

# Nottingham City Council

## Children's Integrated Services



## Integrated Working and Case Transfer Procedure

**Date of issue:** March 2017

**Agreed by:** Helen Blackman, Director for Children's Integrated Services

**To be reviewed:** March 2018

## **1) Purpose**

- a) The purpose of this document is to clarify the arrangements for how children and young people receiving a service will be transferred between Nottingham City Children's Social Work, Children's Duty, Targeted Services and Early Help Services. This transfer process is designed to improve the experience for children and families when their needs escalate and de-escalate (see Nottingham City's Family Support Pathway by [clicking here](#)).

## **2) Our Principles**

- a) ***Children and families at the heart.***
- **Ensure that the right children get the right support at the right time** – we will ensure issues are identified and addressed at the earliest opportunity. Our response will be proportionate and solution-focussed.
  - **Create a responsive and flexible system** – we will ensure that children and their families experience a system that does not stop and start but is simple and streamlined.
  - **Help families to help themselves** – we will build resilience in families, not dependence.
  - **Work in partnership with children and their families** – we will listen to the views of children and their families. To address challenges we will work to build on a family's strengths.
  - **Focus resources on what will make a positive difference** – we will work more smartly, ensuring our resources efficiently deliver a measurable improvement.
  - **Ensure a balance between professional autonomy and accountability** – we will provide effective management oversight and build the skills and confidence of the workforce to ensure professionals are empowered to make complex decisions in the best interests of the child.
- b) Nottingham City Council's Children's Integrated Services Directorate will deliver in line with our principles and practice standards and within the framework of legislation, policy and procedures.
- c) We will use proven and evidence-based models, theories and approaches largely based on Signs of Safety (SoS) and whole family approaches. This enables practitioners and partners to share a common language which enables them to effectively voice their concerns and most importantly, so that families experience a more coherent and consistent approach throughout our services.
- d) Cases should always transfer with consent (unless the case has escalated due to safeguarding concerns and consent is being dispensed with, a note of this decision to dispense with consent should be recorded), an up to date chronology, assessment, plan and multi-agency meeting minutes. We know from learning from tragic incidents that a key factor in meeting children's needs is an up to date chronology and a full understanding of the partnership information in relation to the child. Without an up to date chronology, assessment and plan it can be difficult to see the significant events in the child's life, understand their lived experiences, understand what support and intervention has already been offered and consider the risks that they may be exposed to.
- e) Assessments will be shared with families and a copy provided prior to case transfer and this be documented on Liquid Logic.

## **3) Key questions to consider prior to transfer**

- Why is the case transferring at this time?
- What were the needs and risks in this situation requiring the current intervention?
- What is the level of current intervention? (See Family Support Pathway)
- What work has been done to reduce risk and strengthen family functioning?
- What outcomes remain to be achieved through an integrated working model?
- What would it look like if risk were to increase again?
- What actions should be taken if risk increases again?
- Are there any remaining safeguarding issues?

- Where appropriate are children, young people, parents and carers aware and in agreement to consent and engage with the new service? What are their views?
- Have we engaged absent parents/carers?

#### **4) Consent**

- a) Consent should be clearly recorded on the child's file.
- b) Where parent's/carers are reluctant to give consent they need to be advised that this might impact on the decision to end Children's Social Work involvement.
- c) Where cases are de-escalating from Children's Social Work to non-statutory services it is essential that the Social Worker seeks written consent as part of the Children's Assessment process to share information from the assessment with other services and to progress the case through the early help process.
- d) Where the case is transferring from Children and Families Direct Hub (C&FD) following screening, the consent may be verbal consent however this must be recorded in the Contact record.
- e) Where the identified support needs meet the threshold for extensive or additional services and consent was given, however, has been withdrawn following transfer, the allocated worker in Targeted Family Support Team or Early Help services will need to evidence proactive attempts to engage the family. Consideration needs to be given to the issue of non-compliance and whether it raises safeguarding concerns.

#### **5) Access to Services**

This section outlines the alternative methods for families and partners to access services delivered within the Children's Integrated Services Directorate.

##### **a) Children & Families Direct Hub (C&FD Hub)**

- i. The Children & Families Direct Hub (C&FD Hub) is a single gateway for all new incoming contacts into Children's Integrated Services. Colleagues within the hub provide telephone support to professionals, the public, children, young people, parents and carers where there are safeguarding concerns about a child or where families need support. They also respond to Multi Agency Request Forms (MARFs) submitted to the Hub.
- ii. The aims of C&FD Hub are to better protect vulnerable children by:
  - Improving multi-agency communication and joint working
  - Improving the co-ordination of early help, targeted support and social work services
  - Ensuring children, families and partners receive a timely and proportionate response to their concerns.
- iii. C&FD Hub is managed by a social work qualified Team Manager who is responsible for the decision making on the enquiries received into the service. The Team Manager is supported by:
  - 2 qualified Social Workers
  - Early Help Specialist
  - Priority Families Accredited Practitioner
  - Family Support Workers
  - Administrators
- iv. The team is responsible for:
  - Receiving all new initial contacts regarding children and young people
  - Checking to see if the child is already open to services
  - Providing advice and support in identifying additional needs
  - Signposting to support services

- Ensuring that cases are referred to the appropriate service, best able to meet the needs of the child and/or family and in line with the Family Support Pathway.
  - Identifying gaps in service provision to help further service development
- v. The Domestic Abuse Referral Team (DART) is also co-located with the C&FD Hub and is managed by the C&FD Hub Team Manager. The DART is a team comprised of Nottingham City Council and CityCare (Nottingham City's community healthcare provider) staff which includes: 2 Business Support Officers, 2 Family Support Workers and CityCare staff.
- vi. Referrals into the Domestic Abuse Referral Team (DART) are via the Domestic Abuse, Stalking and Honour Based Violence Risk Identification Checklist (DASH RIC). Medium and high risk referrals are inputted by the DART Business Support Officer on a Contact form in Liquid Logic LCS system. High risk referrals are allocated to a Social Worker in CF&D Hub to be screened. Medium risk referrals are allocated to the Family Support Worker in DART. Where there are no identified child protection concerns consideration should be given to whether any identified needs could be met within Universal Services though a CAF or, where the family is eligible, through a Priority Families Assessment. Where there is a need for either early help or targeted family support through an Early Help or Priority Families assessment process (and parental consent has been given) the case should be transferred to the appropriate Manager in Targeted Family Support or Early Help (in the locality where the family reside). The Targeted Family Support or Early Help Business Support Officer will complete a Contact Form in the Liquid Logic EHM system to be authorised by the Team Manager/Specialist for that service.
- vii. Standard risk referrals are shared via Project Encompass with schools.
- viii. We have also introduced a "Consultation Line" for a small group of professionals (Head Teachers, Deputy Heads, and Designated Safeguarding Leads). The purpose of this is to provide a dedicated phone number that key partners can use to access social work advice and support when they want to "talk through concerns" without making a referral. The Consultation Line supports professionals to make good decisions about what action to take when concerned about the welfare of a child. The Team Manager will listen to concerns and provide advice and guidance but they will not be able to take referrals on this dedicated line.

### **b) Potential Safeguarding Concerns Raised On Open Cases**

- i. Where an agency contacts Children & Families Direct Hub in relation to a case which is already open to Early Help, Targeted Family Support or CAMHS teams but which may now meet the threshold for Child in Need or Child Protection procedures the Hub will complete a Contact in Liquid Logic LCS system which will be considered by the Children & Families Direct Hub Team Manager to enable a decision to be made. If this meets the threshold for social care the Team Manager will allocate to the relevant Social Work Locality Team alerting the Team Manager or Senior Practitioner for that team and will also alert the allocated Team Manager and worker of the referral. Consideration should be given as to whether the case should be discussed at the next Locality Hub Meeting as a case of concern. However, this does not negate the need for Locality Teams to work together in advance of the next Locality Hub meeting to ensure that the child and family's needs are being met. To avoid duplication for families the principle is that open and known children should move between teams though a joint working arrangement in their locality hubs rather than through Duty as the current worker will have established relationships and will have more knowledge of the local community.

### **c) Accessing Services in Localities**

- i. Families are also able to access services through our open access services in communities. The same case transfer process will apply to cases opened in these services.

#### **d) Children and young people with emotional/mental health needs - The City Single Point of Access (SPA)**

- i. The Single Point of Access (SPA) is hosted and managed by Nottingham City Council, in collaboration with Nottingham City CCG and City Care. The SPA receives all referrals for children and young people with emotional health and mental health needs. The SPA is also the gateway to universal services such as KOOTH, Base 51 and the City Care Behavioural and Emotional Mental Health (BEMH) Team, alongside the access to Child and Adolescent Mental Health Services (CAMHS) (both community and specialist) and the Self Harm Awareness Raising Project (SHARP) team.
- ii. To make a referral for these services please complete the referral form located on the site: [www.BEMHNottingham.co.uk](http://www.BEMHNottingham.co.uk)
- iii. The main function of the SPA is to screen and risk-assess the behavioural, emotional and mental health needs of children and young people. The SPA is open from 9am to 5pm 5 days a week and referrals are screened for risk daily by service advisors and a CAMHS Specialist/Manager. The referrals are scanned onto Liquid Logic and the outcome decision is recorded onto Liquid Logic and/or System One. Outside of office hours there is a Crisis service that would pick up any young people who have a mental health immediate risk/crisis.
- iv. The team are made up of:
  - 4 full time Service Advisors, (one from City Care)
  - 1 CAPA (Choice and Partnership) Administrator,
  - 1 CAMHS Manager or Specialist (on a rota basis)
- v. The team are responsible for:
  - Receiving all referrals regarding children and young people's emotional/mental health
  - Checking to see if the child is already open to services
  - Checking to ensure there is good information, contact details and consent from child/young person/family
  - Completing screening tools around mental health risk and Strengths and Difficulties questionnaires (SDQs)
  - Where a young person is self-referring without parental consent, ensuring that the young person is able to consent and that they have a known adult who can support them
  - Providing advice and support in identifying emotional/mental health needs
  - Signposting to support services where appropriate
  - Ensuring that cases are referred to the appropriate service, best able to meet the needs of the child/young person and/or family and in line with the behavioural/emotional and mental health pathway
  - Identifying gaps in service provision to help further service development
  - Referrals that include a safeguarding risk will be shared with the duty team immediately via the CAMHS Manager/Specialist who is on SPA duty.
  - Where there is a new referral into SPA for a child or young person open to children's social care, where there is immediate risk mental health presentation (such as self-harming behaviours or suicide risk), there will be a co-ordinated response within 48 hours from CAMHS and social care. This may include direct support from the CAMHS Crisis service based at Thorneywood.
  - Any child or young person who is at risk or immediate harm (a presentation such as a serious eating disorder or who has ingested any form of overdose or dangerous substances) will be signposted to emergency services.

### **e) Emergency Duty Team**

- i. If the Emergency Duty Team (EDT) receives information or has involvement with a case open to an allocated worker in Early Help or Targeted Services the EDT worker must ensure that all relevant information is passed onto the allocated worker and entered onto Liquid Logic, including whether the case requires follow up action by the relevant Duty or Locality Social Work Team or Disabled Children's Team (DCT). The Duty Team will also email the Locality Team's Duty Inbox.
- ii. All critical referrals to the EDT requiring an immediate response will be dealt with by the EDT. Referrals on new cases assessed as being non-urgent will be responded to by the Children & Families Direct Hub the next working day. All EDT referrals requiring follow up action by Children's Social Work will be followed up by the Children & Families Direct Hub or DCT Duty Team (where it concerns a severely disabled child) or the Locality Social Work team if the case is already allocated to that team.

### **f) Hospital discharge planning**

Discharge Planning Meetings (DPM) should be held on all babies, children and young people where safeguarding concerns have been identified but the plan is not to remove the baby / child at point of birth or discharge from hospital. The aim of the DPM is to consider the immediate and medium term safety plans to ensure the baby/child remains safeguarded once they have left hospital and returned to the care of their parents/carers.

#### **DPMs should be held where:**

- there are any unexplained injuries to a pre mobile child
- adult / parental issues are impacting significantly on their ability to care for the child e.g. mental health problems, substance misuse
- concerns are judged as serious, e.g. domestic violence, poor engagement, neglect and cumulative risk
- there are differing opinions about the cause of injury or the level risk
- there is a lack of agreement between agencies as to the plan for the child
- there are concerns about self-harm

For further guidance, please see the [Hospital Discharge Planning procedure](#) and DPM template

### **g) Children with Disabilities**

- i. A referral to the team may be made by telephone or in writing; by the family or carers, the child or young person, or any professional involved with the family who has consent. A professional referring to the team will be expected to have completed an early help assessment/CAF/Priority Family Assessment.
- ii. The Disabled Children's Team can be accessed through a public duty point which is staffed by workers from within the team who can answer questions, offer advice, take referrals and signpost to the appropriate service.
- iii. The contact details for the Disabled Children's Team are: Tel: (0115) 883 8266 **Mobile: 07903 407624. Minicom: 0115 878 6373** Email: [disabledchildren.team@nottinghamcity.gov.uk](mailto:disabledchildren.team@nottinghamcity.gov.uk).
- iv. For children where disability is a significant factor the case responsibility will remain with the Disabled Children's Team from the point of contact and/or referral and throughout their involvement with Children's Social Care. Where it has been identified that the case requires transfer to Targeted Family Support or Early Help the relevant process outlined below will be followed according to the status of the case to be transferred.

## **h) Private Fostering**

- i. Private fostering cases are the responsibility of Children's Social Work. New cases will need to go through the Children's Duty Team who will undertake a Children's Assessment (CA1). Where there are no safeguarding concerns the case will transfer to the dedicated private fostering worker. The Team Manager for CS01 takes the lead for all Private Fostering cases. Where safeguarding concerns are identified the case will transfer to the relevant Children's Social Work Locality Team. [Click here to link to Private Fostering Procedure.](#)

## **i) Young Offenders**

- i. It is important that at the point of remand to custody or the imposition of a custodial sentence there is close liaison between the YOT and Social Care colleagues to ensure accurate recording of the young person's status and a joined-up approach to finding a placement/supporting the sentence plan in custody. This needs to take place from the point the young person is secured, involve and reflect the young person and carer's thoughts and feelings and take account of risk and safeguarding (using evidence from Assetplus) with a forward plan for eventual release to support desistance from offending. Wherever appropriate Youth Offending colleagues should be included in placement planning meetings and discussions and work with Social Care colleagues to ensure regular contact with the young person during their incarceration.

## **6) Delivering Integrated Services in Localities**

- a) Creating One Directorate has given us the opportunity to look at how we work collaboratively, in locality hubs, to support children and families. This integrated approach enables colleagues across the Children's Integrated Services Directorate to work together to transfer cases between locality-based teams in a more streamlined manner. In the new model known or open families will be transferred between teams within localities. This will reduce changes and duplication between our family support and social work teams. Teams will also be undertaking more joint visits and assessments.
- b) The City has been organised into 3 areas (North, Central and South). In each area there will be 4 hub management meetings a month. These meetings will help to ensure that the most complex children, or children whose needs are escalating rapidly, can be considered to ensure that they are being supported appropriately. These meetings are not allocation meetings but they are an opportunity to look at the children most worrying to colleagues in children's social work, family support, early help, schools and health partners. Through these meetings we can check that those children have the right service in place and we can ensure that, collectively, we are making things better and safer for each child.
- c) As CAMHS is a citywide model, a representative from CAMHS will attend these Hub meetings as and when appropriate in order to discuss and to ensure that the most complex children, or children whose needs are escalating rapidly, can be considered to ensure that they are being supported appropriately.
- d) Terms of Reference for the Locality Hub Meetings can be found at Appendix 1.



## **7) Transfer Procedures**

### **a) Transfer from Children & Families Direct Hub**

- i. When a new referral is received in Children & Families Direct Hub there will be consideration as to whether it requires a Children's Assessment or whether the needs can be met by Early Help or Targeted Services.
- ii. If the child is in need of protection and it is necessary to commence child protection procedures or, if the child requires a Children's Assessment as a child in need, the case will be transferred to the relevant Duty Team. Colleagues within the Children and Families Direct Hub will complete a Contact on Liquid Logic. The C&FD Hub Team Manager is responsible for authorising the Contact and allocating the case to the relevant Duty Team.
- iii. If the needs of the child/family can be met with support from Targeted Family Support or Early Help the Early Help Specialist will complete a Transfer and send to the receiving Early Help or Targeted Family Support Team. Before transferring the case the relevant Specialist must consider whether the case can transfer to other Universal Services.
- iv. The Family Support Specialist in the receiving team will open an Early Help Episode and allocate the case within 5 working days.
- v. If within three weeks of allocation to the Early Help or Targeted Family Support Team concerns escalate and the Child in Need or Child Protection threshold is met the case should be referred back to the Children's Duty Team for completion of a Children's Assessment through the relevant framework.

**b) Transfer from Children’s Duty Teams (including Disabled Children’s Duty Team) to Targeted Family Support or Early Help Services**

- i. Children and young people who have been the subject of a Children’s Assessment may not always need continuing support from Children’s Social Work, but may need continuing support from other services or agencies.
- ii. If the Children’s Assessment concludes that there is no role for Children’s Social Work, consideration should be given to whether any identified needs could be met within Universal Services through a CA or, where the family is eligible, through a Priority Families Assessment. Where there is a role for family support through Targeted Family Support or Early Help Services the Social Worker carrying out the assessment should discuss with the family the option of using an Early Help assessment to provide appropriate support and advice from Early Help services. Consent should be sought by the Social Worker at this point.
- iii. Where the outcome and decision of a Children’s Assessment is to transfer the case to Targeted Family Support or Early Help services; prior to transferring the case, there will be a discussion about the case between the Duty Social Work Team Manager or Senior Practitioner and the relevant Team Manager or Specialist to ensure that agreement is reached for the case to transfer. This could either be for an Early Help assessment, Priority Families assessment, targeted group work or open access provision.
- iv. Once allocation is agreed, and the transfer form has been accepted by the Early Help receiving team, the receiving team Specialist will complete a Contact form in Liquid Logic. The duty Social Worker will then close down their involvement in Liquid Logic
- v. The decision to transfer the case and recommendations for areas of further work will be recorded within the Children’s Assessment.
- vi. Any details of the Signs of Safety tools used to gain children’s views should be recorded and stored in Liquid Logic. All cases transferred should include a case chronology, assessment, plan and multi-agency meeting minutes (when available). All cases should be transferred with all networks, relationships and personal details updated.
- vii. If within three weeks of allocation to the Early Help or Targeted Family Support Team concerns escalate and the Child in Need or Child Protection threshold is met the case should be referred back to the Children’s Duty Team for completion of a Children’s Assessment.

**Transfers from Duty to Children in Care Team**

- i. In respect of Unaccompanied Asylum Seeking Children (UASC) the Duty Team will complete or open a Children’s Assessment and transfer to the Children in Care Team or Community Team following the 72 hour planning meeting and dependent on need.

### **c) Transfer from Early Help to Targeted Family Support**

- i. Where a worker from Early Help Services has growing concerns about a child based on analysis from a Signs of Safety assessment of increased risk or the need for more targeted support the Early Support Specialist or Team Manager should contact the Targeted Family Support Team Specialist or Manager by phone or face to face and have a discussion.
- ii. If following the discussion it is felt that the case warrants Children's Social Work intervention the Early Support Specialist will discuss the case with child's Social Worker. The Early Help Specialist will be responsible for recording the discussion and decision making in Liquid Logic.
- iii. If following the discussion it is felt that the concerns indicate the child and family would benefit from support from Targeted Family Support a joint visit will be undertaken by the Early Help Family Support Worker and the Targeted Family Support Worker; the visit will be recorded on Liquid Logic by the Early Help Family Support Worker. After the visit the case will be reviewed by the Early Support Specialist or Manager and the Targeted Family Support Team Manager or Specialist and a joint decision will be made on what should happen next, agreeing a period of co- working for up to three weeks (if appropriate).
- iv. The discussion and decision should be made in accordance with the Family Support Pathway and should be recorded in the Case Notes on Liquid Logic by the Early Support Specialist or Team Manager. During the period of co-working the Targeted Family Support Worker and Team will be allocated as the Assistant Episode Co-ordinator
- v. In the event of the case transferring to Targeted Family Support Team the Early Support Specialist will complete the initiation of Case Responsibility Transfer Form and send to the Targeted Family Support Specialist who will complete the Case Responsibility Form and assign to the Targeted Family support Worker. The Targeted Family Support Worker and Early Help Family Support Worker will need to discuss and agree how the Early Help assessment will be jointly conducted. The Targeted Family Support Team Specialist/Manager will be responsible for authorising the assessment.
- vi. Our Play and Youth Service are well placed to see children with early indicators of need or signs of neglect. The work in Play and Youth sessions can help children develop more positive relationships and self-esteem. Where concerns are evident our Play and Youth colleagues are able to alert Early Help, Targeted or Children's Social Work services. Across six Early Help teams we have 36 Play and Youth workers who deliver sessions in each ward.
- vii. Where there are safeguarding concerns raised about a child accessing Play and Youth provision these should be raised with the Early Support Specialist unless this is out of hours, there are immediate safeguarding concerns or the child is at immediate risk. If safeguarding concerns are identified out of hours a referral should be made to the Emergency Duty Team. If there are immediate concerns a referral should go directly to the Children & Families Direct Hub. If the child is at immediate risk of harm colleagues should consider calling the Police. If the concerns relate to a child under 5 and are not safeguarding but are escalating there should be a discussion with the Early Support Specialist located in the Children & Families Direct Hub and consideration given to undertaking an Early Help assessment. Alternatively, for low level needs, families can be invited to a Family Support Clinic at their local Children's Centre.

#### **d) Transfer from Early Help to Children's Social Work**

- i. There will be a discussion between the Early Support Specialist or Team Manager and the Children's Social Work Team Manager by telephone or face to face contact about the case, agreeing a period of co- working for up to three weeks. During the joint working period the Early Help Family Support worker will remain the Episode Coordinator and will be responsible for recording in EHM. If a decision is taken to initiate a Children's Assessment during this period the responsibility will transfer to the Social Worker and recording should commence in LCS. Both Early Help and Social Work colleagues will contribute into the Children's Assessment to use all pre-existing assessment and so reducing duplication and building on existing relationships and knowledge. This period of co-working can, with agreement by Early Support Specialist or Team Manager and the Children's Social Work Team Manager, be extended.
- ii. During this period of co-working the case will remain open to the Children's Centre and the Early Help Family Support Worker will remain the Episode Coordinator. The case will need to be allocated in Liquid Logic to Social Worker who will become an Assistant Coordinator in EHM.
- iii. A joint visit will be undertaken by the Early Help Family Support Worker and Social Worker; the visit will be recorded in Liquid Logic by the Early Help Family Support Worker. After the visit the case will be reviewed by the Early Support Specialist or Team Manager and Children's Social Work Team Manager and a joint decision will be made on what should happen next. The discussion and decision should be made in accordance with the Family Support Pathway and should be recorded in the Case Notes on Liquid Logic by the Early Support Specialist.
- iv. Where there are immediate Child Protection concerns the Section 47 process will be followed. During the Section 47 enquiries the Social Worker will become the allocated Social Worker in Liquid Logic and the Early Help Family Support Worker will remain as the Episode Coordinator. The Early Help Family Support Worker will support the Child Protection process and paperwork. The Social Worker and Early Help Family Support Worker will have a planning meeting/discussion to look at how this will be managed.
- v. If the case then transfers to Children's Social Work they will initiate the Children's Assessment. At this point the Children's Social Worker will become the Allocated Worker. The Social Worker and the Early Help Family Support Worker will need to discuss and agree how the Children's Assessment will be jointly conducted. Children's Social Work will be responsible for authorising the assessment.
- vi. If at the end of the assessment the case remains in Children's Social Work the future role of the Early Help Family Support Worker will be agreed at either the Initial Child Protection Conference or Child in Need Meeting. However if the child is made subject to a Child Protection Plan the case will close to Early Help Family Support Worker . The Early Help Family Support Worker will complete the Episode Closure, and end their involvement in the case. If following the assessment it is agreed that the threshold for Children's Social Work is not met the Social Worker will complete a Closure summary to close down their involvement on Liquid Logic. The Early Help Family Support Worker will continue to work the case or if there was prior agreement that the case would close to the Children Centre, then the transfer process would be followed by the Social Worker and the case transferred back to the Early Support specialist, who will open or close the Episode to the Early Help Family Support Worker.
- viii. **Unknown families** - if concerns relate to a new case (family not known to the Children's Centre) the case will be referred directly to the Children & Families Direct Hub.
- ix. Where there are safeguarding concerns raised about a child accessing Play and Youth provision these should be raised with the Early Support Specialist unless this is out of hours or the child is at immediate risk. If safeguarding concerns are identified out of hours or the child is at immediate risk a referral should go directly to the Children & Families Direct Hub or Emergency Duty Teams. If the concerns relate to a child under 5 and are not safeguarding but are escalating there should be a discussion with the Early Support Specialist and/or Family Support Specialist located in the Children & Families Direct Hub and consideration given to

undertaking an Early Help assessment. Alternatively, for low level needs, families can be invited to a Family Support Clinic at their local Children's Centre.

- x. **Please note: cases that require immediate child protection investigation or where there is a young person presenting as homeless and in need of a housing assessment should be escalated directly into the Children's Duty Team.**

**e) Transfer from Child and Adolescent Mental Health Services to Children Social Work:**

- i. There will be a discussion between the Child and Adolescent Mental Health Services (CAMHS) Specialist or CAMHS Manager and the Children's Social Work Locality Team Manager by telephone or face to face contact about the case.
- ii. During any period of co-working the case will remain open to the CAMHS Coordinator. The case will need to be allocated in Liquid Logic to the Social Worker
- iii. Where there are immediate Child Protection concerns the Section 47 process will be followed. During the Section 47 enquiries the Social Worker will become the lead Worker and the CAMHS worker will continue their work as the CAMHS Coordinator. . The CAMHS Worker will support the Child Protection process and paperwork. Where appropriate the Social Worker and CAMHS Worker will have a planning meeting/discussion to look at how this will be managed. The CAMHS Worker will support the Social Worker in providing all the necessary information to support their assessment.
- iv. It may be appropriate for CAMHS to close the case at this point depending on the circumstances of the case and the therapeutic intervention and at what stage the CAMHS work is being undertaken.
- v. Where it is appropriate for CAMHS to remain working with the case, alongside social care, social care will be the Lead Worker and there will be an agreement about the CAMHS role within the social work.
- vi. **Please note: cases that require immediate child protection investigation or where there is a young person presenting as homeless and in need of a housing assessment should be escalated directly into the Children's Duty Team.**

### **f) Transfer from Targeted Family Support to Children's Social Work**

- i. The Targeted Family Support Team Specialist or Manager will make contact with the Children's Social Work Team Senior Practitioner or Manager by telephone or face to face and have a discussion about the case, agreeing a period of co- working for up to three weeks. During the joint working period the Early Help Family Support worker will remain the Episode Coordinator and will be responsible for recording in EHM. If a decision is taken to initiate a Children's Assessment during this period the responsibility will transfer to the Social Worker and recording should commence in LCS. Both Early Help and Social Work colleagues will contribute into the Children's Assessment to use all pre-existing assessment and so reducing duplication and building on existing relationships and knowledge. This period of co-working can, with agreement by Targeted Family Support Team Manager and Children's Social Work Team Manager, be extended.
- ii. During this period of co- working the case will remain open to Targeted Family Support Team. The Targeted Family Support Worker will remain the Episode Coordinator. The case will need to be allocated in Liquid Logic to the Social Worker.
- iii. A joint visit will be undertaken by the Targeted Family Support Worker or Specialist and Social Worker. The visit will be recorded in Liquid Logic by the Targeted Family Support Worker
- iv. After the visit the case will be reviewed by the Targeted Family Support Specialist or Manager and Children's Social Work Team Senior Practitioner or Manager and a joint discussion will take place on what should happen next. The discussion and decision should be reached in accordance with the Family Support Pathway and should be recorded in the Case Notes on Liquid Logic by the Targeted Family Support Team Manager.
- v. If the case then transfers to Children's Social Work they will initiate a Children's Assessment. At this point the Children's Social Worker will become the allocated Social Worker in LCS and the Targeted Family Support Worker remains the Episode Coordinator in EHM.
- vi. The Social Worker and Targeted Family Support Worker will need to discuss and agree how the Children's Assessment will be jointly conducted. If the case has been open for over three weeks there should be an open Early Help assessment that can form part of the transfer paperwork and should be copied forward into the Children's Assessment. Children's Social Work will be responsible for authorising the assessment. If at the end of the assessment the case remains in Children's Social Work the future role of Targeted Family Support Team will be agreed at either the Initial Child Protection Conference or Child in Need Meeting. However if the child is made subject to a Child Protection Plan the case will close to Targeted Family Support Team. In such circumstances a joint goodbye/handover visit will be conducted.
- vii. A record of the visit will be completed by the Targeted Family Support Worker. Where it has not been possible to conduct a joint visit the expectation is that the Targeted Family Support Worker must have a goodbye visit which is recorded on Liquid Logic Liquid Logic
- viii. The Targeted Family Support Worker will close the assessment; and their involvement in Liquid Logic
- ix. If following the assessment it is agreed that the threshold for Children's Social Work is not met the Social Worker will complete a closure form to end their involvement The Targeted Family Support Worker will continue to work the case down.
- x. Where there are clear Child Protection concerns a joint visit will be undertaken by the Targeted Family Support Worker and the Social Worker and Child Protection Statutory processes will be followed.
- xi. **Please note: cases that require immediate child protection investigation or where there is a young person presenting as homeless and in need of a housing assessment should be escalated directly into the Children's Duty Team.**

### **g) Transfer from Targeted Family Support to Early Help**

- i. When a Targeted Family Support Team feel it is more beneficial and appropriate for a family to be transferred to a Children's Centre the Targeted Family Support Team Specialist or Manager will make contact with the Community Family Support Manager or Early Support Specialist by telephone or face to face and have a discussion about the case, agreeing a period of co-working for up to three weeks (if appropriate). This period of co-working can with agreement by Community Family Support Manager or Early Support Specialist and Targeted Family Support Specialist or Manager be extended. Before transferring a case to Targeted Family Support, consideration should be given to whether it would be appropriate to transfer the case to other Universal services to lead on an Early Help or Priority Family Assessment.
- ii. A joint visit will be carried out by the Targeted Family Support Worker and the Early Help Family Support Worker; the Targeted Family Support Worker will be responsible for the completion of the record of visit. After the visit the case will be reviewed by the Early Support Specialist or Manager and Targeted Family Support Specialist or Manager and a joint decision will be made on what should happen next. This could be either an Early Help or Priority Family Assessment, targeted group work or open access provision.
- iii. The discussion and decision should be made in accordance with the Family Support Pathway and should be recorded in the Case Notes on Liquid Logic Liquid Logic by the Targeted Family Support Specialist or Manager.
- iv. If it is agreed that the case will transfer to the Children Centre the Early Help Family Support Worker will be invited to the Early Help review where the case will transfer to the Children's Centre.
- v. After the early help assessment review a joint goodbye/handover visit will be conducted. A record of the visit will be completed by the Targeted Family Support Team worker. Where it has not been possible to conduct a joint visit the expectation is that the Targeted Family Support Team worker must have a goodbye visit which is recorded on Liquid Logic.
- vi. The Targeted Family Support Specialist will initiate the Case Coordinator Transfer form (this will end their involvement) and send to the receiving Children Centre team. The Early Support Specialist will complete the Case Coordinator Transfer form and allocate to the Early Help Family Support Worker. The Early Help Family Support Worker will continue working the case and review using the Early Help or Priority Family Assessment.

**h) Transfer from Children's Social Work (Inc. Disabled Children's Team) to Children's Centre (child aged under 5 and their siblings)**

- i. When Children's Social Work have assessed that a child and family would benefit from more local support in a Children's Centre the Children's Social Work Team Manager will make contact with the Early Support Specialist by telephone or face to face contact and have a discussion about the case, agreeing a period of co- working for up to three weeks. Both will contribute to any new assessment, reducing duplication and building on existing relationships and knowledge. This period of co-working can, with agreement by Early Support Specialist and Children's Social Work Team Manager, be extended. Before considering a transfer, consideration should be given to whether the case could transfer to other Universal services for an Early Help or Priority Families Assessment.
- ii. A joint visit will be carried out by the Social Worker and the Early Help Family Support Worker; the Social Worker will be responsible for completing the recording of the visit. After the visit the case will be reviewed by the Early Support Specialist and Children's Social Work Team Manager and a joint decision will be made on what should happen next. Consent must have been gained from the family to proceed with Early Help.
- iii. The discussion and decision should be made in accordance with the Family Support Pathway and should be recorded in the Case Notes on Liquid Logic by the Children's Social Work Team Manager.
- iv. If it is agreed that the case will transfer to the Children Centre the Early Help Family Support Worker will be invited to the Child in Need review where the case responsibility will transfer to the Children's Centre, following the Liquid Logic case transfer by the Children's Social Work Senior Practitioner process. After the Child in Need review a joint goodbye/handover visit will be conducted. The recording of the visit will be completed by the Early Help Family Support Worker. Where it has not been possible to conduct a joint visit the expectation is that the Social Worker must have a goodbye visit which is recorded on Liquid Logic.
- v. Following the goodbye/handover visit the Social Worker will complete a closure form to end their involvement on Liquid Logic. The Early Support Specialist will complete the pickup of the transfer, start a contact and open an Early Help Episode and allocate to the Early Help Family Support Worker.



### **i) Transfer from Children's Social Work (inc. Disabled Children's Team) to Targeted Family Support**

- i. When Children's Social Work have assessed that a child or family can be supported by the Targeted Family Support Team the Children's Social Work Senior Practitioner or Manager will make contact with Targeted Family Support Specialist or Manager by telephone or face to face and have a discussion about the case, agreeing a period of co- working for up to three weeks. The Children's Assessment will contribute into any new assessment to reduce duplication and building on existing relationships and knowledge. This period of co-working can, with agreement by Targeted Family Support Team Specialist / Manager and Children's Social Work Team Specialist / Manager, be extended. Before transferring consideration should be given to whether the case could transfer to Universal services for an Early Help or Priority Families Assessment.
- ii. Targeted Family Support Team will become the Early Help Coordinator and open up an Early Help Episode during this period of joint working.
- iii. A joint visit will be carried out by the Social Worker and the Targeted Family Support Team Worker. The Social Worker will be responsible for the completion of the recording of the visit. After the visit the case will be reviewed by the Targeted Family Support Team Specialist / Manager and Children's Social Work Team Specialist / Manager and a joint decision will be made on what should happen next.
- iv. The discussion and decision should be made in accordance with the Family Support Pathway and should be recorded in the Case Notes on Liquid Logic by the Children's Social Work Team Manager.
- v. If it is agreed that the case will transfer to Targeted Family Support Team the Targeted Family Support Worker will be invited to the Child in Need review (in some cases a Child Protection Conference) where the case responsibility will transfer to Targeted Family Support Team, following the case transfer process by the Children's Social Work Senior Practitioner. After the Child in Need Review or Child Protection Conference a joint goodbye/handover visit will be conducted. The recording of the visit will be completed by the Social Worker.
- vi. Where it has not been possible to conduct a joint visit the expectation is that the Social Worker must have a goodbye visit which is recorded on Liquid Logic.
- vii. Following the goodbye/handover visit the Social Worker will complete a closure form and end their involvement in Liquid Logic. The Targeted Family Support Specialist will complete the pickup of the transfer, start a contact and open an Early Help Episode and allocate to the Targeted Family Support Worker.
- viii. If at any time during this process concerns escalate the case will remain in Children's Social Work until a more appropriate time and the role of Targeted Family Support Team Worker will be reviewed.

### **j) Transfer from Children's Social Work Teams to the Children in Care Teams**

- i) Cases for children and young people who are aged 0-17 years and who fall into the following cohorts can be transferred to the Children in Care team:
- Children who are the subject of a Statutory Order (Care Order Sec 31, Children Act 1989 or Placement Order, Adoption and Children Act 2002). In these circumstances the case can be transferred to the CiC team within 10 days of the order being granted and the permanency decision being made i.e. at the conclusion of care proceedings.
  - Children who are accommodated by voluntary agreement (Sec 20, Children Act 1989). These children can be transferred to the CiC Team within 10 days of a decision being made (usually by the second statutory CiC Review) that the child's permanent plan is for them not to return home.
  - Unaccompanied Asylum Seeking Children (UASC). These cases can be transferred at the 72 hour planning meeting.

### **k) Transfer from the Children in Care Team and Children's Social Work Teams to the Leaving Care Service**

- i) Cases will normally transfer to the Leaving Care Service from the CiC Teams and Children's Social Work Teams prior to the young person's 18<sup>th</sup> birthday. The Leaving Care Service will attend the last Statutory CiC Review held prior to the young person's 18<sup>th</sup> birthday to facilitate a seamless transfer.
- ii) However, there may be some complex cases where it is appropriate to highlight the case prior to the final review. These cases should be highlighted by social workers during casework supervision and, if the Team Manager approves, then raised with the Leaving Care Team from the young person's 17<sup>th</sup> birthday onwards to enable attendance at the review prior to the final review.

### **I) Transfer from Children in Care Teams (inc. Disabled Children's Team)**

- i. Where the Children in Care (CiC) Review confirms the decision to the reunification home of a child accommodated under Section 20, the case will be considered to be either a Child in Need or a vulnerable child or young person requiring Targeted Support.
- ii. Any plan for a child to cease being looked after must be robustly assessed to ensure that they are prepared, that it is safe for them to move back to their family home and that any risks associated with this plan have been properly considered in line with Child Protection Procedures.
- iii. The Assessment and the Care Plan must address how the child or young person and their family will be supported and ensure that appropriate support is in place. Where the assessment determines that the on-going needs can be met by Children's Social Work as a Child in Need or Targeted Family Support on an Early Help Support Plan the relevant Specialist or Team Manager should be notified.
- iv. In the event of a case being considered for transfer from a Child in Care Plan to a Child in Need Plan or a Targeted Family Support Plan there will be a telephone discussion between the CIC Team Manager and the relevant Specialist / Team Manager. This must take place prior to the concluding CiC Review meeting to ensure that all relevant information is known and that an appropriate level of priority is given to the case transfer. The new team should be invited to the Review.
- v. The responsible Children in Care Social Worker will remain involved for 6 weeks to ensure that the Support Plan is implemented and to effectively support the child or young person. If concerns escalate before 12 weeks the CiC Social Worker will resume an active role, especially if the child comes back into care.
- vi. CAMHS CIC service: Where a child or young person/foster carer require emotional and mental health support this can be accessed from the CAMHS team via a consultation. The allocated Social Worker must complete the referral paperwork to access a consultation with the team. The team can be contacted on (0115) 8440539 via the SPA and [www.bemhnottingham.co.uk](http://www.bemhnottingham.co.uk).

## **8) Problem Solving and Escalation**

- a) Where Managers are unable to agree on the appropriateness of a case transferring, the issue must be resolved within 48 hours. This will involve referring the case to the relevant Service Manager in Children's Social Work and Head of Service in Early Help Services or Children's Duty and Targeted Services for resolution within 24 hours. If this cannot be achieved, the case must be referred to the relevant Heads of Service for resolution within a further 24 hours.
- b) At all stages of this process until a resolution is achieved, continuing case responsibility for managing risk and meeting needs will be held by the allocated team.
- c) It is important to compile an audit trail of case resolution, agreed actions and evidence of decision making. This must be clearly recorded on Liquid Logic within the Case Notes/General Notes section of the child's case file; for example, the date actions were agreed and by whom.

## **TERMS OF REFERENCE – LOCALITY HUB MEETINGS**

### **PURPOSE**

The purpose of the Mini-Hub meeting is to ensure:

- Effective joint working and co-ordination between Social Care, Targeted Family Support and Early Help Services to meet the needs of those children with early indicators of complex needs or safeguarding risks.
- Early identification of children and families who are demonstrating potentially complex indicators for future safeguarding, and consider what could be done differently with these families and what support can be offered to avoid later risks.
- To ensure that the Priority Families model is embedded within the locality, and that all eligible families are accessing the support available.
- Enabling the joint working of cases by two service areas until such time as the most appropriate service area is clearly able to be identified.
- Effective sharing of information and a seamless, well-managed transition on those cases which are likely to ‘step-across’ the service areas and enable effective forward planning from all services.
- Appropriate allocation of cases to either Early Help, Targeted Family Support or Social Care (in cases where it is not obvious which service should be the lead), through use of integrated professional judgement
- Services support one another, where appropriate, in specific cases where the professional expertise of another service area will add value to the work currently being done on the case. This is not necessarily a ‘step-across’.
- That the Service Areas communicate any emerging issues which will impact upon one another and are able to forward plan as appropriate e.g. providing a programme for the community in a response to a rise in domestic violence cases, or providing an overview of staffing and resourcing levels and the impact on the service.

It is not the purpose of the Locality Hub to replace normal channels of communication and co-ordination of work with children and young people between service areas, and members should not delay their responses to immediate need or risk, or where actions can be agreed between organisations as part of “business as usual”.

The Locality Hub meetings will not receive any referrals of cases that are new into Nottingham City Council Children’s Integrated Services. All new cases must go through the Children & Families Direct Hub to be allocated appropriately.

### **FREQUENCY**

There will be four hub meetings in each locality per month.

### **MEMBERSHIP**

The meeting will be chaired, co-ordinated and arranged by the Social Care Service Manager for relevant locality. If a manager is unable to attend then they should ensure a specialist is able to attend in their absence

Phase One:

Social Care Service Manager (chair)  
 Targeted Family Support Manager / Specialist  
 Community Family Support Manager or Early Support Specialist  
 Social Care Team Manager

Either a representative from FIP or a Priority Families Accredited Practitioner

Phase Two:

A locality schools representative (DSL?)  
 Community Safety representative (Police)  
 Health representative  
 Housing representative

## **STANDARD AGENDA**

The standing agenda for the meeting will be:

- a) What's Working Well? (Good news in the Locality)
- b) What are we worried about?
  - Children of Concern
  - Issues with transfer / blockages
- c) What do we need to do now? (Agreeing Actions)
- d) Service Updates / Capacity

## **RECORDING**

Business support will be provided by the Team who are hosting the meeting that month. Succinct discussion notes will be recorded on the form shown at Appendix 1.

Following the meeting the key elements and agree actions relating to each case discussed will be logged on Liquid Logic as a 'Management Oversight'. These will be logged by the manager who brings the case to the meeting.

Notes of the meeting will be saved by the Children's Social Work Service Manager.

## **GOVERNANCE**

Mini hubs do not replace existing strictures or statutory processes. Any themes identified from hub meetings will be shared at PIMMS and will feed into Head of Service meetings.

## **ESCALATION**

Where Managers are unable to agree on the appropriateness of a case transferring, the issue must be resolved within 48 hours. This will involve referring the case to the relevant Service Manager in Children's Social Work and Head of Service in Early Help Services or Children's Duty and Targeted Services for resolution within 24 hours. If this cannot be achieved, the case must be referred to the relevant Heads of Service for resolution within a further 24 hours.

At all stages of this process until a resolution is achieved, continuing case responsibility for managing risk and meeting needs will be held by the allocated team.

It is important to compile an audit trail of case resolution, agreed actions and evidence of decision making. This must be clearly recorded on Liquid Logic within the Case Notes section of the child's case file; for example, the date actions were agreed and by whom.