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| Transfer Protocol**…………………………………………………………………………………**Children’s Social Care  |
| Transfer of Cases Between Teams**Author:** CSC Senior Management Team**Version:** V1.1**Date:** 30th October 2019 |

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**Children’s Social Care Transfer Protocol**

The purpose of this protocol is to ensure that when it is necessary to transfer case responsibility for a child / young person between services within Children’s Social Care this is achieved in a timely and effective manner, has a focus on the child and is in line with our Signs of Safety practice model. The Transfer Protocol sets out the agreed process and points of transfer for children, young people and their families that require a children’s social care intervention.

**Principles**

* Our Signs of Safety model of practice is based on building strong relationships with children, families and networks, having a clear focus on the voice of the child in our plans and trajectories, and using clear methods of communication.
* Transfer of cases will be conducted in a timely fashion and in a way that maximises the chance of ensuring that good working relationships are maintained with the child, the family and the network.
* Transfers will take no longer than two weeks from initial identification. **Earlier notification for Children in Care is encouraged where this is advantageous for the child.**
* There is the principle of ‘no delay ‘ensuring that children and their families receive support with no gap in service provision.
* The child’s experience, their needs and journey should always be at the heart of decisions to transfer cases.
* Good quality information will be passed from the transferring team to the receiving team to prevent gaps in knowledge and to ensure that the welfare and protection of the child is paramount.
* All managers will commit to attending the weekly transfer meetings to secure consistency of approach. Children and young people and their parents or carers and agencies should be advised of the transfer process and timings.
* Once the case has been presented to the Transfer Meeting, the receiving Service has two weeks to identify receiving team and social worker. A handover meeting is expected to take place within the next five working days.
* Transfer between the Services is not blocked. Statutory requirements and court directions are always adhered to. If the transfer between teams is blocked for whatever reason the situation will be escalated for review and problem solving alongside the Service Managers and Service Director when required.
* Step Down to Early Help and targeted support is effective and secured in a timely manner through robust planning, taking no longer than two weeks to formally transfer.
* There are limited circumstances where more than one social worker can be allocated to a family, for example, Children in Care that become pregnant and the need for a separate referral in relation to their child; instances involving child-on-child abuse within the family home and some gang related affiliation whereby the young person is placing siblings at risk.

**Transfer Standards**

There is the principle of ‘good order’ in respect of case files. This relates to the electronic record.

To enable the effective transfer of a case, the allocated social worker and their team manager must ensure that the following actions have been undertaken:

* All files must be up-to date at the point of transfer and have been checked and authorised by the Assistant Team Manager/Team Manager.
* A transfer summary will be produced for any case transferring within and between teams, **(except for MASH)**. The transfer summary will include a summary of the work undertaken, identify all dates for meetings and deadlines over the following eight weeks and clearly state the date of the last assessment and any outcomes identified.
* Personal information must have all sections completed, including ethnicity (if known), sibling details, names, addresses and telephone numbers of involved professionals, including school details.
* All case recording is up to date, including an updated chronology, genogram, contact records, court reports, and records of visits, (CIN, CIC, and CP): CIC paperwork, Statutory Review etc.
* Chronologies and genograms must be up to date as per the Case Recording Policy, having considered previous family historical knowledge and information from checks. (**Chronologies are started in the Assessment teams).**
* All forms must have been signed and dated by the relevant social workers and line manager.
* Supervision records must be up-to-date.
* All current Legal Orders are clearly identified and accessible.
* 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. For children (under Section 20) the birth certificate will have been requested.
* Financial agreements should be up to date and recorded on the transfer summary.
* Cases transferring from Assessment team to Children and Families First teams must have up to date and SMART CIN or CP Plans.

**MASH – Transfer Process**

* 24 hr decision to be made with the following four outcomes; transfer to Assessment Team, Transfer to Targeted Early Help, passed to the Children With Disabilities Team for assessment **(agreement with the CWD Team Manager is essential before this can happen)** or recorded as a contact.
* MASH Team Manager or Assistant Team Manager ensures all strategy discussions are requested in a timely manner.
* Telephone call to made between Team Manager/Assistant Team Manager from MASH to appropriate Team Manager/Assistant Team Manager to agree transfer.
* Requests for Section 7 reports if prior Social Care involvement within 3 months to be allocated to the originating team apart from the Assessment team. Cases held and closed by the Assessment team within 3 months will be transferred to the Children and Families First team.
* Requests for Section 37 reports if prior Social Care involvement or if an open case to be allocated to the originating team apart from the Assessment team. Cases held and closed by the Assessment team within 3 months will be transferred to the Children and Families First team.
* All other Section 37 reports to be allocated to the Children and Families First Team
* Requests for statements or reports by other Local Authority’s or Courts on children not in the area to be transferred to the Children and Families First team upon receipt of Court Order
* All cases transferred are overseen and managed by the Team Manager or Assistant Team Manager.

**Assessment Team – Transfer Process**

* All cases for transfer will be placed on the Early warning sheet and sent out to all team managers at least 48 hours prior to transfer meeting.
* Children and Young People requiring Looked After status are to be transferred to the Children & Families First Teams as soon as possible and within the 2-week standard at a maximum.
* Unborn babies whose siblings are currently subject to Care Proceedings. Team Manager/Assistant Team Manager of the Assessment team will telephone the Team Manger/Assistant Team Manager of the Children and Families First team for discussion and agreement to transfer.
* Children requiring PLO process and initiation of Care Proceedings will transfer to the Children & Families First Teams at the point of first hearing.
* Step down to Early Help when appropriate through Step down process taking no longer than 2 weeks to formally transfer, a clear transfer date to be agreed and overseen by Assistant Team Manager on a weekly basis.

**Children With Disabilities Team**

* Where, at point of contact with the MASH it appears that a child’s complex health and/or disability needs are likely to be met through the CWD Team a discussion will be held with the Team Manager. If agreed the CWD Team will accept the case to begin the formal CiN assessment. At any time within the first 10 days the child may be referred back to the assessment team, early help or another source of support if it is found that the level of need does not meet with the CWD threshold.
* Where one of the children’s social work teams identifies that a child’s needs may be best met through a service from the CWD team this will be raised with the Team Manager. Dependent on the information provided and available a number of actions will be considered – e.g.
	+ providing a clear indication that CWD thresholds are not met,
	+ requesting further assessment is undertaken by the team holding the case
	+ a CWD worker undertaking a undertaking a joint visit to assist the case holding team in their assessment.
	+ Provision of specialist advice regarding disability issues and support for an individual worker.

**Children & Families First Teams – Transfer Process**

* Transfers should take place at a transfer meeting between Assessment Team and Children and Families First Team Managers, which will be scheduled for Thursday afternoons, prior to each team starting the intake rota. This will enable Team Manager’s to plan work accordingly and ensure attendance at meetings to enable quality transfers. Team Managers are expected to be able to discuss and work through any differences of opinion in terms of suitability of the transfer and quality of assessment. Only in exceptional circumstances should these differences of opinion be escalated to Service Managers. Representative from the Early Help services will be invited to attend the transfer meetings as appropriate.
* For work in the Assessment Team, which requires transfer and have Legal Proceedings initiated, have CP Plans, or ICPC’s are booked, Service Managers will determine the most appropriate team for these to be allocated. The principle behind this is to strategically control the scope of work within the teams, to ensure manageable caseloads for individual workers.
* It is acknowledged that one of the challenges for any intake rota is that the flow of work is variable and cannot be controlled. If significant variables occur, measures will be established to ensure an equitable distribution of work across the service.
* There is an expectation that transfer of assessments are of a good quality, the work reflects our SofS practice model – i.e. includes a Genogram, My Three Houses to reflect the child’s voice, have been shared with family and partner agencies, and have involved parents living outside the family home.
* The general rule is that the transfer should take place during the week the Children and Families First Team is on the rota. In essence, this means no delayed transfers from Assessment Teams and for pre-booked ICPC’s, these should be scheduled into the Team on the rota when the ICPC falls.
* Where the ADM decision is agreement for adoption, referral to be made to Aspire Adoption within 24 hours where secondary allocation with a Family finding social worker will take place.
* Step down to Early Help when appropriate through step down process taking no longer than 2 weeks to formally transfer and overseen by Team Manager in Children and Families First Service on a weekly basis.

**CIC/Children in Care Service**

* Cases will be transferred to the CiC service will take place at the 2nd CiC review where the plan is agreed that the child will remain in care permanently. The exception to this rule is where reunification within a 6-month period has been identified as the plan.
* Children who cease to be Looked After by becoming subjects to CIN/CP plans or 12-month supervision orders will transfer to Children and Families First teams, with the planning for this transfer to begin at the 3 month point to be completed after 6 months of the post CiC plan.
* Weekly transfer meetings with the 16 plus team will take place. At this meeting all children aged 15 years and 8 months old will be discussed and will be allocated a Pathways Worker.
* As each child reaches 18 years of age a formal handover meeting will take place between the social worker and personal adviser, which may involve both Team Managers as required. This will include those:
	+ Young People aged 18-25 (who were relevant /eligible).
	+ Young People aged 21+ who remain in education/training.
	+ Young People aged 21-25 (who were former relevant) who re-present to the service as they want to return to education.

**Private Fostering Team**

* Where child protection concerns or a need for Early Help or Child in Need services arise, the Private Fostering Team Manager will discuss with the appropriate Team Manager to ascertain how best to assist the child and/or family and whether this requires a transfer.

**Case transfers to Aspire Adoption (RAA)**

* The local authority will take primary casework responsibility for all children for whom adoption or special guardianship is being considered to the point of Care and Placement Orders.
* In the case of relinquished babies, the local authority will take primary casework responsibility until the formal witnessed CAFCASS consent has been obtained.

**Special Guardianship Assessments**

* The local authority will refer into Aspire for a full assessment of a family member or friend within 1 working day following the conclusion of a positive viability assessment.
* If a negative viability assessment is concluded and the Court orders an SGO assessment, then this will be referred within 1 working day from the Court’s decision irrespective of whether the sealed or draft order is received by the Local Authority to avoid further delay.
* Enquiries and notifications about Special Guardianship Order applications, which are received by the local authority where the child is not the subject of care proceedings, will be referred to Aspire within 1 working day.

To be reviewed June 2020