



St. Helens
Council

Children's Services Case Transfer and Allocation Protocol

Last reviewed: February 2019

Review date: February 2020

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1. Purpose of Protocol

The purpose of this Protocol is to ensure the safe, effective and efficient transfer of cases between St Helen's Children Services teams who are supporting children and their families. The Protocol is in place to ensure children and families get the right support, at the right time from the right team and service and to offer clarity about our individual and collective role and responsibilities.

Its purpose is to ensure that Children's Services teams are clear about when cases should be transferred between teams and expectations in relation to case transfers and sets out the required practice standards. All case transfers will occur in a planned and timely manner ensuring there is no gap or disruption to the support and services children and families receive.

The protocol sets out quality standards that underpin case transfer arrangements.

This Protocol is supported by a Weekly Case Transfer Meeting which will be initially rotated across Heads of Service. The Terms of Reference for the meeting should be read in conjunction with this document. Research and findings from Serious Case Reviews have highlighted that children and families are at risk when cases are in the process of being transferred from one social worker/team to another. It is therefore, essential that each case transfer follows the agreed procedure using the agreed documentation making sure the relevant managers and workers are involved in the process.

2. Scope of Protocol

This protocol covers all teams and staff within the following teams and service areas:

- Front door including MASH
- Duty Teams
- Social Work Assessment teams
- Permanence Service
- Children with Disabilities Team
- Adult Social Care - transitions
- Early Help Service
- Adoption

3. Underpinning Principles

The case transfer protocol may not fit all circumstances, and therefore flexibility is needed according to what is best for the child and their family and the management of the case. Case transfer should only happen when the focus of the work moves from the remit of one service to another. However, no decisions can be unilateral; both sides of the transfer process must be actively involved in that decision. The case transfer Quality Assurance template should be completed by the transferring Team Manager and be filed with the Personal Assistant to the

Heads of Service by 10.00am every Monday morning. In the event of a Bank Holiday papers should be submitted the nearest working day to the panel. This process is essential to enable Heads of Service to familiarise themselves with cases ahead of the Case Transfer Meeting. In addition, good practice dictates that a case discussion will have taken place between the respective Team Managers prior to the meeting.

All managers have a shared responsibility for the work undertaken by the department and for ensuring there is a smooth transfer of cases between teams.

There are five key transfer principles that must be adhered to in all circumstances.

- It is essential that all cases subject to case transfer have signed consent from the family for cases stepping down to early help, or for cases transferring between statutory teams there has been a joint visit or multi agency meeting involving the family prior to transfer.
- The needs of children, young people and their families and consideration of their journey through our services are central to everything we do. Children and families should be communicated with so they are given information that helps them to understand any change including a change in worker and the reason for it.
- The principle of 'no delay'. Transfers should be timely, ensuring that children/families receive support with no gap in service provision. Delays can result in children not being effectively safeguarded, drift in care planning and families reaching crisis point and children waiting longer than is necessary to achieve permanence.
- There is the principle of 'sharing of information'. It is essential that good quality transfer summaries are completed and chronologies are updated and the Family Action meeting needs to be updated on the pathway for cases transferring out of Early Help. Prior to cases transferring from Early Help all FAM's including integrated cases will need to be populated to provide a clear analysis of a child's needs and a risk assessment. Information should be shared not only by transfer summary but through discussions and/or meetings. Other professionals in the network must be informed about the transfer of a case and any change of social worker.
- Finally, there is the principle of 'good order' in respect of case files. This relates to the electronic record. All files must be up-to date at the point of transfer and a quality assurance check must be undertaken and signed off by the responsible Team Manager. For cases stepping down to Early Help, the family's willingness to engage needs to be recorded, and make clear what is the contingency should concerns re-escalate. This will also support EDT (Emergency Duty Team) decision making.

4. Escalation Process

All managers have responsibility for ensuring there is a smooth transfer of cases between teams. In the event of disagreement between services and teams within Children's Services in relation to the transfer of cases, discussion should be informed, documented and focused on the safety, development and best interest of the child or young person and their families; with escalation routes from Team Managers, to Heads of Service and, in the event of continued dispute, to Senior Assistant Directors.

5. Process for Case Transfer

A decision in respect of a case being transferred to another team will be made in supervision between the team manager/ approved practitioner and social worker. The social worker will then complete a Transfer Summary (see Appendix A).

The Transfer Summary will be sent via ICS or ECM by the Transferring Team Manager.

The Transfer process should be complete within 4 weeks of the transfer summary being received by the Team Manager.

It is expected that the case is considered at the Case Transfer Meeting within 10 working days of the Transfer Summary being issued.

The purpose of the transfer meeting is to:

- Quality Assure case records and agree that the case is ready to transfer (transfer checklist tool to be used - see Appendix B)
- Agree a date for joint visit
- Agree date of full transfer
- Provide details of scheduled case management tasks and actions and specify who is best placed to complete the work (i.e. current or new worker)

If the case records are not of the required standard the case should not progress to the Transfer Meeting and the Team Manager will be notified by the chair of the meeting. Case responsibility will remain with the team until such time as the team manager re submits the Quality Assurance Template.

Furthermore, if the Quality Assurance of case records undertaken at the Transfer Meeting identifies gaps or shortfalls in quality, the case transfer should be postponed and an agreement made by the respective managers regarding firstly, what remedial actions are required to improve the case records and secondly, the date the case will be represented to the Case Transfer Meeting.

It is expected that the following staff will attend a Transfer Meeting: -

- Team Manager, allocated social worker, advanced practitioner and if

relevant early help worker. If the case is in proceedings, a representative from the Legal department should also be invited. If there is significant involvement by other professionals (e.g. Family Support Team, CAMHS worker), they may be invited if it is felt necessary. *Until the process is embedded the meeting will be shared by a Head of Service this will be subject to 3 monthly review with the intention that the lead responsibility will revert to team manager.*

- The Transfer Meeting will be recorded on the agreed proforma and copies given to attendees and saved on ICS.

6. Quality Standards Underpinning the Case Transfer Process.

Our shared priority is the safe, effective and efficient transfer of cases and timely allocation. It is critically important that cases are transferred in good order to avoid any risk of the new worker not being clear about case history, current and past harm, current risks, good understanding of plans and the rationale for decision making etc. Poor case transfer arrangements may increase risk and result in drift and delay in children and families receiving the right support at the right time.

The following list details forms that should be on the case file and up to date, this list should not be viewed as exhaustive:

- Contacts
- Referrals
- Key information
- Chronology
- Child and Family Assessment
- Child's Plan
- Strategy Discussion
- Strategy Meeting Minutes
- Outcome of S47 Enquiry
- Transfer Summary
- Case Notes will be up to date and in good order
- LAC documentation, including signed medical consent
- Child Protection Agreements
- Letter/e-mail to referrer
- Report for Initial Child Protection Conference
- Child Protection Case Conference Minutes
- Placement with Parent Regulations Report and Approval
- Parenting Assessment
- Birth Certificate
- Court Orders e.g. Care Order, Placement Order
- Reg 24 Approvals
- PEPs
- Legal Planning Meetings
- Management Supervision and Oversight
- FAM's (Family Action Meetings)

7. Transfer Pathway and Case Allocations

The allocation of cases will, in all circumstances, include the following:

1. Cases will be allocated by the Team Manager.
2. Cases will be allocated to the identified worker within 1 working day of the case transferring to the new team. The reason for any delay in completing the case allocation should be recorded on ICS case notes by the allocating manager.
3. Cases identified for transfer will be referred to the case transfer meeting which will take place on a weekly basis and be chaired by one of the Heads of Service on a rota basis. It is expected that the relevant team manager presents the case transfer and will have completed the quality assurance checklist. Cases agreed to transfer will do so within two weeks of the meeting. In the event of a dispute the relevant Heads of Service will meet within five working days to determine the appropriate pathway.
4. Cases allocated will involve direct discussion between the manager and social worker. Allocation discussions will be recorded on ICS and set out all immediate actions including case specific instructions of work to be completed to progress the Child's Plan.

Service Area	Transfer Pathways	Transfer and Allocation Requirements.
Early Help Team (EHT)	Level 2 non-statutory cases (contact) received from the Front Door	Contact processed and sent by Front Door Service to Early Help Team. Case to be allocated within 3 working days by Early Help Team manager / Advanced practitioner.
	Level 2 Children with Disability requests for service	To be allocated within one working day for Family Support Worker (CWD) to complete an assessment.
	Child in Need cases stepped down from statutory services Duty, Social Work Assessment Team and Permanence Service.	Follow transfer process outlined in this document Lead professional to make

		<p>referral via Front Door Service to Early Help Team. On receiving the contact, the Early Help Team Manager / Advanced Practitioner will allocate referral within 3 working days. These cases will be allocated to the most appropriate partner agency.</p>
<p>Duty Teams (DT)</p>	<p>Level 3 and 4 statutory cases / contacts received from the Front Door.</p> <p>Level 2 cases open to Early Help where Level 3 or 4 concerns have been identified will be referred into the MASH and then sent to the Duty Team (within 24 hours). Planned step ups from Early Help will be referred into the Duty Team.</p> <p>Level 3 and Level 4 cases where Child and Family Assessment outcome is provision of services will transfer from the Duty Team to the Assessment Team at either the first Child in Need Meeting or Initial Child Protection Conference</p> <p>Where a Duty Social Worker has accommodated a child under s20 or EPO, the Duty Social Worker will retain responsibility until either the first Court Hearing or first Looked After Child review, with the exception of Unaccompanied Asylum-Seeking Children.</p>	<p>Contact processed and sent by MASH within 1 day of receiving contact. Case allocated within 1 working day of the referral being received.</p> <p>During the period of assessment, the case will be allocated to a Duty Social Worker The outcome of the assessment will determine ongoing case management responsibility.</p> <p>Duty Social Worker will attend the first Child in Meeting or Initial Child Protection Conference alongside the allocated Assessment Social Workers. Team Manager from Duty will also attend this meeting.</p> <p>Duty Social Worker will attend the first Court Hearing or first LAC Review alongside the allocated Assessment Social Workers. Team Manager from Duty will also attend this meeting.</p> <p>Cases will be formally transferred via Case Transfer Meetings.</p>

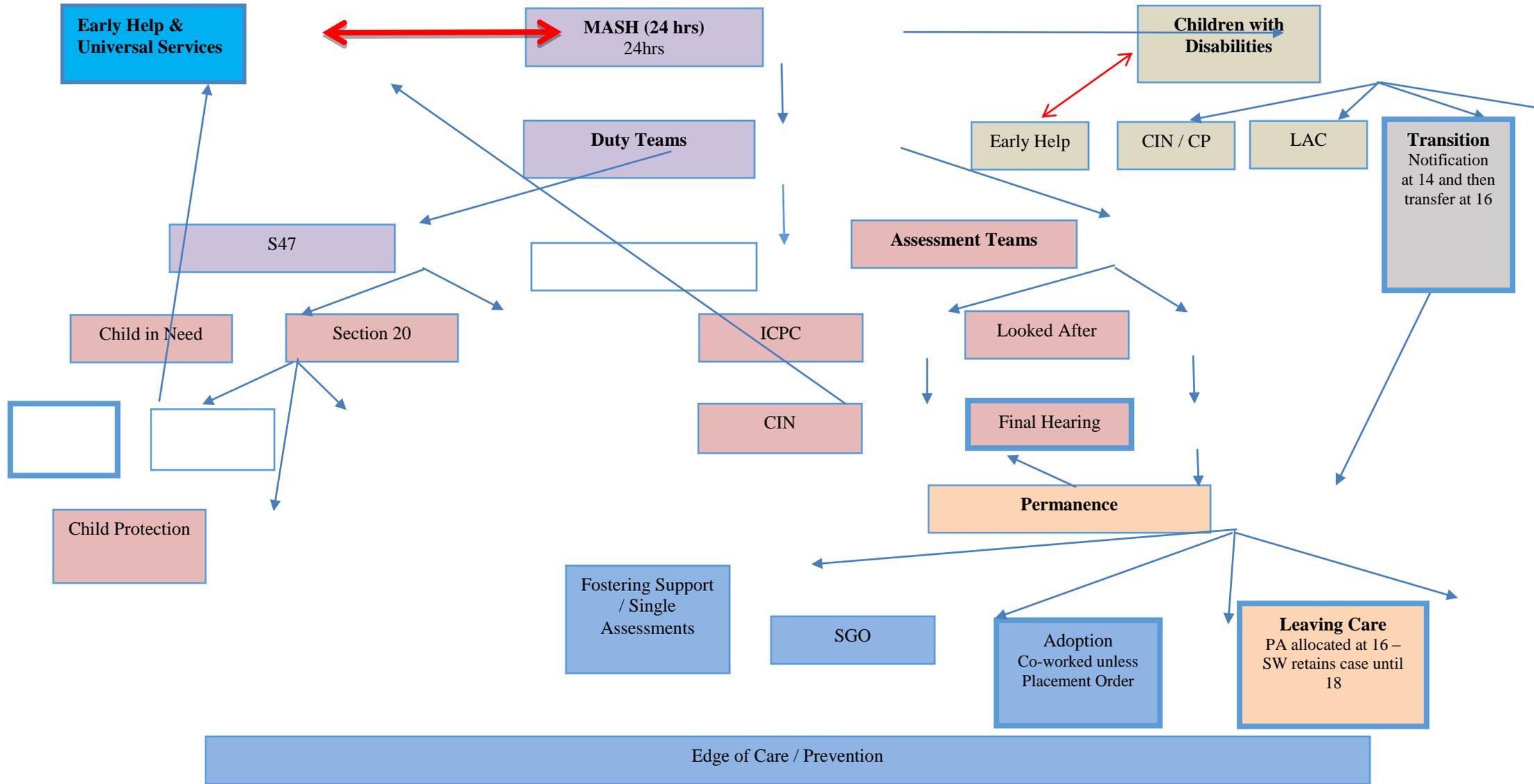
<p>Assessment Teams (AT)</p>	<p>Requests for Pre- Birth Assessments where there is a history of previous Children being looked after and there is no evidence of change of circumstances will transfer to the Assessment Teams directly from MASH.</p> <p>The Adoption Team will be notified by the Duty Team of any parent(s) wishing to relinquish their baby at birth and an adoption social worker should become co-allocated. The role of the adoption social worker at this time will be to formally counsel the parent around their wish to relinquish and provide them with advice and guidance around the process of adoption. If the parent does then relinquish their baby following birth the case should be fully transferred to an adoption social worker at this point.</p> <p>Court Ordered Section 37 and Section 7 Reports received directly from the MASH.</p> <p>Transfer In of a Child Protection case from other Local Authority. The transfer process will involve a request for a transfer conference being made to the SCU via the MASH. The SCU will arrange a transfer Child Protection Conference and invite the relevant Assessment Team Social Worker to attend. The case will not formally transfer until the outcome of conference confirms that that the child/ren</p>	<p>An Early Alert will be sent by the Duty Team Manager within 24 hours.</p> <p>Contact screened by MASH and sent to the Social Work Assessment Teams. Case allocated within 1 working day.</p> <p>A Social Worker from the Social Work Assessment Team will be identified prior to the Transfer Conference being held and both the Social Worker and Team Manager will attend.</p> <p>Cases will be formally transferred via Case</p>
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	<p>will be made subject to CP Plans in St. Helens.</p> <p>Child in Need cases identified for Level 2 / 3 services will be identified for transfer from the Social Work Assessment Teams to Early Help. The identified Lead Professional will attend the final Child in Need Meeting.</p> <p>Children subject to an Interim Care Order where the Plan is permanence will transfer to the Permanence Team at the date of Final Hearing.</p> <p>Looked After Children subject to Section 20 with a long-term plan of remaining looked after will transfer to the Permanence Team from the Assessment Team following a change of Care Plan or ratification of legal status endorsed at the Looked After Review.</p> <p>Cases subject to s20 who may meet the qualifying criteria should be discussed with the Team Manager Care Leavers for consideration of allocation of a Personal Advisor. The Social Worker will retain case responsibility until the young person reaches 18 years or case closure.</p>	<p>Transfer Meetings.</p> <p>Cases will be formally transferred via Case Transfer Meetings.</p> <p>Cases identified via Team Managers in Supervision and alert to be made to Team Manager Care Leavers as required.</p>
<p>Permanence / Leaving Care Team</p>	<p>Children subject to a Full Care Order (following outcome of care proceedings) will transfer to a Permanence Social Worker within the Permanence Team from the relevant Assessment Team.</p>	<p>Cases will be formally transferred via Case Transfer Meetings.</p>

	<p>Unaccompanied Asylum-Seeking Children who have been subject to age assessment will transfer to the Permanence Service from the Duty Team.</p> <p>Children subject to Placement Order (following outcome of Care Proceedings) will transfer to the Adoption Social Worker within the Fostering and Adoption Service from the relevant Assessment Team. All children with a likely plan for adoption will be co allocated to an adoption social worker for the purpose of 'family finding' and supporting the children's social worker with adoption planning.</p> <p>Children where Early Permanence (children who's care proceedings have been front loaded and negative parenting assessments have been completed and a plan of adoption clearly defined) has been identified will transfer to the Adoption Social Worker at the first Court Hearing.</p>	<p>Cases will be formally transferred via Case Transfer Meetings.</p> <p>Following birth of child to be sent by</p> <p>Cases will be formally transferred via Case Transfer Meetings.</p> <p>Adoption manager to attend transfer meeting if relevant.</p> <p>Cases will be formally transferred via Case Transfer Meetings.</p>
<p>Children with Disabilities Team (CWD)</p>	<p>Contacts on Level 2 cases managed within a statutory setting will be responded to by CWD Family Support Workers via an EHAT</p> <p>Level 3 statutory cases received from MASH will be responded to by CWD Social Work Team</p> <p>Level 4 statutory new cases / contacts received from the MASH will be responded to by CWD Social Work Team</p>	<p>Contact processed and sent by MASH to CWD Case to be allocated within 1 working day by CWD Team Manager.</p> <p>Case to be allocated within one working day to a Social Worker.</p> <p>Case to be allocated within one working day to a Social Worker.</p>

	<p>Cases where the presenting need relates to the child's disability will be assessed by the CWD Team whereas where the presenting need does not relate to that specific child, but meets the criteria for Level 3 / 4 this will be allocated to the Duty Team.</p> <p>Children with Disabilities who have a Plan of Permanence will transfer across to the Permanence Service at the point of a Plan of Permanence being ratified.</p> <p>Children at the age of 14 will be subject to a notification to Adult Services in relation to transition arrangements.</p>	<p>Case to be allocated as above.</p> <p>Cases to be allocated by CWD and Permanence Team Manager following Transfer Meeting. A Personal Advisor will also be allocated at this point.</p> <p>Transition Social Worker to maintain tracker and notify Adult Services in line with agreed procedure.</p>
<p>Additional Points of Allocation</p>	<p>Following completion of a Child and Family Assessment from the Duty or Social Work Assessment Teams, the Fostering Social Worker will undertake a joint visit with the Social Worker to commence the full Viability Assessment.</p> <p>Following identification and a positive viability of the need for an SGO the application to be progressed. The Adoption Team Manager will allocate the assessment to an Adoption Social Worker. Full case responsibility will remain with the children's social worker.</p> <p>Requests for post SGO support will be allocated to the adoption social workers.</p> <p>Requests for financial support post adoption will be allocated to the adoption social workers.</p>	<p>Early alert to be sent to the Fostering Team Manager from the relevant Team Manager.</p> <p>Early alert to be sent from the Assessment and Permanence Team Managers to the Adoption Team Manager.</p>

Appendix A



Case Transfer – QA Sheet

Childs Name:
LCS No:
Worker/Co-Worker: Team: Date:

Action Required	YES / NO	Completed / Not completed / Information
Personal details on file with phone numbers of all relevant family members		
Child last seen and date		
Assessment completed and shared with parents / carers and recorded on case notes		
Chronology updated		
Case summary updated		
Genogram completed		
Current care plan on file		

Name of Manager QA:

Please add to child's file under documents