

Title	Shropshire Children's Services Social Work & Safeguarding Protocol for Transfer of Case Responsibility for a Child.
Purpose/scope	Transfer Protocol outlining the process, standards and expectations of completed tasks, recording and process for transfer from one team to another
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Shropshire Children's Services Social Work & Safeguarding Protocol for Transfer of Case Responsibility for a Child.

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1. GOOD PRACTICE PRINCIPLES FOR TRANSFER OF CASE RESPONSIBILITY FOR A CHILD

1.1 We will follow these principles for all children transferring between teams and workers.

1.2 A child's LCS records should show their lived experience and bring the child alive for the next worker.

1.2 There should be no gaps that lead to risks or needs being missed.

1.3 Key events and decisions must be recorded.

1.4 Good practice is the timely handover of good quality information that has been obtained within the period of working with the child and their family.

1.6 This will include in the child's **LCS** case records:

- Basic details being complete and up-to-date for the child
 - Child's relationships and involvements updated
 - Parents and carer details updated
 - Child's legal status being up-to-date
 - All outstanding tasks in workflow completed by the transferring team
 - Case summary updated including dates of last visit; date of next CiN, CP or LAC meetings
 - All case recording updated inc; visits, other contacts, supervision and management decisions
 - All relevant docs uploaded
 - Chronology up to date
 - Transfer case file audit signed off by TM to QA all above completed
- If there is a situation when gaps are identified above there should be a managers decision to demonstrate why, and what has been agreed between two team managers.

2. Transfer Process

2.1 The transferring Out Team will complete the Transfer Request in a timely way to notify the receiving in Service of a child needing to transfer using the Transfer Spreadsheet found on SharePoint;

<https://shropshirecouncil.sharepoint.com/:x/s/CS800-AllChildrenServicesManagers/EZTdvmBVXqBGp5e-kmFVS54BTX7fnbEVd8-XDUFvtZwbng?e=c88EQB>

2.2 Transfer of case responsibility for a child will follow the criteria set out in this protocol.

2.3 Transfer of responsibility for a child will be agreed through a **Transfer Meeting between Services**. Any decisions outside of this transfer meeting, should be considered on a child by child basis.

2.4 The Team Manager will provide early notification and an expected date of transfer. We aim for this early notification to give the receiving team as much notice as possible, to plan for the transfer and allocation of a worker. The notification of the expected date of transfer should be a minimum of 7 days before this date.

2.5 The Transfer Meeting between Team Managers from each Service Area will agree whether the criteria is met for transfer.

- 2.6 If there is a child where the criteria is not clear then the transferring and receiving Team Managers will discuss and make a decision at the Transfer Meeting.
- 2.7 Once agreed, a date for transfer will be set within the agreed principles set out in this protocol and the new worker will be identified.
- 2.8 The family will be advised of the transfer date and name of the new worker by the transferring team prior to transfer.
- 2.9 The receiving team will make all efforts to attend the meeting that marks the transfer point i.e. CPC, Lac Review, Core Group, initial court hearing.
- 2.10 This can in some cases be supported by a joint visit to the child and parents by the case holding team to the receiving team but this is not essential and joint home visits should not delay the process of transfer.
- 2.11 The transferring Team Manager will complete the transfer QA audit and transfer to the receiving Team Manager when this can be signed off as satisfactory. Any gaps in practice need to be acknowledged in a Manager's case note by the transferring Team Manager and agreed with the receiving Team Manager before transfer.
- 2.12 The transferring Team Manager will ensure the family is notified of the transfer and the receiving Team Manager will ensure the new social worker writes to introduce themselves with team contact details within 5 working days of receipt of case responsibility.
- 2.13 In the event of a delay to the agreed transfer date, or a transfer is not agreed between managers, the relevant Service Managers must be notified within 10 working days. If there is a concern that the delay is not purposeful and will impact on safe working practices and thus the welfare of the child, the Service Managers will review with the relevant Team Managers to reach a resolution within 20 working days of notification.

3. Compass

3.1 Compass are responsible for the management of all new initial concerns contacts and referrals.

3.2 Compass will manage all **NEW initial contacts/concerns and referrals** until the completion of a decision which confirms the next step, whether this be to progress to a social work assessment or move to progress targeted early help intervention or closure.

3.3 Compass are responsible for holding all **strategy discussions/meetings** where the case is not already an open case to the service. Compass admin will be responsible for the recording and distribution of minutes to all participants of strategy meetings and discussions.

3.4 In the referral decision, Compass are responsible for identifying any specific issues that have been identified in the history or the referral that needs to be addressed within the assessment. This will guide the Assessment Team Manager for allocation.

3.5 Compass are responsible for ensuring that **all referrers are notified of the outcome of the referral** and where this is to move to a social work assessment or targeted early help plan, of notifying the referrer and the family of the social worker or lead professional.

3.6 Compass are responsible for liaising with EDT to ensure that all the appropriate records are completed in the system.

3.7 Where EDT have undertaken a strategy discussion Compass will undertake a review strategy discussion on the next working day to progress the case as necessary. Where a review is not undertaken the next working day a record of the reason for this will be made and any immediate issues will be managed pending the multi-agency review via the strategy discussion taking place.

3.8 Where an initial contact concern is received regarding an open case, this will be notified to the responsible team for a Management Decision.

See appendix A – internal management of initial contacts FPOC – Compass / Open cases

4. Assessment Teams

4.1 Where a decision in Compass is made that a child might be a child in need, including Homeless presentations and/or a Section 47 enquiry is required the case will be transferred to an Assessment Team.

4.2 The Assessment Team are responsible for completion of the social work assessment and any S47 enquiry required on cases coming from Compass.

4.3 The Assessment Team are responsible for completion of the s.37/s.7 on cases coming from Compass.

4.4 The Assessment Team Manager will ensure that the social work assessment is proportionate to the needs of the case and will identify the timescale for completion and if necessary interim review. In allocating the cases the Manager will outline the key issues, within the referral and within the known history of the case, that need to be addressed within the assessment.

Assessment team social workers are responsible for:

4.5 Contacting all relevant agencies that are involved and/or have relevant information for the social work assessment during the assessment.

4.6 Undertaking visits to the child within a maximum period of **seven working days** of the social work assessment being allocated or within an earlier timescale if specified within any strategy document or referral decision made by the Compass Manager.

4.7 Completing the assessment in the maximum timescale of 45 working days inclusive of identified Toolkits, e.g. CSE, Exploitation, Neglect, Self-Harm, Domestic Abuse see; Regional Procedures for tools guidance.

4.8 Completing a Chronology on the case, as per the Chronology Policy and Guidance.

4.10 The Assessment Team social worker will make any written applications to court and attend the first Court Hearing where any child is in need of legal action to promote their welfare or protect them from harm.

4.11 Book onto and attend a Legal Planning Meetings as appropriate.

4.12 Preparing initial witness statements and Care Plans as required where any child is in need of legal action to promote their welfare or protect them from harm.

In these instances:

4.13 If the legal intervention is short-term and the plan is for the child to remain with or return to the care of a parent without further legal intervention the Assessment Team Social Worker will complete the social work assessment and initial CIN, ICPC or LAC Care Plan prior to the transfer of the case to the Case Management Teams within 10 days. If it's under 5 days it can transfer if it's over 5 days then the report for LAC review is required.

4.14 If care proceedings are initiated with a view to the child/ren being removed from the care of their parents or the assessment indicates this is a likely outcome of the care proceedings the case will transfer to the Court Team within 10 working days of the first Court Hearing or the first LAC Review, whichever is the soonest. Social Worker will complete an updated social work assessment, case summary and prepare any report required for ICPC/LAC Review if within 10 working days of the first Court Hearing. If it's under 5 days it can transfer if it's over 5 days then the report for LAC review is required.

4.15 The referral, identification and placement of any child where it is identified during the assessment that the child needs to be a child in care.

4.16 Completion of the PALAC and associated authorisations.

4.17 Completion of the SWA/s.47 on any case coming from Compass whereby the child has been accommodated or subject to PPO out of hours, this includes Unaccompanied Asylum Seeking Children (UASCs) who are found in the county in an unplanned manner (i.e. not part of the national transfer scheme).

4.18 Undertaking and completing the Section 47 enquiry and report to case conference if ICPC required.

4.19 Notifying the parents and all relevant professionals of the outcome of the assessment using the appropriate paperwork which will include confirming the name of the responsible social work team if the case is to remain open for intervention.

4.20 Sharing the assessment as a written report with the parent and young person where this is age appropriate.

4.21 The consideration of any siblings and the need for individual assessment of those siblings within the assessment of the subject child. Parenting capacity and family functioning issues should outline any transferable risks or protective factors to siblings to evidence the rationale for the decisions.

4.22 Review Strategy Discussions/meetings held by the Assessment Team - The Assessment Team social worker is responsible for undertaking any review strategy discussions that have been identified as required from the initial strategy discussion held in Compass and will therefore be responsible for the record and distribution of minutes of any such meeting.

Cases Transferring to Case Management from the Assessment Team

4.23 On completion and authorisation of the social work assessment, and if the case is to transfer to a case management team the Assessment Team social worker will complete a short transfer summary that identifies key issues, meetings and any agreements with regards to contact or confidentiality that have been identified within the assessment.

4.24 The Assessment Team Manager will alert the responsible Case Management Team Manager to cases in their area at least 7 working days prior to transfer in order that a social worker from the Case Management Team can be identified. If a Social Worker cannot be identified immediately then a Team Manager or an appropriate Team representative e.g. SSW etc. must attend the ICPC/LAC review or CIN meeting.

4.25 The Assessment Team social worker is responsible for completing the social work assessment and child's plan prior to transfer to a Case Management Team as CIN/CP/LAC. The child's plan will be shared at the following multi-agency meetings and any changes to the child's plan recorded:

- **CIN – Core Group meeting held within ten working days of the assessment being completed**
- **CP – At the Initial Child Protection Conference**
- **LAC – At the post placement meeting (maximum 5 working days)**

4.26 The Assessment Team will also be responsible for arranging the first CIN core group meeting. This will take place within 10 days of the completed SWA. The Case Management Team Manager will be responsible for identifying an allocated SW to attend the CIN meeting.

4.27 It is the responsibility of the Assessment Team Social Worker to inform the child and family, and professionals that are involved with the child that there will be a new social worker, providing the relevant details to them. Case responsibility will continue to rest with the Assessment Team Social Worker until the case is formally transferred to the receiving Case Management Team.

4.28 The Assessment Team Manager will ensure that the child's record has been audited, and all relevant sections are completed, e.g. chronology, genogram, case summary, and the receiving Team Manager has been notified prior to transfer of the case.

Case closing or stepping down to Targeted Early Help from Assessment Teams

4.29 If following assessment the case is to close with NFA then the rationale for this will be recorded in the analysis section and Managers decision. No separate closure summary will be required. The recorded rationale should enable any future referral and or assessment to identify and take into account the history of assessment/decision making.

4.30 The Social Work Assessment will clearly set out the rationale for an Early Help step down plan, interventions needed and outcomes to be achieved. The responsible social worker from the Assessment Team must have the consent of the parents and child (if appropriate) to step down to Targeted Early Help Services.

4.31 Cases identified for step down will be discussed at a weekly handover meeting with an Early Help Manager. The Early Help Manager will arrange facilitation of the first Early Help Partnership Meeting, inviting the involved and/or identified agencies as per the social work assessment. During this meeting, the appropriate Lead Professional will be identified and responsibility for the case and Family Action Plan. The Lead Professional will be responsible for completing, updating, monitoring and reviewing the electronic Family Action Plan.

4.32 If a Lead Professional is identified at the point of assessment the case should be formally stepped down to the lead professional with a clear expectation that they coordinate an Early Help Partnership Meeting and complete an electronic Family Action Plan. The Early Help Managers should be made aware of step downs to a named lead professional at the weekly meeting and they will check to ensure that Early Help activity is taking place.

Please refer to detailed guidance in the step down process.

NB: Please note that if cases are referred within 8 weeks of closure, then the SWA will go back to the responsible team at the point of closure.

5 Case Management Teams

5.1 Case management teams are responsible for the delivery of the social work intervention against the identified child's plan. This can be a child in need plan, a child protection plan or a child's care plan.

5.2 Receiving Child Protection Cases from Assessment Teams

5.2 The case management team social worker should attend ICPC and case responsibility will transfer at this meeting.

5.3 The CM SW will then be responsible for holding a core group meeting post conference. This must be held within 10 days of the initial child protection conference at the latest.

5.4 Where a child has been made the subject of a child protection plan for more than 9 months the case management team manager is responsible for liaising with the service manager to have a recorded decision as to the need for a legal planning meeting.

5.5 Receiving Child in Care cases from Assessment Teams

5.5 The case management social worker will assume case responsibility for any child where legal intervention is short-term and the plan is for the child to remain with or return to the care of a parent without further legal intervention or section 20 is utilised.

5.6 The Assessment Team Social Worker will complete the social work assessment and initial CIN, ICPC or LAC Care Plan prior to the transfer of the case to the Case Management Teams.

5.7 The case management social worker will assume case responsibility for any child in care, not subject to ongoing care proceedings, from the point of the Placement Planning Meeting held within 5 working days and the first LAC review to be held within 28 days.

5.8 Prior to the transfer of the case the Assessment Team Social Worker will complete the:-

- Social Work assessment and the child's initial Care Plan.
- The LAC Documentation, e.g. PALAC, Essential Information, Placement Planning Meeting Forms, N1 Form etc.
- Convene and attend Legal Planning Meetings where any child is in need of legal action to promote their welfare or protect them from harm.

5.9 Children on Remand

5.9 Children who are remanded into secure placements by the courts giving them a looked after child status will be transferred into the Case Management teams for assessment and care planning. Case management teams will take responsibility from the point of notification and as such will be responsible for the social work assessment.

5.10 Receiving Children in Need cases from Assessment Teams

5.10 Assessment Team social workers will be responsible for arranging a core group meeting to take place within 10 days of the SWA. The Case Management Team Manager will be responsible for identifying an allocated SW to attend the CIN meeting.

5.11 It is the responsibility of the Assessment Team Social Worker to inform the child and family, and professionals that are involved with the child that there will be a new social worker, providing the relevant details to them. Case responsibility will continue to rest with the Assessment Team Social Worker until the case is formally transferred to the receiving Case Management Team.

5.12 The Assessment Team Manager will ensure that the child's record has been audited, and all relevant sections are completed, e.g. chronology, and the receiving Team Manager has been notified prior to transfer of the case.

5.13 Managing receiving in Child Protection Conferences

5.13 Where Shropshire local authority receive a notification of a child on a child protection plan, placed in our area the case management team will be responsible for arranging and attending that receiving in (review child protection) conference.

5.14 Purpose of this child protection conference is to ascertain whether we believe the threshold for child protection is met within Shropshire local authority. This conference should be held within 15 working days of the receipt. It is essential that upon receipt of the notification the team manager establishes that the family have a clear and intended long term residence in this area (this will included confirming any known family connections) as well as clarifying whether there are any legal proceedings including pre proceedings already active within the home local authority and if so to seek legal advice on the appropriateness of us assuming case responsibility.

5.15 The assessment team social worker is not responsible for completing a new social work assessment in these cases. The home local authority should be completing an updated social work assessment for the receiving in conference. The Shropshire case management social worker will however need to complete checks with local school, health and any other relevant agencies that will help inform the conference as to the level of risk now that the family have moved to this authority.

5.16 The home authority's assessment should be registered in LCS and updated to reflect a current social work assessment having been completed.

5.17 Dynamic Assessments

5.17 The case management social worker is responsible for updating the social work assessment on a six monthly basis as minimum. (12 months for short break cases in DCT).

5.18 All social workers are responsible for completing any additional risk assessment tools including SRAF, neglect (GCP2), domestic abuse, CSE, self-harm as required, as these will inform ongoing dynamic assessment of risk and need.

5.19 The case management social worker is responsible for all child protection case conference reviews and looked after child reviews and will update assessments and children plans in line with the statutory review processes.

5.20 New assessments on open case management cases

5.20 As outlined above when completing our first social work assessment, consideration as to risk and need of siblings of the subject child must be identified and rationale confirmed for whether or not siblings of the subject child require an independent assessment or not and this decision is based on parenting capacity and family functioning and transferable risks and protective factors that have been identified in relation to the subject child.

5.21 Where assessments are updated by the case management team this issue must be reviewed in each updated assessment and where it is identified that a separate assessment is required this will be the responsibility of the existing case management team social worker.

5.22 Where a case is open on a subject who subsequently becomes pregnant and as such consideration needs to be given as to whether an assessment on the unborn baby is required or not. This needs to be recorded clearly within a supervision and as a management decision in Carefirst. Where the outcome is that an assessment is required, a separate social worker within the same team will be identified to complete this separate assessment. This is to ensure the unborn child has independent social worker from their parents own allocated social worker should any conflict of interest arise. However, there will be some cases where it is agreed that the assessment of the unborn can be undertaken by the parents allocated social worker if this is in the interests of the young adult and unborn and rationale needs to be identified where this decision is made. This might be for example where there is a likelihood that the assessment will result in an early help plan and engagement of the parent and the established relationship between them and their social worker would help complete a good quality and timely assessment of the unborn. In such cases consideration would also be given to a student social worker or AYSE undertaking the assessment overseen by the allocated worker.

Care Proceedings

5.23 The Case Management social worker will make any written applications to court and attend the first Court Hearing where any child is in need of legal action to promote their welfare or protect them from harm.

5.24 Book onto and attend Legal Planning Meetings as appropriate.

5.25 Preparing initial witness statements and Care Plans as required where any child is in need of legal action to promote their welfare or protect them from harm.

In these instances:

5.26 If the legal intervention is short-term and the plan is for the child to remain with or return to the care of a parent without further legal intervention the Case Management Social Worker will retain case responsibility.

5.27 If care proceedings are initiated with a view to the child/ren being removed from the care of their parents or the assessment indicates this is a likely outcome of the care proceedings the case will transfer to the Court Team.

5.28 However, where the child is likely to be over 17 by the end of the care proceedings or there is a pre-existing relationship with the allocated case management social worker that would be detrimental to end, a discussion will be required between the Team Managers-CMT and Court Teams- before a decision on transfer.

5.29 When it is agreed the case will transfer this will be within 10 working days of the first Court Hearing or the first LAC Review, whichever is the soonest. Social Worker will complete an updated social work assessment, case summary and prepare any report

required for ICPC/LAC Review. I think they always do LAC review as they have significant knowledge. if within 10 working days of the first Court Hearing.

5.30 Prior to the transfer of the case the Case Management Social Worker will complete the:-

- Social Work assessment, chronology and the child's initial Care Plan.
- The LAC Documentation, e.g. PALAC, Essential Information, Placement Planning Meeting Forms, N1, Form etc.

5.31 Supervision Orders

5.31 Where a supervision order is made to the local authority the Case Management Teams will be responsible for monitoring the supervision order period.

5.32 Closing cases to Case Management Teams

5.32 On completion of an intervention where the case is to close, the case management social worker is responsible for completing the closure summary, which should set out outcomes achieved for the child.

5.33 Case Management social worker is responsible for ensuring that all professionals, parents and the young person are notified in writing of the case closure.

5.34 Where it is felt that the actions within the Child in Need plan have been achieved and that the family would benefit from on-going support from a Family Action Plan then this plan is to be agreed with parents and other involved professionals. Planning for step down to Early Help should commence at the earliest opportunity so that there is clarity about what we are looking to achieve through the Child in Need Plan and then what we would be looking to achieve through a Family Action Plan. Through discussion at core group meetings a lead professional should be identified and discussion about the Family Action Plan should take place. The timing of the step down should be agreed with parents and other professionals. Early planning is key to an effective step down.

5.35 At the point that step down is formally agreed and the case is stepped down to the Lead professional, the Lead Professional will be responsible for coordinating an Early Help Planning Meeting, completing, updating, monitoring and reviewing the Family Action Plan.

5.36 Re-referral accepted for social work assessments.

5.36 The role of the Early Help SW in Compass is to offer support and advice to Lead Professionals in the delivery of a Targeted Early Help plans. Where a re-referral is received on an open TEH (and where that referral does not meet the threshold for a S47 strategy discussion) an EHSW will be assigned to work with the LP and ensure the offer of early help has been consistently and effectively provided to the family before accepting a new referral for assessment. Where a new SWA is required this will be completed by the Assessment team (unless re-referral is within 8 weeks of closure) who will ensure, where possible, they discuss the case with the last allocated worker to support additional understanding of the previous assessment and or intervention.

NB: Please note that if cases are referred within 8 weeks of closure, then the SWA will go back to the responsible team at the point of closure

5.37 The Case Management Team Manager will ensure that the child's record has been audited, and all relevant sections are completed, e.g. chronology, and the receiving Team Manager has been notified prior to transfer of the case.

6. Court Team

6.1 The Court Team is responsible for all children who are subject to care proceedings where there is a likely plan for their removal from the care of their parents/for the local authority to need to share parental responsibility through a Care Order. **Siobhan does this stay the same or include interim supervision**

6.2 The Court Team will accept responsibility as set out in this document.

6.3 Once the case is transferred, the Court Team social workers are responsible for progressing Court applications and statements within the care proceedings process; including unborn babies within the PLO/pre proceedings process where there is a plan for their removal at birth (*see **Pre-Birth Assessments**).

6.4 At the conclusion of the care proceedings, where a child is looked after and has a care plan for permanency with a LAC status, i.e. long term foster care, long-term residential care, or placement of a child with their parents under a Care Order, then the case will transfer to the LAC Permanency Teams within 10 working days or at the next LAC Review whichever is soonest.

6.5 The Court team are responsible for referring children to the Adoption Team or the SGO Social Worker & Fostering Team where the care plan, primary or concurrent, for the child is adoption or SGO/place with Connected Carer under an ICO/Care Order.

6.6 Where a child has been through care proceedings and the outcome is SGO or Child Arrangement Order (i.e. Not Looked After) and requires a Child in Need Plan the child will transfer to the Case Management Team at the conclusion of care proceedings within 10 working days or at the 1st CiN Plan Review, whichever is soonest.

6.7 Otherwise the Court Team will work with the family towards step down to other services and closure.

7. LAC Permanency Team

7.1 Transfer from Case Management

7.1 Where a child is looked after and has a care plan for permanency with a LAC status, i.e. Care Order, long term foster care, long-term residential care, placement with parents then the case will transfer to the LAC permanency team following either a LAC review or a Core Group where this permanency plan is agreed as a single track plan.

7.2 The LAC permanency team worker will be invited to attend the LAC review or Core Group before planned case transfer. In relation to Care Proceedings cases this should occur before the final order if at all possible.

7.3 The Case Management Team Manager will ensure that the file is ready for transfer and in consultation with the relevant LAC Team Manager will agree a timeframe for a timely transfer. It is expected that the transfer of cases should take place within 10 working days of the making of a final order or permanency arrangements being agreed, Placement Orders and plans for Adoption will remain with the Case Management Team and Court team.

7.4 Receiving cases from Compass/Assessment Teams

7.4 Relinquished babies

Where the assessment team complete an assessment, which identifies a relinquished baby, on completion of the assessment this case, will be transferred to the Case Management team for progression of the permanency plan (adoption).

7.4 a. The Adoption team must be notified at the onset of any assessment as they will undertake the necessary work with the birth parent in relation to relinquishment.

7.5 Closing Cases or Transferring cases to Leaving Care Team

7.5 LAC permanency team will hold case responsibility for any children in their services until the child is aged 18 and is no longer a looked after child.

7.6 The LAC permanency team will refer to the leaving care services when the young person is 17 years of age (earlier where there are specific complex needs) in order that the leaving care team can appoint a personal advisor to work alongside the social worker to ensure smooth transition from care planning to pathway planning.

7.7 On completion of a case the LAC permanency social workers are responsible for completing either the case transfer document or the case closure document which will identify key issues and outcomes achieved for the child during the intervention as well as details of any next steps agreed and named persons such as a personal advisor and lead professional where the case has stepped down to targeted early help.

7.8 A LAC permanency social worker is responsible for notifying in writing to the parent, the young person and all professionals the decision with regards to closure and next steps.

7.9 Closing cases with no further social work service.

7.9 On completion of an intervention where the case is to close, the LAC permanency social worker is responsible for completing the closure summary. This should ensure that any key interventions and outcomes are identified as are any next step plans with regards to early help.

7.10 The LAC social worker is responsible for ensuring that all professionals, parents and the young person are notified in writing of the case closure and any next steps that have been agreed.

7.11 It will be the responsibility for the Team Manager to agree any recommendation for step down within the authorisation of the case closure.

7.12 Managing and addressing risk and need through support from Havenbrook \ SPP

7.13 If you are working with a child and the parent(s) are requesting Section 20 accommodation then this will be considered via a Support Plus Panel (SPP). This panel will be used to discuss children at the very edge of care, either through crisis admission to Havenbrook or 'edge of care' preventing family breakdown and looking at available resources which can be utilised to prevent this, including Havenbrook short breaks, Family Group conference and community outreach services.

7.14 The panel will put in place support provisions to aim to prevent the need for LAC.

7.15 The process for authorising an admission into LAC is PALAC. If the parent or young person continue to request S20 after the SPP the social worker will need to complete the PALAC request and ensure the recommendations from the panel along with detail of why this is insufficient to prevent the need for accommodation is included. All crisis admissions to Havenbrook must be taken to SPP at the next available SPP.

7.16 SPP will not replace the construction of tasks and plan for a family when a young person is not at the edge of care.

7.17 If a series of planned short breaks or other services through Havenbrook are part of any ongoing support plan the responsible social worker must ensure that the plan is reviewed via SPP and clear in purpose before closure and stepping down to early help services.



Support plus panel
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7.18 See Support Plus Panel guidance for more detail

8. Disabled Children's Team (DCT)

8.1 The disabled children's team is a countywide specialist service for children with disabilities. The DCT team will work alongside Compass to manage all initial contacts of concern and referrals relating to children with disability.

8.2 The Disabled Children's Team will hold case responsibility for any family case where the primary child in need or at risk is the child with a disability. Otherwise the case will be held by case management and DCT will support and advise in relation to the needs of the disabled child.

8.3 DCT team will keep cases until the child is 18 years of age with transfer points being to;

- I. Adult Social Care Services
- II. Leaving Care Service

9. 18+ Team

9.1 Leaving care is a countywide specialist service for Young People leaving the care system.

9.2 The leaving care team are responsible for all former relevant and qualifying children. The team will ensure each young person has an allocated personal advisor who will be responsible for the pathway plan, which addresses the education, training, health and accommodation for Young People within the leaving care statutory framework.

9.3 Receiving cases from the LAC Permanency Team/DCT

9.4 The leaving care team will receive a transfer summary from the LAC permanency team and DCT when a young person is 17 years of age (earlier in cases with significant complexities) in order that they can appoint a personal advisor who will co-work the case for a 12 month period to ensure high quality information exchange and smooth transition from care planning, child in need EHCP planning and or pathway planning.

See appendix C for Service Team Responsibilities and Transfer chart.

10. Private Fostering

10.1 Please see Appendix D for the Management and worker responsibilities regarding private fostering cases.

11. UASC

11.1 The UASC Team will take cases directly through the National Transfer Scheme where the child has been identified as an unaccompanied asylum seeking child. The UASC SW will undertake the assessment and care planning process in these cases to minimise the need for change of social workers in the child's journey from referral to care planning.

11.2 Discussions between the UASC Team manager \ senior social worker and the 18+ Team Manager will take place at the point that the UASC reaches the age of 17 years or if the young person is 17 years + at the point of presentation in Shropshire. The purpose of this discussion is to forward plan the allocation of a personal advisor in preparation for the case management responsibility for the UASC as a care leaver being transferred to the 18+ Team as set out below.

11.3 The UASC team will case manage up until the child has reached **the age of 18** and has achieved some **leave to remain** through the asylum application process.

11.4 Where leave to remain has not been achieved by the UASC's 18th birthday the case will remain with the UASC team until this has been resolved.

11.5 The Assessment Team will take cases from Compass where the child has been identified as an unaccompanied asylum seeking child and has been found in the county in an unplanned way. The Assessment Team SW will undertake the social work assessment and age assessment (where appropriate) and the case will transfer to the UASC Team at the first LAC review (no later than 28 days from the point of accommodation).

11.6 Prior to the transfer of the case the Assessment Team Social Worker will complete the:-

- i. Social Work assessment and the child's initial Care Plan.
- ii. The LAC Documentation, e.g. PALAC, Essential Information, Placement Planning Meeting Forms, N1 Form etc.

12 Shropshire EDT

12.1 There should be no assumption that the Emergency Duty Team will routinely takeover unfinished work from daytime services except in exceptional circumstances and then only with the approval of the Emergency Duty Team Coordinator. Daytime services **must not** commit the Emergency Duty Team to undertaking any piece of work without prior agreement. Requests will be considered on merit and actioned at the discretion of the Coordinator on duty.

12.2 Workers wishing to discuss the handover or referral of a piece of work to the Emergency Duty Team should contact the service by telephone (01743 249544) at the start of the shift (16:45 Monday to Thursday & 15:45 on a Friday). If day time workers are unable to speak to the EDT coordinator in person a voicemail message should be left with up to date and accessible contact numbers on which the EDT coordinator can call them back.

12.3 It is not acceptable to send an email to the team and assume you have handed over a piece of work to us.

12.4 Information from daytime services regarding any agreed action by the Emergency Duty Team must be followed up by e-mail with care and protection plans, contingency plans and risk assessments attached. Where there is agreement to accept a mental health referral, daytime services must gather and provide relevant information in respect of the Nearest Relative and General Practitioner in addition to the care planning information above.

13 Exploitation Cases

13.1 Please refer to the SSCP Child Exploitation Pathway & Initial Assessment Tool ([Exploitation tools and pathways \(procedures.org.uk\)](http://procedures.org.uk))

13.2 The Exploitation Pathway is clearly laid out in the Child Exploitation Initial Assessment Tool Practice Guidance and in the event of any Exploitation concerns, an Exploitation Initial Assessment Tool is to be completed and sent to Compass (Compass.referrals@shropshire.gov.uk).

13.3 Child Exploitation Triage is held twice weekly and attended by multi agency professionals, who will discuss and share relevant information, the level of risk will be agreed at this triage. Any children identified as being at high risk will be presented to the monthly Child Exploitation panel.

13.4 Transfer from the Assessment Team/Case Management Teams to the Exploitation Team. Work will be transferred via the assessment teams following completion of the social work assessment, where a child has been assessed as being groomed and targeted or exploited so therefore requiring a plan (CIN or CP) to address the level of risk regarding exploitation.

13.5 The Exploitation Team will also support the Case Management/ DCT/ Court Team & CLA Permanency Teams in the following areas:

- Support/advice with NRM referrals
- Consultation and advice for Foster Carers and residential staff- Booked via amy.amber@shropshire.gov.uk
- Consultations and advice to case managers to support with robust planning- booked via amy.amber@shropshire.gov.uk
- Support can be offered: Where a child persistently goes missing & where bespoke work is required to reduce the risk re: missing including RHI's.

14. Pre-birth Assessments

(Please refer to Planning and Delivery of Pre-birth Assessment Guidance 2016)

14.1 For new referrals requiring a transfer to the CMTs please refer to section 4.23 onwards

14.2 When it is established that a young person in local authority care or a supported care leaver is pregnant, the person making the referral must first speak to the young person's allocated social worker, to allow consideration as to whether an assessment on the unborn baby is required or not. Where the outcome is that an assessment is required, a separate social worker within the same team will be identified to complete the separate assessment. This is to ensure the unborn child has an independent social worker from their parent (s) own allocated social worker should any conflict of interest arise. However, there will be some cases where it is agreed that the assessment of the unborn can be undertaken by the parent(s) allocated social worker if this is in the

interest of the young adult and unborn, if this is the case a rationale for this decision needs to be clearly recorded.

14.3 All new requests for pre-birth assessments (except for the conditions set out below) or those where this forms part of a sibling group already open to an allocated social worker, will generally be conducted by the assessment team.

14.4 On conclusion of the pre-birth assessment the following outcomes will apply:

14.5 No further action – assessment team SW will progress the case closure;

14.6 Early help – assessment team SW will progress the case to step down to early help (following the principles set out in the step down/up policy);

14.7 Children in need plan – assessment SW will progress the transfer to the case management team as per 2a of this guidance;

14.8 Child protection plan - assessment SW will progress the transfer to the case management team as per 4.23 of this guidance.

14.9 Child protection plan/recommendation for care proceedings – see below

14.10 Cases Transferring to Court Team from the Assessment Team (pre-births)

14.11 Where the pre-birth assessment recommends future child protection planning in conjunction with care proceedings with a plan for removal at birth, the Assessment Team social worker will retain case responsibility either, until the Initial Child Protection Case Conference, or the initial court hearing, whichever is in the best interests of the child dependant on the timescales of each, at which point the case will transfer to the allocated social worker from the Court Team. In principle, the allocated social worker from the Assessment Team should complete the evidence to court and the report for the Initial Child Protection Conference and attend both when the pre-birth assessment timescale allows for this. The transfer at initial court hearing should only be the transfer point if the pre-birth notification has been made at a very late stage to the assessment Team, thus not allowing due time for an Initial Child protection Conference pre-birth. The Care Plan to issue care proceedings for removal must have been confirmed in a Legal Planning Meeting.

14.12 If pre-proceedings or care proceedings with a plan for the child to remain with the parent are to be initiated then discussions need to take place as soon as possible to determine whether this should transfer to the Court Team or CMT.

14.13 The Assessment Team Manager will alert the responsible Court/CMT Team Manager to cases requiring transfer immediately following the strategy meeting/LPM meeting. If a Social Worker cannot be identified immediately then Court/CMT Team Manager or an appropriate Team representative e.g. SSW etc. must attend the ICPC.

14.14 The Assessment Team will also be responsible for the following:

- i. Completion of the pre-birth assessment;
- ii. Convening the strategy meeting at week 28 and completing the subsequent s.47 enquiries;
- iii. Completing the ICPC report and convening the ICPC;
- iv. Notifying the Court Team Manager of the pending transfer;
- v. Maintaining and updating the child's LCS record;
- vi. Convening the LPM;
- vii. Updating the child's chronology;
- viii. Completing a transfer summary;
- ix. LBP – if required

14.15 The Assessment Team Manager will ensure that the child's record has been audited, and all relevant sections are completed, e.g. chronology, and the receiving Team Manager has been notified prior to transfer of the case.

Transferring cases between services

Good practice is the timely handover of good quality information that has been obtained within the assessment. This can in some cases be supported by a joint visit to the child and parents by the case holding team to the receiving team but this is not essential and joint home visits should not delay the process of transfer.