

Case Transfer Protocol Children's Social Care and Early help

This policy focuses on the procedure for those families who may need to either 'Step Down' from having a Social Care involvement to having Targeted Early Help support or to a single specialist, targeted or universal service or 'Step Up' to Children's Social Care involvement from Targeted Early Help support where there are safeguarding concerns or increasingly complex needs.

Key Principles:

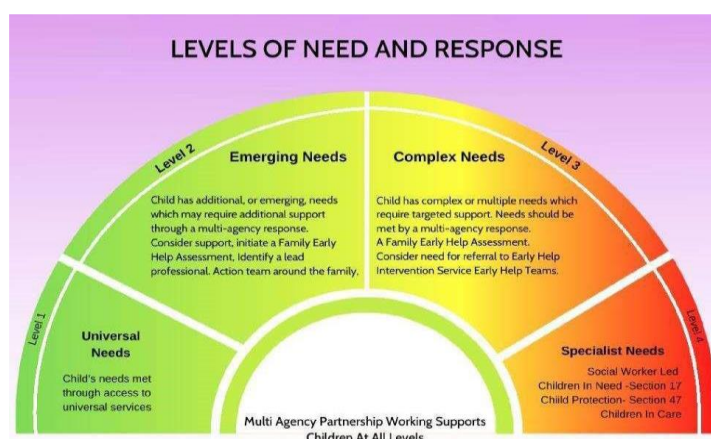
- Children and families should not have to tell their story more than once and should be clear about who is providing support.
- The transfer of information is done seamlessly and without delay to ensure families continue to feel supported.
- Good communication between MASH/Assessment and CIN/CP teams and Targeted early help.
- Children and families receive the right support at the right time from the right people.

Working Together 2018 emphasises the crucial role of effective Early Help and highlights the collective responsibility of all agencies to identify, assess and provide effective Early Help support:

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Early help can also prevent further problems arising.

Effective early help relies upon local organisations and agencies working together to:

- *identify children and families who would benefit from early help*
- *undertake an assessment of the need for early help*
- *provide targeted early help services to address the assessed needs of a child and their family which focuses on activity to improve the outcomes for the child*



Remember that Early Help is an offer and requires the consent of the family.

Stepping Down from Children's Social Care to Early Help

With any level of children's social care involvement, it is important that early help is actively considered **before** closure. Agencies will work together with the family, towards effecting change and offering support. Children must not be stepped down to early help support merely so that they can be 'monitored'. There must be an identified need(s) that continues to require support through an early help response.

1. Stepdown from MASH to partner-led family early help assessment and co-ordination of a team around the child.

Where the outcome of the referral screening is that the family would benefit from a partner led plan of support, at level 2 or 3, the referral can be closed and an early help recording form opened. The early help co-ordinator will then:

- In conjunction with the family, identify an appropriate lead professional (e.g. teacher, Health Visitor etc.) and agree the plan of support required.
- Contact the proposed lead professional to communicate the need for support and provide them with the recommended plan which can be used to initiate an early help assessment and team around the child and family meeting, offering support with regards to other agencies who may be included.

Closure will then continue (see point 5)

2. From Assessment Teams (upon completion of a Single Assessment)

When the recommendation from the Single Assessment is Early Help, the allocated Social Worker will ensure the family have given informed consent to early help support and have seen the assessment and agreed to the proposed early help plan.

The social worker will identify with the family who they would ideally most like to be the lead practitioner and discuss this with the relevant practitioner to communicate the need for support – sharing the details of any other agencies involved and of the proposed plan.

Closure will then continue (see point 5)

3. Step down from Safeguarding and Interventions (Child in Need – CiN and Child Protection – CP)

A review Child In Need (CiN) meeting or Review Child Protection Conference (RCPC), including the family and all relevant professionals will be held. The proposed Early Help Plan will be shared and agreed with the family. Ensure that there is clear evidence of what the outstanding areas of need are and what the SMART, multi-agency plan is to address these.

Prior to that meeting, the social worker will need to identify, in conjunction with the family, a proposed lead practitioner to attend the final meeting. This is to ensure that the identified Lead Professional understands the reasons why continued support is required. It will also provide an opportunity for the Lead Professional to meet with the family and other relevant agencies together and confirm that the family consent to the early help intervention.

Closure will then continue (see point 5)

4. Request for Additional Services

If a single assessment, Child In Need plan or Review Child Protection Conference identifies that additional support is required through the Targeted Intervention Service and the family have consented to this, the request is to be brought to the weekly transfer meeting at the earliest opportunity and prior to closure to CSC to discuss the referral and ensure it is appropriate. At this meeting a child and family support practitioner will be allocated and a time frame for transfer identified.

Once agreed, the following actions should be taken to ensure a smooth transition for the family from children's social care to Targeted Early Help Support:

- If stepping down following the completion of a section 17 Single Assessment, the allocated Social Worker will ensure that the assessment has been shared with the family and a proposed plan is agreed. A joint handover meeting with family, the allocated Child and Family Support Practitioner will be arranged and completed within 5 working days of the completion of the assessment to discuss the ongoing Early Help plan and intervention. The social worker will notify the team around the child of the proposed plan and allocated Child and Family Support Practitioner.
- If not already completed at the point of the CiN/ RCPC step down meeting, a Child and Family Support Practitioner will be identified and a hand over visit completed with the family, the social worker and allocated support practitioner within 5 working days of the step down to go through the proposed plan of support together. The social worker will notify the team around the child of the proposed plan and allocated Child and Family Support Practitioner.

The closure process can then be completed as per point 5.

In all cases, an ending visit should be completed with the family and an endings letter provided for the child/ young person prior to the allocation ending.

5. Social Worker/ Manager to initiate Case Closure process

In all cases, the lead practitioner's details should be added to the Professional Relationships on the person summary screen.

MASH:

The early help recording form is closed following manager oversight once a lead practitioner has been identified and has been recorded.

An early help assessment work step will be started by the supporting families team once the completed assessment has been received.

It is the responsibility of the partner-agency to submit all completed early help assessments and Team Around the Child and Family meeting records to the Supporting Families Team – supportingfamilies@york.gov.uk. It is important that agencies are reminded of ensuring this is completed.

Where additional support is required from the Targeted Intervention Service, Section 2 the early help recording form should be completed highlighting the support required and assigned to 'advice team duty worker' for allocation by the Practice Managers.

Single Assessment:

A next action of 'Signpost to Children's Advice Team' should be added to the Single Assessment, select 'Assign to me' and then finish by selecting the green tick.

This will workflow to an Early Help Recording Form. Ensure it is clear in Section 2 of the early help recording form what the plan is or direction to where the proposed plan can be found and who the lead professional will be. This will be pulled through from the analysis section of the single assessment so can be included in there.

For partner-led early help support: This can then be assigned to 'Partner led EHA'.

For Targeted Intervention: This should be assigned to 'advice team duty worker' for allocation by the Practice Managers.

Child In Need/ Child Protection:

In the Child in Need Meeting Record / RCPC record of meeting, a next action of 'Close Case to Children's Social Work Services' should be added for each child to generate a closure record.

***Please note that a next action of 'Signpost to Children's Advice Team' should NOT be added to the next actions as this will not generate a closure record*.**

Section 2 of the early help recording form should be updated to include the Summary of CiN interventions, the recommended plan of support (or direction included as to where the plan can be found – i.e. CiN meeting record etc) and the name of the lead practitioner

This can then be assigned to 'Partner-led EH'

The Lead Practitioner is to ensure future TAC&F meeting records are submitted to the Supporting Families Team.

This should then be assigned to 'advice team duty worker' for allocation by the Practice Managers.

Pathways Service:

Pathways workers will reassess support needs for our young people as they approach 21 years old to see whether they require continued support. For some, they don't and the case is stepped down and there is an offer for them to receive a duty service until 25 years old.

For others Pathways will stay involved up until 25.

Stepping up from Early Help Interventions

Family circumstances and needs can change. There will be occasions when there are concerns that the levels of risk and/ or need are increasing and it is not possible to respond to a child's needs through Early Help Services.

When concerns are raised or the Early Help plan is not progressing then this should be discussed with the family and key professionals involved, usually within the form of a TAC&F however sometimes concern are immediate and require immediate action.

Should agencies feel the needs of the family are best served by Social Care the following action should take place;

- If allocated worker is a partner lead professional, this individual should submit referral to MASH for appropriate screening. Decision on next steps will be made within 1 working day by MASH.
- If allocated worker is from targeted Early Help, this worker will coordinate a discussion with the assessment service manager on duty to decide next steps. Should transfer be accepted referral by Early Help worker should be submitted to MASH outlining the discussion and decision on allocation. Family will remain open to Early Help for 10 days post allocation to social care, ensuring adequate time for joint visit to introduce social worker to the child and family.

If the early help intervention has been after a stepdown from CIN/CP and is within three months this should return to the previous social worker.

If a child protection concern is raised practitioners should refer without delay to the MASH

There will also be times when children and families supported by Targeted Early Help, may not progress, or deterioration may occur, or the family experiences other changes which may bring possible risks or vulnerabilities. At these times, the Early Help Child and Family Support Practitioner may require the advice of a Social Worker. In those circumstances, practitioners will need to have had a discussion with their line manager to ensure management oversight initially. Following discussion, if agreed, Practitioners are then encouraged to seek advice from a social worker through MASH and refer if necessary. **This should always be discussed with the family prior to making a safeguarding referral unless in doing so, the risk to a child or young person would be increased.**

DRAFT