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CHILDREN'S SERVICES

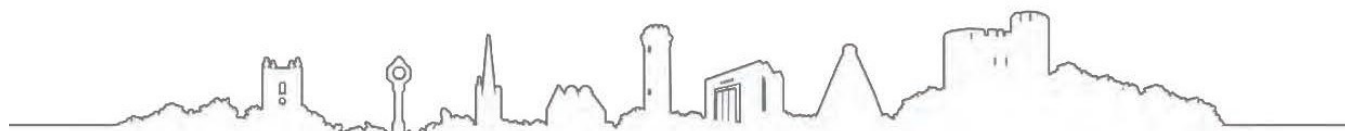


Centre for Professional Practice

Dudley Social Care Transfer Protocol

August 2023

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In February 2023, Dudley Safeguarding People Partnership (DSPP) launched the revised Support Level Guidance and Framework. This guidance underpins our local partnership's vision to provide families with the 'Right Help at the Right Time and in the Right Place', using a whole family approach to supporting families along a continuum of need. The focus of the framework is on the early identification of emerging needs; helping children and families at the lowest level of professional intervention possible and meeting needs outside of statutory safeguarding processes, where it is appropriate to do so.

Transfer processes within Dudley Children's Social Care reflect these principals, as well as our Restorative Strengths-Based Practice Framework. We know that if we work with families in relational ways, keeping children at the heart of decisions that affect them, we can enable families to solve their problems earlier and be more effective in ensuring that professional intervention is timely, appropriate and proportionate.

This guidance covers:

1. Overarching Principles.
2. Role and decision-making in the Children's Front Door
3. Transfer between service areas.
4. Step up/down processes.

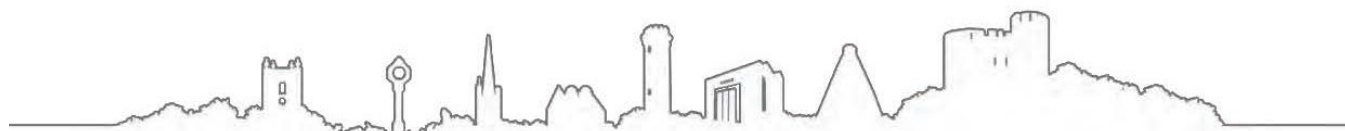
1. Overarching Principles

- **Child and Family Focused**

The primary consideration for the transfer of children between service areas is the principle of 'Right Help at the Right Time and in the Right Place'.

- **Principal of No Delay**

The transfer will not cause delay to social work intervention with families.



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- **Flexibility of approach**

The protocol must be used flexibly and with discretion between services; involving professional judgment, cooperation and effective communication between Team Managers and the teams they manage.

- **One Service**

Standards of service delivery across Children's Social Care are the responsibility of all managers and practitioners. The successful transfer from one team to another is dependent upon both the current allocated team and the receiving team being aware of and adhering to expected standards. It is the responsibility of both the current allocated team's Team Manager and the receiving team's Team Manager, to ensure the case transfer protocol is adhered to.

Team Managers have responsibility for seeking speedy resolution of any disputes. If disputes cannot be resolved, only then should the relevant Service Managers be involved to mediate and make decision.

Casework responsibility will not be relinquished until the agreed handover date, which should ideally take place at key relevant points in the child's journey; for example, a statutory review for a child in care.

It is the responsibility of the holding team to advise the child/ren, family and involved professionals of the transfer process. As far as possible, a joint meeting and introductions should be made to the child/ren and family.

Financial arrangements will be notified formally to receiving managers as part of the handover information.

2. Decision-Making in the Integrated Front Door

Where a professional or member of the public is seeking help and support for a family or has concerns regarding the welfare of a child, they should contact the Children's Integrated Front Door using the Children's electronic portal or directly via telephone.



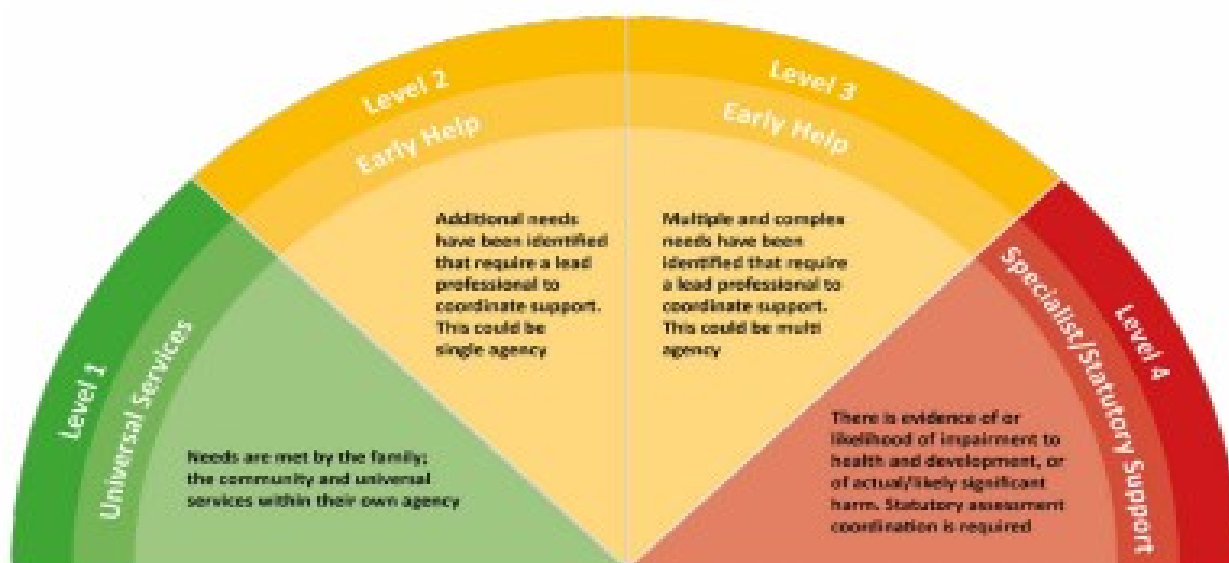
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The Integrated Front Door will process all new Contacts about children and young people and will make a decision regarding the level of professional intervention required to meet the family's needs. Integrated Front Door decision making is in accordance with the 'Dudley Level of Need Guidance and Framework'.

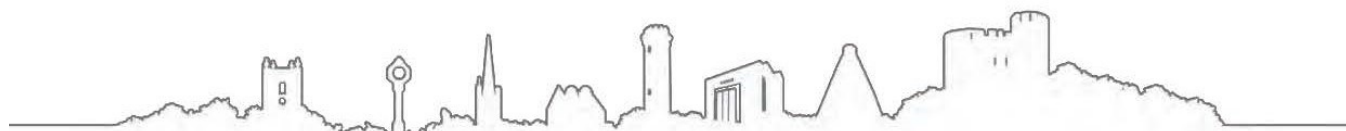
Decision-making in respect of young people where there are exploitation concerns will also include discussion with the Adolescent Safeguarding Team Manager on duty. This will include screening of the exploitation screening tool provided at point of referral.

Dudley Support Level of Need Framework & Indicator Guidance



Level 1 Universal Services: Children and young people whose needs can be met by universal services such as schools and healthcare services, alongside the love, care and protection of parents and carers. Referrers will be provided with advice and guidance, signposted to other services where appropriate and the Contact closed.

Level 2 Additional Support: Children, young people and their families have additional needs that can be met through a single agency assessment and plan. Referrers will be provided with advice and guidance, signposted to other services where appropriate and the Contact closed.



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Level 3 Early Help Targeted Support: Children and families have multiple and complex needs and will require services to work together in a co-ordinated way to assess, plan and work directly with them. A lead professional is required to co-ordinate the multi-agency assessment and plan.

The Integrated Front Door will decide whether the needs of the family can be met by partnership-led support, assisted and supported by one of Dudley's five township-based Family Hubs, or whether bespoke family support, usually of a more intensive nature is required.

A) Level 3 Partner/Family Hub led Targeted Early Help:

Where it is appropriate for a partner agency to hold the lead professional role, the referring agency will be asked to complete an Early Help Assessment via the Early Help Portal. The Family Hub in the area where the child resides will then review the Assessment and explore opportunities for multi-agency support. This may include discussion and review at the MAAM, [Multi-agency Action Meeting]. Families who are open to support in the Family Hubs are not open to Children's Social Care and will require a new Request for Help and Support to be made to the Integrated Front Door if new concerns arise and professional worries escalate.

B) Level 3 Social Care led Targeted Early Help:

Where the needs of the child/ren and family are such that a more bespoke and intensive approach to support is required, the Front Door will transfer to the Targeted Early Help Team in the locality where the child resides. The Targeted Team is responsible for completing the Early Help Assessment and co-ordinating the support for the family via a TAF [Team Around Family]. Children supported by Targeted Early Help are likely to present with more complex support needs and will be at risk of requiring statutory social work intervention if changes to family functioning are not made. These children will be an Open Contact to Early Help.

Level 4 Specialist and statutory support is for children, young people, and families with a high level of unmet, serious or complex needs that are having a major impact on their expected outcomes or there is serious concern for their safety. These children will require a social work assessment under Section 17 or via Child Protection enquiries under Section 47. These children



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may go on to require statutory intensive support either via Section 17 Child In Need support or via Child Protection planning.

Disabled children who have complex needs and meet the criteria for the Children with Disability Team (CDT) will be transferred to CDT. Where there are siblings and the concerns relate to safeguarding, the siblings will also transfer to the Children with Disabilities Team, in keeping with the whole family approach.

A child or young person requiring level 4 social work support or safeguarding, who does not meet the Children with Disability Team, will be allocated to one of two pathways, either Family Safeguarding or Adolescent Safeguarding:

- **Family Safeguarding Teams:** Families where there is at least one child who is 12 years old and under, where the main concerns are related to parental care, including parental mental health, domestic abuse or substance abuse, will follow the Family Safeguarding pathway. Children will be transferred to the Family Safeguarding Team on duty.

- **Adolescent Safeguarding Teams:** Families where children are 13 years old and over *and/or* the main concern is needs and harms located outside of the family home, children and young people will follow the Adolescent Safeguarding pathway. Where the primary concern for the young person is exploitation – as evidenced through the completion of an exploitation screening tool and/or MACE meeting – these young people will be transferred straight into the Dudley Exploitation Team (DEX).

If the Front Door determines that the referral requires an urgent Strategy Discussion, this will be arranged by the Front Door Social Worker, using MASH partners and the MASH enquiry process to support multi-agency information gathering and decision-making. This will include unallocated children where there are concerns about significant harm, including where Police Powers of Protection have been implemented. The duty Team Manager for the relevant Family or Adolescent Safeguarding Team will be notified and invited to attend the Strategy Discussion. The Family or Adolescent Team Manager will chair the Strategy Discussion and the child will be transferred to their team if the outcome of the Strategy Discussion is for Dudley to undertake a Section 47 Enquiry or Child and Young Person Assessment (CYPA).



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Team Managers in the Integrated Front Door are the Contact outcome decision-makers, but it is recognised that decision-making about the most appropriate service area to support a family may be nuanced. Integrated Front Door Team Managers will endeavour to discuss these families with the Family and Adolescent Team Manager on duty, or with the Children with Disabilities Team Manager if there is a decision around CDT eligibility. Where there are professional disagreements these should be resolved at Team Manager level, but unresolved issues should be escalated to the relevant Service Managers.

Children in specific circumstances

- **Referrals within 3 months of Closure**

The Integrated Front Door will assess and decide if a new CYPA is needed. If it decided that a new CYPA is needed, consideration should be given to allocate the re-referral to the previous allocated social worker in accordance with the core principles of Dudley's Practice Framework [ie relationship-based]. The presenting issues will, of course, be taken into consideration by the Integrated Front Door managers in deciding whether or not the service remits for the respective Family Safeguarding or the Adolescent Safeguarding Services are met. In other words, the new referral will be reviewed to determine the level of professional intervention required to meet the family's needs. If the level of support required a Tier 4 intervention, the child will, where possible, be allocated to the previous known social worker.

- **Requests for Receiving-in Child Protection Plans**

Children subject to Child Protection Plans who move into Dudley from another Local Authority will be allocated within the Family or Adolescent Safeguarding Teams on duty, in accordance with the criteria outlined above.

If the child has a disability which meets the CDT criteria, then the child will transfer to CDT.

Before accepting responsibility for convening a receiving in conference, the Integrated Front Door will:



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- A) Ensure the responsible authority can evidence the child/ren has made a permanent move to Dudley.
- B) Check that legal advice has not been sought by the responsible authority and ensure themselves that the children are not on the verge of legal intervention.
- C) Gather the records from the responsible authority in line with the West Midlands Procedures.

- **Section 7 or Section 37 Reports**

Negotiation with CAFCASS should take place with regards to accepting responsibility for these pieces of work. Children's social care should only accept responsibility where there are significant safeguarding issues or there is a known history with Social Care/Early Help. Accepted referrals for Section 7/37 reports will be allocated to the Duty Family/Adolescent Safeguarding Team in accordance with the criteria outlined above.

- **Relinquished Babies**

The Integrated Front Door will make a referral to Adoption@Heart to enable timely joint working with the adoption agency. The Duty Family Safeguarding Team will be allocated until such time that it is appropriate to transfer to the Children in Care Service, within Through Care.

- **Private Fostering**

Following screening and clarification of circumstances, new referrals in respect of Private Fostering Arrangements will be transferred to the Fostering (Assessment) Team for assessment. Once these are completed, the Fostering Team will retain responsibility for reviewing and monitoring the arrangement in-line with the Private Fostering Regulations and supporting guidance.



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- **Step-Parent Adoption**

For children whose step-parents intend to adopt them, the Integrated Front Door will transfer the child to the Fostering Service.

- **Inter-country adoption**

Children subject to Inter-country adoption will be transferred upon notification to the Children in Care Service.

- **Unaccompanied Children**

Unaccompanied children, including spontaneous arrivals or those referred through the National Transfer Scheme, will transfer directly to the Children in Care Service, within Through Care. If the unaccompanied child meets the criteria for the Children with Disabilities Team the child will still transfer to the Children in Care Service, within through care and be co-worked with a Children with Disabilities Team worker.

A Strategy meeting/discussion will be convened for **all** unaccompanied children referred to Dudley Council. The Integrated Front Door will organise a Strategy Discussion, in line with Operation Innerste, to be chaired by the Children in Care Team Manager. This will enable a consistent model to support information sharing and shared risk approach to safeguarding.

Where an Age Assessment is required, this will be allocated to staff across the service who have been trained to undertake Age Assessments. Where the Assessment is undertaken externally, the Service Manager for Children in Care will liaise with the Home Office Age Assessment Team.

- **Homeless 16 and 17 year olds**

For young people at risk of homelessness, the Integrated Front Door will undertake initial screening checks and conversations with the young person and their families as appropriate. The aim is to address homeless issues if possible at this early stage of involvement and gain clarity about what support the young person and/or family may require.



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If ongoing support is required, transfer will be made to the Adolescent Safeguarding Team, where immediate housing needs will be addressed and joint interview with housing arranged as per the Homeless 16/17 year old Protocol. If the young person is accommodated under Section 20 and is expected to remain accommodated, they will be transferred to the Through Care Service, at their second Statutory review.

- **Young people remanded into to the care of the Local Authority or remanded into Youth Offending Institute (YOI)**

Children remanded to local authority accommodation as a result of an order imposed by the Youth Court in criminal proceedings have a looked after status. (Since 3 December 2012, when the Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPOA) came into force) children similarly remanded to youth detention accommodation have a looked after status.

In the event that they are not known to the Local Authority at the time of being remanded, the child will be transferred to the Through Care Service, working with the Youth Justice Service who will focus on the remand work.

3. Transfer between service areas

- **Children who are accommodated under Section 20**

Where a 16 or 17 year old child is accommodated under Section 20, the decision to accommodate the child must be reviewed at Legal Gateway Panel which is in line with the arrangements for oversight of Section 20 arrangements.

The allocated Family or Adolescent Safeguarding Team will retain responsibility for newly accommodated children as the primary plan will be to achieve reunification to their parent or birth family as a family arrangement.

By the second statutory review, if there has been insufficient progress with the reunification plan i.e., there is no active plan for return home within the following 3 months, the child/ren will transfer to the Children in Care team.



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If a child is accommodated and subsequently Care Proceedings are initiated, then the Family or Adolescent Safeguarding Teams will retain case responsibility until the conclusion of the proceedings.

- **Children subject to a full Care Order – Care Planning Regulations 2010 amended 2015)**

Upon the conclusion of care proceedings where a child or young person is made subject to a Care Order - whether they reside in either a Local Authority or Connected Person's foster placement. The IRO should be informed by the allocated social worker of the transfer.

Where a child is placed with their parents under Placement with Parents Regulations, Family Safeguarding or Adolescent Safeguarding will retain case responsibility until the care order has been discharged - they will transfer to the Children In Care Service following the final hearing.

- **Transfer to Care Leavers**

When a looked after young person reaches the age of 16 a referral should be made to the Care Experienced Team for a Young Person Advisor to be allocated as co-worker alongside the Social Worker. The Young Person Advisor (YPA) then contributes to the pathway plan irrespective of which team is the holding team. A YPA will be allocated once the young person has been in the care of the Local Authority for 13 weeks plus.

Relevant Children are those aged 16 and 17 who meet the criteria for eligible children but have left care (regulations may exclude certain groups, such as children who return to live with persons with PR continuously for 6 months and children who receive staycation care.) These children will be transferred to the Children in Care and Care Experienced Service to enable a YPA to be allocated.

- **Families with No Recourse to Public Funds (NRPF)**



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Please see the NRPF Policy for further detail. The Family Safeguarding and Adolescent Safeguarding Service will undertake a Child and Young Person Assessment (CYPA) to establish if the child is in need under Section 17 or in need of protection under Section 47 of the Act 1989.

A Human Rights Assessment must be completed. The primary purpose of the Human Rights Assessment is to establish the extent to which the Local Authority is required to support a family when the parents are in an excluded group, but the assessment also performs other important functions ie. explores solutions to the family's destitution in the UK.

The Social Worker and / or Team Manager will present the family to the Access to Resource Panel before financially supporting the family.

If there are no child in need or child protection concerns, the family will be transferred to the Resource Support Team in the Through Care Service. In the event of further child in need or child in need of protection concerns, Family or Adolescent Safeguarding will co-work with the Resource Support Team. The Resource Support Team will continue to review financial arrangements while the Family or Adolescent Safeguarding address the child in need or child protection related issues.

All transfer between services should follow this process:

- A) The holding Team Manager will audit the child's file to ensure its readiness for transfer. It is expected that assessments will be completed, Family or Adolescent Safeguarding Supervision, case summary and case notes and chronology are all updated.
- B) The holding Team Manager will close any outstanding assessment or activities on LCS.
- C) The holding Social Worker will complete a transfer summary, and this will be sent to the receiving Team Manager and recorded on LCS.
- D) If there is any outstanding work that needs to be handed over, this outstanding work should be agreed as an exception by the holding Team Manager and receiving Team Manager.
- E) The receiving Team Manager and holding Team Manager will agree transfer timescale and record this on LCS. This date must be based firstly on the best interests of the child and secondly on a date that meets the logistics and needs of the Social Work teams. The



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No Delay principle should be applied, and transfer should, where possible, be within timescale of second review for 16 and 17 year olds subject to Section 20, with no plan of reunification.

- F) The IRO or the CP Chair should be informed of the plan to transfer in good time.
- G) The receiving Team Manager will identify a Social Worker to be allocated and then inform the holding Team Manager. NRPf families with no CiN or CP concerns will be allocated a Family Support Worker in the Resource Support Team. Once a named Social Worker is identified the child and family will be informed by the holding social worker. Wherever possible, a handover visit should be completed by the holding social worker and the receiving social worker, to enable smooth transition.
- H) The current Social Worker should also inform all professionals involved with and supporting the family about the arrangements for transfer, including the name and contact details for the new Social Worker and Team Manager.
- I) The holding Social Worker should contact the receiving Social Worker to arrange a pre-meet and joint visit to the child and family.

4. Step up/down to Early Help

Where a child or young person no longer requires support at Level 4 from the Family or Adolescent safeguarding teams, explicit consideration should be given to the family's ongoing support needs.

Some families can be closed to Social Care, with their support needs being led by a single professional under Level 2 of the Level of Need Guidance. It is essential that the professional accepting lead responsibility understands their role and that this is agreed at a formal review meeting e.g., Review Child Protection Conference, Core group or Child in Need review.

Where a co-ordinated multi-agency plan is still required step-down to Early Help at level 3 should take place. The responsible Team Manager should consider the current needs of the child and family and whether the ongoing support required to meet these can be achieved through step-



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down to partner led/Family Hub support or whether step-down to Targeted Early Help is required.



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