



Cheshire East

# **TOGETHER** for Children and Young People

*Together we will make Cheshire East a great place to be young*

## **Transfer Points between the Children in Need and Child Protection and the Cared for Children and Care Leavers Teams**

### **Children's Social Care**

**May 2023**



<b>Policy Information Sheet</b>	
<b>Service Area</b>	Children's Social Care
<b>Date effective from</b>	May 2023
<b>Responsible Officer</b>	Head of Service CiN/CP and Head of Service Cared for Children and Care Leavers
<b>Date for Review</b>	May 2024
<b>Status</b> <ul style="list-style-type: none"> <li>• <b>Mandatory (all staff name must adhere to guidance)</b></li> <li>• <b>Optional (Procedures and practice can vary between teams)</b></li> </ul>	Mandatory
<b>Target Audience</b>	Children in Need and Child Protection and Cared for Children and Care Leavers Teams
<b>Related Document(s)</b>	
<b>Superseded Documents</b>	Transfer Points between CIN/CP and Care Planning July 2018 Transfer Points between CIN/CP and Cared for Children and Care Leavers Teams February 2021
<b>Equality Impact Assessment</b>	Checklist completed – see over
<b>Date of Approval</b>	June 2023

<b>Type of Document</b>	Policy	X	Standard Operating Procedure		Guideline	
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## Document control

Version no	Type of change	Date	Description of change

If you have any comments or views on this document, please contact us at [childrensdevelopmentandpartnerships@cheshireeast.gov.uk](mailto:childrensdevelopmentandpartnerships@cheshireeast.gov.uk)

## Equality Impact Assessment

Equality Impact Assessments (EIAs) must be completed whenever you plan, change, or remove a service, policy or function. They should be an **integral** part of continuous service planning and policy development. For further details and guidance on completing EIAs please see [here](#).

### EIA Checklist

Equality Impact Assessment			
1	Does the policy/guidance affect one group less or more favourably than another on the basis of:	Yes/No	Comments
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
	Disability-learning disabilities, physical disability, sensory impairment and mental health problems	No	
2	Is there any evidence that some groups are affected differently?	No	
	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	n/a	
3	Is the impact of the policy/guidance likely to be negative?	No	
a	If yes can the impact be avoided?	n/a	
b	What alternatives are there to achieving the policy / guidance without the impact?	n/a	
c	Can we reduce the impact by taking different action	n/a	
4	Evidence considered – What data or other information have you used to evaluate if this policy is likely to have a positive or an adverse impact upon protected groups when implemented?		Audit Service re-design
5	Initial consultation – Have you consulted staff representatives and/or external representatives including those from protected groups? What were their views?	Yes	Staff have been consulted. Cafcass and Court have been advised re changes
6	Promoting equality - Does this policy have a positive impact on equality? What evidence is there to support this? Could it do more?	Yes	Ensures that there is equity in allocation of resources.

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## **Signs of Safety**

In Cheshire East, we use Signs of Safety as our way of working with families. This model of practice is based on therapeutic thinking that encourages working with children, young people and families to build on their strengths, empowering them to better manage the risks and challenges they may face now and in the future. The Signs of Safety approach underpins this policy and how we work in Cheshire East.

## **Executive Summary**

In line with the Caring for Children in their Communities (Children's Plan), Cheshire East are committed to ensuring children remain within their families where safe to do so. In order to support this, planning and consideration has taken place around the transfer point of care proceedings cases between the Children in Need and Child Protection (CIN/CP) teams and the Cared for Children and Care Leavers team. It is now the case that cases at the point of issuing for a plan of removal away from the parents/primary care givers, that care proceedings responsibility will move to the Cared For Children's teams. This will ensure that the support within the Children in Need and Child Protection teams can focus upon supporting children within their homes and communities. This will also strengthen robust pre proceedings work. If, for those children where there is a need to ensure safety and permanence through the court process, early care planning is needed to consider the long-term plans of permanence and development of long-term working relationships.

This policy aims to clarify transfer points between the CIN/CP and Cared for Children and Care Leavers teams. It will consider the transfer points for children where; we are entering care proceedings with a plan of removal from parents, where a young person is accommodated under Section 20, where a plan of permanence is agreed, relinquished babies, and homeless 16-17-year-olds.

If proceedings are initiated with a Local Authority proposed care plan of a Supervision Order these cases will remain in the CIN/CP team as the plan is permanence with parents. For any other cases, such as private law proceedings that become public law and an Interim Care Order awarded, or any situations that are unique, these will be considered jointly in regard to the best practice and oversight required.

## **1. Case Transfer Process**

- 1.1 Any child/ren or families that are entering pre-proceedings will be reviewed at four weeks at a Legal Advice Meeting (LAM) and in supervision by the Team Manager. The case is then presented at LAM with the final recommendation once assessments are completed. The Cared For Service Manager will be notified via the LAM agenda/CIN/CP Service Manager. Where possible, a Cared For Team Manager or representative should attend LAM for any cases where the decision could be that Care Proceedings are issued.
- 1.2 Once the decision has been made to issue Care Proceedings, a Social Worker from the Cared For team will be allocated.

- 1.3 Where there is a case of a Public Protection Order (PPO) for an unknown child, notification should be sent to the Cared For Service and both Cared For and CiN/CP should attend the LAM.
- 1.4 Once the receiving service have identified an allocated worker, the current case managing Social Worker (and Team Manager if appropriate) will meet with the newly allocated Social Worker (and Team Manager if appropriate) prior to the meeting to discuss the Care Plan, Contact Plan and any future work/timescales.
- 1.5 Case responsibility will remain with the CiN/CP team to issue the proceedings however the Cared For Social Worker will attend any care planning, pre-filing meetings and attend court jointly with the Child In Need Social Worker. The evidence at this stage will be owned by the CiN/CP Social Worker, but the Care Plan jointly considered.
- 1.6 There will be a period of joint working and handover until the Case Management Hearing whereby case responsibility will transfer to the Cared For Service. It is imperative that the Cared For Social Worker and Team Manager lead on timetabling and consideration of assessment to ensure we are able to comply with the directions ordered following this hearing.
- 1.7 A Team Manager from the Cared For Children and Care Leavers team should be present at every pre-filing meeting, where information regarding the Care Plan is shared.
- 1.8 In advance of transferring a case to the Cared For team, CiN/CP should update the Case Summary to accurately reflect the current situation, ensure that all court orders and evidence is saved in documents, and a handover joint visit is arranged.
- 1.9 The following is to be agreed by the Team Manager and Social Worker in advance of transfer:
  - Date of the joint visit between social workers
  - Dates of all significant meetings
  - Contact arrangements established and organised
  - Outstanding tasks, who should complete these and by when
  - Handover date
  - Where there are instances of notice of placement being served, a clear agreement between teams should be established around who takes responsibility for which tasks
- 1.10 The CiN/CP Team Manager should complete a case transfer to provide the alert in the duty tray for the Cared for Children and Care Leavers team. Once the case management hearing has been held and all actions completed above, there should be no delay in the case transferring.
- 1.11 Escalation of concerns within the transfer process should be negotiated via service managers in the first instance. Failure to resolve should be escalated to the relevant Head of Service in exceptional circumstances.

## 2. Case Transfer Criteria

### 2.1 Unaccompanied asylum seekers/trafficked children:

- Referrals relating to unaccompanied asylum seekers and trafficked children are to go direct from Cheshire East Consultation Service (ChECS) to the Cared for Children and Care Leavers Team for assessment.

### 2.2 Care proceedings:

- Cases will transfer from CiN/CP to the Cared for Children and Care Leavers Team when there is an agreed plan of issuing care proceedings with a care plan of removal at the interim care order stage.
- There may be unique cases which require further discussion between Service Managers of each service in order to best determine where the case is managed.

### 2.3 Section 20:

- Children who are cared for under Section 20 should be considered at a LAM. Once this has taken place, if the Service Manager validates that Care Proceedings are not required, a case can then transfer to Care Planning. The transfer should take place at an agreed point once a plan of permanence is established, evidenced through assessment, and endorsed within the statutory review (this could be the first or second review). Where a child is accommodated under S20 and the LAM decision IS to issue Care Proceedings, the case will remain with CIN/CP until the initial hearing and transfer as per 2.2.

### 2.4 Homeless 16-17-year-olds:

- When a child presents as homeless, there is to be a joint interview with Social Care and Housing. The CiN/CP Team is to lead on this interview.
- All homeless children referred to Social Care will have a Children and Families (C&F) Assessment. If, based on assessment, the child requires accommodation under Section 20 of the Child Act 1989, the Section 20 transfer criteria, detailed above, will apply.
- Support from the Care Leavers Service will be discussed at the transfer meeting as to the date of which the young person will become eligible for Care Leaver status. Young people who are Section 20 and do not meet the criteria for Care Leaver eligibility status will be highlighted with the Head of Service.
- The transfer should take place at an agreed point once a plan of permanence is established, evidenced through assessment, and endorsed within the statutory review.

### 2.5 Relinquished babies:

- Relinquished babies are to be transferred from ChECS to the CiN/CP Service who will undertake the Children and Families Assessment to ensure that the full implications of adoption are understood by the birth parent(s), and an assessment of any safeguarding issues.

## 2.6 Adoption support cases:

- A number of children are referred directly to Adoption Counts for adoption support services. If a safeguarding issue arises during the work completed by Adoption Counts, they are to make contact with ChECS and the level of need/assessment to be determined as in all other cases referred to ChECS.

## 2.7 Children with Disabilities (CWD):

- The Children with Disabilities Team are the lead team for children with disabilities and will provide a social work service to those children with disabilities who are in care **and** those CiN/CP cases with the most complex care packages. Referrals to Children's Social Care should go straight to CWD from ChECS for assessment.
- Based on an assessment of need, the team will provide a social work service to children requiring **exceptional specialist support**; this would include a combination of some of the following:
  - a) A child who requires daily specialist medical or nursing care.
  - b) A child with regular admissions to hospital for treatment.
  - c) Unstable health which impacts adversely on child//young person/family.
  - d) Medication requires constant review and change, and as a result an intensive programme of therapies which needs delivery of therapy by many partners over many settings usually on a daily basis.
  - e) Life-limiting condition requires an intense therapy programme.
  - f) Needs more than one person to assist with lifting and personal care (bathing, toileting, etc.).
  - g) Unable to function without specialist equipment and 2:1 support.
  - h) Cannot eat and drink unaided, needs to be fed.
  - i) Requires 2:1 for support with their mobility.
  - j) Needs 2:1 support in most self-care tasks e.g., washing, bathing, going to the toilet, helping with household chores.
  - k) A skilled or familiar person needs to interpret their communication.
  - l) Complex communication needs affect behaviour leading to challenges to carers.
  - m) Behaviour demonstrates serious risk to self or others.
  - n) Requires 24 hours monitoring and supervision.
  - o) Requires structured programme for managing behaviour overseen by specialist services.
  - p) Excessive conflict with siblings, potentially detrimental to health and wellbeing.
  - q) Without exceptional levels of support this child will need to be accommodated to ensure their safety.
  - r) Has a severe disability, which has major implications for the caring role.
  - s) High level of risk to parent carer.
  - t) Ordinarily children on the Autistic Spectrum or with Asperger's would not meet the criteria for the lead CWD unit, unless they have learning disabilities/associated complex needs.



- This should **NOT** be seen as an exhaustive list and should **NOT** be used as a Cheshire East definition of Children with Disabilities. The intention is to support the management of work within the lead CWD social work unit and the monthly case transfer meeting will be the forum to discuss appropriate work to transfer.
- The majority of referrals to the Children with Disabilities team go via ChECs and the [Step Up Step Down process](#). In-house transfers are also an option. Where CiN/CP have undertaken a Children and Families assessment and deem that the case should sit with the Children with Disabilities Team, a consultation should be held with the Team Manager or Advanced Practitioner from that team and an agreement reached around whether the case will transfer and a suitable transfer point. This is also the case regarding cases transferring from the Short Breaks Team.
- The expectations around case transfers as described above between teams is relevant here and should be followed when cases transfer between all teams.