



Interfaces between Services

Children and Families Directorate April 2017, revised and updated April 2018. Revised and updated October 2018.

Introduction and Context

This document outlines all of the interfaces between services which a family may encounter in relation to the transfer / change of lead professional / case responsible team or person. The greyed out section refers to a request for additional resource without the change of lead professional.

The document should be used as a tool for staff when navigating the child's journey through our services. The transfer points have been agreed by all the services concerned. This document originated in April 2017, it was reviewed July 2017 and April 2018 and has been reviewed and altered in line with service provision October 2018.

The principle is that a child and family should be able to move seamlessly through Early Help and statutory Social Work services and the lead professional will be determined by the level of specific need and risk to the child.

All work transferring from Early Help into Social Work teams **MUST** still be made via referral to the customer service centre.

Please also refer to the District Team Transfer Meeting policy and case allocation template which sit alongside and underpin this document.

Principles

The overarching principals for transferring cases are:

- The priority is the child and family
- Right service, right time, right place
- Siblings to remain together wherever appropriate
- Any proposed transfer or request for resource should have already been discussed with the family
- A lack of capacity does not mean transfers do not happen

- Incomplete recording does not mean transfers do not happen (performance and outstanding work will be dealt within management oversight)
- There will be a flexible use of resources
- Transfers to happen in a planned and arranged way
- Transferring teams will ensure that receiving teams have sight of relevant paperwork prior to the meeting.
- The receiving team will discuss any issues with the transferring team either by attendance or over the phone.
- Joint visits by transferring and receiving workers to the family will take place (with reasonable notice where possible)
- System around the family open to safeguarding will have access to clinical consultation, and the potential for systemic family meetings can be considered
- Respectful challenge to be beneficial to family
- Disagreements will be discussed outside the meeting and to be escalated if they cannot be resolved through consultation with peers.
Disagreements and escalations will not be recorded on the child's file. There will always be cases which do not fall in the criteria and at the discretion of both parties and any disagreements will be for line management to decide.

The link to the pathway document which clearly sets out the pathways for the customer service centre to follow is:

<https://camweb.cambridgeshire.gov.uk/our-organisation/people-and-communities/childrens-care-portal/whoweare/>

From	To	How
Customer Service Centre	UASC MASH Early help hub	<p>Via Contact and enquiry involvement form – see the pathway document.</p> <p>If a contact passed to EHH is felt to meet threshold for assessment, the EHH will record a rationale on the child's record and pass to MASH for a MASH Enquiry to be completed</p> <p>If a Sarah's Law request is received into the Customer service centre from the Police then this will be completed by the customer service centre and returned to the Police, no Single Assessment will be completed and it is the expectation of the Police to action the request.</p>

Customer Service Centre	SC Disability	The disabled children's team will provide the customer service centre with prompt sheets for when telephone consultations take place, these must be used where relevant. The customer service centre will use the prompt sheets and make the recommendation to the disabled children's team via Contact and enquiry involvement form, if the disabled children's team do not feel that it meets criteria for their service, however identified that the child is in need or there are safeguarding concerns they will refer to the Assessment team via the social care involvement form.
Customer Service Centre	Kinship team / assessment team.	The principal for Private Fostering Notifications is that they will be received into the assessment team, if there is a Safeguarding concern an assessment will be completed. If there is no safeguarding or child protection concerns are identified then this will be passed through to the Kinship team for completion.
Customer Service Centre	Assessment Team	Via Contact and enquiry involvement form – see the pathway document. If the assessment team do not feel that threshold is met for an assessment they can send to the early help hub. Children who are CIN in another Local Authority, will go to the assessment teams for checks to be completed to ensure that the child is deemed to be resident. The child will then be transferred for single assessment enabling a decision to be made in respect of further interventions. Children who are CP in another Local Authority, the customer service centre will send the placing Local Authority a SOC1233 and request documents. These will be returned to the customer service centre at which point they will send the documents to PQA and the assessment team via a Contact and Enquiry involvement form.
Customer Service Centre	Teams where there is an open case	Comms log will be added to the child's case file and an email will be sent to the social worker & team manager (where teams have a team email it will be sent here)
EDT	Assessment team	If EDT have completed a piece of work on a case that was closed prior to referral and the outcome is for further assessment, this will be sent to the assessment team via the Social Care involvement form.
MASH	Assessment team	MASH make a recommendation for assessment, this is passed to the assessment teams via a Social care involvement form.
Assessment teams	Childrens teams	Handover at point of ICPC, CIN review, initial hearing via the transfer and closure exemplar. If the family are to be transferred at a CIN meeting, a minimum of 2 working days' notice of the CIN meeting is required. The expectation is that the transferring Social Worker will chair the meeting and the receiving social

		<p>worker will complete the minutes and plan so they are aware of it, a plan will be in place and can be worked towards.</p> <p>In order for the team manager's to be aware of upcoming transfers they should be included in the request for ICPC. During the transfer process a joint visit to the family needs to take place when the ICPC report is being shared and it was felt that a warm handover is required wherever possible.</p> <p>If the case has been heard at TARP, the lead social worker will advise the receiving team of when this is enabling both to attend (this will be with as much notice as possible), the assessment team social worker will take the lead and present, the worker who is due to take over the case will be able to record actions and take the case forward with greater knowledge.</p> <p>If care proceedings are to be initiated then the family will transfer at the Initial hearing however there should be discussions prior to this point. Both the team managers for the assessment team and the children's team will need to be involved in the legal planning if this is not possible then the receiving team manager should be informed. The receiving team having sight of the witness statement prior to submission, The new worker will need to attend the initial hearing and will need to be involved in the initial care plan. The Single Assessment will have been completed prior to transferring and a chronology would have been started in a standalone document. If child has become looked after, all LAC paperwork will have been completed.</p> <p>If managers in the Childrens teams are not in agreement with the assessment team decision for ongoing statutory involvement they will follow the escalation process of discussing with the assessment team manager and escalating to the DSM if this cannot be resolved.</p> <p>To create meaningful planning, individual districts will have a shared transfer calendar available to all team managers & senior practitioners in the assessment teams, children's teams, adolescent teams, disabled children's teams, children in care teams and early help. The team managers in the transferring teams will be responsible for ensuring that the calendar is kept up to date with the case transfers enabling receiving teams to plan and review. Team managers will meet (via skype) Tuesday mornings to discuss up and coming transfers for the next 5 working days. At this meeting it is expected that all documents are up to date and available for discussion. This will include a genogram, single assessment, standalone chronology, transfer summary and any other document deemed necessary / relevant (see children in care teams).</p>
Assessment teams	Adolescent teams	Handover at point the need is being recognised via the transfer and closure exemplar.

		The same guidance will be followed as with Childrens teams.
Assessment teams	SC Disability	Handover at point of ICPC, CIN review, initial proceedings via social care referral form If child has become looked after, all LAC paperwork will have been completed Single assessment will have been completed. The same guidance will be followed as with Childrens teams
Assessment teams	EH District	Via District Team Transfer Meeting with a SA then EH district open/ amend tracking Transfer would happen as part of the weekly District Team Transfer Meeting once the Single Assessment has been completed by the assessment team. Early Help process will mirror that of the children's team process, a joint visit will need to take place between the Social Worker and relevant Early Help worker prior to the CIN review. Receiving EH District Team will need to update the EHH and request that a Tracking involvement is created If SA is not completed, Team Manager will need to record a clear rationale as to why the SA was not completed and what EH services may be required. These will be passed to EHH for further triage and recommendation of support
EHH	EH District	Via a District Open tracking form, this will mean there will be one team updating the record
EHH	SEND*	Via EHA and tracking form if request forms part of a multi-agency response to needs of the family If a professional is requesting an EHCP then the expectation would be for an Early Help Assessment to be completed prior to the request. Once an EHCP has been agreed, further Early Help services can be requested via an EHCP Review.
District EH	Childrens teams	All work transferring from Early Help into Social Work teams MUST still be made via referral to the customer service centre. NB this is a change of LP but the district worker may stay involved. EH District Team will need to update the EHH and request that Tracking involvement is updated
District EH	SC Disability* (if child with disability needs statutory assessment? And/ or	Via the MASH, initial discussion between MASH and the disability team manager to agree eligibility for either transfer to disabled children's early help team or to disabled children team for social care assessment. If the child receives high rate DLA and the request is for short breaks (no safeguarding concerns or need for a SC assessment, there would be an automatic transfer to disabled children's early help team.

	safeguarding response?)	
District EH	District EH* (new or additional resource for a family known to the team either via and EHA or less intensively)	<p>If already intervention with an EHA then the district practitioner will just ask for additional resource through the allocation process</p> <p>If not yet an EHA, the practitioner does (or finds someone to do) the EHA and then sends to EHH</p>
District EH	SEND*	This may be a request with EH District closing (LP likely to be 3 rd party such as school) but more likely to be a request for an additional resource to join the TAF – request through District Team Transfer Meeting.
Children's teams	Adolescents team	<p>Via the transfer and closure exemplar</p> <p>If the young person is open to the Adolescent team under CIN and safeguarding concerns lead to CP the adolescent team will be responsible for the CP plan (only if there are no siblings open to another team under CP)</p> <p>If there are siblings open to the children's team who become CP the lead SW from the Childrens team will hold the CP plan however the adolescent team worker will continue to work with and support the adolescent.</p> <p>If the child is subject to CP at the point of transfer the responsible lead worker will be the Children's team social worker with the adolescent team supporting.</p>
Children's teams	Children in care	<p>Transfer points will happen at the point of conclusion of care proceedings, 2nd LAC review if the child is S20 and there is not a plan for reunification, these transfers will happen via social care referral form case transfer record.</p> <p>The receiving team will be provided with as much notice as possible of impending transfer. If care proceedings commence and it is known that the case will be transferred to the children in care team at the final hearing, the receiving team need to be advised of the timetable enabling better working together, this allows for work coming into the team to be tracked and managed, it also enables the new (receiving) worker to attend IRH / final hearing, meet parents and the young person enabling a smoother hand over.</p> <p>The expectation is that the transfer record will be completed and the Single Assessment will be completed. If the young person is over the age of 16 then a Needs Led Assessment and Pathway Plan will be completed instead of a single assessment and all should have an updated care plan in place with all relevant LAC documents in place. For all children life story work would have commenced.</p>

		<p>Exceptions: If the plan is for Adoption and adopted parents have been identified with a plan to apply for Adoption Order within 3 months of the final hearing the child will remain in the Childrens teams, if there are delays to this, regular reviews will take place via the LAC review.</p> <p>For transfers, the same guidance will be followed as with Childrens teams</p>
Adolescent teams	Children in care	<p>Transfer points will happen at the point of 2nd LAC review if the child is S20 and there is not a plan for reunification, these transfers will happen via social care referral form case transfer record.</p> <p>For transfers, the same guidance will be followed as with Childrens teams</p>
Children teams	SC Disability * (if a child in an open family develops/ is born with a disability?)	<p>The SC Disability Service would appoint an 'involved worker' to support the disabled child with their disability-specific needs. The family including the disabled child would remain open to the Children's Team, who retain case responsibility. If the family is due to close to the Children's Team, the disabled child would transfer to SC Disability, if there is an ongoing need.</p> <p>RCPC, conclusion of care proceedings, LAC review, CIN review Via social care referral form case transfer record With recent single assessment, plan genogram, and standalone chronology.</p>
Children teams	EH District	<p>Via a District Team Transfer Meeting. District Team Transfer Meeting with updated SA, plan, genogram and standalone chronology, then EH district open/ amend tracking The process for requesting a service as part of a plan, if the child/family is to remain open to Social Care: the expectation would be for the Lead Worker to remain the same and what the expectation of the work completed by the additional resource is, the request should be SMART (specific, measurable, achievable, realistic and timely). Receiving EH District Team will need to update the EHH and request that a Tracking involvement is created</p>
Child in care teams	EH District (if adding resource rather than changing LP)	<p>Change of care plan supported by recent single assessment Agreed at District Team Transfer Meeting and then EH practitioner joins LAC review/ work is set out in plan</p>

Children in care teams	Adolescent / children's teams / EHD	If a young person is exiting from s20 care, the child in care team will work with young person at home under s17 CIN plan for 12 weeks prior to transfer to Adolescent / children's teams (as appropriate) at a CIN Meeting. If a young person is subject of a FCO, the child in care team will complete PWP Regs, revoke the CO and transfer to either children's teams/ adolescent teams or early help district depending upon needs of the young person.
SC Disability	EH District	Via the District Team Transfer Meeting -specific invite to Dis TM to attend the District Team Transfer Meeting.
District SC/EH District	Disabled Children Early Help	Via the District Team Transfer Meeting -specific invite to Dis TM to attend the District Team Transfer Meeting.
Disabled Children Early Help	Disability Social Care	Via Team Manager DCEHT to Dis Team Manager individual transfer discussion/meeting/SC transfer record. Prior to transfer (or to enable family to remain in DCEHT) if appropriate DCEHT and Dis SC can work together and seek advice from each other to support DCEHT. If there is a concern which evidences the need for a s47 enquiry this would be referred to the customer service centre and then be investigated by the Assessment team.
Disability Social Care	Disabled Children Early Help	Via SC Team Manager to DCEHT Dis Team Manager through EH Involvement Form and transfer record.
YOS / MST (where they have safeguarding concern)	Customer service centre	Via referral to Customer Service centre
YOS / MST	EH District*	Via District Team Transfer Meeting with up to date assessment and plan (Asset Plus for YOS) Receiving EH District Team will need to update the EHH and request that a Tracking involvement is created
SEND*	EH District	EHA and plan and go via District Team Transfer Meeting Receiving EH District Team will need to update the EHH and request that a Tracking involvement is created
Lead Professional from	EH District	EHA and plan and go via District Team Transfer Meeting Receiving EH District Team will need to update the EHH and request that a Tracking involvement is created

outside the LA		
Lead Professional from outside the LA	District EH* (adding resource to a TAF)	Sends the existing EHA and plan to the EHH requesting an additional resource This might lead to a change in LP but this would be agreed via TAF

*although Disability SC and SEND will be the same service we have listed separately for this purpose at the lead professional/ case responsible person is the social worker and not usually the SENDSS practitioner so the transfer process may be slightly different.