

Transfer Protocol- Children's Services

Part 1- Children's Social Care

Part 2- Early Help and Intervention

Part 1- Children's Social Care

1. Principles

1. Case transfers will always be child centred
2. There will be good communication (ideally face to face) between Team Managers to agree and contribute to planning for step up/ step down/ 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. Transfers will not be rejected on minor issues as the case can be co-worked and records updated by the transferring team if actions are identified as outstanding
6. MASH will not be used as a mechanism to step up cases from early help to children's social care
7. All decisions regarding transfers will be made in the best interest of the child and family and will be timely
8. The child and family and involved professionals / agencies will be fully informed of transfer once it has been agreed.
9. 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. Transfer Points

MASH transfer points

Where it states that the transfer point is to Family Support Team, MASH will do this on a rotational basis between the FS Teams.

Where information received from the referrer immediately meets threshold for Local Authority intervention, this will be transferred straight to the Assessment Team. The Assessment Team is responsible for any information gathering, strategy meetings, etc.

3 month rule

This applies to ALL teams. However, a child centred approach will be taken. Therefore, if a family returns AFTER 3 months and it is in the child's best interest to be supported by the previous social worker and this is possible, then the case will be transferred back to the previous Social Worker. If a family returns within 3 months and was previously supported by the CWD team however the child with the disability is now over the age of 18, then consideration will be given to whether the family requires a new assessment (via the assessment team) or whether there is long term support required (via a Family Support Team). A case by case decision will be made. If this cannot be agreed between Team Managers, this will be referred to a Head of Service to make the decision.

Children with Disabilities

The CWD team works with families from the point of referral where a child within the family has a permanent and substantial disability including: Autistic Spectrum Disorder, Several learning difficulties, Severe/ profound physical disabilities, complex health needs requiring continuing care.

S7/S37 Reports

All requests for S7 or S37 reports will be transferred straight to a Family Support Team who will take the referral on a rota basis.

Private Fostering

Where the case is not already open, this transfers to the Assessment Team who then notifies the Fostering Team for a joint assessment.

Private SGO

Where a private SGO assessment is required, this transfers straight to Fostering Team.

Relinquished Baby

Where it is clear that there is a relinquished baby, this will transfer straight to Permanency Team who will alert the Adoption Team.

Remand to Local Authority Care and Remands to Youth Detention Accommodation

Where a court remands a young person into Local Authority accommodation, the case will transfer to Assessment Team unless the period of time on remand will mean the young person becomes eligible or relevant in which case, the case will transfer to LAACT.

Request for appropriate adult

If closed to children's services and closed to YOS MASH will explore with police whether ALL family/ friends other professionals known to the child or young person have been explored. If they have all been explored and exhausted, a discussion will be held with the Assessment Team Manager and Academy Team Manager regarding availability to act as appropriate adult.

Transfer ins

All transfer in requests (CIN or CP) will be transferred straight to a Family Support Team once the request is received and the Family Support Team can chase any additional information required.

UASC

Unaccompanied Asylum Seeking Children will transfer straight to the UASC Social Worker in LAACT.

Unborn Babies

Please see Appendix A- Pre-Birth Referral Flow Chart

Resolution of disagreement for transfers from MASH

Where an agreement of decision making/ threshold cannot be reached between the MASH Manager and receiving Team Manager, this will be discussed with Manager (Head of Service) for Social Work and in absence of this manager, the Principal Social Worker (PSW) who will make a decision within 24 hours.

3. Transfer Points from Assessment Team

Where the outcome of the assessment is a Child in Need Plan, this will transfer at the first CIN Meeting following completion of the assessment to Family Support Team.

Where the outcome of the assessment is a recommendation for a Child Protection Plan, this will transfer at the Initial Child Protection Conference.

Where the child becomes Looked After by the Local Authority the transfer points will be as follows:

- The case will transfer at the First Hearing where the Local Authority has issued care proceedings
- The case will transfer at the First LAC Review

How transfers will operate:

It is the responsibility of the Assessment Team Manager to send an early alert email to the relevant team (Family Support Teams will operate on a rotational basis and will accept all transfers which occur during their time on the rota). Early alert emails will be sent at least 2 weeks prior to an ICPC, LAC Review or CIN meeting to enable the FS team to send a Social Worker to the relevant meeting at which time the case will transfer. If there is outstanding work from the assessment team on the date of ICPC, LAC Review or CIN meeting, the Assessment Team Manager is responsible for agreeing due dates and ensuring the outstanding work is completed. However, this will not delay the case transferring teams which will enable and support the new Social Worker to build positive relationships with the family and support the family with the plan.

The early alert email will include:

Case IDs

Current social worker

Brief overview of reason for involvement, proposed plan and key dates.

Any additional information can be discussed between the Team Managers and Social Workers.

4. Transfer Points from Family Support Teams

Cases will transfer to the Permanency Team at the conclusion of care proceedings where the care plan is either a Full Care Order or FCO/ Placement Order.

Cases will transfer to the LAACT where the child is aged 15 and will be long term looked after.

Where there is a sibling group, and some children are above and some below the age of 15, a child centred decision will be made jointly between the team manager for Permanency Team and Team Manager for LAAC Team.

How transfers will operate:

It is the responsibility of the family support team manager to send an early alert email to the relevant team (Permanency or LAAC Team). Early alert emails will be sent at least 3 weeks before the 2nd LAC Review where a child is looked after or within 1 week following the initial hearing where the Local Authority's care plan is removal however the ICO was not granted. The early alert will enable the Permanency Team/ LAACT to be a part of the care and permanency planning prior to accepting case responsibility upon final Orders being granted.

If there is outstanding work from the Family Support Team at the point of transfer, the Family Support Team Manager is responsible for agreeing due dates and ensuring the outstanding work is completed. However, this will not delay the case transferring teams which will enable and support the new Social Worker to build positive relationships with the family and support the family with the plan.

The early alert email will include:

Case IDs

Current social worker

Brief overview of reason for involvement, proposed plan and key dates.

Any additional information can be discussed between the Team Managers and Social Workers.

5. Transfer Points from Permanency Team

Cases will transfer from the Permanency Team to the Leaving and After Care Team when a young person is aged 15. The transfer timeframe will be flexible in order to suit the best interest of the young person (for example if child is aged 14.5 and his/her social worker has left, there will be a discussion about the child transferring to the LAACT rather than changing social worker in the Permanency Team and changing again in 6 months).

Transfers will be organised and arranged between the Team Manager of the Permanency Team and Team Manager of the Leaving And After Care Team.

Part 2- Early Help and Intervention

1. Background

This transfer protocol has been developed to ensure there is best practice in relation to planned case transfers and joint working across the Local Authority Safeguarding and Early Help Services. The Local Authority's aim is that all case transfers are appropriate according to need, are properly co-ordinated and planned and are child focussed to ensure the provision of a seamless service to children and their families at the right level and at the right time.

This protocol reflects the standards under the current Ofsted framework:

- Ensuring that professional relationships between the local authority and partner organisations and commissioned service providers are mature and well developed;
- Accountabilities are embedded and result in commitment, regular evaluation and improvement in the quality of help, care and protection that is provided;
- Children, young people and families are offered help when needs and/or concerns are first identified and, as a consequence of the early help offered children's circumstances improve and, in some cases, the need for targeted services is lessened or avoided;
- The interface between early help and statutory child protection work is clearly and effectively differentiated

2. Transfer Principles for Early Help and Intervention

The following transfer principles underpin all transfer processes:

- The overall principle governing transfers is to ensure case transfers occur without delay and outstanding issues are identified at an early stage and quickly resolved and do not hinder service delivery.
- Effective case transfer should not be process driven but instead rely on the exercise of professional judgement to determine the most effective service for a child and family at any specific point in the child's journey.
- The primary focus is the best interests of the child.
- Case transfers need to be conducted in a planned way and include joint meetings with families or lead practitioners
- The children where appropriate and family are involved in the decision making and care planning
- The application of the BBSCB thresholds document will be used and evident in decision making about transfers / level of service.
- A child assessed as needing a service will not be unallocated.
- Handover meetings will take place between the family and involved services to ensure that the child receives a coordinated response from all involved in their life.

3. Transfer Standards for Early Help and Intervention

The following transfer standards will be adhered to:

- Case discussions take place in advance of transfer between the current and potential case holders.
- Cases transferring within Early Help and Intervention will have a completed assessment in place with a clear proposed plan of the interventions required from the other service areas.
- Cases stepping down from safeguarding services will have an up to date assessment completed within the last 6 months and contain evidence that the case has been reviewed in line with Local Authority practice standards for CIN / CP.
- The parent/carer and any key agencies are informed of the transfer and provided with new contact details of the lead professional / case holding professional.
- Written evidence of parental consent will be provided by professional requesting involvement of Early Help services.
- Team Managers or Early Help Professionals will authorise all case transfers following quality assuring the standard of the case file and work undertaken to date.

4. Transfer Arrangements

This protocol details below the following transfer arrangements:

- Integrated Front Door to Early Help Hub
- Early Intervention Team to Children in Need (step-up)
- Children in Need to Early Intervention (Step-down)
- Step out to universal services

Integrated Front Door to Early Help Hub.

Bedford Borough Council's Integrated Front Door is responsible for ensuring that cases that do not meet the threshold for involvement by Children's Social Care are appropriately transferred to Early Help Services to ensure that children who require additional intervention above the universal level receive timely and appropriate support and intervention. In order to do this safely and effectively the Integrated Front Door will, during its process of assessment and decision make sure that they appropriately apply and evidence that the BBSCB Threshold's document is used and referenced in all contacts.

When the Integrated Front Door identifies that a Child needs or may benefit from the provision of Early Help Services the Integrated Front Door will:

- Inform the referrer and family of the decision to pass the case to the Early Intervention Hub.
- Ensure that parental consent has been obtained by the referring professional agency.

Early Help and transfer to Children's Social Care – 'Step Up'.

Where Early Help Services have been working with a child and their family and there is evidence that either a safeguarding issue has arisen or that Early Help intervention is no longer appropriate due to the level of need or risk. The Early Help Practitioner will do the following:

- If there are immediate safeguarding concerns during the course of involvement the Early Help Practitioner will immediately inform their line manager and seek advice and guidance during this process. Either the Early Help Practitioner or their line manager will speak with the manager on duty for the Assessment Team to agree whether a joint visit is required with an Assessment Team Social Worker.
- If there are escalating concerns but no immediate risk the case will be brought to the Allocations Meeting by the Early Help practitioner for further case discussion and decision making. If a decision to step up is taken by the chair of the Allocations Meeting then the Early Help Practitioner will speak with the manager on duty for the Assessment Team and provide a copy of the latest assessment.
- Where there is an agreement for a Single Assessment to be completed by the Assessment Team, best practice would be for a joint visit to be undertaken by the current Early Help Practitioner and the Assessment Team Social Worker. This will support seamless transition across Children's Services and ensure appropriate safeguarding and support is given to families.
- If there is dispute about whether the case meets the threshold for statutory intervention, then the Head of Early Help Services will discuss the case with the Head of Social Work. In the unusual event that Heads of Service cannot agree it will be escalated to the Assistant Director / Chief Social Worker for a decision.

Children's Social Care transfer to Early Help Services – 'Step Down'.

Where a child/family no longer meets the threshold for statutory intervention a request to step down to Early Intervention Services may be made by the Social Worker / Team Manager. The following process will be followed.

- Case is prepared for transfer by SW. The following must be completed. The case file will be up to date and include an assessment that has been completed within the last 6 months.
- SW requests transfer to Early Help via email to multi.agency@bedford.gov.uk. The following documents must be attached to the request.
 1. Completed 'Step Down' form.
 2. Signed consent that parents agree to work with Early Help Service.
 3. Copy of last completed assessment
 4. Copy of CIN plan.

The case will not be considered unless the documents above are provided.

Request for transfer is reviewed at Early Help Allocations Meeting each Wednesday.

- It is expected that the transferring Social Worker and allocated Early Help Practitioner work collaboratively to ensure effective transition.

Case Consultation

Social Workers are encouraged to discuss cases they have identified for possible step down with the Early Help Hub to develop a clear plan of work that could be undertaken by the Early Help and Intervention Service or to agree that a case can, with support be led by the wider Early Help system.

Mental Health Case Consultations

Social Workers can also access case consultation in relation to cases where mental health is an identified need. These sessions can be allocated through the Early Help Hub.

Requests for Joint Work

Where the child/young person remains the subject of a CIN, CP or CLA plan there may be circumstances where an intervention from the Early Help Service may be appropriate. This is when a specialist or specific intervention is required. When a case is jointly worked or a specific intervention is required the Social Worker remains the lead profession and is responsible for the overall plan for the child.

Examples of joint interventions could include:

- Group parenting courses e.g. Triple P, SFSC, Incredible Years
- 1:1 parenting interventions e.g. PAFT, Triple P
- Youth Holiday Activities
- Counselling (parents or young people)
- Education support
- Domestic Violence support
- Intensive Family Support
- Mentoring

Requests for joint working forms must be completed by the allocated social worker / Team Manager. All requests will be considered at the Wednesday Allocations Meeting.

SW requests transfer to Early Help via email to multi.agency@bedford.gov.uk. The following documents must be attached to the request.

1. Completed 'Joint Working Request form'.
2. Signed consent that parents agree to work with Early Help Service.

The case will not be considered unless the documents above are provided.

- Requests for joint working must be specific and clear with an expected timescale for the intervention and clear expected outcomes.
- Social Workers must consult with Early Help Practitioners during the course of their involvement and Early Help practitioners must be invited to attend all relevant review meetings.

Step out to universal services

When a family has shown sustained progress and are assessed as being able to depend on universal provision to safeguard the children and meet their needs, the family can be stepped out to a universal service. This could include a school, GP, Nursery, health visitor, voluntary service or commissioned service. Bedford Borough has commissioned FACES to provide a step out service for children known to Bedford Children's Services. This project aims to improve the parenting skills and well-being of families in Bedford.

The transfer principles and standards for all 'step out transfers' to universal services (including commissioned services) apply equally to these cases to ensure 'step out' is planned and coordinated and at the right stage in the child's journey. The lead Early Help Practitioner will:

- Ensure that key universal agencies have the relevant information about previous professional involvement with parental consent.
- Ensure that the child and family are clear about how to request additional advice and support if they require it in the future.

Appendix A

Pre-birth referral flow chart

The following is the agreed referral pathway for pre-birth assessments. The Pan Bedfordshire pre-birth procedures must be followed when conducting pre-birth assessments. The procedures are accessible via this link: http://bedfordscb.proceduresonline.com/chapters/p_pre_birth.html

