

Durham Children's Services Transfer and Handover Protocol

Introduction

The Durham Continuum of Need is designed to support Families appropriately depending upon their level of need. As the Family's needs change, they will move between the levels of need on the Continuum, which means that at times cases must transfer to other Teams within service.

The purpose of this guidance note is to explain the process for the transfer of cases between teams.

General Principles for case transfers

All cases transferring from any team (transferring team) to another team (receiving team) should follow the general transfer principles.

Rationale for decision

In all cases, the discussion and rationale for case transfer should be clearly recorded on the child's electronic case file. A transfer summary should be completed on LiquidLogic by the transferring team and include all relevant information for the receiving team. The record must also identify any outstanding needs and concerns.

Informing the Child/Young Person, Family and TAF

Where a case is already receiving a service from Children and Young People's Services (CYPS), the Child/Young person, Family and Team Around the Family (TAF) should be consulted about case transfer at the earliest opportunity and their views recorded within the child's record.

The Child/Young Person and their Family should be notified in writing of the transfer with contact telephone numbers and office address of the receiving team.

It is the responsibility of the transferring team to ensure that the TAF professionals, such as the Independent Reviewing Officer (IRO) are informed of the case transfer with contact details of the receiving team.

At the point of the case transfer, an introductory visit to the Family should be scheduled by the transferring team and receiving team to enable the new practitioner to be formally introduced to the family. A joint visit should take place within 3 days of the case transfer date.

Timeliness

A case must transfer within 5 working days following the decision. There should be no delay for the Child/Young Person due to the case transfer.

Planning ahead

Where a case is already receiving a service from CYPS, it is the responsibility of the transferring team to ensure that statutory duties such as visits to the Child/Young Person are completed within timescales at the point of case transfer. The receiving team will be responsible thereafter.

It is the responsibility of the transferring team to ensure arrangements such as invitations and venues for forthcoming meetings are in place (TAFs, Multi Agency meetings, Core groups, Looked After reviews (LAR), Initial/Review Child Protection Conferences (ICPC/RCPC)). The receiving team must be notified of these dates at the point of transfer.

If a LAR or RCPC is due to take place within 1 month of case transfer, it is essential that invitations are drafted and issued to the receiving team.

If a Core group, LACR or RCPC is due to take place within 2 weeks of case transfer, it is essential that the transferring team attend the meeting and complete the meeting report.

Updating records prior to transfer and sharing information

Where a case is already receiving a service from CYPS, all cases transferred should do so with a clear outcome focussed plan held on the child's /LiquidLogic case. The plan must identify any specific needs, tasks and timescales required to prevent delay and drift.

The child's case record on LiquidLogic must be updated prior to case transfer, detailing key information to reflect the current family needs and risks. All relevant documents must be uploaded to Liquid Logic prior to transfer.

A case file checklist must be completed prior to the electronic case transfer ([Appendix A: File Transfer Checklist](#)) to ensure that essential documents are present and updated on LiquidLogic; for example; assessments, DSCP chronologies, S47 investigations, reviews. It is important that personal details for the Child/Young person, Family and professionals involved are also updated.

The transferring team must notify the receiving team of any significant information relevant to the case including the provision of finance / financial commitments which have already been approved by the transferring team (i.e. reimbursing contact expenses).

The transferring team must inform their business support staff that the case is being transferred to ensure appropriate permissions are granted to the receiving team to allow full access to the electronic case file record.

Where paper case files exist, files should follow within 5 working days.

Clearly defined case responsibilities

Where a case is already receiving a service from CYPS, every case transferred should undergo a case file checklist ([Appendix A: File Transfer Checklist](#)).

In instances where transferring teams retain some case responsibilities (i.e. during care proceedings); it is essential that practitioners work together and have a clear understanding of their roles and responsibilities. Agreements on who is responsible for tasks and deadlines should be set out during the transfer process and recorded on the Child/Young Person's case record.

Dispute Resolution

Following discussion between transferring and receiving teams, if agreement can't be reached on the suitability of a case transfer; a dispute must be raised within 24 hours and the respective Operations Manager must be informed for them to make a decision within 24 hours. The matter should be resolved within a maximum 48 hour timescale. A record of the decision must be stored on the Child/Young Person's case file.

Cases to be transferred from First Contact to OPS and FF

First Contact provides a contact, referral and triage function to professionals and members of the public who require early help or have a concern about a child. First Contact apply the 0-19yrs (including pre-birth) levels of need threshold document and use Durham Staircase of need to identify the most appropriate support for the family.

All new requests for a service from Durham Children and Young People's Service (CYPS) are made via First Contact Service. Where a case is already allocated to an OPS or FF Team, the transfer process should be followed.

Refer to [Appendix B: Transfer of Cases from First Contact](#).

Cases to be transferred from One Point Service (OPS) to Families First (FF) Teams

One Point Service (OPS) and Families First (FF) teams work closely to ensure that Families received the right support at the right time; transferring cases according to level of need. Weekly allocations meetings are used to discuss the stepping up/ de-stepping up(transfer) of cases.

In instances where a OPS professional/family member has safeguarding concerns which REQUIRE IMMEDIATE ACTION, it is not appropriate to delay action by waiting to discuss the case at a weekly allocation meeting. The professional/family member should act immediately and make a referral to First Contact detailing the key concerns and risks posed where the case can be considered under Durham Child Protection Procedures DSCP and case transfer, where appropriate, will be undertaken. All decision making and actions must be recorded on LiquidLogic.

Where cases DO NOT require immediate safeguarding action and are identified for transfer between One Point and Families First, the Lead Practitioner should discuss case transfer with relevant TAF practitioners, Family Members and TM/SWC. A record of all discussions and rationale should be kept on the child's file including what Where cases DO NOT require immediate safeguarding action and are identified for transfer between One Point and Families First, the Lead Practitioner should discuss case transfer with relevant TAF practitioners, Family Members and TM/SWC. A record of all discussions and rationale should be kept on the child's file including what additional support is required and why transfer (stepping up/ de- escalation) is recommended and in particular what the receiving service needs to offer.

Cases should then be considered within the allocation meeting which should be held on a weekly basis by all FF Teams and OPS area managers. This meeting is an opportunity for practitioners to meet and discuss cases identified for transfer. The Lead professional should provide information to assist in decision making and include an up to date review of the case which includes the family level of need, support which has already been offered, what needs are outstanding and what additional services are required. This meeting will agree a course of action and if case transfer is agreed. In all cases, a record of discussion, rationale for decisions, parent and child views must be made and stored on the child's case file.

[\(Refer to Appendix C: Stepping up of a Case from OPS to FF and Appendix D: Transfer of Case within FF to OPS\).](#)

When stepping down a case from FF to OPS – [Appendix E: Stepping down Form](#) must be completed and stored on the child's case file.

Triggers for case transfer from Families First (FF) to Looked After Service (LAC service)

✓ Permanent Care Plan of Long Term Foster Care

Where a Child or Young Person has a permanent care plan, ratified within a Looked After review, to remain as a Looked After child in the care of the Local Authority – the case should be transferred to the Looked After.

A referral should be made to the LAC service and sent to the group email. The LAC and FF/CP Team Manager will hold a transfer meeting within 5 working days and identify tasks which will be completed prior to case transfer. A transfer date is agreed and electronic transfer must take place on the agreed date.

✓ Care Plan of Adoption (request for CPR)

Where a child is receiving a service from the FF team and the care plan is twin track or adoption – the FF team must present the child's case to the Legal panel

Child Permanence Report (CPR) is required by the Agency Decision Maker (ADM) to inform the decision on a plan of adoption. The CPR's are completed by the Looked After & Permanence Team 3 (LAC 3).

The FF team must plan accordingly to ensure that the request for CPR is submitted with sufficient time for completion of the piece of work. It is the responsibility of the FF team to book an ADM decision date in accordance with the Court timetable.

- a) The Request for CPR must be at least 8 weeks prior to the CPR being due for Quality assurance.
- b) Quality assurance must take place 4 weeks prior to ADM.

A request for a CPR form should be completed and sent to via email to the LAC group email.

The receiving LAC3 Team Manager and respective FF Team Manager will meet and discuss the case including deadlines for the CPR. If agreement is reached that the task will be allocated to LAC3, the LAC3 Team Manager will email the FF Team Manager and allocated Social Worker with confirmation of the worker appointed including the agreed deadlines and ADM date.

The LAC3 Team Manager will add the appointed worker for the CPR as a provision to LiquidLogic

The FF team retain case responsibility for all statutory work on the case until the care proceedings have concluded. This will include statutory visits, arranging and attending LAC reviews; updating assessments and completing necessary court work.

The CPR will commence by the LAC3 team and completed in accordance with agreed timescale. As part of the completion of the CPR, the LAC3 worker will visit the child and placement; continue to complete direct work with the child; complete life story work and continue with family finding.

It is therefore important that the allocated FF Social Worker and LAC3 co-worker completing the CPR, maintain good communication and attend joint meetings such as Looked After Reviews and Care Team Meetings.

The final hearing and completion of the care proceedings is the case transfer point.

In preparation for Case transfer, a meeting will be held between the transferring and receiving team managers to discuss the case and agree any specific actions.

A child subject to a Care Order at home (under Placement with Parents)

If a child or young person's final plan is a Care Order at home, the case should remain with the FF Team for one year post the Order being granted. The FF Team will regularly review the case in accordance with Care Planning regulations and where appropriate apply to revoke the order.

If the child's care plan remains appropriate and no application to revoke the Order is made after 12 months, the case must transfer to the Looked After Service. A referral should be made to the LAC service and sent to the group email.

Triggers for case transfer from Families First (FF) to Young People's Service

The YPS also support Children and Young People in need (at Level 4 on the continuum of need) where they are aged 16+years and have completed Year 11 at school (30 June each academic year). Some work is transferred to YPS directly from First Contact for example, support to unaccompanied asylum seekers, Concerns relating to Child Sexual Exploitation, Young People experiencing mental health problems, Young People on remand and Young People at risk of or experiencing homelessness.

In some instances, cases are transferred from FF teams to the YPS. It is preferred that if a young person is subject to a family plan with younger siblings within a Families First Team, the case should remain allocated to FF team. If the young person's needs are clearly different to the family such that these would be better met by services and support from the YPS; consideration should be given to the Young Person's case being transferred from FF service to YPS or OPS.

✓ When a Young Person is NOT a Looked After child;

The case can transfer to the YPS once he/she reaches 16 years old and has completed Year 11 of statutory education (30 June).

It is important that YPS are alerted at the earliest opportunity by the transferring team that transfer is likely to agree a case discussion date and allow the team to plan for case allocation.

It is recommended that planning for case transfer commences at the Easter Holidays (April) of Year 11 in readiness for transfer in June that year.

Where possible the transferring team will ensure that the YPS and/or appropriate One Point Service are invited to all TAF's meetings scheduled for the family during the final school term (April, May and June of Year 11).

A TAF meeting must have taken place prior to the 30 June in readiness for transfer. The Team Managers in both services should be notified of the planned meeting date with at least 3 weeks' notice so, where appropriate, a member of staff can be allocated to attend.

The meeting will consider the current care plan for the whole family and also look specifically at the needs of the young person about to leave year 11. Depending on the support needs of the young person a decision will be made at the meeting, with the family and ideally the young person present, whether the YPS or the One Point Service is best placed to meet the needs of the 16 year old young person.

The appropriate service will then become an active part of the TAF (if they are not already) to specifically meet the needs of the young person whilst the rest of the care team continue to meet the needs of the rest of the family. YPS will only work with the young person leaving year 11.

The Lead Professional for the family will continue to have responsibility for ensuring that the needs of all other children in the family are met, as well as arranging regular TAF meetings and inviting the relevant support services for the young

person. The principle of one family plan and one TAF meeting should continue unless it is not in the interests of the young person to do so.

✓ ***When a Young Person is a Looked After child;***

When a child/Young Person **IS** Looked After and has a permanent plan approved; the case can transfer to the YPS once the young person reaches 15 years old. An alert should be sent via email to by the transferring team to the YPS at the earliest opportunity to notify the YPS that the case can be considered for transfer. The decision to transfer must take into account the young person's best interests. If there are specific reasons not to transfer; this must be agreed by Operations Managers of both services.

To progress case transfer: a case transfer meeting should be arranged between the transferring Team and YPS (preferably face to face, if not possible via telephone). All Looked After Young People must have an allocated to a Social Worker. When any Looked After Child reaches the age of 15 and a half years, Young People's Adviser from the Young People's Service will become involved, if they are eligible to services under the Children (Leaving Care) Act 2000. This is to ensure that the young person receives the services to which they are entitled under the above Act, and this includes the formulation of their Pathway.

Case allocation to the Families First Children's Disabilities 0-18yrs

Please refer to the **Operating Procedure plus Eligibility Criteria for the Children/Young People with Disabilities Families First Team 0-18 years.**

The Families First Children's Disabilities Team (FF) works specifically with Children and Young People age 0-18 years old, who have a substantial learning or physical disability or a diagnosed serious health condition that will impact significantly on his/her development.

Where the Child / Young Person has a sibling(s) receiving a service from another FF team; allocated professionals must work together, regularly share information and hold joint TAF/care team meetings.

Referrals to the 14-25 Navigation Team from Children's Social Care Teams

The purpose of the 14-25 Navigation Team is to transfer the children's social care provision into adult services provision. New referrals for young people under 18 years of age are assessed by Children's Services and referred to the 14-25 Navigation Team if the need for statutory support into adulthood is identified.

Referrals can be made from the child's 14th birthday via Team Manager to Team Manager for discussion.

Team Manager / Assistant Team Manager from the 14-25 Navigation Team will consider the need for screening assessment following referral to determine the need for intervention / eligibility for service. The outcome of the referral to be recorded on Liquid Logic.

If a child will not need adult support services in the long term the Navigation Team can act as a point of advice and support for children's workers requiring advice on the Mental Health Act or Mental Capacity Act.

Practitioners from both Children's Services and the 14-25 Navigation Team will be a part of the care team arrangements around the young person and their family until the young person reaches 18 years of age which will support this coordinated approach.

The Statutory responsibilities for children remain with Children Service's until the child reaches 18 years.

Services will work together within a multi-agency care team model with the young person's childcare social worker acting as the lead professional until the young person reaches 18.

The work across the two teams will be integrated to ensure that young people and their families have an experience of one coordinated assessment process and one care plan which incorporates the work and the thinking of the integrated care team arrangement.