

# Supporting Families Division Transfer Policy

(relating to the support we give to children and their  
carers)

Responsible Officer: Susannah Beasley-Murray, Divisional Supporting Families  
Division

Coverage: Children's Social Care and Early Help

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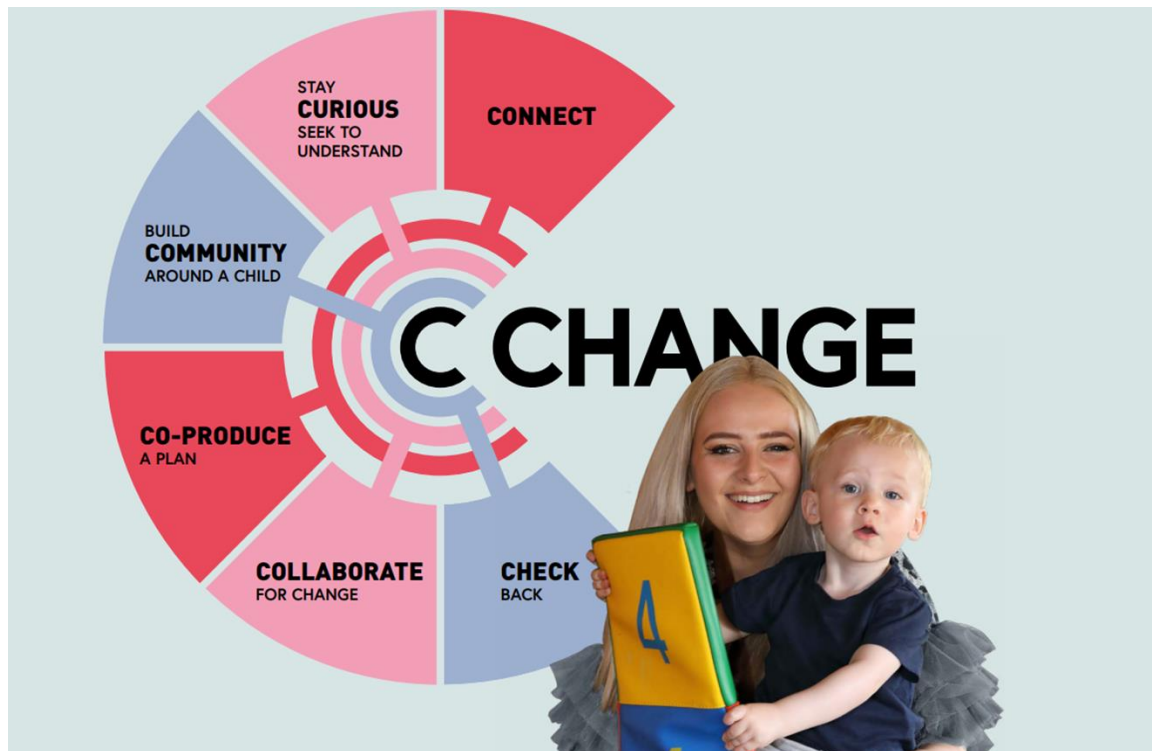
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## I. Introduction

- 1.1. It is important for all of us involved in the lives of children and their carers to acknowledge that transition points - where one worker's involvement with a family ends and responsibility for the support transfers to another part of the service - can lead to anxiety and stress. In our Better Together framework, where we encourage relationship building to occur from the first point of contact, it is inevitable that there could be all sorts of emotions for those children and their carers when they have to say goodbye to one worker and start a new relationship with another worker and their team; workers may also carry emotions regarding such transitions.
- 1.2. The purpose of this protocol is to outline the agreed process and points of transfer for children and their families requiring a Supporting Families Division intervention. It includes the transfer points from and to all teams within Children's Social Care; there is a separate 'step-up and step-down' protocol between Early Help and Children's Social Care which should be read in conjunction with this protocol. It outlines the expected process, accountabilities and procedures that should be applied when work with a child requires transfer from one team to another. The purpose is to ensure the following:
  - To ensure safe transition of children's Mosaic records.
  - To ensure plans for children are clearly understood by the receiving team.
  - To ensure children and their families are clear about who their allocated worker is and which team is responsible for their plan
- 1.3. It is essential that staff and Team Managers ensure they are informed about this protocol and comply with the procedures to ensure children are allocated new workers in a timely way. This will in turn enable them to provide open and transparent communication with those they are working with and secure effective transition points that reduce drift and anxiety for children and families who need support.
- 1.4. The relational ethos as embodied within the Better Together Practice framework is fundamental to this protocol.



1.5. In the context of transfers, we encourage staff from the existing team and the receiving team to:

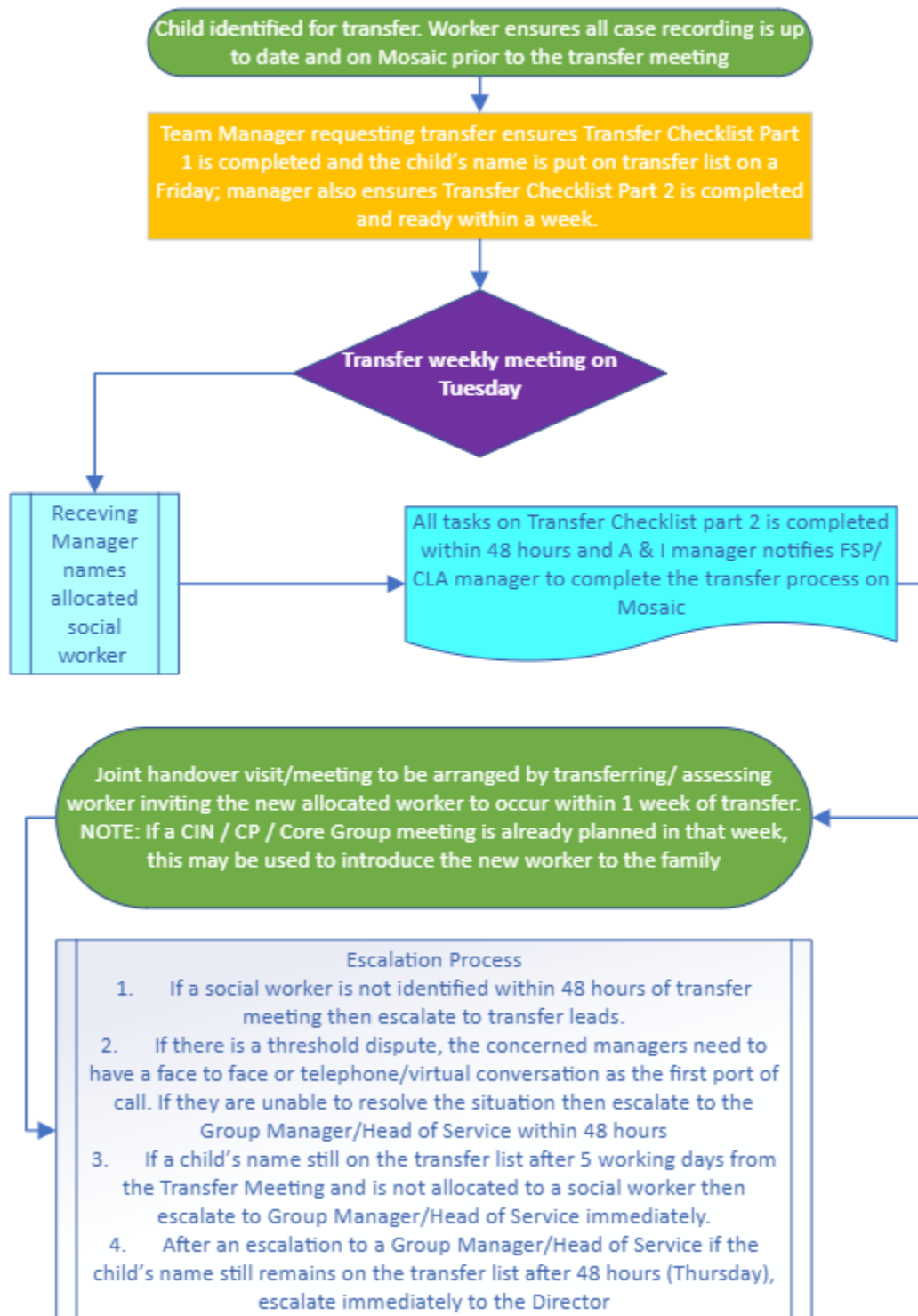
- **Connect** – make sure that there is good communication regarding the transfer process which is responsive to requests for information and respectful in tone. Where there are differences of opinion it is even more important to connect face to face or via a Teams call rather than through email which can easily be misunderstood.
- **Be Curious** – if the receiving team doesn't understand what they are being asked to do or why, ask questions in the hope of gaining understanding. It may be that through being curious an alternative perspective can be heard.
- **Build a community around the child** – remember that the transfer of involvement from one worker to the other is an important part of building a community of support around the child. It is important that the way we work with each other supports the child and their carer to build a relationship with the new worker.
- **Co-produce a plan** – where possible it is helpful for the new worker to be involved in shaping the plan that they will take forward so that there is a shared agreement going forward of what will help the child.
- **Collaborate for change** – transfer points can be catalysts for change, especially when we work together.
- **Check back** – we will get feedback from children and their carers, as well as colleagues involved in the transfer about what was helpful and what could improve this process.

## II. Principles

1. The needs of children and their best interest should always remain the most important consideration within the transfer process; children's wishes and feelings must be clearly evidenced (age and ability/ mental capacity enabling).
2. Under no circumstances will children who need statutory services be left without an allocated social worker who is actively engaged in meeting their needs.
3. The process of transfer should be simple and solution focused. Managers should be flexible in their approach and decisions should be made from the point of view of the child and family.
4. 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/ assessing team to the receiving team to prevent gaps in knowledge and to ensure that the welfare and protection of the child is kept at the forefront of decision making.
5. The number of social worker changes for a child/young person should be kept to an absolute minimum but in adherence to the current delivery model which does have handover points. For example, responsibility for work with a child shall transfer from the Multi Agency Support Team or Assessment and Intervention directly to Children Looked After or Through-care if the professional judgment suggests that the trajectory for a child is long term care or permanency planning, even if the court does not in the first instance accept the Local Authority care plan.
6. It is acknowledged that where there are historical gaps which pre-date the allocation to the current worker this will not be a reason to hold up the transfer of support.
7. The way we work together is important, especially when there are differences of opinion. Good transfers are based on effective communication between teams and workers and where there are disagreements, all attempts should be made to resolve the matter respectfully and face to face/over a Teams call, rather than over email.
8. All children subject to statutory services will be allocated to a qualified worker with the necessary experience and training to provide effective intervention.
9. Good practice when transferring work from Children's Social Care to Early Help has at its heart a shared understanding of the needs of the child and family at the point of closure. Evidence of a strengths-based conversation with the family to shape the planning and identify the needs is key. Informed consent and participation of the family in the stepdown process is essential.
10. Transfer between the services must not be blocked due to capacity issues or disagreement over Levels of Need - it is for the transferring/ assessing team to determine the Level of Need based on their assessment. Any disagreements must be resolved respectfully within 48 hours via escalation to Heads of Service if necessary and, if still unresolved, by the Divisional Director within 72 hours.

**Transfers will take no longer than 1 week from agreed transfer point**

### III. The Process



## IV. Transfer Points

### A. Multi Agency Safeguarding Hub (MASH), Assessment & Intervention (A&I), Family Support & Protection, (FSP) Children Looked After (CLA)

- 1.6. Children who are being presented by the A&I team at the Initial Child Protection Conference (ICPC) will be transferred from A&I to FSP (or CWD) at the initial conference; the expectation is for the social worker from the received team to attend. If not, the duty worker or the team manager from the respective team will be required to attend.
- 1.7. As part of the safety planning for a child, consideration for a Legal Planning Meeting (LPM) may arise, this requiring A&I to present to a LPM which may occur in advance of an ICPC or following the ICPC if the identified risks require consideration and oversight from the LPM panel. The receiving team should attend the LPM in order to facilitate and support transfer between services.
- 1.8. If the social work team is seeking permission to commence pre proceedings, a draft Letter Before Proceedings with a clearly set out pre proceedings intervention plan should accompany the LPM referral documentation (as per the LPM guidance). The receiving team will progress pre-proceedings work following LPM. It is good practice to involve the incoming team in developing the proposed pre proceedings intervention plan. If the outcome from LPM is to issue care proceedings, the team holding responsibility for the child will progress with it and transfer the work to a relevant service at the first 'Case Management Hearing'.
- 1.9. During the transfer between A&I and services, the receiving team upon receipt of the notification, and having undertaken the transfer audit checklist, should transfer work with the family within the timescales set out (within one week).
- 1.10. If a challenge arises during the transfer process, communication should occur between the services, in order to create a resolution or to revert to the escalation process (see flow chart on p.6).
- 1.11. Children who are on a Child in Need (CIN) plan should transfer from A&I to FSP at the initial CIN meeting with the receiving team present. The details of the identified social worker and receiving team manager should be provided prior to the CIN Meeting. However, in the event the FSP receiving social worker does not attend the initial Child in Need meeting, the A&I social worker and FSP social worker/team manager will hold a handover discussion about the child, at which point responsibility for the work with that child is transferred (providing the file is up to date and ready for transfer). All children on a CIN plan should have a completed and up to date plan prior to transfer to FSP.

- 1.12. Where children are the subject of care proceedings, the transfer takes place at the first court hearing. From this point, responsibility for work with the child is with the receiving team (CLA). It is the responsibility of the managers to determine the nature of any joint work, but the focus should be on hand over and endings within the prescribed timescales (one week).
- 1.13. When children are looked after under Section 20 of the Children Act 1989, responsibility for the work should be transferred at the first Children Looked After review, unless there is a clear and feasible plan (over and above the standard aspiration) for the child to be rehabilitated home. The receiving social worker should be present at the review.
- 1.14. When requests are received for Section 7 and Section 37 reports from Family Courts for a family that is not already open to a social worker in Tower Hamlets, they will be referred by MAST to the transfer manager in FSP for allocation within FSP. The same applies for any children where the court is making determination regarding designation of interim or full supervision orders. If designation of children with Interim Care Orders is being sought, these children will be allocated to a social worker within CLA, straight from MAST.
- 1.15. Where contact is made for unborn children for whom at least one of their parents has been involved in care proceedings currently, or within 12 months of the last proceedings concluding, the referral and pre-birth assessment may progress directly to the CLA service. This will not be appropriate in every case, to include that it may be seen to be pre-empting the outcome of the assessment and proposed actions to follow. In such circumstances, discussion of the unborn child and their parents' circumstances must take place promptly between respective Heads of Services to agree/confirm this and the appropriateness of the transfer before any transfer takes place.
- 1.16. Similarly, consideration must be given for progression of referrals directly to CLA in situations of relinquishments, for pre-birth assessment and relinquishment support.
- 1.17. The number of social worker changes for a child should be kept to an absolute minimum, but in adherence to the current delivery model which does have handover points. The process of transfer should be simple and solution focused. Managers should be flexible in their approach and decisions should be made from the point of view of the child and family.
- 1.18. It is not in the best interests of children to transfer their social work support when an alternative place to live is being sought for them. It is imperative for managers to stay flexible and keep children at the heart of this process



## B. Children with Disability

1.19. Many referrals will concern families where only one of a group of siblings has a disability. If the child's diagnosed disability is the main reason for the need for input from Children's Social Care, they should be referred to the CWD team at the point of referral through MAST. The main requirement for allocation to the Children with Disabilities (CWD) team is that the child has an actual diagnosis of disability. Parents who have a diagnosis of Severe Learning Disabilities or Global Developmental Delay can also be considered by the CWD team and discussions should take place between Team Managers regarding individual situations.

1.20. There are several subtly different definitions of disability. Tower Hamlets adopts the definition which arises from the Disability Discrimination Act (DDA)

"a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities."

Further guidance on disability and criteria can be found in the Short Breaks Statement produced by Tower Hamlets.

1.21. The CWD team work with children irrespective of their legal status or type of plan. In accordance with the principle of keeping siblings with one worker as far as practicable, managers will determine which team in Children's Social Care should work with the family, dependent on the reason for concern, to ensure that a family has one Social Worker and Manager.

## C. Through Care Service

1.22. All eligible (13 week rule under the Leaving Care Act 2000) children will be allocated a worker to progress pathway planning, as will children who have been de-accommodated and become "relevant" within the definition of the Leaving Care Act 2000.

1.23. A child who is 16 or 17 and eligible for support through Leaving Care provisions will have one worker either from the Children Looked After service or the Through Care Service; they will complete the pathway plans so duplication is avoided. A decision regarding whether to transfer support from the Children Looked After to the Through Care service will be based on the needs of the child, taking into account the impact of a change of worker and staff capacity.

## D. Children who are unaccompanied and seeking asylum

1.24. Age assessments go through the Through Care Service and this team is responsible for undertaking the assessments. Referrals received from MAST go straight to the Through Care team.

- 1.25. A child who is 16 or 17 and eligible for support through Leaving Care provisions will have one worker either from the Children Looked After service or the Through Care Service; they will complete the pathway plans so duplication is avoided. A decision regarding whether to transfer support from the Children Looked After to the Through Care service will be based on the needs of the child, taking into account the impact of a change of worker and staff capacity.
- 1.26. 18 year olds are allocated to the Home Office for support.

### E. Transferring support between Children's Social Care and Early Help (often referred to as 'step up' or 'step down')

Please see separate "Step up and Step down" protocol.

## V. APPENDICES

### Transfer Audit Tool

Transfer checklist					
		Item	Yes	No	N/A
<b><i>Before child is placed on transfer list</i></b>	1	Up to date Single assessment/Updating assessment oversight with TM rationale for CIN/CP Plan			
	2	Are all children transferring named in the transfer list?			
	3	Is there a CIN review/ ICPC date?			
<b><i>Before child is transferred</i></b>	4	Neglect toolkit (mandatory for all children, assessment informed by the neglect tool)			
	5	DV Risk assessment and safety plan			
	6	Exploitation Screening tool / Exploitation Risk assessment and safety plan			
	7	Up to date CIN/CP visit			
	8	CIN plan/Review episodes completed and incoming episodes tasked to the new SW.			
	9	Chronology (pls do not close the episode as this needs to be a live document)			
	10	Transfer Summary			
	11	Updated front sheet with all contact details (family, GP, school and any other) and NHS number			
	12	Are all relevant episodes/documents copied over to siblings?			
	13	Handover discussion held?			