

# Children's Social Care Transfer Protocol

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## **1. Scope and Context**

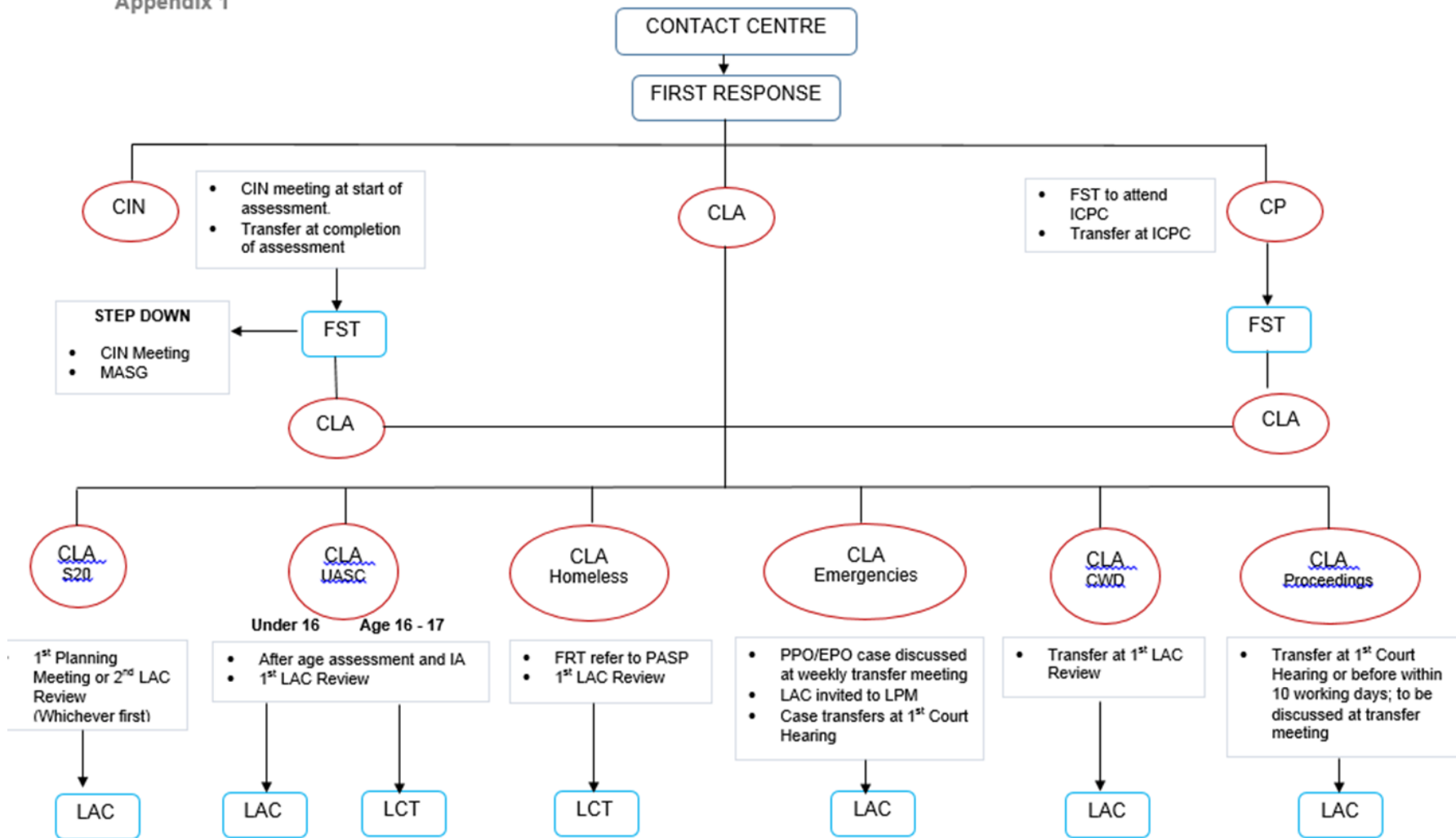
- 1.1 The purpose of this protocol is to clarify the arrangements for all children and young people receiving a service from Peterborough's Children's Social Care whose case is transferring between Services across the Service.
- 1.2 Peterborough Children's Social Care is constructed into specialist teams in order to provide an effective and deliverable service to vulnerable children. Although every attempt is made to minimise changes in social worker and service for each child and their family, children's individual and changing needs mean that different services may be required at different stages. It is therefore inevitable that on occasions, children's cases will need to transfer between teams in order to respond to their changing needs. It is in this context that it is essential for practitioners and managers to be clear about the transfer points and the processes which should be followed to ensure a consistent, effective, service for vulnerable children.
- 1.3 The protocol covers all case holding Children's Social Care Teams and provides a framework for Teams to establish consistent responsibilities on behalf of all children who are in need, including those in need of protection, who move in planned or in unplanned circumstances across local authority boundaries.

## **2. Principles**

- 2.1 Transfer of cases and case responsibility will be conducted within defined timescales, according to defined standards ensuring as much continuity as possible for service users. The child's experience within the system should be the central concern.
- 2.2 Safeguarding should be the priority when transferring case responsibility. Recording should meet defined standards and allow the receiving service to see any immediate needs, assessments and plans required to keep the child safe.
- 2.3 Children, young people, their parents/carers and agencies, should be advised of any plans to transfer cases between teams. Case transfer should include a handover meeting with the child/young person and their parent/carer.
- 2.4 A case should never transfer to a new worker or team without prior discussion or agreement.
- 2.5 At no point should a child subject to a Child Protection Plan or a Looked-After Child be left unallocated. If difficulties are experienced in transferring cases and the matter cannot be resolved between Team Managers, this should be escalated to the Heads of Service, who are accountable for the smooth transition arrangements across the Services.

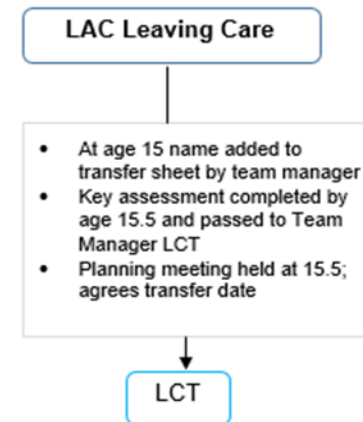
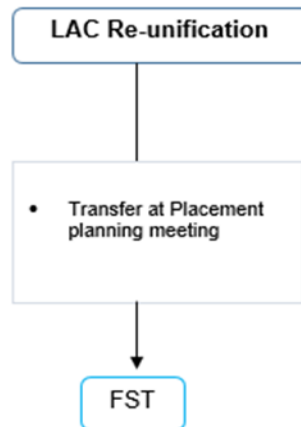
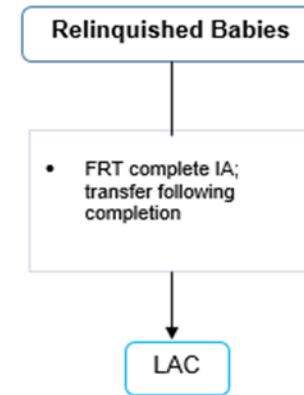
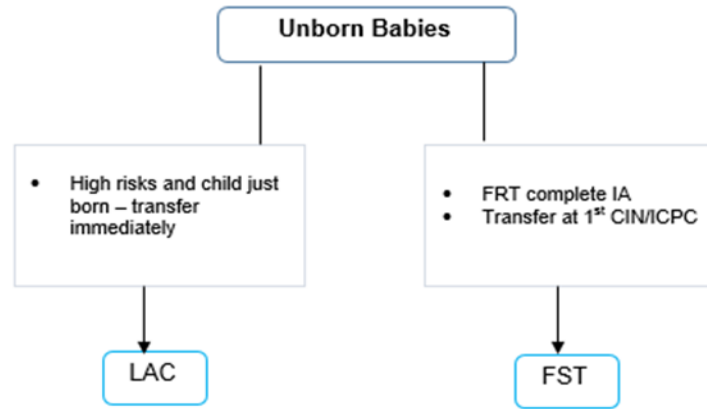
Appendix 1

TRANSFER FLOWCHART



## TRANSFER FLOWCHART

### Appendix 1



### **3. Transfer points processes**

**This section describes the process for transfer by type of case. See also sections 4 and 5 for more detailed transfer guidance.**

#### **3.1 CIN – Following Core/Single Assessment**

Where there is an identified need for CSC to provide services to support the child/children under s17 and where there is to be an identified CIN plan the case will transfer from the First Response Team (FRT) to the Family Support Team (FST). All Children in Need will have a Core Assessment and the first CIN meeting therefore should take place towards the beginning of the Core Assessment. Whilst the case will transfer to the FST at the completion of the Core Assessment, in order for FST to engage at an early stage FRT will inform the FST 3 weeks in advance of the CIN meeting of the date of the CIN meeting, so that FST can ensure attendance at this meeting..

#### **3.2 Children Subject to a Child Protection Plan – following initial enquiries and Core/Single Assessment**

Where the concerns expressed have resulted in a s47 investigation and a subsequent Initial Child Protection Conference (ICPC) has been convened the relevant Family Support Team manager will be invited to the ICPC and the case will transfer to the Family Support Team following the Child Protection conference. The receiving team representative must be in attendance at the ICPC.

### **Children Looked After (CLA)**

#### **3.3 CLA s.20**

Where a child becomes looked after on a voluntary basis (s.20) during interventions by either the FRT or the FST, the case will transfer to the Looked After Children team either from the permanency planning meeting or from the second Looked After Children review, whichever takes place first.

#### **3.4 CLA UASC**

Where a young person presents as an Unaccompanied Asylum Seeking Child (UASC), the FRT will have taken the referral and undertaken an Initial Assessment, alongside an age assessment undertaken by Bain and Dahle. If the outcome of the age assessment is that the young person is under 16, the case will be passed to the Looked After Children team at the first looked after children review. If the young person is aged 16-17 the young person will be supported by the LCT.

#### **3.5 CLA Homeless**

Where a young person presents as homeless, the FRT will undertake an initial assessment and make a referral to AIS. If the young person is placed in foster or residential care, the case will transfer to the LAC team. If the person does not become looked after, a Child in Need plan will be developed and the case will be transferred to the FST.

#### **3.6 CLA emergencies**

Where a child becomes looked after as a result of Police Protection powers or an Emergency Protection Order (EPO), the case will be discussed at the following weekly transfer meeting and depending upon the plan, the meeting will agree to either transfer the case to the FST or to the LAC team.

The LAC Team should be alerted to any Legal Planning Meeting where the plan is immediate removal to enable the LAC worker to take the case at the first court hearing.

### **3.7 CLA reunification**

In general, where a child becomes Looked After and the plan is for rehabilitation home the case will transfer to the Family Support Team at the Placement Planning meeting closest to when the final order is made or to the point when reunification plans are well underway to a maximum period of two months following reunification

### **3.8 CLA Children with Disabilities**

Children with a disability that become Looked After should be transferred to the Children with Disability Team (CWD) at the first LAC review. The case should be highlighted with the CWD manager and a CWD worker identified for secondary allocation so that they can pick the case up from 1<sup>st</sup> LAC review

### **3.9 CLA PLO**

Where the case is placed before the court the case will transfer to the LAC team. The transfer meeting will be held as close as possible to the first court hearing. At the transfer meeting, an agreement will be reached as to the most appropriate point of transfer and there will be an expectation that the case will be co-worked from then up until the point of transfer.

### **3.10 CLA Unborn babies**

In the case of Unborn Babies where a pre-birth assessment is going to be required, the FRT will complete an Initial Assessment.

- If there have been no previous children removed, depending on the initial assessment, the case will transfer to either the Family Support Team at the first Initial Child Protection Conference (ICPC), or at the first Child in Need (CIN) meeting.
- If there have been previous children who have been removed and/or high levels of risk have been identified, following the initial assessment, the case will transfer to the FST who will undertake a pre-birth Core Assessment.
- If there is late notification and the child is about to be or has just been born, and there is clear evidence for the child to be looked after, the case will transfer directly to the looked after children team.

### **3.11 Section 7 or Section 37 Reports**

All Section 7 reports requested by the Courts in respect of families who have not previously been known to CSC should be referred to the legal department. They will contact the Court as per the CAF/CASS protocol.

If the case is an open case or has been closed, the new referral should be passed where possible to the previous worker or if not, to the FST Duty Manager and allocated appropriately.

### **3.12 Relinquished babies**

For new referrals of a relinquished baby, the First Response Team should undertake an Initial Assessment jointly with a member of the Adoption Team. If an Initial Assessment concludes that the plan is for the baby to be relinquished, the case should be transferred to the Looked After Children Team and a family finder will be also be allocated by the Adoption team. (See CAF/CASS website for the national process)

### **3.13 Step parent Adoption**

All requests for step parent adoption if they meet criteria go through contact centre and are then allocated to the Adoption team for assessment.

### **3.14 Private Fostering**

All referrals in respect of Private Fostering Arrangements are received by the Contact Centre. As soon as a management decision is made that establishes that the case meets the criteria as Private Fostering Arrangements, the case is then allocated to the Private Fostering named person who will complete for the appropriate assessments and checks on the Private Foster Carer and assess the needs of the child. Should the needs of the child necessitate an allocated children's social worker and S17 support, the transfer procedure will be followed. A Private fostering social worker will remain allocated to complete reviews, provide support and statutory visits.

### **3.15 Special Guardianship Orders**

Any new notifications of Special Guardianship applications should be passed from contact centre to First Response Team for assessment of suitability.

If a Special Guardianship Order is being considered as an alternative to long term care and the case is in FST then this should be completed at FST rather than the case being transferred to LAC.

If a Special Guardianship Order is being considered as an alternative to long term care and the case is in LAC then this should be completed at LAC rather than the case being transferred to FST.

If a Special Guardianship Order is granted and there is a need for further services then consideration should be given to the most appropriate way to support the family. This is likely to be either through a CIN or through a TAC plan. If the case requires ongoing social work support the case will need to be transferred to FST.

### **3.16 Children in Need – stepping down**

In respect of cases within FSS there will be situations when a child no longer needs intervention from Children's Social Care, but does have additional needs and requires ongoing services and support. The Child in Need Meeting should give appropriate consideration to the need for ongoing support through the wider preventative services. Where this is needed the social worker should discuss this with the family and gain consent to share information with other services.

### **3.17 Transfer of child Protection cases from other local authorities**

If Peterborough Children's Social Care is notified that a child subject to a Child Protection Plan by another local authority has moved into their area, the Peterborough FST Team Manager is responsible for negotiating transfer. This includes making contact with the responsible local authority. Transfer should be arranged to take place within 15 working days.

As soon as the notification is received, it is the responsibility of the duty FST to refer the case to the Conference and Review Service for a Transfer-In Conference to be arranged. The originating Authority is responsible for making the necessary arrangements to facilitate transfer (arranging any visit, assessment and conference report).

The Team Manager should attend the Transfer-In Conference, along with the nominated allocated social worker.

### **3.18 Leaving Care (See Leaving Care Policy)**

When a Looked-After child in LAC turns 15 the responsible team manager will add the name to the LCT tracking spread sheet. This will contain the name and date of birth of the young person, the responsible team, and a list of the key documents that need to be sent together with the Case Transfer Summary.

**(Key documents are: Up to date Care Plan both parts I and II, Needs assessment /Pathway Plan, up to date chronology of significant events, a copy of the last Review of Arrangements and PASP decision sheets.)**

At least 4 weeks prior to the child becoming 15 ½ the key documents should have been forwarded by the allocated social worker to their line manager to be signed and then passed to LCT Team Manager. It is the responsibility of the LCT manager to record this on the tracking sheet.

Once the key documents are received the LCT Team Manager will be responsible for allocating all referrals and notifying the responsible manager of who the LCT worker will be.

When a child turns 15 ½ a Transfer Planning Meeting (TPM) will be held. This meeting will be attended by the appropriate Team Manager, the LCT Team Manager, the allocated SW and identified LCT worker. A schedule of TPM's will be drawn up 6 months ahead and updated monthly by the LCT manager and circulated to all managers.

The purpose of the TPM will be to identify issues relevant to the case transfer, to agree outstanding tasks and roles, to agree the time table for work to be undertaken and to set a date for first joint visit and for the case transfer on or around the young person's 16<sup>th</sup> Birthday.

Three months before the child turns 16 the responsible Team Manager will audit the child's file and identify any outstanding work.

One month before the child turns 16 the SWK will update the case transfer summary that will go to their line manager to be signed and forwarded to LAAC.

The transfer meeting will be held on the date agreed at the TPM. Any change to this will need to be agreed by both the responsible team manager and LCT manager. The purpose of the transfer meeting will be to ensure that the LCT worker has all relevant up to date information and to hand over case files.

Following the transfer meeting it is the responsibility of the LCT manager to ensure that the case has been transferred in line with this protocol.

Young People 15+ who come to the attention of First Response and become subject to Section 20 should be transferred to LCT at first LAC review. All relevant paperwork for the initial LAC review should be completed and an Initial Health Assessment should have been arranged. A LAC visit should be undertaken to the young person by the allocated social worker and the LCT worker as part of the case handover and there should be a clear recorded discussion about the case transfer between Team Managers.



### **3.19 Closed cases**

Any case re-referred less than 12 weeks from closure (the date of closure recorded on ICS (Liquid Logic) will be transferred to the previously involved team. Consideration should be given to who is best placed to pick up the work should the previous case holding social worker be no longer in post. It is expected that the contact centre and first line screener will ensure that the case meets threshold for intervention and have held a discussion with the previous line manager prior to progressing the case for allocation. Cases re-referred after 12 weeks will be treated as new referrals and re-assessed by the First Response Team as per the eligibility and threshold protocol.

## **4. Transfer Procedures**

The transfer meeting is chaired by a Head of Service and is held every Wednesday morning at 10.00 am and should be attended by all First Response Team Managers, by the FSS Duty Manager and by one of the LAC Team Managers. The CWD and LCT Team Managers will only attend if there are cases to transfer to their service area. It is therefore essential that all Team Managers take responsibility for alerting CWD and LCT to any transferring cases in advance of the weekly meeting.

The FST Duty Manager and one of the Team Managers from LAC will attend the Transfer Meeting each week and will bring the list of the cases that were received the previous week and confirm who the new worker is that has been allocated. This information will be kept in a ring bind folder so that there is a clear information trail between FST Team Managers and as record of transfer of cases for LAC.

The Duty Manager will record the details of the new transfers and ensure that a Case Summary is received. It is the Duty Manager's responsibility to ensure that all cases are brought to the FST Allocation Meeting which follows the weekly Operational Management Meeting. For LAC the attending Team Manager will ensure that the cases are discussed and allocated within the service appropriately.

If there is no Allocation Meeting held it is the FST Duty Manager's responsibility to discuss cases with other FST Team Managers and agree who will audit and allocate each case transferring out. The Duty Manager once this is agreed will task the case to the responsible manager. This process will ensure that the FST Team Manager responsible for the case will audit the case, challenge any shortfalls, clarify any gaps, financial commitments made etc and will understand the issues in the case so that they can allocate within their Team appropriately. It is expected that LAC/CWD and LCT will also undertake the same rigorous challenge of identified cases for transfer to their service area.

The Receiving Team Manager (FSS, CWD, LAC and LCT) should ensure that any case allocated within their Team is done through face to face discussion with the worker and not via email to ensure that there is clear direction and actions agreed. This should be recorded on ICS (Liquid Logic) as a case discussion.

The week between Transfer Meetings should facilitate any issues to be resolved so that all cases can be allocated appropriately and efficiently and meet the needs of children and their families. Once allocated, the Receiving Team Manager will put a case note on ICS (Liquid Logic) system to confirm allocation.

Where there is disagreement regarding the decision making process this should be referred to the Head of Service for either FRT or FST.

## 5 Good Practice Guide

### 5.1 Documentation

- A Case Transfer Summary should be recorded in the current case summary tab of ICS (Liquid Logic). It should include a summary of background, case intervention to date, risk and needs and plans in place to mitigate them as well as significant dates and events for the receiving social worker to be aware of eg: Core Group dates, visit dates and meetings.
- All case recording is up to date, including an updated chronology, contact records, records of visits (CIN, CP LAC); LAC paperwork, Statutory Reviews, PASP decision sheets and a current plan must be completed on Liquid Logic.
- All required assessments have been completed on all relevant children in the family and with the family and referrer as appropriate. There should be clear evidence that these documents have been shared with the family.
- Initial Assessments will be completed by the First Response Team within 10 working days.
- Supervision records should be up to date and recorded on ICS (Liquid Logic).
- A copy of all legal documents, statements, Care Plans, S37/7 reports, assessments previously filed in court to be uploaded onto LL. The court order also needs to be on file as do any Court directions
- In the case of a Looked-After child (on a Care Order under Section 31 of the Children Act 1989) a copy of the birth certificate will be retained, or (for children Accommodated under Section 20) will have been requested.
- Financial agreements should be up to date and recorded on the transfer record.
- If following the completion of a section 47 investigation the decision is made for a case to progress to an ICPC the case will transfer at this meeting and the First Response social worker will be responsible for the progression of the Child Protection Plan. The Core Assessment must be completed by the FRT social worker (as part of the section 47 investigation).
- For cases transferring to LAC, as a minimum, a placement plan and care plan for the placement they are currently living (if open in draft they need to have been finalised); the carer needs to be named on the front sheet; the initial health assessment request needs to have been made.
- Any referrals identified through the Core Assessment process or as a result of the Child Protection meeting are completed by the social worker in the First Response Service, this includes PASP referrals and referrals to other agencies.

### 5.2 Timescales

- Case transfers must be completed in a speedy and efficient manner to ensure that there is no overload at any point in the service.
- If the Initial Assessment concludes that there is no role for Children's Social Care, then consideration should be given to whether there is a role for family intervention through the CAF process, or closure should be progressed in a timely manner to avoid backlog in the service.
- If the case progresses to Child in Need following the completion of the section 47 enquiry, a Child in Need meeting should be convened within **10 days** of completion of the core assessment

- Once the case has been brought to transfer meeting there will be a week in which the case will be counter audited by the receiving team and any questions/issues resolved. If possible a handover visit will be arranged. The receiving team will identify a new worker by the following transfer meeting. It remains the responsibility of the current worker to continue to have case responsibility and complete visits and progress agreed tasks during this week
- The case identified as ready for transfer needs to be in the Duty Manager's Work Tray by 12.00 on the day of transfer (Wednesday) otherwise it will have to wait until the following week. The First Response Duty Team Manager will have until 5.00 pm on the day of transfer. Any exceptional circumstances will need to be discussed with the Head of Service.

### **5.3 Process – FRT and FSTs**

- FSTs will operate a transfer duty rota which will identify a team who will accept all transfers within that week. The team on duty for that week will take all new cases including all CIN as well as those cases where an ICPC is being held or where a Placement Planning meeting is being held within that week.
- Cases for transfer will be audited by the FRT team manager to ensure that they are ready to be transferred and placed in the FST duty tray on Liquid Logic (currently the North duty tray) and the duty manager will pick these up and allocate within their team.
- It is expected that any case being brought to transfer will have been audited by the Team Manager to prevent any delay in transferring the case.
- Team Managers will ensure that all documentation has been checked through the audit process and that all key meeting dates are reflected in the Case Summary.
- A hard copy of the Case Summary should be brought to the Transfer Meeting and handed to the receiving team manager who attends.
- Team Managers will put a case note on ICS (Liquid Logic) to reflect the date of transfer meeting and which duty manager the case was allocated to.

### **5.4 Social Work Practice**

Good Practice would expect that there would be a clear handover of the case between workers and that a joint visit would be undertaken to the family so that the new worker can be introduced. Professionals should also be informed of the change in worker as soon as the case is allocated within the new service area