

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

Operational from: 1st January 2015

Version Number: 9.2

Agreed by: CYPS Policies and Procedures Group

Responsible Service Area/Team: Shane Betts - Practice Development and Quality Assurance

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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

9.2	Revision of transfer from EH to SC, removing the need to go through MASH for non-urgent agreed cases. Removal of DCYP and Activities Unlimited Service due to service delivery change which is now covered in CiN Policy.	January 2019
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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 will use 4 columns and scaling as a minimum:

- Worries and concerns?
- Strengths and safety?
- What will it look like when it is good enough?
- What needs to happen?
- Safety Scale

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 as detailed in the allocation policies: [Social Care](#) and [Early Help](#).

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
- Or any delegated professional supervised by the above

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, the Named Safeguarding Nurse (if applicable to the case), Social Care Consultant Social Worker and/or Social Care Practice Manager and any relevant professional information/attendance where appropriate.

- 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, except in safeguarding situations.
- Will consider the previous case transfers ensuring that the plan is proceeding as agreed, in circumstances where this isn't happening consideration and reflection to be given to joint working to keep the case moving forwards and reducing the need to transfer again.

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 rationale of decisions made, outline potential risk and 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/ Health and Children Centre 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 are to be discussed at transfer meetings or, if urgent, in discussion with duty CSW, PM's, PL's or Health & Children centre Lead (Appendix 1), following which, if it is agreed that a social care service is required, a management decision should be recorded stating reasons why matters cannot continue to be addressed within the Early Help/Family Network Plan and allocation is to be reassigned to the SC team duty tray. Practitioners must ensure that all documentation relating to the case is up to date: The Common Assessment (CAF), the Family Network Plan, the chronology, basic demographics and any other relevant supporting evidence. LiquidLogic guidance notes on transferring a case between Early help and Social Care can be found [here](#).
- 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.
- 4.5 Consultation should be had with the parents/carers and young person prior to a transfer request, unless doing so would place the child at risk of significant harm. Any decision to proceed without discussing with the parents/carers should be taken in consultation with the Social Care team and clearly recorded.
- 4.6 Practice Leads and CSW's will oversee any inconsistency in the application of thresholds and will bring to the attention of Practice Managers in both Social Care and Early Help. Any unresolved inconsistency's will be passed to the areas Service Managers or Head of service if required.
- 4.7 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 3.
- 4.8 Prior to any Social Work Assessment or Strategy Discussion/S47 Enquiry taking place, the Early Help team should ensure that the CMS record is up to date: Including:
- 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
- 4.9 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 SWA/S47 has been completed and the decision taken that the case will remain open to the Social Care Team.

- 4.10 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.
- 4.11 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/ Health and 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 been informed the privacy notice applies to Early Help, then Social Care should seek a service from the Early Help Team/Children Centre.
- 4.12 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 in the rare situation 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). LiquidLogic guidance notes on transferring a case between Early help and Social Care can be found [here](#).
- 5.2 Where families no longer wish to work with Early Help (voluntary) following case transfer, any consequent/residual risks to the child not getting the service should be reviewed jointly 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](#) , Allocation Policy and [LSCB Working with hard to reach families](#).
- 5.3 Information and actions required for transfer: the allocated social worker should provide the Early Help/Children Centre with:
- Privacy notice issued - [Guidance](#)
 - 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 Family Network 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, joint working principle is still best practice.

- 5.4 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.
- 5.5 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. Any differences over this decision will be passed to area Service Manager for resolution before the CP Review Conference.
- 5.6 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.
- 5.7 Where a 16-17 year old ceases to be looked after, under s20, it is good practice for them, dependent on assessed needs and risks, to be supported by CiN for 3 months before the case transfers to Early Help. If the young person has been in care for 13 weeks or more the case must be transferred to Leaving care.

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. Consultation and agreement with the parents/carers will take place and the Social Worker will inform them that Early Help is a voluntary service. Confirmation that a Privacy notice has been issued and recorded along with and a copy of the social work assessment (with initial plan) and a chronology.
- 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.

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

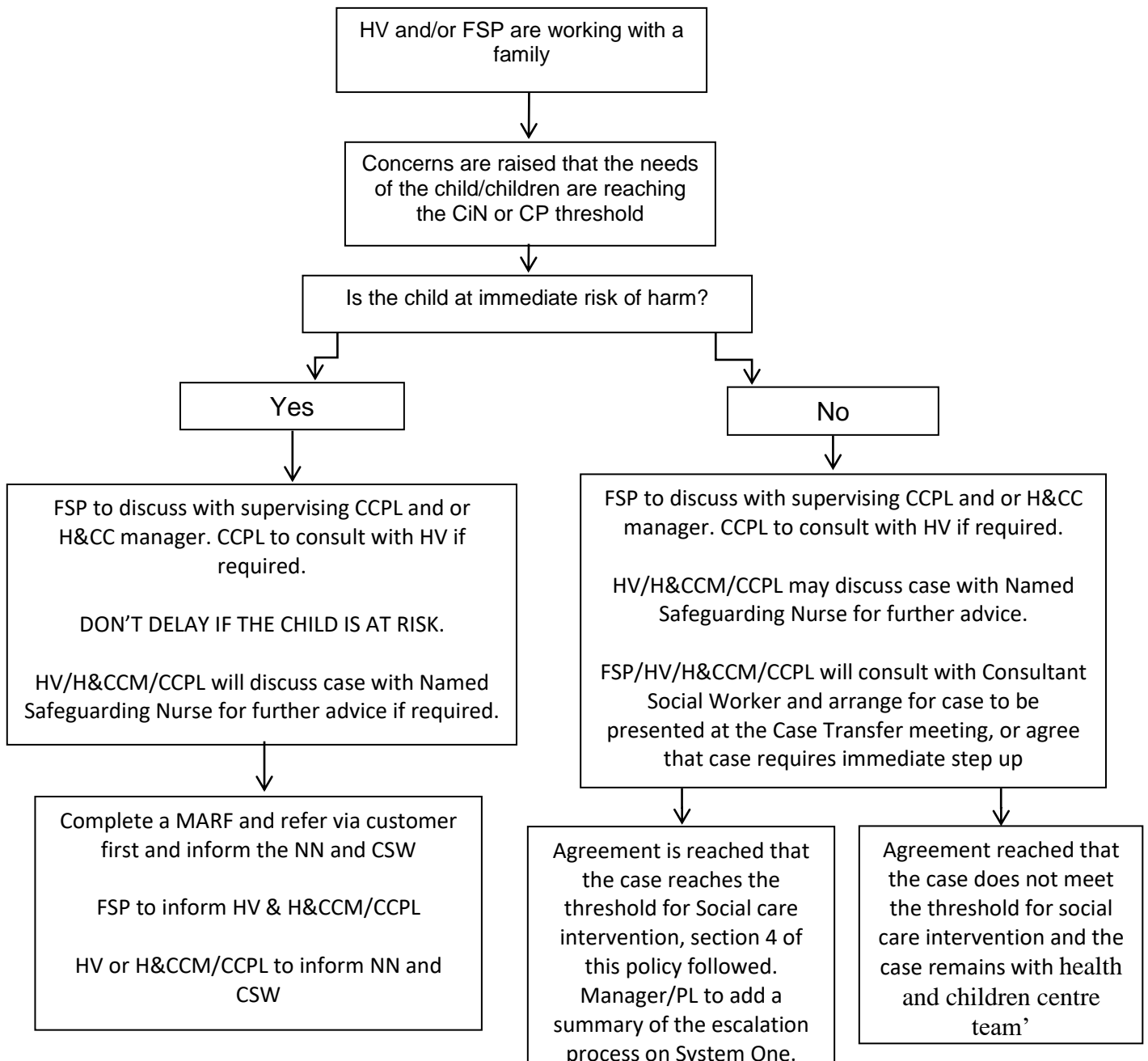
Transfer of CAF Open Cases from Health & Children's Centres to Social Care

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 2

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 Case management recording systems and 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 3
Transfer Tracking Example**

Cases to be discussed							
Step Up/ Down	Date of Request	Child/Young Person	DOB	CMS I.D	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