

Protocol for Internal Transfer of Cases in Children's Services

June 2023

1 Protocol Aim

- 1.1 The aim of the protocol is to ensure that there is a smooth and timely process for children and families when responsibility transfers between teams and services; this prevents drift and delay so that an allocated worker is identified prior to transfer enabling children and families to access services in a timely manner.
- 1.2 An agreed protocol ensures that the transfer process is embedded in practice, preventing any confusion about the point of transfer and expectations of file compliance prior to the transfer being made.

2 Transfer Process

- 2.1 At the point of transfer there is an expectation that the child's records are up to date and the file is compliant with practice standards – **see appendix 1 child's files.**
- 2.2 It is the responsibility of the transferring manager to ensure that the child's file has been quality assured prior to case transfer; the receiving manager should be confident that the child's records are up to date but may wish to also quality assure.
- 2.3 If the receiving manager has concerns about the child's file at the point of transfer, they should have a conversation with the transferring manager to resolve this. However, any actions should not prevent a delay in service for the child or young person.
- 2.4 There are natural points of transfer throughout our systems due to the functions of the teams; these should be considered to minimise any disruption to children and their families.

3 Transfer between IFD and the Duty and Assessment Teams

- 3.1 Once the decision has been made that a child meets the criteria for Children's Social Care intervention, a child should be transferred from the Integrated Front Door (IFD) to the relevant Duty and Assessment Team within one working day of the contact being received.
- 3.2 Prior to transfer, consent will have been obtained from parents/carers to progress for a service and will be explicitly recorded on the contact record. Where consent has not been obtained the reason, it has been dispensed with will need to be recorded and agreed with the manager who will need to be satisfied that the criteria for dispensing with consent has been met. There will be occasions when the IFD Social Worker has made numerous unsuccessful attempts to contact a parent/carer. In these cases, where concerns for a child's welfare remain, the case will transfer to the locality service.

who should continue to make efforts to establish contact with parents and seek consent to progress an assessment. There will be occasions when a home visit may be required to progress this.

- 3.3 In situations where there are concerns that a child is experiencing or is at risk of experiencing significant harm the IFD manager should liaise with the receiving manager in the relevant Duty and Assessment team to enable a Strategy Discussion to take place in a timely manner considering

consent (as above). Good practice would be that the conversation takes place via a telephone conversation rather than email.

- 3.4 At the point of transfer the child's file will be processed through LCS to the receiving team's duty tray for immediate allocation to a worker. If the receiving team seeks to change the decision made by the IFD, the case should be reviewed by the Service Manager who should record their rationale on the file.
- 3.5 Requests for **transfer in child protection case conferences** from other local authorities will initially go to the IFD. Once the case has been accepted as a transfer to Bradford and when in receipt of the relevant documents (should be within one working day) IFD will transfer the case through to the relevant Duty and Assessment Team. An automatic request for the transfer in conference will be generated through LCS. At the same time, the system will alert the safeguarding and reviewing service who can progress the conference in conjunction with the allocated social worker.
- 3.6 **Children and young people who are referred into the service within 12 weeks of case closure** will be transferred straight to the team that had the last involvement with them regardless of the issue referred; this offers continuity to children and families with a worker and/or manager with prior knowledge of them.

4 Transfer between IFD and Child and Family Teams

- 4.1 A request for a **private fostering assessment** arrangement is initially dealt with by IFD who will establish that the child or young person is living with a non-relative. Once established this will be transferred to the relevant Child and Family Team for completion.
- 4.2 Non **agency adoption assessments** will be passed through to One Adoption West Yorkshire at the point of the referral being received.
- 4.3 For Court ordered **Section 7 or Section 37 assessment reports** on children who are not open to us, IFD will establish what involvement we have had with the child and family and progress the referral to the relevant Child and Family Team.
- 4.4 **Youth Homelessness**; for young people 16 years and above who present as homeless or roofless, IFD will transfer the child to the relevant locality for the Duty and Assessment team to meet with the young person to assess their situation jointly with housing. Duty and Assessment teams will retain responsibility for these young people under S17 or S.20; for those who choose to become S.20 they will transfer to care leavers service if they qualify after 13 weeks in care. For the young people who do not want to be S.20 the transfer point to the Child and Families team will be at the 3-month Child in Need Review.

5 Other transfer points for IFD

- 5.1 For children where **Immigration and Asylum factors** have been referred, IFD will transfer these referrals to the immigration and asylum team which require assessment in relation to immigration issues only. For assessments under Section 17 and Section 47 regardless of the immigration status, will be transferred to the Duty and Assessment Team.
- 5.2 For **unaccompanied Asylum-Seeking Children (UASC)** the UASC protocol should be utilised, and an age assessment completed. If the outcome of the initial visit highlights any doubt that the child could be aged under 18 then the benefit of this doubt should be given to the child, and he/she should be accommodated under S20 of the Children Act 1989 pending the completion of a full age assessment. Where it is determined that the young person is 16 years or over, the IFD should transfer responsibility to Care Leavers Service. For UASC referred via EDT the process is the same.

- 5.3 For referrals into IFD that involves a child within a family who meets the criteria for **children with complex health and or disabilities** normal screening will take place for suitability for a service and would be transferred to the children with complex health and or disabilities team (CCHDT) if the child meets the criteria. Children over the age of 14 years, will be transferred to the Transition Team. For situations where the main concerns are regarding significant harm the case file will transfer to CCHDT if criteria are met for the subject child; if the concerns relate to the other children in the household, the relevant Duty and Assessment team will arrange and complete the strategy discussion for the children. However, if an issue of significant harm arises on an open case to CCHDT they will complete and arrange the strategy discussion and retain case responsibility.
- 5.4 When IFD receive a referral and determine that the child has a sibling in the same household with an allocated worker, that child will also be allocated to that worker. This will not be the case if there have been court proceedings that have concluded, or the sibling is in the care of the local authority.

6 Transfer process between Duty and Assessment and Children and Family Teams

- 6.1 Once the Assessment has been completed either at the 10-day point or 45-day point and a service is required from a Children and Family social worker the Assessment Team Managers must notify the relevant Children and Family Team Managers of children to transfer at a weekly allocation meeting which allows the Children and Family managers to predict allocation to their teams.
- 6.2 The Assessment Team social worker will be responsible for creating the child's plan following the outcome of their assessment.
- 6.3 For Child in Need (CiN) cases the Assessment Team Social Worker will book the CiN Review 4 weeks after the plan has been created; if the child is still subject to a CIN plan after a 12 week period a transfer should be made to the Child and Family Team.
- 6.4 For children protection cases the Assessment Team Social Worker will convene the Initial Child Protection Conference (ICPC) within 15 working days of the strategy meeting being held and will attend the ICPC along with the Children and Family Social Worker and then the responsibility will transfer to the Children and Family Team.
- 6.5 For children and young people who are subject to S.20 or ICO the responsibility for the child will transfer from the Assessment Team after the first court hearing or the first Child Looked After Review which will be held within 28 days of them becoming S.20 or subject to an ICO. The Children and Family social worker will attend either the initial hearing or the CLA review.
- 6.6 When a child is transferring the Duty and Assessment Team Manager will complete the transfer form and the receiving Children and Family Manager will audit the child's records to ensure that all the documents are on file along with management rationale for transfer; if there are any discrepancies, they will raise these with the Duty and Assessment Team Manager; this should be resolved without any delay for a service to a child or young person.

7 Transfer process between Children and Family Teams and Children in Care (Children in Care) Teams

- 7.1 When a transfer point has been reached for children and young people to move to the Children in Care team, the transferring team manager will alert the receiving service in the allocation meeting within the relevant locality. All children presented to the transfer meeting must have been quality assured by the manager requesting the transfer prior to this meeting.
- 7.2 When a child or young person becomes accommodated under section 20 it is usual that they will remain with the Children and Family Team to attempt rehabilitation which should be secured within a reasonable timescale for the child. This timescale should be agreed with the Team Manager and

Independent Reviewing Officer. Where rehabilitation is not possible consideration should be given to obtaining a legal order to secure permanence and then follow the process in 5.3. For any children or young people where a section 20 arrangement is deemed appropriate as part of their permanence plan, they will be transferred to Children in Care once the permanence plan has been agreed in the Children in Care review. However, there may be exceptions to this rule dependent on circumstance at which point the Child and Family Team manager will need to agree a transfer with the Children in Care manager.

- 7.3 All children or young people under the age of 16 transferring to the Children in Care teams must be subject to a Care Order (taking in to account 5.2). Transfer will only take place once the final hearing has taken place and the Permanence Plan has been agreed by the court.
- 7.4 Permanence plans will include those in the care of the local authority in either a fostering or residential placement, those children placed with parents or connected persons under the fostering regulations as approved foster carers.
- 7.5 The Children in Care teams should be given advance notice of the permanence plan for any children prior to the final court hearing so that a worker can be identified when a final order has been granted. The identified worker and/or team manager should be invited to the final care planning meeting where the permanence is being formulated.
- 7.6 Good practice determines that there should be a joint visit to the child or young person by both the allocated Child and Family worker and the identified worker in the Children in Care team.
- 7.7 Transfer should take place within 10 days of the final legal order being made to prevent drift and delay for the child or young person. Where possible, the Children in Care social worker should attend the final hearing, so they are cited on discussions relating to the child's final care plan.

8 Transfer to the Care Leavers Service Teams (16 years+)

- 8.1 Requests to support or assist young people if aged 16 or 17 should only transfer to the Care Leavers Service if they are S.20 and have been in the care of the Local Authority for at least 13 weeks.
- 8.2 When a young person is 15.5 years old, the Care Leavers Services will be notified for discussion at the regular allocation meetings. The Social Worker from the Care Leaving Service will then be invited to the Children in Care Review, closest to the child's 16th birthday before they reach the age of 16.
- 8.3 All the children transferred should be audited by the transferring team manager prior to requesting the transfer to make sure the child's file is compliant.
- 8.4 Consideration should be given to the most appropriate point for transferring the young person. to another team to ensure minimum impact of the young person. For example, if this is during the GCSE period the transfer will happen once the exams are completed.

9 Transfer Process between the Duty and Assessment Team or Child and Family Team and Children with Complex Health and Disabilities Team.

- 9.1 The team manager should liaise with a team manager from CCHDT for consultation about the child to ensure that the criteria for CCHDT to take case responsibility has been met; transfer usually takes place when the main issue for the child, parent/carer and siblings is that a service is required from CCHDT due to the impact of the disability and/or complex health need.

10 Step down to Early Help

- 10.1 Step down to Early Help should be agreed as part Child in Need Review or a Child Protection Review.
- 10.2 Children for transfer to Early Help will be discussed at the allocation/transfer meetings held in each locality. Prior to the transfer the relevant Practice Supervisor or Team Manager will quality assure the file to ensure that there is nothing outstanding. Good practice supports a handover take place with a joint visit being undertaken by the Social Worker and the Early Help worker. For children supported by a CIN plan the Early Help worker should attend the final CIN meeting so they are aware of the agreed plan moving forward.

11 Support Post CSC Closure

- 11.1 When a child is to be closed by Children's Social Care, consideration should be given in discussion with the child (if appropriate) and family to whether further support from targeted or universal services is needed. The family's views should be sought as to whether they can access the services they need or whether they need some support to do so. If the family agree to additional support from either Early Help or partner agencies signed consent should be obtained. The Lead Professional will need to be invited to the final review so they are aware of the areas of need or further support; good practice identifies that a hand over visit should be undertaken. If the Lead Professional is from a partner agency the child/family will need to be spoken to about who this is as this should be someone who already knows the family.

12 Mechanism to Resolve Disagreements

- 12.1 There may be occasions when there is a difference of opinion between transferring and receiving teams about which team is best placed to meet the needs of a child or young person or about the point of transfer.
- 12.2 In the first instance any disagreement or difference of opinion should be resolved through discussion between the respective team managers. Attempts should be made to resolve in a timely manner.
- 12.3 Where an agreement cannot be reached then this needs to be escalated to Service Managers to reach a resolution. If this is not successful, then the matter needs to be escalated to the Heads of Service for the respective services.
- 12.4 During this process there should not be any disruption for the child or young person, and they should continue to receive a service including visits and reviews until this has been resolved.

Appendix 1 TM Audit Prior to Case transfer to ensure file compliance.

The following list will be relevant for transfers between teams, but additional services may need additional tasks completing due to the nature of the intervention.

At the point of transfer all documents should have been completed and not in draft form.

- **Up to date case summary** – practice guidance compliant to include the Safety Plan (where relevant).
- **Demographics** – to be updated to reflect the current situation. To include all personal information about identity/disability/legal status/immigration status etc
- **Involvements** to be current – remove anyone not working with the family.
- **Chronology** – should be updated on LCS and give an overview of the key events for the child or young person.
- **Genogram** – an up to date and meaningful chronology detailing family members and significant people for the child or young person. It should be three generational.
- **Supervision records and management involvement/discussions on file** – should be compliant with the policy.
- **Single assessment** – there should be an up-to-date assessment (completed within the last 6 months) to reflect the circumstances of the child or young person.
- **Child's plan** – which should be SMART.
- **Finance** – recorded on case summary i.e., transport, contact, on-going payments.

For transfer to Children in Care:

In addition to the above:

- **Legal bundle** – ensure that all key documents are on the file including the **Final Care Plan**.
- **Legal Status** – is correctly recorded.
- **Placement Plan** – fully completed including the signed PwP section where relevant.
- **PwP** – where relevant the HoS authorisation for PwP is on file.
- **Contact arrangements** – Clearly recorded on case summary.
- **PEPs/ SDQ's/Health assessment** - are completed and uploaded. **Care planning meetings** - are on the case file.
- **Life story information/Later-** life letter is started / completed as relevant.
- **Care Plan** – in date and fully completed and is on the file.

The child's/young person's Green File needs to transfer and be handed over at the point of case transfer. This should contain a hard copy (not photocopy) of the birth certificate and any photographs etc.

For transfer to Care Leaving Service:

In addition to the above:

- **Signed consent** - by the young person to share information.
- **Signed Section 20** - (aged 16 and above can sign their own S20)
- **Care Plan/Pathway Plan part 1** - for young people aged 15.5 years and above.