

Sefton

Team Responsibility and Internal Case Transfer policy

Children's Services April 2022

POLICY INFORMATION SHEET	
Service Area	Children's Social Care
Date effective from	April 2022
Responsible Officer	Assistant Director
Date of Reviews	April 2024
Status	Mandatory
 Mandatory (all staff name must adhere to guidance 	
Optional (Procedures and practice can vary between teams	
Target Audience	All Children's Social Care
Date of SMT Decision	
Related Document (s)	
Superseded Documents	
Equality Impact Assessment	

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1. Key Principles

The principles underpinning the remit and responsibilities of teams and the transfer of cases is to ensure that as far as possible children and families experience the right intervention at the right time with the least changes of worker.

• Children and young people should always be the focus and should not be adversely affected by organisational issues.

• Any transfer process should reduce the journey of the child through the social care service structure.

• An effective and meaningful transfer process for the child and family requires flexibility and ownership by all managers in all services.

• Capacity and staffing difficulties are not acceptable reasons for cases not to transfer.

• Any immediate risks or possible future risks must be recorded and highlighted as part of the transfer process.

• Children and young people need to receive the right service at the right time with allocated workers with the required skill and expertise.

• Robust, timely and safe management of risk with managers maintaining a tight overview of practice and decision-making.

- Effective use of staffing and financial resources.
- Separation of service delivery functions to children and carers.

2. Team Criteria

All teams within Sefton Children's Services have the overall aim of providing quality services for children and young people that meet their assessed needs in a timely way. However, teams perform different functions within the framework of Children's Social Care Services and in order to effectively manage the movement of work between them it is important that team criteria are understood.

Whilst the criteria as outlined below are as comprehensive as possible, there will at times cases that do not necessarily exactly 'fit' team criteria. In such cases it is expected that there will be professional child-focused discussions between Team Managers as to the most appropriate team for work to be undertaken. Exceptionally, where Team Managers are unable to agree, it may be necessary to involve Service Managers.

2.1 Integrated Front Door Service

The integrated Front Door (IFD) is the front door to accessing children's services. The key function of the IFD is to identify and help children with additional needs and children who need help and protection and to provide a timely and appropriate response. This is achieved by:

• assessing the information provided by the referrer to evaluate the level of need to the child and the child's family to ensure the child and the family receive the right support and services in a timely manner

• working in partnership with agencies and professionals to provide coordinated response to referrers and to provide appropriate information, advice and signposting to other support and services

• applying agreed thresholds for access to services in line with the Safeguarding Partnership Board and the Pan Merseyside Child Protection Procedures, making a decision on the most appropriate support and services for the child in a timely way

• ensuring that appropriate cases are considered through the Multi-agency Safeguarding Hub (MASH) process

2.2 Assessment & Intervention Service

The Assessment and Intervention Teams complete Children and Family Assessment on new referrals that are received from the Integrated Front Door. This includes

- Attend and chair the strategy meeting set up by the MASH Team.
 - Section 47 enquiry
 - Child Protection Conference where indicated.
 - Accommodation of children.
 - Assessment of Connected Persons for temporary approval as foster carers under Regulation 24
 - Initiation of legal proceedings, where needed
 - Provision of services to children in need.
- Unaccompanied asylum-seeking children that require an age assessment will transfer to the Assessment Team for completion of Age Assessment (there are several staff across the service who are Age Assessed trained, Age Assessment require 2 Social Workers, one which is trained). Those where the age is not disputed will transfer to the Young People's Team.

Sefton's Assessment team workers will undertake immediate Section 47 investigations that are required. Where such cases necessitate an Initial Child Protection Conference (ICPC), it will be the responsibility of the Assessment Team to take the case to conference and provide the conference report. If the child becomes subject to a Child Protection Plan the case will transfer at the ICPC to the Locality Team. There is an expectation that the manager of the Locality Team is alerted by the manager of the assessment Team to ensure that an identified social worker attends the conference.

When the criteria is met for an Assessment or where there are Child Protection concerns for a disabled child, the Children with Disabilities (CWD) Service will undertake the Assessment, strategy meeting, Section 47 and progress the case to ICPC if deemed appropriate. When the ICPC is held and the child is made subject to a CP Plan, the CWD service will continue to work with the family even if/when the case is stepped down to CIN, the child becomes a Child in Care and where immediate issue of care proceedings.

Where initial referral results in the immediate removal of a child or young person from the care of his/her parents, the Assessment Team will progress matters to the initial court hearing and transfer to the Locality Team, following the initial hearing.

Where a re-referral comes back into the IFD within a 3-month period, the Child and Family Assessment will go back to the Team that closed the case and preferably the social worker last allocated.

2.3. Locality Teams

The Locality Team will retain responsibility for the case for Child in Need and Child Protection matters. It should be noted that Child in Need plans are viewed as a short-term focused intervention with clear and timely step-up/step-down processes dependent on the success of the plan.

If the assessment concludes that there are needs that can be met by targeted or universal services, the Locality team will:

• Identify an appropriate Lead Professional to lead a Team Around the Family (TAF). In identifying the Lead Professional, this will involve full discussion with the family and the potential Lead Professional'

• The Social Worker will arrange and chair the initial TAF meeting in order to ensure an appropriate outcome focussed plan is in place.

If the assessment concludes there are no continuing needs, the case will be closed.

Where a child becomes Cared For by the Locality Team, the Locality Team will retain case responsibility until final order.

Where Placement with Parents regulations is the care plan for the child, young person, Locality Teams will retain responsibility and pursue a plan for discharge of order as appropriate. Cases where a discharge of the order is not an option (12 months) the case will transfer to Cared for Children at the final hearing.

Connected carers where a care order is made will transfer at final hearing.

Where SGO and supervision order is the final order, Locality Teams will retain responsibility.

Children and young people subject to Section 20 CA89, will transfer to the Cared for Children Team once a permanence plan is in place. (4 months review).

Young people under 18 remanded in custody in youth detention accommodation are deemed to be Cared For Children. The Locality Team will hold case responsibility with the YOT while looked after (pre- sentence) and work jointly with YOT to develop a plan upon the young person's release.

Children and young people subject to Supervision Orders, Child Arrangements Orders and Special Guardianship Orders where there is ongoing Child in Need planning required from the local authority, these cases will remain in the Locality Team.

Where Child Arrangement Orders and Special Guardianship Orders involve financial support only; the case will be closed to the social work team but subject to annual financial review.

2.4 Cared for Children Team & Care Experienced Team

The Cared for Children's Team has responsibility for:

• All cared for children with Permanence Plans. This will include those children cared for under S20 where the 4-month statutory LAC Review have determined that the child is not returning home.

• Children with a plan for adoption once a Placement Order is granted to the point that they are adopted.

- Care Experienced Young People will transfer to the Care Experienced Team at 18 years old.
 - Unaccompanied asylum-seeking children that enter the UK via the national Transfer Scheme will transfer from MASH to Care for Children Team or Young Peoples Team dependant on their age. (MASH will start the search for placement).

3. Points of transfer and transfer meetings

Our aim should be to minimise the number of meetings we hold and to speed up case transfers as quickly and smoothly as possible. A weekly transfer meeting is held to discuss each transfer across teams. Managers will need to attend this meeting to ensure a new worker is identified.

A separate case transfer meeting should not be held. Instead, an already-arranged meeting should be designated as the case transfer point, for example, a core group, child in need meeting, or cared for review can serve as the case transfer meeting.

Separate case transfer meetings/ joint visits should only be arranged where necessary to avoid delay (i.e. because there is no other pre-arranged meeting within the required timescale for the case transfer to take place).

3.1 Assessment to CWD

There will be times when the disabled child within the family is not the focus of the assessment or child protection enquiries Consideration should be given to transfer the disabled child to the CWD to consider what additional support services they require. This needs to be considered on case by case and consideration needs to be given to the most appropriate team for transfer.

Transfer Process for all cases

- The transfer process is that Managers send the transfer record to Business Support for entry onto the tracker, this needs to be done by Friday morning at 10am. The updated tracker will then be sent out to all managers at 4pm each Friday. Current Managers must ensure that casefiles are up to date and ready for transfer. Cases that are not up to date should not be placed on the tracker and will not be heard at transfer meeting. Receiving team managers will meet on Monday mornings to review the tracker and identify allocations for the cases. They will also raise any disputes with the current team if the cases are not ready for transfer or do not meet threshold. Any issues that cannot be resolved should be escalated to the appropriate service manager.
- The Transfer meetings will take place each Thursday and be chaired by a service manager. Successful transfers will be archived on the tracker for future reference.

• 3.2 Assessment to Locality Team

• The invite should be sent to locality team manager of the Initial Child Protection Conference. This is to ensure that the case transfer takes place at the point of ICPC, this will allow Locality team to be involved in the early plans for the child and family.

• If after a Child and Family Assessment, threshold is met for a Child in Need (CIN) plan for a period of short-term intervention up to 12 weeks, the case will remain in Assessment and Intervention Team.

If a Child in Need Plan is deemed to require more than a 12-week period, the case will transfer to Locality at the first Child in Need Meeting (within 10 days post assessment).

• If the young person is 16+ and at risk of becoming homeless or presents as homeless, transfer to the locality team will take place after the completion of the Child and Family Assessment (in line with the Homeless Young Person Policy). A referral needs to be made to the Edge of Care Team.

• If the case is progressed to care proceeding then the locality manager to be notified and case should be transferred at the 1st hearing. Locality manager and or social worker should attend the first court hearing wherever possible.

3.3 Locality Team to Cared for Children Team

• If the child is section 20 and the plan is to remain in place until child becomes 18 then the case must be ratified at Legal Gateway Meeting and transfer will take place at the second cared for child's review unless earlier by agreement.

• If the child is cared for after and legal proceedings have been initiated and the plan is for permanence away from the parents the case transfer will take place at the final court hearing.

3.4 Cared for Children to Young People's Team.

- All teenagers will move to the young person's team at approximately 14 years. The timing of the case transfer may be negotiable if:
 - a) Young person has younger siblings (depending of the age of the younger children, consideration could be given to either holding the young person back for a year so the sibling group can transfer together or accepting case responsibility for younger siblings at the same time. This decision will be agreed on an individual case by case basis by the manager of Cared for Children and the Young Persons Team. In all cases, the decision will be made in the best interests of the child/young person.
 - b) care proceedings are ongoing
 - c) if a child has a positive established relationship with their allocated social worker and such a move would be deemed detrimental to the child's welfare. In this

instance, a co-working arrangement would be offered for an agreed period at the discretion of the service managers

3.5 Cared for Children, Young Persons Team /Locality to Care Experienced Team

All eligible and relevant young people aged 16 will be allocated a Personal Advisor working alongside their allocated social worker.

The social worker retains responsibility to ensure the young person's needs are met up to the age of 18, at this point the PA will assume responsibility for the case.

4. Transfer Standards and Conduct

- No case will transfer without a transfer meeting/discussion taking place.
- Transfer meetings must be prioritised by Team Managers.
- Cases must transfer in a manner that is led by the child's needs not service needs.

• All discussions should be child and not resource focused. (Resource issues should be discussed with Service Managers).

• The Team Manager must ensure that the child and family has been seen by their social worker, in line with statutory requirements, prior to the transfer and that the reasons for transfer have been explained to them, including wherever possible the name of their new social worker. Informed Consent should be gained and recorded on the case file, where child in need planning is the outcome of assessment.

• Best Practice recommends face-to-face introductions of the new social worker by the existing social worker to the child and family wherever possible.

• Prior to transfer the existing social worker must ensure that all agencies involved with the child and family are advised of the details of the new social worker and the date of transfer.

• All identified tasks must be completed within the designated timescales agreed at the transfer meeting.

• All files for transfer must be checked, audited by the social work Team Manager prior to transfer.

7. Quality Assurance

Team Managers have key responsibilities in the transfer process as follows:

• Team Managers must ensure that the child's plan is SMART and ready for transfer in line with the date set by the Chair of the transfer meeting.

• Prior to transfer the Team Manager must ensure that the file is up to date, including all relevant documentation and an updated chronology. If there are any quality assurance or practice issues, these must initially be taken up by the respective Team Managers and if not resolved referred to the relevant Service Managers.

• The key worker is responsible for ensuring chronologies and case summaries are up to date.