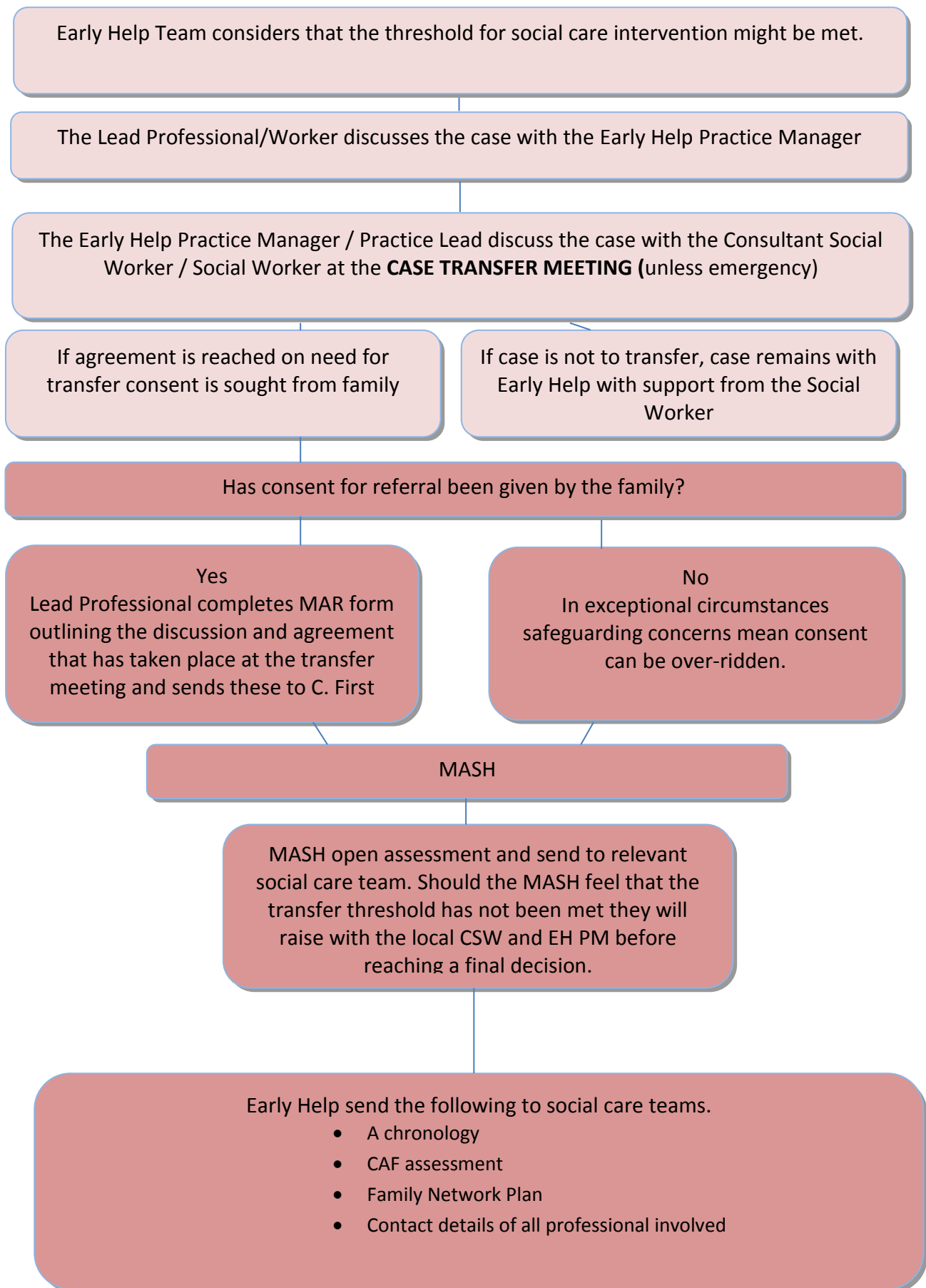
Appendix 1

Transfer of Case (Step Downs) for Early Help



Appendix 2

Transfer of Case (Step Up) for Early Help Teams (excluding CC cases)



Appendix 3

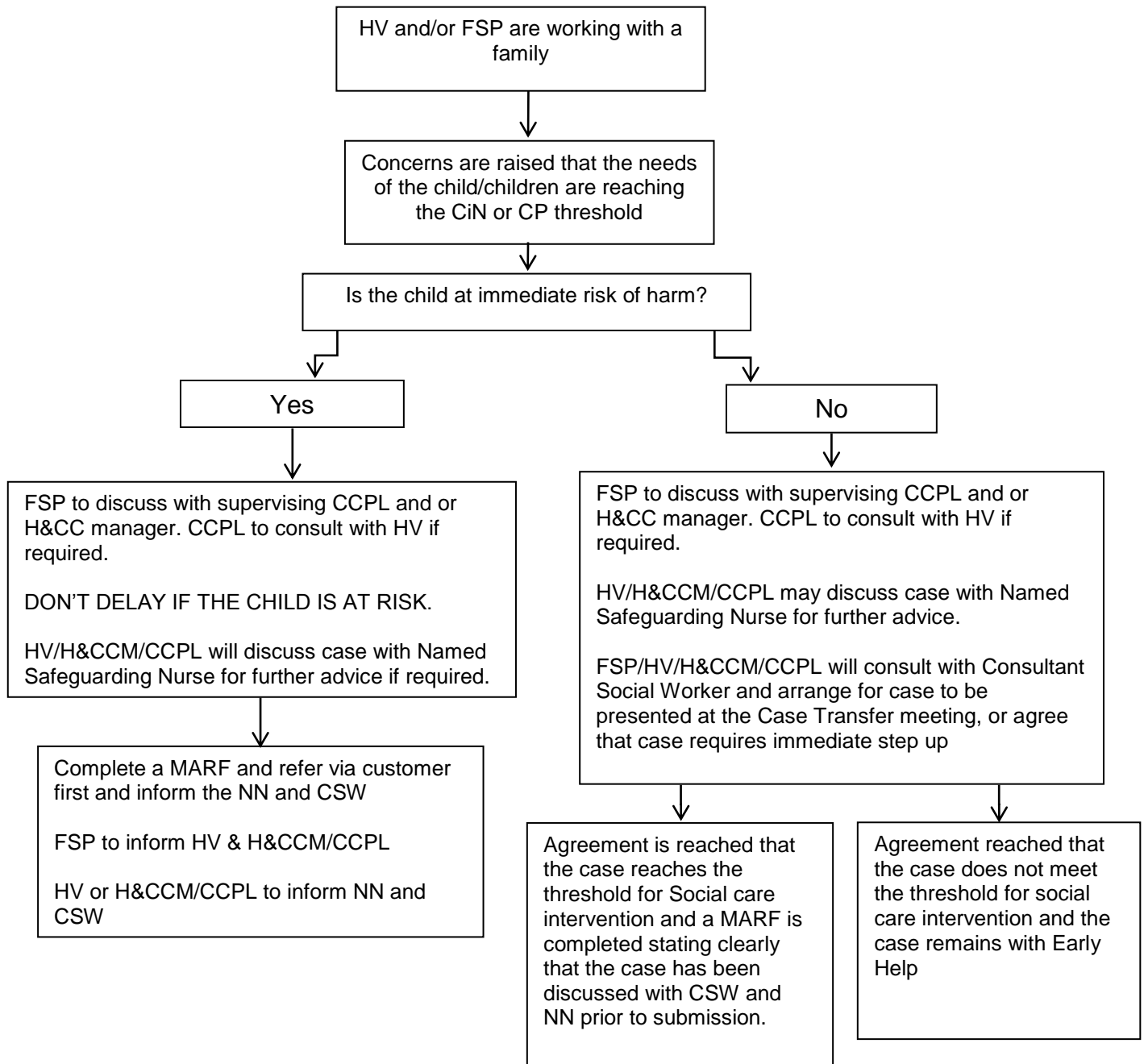
Transfer of Open Cases from Health & Children's Centres to Social Care

Please note the Health Visitor (HV), Health & Children's Centre Manager (H&CCM), Children Centre Practice Lead (CCPL) can access support and guidance from the Named Nurse (NN) and or Consultant Social Worker (CSW) at any point during this process.

Family Support Practitioners (FSP) should initially access support from their supervising Practice Lead (CCPL) or H&CCM. The HV, NN or CSW can be contacted if the H&CCM or CCPL are not available.

If there is a lack of agreement amongst managers, the case will be escalated to the Area Service Managers.

The Named Nurse can accompany the PL or HV to any Case Transfer meeting.



Appendix 4

Supplementary Guidance on Referrals on Early Help Open Cases

The guidance covers situations where an agency involved with the child wishes to make a referral to Social Care.

1. A dialogue about the referral should normally take place between the referrer, the Early Help practitioner, and the Early Help Practice Manager to be clear about needs. If a concern has been identified as an emergency, a referral should be made without delay via Customer First. Suffolk Safeguarding Children Board Child Protection procedures must be followed. www.suffolkscb.org.uk
2. If an agency involved with the child sends a referral to MASH with concerns on an open Early Help case, the MASH will assess the level of risk and needs for the child and family. A review of information from recording systems -Profile and Carefirst and any information from any other agencies recorded on Guardian will be undertaken to inform the decision- making. Further liaison between the MASH and the allocated Practice Manager/Practice Lead may be needed to determine needs and risks.
3. MASH decision makers will always seek information from the Midwife/HV in respect of referrals involving an unborn baby/child under three, where neglect or abuse is indicated.
4. MASH decisions will make explicit reference to information obtained from information 'trawls' and any partner agencies in their rationale for decisions about the level of service needed for the child and family.
5. An increased level of scrutiny will be given to 'multiple contacts' concerning children under two, including management oversight of the chronology after the third contact received within six months.
6. Feedback will be given by the MASH to all referrers except for the Police and NSPCC. Feedback to health referrers will be managed through the MASH Health Unit.

Appendix 5
Transfer Tracking Example

Cases to be discussed								
Step Up/ Down	Date of Request	Child/Young Person	DOB	CF6	Profile	Has this case previously been discussed at Transfer – if Yes when and how many times	Accepted/Declined/ Info Required (add reason)	Outcome following transfer eg outcomes met/partially met/non engagement/consent withdrawn