Policy: Case Movement Arrangements

1. Context and Principles

- The concept behind 'Right Child, Right Service and Right Time' will guide the allocation of workers and resources from the range of available services.
- For children and families to develop effective relationships with workers which facilitate and support change, the number of allocated workers and hand-offs to different teams has to be kept to a minimum. This will be achieved through responsible management oversight.
- Local area services include Area Social Work Units and strengthening families arrangements. This group of services will offer additional support, targeted support and statutory intervention to children and families living in the community in line with their assessed need. The service offered will be proportionate to the assessed need and the ambition will be to strengthen families.
- The Through Care service will work with children once the plan for permanency is long term care which has been agreed at the child in care review.
- The Disabled Children and Specialist Services (DCSS) will work with children in need and children subject of child protection plans. The service also supports children who access short breaks and direct payments.
- Cases will move between FR, PDT, DCSS, Area Units and Through Care. If a family is being supported through local area services the team closing the case will contribute information to the team around the family/team around the child plan prior to closing on LCS.
- Cases should not transfer when in family court proceedings unless there are exceptional circumstances, i.e. staff safety or excessive work pressures.
- If a family moves across area boundaries, the team responsible for the case will continue holding the case unless there is a view that transfer would achieve better outcomes or there are exceptional circumstances (as above).

2. Transfers from First Response (FR) Pathway Decision Team (PDT) and MASH

- FR should make decisions about safeguarding referrals within 24 hours of receipt of a referral.
- Where the pathway is clear due to concerns for the child's safety or request for early support FR will transfer straight to Area Units on 'take' or strengthening families teams.
  PDT receives referrals directly from First Response or via the MASH where there is a need for a further enquiries but the need for ongoing case work is not yet known. The outcome of the assessment may lead to a referral to Area Social Work teams, referral to Strengthening Families teams or information, advice and guidance or no further action.
  MASH review cases where there are potential safeguarding concerns which are unclear, and where further multi-agency enquires could inform decisions about risk and support. The MASH multiagency outcomes could include referral to Area Social Work teams when clear risk has been Identified and ongoing case work is required; referral to Strengthening Families teams where the statutory threshold is not met but the family needs multi agency help to prevent escalation of need; single agency actions; information, advice and guidance; or a no further action decision.
- Referrals for cases to move from FR, PDT and MASH should be accepted as requested.

- If there are concerns about decision making or assessment quality these should be escalated through the respective area manager for resolution. During the escalation the area unit will continue to work with the child.

Process: First Response, Pathway Decision Team, MASH➔ Strengthening Families Teams

- Referrals and Assessments including mappings are sent for consideration at the weekly locality meeting. Information will be recorded on LCS Early Help module.
- Once the locality meeting identifies a lead professional the case will be accepted without delay.

Process: First Response, Pathway Decision Team, MASH➔ Area Units

- Referrals and SAF's are sent through to the relevant 'take' tray in the area responsible for the case. The service will agree responsibility for the case.
- The case will be transferred and accepted without delay.

3. Transfers to Through Care Service

The Through Care Service will work with Children in Care with a permanency plan of long-term care.
All requests for transfer will be made to the Central Team within the Through Care Service.

Exceptions:

- Relinquished babies may transfer directly to Through Care.
- 16 and 17 year old young people who have been accommodated under Section 20 as a result of being made homeless, where there are no other children in the family, the possibility of reunification is highly unlikely and they have been looked after for at least 13 weeks may transfer directly from First Response, PDT or local area services to Through Care.
- Young People moved through the National Transfer Scheme may transfer directly to Through Care

Transfer Process:

- Area CSW and SW agree the case is ready to transfer to TC based on the criteria for when a case has reached a transfer point.
- Area CSW records this decision in a case direction that the case has reached the point of transfer.
- Area CSW thoroughly audits the case and ensures that the record is comprehensive based on the audit tool* to ensure the receiving team has a thorough knowledge of the child held within the electronic record.
- Area CSW initiates case transfer request on LCS (in involvements) and chooses the Central Team tray. This will be checked regularly and Practice Leads will identify SWs on a fortnightly basis. Deputy area managers will be informed following this.
- Central Team to audit the record and raise any issues about the record/audit/point of transfer directly with the CSW who has sent the request. If more work is required, the transfer request is rejected with a note of the reason for the decision.
- If there are no queries with the record the area CSW and the Practice Lead make child focussed transfer arrangements based on good practice. Joint work is promoted to achieve a successful transfer with the expectation that the area team will cease involvement within a month from transfer to Through Care unless exceptional circumstances are agreed by managers.
- Responsibility for all statutory duties remains with the Area SW until the point of transfer.

*** Audit tool:**

- Case summary updated in the last three months (including contacts for other key agencies).
- Telephone numbers and email addresses up to date (including end dating those no longer in use)
- Involvements up to date, including other key agencies.
- Relationships up to date and accurate.
- Case notes up to date and finalised.
- Correct legal status.

- Care and pathway plan (16 years +) within the last six months (including clear contact plan with assessment based on the needs of the child).
- LCS chronology
- Date of last health assessment.
- Date of last dental and optician appointment.
- Date of last PEP.
- All documents including legal documents and orders; words and pictures, mapping, safety plans etc.

4. Transfer of Adoption from Area Unit to Through Care

In principle this follows the transfer process as detailed above. However consideration needs to be given to the time at which a case transfers to avoid transferring at a significant point in the planning and placement of a child.

At the point the case is heard by the Agency Decision Maker along with the advisor a decision will be made about the appropriate time to transfer the case. This will be based mostly on the immediate plan for the child post the Placement Order being made. For example: If the child will likely be placed quickly this will remain with the area social worker. If it is felt it may take longer to find an adoptive placement this will transfer to Through Care.

Area social workers will write a later life letter and have the life story prepared to the point of transfer. Some cases may benefit from ongoing joint working.

5. Pre Birth Assessments and Transfers to Area Unit's or Strengthening Families teams

When a child in care or care leaver is pregnant a single assessment of the unborn baby will be undertaken by their social worker. The assessment needs to be completed as soon as possible after the 12 week stage and must be presented at the latest before the 20 week stage.
If there are significant risks identified Through Care should refer via the Deputy Area Manager who will audit the assessment and arrange allocation of the case.
If the identified need is for additional support within the Strengthening Families teams then Through Care should send the assessment for consideration at the locality meeting in the area where the parent lives.

See **appendix 1** for guidance regarding the assessment.

6. Disabled Children and Specialist Services (DCSS)

A worker from any team can contact DCSS duty to ask for advice and support if they are working with a child with a disability or complex need to ensure the child is receiving appropriate services.

Referrals from FR / PDT to DCSS

The online referral form is received and evaluated and if appropriate is sent to the DCSS duty desk for a response which can include information and advice or referral for an assessment.

Transfer from Area Unit to DCSS

- If locality workers are working with a family where there is a disabled child or a child with complex needs, a discussion should take place with DCSS to ensure the family are receiving the right recourses and joint working may be appropriate or child to be transferred to DCSS.
- If a disabled child or a child with additional complex needs is assessed in the areas as a 'Child in Need' and will require a long term plan, consideration should be given to transferring the family to DCSS.
- A child receiving a direct payment for a short break will be allocated to the Family Support and Inclusion Team as they are responsible for the yearly audit, this could be the only service the child/family requires so will be allocated to a worker in the team, or part of a joint working plan if other services are involved.

- If the child is having an overnight short break from fostering or residential setting of the Bush or Belbrook, they will be allocated a DSCC social worker.

Referral from Through Care, Area Services or DCSS to Preparing for Adulthood Team
Young people from 16 years of age who are considered likely to be eligible for adult care services at 18 years should be discussed with the Preparing for Adulthood team. The PFA team will advise on next steps in order to achieve timely assessment and transfer. This advice will be recorded on a case discussion sheet and added to LCS.

7. Dealing with Exceptions and Disagreements

- It is expected that all managers make decisions in the best interests of the child. Every effort should be made to resolve issues that cause delay to the movement of work through the system without the involvement of others.
- If particular cases present exceptions, the managers should discuss these cases in supervision with the service manager and agree a course of action that would best meet the needs of the child and family.
- Independent Reviewing Officers and Child Protection Conference Chairs should raise concerns about transfers with the manager of the case and then with the Service Manager if resolution has not been reached.

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Appendix 1

Pre-Birth SAF Guidance

1. Context and Principles

It is important that timely, thorough and accurate assessments are undertaken when children and young adults are pregnant. Being aware of a young person's history, their current life style, ability to work with those supporting them and their strengths will ensure appropriate decision making and plans are established for the baby at birth.

2. Key elements required to support safe and measured decision making are:

- Summary of current involvement with the parent and any relevant information regarding the other parent of the Unborn baby.
- A summary of reasons the parent was in care and analysis of historical and current concerns and strengths.
- A chronology.
- Child's Developmental Needs – This will need to include information regarding the pregnancy. Are there any issues regarding the baby's health? There is not a requirement to add information on the generic needs of a baby.
- Parenting Capacity – This should cover: the parents own experience of having had their basic care needs met, their ability to look after themselves and whether there are issues in respect of self-care and engagement with midwives during the pregnancy. This section should also cover the parent's feelings and attitude towards the pregnancy, any issues within their relationships either historically or currently that would provide a strength or concern regarding their care of baby once born. Does the parent have identified attachment difficulties or a history of difficult relationships? Have they made preparations for the baby? Any safety issues, can they recognise and manage risk, such as violent or risky grown-ups in their lives?
- Family and Environmental Factors – Any family history that is relevant and not already included. What is the housing situation? What is the home environment like? What are the personal and professional support networks for both parents?
- Strengths – Any positives that can be contributed to the assessment. This could be regarding the attitude towards the pregnancy, stability of housing, engagement, support network, preparations for the baby. Recent positive changes that suggest the young person is accepting the responsibility of potential parenthood and taking the appropriate steps to ensure the baby once born will be safe and protected.
- Past Harm – Past Harm is something that has actually already happened. What actual harm (if any) has this baby experienced in utero? This would usually be caused by substance (including alcohol) misuse, violence or poor self-care/lack of engagement with health during pregnancy. It would also be helpful to have here any harm either parent has experienced.
- Future Danger – What are we worried will happen to the baby due to the risks (if any) are present? This needs to be specific and simple. For example, if there is violence occurring in the adult relationships a potential worry would be the baby would be seriously harmed or killed? If sexually risky people are involved in the adult's lives there is a real risk the baby could be sexually abused. If there is substance misuse then there is a real worry the parents would not be able to feed, change and care for the baby or be emotionally available and provide the baby with a trusting adult relationship. How this would impact the baby's life needs to be included. Ask yourself the question 'So, what, how is this relevant?' when thinking about the worries in the baby's life. This needs to be transparent and owned so that the parents know exactly what the worries are.
- Complicating Factors – These are any other issues that may make the care of a baby difficult or could present as a risk in the future. This could be difficult relationships, lack of engagement, unstable housing, learning difficulties or poor mental health.
- Safety – This is strengths demonstrated over time. It is unlikely at this stage that there would be safety for the unborn baby as this is the first SAF and safety needs to be accumulated over time. However, if, for example,

there has been a history of substance misuse but a parent has been clean for a substantial period of time this would be safety.

- Signs of Safety Planning. A brief plan needs to be recorded as to what needs to be done to reduce the worries. The next Steps are a tangible list of actions. The agency goals are how you would know if the risks had reduced what would life 'look like' for the baby for them to be safe in their parents care.
- Scaling. A scaling question about the main issues should be asked to help the parents understand the context of the concerns. This can be used with the parents to gauge how safe they feel they will be as parents, how worried they are about relevant issues or denial of risk. How likely is it that this baby will be exposed to violence? How likely is it that the parents will use drugs or alcohol once the baby is born? Or a more general one of how safe is the baby in their care? (Remember 0 is the worst case, 10 is the best case and you can ask a supplementary question – e.g. what small step could you take to bring it from a 5 to a 6?)
- Conclusion. This needs to help the receiving social worker decide on the next steps so the young person and the expected baby can benefit from the continued services.