**Torbay Children’s Services**

**Transfer Protocol between**

Safeguarding and Assessment teams, safeguarding and family support, children looked after and aftercare. Including step up and down to targeted help

Incorporating transfers to children with disabilities from the above services

**Version Control**

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| Date | Details | Updated by |
| Last reviewed August 2017 | Agreed at CSLT that original document needed updating  | Sue Whitmore  |
| 01/12/2020  | v.2 Updated by CLA SAT and TH service  | Sue Whitmore  |
| 02/12/2020  | Approved at CSLT  | Sue Whitmore  |
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1. **Introduction**
	1. This protocol applies to all social care teams working in Torbay Children’s Services. It outlines the expected process, accountabilities and procedures that should be applied when a child requires transfer from one team to another.
2. **Principles underpinning the transfer of support to children from one service to another**.
	1. To ensure safe transition of children’s records.
	2. To ensure a seamless transition from one team to another, so that the impact on children and families is kept to a minimum and ensure children experience the minimum amount of transitions
	3. To ensure where the transfer of children to new workers is unavoidable, children and their families are given the maximum information about impending changes, at the earliest possible opportunity
	4. To ensure plans for children are clearly understood and owned by the receiving team.
	5. To ensure that children, and their families are clear about the status of their allocated worker and team responsible for their plan.
	6. In sibling groups, the children will have the same social worker, unless it can be demonstrated that this is not in the child's best interest.
	7. Any disputes that arise with the transfer arrangements will be resolved by the Team Managers, only in exceptional cases will they be referred to their respective Service Manager for a final decision.

# Transfer Process and Allocation

* 1. Children and families due for transfer will be confirmed at weekly transfer meetings.
	2. Meetings will always include Managers, and/or senior staff from Children’ Services Team such as Single Assessment Team (SAT), Safeguarding and Supporting Families (SASF), when appropriate Children with Disabilities Team (CWD) and Specialist Services Teams LAC/IYSS/Adoption). And Early Help where step up and step down is identified
	3. Each allocation meeting will be minuted (Transfer spreadsheet) by SAT’s Team Manager and will include an up to date status of the child and highlight significant alerts or actions required. Copies will be distributed to all attendees and absent services for information.
	4. The child’s record will be reviewed by the manager for compliance and quality issues prior to transfer by the relevant transferring manager using the transfer checklist. This checklist should be taken along to be presented at the transfer meeting. Where the checklist isn’t completed in full the child’s record will not transfer.
	5. Summaries must be signed off by the relevant Team Manager or ASW Completing the review. The receiving team will also review the file on transfer and identify any work not completed in relation to expectations within the tracking document – this should be completed by the originating team. Within 24 hours, the receiving team should either accept and allocate or reject the allocationwith clear rationale for doing so. However it remains the case that the original team must maintain responsibility until accepted by the new team.
	6. It is the responsibility of the originating team to ensure that children and their families and involved agencies, professionals are notified of the transfer. (This could be within the relevant CIN/ICPC/CLA review) and this is evidenced on the child’s record.
	7. An introductory visit between social workers should always be held except in exceptional circumstances and the file should reflect the discussions between workers to facilitate this
	8. The child’s record will be transferred on the electronic system and updated by the Team transferring. The receiving Team Manager will update the system of the name of the new allocated worker.

# CIN transferring from SAT to SAF’s

* 1. At the end of a Single Assessment, the SAT Manager’s will authorize the move to a period of CIN planning. This will trigger the need for a CIN meeting and this meeting will act as the transfer point between teams.
	2. The SAT social worker is to arrange a date for the first CIN meeting and this will be identified at the transfer meeting.
	3. The SAT Team Manager will make arrangements for the Children’s names to go onto the Tracking document one week before the CIN meeting. The tracking document will be held on a central drive that all HOS/SM AND TM have access to.
	4. Prior to transfer the SAT social worker will meet with the family and enable them to read the outcome of the SA and discuss and develop with them a CIN plan that all agree will support the family.
	5. The expectation is that a SAF’s member of staff attends the CIN meeting and that transfer occurs from that point.
	6. The agreed CIN plan that is produced from the meeting will be captured and typed up. The SAF’s social worker will ensure the plan is on the system on the correct format.
	7. If the SAF’s social worker does not attend the CIN meeting, this should not prevent any of the above taking place or indeed that a CIN plan is recorded on the child’s file.

# CP transferring from SAT to SAF’s

* 1. If following a Child Protection Section 47 investigation, an Initial Child Protection Conference (ICPC) is convened, the child/ren and family will be transferred to the SASF team at the Initial Child Protection Conference which must be held within 15 working days of the strategy discussion/meeting. The Team Manager from the SASF team must attend the conference meeting along with the transferring allocated social worker. The child’s record will be included in the weekly transfer meeting prior to the initial child protection conference to be facilitated by the transferring team.
	2. Following an ICPC, if the child does not become the subject of a child protection plan, a CIN plan may be drawn up. The file should still then be transferred to the SASF team as above.

# Children Looked After (CLA)

* 1. For any child whose plan is confirmed through assessment as one of long term foster placement or adoption, the child should be highlighted on the Tracking list and discussed within the Tracking meeting. This should happen as soon as the plan for the child is confirmed in order that pre-transfer discussion, co-working and planning can take place.
	2. Once the child is identified on the Tracking list, the Team Manager from the CLA teams will identify a worker who the child will transfer to and the child will be co-allocated to this worker.
	3. The child or young person will not transfer to the CLA team until such a time as a Full Care or Placement Order has been made. At this point, a transfer summary should be completed and recorded on the electronic system by the outgoing social worker, and a transfer checklist should be completed and recorded on the electronic system by the outgoing Team Manager. The incoming Team Manager should complete a case audit and action plan at the point of allocation as a means of guiding the social worker and ensuring that all recording is up to date at the point of transfer.
	4. Any concerns in respect of the appropriateness of the transfer, or quality assurance at the point of transfer, will be escalated to and resolved by the relevant Service Managers.
1. **UASC**
	1. Unaccompanied Asylum Seeking Children who are cared for subject to section 20 consent can be considered for transfer to the CLA through the Tracking meeting at the point whereby a single assessment has been completed which concludes that this is the most appropriate plan of permanence for this child or young person. Any concerns in respect of the appropriateness of the transfer, or quality assurance at the point of transfer, will be escalated to and resolved by the relevant Service Managers.

# EPO/ICO

* 1. If a child becomes looked after in SAT by the initiation of care proceedings under section 31 (ICO) then arrangements to transfer to the SASF team should occur at the first ICO Court hearing. The Care Plan and Initial Statement should be completed by the instigating team. Where possible a representative of the SASF team will attend this hearing.

# Other pathways

If a young person becomes CLA in line with Southwark judgement a referral should be made by the TM from SATs or SAFs where the joint assessment has been completed.to the CLA team for allocation of a social worker, up to the age of 17 ½ years. Over 17 ½ years of age the social worker allocation will be made within the Care Leavers service.

1. **Relinquished babies**

10.1 In line with the current unborn baby flow chart where MASH identifies a referral for a relinquished baby the case is directly allocated to SAFs.

* 1. SAF’s will jointly undertake an assessment with the Adoption team. If the assessment concludes that the baby is likely to be relinquished post birth; the unborn/child will remain open to the Adoption team for advice, support and monitoring**.**
	2. If at birth the plan changes and mother no longer wishes to relinquish care, the baby would transfer to SAF’s at this point. If the plan continues to be that the mother wishes to relinquish care then the Adoption team will progress the case through the court proceedings.
	3. The Adoption team will contact CAFCASS and make a referral for a Guardian to meet with the birth parents and seek formal informed consent to place the child for adoption. Other options may include Reg 24 (family and friends placement), s20 Accommodation (CLA) or Care Proceedings (CLA).
	4. In the event that the LA care plan is single track Adoption and there is an ADM decision approving the care plan, and refer on for family finding to the Adoption service should occur.
1. **Leaving Care/Care Experienced Adults**

For any cared for young person who is cared for, the young person should be added to the Tracking List **at least two months prior** to the young person’s sixteenth birthday; this will then be discussed at the Tracking Meeting and agreement for a pre-transfer referral to be made to the After Care team should be confirmed, in order that a Personal Advisor can be allocated from the young person’s sixteenth birthday.

When a cared for young person becomes a care experienced adult at eighteen, a referral should be made for the young person to transfer in full to the After Care team. At this point, a transfer summary should be completed and recorded on the electronic system by the outgoing social worker, and a transfer checklist should be completed and recorded on the electronic system by the outgoing Team Manager. The incoming Team Manager should complete a case audit and action plan at the point of allocation as a means of guiding the social worker or Personal Advisor and ensuring that all recording is up to date at the point of transfer.

1. **Viability process**

The child’s Social worker should send an email to Fostering Assessment TM & cc Fostering Admin ensuring the following information is included

* Submission date and whether a Form C or SGO application
* When the viability is required for.
* Name, address, contact details for applicants and Paris ID
* Name and Paris ID for the child or children
* Brief outline of the circumstances
* Name of legal contact

If a viability is required out of county the use of an Independent Social Worker may be required.  If this is the case this will need to be agreed at ATR panel and a formal request will need to be submitted.

**Unfortunately no viability can take place without this key information being provided to Fostering Team Manager via email and cc** **fostering.admin@torbay.gov.uk**

Fostering Assessment TM will then allocate to either Duty Fostering SW or Duty Integrated SW and email them to request viability and copy in Fostering Admin.

Fostering Duty SW will complete the viability and email back to Fostering TM within three days. During the viability with the CSW, the CSW will discuss with the applicant the Financial Assessment Process.

Nita will then send back viability that has had a QA to the Child SW and cc fostering admin.

Child’s SW to complete and return to the Fostering Team Manager and fostering admin

Fostering TM will look at the outcome:

**FORM C**

* Yes – send to HOS for their approval. HOS will advise Fostering Team Manager of the outcome. Once approved Fostering Team Manager will then allocate for a Form C.
* No – send to HOS for his comments and notify the child’s SW and cc Fostering Team Manager and fostering admin.

**SGO**

* Yes – send to manager of child’s Social worker for approval. The manager will advise Fostering Team Manager of the outcome.  Once approved Fostering Team Manager will then allocate for a SGO.
* No – send to manager of child’s Social worker for their comments and notify child’s SW and cc Fostering Team Manager and fostering admin

When copying please email fostering.admin@torbay.gov.uk

* Fostering Admin to notify Placements by sending the updated Viability (Form C/SGO) spreadsheet whenever there is a new or amended viability.

**PLEASE NOTE: If an Independent Social Worker is required for the assessment this will need to be approved at ATR panel first.**

1. **Teenage parents in care and their babies**

13.1 If a child in care becomes pregnant, her allocated social worker will continue to work with the her ( and / or the father of the unborn )  The allocated social worker will undertake a SA assessment, incorporating a risk assessment in relation to the unborn child. If the outcome of the SA assessment incorporating the pre-birth assessment indicates that this unborn is likely to be a CIN or CIN of protection then this should be put forward as a contact/referral to the MASH of the area the child is currently living.

13.2 If the child is a care leaver and becomes pregnant and there is a professional view that the unborn may be a CIN or CIN of protection then allocated Social Worker / PA  must complete a contact/referral to the MASH. This referral must be sent to the MASH in the Local Authority in which the care leaver lives.  If the outcome of the SA assessment is that the unborn child may be at risk of significant harm, a strategy meeting should be held

13.3 parents under 18 must be allocated to a different social worker to their child/ baby where there is a need for that parent to also be open to CSC

1. **Remands to LA accommodation**
	1. When young people are remanded to custody referrals should go directly from MASH to SAT’s teams.

14.2 Section 38(6) PACE requires that when a child or young person is detained after charge, the custody officer must seek to transfer them to local authority accommodation pending appearance at court. These children will only be looked after until the following day where they will either be remanded or returned home.

14.3 SAT’s will complete any assessment of whether on-going social work intervention is needed.

1. **Sibling groups**
	1. In sibling groups, the children will have the same social worker, unless it can be demonstrated that this is not in the child's best interest.
	2. If a sibling group needs allocation following a referral from the MASH they should be allocated to the same Social Worker to complete the assessment.
	3. If the children require CP or CIN plans, these should also be allocated to the same Social Worker. There could be occasions if one child in a family is a LAC and the other siblings on a CP or CIN plan, that they are allocated in separate services and therefore it is important that if there have different allocated social workers that they attend each other’s reviews. Agreement will be based primarily on the principle of ‘one allocation’, but will also take into account the specific needs of the different children in the family. The children’s needs should always out way the needs of the service.
	4. Where there is a child in the family that needs a specialist assessment by CWD it will be considered where the child’s record should be held. CWD social workers may hold non-disabled children when this is felt to the in the families interests
2. **Private Fostering**
	1. Notification of a private fostering arrangement is made to the MASH; this referral is then sent to the Fostering Assessment Team Manager and are allocated within the team for assessment.
	2. Once the assessment is completed, this is quality assured by the Team Manager and recorded on the child’s electronic system. The Fostering Team Manager then refers the child back to the MASH and the referral is sent to the Safeguarding and Supporting Families service for allocation. If the Local Authority have any concerns about the placement, the referring agency are contacted directly and they defer the placement before the child arrives.
	3. Once we have completed the assessment the case closes to the Fostering Assessment Team with the understanding that if they need support once the child is in the country in their own right, they seek it through the Fostering Support Team.
3. **Children with Disabilities**
	1. Disabled children can be transferred to the Children’s with Disability teams if they are 0-18. Transfer will be agreed if the child meets the criteria for referral. To meet the criteria, the child will need to be diagnosed to have one or more of the following:

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| --- | --- |
| **Criteria:** | **Met/not met – evidence:** |
| Severe learning disabilities |  |
| Severe physical disabilities |  |
| Severe developmental delay in motor and or cognitive functioning; |  |
| Profound multiple disabilities; |  |
| Severe sensory impairment (registered blind and profoundly deaf); |  |
| Complex and severe health problems that arise from the disability, that are life threatening, degenerative illness or organic disorder resulting in severe disability; |  |
| A diagnosis of Autistic Spectrum Condition with the addition of any of the above conditions, and where the condition severely impairs day to day functioning. |  |

Two of these criteria factors needs to be met, to meet the threshold for intervention from CWDT.

# New Contacts / Re-referrals

* 1. Any information received on a closed case should be entered as a new

 Contact/referral on PARIS by the MASH team.

* 1. If a new contact/referral is within three months of closure to any team, the MASH Team Manager will screen the contact and make a decision regarding threshold. If threshold is met for a Level 4 service, the MASH will refer back to the previous responsible team.
	2. If the new contact/referral is more than three months since closure, the MASH team will follow their standard operating procedures and pass the referral if threshold is met to the relevant service. Heads of Service reserve the right to reallocate back to the previous team where this meets the needs of the child/family.

# Transfer of children subject of Child Protection Plans from other Local Authorities

* 1. If any team is notified of a child subject to a child protection plan by another Local Authority that has moved into the area, the Safeguarding and Reviewing Service (SARS) should be notified. SARS will then confirm the details with the originating authority and record the child’s details on PARIS as a **CONTACT** transfer recording that the child(ren) are subject to a child protection plan in another area.
	2. If the originating authority is requesting a transfer in conference, the case will also be referred to the MASH. They will enter the referral on Paris and re-direct to the Safeguarding and Family Support team. The relevant manager and/or the allocated worker will attend the transfer-in-conference meeting. It is the responsibility of the child protection conference to make the decision about whether child protection planning is needed when the child moves into this area. The conference can also decide if a CIN plan, step down to Targeted Early Help or no further action involvement is appropriate depending upon the information shared during the conference.
	3. Case transfers between Local Authorities. If a CIN family moves to another part of the country (out of Torbay area) on a temporary basis, case responsibility will remain with the current allocated team until the necessary referrals have been made. The child will remain open pending confirmation of the family’s circumstances and referral to the receiving authority is completed and recorded on Paris and accepted by that local authority.

**Step down process from Single Assessment Team**

SAT - as a result of single assessment resulting in no further action at level 4 but high level of need requiring a level 3 coordinated response

**Process to enable family to be discussed at level 3 early help panel**

1. Social worker completes analysis on Single Assessment that includes rationale behind decision to step down. T*eam Manager Records manager’s* analysis *confirming threshold met for level 3 intervention. The Single Assessment will serve as the initial Targeted Help Assessment.*
2. Child / young person to be discussed between level 4 and level 3 manager and confirm all social work processes complete – this will enable challenge and scrutiny to resolve any issues at this stage to prepare for panel discussions.
3. Social Care Team manager refers on to Early Help using Early Help Referral and copies the email information into referral description. *Social Care Team manager in Social Care Referral records action: recommend stepping down*
4. Prior to the panel, social worker to ensure consent for level 3 early help has been sought. *Panel slot to be confirmed to social worker.*
5. The child / young person will be presented at the panel by the social worker who will present the case summary, answer any questions and be involved in the formulation of the plan at the meeting. Agreement will be reached at the panel on whom the lead professional will be and ensure contact is made with the family.
6. Following the meeting the child / young person will be closed to level 4 by the ‘*Social Care Team manager closing the Social Care Referral’*.
7. *The information on the* *lead professional will be added to PARIS by level 3 manager.*  This will include name agency and contact number, this being particularly important for any further contact made to MASH.

**Step down process from Safeguarding and Supporting Families Team and CWD team**

SASF/CWD team – no further action in respect of CP/CIN plan – outcomes achieved to evidence level 4 interventions no longer required but high level of need requiring a level 3 coordinated response.

1. Social worker agrees no further need for statutory intervention with manager. *Social Care team manager records a management oversight and decision on PARIS confirming threshold met for level 2 or 3 intervention. This to be evidenced through a final Single Assessment that will serve as the initial Targeted Help Assessment. If agreement level 2 then case should progress to final CIN meeting with identified lead professional to have oversight at level 2.*
2. Referral made to Early Help. Social worker to present the child / young person to Early Help panel for further information gathering and multi-agency discussion to confirm lead agency. Lead agency agreed with confirmation that the final CIN/Core Group meeting will be attended by named professional who will continue to coordinate the plan.
3. The information on the lead professional will be added to PARIS by level 3 manager. This will include name agency and contact number, this being particularly important for any further contact made to MASH.
4. Final Core group/CIN meeting held with confirmation of child / young person transferring for Team around the Family coordination. Social worker and lead professional book date for next Team around the Family meeting to be held in the community.
5. Following the meeting the case will be closed to level 4 by the ‘*Social Care Team manager closing the Social Care Referral’*.
6. Case to continue with on-going monitoring and review by early help team.

**Step up processes from level 3 to level 4**

1. If information comes to the attention of the lead professional about a child / family that they are working with and this is new information that is of concern they should discuss with their line manager as per safeguarding processes.
2. The worker and team manager should agree whether this information causes concern and needs to be considered for a level 4 statutory intervention. If this is the case, a contact should be made to MASH, (as per the operational procedures). MASH will triage this information against the thresholds and will advise the lead professional of the outcome, (regardless of whether lead professional is internal or external member of staff). If a statutory intervention is required, it will pass to the Single Assessment Team or other relevant service. If the outcome of the MASH discussion is that the case remains at level 3, then this information will be shared with the lead professional.
3. If MASH receive information from another source other than the lead professional, then the same approach will apply. MASH will triage the new information against the thresholds and decide whether the child / young person remains at level 3 or whether it requires a level 4 statutory response. *This information will be conveyed to the lead professional for the level 3 case. Early Help will be notified by MASH so they can close the level 3 referral.*
4. If the MASH decision is that threshold for a level 4 Single Assessment is met, level 3 Target Help referral will not be closed off until the outcome of the Single Assessment is known and confirmation is received that ongoing Level 4 Statutory intervention will be provided.

**TRANSFER CHECKLIST**

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| --- | --- | --- |
| **Name of Child/Young Person:** | **Date:** | **PARIS ID:** |
| **ITEM** | **COMMENTS** |  |
|  |  |  |
| Personal details screen on electronic systems correctly completed, up to date and checkedPlease include race, religion, warnings and risk assessments.Is the present address up to date, and are contact details correct? |  |  |
| All case recording up to date, including visits to child/family (see practice standards for teams) |  |  |
| Up to date chronology. |  |  |
| Genogram completed. |  |  |
| A Single Assessment/Childs Plan is completed on the relevant children in the family, and evidence that this has been shared with child/family. |  |  |
| Managers’ decisions recorded on case file. |  |  |
| Financial agreements up to date on PARIS, and Finance system. Details of service packages, start/ end dates, forecast costs are recorded. |  |  |
| Copy of all current Legal Orders uploaded onto system. |  |  |
| Transfer summary complete |  |  |

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| **CHILD PROTECTION** |  |
| **Additional tasks to be completed for child protection.**Date of ICPC: …………………………………………………………………………………….CP Plan completed by: ……………………………… Date: ………………………….Date of last CP Monitoring or Child Protection Visit: ……………………….. (*CP Monitoring visits need to be completed every 5 days until ICPS held)*Has visiting frequency been recorded in ICS?: YES / NODate of next Core group meeting: ………………………………………………….. |  |
| **CHILDREN IN NEED** |  |
| **Additional tasks to be completed for Children in Need**Date of Children in Need planning meeting: …………………………………………………….. Date of last Children in Need visit: …………………………………………………………………… Children in Need plan on ESCR: YES / NoDate of next Children in Need meeting: …………………………………………………………...*(date to be agreed within 5 days of the meeting)* |  |
| **Children Looked After**  |  |
| **Additional tasks to be completed for Children.**Date of last recorded CLA Statutory visit: ……………………………………………………….. Date of next CLA review: ………………………………………………………………………………… Date of next PEP: ……………………………………………………………………………………………Copy of PEP completed: YES / NO Copy of Care Plan: YES / NOHealth Assessment requested/or dated of last Health Assessment: ……………………………Pathway Plan Assessment completed: YES / NO Date: ………………………………………… |  |

Form completed by: …………………………………………….. Date: ………………………………….. (allocated worker)

Signed and transfer agreed: …………………………………… Date: …………………………………… (Team Manager)