

# Services for Children, Young People and Families

## PROTOCOL FOR CASE RESPONSIBILITY AND TRANSFER OF CASES IN CHILDRENS SOCIAL CARE

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1. This protocol covers the following case transfers:
  - MARAT to Children with Complex & Additional Needs Team (CAN)
  - MARAT to Area Family Support Teams
  - MARAT to Adoption Team
  - MARAT to Family Placement Team
  - Area Family Support to Adoption
  - Area Family Support to Permanence
- There are three key transfer principles to be adhered to. Firstly there is the principle of 'no delay'. Transfers should be timely, ensuring that children/families receive support with no gap in service provision. Delays can result in children not being effectively safeguarded, families reaching crisis point and children waiting longer than is necessary to achieve permanence.
- Secondly, there is the principle of 'sharing of information'. It is essential that good quality transfer summaries are completed that provide a clear analysis of a child's needs and a risk assessment. The level of information sharing will be dependent upon the nature of the case but where the case is complex, for example a child protection case or a case transferring from Area Family Support to either the Adoption or Family Placement Team, information should be shared not only by transfer summary but through discussions and/or meetings.
- Thirdly, there is the principle of 'good order' in respect of case files. This relates to the electronic record. All files must be up-to date at the point of transfer and have been checked and authorised by the Operation

Manager/Area Team Leader. All forms must have been signed by the relevant parties and dated. Personal information must have all sections completed, including ethnicity (if known), sibling details, names, addresses and telephone numbers of involved professionals, including school details.

2. The following list details forms that should be on file, this list should not be viewed as exhaustive:

- Contacts
- Referrals
- Key information
- Chronology
- Child & Family Assessment
- Child's Plan
- Strategy Discussion
- Strategy Meeting Minutes
- Outcome of S47 Enquiry
- Three-month Summaries
- Transfer Summary
- Case Notes
- LAC documentation, including signed medical consent
- Child Protection Agreements
- Letter/e-mail to referrer (MARAT)
- Report for Initial Child Protection Conference/Single Assessment
- Child Protection Case Conference Minutes
- Placement with Parent Regulations Report and Approval from Director
- Parenting Assessment
- Birth Certificate
- Court Orders e.g. Care Order, Placement Order
- Reg 24 Approvals
- PEPs
- Legal Planning Meetings

### 3. **MARAT**

- The role of MARAT is to accept referrals, undertake child and family assessments, S47 Enquiries and undertake assessments in child protection cases.

### 4. **MARAT / CAN**

When MARAT accepts a referral on a child who clearly meets the criteria for an assessment for services from the CAN Team, a child and family assessment should be launched and the case immediately transferred. The MARAT Duty Desk social worker will contact the CAN Ops Manager/Area Team Leader by phone/email to advise that a case has been transferred and requires allocation. The CAN Team will complete the child and family assessment and make the decision as to whether a social care service is to be provided.

5. Should the referral received by MARAT clearly indicate that a S47 enquiry may be required a discussion should take place immediately between the MARAT and CAN managers to plan the way forward.
6. S47 enquiries in respect of all children with disabilities allocated to MARAT will be undertaken jointly by MARAT and the CAN Team. This is to ensure that the S47 is conducted with the required level of skill and knowledge in respect of disability. Where the case is not known to the CAN Team or has been known but has been closed for over 8 weeks the case will be allocated to a MARAT worker who will take the lead in the S47 enquiry.
7. Should the case proceed to an Initial Child Protection Conference (ICPC) the MARAT worker will write the report for conference by undertaking the child and family assessment with assistance from the co-worker, particularly in respect of issues relating to disability. At the point of conference the MARAT worker will withdraw from the case and the case will transfer to the CAN Team if there is to be continued social care involvement.
8. Where a referral is received on a child with a disability which indicates that a S47 enquiry is required **and** the case has been closed within the last 8 weeks, the case will be transferred to the CAN Team who will undertake the S47 enquiry. The Duty Desk social worker will contact the CAN Team Ops Manager/Team Leader by phone to advise of the referral which is being transferred and requires allocation. If required, the CAN Team manager can ask for advice and support from the MARAT manager. This applies not only to this situation but in all circumstances where a S47 enquiry is to be undertaken on an open case to the CAN Team.
9. **MARAT / Area Family Support Teams (AFST)**

### ***Child in Need***

In certain circumstances cases will transfer from MARAT to the AFST on receipt of the referral. These are as follows:

- Where a referral is received on a case that has been closed by the AFST within the last 8 weeks the case will be transferred to the AFST. MARAT will launch a child and family assessment and transfer the case. The AFST will complete the child and family assessment and make the decision as to whether a social care service is to be provided.
- Where a referral is received from the courts requesting either a S7 or S37 report or a report for a Special Guardianship application the case will be transferred. In these cases MARAT will complete a child and family assessment and transfer to AFST.
- Where the AFST has requested that a referral be raised on a sibling of a child that is already an open case to the AFST. MARAT will complete the

referral and launch the child and family assessment and immediately transfer the case. The AFST will complete the child and family assessment and provide a social care service. In the first two of the above situations, the MARAT Duty Desk social worker will contact the AFST Ops Manager/Area Team Leader by phone/email to advise that a case has been transferred and requires allocation.

10. In respect of other Child in Need cases these should transfer to the receiving AFST within **5 working days** following the completion of the child and family assessment by MARAT.
11. The MARAT social worker on completing the child and family assessment has **2 working days** in which to complete all recording and present the case to the Manager/Deputy Manager for sign off. A letter/e-mail should be sent to the referrer outlining the action taken on the case.
12. On receipt of the case for sign off the MARAT Manager/Deputy Manager should send an e-mail to the AFST Ops Manager/Area Team Leader advising that a case is due for transfer in **2 working days**, completing Transfer Summary (which includes the analysis from the child and family assessment and a risk assessment) and, the Child's Plan. If there are any issues that require clarification the AFST Ops Manager/Area Team Leader should contact the MARAT social worker to discuss. Any issues with the quality of the work undertaken should be discussed with the MARAT Manager/Deputy Manager.
13. The AFST Operations Manager/Area Team Leader will e-mail MARAT with the name of the worker that the case is to be allocated to **within 2 working days**. The MARAT social worker will advise the family in writing of the name of the new social worker and their contact details. Whenever possible, in line with best practice, the MARAT social worker should undertake a joint visit with the new worker to introduce him/her to the family and the date of the visit given in the letter.
14. Following the e-mailing of the Transfer Summary to the AFST and within the 2 working day interim period, should a crisis arise within the family that requires social work intervention a joint visit should be made by the MARAT worker and a worker from the AFST. The decision as to what action should be taken should be made by the AFST as they will be taking responsibility for the case from this point onwards. MARAT will transfer the case from this date.
15. It should be noted that where there is more than one child in the family a child and family assessment will be completed on all of the children. Where on-going support is required for the family all the children will be transferred to the AFST. The AFST will then make the decision once further work is undertaken with the family as to whether it is necessary for all the children to remain open.
16. The AFST will convene a Family Support meeting **within 15 working days** of the completion of the child and family assessment and invite the MARAT

social worker to attend. If it has not been possible to undertake a joint visit then the MARAT social worker should attend the Family Support Meeting to ensure that there has been a seamless transfer process. An e-mail invitation should be sent to the MARAT social worker and the MARAT Manager/Deputy Manager should be copied in.

17. Where it is not possible for the AFST Manager to allocate the case immediately due to caseload pressures, the AFST Manager must write to the family advising them of this fact and that the situation will be reviewed on a weekly basis and if it has not been possible to allocate a worker within a month that they will write again. Unallocated cases must be reported to the Head of Service on a weekly basis who in turn will advise the Joint Director (Social Care Lead).
18. In Child in Need cases where it is border-line child protection, the MARAT manager should advise the AFST Manager of the reasons as to why the case has remained as child in need and not been taken down the S47 enquiry route. In these cases the MARAT manager must ensure that there is a robust Child's Plan, the AFST manager should ensure that the case is allocated as a matter of priority and both should ensure that a joint visit by the allocated workers is made without delay.

### ***Child Protection***

19. Where a multi-agency strategy meeting is to be held the relevant AFST Ops Manager/Area Team Leader should be invited by e-mail to attend to gain information and be part of the decision making process. The AFST's Duty Business Support Assistant should be copied into the e-mail.
20. Child Protection cases should transfer to the receiving Area Family Support Team at the point of the Initial Child Protection Case Conference. The AFST Manager or Area Team Leader should attend the ICPC, if this is not possible a Senior Practitioner should attend. The case should be allocated to the new AFST worker at ICPC and best practice would be for this worker to be present at the ICPC if possible.
21. Where referrals are made from other local authorities requesting a transfer-in conference of child/children who are subject to a multi-agency child protection plan (CPP) and now resident in Trafford, MARAT will accept the referral and complete a child and family assessment based on the information received. The Duty Desk social worker will request that the child/children are placed on the temporary list of children with a CPP in the area by the Safeguarding Team and that letters are sent out notifying all relevant agencies. The case will then be transferred to the receiving AFST and the Duty Desk social worker will contact the AFST Ops Manager/Area Team Leader by phone to provide details of the case that has been transferred and requires allocation. The MARAS Business Support Officer will liaise with the AFST Manager/Senior Practitioner and the other Local Authority in order to arrange the transfer-in conference.

### ***Cases involving Legal Action***

22. Where MARAT initiate care proceedings and seek an Emergency Protection Order in respect of a child, the MARAT worker will maintain case responsibility until the first directions hearing/application for an Interim Care Order or till the ICPC, whichever is the soonest, when the case will be transferred to the AFST.
23. The MARAT Manager/Deputy Manager must advise the Head of Service, Central AFST (and Lead for Social Care) that an EPO has been granted or is being sought at the earliest opportunity and the AFST Manager must allocate a worker as a matter of priority. The allocated workers will both attend the first directions hearing and the ICPC. The MARAT worker will give evidence to the court if required and prepare the report for conference.

### ***Children who become Looked After (S20)***

24. Where children are accommodated by MARAT and there are no child protection concerns, the case will be transferred at the 72 hour Planning Meeting or completion of the Child and Family Assessment (whichever is the soonest).
25. In cases where the child is accommodated and is to be the subject of an ICPC the case will transfer to the AFST at the 72 hour Planning Meeting but the MARAT worker will remain involved and co-work the case. The MARAT social worker will be responsible for writing and presenting the report for the ICPC. Both workers should attend the ICPC.

### **MARAT / Adoption / Family Placement Team**

26. When MARAT receives a referral from either a person expressing a wish to adopt or from a person wishing to be assessed for a 'partner adoption' a child and family assessment should be launched and the case immediately transferred to the Adoption Team. The MARAT Duty Desk social worker will contact the Adoption Manager/Senior Practitioner by phone to advise that a case has been transferred and requires allocation. The Adoption Team will complete the child and family assessment and make a decision as to whether the case will receive a service.
27. Should a referral be received from a 'relinquishing parent' MARAT will allocate a worker to complete the assessment. The MARAT Manager/Deputy Manager will contact the Adoption Team Manager requesting a co-worker in order that the assessment is conducted and intervention/support provided is undertaken by workers with the required skills and knowledge. Given the nature of this referral it is acknowledged that these cases may remain with MARAT longer than is usual, as the decision as to whether the case should be transferred to the Adoption Team or a AFST is dependent upon the parent making an

informed decision as to the way forward and they must be allowed time to consider their options fully. Should the child become accommodated whilst allocated to MARAT and contact arrangements are required support from the Family Aide in the Children in Care Service should be sought via the Adoptions Manager. If the case is to be transferred to AFST the procedure detailed in paragraphs 11-14 should be followed. If transferring to the Adoption Team the MARAT social worker should complete the recording within **2 working days** of the transfer decision being taken and the case then transferred to the adoption worker who has acted as co-worker.

28. Any referrals from individuals expressing an interest in fostering should immediately be referred to the Family Placement Team. The FPT should be notified **immediately** of the referral by the Duty Desk social worker, that the case has been transferred and requires allocation. The FPT Duty Social Worker or FPT Recruiter must make contact the same day with the referrer. The FPT will complete the child and family assessment and make a decision as to whether there should be a full assessment.

### **Area Family Support / Permanence**

#### ***Children who are Looked After (S20)***

1. Where there is a Care Plan for the child to remain 'looked after' on a long-term basis the case should be transferred to the Permanence and Transitions Team (PTT). A plan for permanence should be considered at the child's second LAC Review.
2. The case should be transferred from AFST to PTT **within 2 weeks** of the LAC Review. This allows time for the AFST worker to get the electronic file in 'good order' for transfer, for the AFST Manager to check and sign off the file and for the AFST and PTT workers to undertake joint introductory visits to the child and parents.
3. Prior to transferring the case the manager of the Permanence and Transitions team will be invited to meet with the relevant Area Family Support Team Manager to share information about the case and to plan the process of the case transfer.

#### ***Children subject to Care Proceedings***

4. Planning for case transfer should commence at the first hearing for an Interim Care Order. The AFST Manager should advise the PTT Manager that a case is in proceedings and may be transferred at some point in the future. This in effect acts as an early warning for PTT and assists with caseload planning.
5. The AFST Manager should ensure that the PTT Manager is invited to the Interim Review Hearing in order for transfer planning to continue.

6. **Within one month of the final hearing taking place** the PTT Manager will name the worker who is to be allocated the case on transfer and notify the AFST Manager.
7. **Within 2 weeks of the final hearing being held** the case should be transferred. This allows time for the AFST worker to get the electronic file in 'good order' for transfer, for the AFST Manager to check and sign off the file and for the AFST and PTT workers to undertake joint introductory visits to the child and parents.
8. It should be noted that if a Placement with Parents Report is to be completed post-final hearing the case should remain with the AFST until this has been completed, approved by the Director and the child/children placed with the parent(s). The case could then be transferred **within a 2 week period** as above.

### **Area Family Support / Adoption Team**

9. Where a case is considered suitable for twin-tracking the AFST Manager should e-mail the Adoption Team Manager providing basic details. The managers should then arrange a suitable date to meet in order to share full information. The Adoption Team Manager will allocate a co-worker **within 10 working days** of this meeting.
10. Once the Placement Order has been granted the Adoption Team Manager will accept transfer of the case and allocate a worker. The AFST worker will withdraw from the case at this point.
11. **Within 2 weeks of the placement order being granted** the case should be transferred. This allows time for the AFST worker to get the file in 'good order' for transfer and for the AFST Manager to check and sign off the file.

### **Conflict Resolution**

12. It is expected that there will be few occasions whereby there will be the necessity for conflict resolution in relation to transfer. However, there may be instances where the receiving -in team is not in agreement with the decisions that have been made on the case prior to transfer.
13. In such situations discussions should take place between the respective team managers involved in the transfer process but transfer must not be delayed. Any concerns held should be discussed within one week of transfer. It is not acceptable for these concerns to be raised at some later point.
14. Where managers cannot resolve the issue i.e. acceptance of decisions taken, the matter should be referred to their respective Heads of Service. The Heads of Service will review the case, make findings, and, make recommendations where required.

15. Where the case file remains incomplete beyond the final agreed date this should be referred to the relevant Heads of Service who will take steps to make sure the task is completed **within 5 working days without exception.**

### **Quality Assurance**

16. The internal auditing of Social Care practice is an integral part of the Quality Assurance system to assess the progress of delivering services to Children and Young People in Trafford and contribute to a greater understanding of the quality and effectiveness of Frontline Service and provision on an ongoing basis.

### **Monitoring and Review of Protocol**

17. Adherence to this protocol will be monitored through the Case File Audit. The protocol will be reviewed on a 6 monthly basis by the Heads of Service to ensure that the transfer principles are being upheld.