

Transferring and Closing Cases

1. Introduction

This document provides guidance about the process of transferring and closing cases. We are committed to providing a consistent service to children and families in Havering and it is key to this that when issues that arise on open cases they are, wherever possible, dealt with by the existing team. This Protocol should be read alongside the Working Together to Safeguard Children and the **London Child Protection Procedures** that, together, set out the context for much of our work.

Cases regularly move between teams and it is the purpose of these notes to try and ensure that there is a clear understanding of how a case should move from one team to another. The objective is to ensure that there is both continuity of care and clarity of responsibility at each stage of the process.

One FRONT DOOR to Children's Social Care: Children & Young People's Service operates an Integrated Multi Agency Safeguarding Hub alongside of Adult Services. The Triage MASH & Assessment team are the Front Door that links in new enquires from professionals and member of the public to other specialist social work teams. On rare occasions, Contacts will be received directly by another team. In these instances, they should be redirected back to the front door to ensure that the Contacts are clearly recorded, and appropriately 'workflowed' back to the relevant service areas.

2. General Principles Case Transfer

Transferring of cases is underpinned by keeping the best interests of the child(ren) and their families in mind, and to minimise any disruption to the child(ren) journey whilst transitioning between specialist teams.

The Transfer process operates a 'revolving' transfer date, and not a fixed once a week allocation day. There will be different 'points' of transfer, depending on the process/route followed. The revolving transfer date is to reduce delay, and drift to disrupt as little as possible the child's journey.

Disputes resolution of transferring cases will be escalated to the Group Managers in the first instance. If still unresolved, the Service Manager's decision will be final. Disputes resolution of transferring cases should not impact on the services to the child(ren).

All teams will operate a duty system for cases that cannot be immediately allocated, and a delay reason will be recorded in the child(rens') electronic social care record. Cases held on duty in each team will be reviewed and prioritised accordingly by the Group Manager or in their absence, the Practice Manager, Deputy Team Manager's or Advance Practitioner. The purpose of reviews is to continually evaluate known risk, and priority until the case is allocated.

The Single Assessment now replaces the initial and core assessments, and all single assessments should be completed within 45 days. Here are two transfer routes: External and Internal

- The Transfer Meeting will be chaired by the Practice Manager for the Assessment Team, in their absence, a nominated Practice Manager or Deputy Team Manager
- The Transfer process MUST comply with Social Care child(ren) e recording process'
- Where applicable cases can be subject to Legal Planning Meeting, Case work Panel etc,
- External and Internal cases for transfer will be discussed ahead of time at a weekly Transfer Meeting. A small number may have transferred already, while others will require a date for transfer.
- External and Internal cases require appropriate documents. External cases are also subject to the Internal transfers document requirements: Where appropriate cases will be MASH'ed, have a clear Chronology, a Single Assessment, clear evidence when the child was last seen, and include Key Dates for any scheduled meetings. Additional documents, ICPC, LAC, PEP, Health Assessment, Statements, Minutes, and Referrals etc. should be available in the child(ren) e social care record.
- **The 3 month Closing Principle:** If a Contact is re-referred for the SAME reasons/concern/issues at the time of closure, this will be considered for re-allocation back to the previously allocated social worker and/or team. The Practice Manager will inform their peer in the receiving team. If not agreed these will be escalated to the Group Managers.
- **The 3 month Closing Principle:** also applies to s7,s37 and Addendums.
- A two week 'Radar' email will be sent to the receiving Team Managers by the Practice/Group Manager from Assessment to inform of cases that have the potential of transferring. This will ensure that cases will be transferred in a timely way and enable receiving teams forward planning on case allocation.
- By default, the External and Internal cases that Transfer will be tracked in the child(rens) CCM social care record. However, individual teams may choose to manually record decisions in the event the e-records are not available.
- The Children's Care Management (CCM) 'Workflow' will be used to transfer cases electronically to receiving teams. ALL teams should have designated 'Team Task List' set up. This will eliminate drift, and provide sufficient cover for AL-TOIL, sickness etc.

THE 'FRONT DOOR' Transfers between Teams

INTERNAL PROCESS'

1. TRIAGE MASH to other Teams:

Joint/Single s47 Investigations on open cases to the LA.

It is the responsibility of the allocated social worker/team to undertake joint/single s47 investigations with CAIT Police Team. There may be exception to this rule, and this will be directed by the Service Manager.

In some instances T MASH may receive phone and/or written Contacts on open cases via Police, Professionals or the member of public which are clear allegations/disclosures of abuse and meet the Threshold Criteria for social care Tier 4.

- **Phone call protocol:**

T MASH duty social workers should immediately transfer Phone calls to the allocated worker and if not available to the Deputy Team Manager's of that team. It is critical that the T MASH duty worker has alerted a Manager in the absence of the allocated Social Worker or Practice Manager. It is NOT acceptable to simply transfer a call without first knowing you have established you have followed the correct process. Any delay from either T MASH or the allocated Social Worker/Team needs to be escalated to the T MASH Practice Manager and/or the T MASH & Assessment Group Manager.

- **Written Contact protocol:**

Triage Deputy Team Manager is to phone the allocated Social Worker and/or Manager regarding the Contact, and immediately forward the Contact to the appropriate team. The allocated team will proceed to follow the s47 statutory operational procedures.

Triage MASH to Early Help/Universal Services

T MASH receives Contact from Police, Professionals, members of the public and creates the Contact inside CCM e social care record, and given the Rag Rating of GREEN 72hrs

T MASH will create the Contact inside CCM e social care record, and given the Rag Rating of AMBER 24hrs GREEN 72 hrs

A decision will be made by T MASH Deputy Team Manager/Social Worker what course of action is required

- Phone call to clarify or gather to information
- Phone call for advice, information and to signpost to other services
- A letter informing the above, and/or to inform that further Contact may result in meeting the Threshold Criteria for a Single Assessment
- Recommending for an Early Help Assessment to be undertaken
- Recommend for Early Help Services
- Recommending No Further Action

In any of the above instances the appropriate action will be taken and the will be recorded in the child(ren's) CCM electronic social care record and then closed.

New Contacts received on cases closed within 3 months. Triage MASH to a receiving Team

In some instances T MASH may receive phone and/or written Contacts on cases closed within the last 3 months to the Assessment, u12, 12+ or CWD via Police or other Professionals.

T MASH will scan the Contact into ESCR in CCM e social care record, record a case note, and workflow the case note to the respective team.

If a Contact is **re-referred for the SAME reasons/concern/issues at the time of closure**, this will be considered for re-allocation back to the previously allocated social worker and/or team. The Practice Manager will inform their peer in the receiving team. If not agreed these will be escalated to the Group Managers.

If Not accepted in the previously allocated team, the route below will apply

New cases Triage MASH to Assessment POD's

There are essentially two particular routes for these cases. Those cases that are triaged as Tier 4 High Priority cases are s47 cases and these will be RAG Rated as RED 4hrs. **Some Tier 4 cases where a child(ren) is NOT at imminent risk will be RAG Rated as AMBER 24hrs.**

Cases that are triaged as Tier 3, 2, 1 will be RAG Rated as either AMBER 24 hrs or GREEN 72hrs.

Tier 4 Contacts

S47 Contacts

T MASH receives Contact via Police, Professionals, or member of the public. Contact will be progressed to a Referral inside CCM child(ren) e social care record, and given the Rag Rating of RED 4 hrs.

Simultaneously, the Case will be Workflowed to the Assessment Duty Deputy Team Manager . The Practice Manager and Group Manager will be informed. Researchers will be MASHing the information with partner agencies, Deputy Team Manager in MASH will be having the initial Strategy Discussion with CAIT Police team, if a joint visit is required the Assessment Team will liaise with the CAIT team on the practicalities.

- The Involvement of the T MASH is completed and the Assessment Deputy Team Manager will add team Involvements in CCM,

Once MASH information is completed this will be sent to the Assessment Duty Deputy Team Manager.

Tier 4 Contacts not at risk of Imminent harm (non s47)

T MASH receives Contact via Police, Professionals, or member of the public. Contact will be progressed to a Referral inside CCM child(ren) e social care record, and given the Rag Rating of AMBER 24 hrs.

The Case will be Workflowed to the Assessment Duty Deputy Team Manager. Researchers will MASH the information with partner agencies. .

- The Involvement of the T MASH is completed, and the Assessment Deputy Team Manager will add team Involvements in CCM

Once MASH information is completed this will be sent to the Assessment Duty Deputy Team Manager

Triage MASH Contacts received from Legal Services: s7, s37, Addendums, Special Guardianship Orders (can also originate outside of the LBH)

These Contacts can sit within any of the teams and can require slightly different routes. One route is when a case is new to LBH, the other is when a Contact is received for cases already known to LBH

Cases NOT open to LBH. s7, s37, Addendums T MASH to u12 or 12+ teams

T MASH receives Contact from Legal Services and creates the Contact inside CCM e social care record, and given the Rag Rating of AMBER 24hrs

Section 37 Court Reports:

MASH'ed information will be scanned to the appropriate team to be allocated to a social worker.

The receiving allocated social worker/team will progress the Contact to a Referral, end the involvement of the T MASH inside CCM e social care record and attached their/team involvement.

Section 7 and Addendums Court Reports:

T MASH will challenge via Legal Services whether the LBH is the appropriate service to furnish the s7 and/or Addendums. Note: this can take anywhere up to 4-6 weeks before LBH duties can be formally discharged by the Court, and this can severely place the receiving team at a disadvantage to complete the report. However it will eliminate the unnecessary furnishing of reports more appropriately completed by CAFCASS or any other agency. The "Protocol between CAFCASS and the Local Authority Children's Services" assists practitioners in identifying if a Section 7 report should be prepared by CAFCASS or Children's Social Care.

If discharge of this duty, T MASH will close the Contact in CCM and No Further Action

If the LA is ordered by the Court to furnish the s7 or Addendum T MASH will instruct Legal Service to request an Extension on the Report due to negotiation of responsibility.

sS7 or Addendum will be MASH'ed as Amber, 24 hours by T MASH.

Once completed the MASH'ed information will be scanned to the appropriate team to be allocated to a social worker.

The receiving allocated social worker/team will end the involvement of the T MASH inside CCM e social care record and attached their/team involvement.

*NOTE: the outcome of request of the Extension will not be known and may be unsuccessful

Cases known to LBH. s7, s37, Addendums T MASH to assessment, u12 -12+, or CWD team

T MASH receives Contact from Legal Services and creates the Contact inside CCM child(ren) e social care record, and given the Rag Rating of AMBER 24hrs

If the request for a s7, s37 or Addendum has been closed to an allocated social worker for less than three (3) months, the 3 month Closing Principal will apply.

MASH is completed, MASH'ed information will be scanned to the previously allocated worker via CCM.

The receiving allocated social worker/team will end the involvement of the T MASH inside CCM e social care record and attached their/team involvement.

The allocated worker to complete the s7, s37 or Addendum.

Special Guardianship Orders: T MASH to Adoption & Fostering Team

Legal Services receives the Court Notification of a SGO application and alerts the T MASH Practice Manager and the Adoption Manager via an email.

T MASH creates the Contact inside CCM e social care record, and will be Work flowed to the Adoption Manager. The Contact will be given the Rag Rating of AMBER 24hrs

T MASH will also check social care involvement / history in case follow up is required. If not required, once completed MASH'ed information will be scanned to the Adoption Manager.

Adoption Manager will end the involvement of the T MASH inside CCM e social care record and attached team involvement and allocate to a social workers.

EXCEPTIONS to the rule:

Contacts received directly by other teams and NOT through the 'Front Door'

From time to time Contacts will be received by teams outside of the preferred 'front door' route. These are usually +16 Housing cases received by the 12+'s team, and Children with Disabilities case by the CWD team. In these instances this is the process.

Contact is received by a receiving team i.e-12+ or CWD

Receiving team will direct the referrer or the referred information to T MASH who will create the Contact inside CCM e social care record and workflowed back to the team. T MASH will Rag Rate the Contact as Amber 24 hours. MASH information will be scanned to the receiving Team. Should the Contact meet the Threshold for an assessment then the Contact will be progressed to a Referral on CCM by the receiving Team. The team and/or allocated to a social worker will be attached in CCM. If it doesn't meet Threshold the receiving team will advise the referrer and close the Contact in CCM accordingly.

- T MASH involvement ended, allocated social worker progresses with assessment.

12+'s (via MAPPA and Serious Youth violence) to Triage RE: Gangs Research

- Requests are made via Community Safety Unit and/or from 12+ team. Depending on the urgency, the requests are RAG rated RED, AMBER or GREEN by the T MASH Deputy Team Manager/Practice Manager.
- Researchers will MASH the information with partner agencies. MASH'ed information will be sent via secure email to both the MAAPA Co-ordinator and the Group Manager of the 12+'s Team
- The Involvement of the T MASH is completed

12+'s 16+Housing via PASC & T MASH

- Call from the PASC receptionist, T MASH will collect enough details and share information with the 12+ Team.
- A Social Worker from the 12+ Team goes to the PASC to meet the Young Person.
- T MASH will create the Contact, forward to Researcher's to be MASH'ed and share the MASH information (hard copy) with the allocated Social Worker in the 12+ Team
- The outcome from T MASH on the Contact will be *'Information received, passed to key team'*.
- T MASH will send the Contact by work flow to the Practice Manager and the Deputy Team Manager in the 12+ Team.
- TMASH will add the 12+ team as 'Involvement' on CCM.
- The 12+ Team will update the outcome of the Contact following their meeting with the Young Person.

This process is aimed to eradicate the delay for the Young Person staying on the Housing queue for a number of hours.

EXTERNAL PROCESS T MASH to Receiving Teams:

Transfer In CP/CIN/LAC/CWD and Privately fostered children cases

T MASH receives Contact from another Local Authority, County or the UK/EU, or the fostering service and creates the Contact inside CCM e social care record, and given the Rag Rating of AMBER 24hrs

Once completed by T MASH, the Contact will be Workflowed to the appropriate team and the MASH'ed information will be scanned to the appropriate team.

The receiving team will end the involvement of the T MASH inside CCM e social care record and attached team involvement.

The receiving team will do the following:

- Apply Statutory guidance regarding timeframes & process
- Meets Threshold Criteria
- Request any outstanding and/or additional documents

In the case of CIN/CWD cases not meeting the Threshold Criteria to require an ongoing LBH service, the appropriate team will inform the Referrer accordingly, and close the Contact, and team involvements inside CCM e social care record and either signpost and/or No Further Action

In cases where CP/CIN/LAC/CWD have meet the Threshold Criteria and any outstanding documents have been received, a decision will be made by the Group Manager to formally accept a case, and the other LA, County or UK/EU will be notified accordingly.

The Contact will be progressed to a Referral in CCM.

Progress the Contact to a Referral inside CCM triggers the LA's case responsibility.

The case will be allocated to a social worker and Involvements attached in CCM.

2. Assessment Team transferring to Receiving Teams:

Assessment Team to u12 and 12+ Teams

The Assessment Team have a RAG Rating for cases that meet the Threshold Criteria for single assessment. RED 15 working days, and AMBER 25 working days with an overall absolute limit of 45 days.

Cases can be transferred from the Assessment Team to the u12 and 12+ in the following ways

- Where children are subject to care proceedings i.e. having obtained an Emergency Protection (EPO) or Interim Care Order (ICO) the point of transfer being at the first court hearing.
- Where children are looked after under section 20 of the Children's Act 1989, have not returned home within 20 days and after the completion of the single assessment, the point of transfer being the first LAC Review
- Where children have become subject to a child protection plan after a Section 47 investigation leading to Initial Child Protection Conference, the transfer will take place at the initial Child Protection Case Conference.
- Where the child is made the subject of a child protection plan pre-birth, the case will transfer at the pre-birth conference. This should be at the earliest opportunity following the completion of the single assessment but NOT before 20 weeks gestation.

- A case is accepted as Child in Need and a single assessment has been completed and further intervention is required from social care because the children have multiple or complex needs. Cases should not be transferred to Under 12's or 12+ if there are needs identified through the single assessment that can be met through universal or targeted services and the use of the Early Help step down procedure. The point of transfer will be the first CIN meeting with an outline CIN plan completed at the first Child in Need meeting.
- Homelessness, the point of transfer being either the initial Child Protection Plan Case Conference or Child in Need Meeting as appropriate.
- Requests for Section 7 court reports on new referrals are completed by "The Protocol between CAFCASS and the Local Authority Children's Services" assists practitioner in identifying if a Section 7 report should be prepared by CAFCASS or Children's Social Care.
- Requests for Section 37 court reports on new referrals are completed by "The Protocol between CAFCASS and the Local Authority Children's Services" assists practitioner in identifying if a Section 37 report should be prepared by CAFCASS or Children's Social care.
- No Recourse to Public Funds. Will now have a specialised Social Worker and Family Support Worker operating out of the T MASH.

In order to ensure that receiving teams are given due notice of cases possibly transferring a 'Two week Radar' will be observed, and receiving teams will be sent an email by the Practice /Group Manager to inform of cases that have the potential of transferring. This will ensure that cases will be transferred in the 'revolving door' method, and enable receiving teams forward planning on case allocation. Cases transferring from the Assessment Team to Under 12's, 12+ and/ or Children with Disabilities should be discussed at the weekly Case Transfers Meeting.. Case Transfers Meeting is chaired by a Group Manager or Service Manager as appropriate with a Practice Manager from Assessment Team and receiving team's Practice Manager or Deputy Team Managers.

Transfer Standards

- It is the responsibility of the sending and receiving team to quality assure prior to attendance at the case Transfers Meeting.
- All cases identified for transfer must be accompanied by completed transfer checklist and transfer summary.
- A chronology must be completed to reflect the type of case being transferred.
- A genogram will be completed with all assessments completed.
- The referral for Family Group Conference should be completed.
- For children who are in care the Initial Health Assessment Personal Education Plan Meeting should have occurred by the time of the first LAC Review.
- Introductions should take place with the child and family to any new social worker before or at the point of transfer (this could take place at the Initial Child Protection Case Conference or first LAC Review).
- There is an expectation that work is allocated when appropriate and in a timely manner.
- That all case files are up to date prior to transfer.
- That cases are allocated to an appropriate worker in line with the caseloads and experience.

- These procedures will not cover every case situation and in exceptional cases it is expected that Group Managers will negotiate individual decisions based on the child.

Cases will often be subject for Legal Planning oversight, Case Work Panel, LAC process' and timeframes.

EPO and ICO these transfer as stated above.

Where care proceedings need to be issued urgently, cases should be presented at LAC Panel if a placement is needed including placing with Family and Friends. If delay would be harmful the decision to proceed with a Legal Planning Meeting should always be agreed at service manager level via a case clinic if possible. Where there is a need to make a quick decision in the interests of preventing harm to a child, the relevant Service Manager who confirms the decision to issue an application for an EPO or ICO as appropriate must always be consulted they will record their decision on CCM, and the case presented to the next available LAC panel.

The case should proceed in the usual way if the need to issue is not urgent and the case can be managed through case clinic and legal tracking panel as part of the pre stage PLO and the panel will advise on when the case can be issued and time presentation to the LAC panel if a placement is needed.

- The receiving team is also advised at this point (and provided with an opportunity to participate in the LPM) in order to avoid DRIFT and delay for children and families.

Legal Services are instructed to 'test' Legal threshold, and to engage Barrister, Court etc

Assessment Team Social Worker to draft the Statement and Care Plan in consultation with the Care Proceedings Case Manager. The timescales for the completion of the relevant documents is set and determined at the LPM.

- Whenever possible, Care Plan to consider Contact, Specialist and Viability assessments, timeframes, most importantly the Child's Best Interests

Statement to be reviewed by the Assessment Team Deputy Team Manager and Practice Manager in consultation with the Care Proceedings Case Manager who will Quality assure the documents.

If there is an Independent Reviewing Officer, they should be consulted throughout. They should be workflowed to ask for their comments when the Care Plan is being prepared.

Assessment Team Social Worker and Deputy Team Manager attend the first court hearing and an invitation should always be extended to either Under 12's, 12+ or Children with Disabilities as appropriate.

***Outcome of Court Order granted or not, ordered to return for ICO**

Thereafter the procedure outlined above in 2. Assessment Team transferring to Receiving Team U12's and 12+ Teams applies.

Assessment Team Looked After Children process:

There are two main routes. 1. When a child(ren) is Looked After by the LA or 2. When a child(ren) is Looked After by a family member or family friend.

Process for when the Child(ren) are LOOKED AFTER CHILDREN by the LA

NO ICPC at this stage, RAG Status RED 15 Working Days.

1st Send out the LAC ALERT via email to appropriate parties

Consider the Placement options available from Commissioning as ideally would like to only to move them ONCE

START the ASSESSMENT Immediately

DRAFT the Care Plan-this needs to go to Service Manager for approval

NOTE: Prior to sending the Referral for a Legal Planning Meeting key documents MUST be attached. Referral to LPM sent to u12 Senior Administrator with following attached:

Careful consideration must be observed when drafting the Care Plan/Working Agreement.

Where applicable a Family Group Conference Referral, should be made and a placement request.

Process for when the Child(ren) are in the Care of family and/or friends and have a legal status of LAC.

NO ICPC at this stage, RAG Status RED 15 Days.

Pre Public Law Outline DISCUSSION: Discussed by GM/PM/SP with Service Manager at the onset of the s47/Referral if appropriate.

Pre parallel planning DECISION is made by Service Manager, GM,PM, SP.

Police take s46 Police Protection or parents/person with Parental Responsibility agrees s20

1st thing IMPORTANT: Regulation 24 with a 'Connected Person' this needs to go to Service Manager who will discuss with Service Manager Adoption & Fostering as a matter of URGENCY:

2nd Send out the LAC ALERT via email to appropriate parties

START the ASSESSMENT Immediately

DRAFT the Care Plan-this needs Service Manager Approval

NOTE: Prior to sending the Referral for a Legal Planning Meeting the following MUST be attached

- Referral to LPM sent to u12-12+ Senior Administrator with following attached
 - Copy of the Reg 24
 - Copy of LAC ALERT
 - Copy of assessment/ICPC Report-be VERY specific about the recommendation and category. Be specific about some of the points in the PLAN to be reviewed at first Core Group
 - Chronology
 - Police notifications if any
 - Other reports if applicable
 - IF available a copy of the Care Plan
 - Copy of Supervised Contacts x2

Careful consideration must be observed when drafting the Care Plan/Working Agreement.

Complete a Family Group Conference Referral, and a Looked After Children placement Referral

If a Viability Assessment is considered, a Referral Needs to be sent to Adoption Fostering-Service Manager/Team Manager for advice, and further instruction

Assessment POD's to receiving teams-under 12 and 12+

Transfer process for child(ren) subject to a Child Protection Plan

Decision made by Social Worker/DTM for recommendation for an ICPC. Request for ICPC Workflowed in CCM e social care record to Practice Manager and/or Group Manager for consideration

- Mentioned in 2 week radar email to receiving team

Decision supported by Practice Manager or Group Manager to support recommendation. Request Workflowed to Service Manager for Approval

- Decision NOT supported by Practice Manager or Group Manager, allocated worker to gather further information or recommendation to consider CIN (see next process)

Service Manager provides Approval case note on CCM, and request Workflowed back to all parties to progress.

- Mentioned in 2 week radar email to receiving team
- Information regarding the ICPC is provided to the receiving team at the next available Transfer Meeting.

Assessment Social Worker/Deputy Team Manager and identified 'allocated' worker from the receiving team attend the ICPC. Category decided and 1st Core Group scheduled. Case formally transfers to the receiving team via CCM.

Receiving team will end the Involvement of the Assessment Team, adds the new allocated social worker/Team in the child(ren) e social care record.

END of the Assessment Involvement, Start of the receiving team Involvement and case responsibility

*Assessment Deputy Team Manager will Chair the 1st Core Group, receiving team will Minute.

*If child(ren) are made subject to a CIN Plan the transfer process for CIN will apply

Transfer process for child(ren) subject to a CIN Plan

Assessment is work flowed the Contact via CCM e social care record, end the Involvement of the T MASH, adds assessment team/social worker Involvements, and progresses the Contact to a Referral. The assessment timeframe is RAG Rated RED 20 working days

5 working days a management decision will be made to transfer case as CIN

- Mentioned in 2 week radar email to receiving team

15 Working day time frame for the allocated Social Worker to schedule the 1st CIN Planning Meeting Assessment Social Worker confirms Date, time and venue, and will provide the Chair, receiving tem to Minute.

- Information regarding the 1st CIN Planning Meeting is provided to the receiving team at the next available Transfer Meeting.
- Assessment social worker to endure that the Single Assessment in t the CCM e social care record has clear
 - ACTIONS/DRAFT CIN Plan
 - NEEDS are completed

1st CIN Planning Meeting held the Assessment Social Worker Chairs, identified 'allocated' worker from the receiving team attend and Minutes. CIN Plan is consolidated and additional Actions added Case formally transfers to the receiving team via CCM.

- The NEEDS identified in the Single Assessment will be 'pulled' through from the child(ren) e social care record by the allocated worker in the receiving team. This will form the basis (along with the additional Actions) the CIN Plan

Receiving team will end the Involvement of the Assessment Team, add the new allocated social worker/Team in the child(rens) e social care record.

END of the Assessment Involvement, Start of the receiving team Involvement and case responsibility

Closing Case Process in CCM

Social worker

From supervision a management decision to close case is made:
Complete 'supervision' case note type

Create case note type 'Case closure', once saved open extra question button. Add details of closing summary.

Send case note action to manager for authorisation. Action type – C: case closed

Manager

Select case note from task list and review. Action case note with comment to close case to admin.

Admin

Select case note from task list and follow check list below to close case.

Cases Transferring directly from Assessment to Permanency Team

- Where child(ren) have been relinquished by the parents at birth, they can be transferred immediately after they become looked after.
- Upon completion of LPM with a decision to initiate care proceedings in connection with an unborn child where there is history of Children's Social Care involvement and previous care proceedings resulting in removal.

Cases Transferring within the U12's services from CPPT to Permanence Team

- Where the child is subject to section 20, the point of transfer will be at the point of initiating care proceedings at the CMH.
- Where the child who is subject of CP plan subsequently becomes LAC as a consequence of obtaining an interim Care Order the point of transfer is at the first LAC Review or a relevant point in the child's journey.
- Where permanence through adoption or fostering has been recommended, this will be brought to the relevant best interests panel prior to transfer to the Permanency Team,

Cases Transferring from U12's to 12+

Where the child has reached the age of 11 years and 6 months (CIN, CP or LAC) – notification to be given to the 12+ Team of intention to transfer case.

Where the Court Proceedings have concluded and the child who was subject to Interim Care Order subsequently becomes CIN (as a consequence of being placed with wider family under Section 8 Order/ SGO or CAO) and a Supervision Order has been granted to Havering CYPS, the point of transfer is at the first CIN Meeting.

- If the child is 0-11years and 6 months and is a CIN/CP case, the case responsibility will be transferred to Social Worker in Child Protection Planning Team. As at the point of the first Review the child would have reached 11 years and 6 months.
- If the child is 11years and 6 months or beyond the case responsibility will be transferred to Social Worker in the 12+ Team.

30/08/2014

Cases transferring or Stepping Up from Early Help Services:

Cases that are being Stepped Up from Early Help Services are to be transferred to the receiving u12 or 12+ team. There must be an Early Assessment completed with a clear Plan.

The Step-Up cases will be discussed at Transfers Meeting that is held every Monday and chaired by a Senior Manager.

Following a decision that the case meets Tier 4 threshold and should step-up from Early Help Services to the receiving Team (u12 or 12+Team, the receiving team will notify the MASH team.

The MASH team will create a contact with the outcome of 'Information Received Passed to the Receiving Team' and also MASH the case as AMBER 24 Hours.

MASH will send the contact by Workflow to the receiving Team. The receiving Team will update the outcome of the contact.

MASH information will be forwarded by e-mail to the receiving Team.