

Lambeth:  
**Children  
at the Heart  
of Practice**

**Policy / Guidance**

**PROTOCOL FOR CHILDREN  
TRANSFERRING TO A NEW  
WORKER (Transfer protocol)**

**Last updated: August 2021**



**Lambeth**

# About this document

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<b>Title</b>	<b>Transfer protocol</b>
<b><u>Purpose</u></b>	<b>To set out the procedure for the children transferring to a new worker</b>
<b><u>Updated by</u></b>	<b>Katherine Peddie</b>
<b>Approved by</b>	<b>CSC ADs</b>
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# Version Control

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This document is only valid on the day it is printed

<b>Date Issued:</b>	<b>Version</b>	<b>Summary of Changes</b>	<b>Created by</b>
Feb 2021	1	Final version	
April 2021	1.2	Updates to include flow chart and a more explicit child focus	K Peddie
July 2021	1.3	Inclusion of London CP Procedures links and addition of quick reference guide	K Peddie
August 2021	2	Signed off by ADs and DCS	K Peddie

## Intended Audience

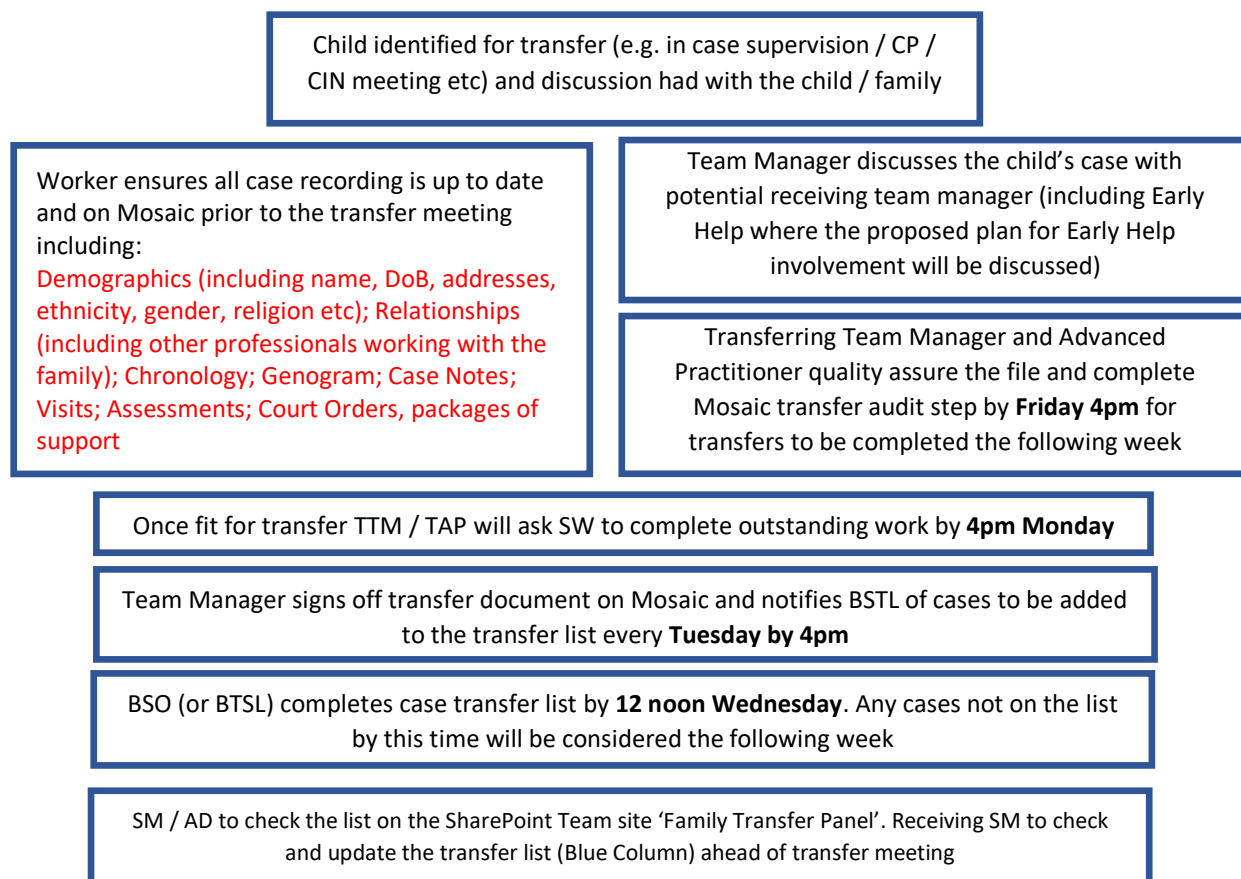
This document has been issued to the following people for Review (R) Information (I) and Review and Sign off (S). The Transfer protocol is mandatory and must be shared with all managers, and social work staff and with those holding cases in Early Help.

<b>Name</b>	<b>Position</b>	<b>S/R/I</b>
Alex Kubeyinje	Director of Children's Social Care	S
	Assistant Directors	S

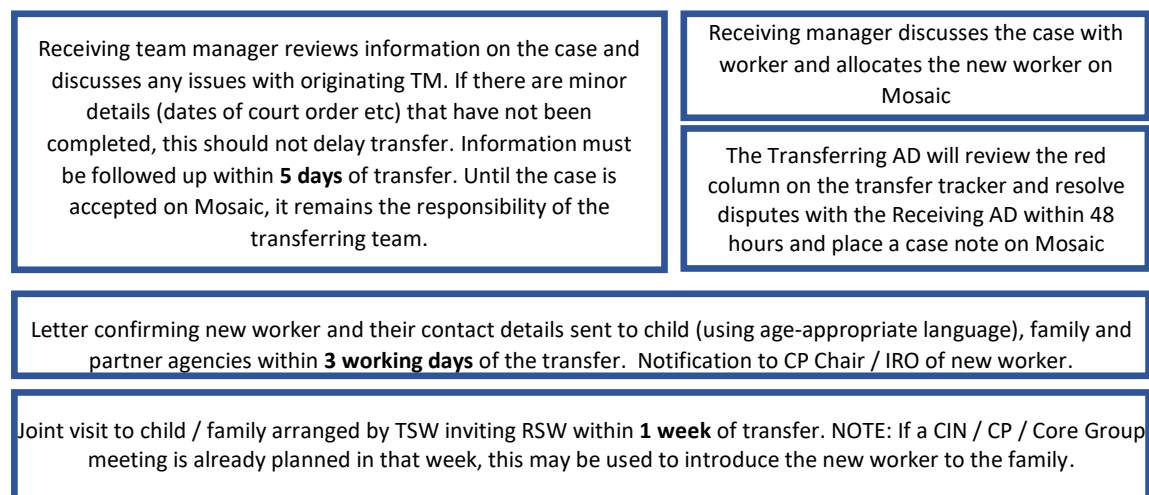
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## Transfer process diagram



### Family transfer weekly meeting **FRIDAY FROM 1pm – 2pm**



**Note:** There may be a few exceptions where children cannot be transferred within 2 weeks due to the complexity of the case, the availability of family to meet with the new worker within the timescales or disagreement between managers at the point of transfer. These should be managed as an exception and any disagreements resolved as quickly as possible with escalation to Service Managers if an agreement cannot be reached. No child who is subject of a child protection plan should be left in a position where they are not visited or assessed due to disagreements relating to transfer. Transfers happen through discussion between managers and between managers and the allocated worker. Workers should not be told about allocation via their worktray or email but as part of their ongoing supervision.

## 1. Introduction

- 1.1 This Protocol is about relationships with children, and endings and beginnings and transitions between new teams and workers. Social Workers and their managers are reminded that in any transfer between teams or Social Workers that this needs to be focused on the child. In various consultations children have told us that they often do not know that a Social Worker is moving on or leaving the organisation until someone new knocks on their door. We aim to ensure that **all children** will know in advance that they are getting a new Social Worker and that they have been properly introduced and wherever possible have the opportunity to say goodbye.
- 1.2 This protocol clarifies the process for transferring children and families requiring intervention between various service areas within Children's Social Care, and to facilitate a seamless high-quality service to safeguard children, support them and their families from service areas with the right expertise.
- 1.3 It is essential that staff and team managers ensure they are clear and informed about this protocol to secure effective transition points that reduce drift and delay in case planning and interventions, and that they clearly understand the thresholds for intervention.
- 1.4 This protocol provides guidance on how that is most likely to be achieved, considering the remit of services and the statutory framework. The complex nature of the needs of individual children may mean specific decisions have to be made that are outside the timescales set out in this document. Where this is the case, it will be agreed by the relevant Service Managers and their Assistant Directors with clear rationale recorded on the child's record. Children and their families will also be clear about the timescales for changes of worker and will be introduced to them as soon as possible.

## 2. Key Principles

### About the Child

- 2.1 The child's experience, their needs and journey within the system are the central concern and should always be paramount. Their wishes and feelings must be clearly evidenced.
- 2.2 Practitioners must make time to talk to the child and their family about the reason for transferring to someone new and explain to them the timescales in which that will happen, being mindful of any past trauma, loss or attachment needs of the child when explaining. Independent advocacy should always be offered but particularly if the family are struggling to understand the process. Care should be taken to understand any communication needs and potentially the need for interpreters.
- 2.3 Receiving practitioners and team managers will read the child's story reflected in the case files and try to familiarise themselves with the work previously undertaken. Transferring Social Workers will talk to the Receiving Social Worker telling them about the child. This is particularly important within the

Children Looked After and Care Leaver service because of the longer-term nature of the relationships but is also required throughout the system.

- 2.4 Children and their families should experience a minimum number of transitions in receiving our services.
- 2.5 Transfer arrangements will always be mindful of the need to ensure the safety of children. It is essential that good quality information is passed from the transferring team to prevent gaps in knowledge and to ensure that the welfare and protection of the child is paramount.
- 2.6 Where the transfer of a child/family is required, children and families must be given information about the new service and the reasons for the transfer at the earliest possible opportunity. All professionals in the network around the child/family should also be informed.
- 2.7 Wherever possible, **siblings should be allocated to the same worker to enable relationship building**. However, where siblings have a different care plan, consideration needs to be given to the needs/care plan of the individual child and what would minimise disruption for them in the long term. Where there is a large sibling group with contrasting care plans, consideration will be given to the children being jointly allocated.
- 2.8 The transfer will be conducted in a timely fashion, according to defined standards ensuring as much continuity as possible for children ensuring that there is no delay in providing a service due to a disagreement about which service should take responsibility. If a transfer is delayed, casework with the child must continue and not be put on pause pending a decision

### **About the Process**

- 2.9 When children are transferring to a new worker this is based on effective communication between teams and workers and the child and their family. This should start with a discussion between the worker and their manager and with the child and their family. Managers should take care to have this discussion first rather than sending an email where the first a worker knows about an allocation is looking in their inbox.
- 2.10 Statutory requirements and court directions must always be adhered to and all children subject to statutory services will be allocated to an appropriately qualified Social Worker
- 2.11 All recording must be kept up to date, including demographics, case summaries, chronologies, genograms, case notes, assessments, and supervision notes. It is important particularly before transferring records that the case summary reflects a brief history, the work done, the desired outcomes and any risks and how they are managed. Case files that do not meet these standards will not be allocated/re-allocated/transferred and will remain the management accountability of the presenting team manager.
- 2.12 Clear requirements and expectations will be agreed and delivered by the team transferring. For example, what outcomes they are to achieve with the family.

- 2.13 It is expected that Social Workers being allocated to a child will take the opportunity to read the case history prior to meeting with the child and their family.
- 2.14 Children can be added to the transfer list as an **early notification** for FSCP, 16+ and CLA as good practice to ensure joined up working and decision making. As soon as a child is added, the Social Worker must ensure that the case recording is brought up to date
- 2.15 It should be clear at all points of the transfer process **who is responsible for the child and the family.**

### **About the oversight**

- 2.16 It is the responsibility of the transferring Social Worker and their team manager to ensure that a child's records reflect the history and current involvement of the local authority and that all records are up to date at the point of the transfer request.
- 2.17 Transfer between the services must not be blocked due to capacity issues or disagreement over thresholds. Any disagreements must be resolved via escalation to Service Manager / Assistant Director and be resolved within 48 hours of the escalation.
- 2.18 Work is allocated within the service it is aligned to without exception, to ensure any staffing or resourcing pressures are clearly seen and addressed by senior managers
- 2.19 Where there are allocation challenges, children, if presented appropriately should be accepted unless there is an agreement from the relevant ADs that they cannot be allocated in the team due to capacity issues. Where this occurs, an agreed timescale needs to be in place so that the case can travel across safely without impacting on capacity for the outgoing team.
- 2.20 The transfer protocol may not fit all circumstances, and therefore **flexibility and reason will be applied according to what is best for the child(ren) and their family** and the management of the case. Case transfer should only happen when the focus of the work moves from the remit of one service to another. However, no decisions can be unilateral; both sides of the transfer process must be actively involved in that decision. Direct discussion between managers to agree an appropriate way forward is a standard expectation to take place prior to weekly Family transfer meetings on **Friday from 1pm-2pm.**
- 2.21 **All managers have a shared responsibility** for the work of the department as a whole and the way work flows through between services. Any outstanding Mosaic work steps are expected to be **completed within 5 working days of case transfer.**



### 3. Governance

- 3.1 Responsibility for the movement of cases between service areas rests with the Service Manager/Assistant Director for each of the service areas.
- 3.2 In exceptional circumstances such as capacity issues, subject to agreement by the Director of Children's Social Care, discretion may be applied to the timeliness of a transfer to a new worker and the fitness to transfer criteria may be adjusted with to enable a service provision to children and families.

### 4. Roles & Responsibilities

- 4.1 **Transferring Social Workers (TSW)** should discuss the transfer process with the team manager and verify that all work in advance of transfer has been completed. Once this is done the Social Worker will talk to the child and family about why their case is being transferred to another team and will confirm with them and partner agencies in writing using the letter template in Appendix 1. Social Workers are responsible for ensuring case records are in good order and up to date. Please refer to Appendix 4.
- 4.2 The Social Worker must participate in a verbal handover (**3 working days of transfer being agreed**) to the receiving Social Worker / Personal Advisor and Team Manager once the identity of the receiving Social Worker is established.
- 4.3 **Transferring Team Managers (TTMs)** are responsible for making sure the child's records are fit for transfer. They must review the case files to ensure they are complete, and all required documents are in Mosaic and have been appropriately signed off (see Appendix 4). The TTM must participate in a verbal handover to the RTM.
- 4.4 **Receiving Team Manager (RTMs)** are responsible for checking the fitness of the file and informing TTMs (escalated to SMs if required) if this is not the case as per this procedure. The RTM is responsible for ensuring allocation to a Social Worker/ personal advisor that the work is carried out as required. The RTM will familiarise themselves with the case and identify issues for handover and supervision and attend transfer discussion.
- 4.5 **Receiving Social Worker (RSW)** The RSW will write an introductory letter to the parents/child using the template in Appendix 2 **within 3 working days** of receiving the case. Ideally this would involve a joint face-to-face meeting/visit with the TSW and RSW, however this will need to be considered on the needs of the child and family. The RSW will also write to identified key partners within **3 working days** (Appendix 3).

### 5. Process for transferring the records within Children's Social Care *(See flowchart at the front of document)*

- 5.1. **Step 1** Transferring Social Worker (TSW) / Transferring Team Managers (TTM)/Transferring Advanced Practitioners (TAP) will quality assure the file to make sure it is ready for transfer by completing the Mosaic transfer audit work step **each Friday by 4.00pm, for transfers to be completed by next week.**

- 5.2 **Step 2** Once the records are deemed fit for transfer the TTM/TAP will ask the Social Worker to complete outstanding work identified in the Case Transfer Summary in Mosaic each **Monday by 4.00pm** so TM signs off transfer document on Mosaic.
- 5.3 **Step 3** Once the above has been completed the TTM/TAP will notify the Business Support Team Leader (BSTL) from their own service of all cases that need to go on the transfer list **every Tuesday by 4.00pm**
- 5.4. **Step 4** The BSTL will complete or ask a BSO in their service to complete a case transfer list. The list of transfers will be compiled **by Wednesday at 12.00pm**. Any cases not added to the list by this time/day each week will need to be considered during a subsequent week.
- 5.5. **Step 5** Service Managers and Assistant Directors will be able to check the lists **from Wednesday at 12.00pm** to consider any cases for transfer to their service. The transfer lists will be stored in a SharePoint Team site 'Family Transfer Panel'. It is the responsibility of the Receiving Service Manager to check and update the transfer list - Blue Column - ahead of the weekly transfer meeting.
- 5.6. **Step 6** A transfer meeting will be held on **Fridays from 1pm to 2pm** to resolve any transfers that have not been progressed from the preceding week. The meeting will be chaired at AD level and attended by at least one Service Manager from each service area and a Business Support Team Leader on a rota basis.
- 5.7. Until the acceptance of the case transfer on Mosaic by the Receiving Team Manager, the case remains the responsibility of the transferring team.

## 6. **Process for transferring the case records between Children's Social Care and Early Help or vice versa**

- 6.1. The process for transferring the records on Mosaic can be found on SharePoint:

[https://lambeth.sharepoint.com/teams/hub01/fws/mosaic\\_guides/Shared%20Documents/CSC%20-%20Case%20Transfer%20-%20NEW/CSC-%20Case%20Transfer%20Guide.docx](https://lambeth.sharepoint.com/teams/hub01/fws/mosaic_guides/Shared%20Documents/CSC%20-%20Case%20Transfer%20-%20NEW/CSC-%20Case%20Transfer%20Guide.docx)

## 7. **Timing of submitting transfers**

- 7.1 It is important to consider appropriate timing when submitting a child for transfer, taking account of key dates for the child, such as placement moves or court dates. Court cases should transfer either at the first hearing or following the final hearing once the care plan has been finalised.
- 7.2 Crisis within the family may mean that a transfer needs to be **put off by a week** as the transferring team will have case knowledge to inform planning. In the event of crisis, the transferring team will remain responsible but should inform the receiving team of updates and seek their views in decision making.

## 8. Eligibility for Transfer *(See also: Quick reference guide at Appendix 5)*

### Early Help

#### 8.1 Step Downs into Early Help

- 8.1.1 As early as possible in the assessment, Social Worker considers if the family might benefit from a Tier 3 Early Help intervention as outlined in the Thresholds. This is to support families to sustain any positive changes they have made and to be supported in their community rather than through statutory intervention
- 8.1.2 Social Worker/Team Manager responsible for the family will contact the Early Help Team Manager (EH TM) in the relevant locality and begin discussions about whether this might be appropriate and the outcomes they would like the family to achieve.
- 8.1.3 The Social Worker will inform the child and family about Early Help and seek consent, complete the assessment and referral, ensure file has an NHS number and clear rationale for Early Help involvement.
- 8.1.4 SW will then send the referral to their Team Manager who approves the request and forwards to relevant Early Help Locality Team.
- 8.1.5 EH TM allocates to Early Help Practitioner within 5 days and alerts the case holding Social Worker about the allocated EH Practitioner.
- 8.1.6 A joint visit to the family should take place with the Transferring Social Worker and the Early Help Practitioner within 1 week of transfer to introduce the new worker. Alternatively, if there is a Child in Need meeting planned, this may be used as the point of transition. The allocated Early Help Practitioner must be invited to this meeting.

#### 8.2 Early Help Stepping up case to CSC

- 8.2.1 Unless there is significant risk and a family needs to be transferred sooner, the Step-Up meeting takes place on **Monday & Wednesday and between 10-11am**
- 8.2.2 BSO to schedule meetings via Outlook, send invitations with attached step-up document ideally 24 hours in advance of the meeting.
- 8.2.3 The meeting is chaired by the Integrated Referral Hub (IRH) (TM or SM dependant on availability) and in attendance will be CAT:TM/SM/AP on duty and EH: TM/SM. Early help BSO Support to minute meeting.
- 8.2.4 The Early Help Practitioner completes a step-up document including rationale/genogram/chronology, which will need to be quality assured by relevant Early Help Manager (EHM) prior to the meeting taking place and will progress the contact record & referral record work steps to IRH.
- 8.2.5 IRH will either allocate assessment work steps to CAT or allocate EH workflow steps to EH.

If a decision cannot be made at meeting escalation to IRH SM is to take place for decision/outcome **within 24 hours**.

## **CAT**

### **8.3 Transfer from CAT to FSCP (CIN)**

- 8.3.1 Where a child has been assessed as a Child in need under s17 (including families who have No Recourse to Public Funds), and it is unlikely that their needs will be met in less than three months, or through referral to another agency, they will be transferred to FSCP.
- 8.3.2 The point of transfer is at two working days after the first CIN meeting. Following the completion of the Child and Family Assessment, CAT must organise a CIN meeting within 10 days of the completion of the Child and Family Assessment and a CIN plan must be completed by CAT within 2 working days after which it can be transferred.
- 8.3.3 Where possible FSCP SW should be invited to attend the CIN meeting – information should be in the tracker at least a week in advance.

### **8.4 Transfer from CAT to FSCP (Child Protection)**

- 8.4.1 Children who are the subject of a Child Protection plan will transfer from CAT to FSCP the day after the initial child protection conference once the file is ready (the process outlined in section 4 (above) must still be followed prior to transfer).
- 8.4.2 The Transferring Social Worker should notify the Child Protection Chair that the family are to transfer to a new worker and both Transferring and Receiving Social Workers should attend the ICPC. If the Receiving Social Worker is not available, a duty Social Worker from the receiving team or team manager from the receiving team must attend the ICPC.
- 8.4.3 CAT must provide the Child and Family Assessment which also doubles up as the report for the Initial Child Protection Conference.
- 8.4.4 Following the ICPC if the child is not made subject to a Child Protection (CP) plan but a CIN Plan is agreed, the child's case will transfer to FSCP as above. The ICPC will agree the outline CIN plan.
- 8.4.5 The invite list for the ICPC will include names of all professionals plus the name of the RTM and Receiving SM.
- 8.4.6 Names and dates should be on the tracker **at least a week in advance**.

### **8.5 Transfer of Children Looked After from CAT to FSCP/CLA**

- 8.5.1 Children who are accommodated will be transferred to the Family Support and Child Protection service **at the first "Looked After" review**. All appropriate documentation and CLA care plan will have been completed by CAT. Children Looked After will be transferred to the Family Support and Child Protection Service where rehabilitation, with parents/carers or connected persons, is being explored.

- 8.5.2 Names and the date for the CLA review must be added to the **tracker at least a week in advance**.
- 8.5.3 Where there is a clear indication and agreement for a permanency plan for long term care, the case will transfer directly to the CLA service.
- 8.5.4 For children who are subject to care proceedings, the TSW and RSW will attend the first court hearing. The Receiving Team will give input into decisions and timescales. The transferring team and receiving team will meet subsequently for a case handover.
- 8.5.5 Relinquished children and children where there is a likelihood of adoption as the long-term care plan will be transferred directly to the CLA service, regardless of whether they come from CAT or FSCP.

## **8.6 Transfer from CAT/FSCP/UASC/CLA to 16+ service**

- 8.6.1 All proceedings will need to be concluded prior to the transfer to 16+ team.
- 8.6.2 Direct work with the family needs to be evidenced on the case file to determine reunification has been exhausted before the case transfers to 16+ service.
- 8.6.3 All young people transferring to the 16+ team will have their Initial permanence planning meeting convened with corresponding tracker updated.

## **8.7 Children Looked After and 16+ service**

- 8.7.1 Children who become looked after in FSCP will transfer to the CLA Service/16+ service when a plan for permanence (adoption or long-term foster care) outside of the birth parents' care is agreed as the long-term care plan. In the event of a new child born to a family held in CLA during care proceedings, the CLA team will add the new-born to the care proceedings.
- 8.7.2 When children under 16 have been subject to s20 voluntary accommodation for 3 months, a Legal Planning Meeting will be required. CLA/16+ Service Manager will be invited to attend the Legal Planning Meeting. If the care plan envisages that the child will remain in the care of the local authority, they should be transferred to CLA/16+ Service.

## **8.8 Children with Disabilities**

- 8.8.1 The Children with Disabilities team works with children who have severe or profound disabilities within the terms of the Disabilities Register.
- 8.8.2 Any proposed transfer should be discussed between the current Team Manager and the CWD Team Manager to confirm that these criteria are met. It is important that there is clear evidence of the nature and extent of the disability. CLA open to CWD transitioning to adult services post 18, a discussion with the 16+ service will need to take place to determine delivery of leaving care services in coordination with Adult services

## **8.9 Completion of Care Proceedings**

- 8.9.1 There are occasions when orders are granted at the conclusion of proceedings which are unexpected or outside of the local authority's final care plan. These should be managed as follows:

#### No Order

- 8.9.2 If proceedings are concluded, and no order is made, a decision will need to be made about the level of service required. Therefore, there should be a discussion between the Service Manager with case responsibility at the conclusion of the proceedings with the Service Manager in the most appropriate onward service, most likely FSCP.

#### Supervision Order

- 8.9.3 If a Supervision Order is granted at the conclusion of proceedings for a child to remain at home with parents or family/friends, then the case will transfer to or remain in FSCP for the duration of the Supervision Order. In such instances, the responsibility for completing the initial CIN plan will be with CLA within 10 working days of the making of final court orders.

- 8.9.4 This includes cases where other orders are granted, for example Special Guardianship or Child Arrangement orders as Child in Need planning will need to commence.

#### Care Order

- 8.9.5 If a Care Order is granted at the conclusion of proceedings, for a child to remain with a birth parent or connected person which has not already been foreseen, the case will need to transfer to CLA, if it is not already within that service.
- 8.9.6 Placement with Parents process will need to be followed/completed prior to transfer if the plan is for the child to remain with their parent subject to a Care Order.

## 9. Out of Borough

### 9.1. Children transferred from Out of Borough

- 9.1.1 The [London Child Protection Procedures](#) establish protocols between local authorities to help identify the responsible authority and the process for transferring between local authority boundaries. These protocols must be consulted when receiving a child in from another authority and when a Lambeth child goes to live in another authority. It is particularly important that relevant information is shared between the authorities prior to accepting case responsibility.

- 9.1.2 There are three different types of transfer from Outside the Borough where the other authority will have previously completed their assessment, all of which will be routed through the Integrated Referral Hub:

- **Children subject to Child in Need** – IRH will add the child(ren) on mosaic and send the request to FSCP SMs who assess the threshold and case responsibility and allocate the family within **1 working day of the request to FSCP**, or refuse directly to the transferring LA.
- **Children subject to a Child Protection plan** – IRH will send the request to QA services. If accepted, an invite to ICPC is sent to FSCP SMs and

the family is allocated to a team within **1 working day of the request to FSCP**. The Receiving SW is expected to attend the ICPC.

- **Court designation** – IRH / Legal will send a request to FSCP SMs who will assess the threshold and case responsibility and instruct legal, the family is allocated to a team within **1 working day of the request to FSCP**.

9.1.3 Where another borough has completed an assessment, this will be passed to the FSCP service to determine whether the case is accepted for transfer. This includes children subject to a CIN plan. This decision should be made within 1 working day of receipt by the FSCP Service Manager and may require the Service Manager contacting their counterpart in the originating authority for further information prior to accepting.

9.1.4 For transfer-in of children subject to CIN from other local authorities, IRH will contact SMs in FSCP on the day of receipt of the notification and follow up with an email. IRH **must** ensure they **speak** to the receiving team directly as well as emailing as an email may be overlooked. It is good practice (see [London Child Protection Procedures](#)) to hold a meeting with the originating authority where a child in need has transferred from another local authority. This will also help with determining who holds responsibility. This should be booked within 7 days of accepting the case and the previously allocated worker from the other authority should be invited.

9.1.5 Children who transfer in from other local authorities via transfer-in child protection conferences, legal cases to be designated to Lambeth, and Family Assistance Orders will go directly to FSCP. The IRH will contact TM for CPC and the relevant SMs in FSCP and alert them for transfer-in child protection conference (See [London Child Protection Procedures](#)) and follow up with an email copying in the SMs in FSCP.

## 10. Disputes

10.1 The Transferring Operational AD will review the red column on the transfer tracker and resolve disputes with the Receiving Operational AD within 48 hours and place a case note on Mosaic.

## 11. Complaints

11.1. Children and families may wish to complain about the transfer process and should be encouraged to use the Lambeth Children's Complaints Procedures if they wish to do so. Complaints will be used to update and improve practice relating to transfers.

**Appendix 1: Template for Transferring Social Worker to inform the child and family and partner agencies that their case will be transferred to another team**



**To: Name of Person you are  
sending the letter to  
Their Address**

**Your Name  
Job Title  
Children's Social Care  
London Borough of Lambeth  
Tel: Mobile:  
Email:  
Civic Centre  
6 Brixton Hill  
London SW2 1EG  
Website: [www.lambeth.gov.uk](http://www.lambeth.gov.uk)**

**Date**

**Dear (Insert Name)**

I am writing to let you know that we will be allocating your child and family to a new social worker.

Please note, there is nothing to worry about, sometimes we make these changes to ensure our families are assigned to workers who have the most relevant expertise to meet the family's current needs. We do understand that sometimes changes can be hard, but we will try our best to make this transition as smooth as possible. Please also be assured that as part of the handover process, the new social worker will be able to read the information we have on our records to become familiar with your circumstances.

Your new social worker/PA is called (insert name) and s/he will be taking over from (insert date). I have also included her/his contact number below, along with the contact details for his/her manager.

Name of new social worker and their number:

The name of the new Team Manager is (insert here with contact details).



It has been a privilege to work with you / and your family. I wish you all the best for the future.

Kind regards

Insert signature here

Put your name here

**Appendix 2: Introductory Letter from the Receiving Social Worker or Personal Advisor to be sent within 3 working days of accepting a case.**



**To: Name of Person you are sending the letter to  
Their Address**

**Your Name  
Job Title  
Children's Social Care  
London Borough of Lambeth  
Tel: Mobile:  
Email:  
Civic Centre  
6 Brixton Hill  
London SW2 1EG  
Website: [www.lambeth.gov.uk](http://www.lambeth.gov.uk)**

**Date**

**Dear (Insert Name)**

My name's (insert) and I am your new social worker/ personal advisor. I'm aware I may not be your first social worker, but I thought it would be nice to tell you a little about myself.

My name is:

I've been a social worker for *(only if the worker wishes to say the duration)*

What made me want to become a social worker or what I love about my role is.....

I'm sure you may have questions of your own and there are also things I like to discuss with you, so when we meet/speak that would be a great opportunity for us both.

Please see my contact details below, along with the duty/out of hours number in case you ever need to contact social services outside of the man office hours.

I will also be writing to other people that may work with you and family, to introduce myself and let them know that I am your newly allocated social worker/ personal advisor.

I look forward to working with you.

Kind regards

Insert signature here

**Put your name here**

**Appendix 3: Introductory Letter from the Receiving Social Worker or Personal Advisor to partner agencies to be sent within 4 working days of accepting the case.**



**To: Name of Person you are  
sending the letter to  
Their Address**

**Your Name  
Job Title  
Children's Social Care  
London Borough of Lambeth  
Tel: Mobile:  
Email:  
Civic Centre  
6 Brixton Hill  
London SW2 1EG  
Website: [www.lambeth.gov.uk](http://www.lambeth.gov.uk)**

**Date**

Dear (Insert Name)

**Re: Name of Child, DOB, Address**

I am writing to tell you that I am the new social worker / personal advisor for the above child/ young person.

I will be taking over work with the child/family from (insert date).

Please see my contact details below, along with that of management.

My contact details are:

My Team manager is (insert name and contact details)

My Service Manager is (insert name and contact details)

**Kind regards**

**Insert signature here**

**Put your name here**

## Appendix 4 Criteria to judge file fitness

### **The following documents must be completed and evidenced within the electronic case files:**

- Demographics, professional involvements and family relationships must be up to date
- A full and up to date **Chronology** of the current team's involvement
- **Child and Family Assessment** to be completed with analysis of reason for step down or escalation and clear summary of the concerns, what intervention you are asking for and safety goals and desired outcomes for the family i.e., to improve the relationship between the parent to prevent re-referral of domestic abuse concerns and to prevent the child experiencing domestic abuse and impacting on their emotional well-being. It must be signed off by the transferring Team's TM and feedback provided to the family and referrer as appropriate.
- A relevant plan should be on the file detailing what needs to happen and setting out clear desired outcomes.
- **Case summary** including the reason for referral, history of the family and any new concerns identified during the assessment.
- **Visits** to the family home, evidence that the child has been seen and **direct work** completed and uploaded on Mosaic. Also, within the child and family assessment evidence of how the voice of the child has been incorporated and analysed.
- Evidence of **regular supervision**. Supervision records to be evidenced, in accordance with the Supervision Policy. It is expected that the supervision record will be explicit in recording why joint work or a step down is being requested, the expectation of Early Help and how one will know when there are improvements.
- **Management oversight**, which includes allocation notes, management oversight, including when there is a change in direction of the case i.e. from child in need to child protection, explaining the escalation or de-escalation.
- A copy of all current Legal Orders should be included in in the record including the date of the order; In the case of a child Looked After (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.
- All documentation should be signed off by the relevant Social Worker and their line manager prior to transfer.
- Early Help Teams will refer directly to XXXXXX using the most up to date Early Help Assessment.

***When a transferring child is subject to CLA procedures the case file should contain the following documentation, which is signed off by the Social Worker/line manager where appropriate and commented upon within the transfer summary:***

- a) Placement Information Record
- b) Care Plan
- c) Review of Arrangements
- d) Placement Agreement - Placement Planning
- e) Contact Arrangements/Schedule
- f) Medical Consent
- g) Date of Medical/Health Review
- h) Date of PEP
- i) If the child is returning home, there must be a risk assessment of the proposed arrangements

**Any data quality errors should be resolved prior to transfer but are not to be used as a reason to delay transfer**

The following should be considered by the TTM/TAP before submitting a case for transfer. Basic information should be up to date and the current circumstances for the child should be clear, with clarity on the professional network and any key dates arising.

- Child/Young Person details including demographics.
- Key contacts to be accessible / correct numbers and addresses
- Genogram and relationships clear on file
- Case Summary within last month & actions moving forward
- Case and legal status of Child/YP
- Has the initial core group meeting taken place? Minutes recorded and child protection plan distributed?
- Significant dates – meetings, visits, court
- Is this case in pre-proceedings? Dates and minutes of PLO reviews clearly recorded on file

- Has there been a Legal Planning Meeting? Minutes and actions clearly recorded on file
- All Care and Resources Panel referrals and decisions clear on file, any review dates included in transfer
- Are all Statutory Visits up to date and uploaded with the correct work step? Record of up-to-date visit with next visit not due within 5 working days.
- Supervision, recorded within 10 working days of case transfer panel
- Initial PPM & Last PPM from last transferring team recorded on MOSAIC and permanency tracker to be updated, where appropriate
- FGC referral and plan to be uploaded, where appropriate
- Care Packages up to date and date when updating ones need to be triggered on file
- Chronology must be updated within 2 weeks prior to transfer
- Case notes must be complete, up to date and finalised
- Child and Family Assessment must be signed off by TTM if relevant.
- Uploaded relevant documents (including court statements, orders) on Mosaic
- Personal education plan (within 10 working days); Last PEP mosaic work step and ePEP uploaded to file
- Pathway plan up to date and update not required for 2 months
- Risk assessment / CSE risk matrix if relevant
- Savings if relevant
- EHCP plan if relevant
- Last RHA if relevant
- Last SDQ if relevant
- Up to date care package
- Missing episodes and Strategy meetings to be recorded and updated if relevant and Return Home Interviews
- Matching reports if relevant
- Copy of birth certificate if relevant
- Passport number or passport application number for cases in/post care proceedings
- National Insurance number recorded for over 16s
- Immigration status to be recorded
- Strategy Meeting Minutes completed
- Evidence of life story/direct work, recorded in life story episode including photographs, key details
- Closing erroneous episodes and alerts to be resolved (including reception into care episode)

## Appendix 5 At a glance guide to children transferring to a new worker

Children transferring between teams	
<b>Key Steps for all practitioners</b>	
<ul style="list-style-type: none"> <li>• Identify the need for a family to step up / down or across to another team. What outcomes do we want to achieve?</li> <li>• Have a conversation with the child / family about it including the timescales</li> <li>• Have a conversation with the identified team invite them to the next CIN / CP meeting / Review</li> <li>• Prepare the case records / add to the Case Transfer Meeting tracker</li> <li>• Complete the case transfer audit step on Mosaic</li> <li>• Undertake a joint visit with the transferring worker and the receiving worker (to be written up on the records by the transferring worker)</li> <li>• Transfer the records to new team / worker</li> <li>• Transferring worker to send a thank you note to the child / young person / Receiving worker to send introductory letter</li> <li>• If a child is subject to a CP plan or becomes CLA, notify the CP Chair / IRO of the name of the new worker</li> </ul>	

At a glance						
Early help	IRH / EDT / Edge of Care	CAT / NRPF / PF/ Young Person's Housing Pathway	FSCP / Flourish	CLA / UASC	16+	CWD
Early Help will step up to Children's Social Care via an IRH referral or step down to tier 2 Early Help in the Community						
IRH may step down to Early Help following referral						
	IRH will determine if a referral meets the threshold for assessment and will allocate to CAT to undertake the assessment.  If the case has closed within 3 months of the referral, it will be screened by the SM and if necessary allocated back to the last SW who was working with the family. In this instance they could allocate directly to FSCP					IRH may allocate directly to CWD where the threshold is met for CWD involvement



At a glance						
Early help	IRH / EDT / Edge of Care	CAT / NRPF / PF/ Young Person's Housing Pathway	FSCP / Flourish	CLA / UASC	16+	CWD
		<p>CAT will undertake a Child and Family Assessment and once complete will transfer to FSCP for CP / CIN or they will Step down to Early Help.</p> <p>Where a child is subject to proceedings, FSCP will be invited to the first LPM / Pre-Proceedings before being transferred to them.</p> <p>This will follow the Case Transfer Steps set out above.</p> <p>Where a child is accommodated, they will be transferred to the FSCP at the first CLA review</p> <p>Where a family is assessed by CAT as having No Recourse to Public Funds the NRPF team will retain case accountability. Where there are CIN issues, FSCP would work alongside the allocated worker in NRPF to support and assess.</p>				In the course of the assessment it may be determined that the child meets the threshold for CWD involvement. This will follow the Case Transfer Steps set out above.
		<p>Where a young person has no additional needs and presents as homeless they will be allocated to the Young People's Housing Pathway and the case will remain open for 6 weeks following completion of the assessment.</p> <p>Where a young person has identified additional needs and presents as homeless they will be transferred to the FSCP under a CIN plan.</p> <p>If the young person is already known to FSCP under a CIN or CP plan and become homeless,</p>				

At a glance						
Early help	IRH / EDT / Edge of Care	CAT / NRP / PF / Young Person's Housing Pathway	FSCP / Flourish	CLA / UASC	16+	CWD
		they will be considered by the Young People's Housing Pathway but case responsibility rest with the FSCP.				
		Where there is a clear indication and agreement for a permanency plan for long term care, the case will transfer directly to the CLA service.				
Early Help to be invited to the Family Transfer meeting		When FSCP identify that CIN intervention is coming to an end and there is a role for Early Help, they must identify the outcomes they wish to achieve by stepping down and discuss this with Early Help				
		Relinquished children and cases where there is a likelihood of adoption as the long term care plan will be transferred directly to the CLA service regardless of whether they come from CAT or FSCP.				
			<p>Children who become looked after will be transferred to the CLA team / 16+ Team at the first looked after review, however they may be added to the transfer list prior to this as advanced notice.</p> <p>Where a child looked after will continue as a child looked after post 16, it is good practice to notify the 16+ team when they are 15 and 6 months to ensure good and timely transition and joint working.</p> <p>When children under 16 have been subject to s20 voluntary accommodation for 3 months, a Legal Planning Meeting will be required. CLA/16+ Service Manager will be invited to attend to attend the Legal Planning Meeting. If the care plan envisages that the child will remain in the care of the local authority, they should be transferred to CLA/16+ Service.</p> <p>Where a young person presents as homeless has been subject to s20 under the Young People's Housing Pathway and are 16+ they will be transferred to the 16+ Service straight away (without waiting 3 months).</p>			

At a glance						
Early help	IRH / EDT / Edge of Care	CAT / NRPf / PF/ Young Person's Housing Pathway	FSCP / Flourish	CLA / UASC	16+	CWD
					Where a child with disabilities is eligible for Leaving Care Services, advance notice should be given to the 16+ Service	
						For children transitioning to Adult Services for an Adult assessment under the Care Act, preparations will begin at 17 in preparation for the Adults Transitions Team accepting case responsibility when they turn 18

**Transferring to a new worker within the same team**

For various reasons a practitioner can no longer continue to work with a family. Generally, this is because the practitioner is moving on or, they are off for long term sickness or maternity/paternity/adoption leave. Very seldomly the team manager may need to reallocate a child or family to another worker either because of capacity issues or because another worker may have particular skills or expertise, although this must be done in a planned way.

It is anticipated that the practitioner usually has sufficient time to say goodbye to the children and families they are working with and to introduce them to the new practitioner, with the exception of sudden illness or unforeseen emergencies. This would be done in the same way as a usual transfer, including discussing with the child and their family and a good handover to their new colleague and, wherever possible having a joint meeting with them.



Lambeth