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Children’s Services Transfer Protocol

**Version Final v.5.4.3**

**Approved by: Tina Benjamin, Matt Ansell and Patricia Denney**

**Approved Date: 20 July 2023**

**Implementation: Immediate**

About this document

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| **Title** | **Transfer Protocol** |
| **Purpose** | **To set out the procedure for the transfer of children between teams / areas / services** |
| **Updated by** | **Children’s Services Leads** |
| **Approved by** | **Tina Benjamin, Matt Ansell and Patricia Denney** |
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**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 services.

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| **Name** | **Position** | **S/R/I** |
| Tina Benjamin and Matt Ansell  | Directors | S / R |
| Siobhan Walsh, Jenny Brickell, Catherine Watkins, Jackie Clementson, Fiona Wraith, Clive Seall, Carl Bussey, Jo Rabbitte, Nicole Miller | Assistant Directors | R |
| All Children’s Services Teams | All Staff | I |
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**Child/Family transfer process**

Child identified for transfer (e.g. in case supervision / Assessment/ CP / CIN meeting etc)

Team Manager (TM) discusses the child and family with the potential receiving team manager (including Early Help where the proposed plan for Early Help involvement will be discussed)

Worker ensures all case recording is up to date and on LCS prior to the transfer meeting including:

Demographics (including name, DoB, addresses, ethnicity, gender, religion etc); Relationships (including other professionals working with the family); Chronology; Genogram; Case Notes; Visits; Assessments; FNM, Court Orders, packages of support

**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 the family or the new worker should not prevent transfer. Disagreements between Team Managers should not delay transfer as they must be resolved within 48 hours. Any delay for good reason is very much an exception. 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. The allocated worker remains responsible for the child. Transfers happen through discussion between managers and between managers and the allocated worker. Workers should not find out about an allocation via their work tray or email- a conversations should occur and ongoing supervision.

Receiving team manager reviews information on the case and discusses any issues with transferring/ assessing TM. If there are minor details (dates of court order etc) that have not been completed, this should not delay transfer. Information must be completed within 1 week of transfer.

Receiving TM discusses the case with proposed allocated worker and then allocates to the new worker on LCS / EHM

Joint handover visit/meeting to be arranged by transferring/ assessing worker inviting the new allocated worker to occur within 1 week of transfer. NOTE: If a CIN / CP / Core Group meeting is already planned in that week, this may be used to introduce the new worker to the family

**Transfer weekly meeting**

TM reviews case, ensures all management oversight and supervision notes are up to date and completes transfer summary with Social Worker (SW) and signs off case ready for transfer

Details included in transfer spreadsheet by TM (at least 48 hours prior to transfer meeting)

Part One – Principles

# Purpose

1.1 The purpose of this protocol is to outline the agreed process and points of transfer for children, young people and their families requiring a children’s services intervention. It includes the transfer points from and to all teams within Social Care, including ‘step-up’ and ‘step down’ to Targeted Help and children transferring to Adult Services.

1.2 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.

# Principles

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| * The step-down approach describes social work behaviours and practice that supports the family to engage with relevant services and relationships which will continue to provide the help they require to strengthen family life and sustain the ongoing changes they want for their family following closure to social care.
* The child's experience, needs, and journey within the system are the central concern and should always be paramount.
* Children and families receive continuous needs-based support and the service and support provided is delivered by the appropriate service in a timely way.
* All those involved understand the process and practice informing a consistent approach.
* Children and young people’s wishes and feelings must be clearly evidenced (age and ability/ mental capacity enabling)
* 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 paramount.
* Thresholds of need and therefore reason for intervention must be clearly understood and applied by the transferring/ assessing team.
* Family Network Meetings should be completed as default for any child/family transferring to another service, unless consent is not gained from the family.
* The transfer will be conducted in a timely manner and in the best interests of the child/ren,
* Transfer between the services must not be blocked due to capacity issues or disagreement over thresholds- it is for the transferring/ assessing team to determine the threshold based on their assessment and with reference to the threshold criteria. Any disagreements must be resolved within 48 hours via escalation to Service Managers if necessary and, if still unresolved by the Assistant Director within 72 hours.
* Work is allocated within teams within the service. Team Managers will decide on allocation. Staffing or resourcing pressures should be shared with Service Managers who can make decisions across the service and, where the Service Manager is unable to resolve, this should be escalated to the Assistant Director
* Good transfers are based on effective communication between teams and workers and therefore should **never happen via email.**
* Statutory requirements and court directions must always be adhered to
* All children subject to statutory services will be allocated to a qualified social worker with the necessary experience and training to provide effective intervention.
* All recording must be up to date prior to transfer, including demographics, chronologies, genograms, case notes, assessments, and supervision notes.
* It is expected that social workers being allocated to a child will read the case history prior to meeting with the child and their family.
* Good stepdown practice 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. To achieve this the informed consent and participation of the family in the stepdown process is essential.

***Transfers will take no longer than 2 weeks from agreed transfer point*** |

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| **The following documents must be completed and evidenced within the electronic files prior to transfer:*** + Demographics, professional involvements, and family relationships must be up to date.
	+ A full and up to date **Chronology**.
	+ **Child and Family Assessment** to be completed with analysis of reason for step down or escalation and clear summary of the concerns, evidence of how the voice of the child has been incorporated and analysed, what intervention you are asking for and the 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 wellbeing. It must be signed off by the transferring/ assessing Team Manager 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, pen picture of the child and analysis- the case summary template should be used to create this summary.
	+ **Visits** to the family home are up to date and evidence that the child has been seen and **direct work** completed and uploaded on LCS.
	+ **Family Network Meeting/FGC** should be recorded clearly on case recording and any plans uploaded to Wisdom. If the family have not consented to a meeting, then this should be clear within oversight/supervision.
	+ 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 work 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 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, it will have been requested.
* A request by the assessing/transferring team should be made to the Paralegal team to ensure the new workers have access to legal bundles via Caselines.
* 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.
* Targeted Youth Support Teams will refer directly to Safeguarding Adolescent Teams using the most up to date Early Help Assessment

***When a transferring a child subject to Looked After Children or Care Leaving procedures, the following links to audit tools should be used to ensure the child’s file contains the appropriate documentation. The audit tool should be completed by the Assessing/Transferring Team Manager and saved on Wisdom:*****Looked After –** [CLA Social Worker Self-Audit Checklist](https://proceduresonline.com/trixcms2/surreycs/doc-library/#collapse4)**Care Leavers –** [Care Leavers Service Transfer Checklist](https://proceduresonline.com/trixcms2/surreycs/doc-library/#collapse4_8)**Any data quality errors should be resolved prior to transfer but are not to be used as a reason to delay transfer** |

# Early Help - Level 2

**Early Help Hub support for Step down**

 Social Workers (from all level 4 services) are encouraged to use the Family Information Directory to help identify local support services and share with parents as part of their work with the family at the point of closure and stepdown.

**FIS** Website: **www.surreycc.gov.uk/fis**

Family Information Directory: **www.surreycc.gov.uk/directory**

Telephone: **0300 200 1004** (Monday to Friday 8am to 6pm, 24 hour answerphone)

Email: **surrey.fis@surreycc.gov.uk**

 In contacting the Early Help Hub for support for stepdown the Social worker will be asked the following questions:

* Have the children and family members consented to stepdown?
* What were the worries that led to social care intervention and what has changed that means this is no longer needed for the child and family?
* What does the social worker and family want to achieve through ongoing early support?
* Who is currently involved as part of the family support network?
* What kind of support do you and the family think would be most useful?
* Is there a date for a planned closing review or child’s case closure?

**The role of the** transferring/ assessing **social worker in Step down is to:**

* Engage the family and professional support group in a stepdown conversation in a timely way so that there is a common understanding of the purpose and nature of ongoing Early Help before closure is finalised.
* Record the stepdown conversation and plan in the final review minutes as well as the closing summary which should be shared with the family and Team Around the Family (TAF) and if appropriate the Early Help Hub.
* If there is an agreed Lead Professional, their name and contact details should be recorded on LCS and in involvements.
* Until the child/young person is transferred to a L2 service, the responsibility for the child remains with the transferring/assessing worker.

**The role of the EHH Early Help Advisor is to:**

* Provide the social worker with advice and information about the services that could provide ongoing support to the family.
* Offer support and advice to Early Help Professionals who will be taking on the Lead Professional role and continuing as members of the TAF.
* Support social workers with referral to level 3 services as part of a stepdown plan when necessary.

**Weekly Step Down consultations**

* Weekly consultations will be provided by the Early Help Hub to the area teams to discuss children to consider step-down services. The consultations take place as following:
	+ **Monday:** North West
	+ **Tuesday:** North East
	+ **Wednesday:** South West
	+ **Thursday:** South East
	+ **Friday:** Countywide

# Targeted Help- Level 3

**Targeted Help**

4.1 The allocated social worker from any level 4 service/manager will have ‘step-down conversations’ with Level 3 services and a robust plan will be formulated. The Early Help Hub will offer advice to the Social Worker of level 2 services (as above) that are suitable for the family or recommend to a Targeted Help Service. If a Child and Family Assessment has been recently completed, a further Early Help Assessment would not be required. In Targeted Youth Support (TYS) the Child and Family Assessment will be attached to the Early Help Assessment and the action plan will be updated.

4.2 If transfer is agreed between level 3 and 4 services, the allocated worker is responsible until the point of transfer. The allocated worker will arrange a handover visit as a point of transfer, or if more than one agency is involved, they will convene a Team Around the Family (TAF) meeting.

4.3 Early Help Step Down (Step Down to Early Help form on ICS) will remain with the allocated worker until the transfer point and only be completed when the meeting/visit has been completed.

4.4 Where TYS think a child may need non-urgent level 4 intervention in the form of a C & F assessment, the Targeted Youth Support (TYS) Team Manager will have a discussion with the Safeguarding Adolescent Team (SAT) Team Manager in the first instance to discuss threshold of need. Once it has been agreed, they will be added to the internal transfer list for allocation that week. Once there is a named worker the TYS Team Manager will trigger the referral for a Child and Family Assessment to the allocated social worker in SAT. Within 5 days a joint visit involving the SAT social worker and the TYS worker will occur. A joint supervision/planning meeting to be held between the Teams.

4.5 For urgent cases i.e. sec 47 or a child coming into care same-day, the TYS Team Manager will phone the family safeguarding [FST] duty and the duty manager will allocate to a worker that day to immediately pick up on the actions and safeguarding. Preferably the Team Manager will allocate to a SAT worker but if no-one is available, it may be allocated to a duty social worker although this should be an exception.

4.6 For Family centres and Family Support Programme Teams at Level 3 who wish to escalate to Level 4, a referral will need to be made via the CSPA.

4.7 If it is a same day placement the Assistant Director must agree this - the TYS worker will complete any placement referral form and the SAT duty worker will support them by checking its quality. Any Sec 20 agreements, and all the CLA work will be undertaken by SAT. The TYS worker and the SAT/duty worker should undertake joint work for aspects such as gaining Sec 20 consent as the TYS worker will know the family and child but it must be a social worker who obtains those consents and undertakes all the CLA processes.

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# Specialist Services - Level 4

5.1 All Team Managers receiving cases will ensure that newly allocated children are immediately assigned on LCS to the receiving practitioner by **5.00pm on the same day** as transfer was agreed.

5.2 All assessing/ transferring Team Managers are required to ensure that children’s cases that are presented for allocation and inter-team transfer are up to date.

5.3 One Social Worker, one family principle applies; the exception may be looked after children who become pregnant and the need for a separate referral in relation to their child, but this will be decided on a case-by-case approach.

5.4 Children’s cases will sit within the appropriate service and any volume, demand, or capacity pressures will be managed within that service.

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| **Exceptions to Child/Family Transfer:**1. **Friends and family assessments**: will remain allocated within the family safeguarding service [FST] however the assessment will be undertaken within the Fostering Service.
2. **Children/Families that are closed:** for longer-term teams, any child re-referred less than 1 month after closure (the date of closure recorded on LCS / EHM) will be transferred directly back to the Social Work Team, where the child was previously allocated. For Targeted Youth Support all contacts will need to be triaged in the usual way by the front door. Any contacts that sit undecided at Level3/4 will progress to a MAPE & Level 4 ones will progress to Assessment & Level 3 will progress to TYS Duty trays. Where a re-referral has occurred, the Team Manager must review the record to establish why it was closed and whether it was closed prematurely.  Team Manager Management Oversight must be clearly recorded, particularly in these cases, with clear rationale for the decision making."

(Children re-referred at a later stage will be re-assessed by the Assessment Team)1. **Children with disabilities** who are open to CWD and who receive a single package of support who are not considered to require a social worker will be transferred to a family support worker who will monitor the package of support they are receiving and review in accordance with the schedule established with the family- this is likely to be annually, or sooner if the needs change.
2. **S7 and S37 court reports:** If there has been no involvement from Children’s Services in the last month, S7 reports are undertaken by CAFCASS, otherwise they are sent to the relevant assessment team. S37 reports go directly to FST to undertake the report.
3. **Referral to ACT:** ACT children must be held by an allocated worker under Level 3 or 4 services. They do not remain in Assessment services and are transferred to the relevant service depending on the level of need.
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**Social Worker:**

5.5 Where children have been identified for transfer to another team, the allocated assessing/ transferring social worker will need to complete any outstanding work prior to transfer. It will be added to the spreadsheet for discussion at the next Transfer Meeting by the assessing/ transferring Team Manager. The social worker will need to talk to the child and their family about transferring them to a new worker and should arrange a time and date to introduce them (if they don’t already know them). If the child is ‘stepping down’ to Targeted Help, the social worker should initiate a step down conversation with the Early Help Hub and outline with them the proposed plan and what it is intended to achieve. Where it is a step down to TYS, a child’s case consultation needs to be held with a TM and the child will need to be added to the transfer list.

**Team Manager:**

5.6 Where children are transferring to another team, the assessing/ transferring Team Manager must:

* agree that they have met the threshold for transfer and audit the records to ensure that they are of a good quality using the Transfer Summary and Audit on LCS.
* have an early conversation with the receiving Team Manager to let them know that the child will be transferring to them.
* ensure that the social worker has completed the work to a good enough quality or is on track for completing by the deadline.
* attend the Transfer Meeting and be prepared to give a quick summary of the child. Discuss any actions with the social worker and ensure that the child/family is transferred within the required timeframe (2 weeks from identification).
* agree that a request should be made to the Early Help Hub for either joint working or step down, which should be recorded in either supervision or a management oversight on the case notes with a rationale, expected outcomes and timeframe transfer.

5.7 It is the Team Manager’s responsibly to ensure the social worker has completed all expectations set out in this protocol and this should be recorded. If they are not completed then the Team Manager must give the social worker a maximum of one week to complete outstanding work, so as to avoid drift for the child. From the work completed by the social worker, the Team Manager should be able to “understand the journey of the child and hear their wishes and feelings” and understand the need for early help.

**Service Manager:**

5.8 Service Managers will have oversight of the Transfer Meetings in each of the Areas chairing it on a rota basis. The Chair will need to ensure that attendees have the list of children to be transferred and the list of children who were discussed at the previous meeting with an update on their status. Where there are concerns about capacity in the receiving team, this should be resolved locally first, if this is not possible, it should be referred to the Assistant Director. If there are issues with ‘stepping down’ the escalation process should be followed (see Appendix 1). Service managers are responsible for having oversight of the children moving within their service and where there are delays by their Team Managers in allocating workers.

5.9 The Service Managers are responsible for reviewing the list of children who have not transferred within the required 2 weeks and having oversight of the issues. They will also be required to resolve issues of capacity, escalating where necessary, reporting issues of caseloads to the Assistant Director.

**Assistant Director:**

5.10 The Assistant Director has the final decision over children who have been escalated. Data will be submitted in the assurance report in relation to capacity and workload of the service and where the “pinch-points” might be.

Part Two - Process

# Transfer Process

6.1 Children, young people, their parents/carers and agencies, will be advised of any plans to transfer them between teams, the transfer process and timings by the allocated social worker. Wherever possible, child transfer should always include a handover meeting with the child/young person, their parent/carer and any linked professionals to introduce the new worker within the week of transfer. **If there is already a CIN meeting / CLA Review /Final Court Hearing or other meeting scheduled in that week, this should be used to introduce the new worker and act as point of transfer.** If it a CLA Review the caveat is that the transferring social worker prepares the child first that their new social worker will be attending their review as a CLA review is the child’s meeting.

6.2 When children meet the criteria for transfer, this should be treated as a priority, with every effort made to ensure smooth and timely transfer.

6.3 Ideally, the child/family should transfer through a formal meeting process to allow for formal resolution of issues through an escalation route if required. However, there may be occasions where Team Managers can agree a child/family transfer through discussion between team managers and workers in their team- this may be required for Court, or where there have been complaint issues, for instance. Where transfer has happened in this way, and update on the child’s case should still be sent to the weekly meeting on progress of the transfer.

6.4 At no point should any child be left unallocated or not visited because the child/family is transferring. The allocated worker must continue to visit and to undertake direct work, including reviews where they are due.

6.5 It is always unacceptable to allocate children’s cases to a Team Manager or to leave any child unallocated. If there is a risk of this occurring the relevant Service Manager must immediately report the concern to the Assistant Director to enable appropriate remedial action to be taken.

6.6 If difficulties are experienced in transferring children’s cases due to capacity, this should also be escalated to the relevant Service Manager and, if necessary, to the Assistant Director to resolve disagreements and potential resourcing issues

6.7 All Team Managers will commit to attending the transfer meetings for the children they are transferring to ensure consistency of approach.

6.8 Team Managers must attend the transfer meeting prepared with names of the workers who will be taking children on the transfer list. The date of transfer will be agreed at the first transfer meeting following a child being added to the transfer list and, as a minimum, the child’s case will transfer after the subsequent transfer meeting.

6.9 A summary and final review minutes should evidence the following:

* A simple description of the need /risk that led to social care involvement and what has changed that means that this is no longer needed.
* The views of the social worker and the family on the purpose of an ongoing Early Help plan. What do the family want to achieve?
* Recommendation on the level and nature of the support required to meet ongoing need (Specialist Services level 4, Targeted level 3, Early Help at Level 2 or Universal and family network support at Level 1)
* Information about Early Help Lead professional or key partners who will continue to support the family to achieve these goals.

6.10 Stepdown/Transfer may be as a result of recommendations from a Child and Family Assessment or follow on from a Child in Need/ Child Protection plan supporting transition. Such children’s cases may be suitable to stepdown to Targeted support at level 3 or ongoing coordinated help at level 2 using an Early Help Plan and an identified lead professional. Not all families however will require additional support from other agencies and stepdown practice may focus on affirming the support of the family and community network and ongoing access to relevant universal services that are coordinated by the family themselves.

6.11 Good practice in child/family transfer relies on good and effective communication between the social worker and their Team Manager with the team they may be transferring to. Where this is working well, the child/family transfer meetings will be more effective and better service delivery.

6.12 To enable effective transfer of a child/family, the assessing/ transferring worker and their line manager must ensure that all casework is clear and up to date on LCS (see section 2 Principles).

6.13 The assessing/ transferring Team Manager should have an early discussion with the receiving Team Manager to notify them that a child will be transferring to their team and when this is likely to happen. This decision and outcome of discussion will be recorded on the child’s record. The receiving Team Manager should take this opportunity to also review the child’s record.

6.14 Prior to transfer, the child’s file should be quality assured by the assessing/ transferring Team Manager using the child file transfer audit tool on LCS or specific tools for Looked After Children and Care Leavers, ensuring that all records are up to date and that the case complies with the principles as set out in section 2 above ([see also Practice Standards).](https://proceduresonline.com/trixcms2/surreycs/doc-library/#collapse1) A child’s case summary should be completed giving a summary of the key issues and concerns including timescales.

6.15 At time / day of transfer, the receiving Team has 24 hours to identify missing exemplars, assessments or other work and inform the assessing/ transferring team; in order for the assessing/ transferring team to address these remedial actions.

6.16 It is the responsibility of the assessing/ transferring team to ensure that all actively involved agencies, professionals and family members are notified of the child/family transfer, the name and contact details of the newly allocated worker and team.

6.17 Prior to the formal transfer date, the receiving worker and assessing/ transferring worker should plan introductions to family and professionals and undertake a joint visit where the child is transferred to Early Help and should also write to them all confirming transfer has occurred.

6.18 This letter should include the new worker’s team and contact details.

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# Transfer Meetings

7.1 Transfer meetings will be held weekly in each of the Areas. The purpose of these meetings is to provide a consistent approach across the service to the effective and timely transfer of children between teams and to effectively manage the delivery of services at the right level at the right time.

7.2 Service Managers will chair the meeting and all Team Managers transferring and receiving children’s cases are expected to attend for the specific children’s cases they are transferring / receiving. Should there be issues in transferring that the Service Managers cannot resolve within 48 hours, this must be escalated to the Assistant Director for resolution within 72 hours.

7.3 The Team Manager will include the children to be transferred on the transfer spreadsheet at least 48 hours prior to the Transfer Meeting. Anything received after this time will not be discussed and will be put on the transfer list for the following week. When this occurs responsibility for the child/family will remain with the presenting team and allocated worker. (Note: Discretion may be applied by the transferring and receiving Team Manager where they believe this to be in the best interests of the child and to avoid any delay. Where they have agreed between themselves that the child/family can transfer and have everything in place, this may transfer prior to the next meeting and an update provided to the meeting).

7.4 The meeting will agree any remedial actions required to facilitate the transfer and this will also be recorded as a management oversight on the child’s case record.

7.5 The electronic child’s case summary should be authorised by the assessing/ transferring Team Manager to be available for the transfer meeting.

7.6 The assessing/ transferring Team Manager transferring the child’s case will audit the file and its contents, as will the receiving Team Manager, and they will agree any remedial actions required

7.7 Completion of assessments, reviews, care plans and pathway plans will usually be required although it is acknowledged that there may be rare occasions when there are some exceptions agreed by the Service Managers.

7.8 Where children are not transferred within the 2 weeks and have not been agreed as ‘exceptions’, they will be reviewed by the Service Manager to ensure timely transfer.

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# Transfer (Level 4) following assessment

8.1 During an assessment where it is determined that children and young people will require ongoing work through a Child in Need, Child Protection Plan or Looked After Children Plan the assessing/ transferring team manager will have an early discussion with the receiving team manager to advise them and then add the child’s details to the Transfer spreadsheet.

If the child is ‘stepped down’ to an Early Help service, please refer to section 3 and 4 of this policy.

8.2 The decision to transfer must be clearly recorded on LCS by the transferring team and a new social worker identified and recorded on LCS by the receiving Team Manager.

8.3 Prior to transfer, the assessing/ transferring team will ensure that the record is up to date with the plan agreed and any other records updated as outlined in Pages 3 and 4.

8.4 The assessing/ transferring team worker retains responsibility for the child until such time as the child is transferred. The assessing/ transferring teams pass on responsibility to the relevant receiving Social Work Teams at the point of:

* a Child in Need Meeting; or
* an ICPC; or
* where reunification is the plan, CLA transfers to Family Safeguarding Team at the Placement Planning Meeting; or
* at the point of the initial Looked After Children Review, following a child being made looked after; or
* the first Court Hearing where urgent Care Proceedings occurred and will transfer to the Family Safeguarding Team; or
* Where a Legal Gateway Meeting [LGM] is required for non-urgent matters, then the child should transfer at ICPC with the Assessing/Transferring worker completing the LGM forms, preparing PLO letters and attending the meeting. The meeting will usually be chaired by the receiving Service Manager, but this may be the assessing Service Manager if this continuity provides best practice for the child / family. In these circumstances this will be agreed between the assessing / receiving service manager. The receiving Service Manager / Team manager will then convene the PLO meeting if agreed.
* Where urgent legal action is required to safeguard a child the Legal Gateway Meeting will be chaired by the assessing Service Manager and the receiving Service Manager will attend in order to prepare for the forthcoming transfer

8.5 The receiving team is responsible for attending the above, which will act as the transfer point. Should the receiving team not be able to attend the transfer point, then the child should continue transfer within 24 hours with handover being convened by the new worker. Non-attendance should not hinder transfer.

# Transfer to Children with Disabilities

9.1 Children with disabilities who are referred into Children’s Services will be referred directly to the Children with Disabilities Service subject to the child meeting with the [Children with Disabilities Eligibility Criteria](https://proceduresonline.com/trixcms2/surreycs/doc-library/#collapse3_1).

9.2 Should a sibling of a child with disabilities who has an allocated Social Worker be referred to Children’s Services, the allocated Social Worker and Team will be responsible for progressing this referral.

9.3 If a looked after child has disabilities and is likely to be eligible for adult services, they will be assigned a Transitions worker, preferably by the age of 16, who will work alongside them to facilitate the transition to adult services. Looked after children who will become former relevant care leavers, including those open to the Children with Disabilities service, will be allocated a PA from the care leaver service.

9.4 For further information on the transition of children with disabilities into adult services, please see the [Transitions Protocol](https://proceduresonline.com/trixcms2/surreycs/doc-library/#collapse3_1).

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# Transfer to Children Looked After Services

10.1 Children should be allocated to the Looked After Children Services once Legal or Assistant Director agreed permanency has been achieved at the following points

- **Care Orders** – The Area Service Manager for Looked After Children should be invited to the Final Care Planning Meeting to discuss the child’s needs and the child transferred at point of Final Hearing.

- **S20 – Under 16** – Transfer to occur following the Care Plan of that child at their 2nd Looked After Children’s Review that the child will remain in care until 18 alongside a Legal Gateway Meeting being held and decision has been made to not issue for a Care Order and this decision/minutes of the Legal Gateway Meeting have been authorised by the Assistant Director.

**- S20 – Over 16** –When a child has entered care either after their 16th Birthday or shortly before and a decision has been made regarding the Care Plan of that child at their 2nd Looked After Children’s Review that the child will remain in care until 18.

All children, irrespective of legal order should be tracked within area Permanency Planning Meetings to ensure swift and effective permanency for children. The Area Service Manager for Looked After Children and/or Family Safeguarding will be responsible for ensuring children close to permanency point are added to the Transfer List for allocation.

10.2 Where children are being transferred to the Looked After Children team from another team, it is the expectation that a handover meeting will be undertaken, to include the assessing/ transferring social worker, the receiving social worker and receiving Team Manager. At this meeting, the care plan will be shared and discussed with the Looked after Children’s team and a joint visit to the child will be agreed to introduce the new receiving social worker. The pro-forma designed by the Children in Care Council should be completed by the new social worker to describe themselves and this should be shared with the child at the joint visit (if not before).

10.3 The assessing/transferring Team Manager will oversee casework tasks that need to be completed prior to the transfer and assign roles and responsibilities. When the child transfers there may be specific tasks that the assessing/ transferring social worker holds to complete because this is in the child’s best interests e.g. writing the CLA review report or updating the CPR etc. However, any such tasks would be expected to be completed within 2 weeks of transfer and the responsibility of the child’s case will remain with the newly allocated worker and receiving Team Manager.

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# Care Leaver

11.1 When a Looked After Child turns 15 and a half, the young person’s allocated social worker must start the pathway planning assessment alongside the young person, to be completed no later than 16 and three months, in line with statutory guidance. Issues such as ‘Staying Put’ and University should be considered as part of this initial Pathway Plan in order to inform any work going forward with the young person.

11.2 Where the young person is an ‘eligible’ care leaver, a Personal Adviser [PA] should be assigned to them by their 16th birthday and the social worker will arrange a joint visit with the Personal Adviser to introduce them to the young person within 4 weeks of PA being allocated. Where the young person is ‘eligible’, both the social worker and the Personal Adviser will continue to work with the young person until their 18th birthday when the social worker ceases their involvement. The allocated social worker remains responsible for social worker statutory duties, however joint working may occur in relation to other tasks, such as referring to Housing etc. The Personal Advisor must attend the last Looked After Child Review for the child prior to their 18th birthday.

11. 3 There will be rare exceptions where a young person is made subject of a Care Order past their 16th birthday or where an unaccompanied asylum seeker is made known to us and becomes looked after under s20, in which case their assessment must take into account pathway planning. These young people become ‘eligible’ for care leavers’ services once they have been looked after for 3 months.

11.5 Transfer to the Leaving Care Team, tends to occur from the Looked After Children’s Service and due to the prior co-working between the Personal Advisor and Social Worker, transfers should be seamless and occur within 10 working days of the child turning 18 and the completion of the Transfer Checklist. When children are open to a Family Safeguarding Service, their name should be added to the Transfer list 10 working days prior to their 18th birthday to ensure the Care Leavers Service have enough time to ensure seamless transfer. Whilst awaiting transfer, the Personal Advisor will be responsible for visits to the Young Person following them moving to adulthood.

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# Pre-birth Assessments – see pre- birth procedures for full policy

12.1 On notification of pregnancy whether by the family or professional the Assessment team will complete the Pre-Birth C&F assessment. This includes the following circumstances:

* An unborn baby that is unknown to Children’s Services will be referred to the Assessment team to undergo a C&F assessment. The timescale for this assessment is 45 days. This applies for unknown babies with extreme circumstances.
* If the parent of an unborn is open to Children Looked After and/or Care Leaver’s Team, the unborn baby will be assessed by the Assessment Team.
* A robust C&F assessment must be started as soon as an unborn baby is referred or opened (if opened within the Family Safeguarding Team as per circumstances below.)

In the circumstances below the Pre-Birth C&F assessment will be completed by the Family Safeguarding Team:

* An unborn baby whose parents have previously had a child removed, in care proceedings, or on a child protection plan (all within the last 2 years) will be referred straight into the Family Safeguarding Team for a pre-birth C&F assessment.
* If the siblings of an unborn are already open to the Family Safeguarding Team, it is the responsibility of the Family Safeguarding Team to assess the unborn baby.
* If the family have been open to the Family Safeguarding Team but closed within the past month and a pre-birth assessment is required, they will return to the Family Safeguarding Team for completion of the assessment.

Please see the [**Pre-Birth timeline**](https://surreyscb.procedures.org.uk/assets/clients/2/Pre-birth%20timeline%20revised%20Oct%202022%20Final%20.pdf) for further guidance on the timing of a Child Protection Plan and point of transfer from the Assessment Team to the Family Safeguarding Team.

# Section 7 or Section 37 Reports and or other Court requested Reports:

13.1 Requests from the Court for s37 reports should be directed to FST in the relevant area and a Child & Family Assessment will be completed.

13.2 Requests from Court for s7 reports will be sent directly to the Assessment team, including Children with Disabilities if relevant. As the assessment is a completed s7 report this would not necessarily trigger a Child and Family Assessment unless the circumstances of the presenting needs of the child require it.

13.3 If the child’ case is open or has been closed less than threemonths of the report being requested (where there has been significant involvement), the new referral should be passed to the most recent allocated Social Worker/Team for completion. If no significant involvement then CAFCASS would need to complete where any child has been closed for more than one month.

13.4 Applications for Private Special Guardianship Assessments are completed by the area Family Safeguarding Teams.

13.5 Step parent adoptions are to be undertaken within the Adoption Team and are to be transferred to that team on receipt of request.

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# Transfer of children from other local authorities

14.1 When Surrey is notified that a child subject to a child protection plan by another local authority has moved into our area, the relevant Family or Adolescent Safeguarding team is responsible for negotiating transfer. This includes making contact with the responsible local authority and receiving notifications for transfer across local authority boundaries. Once a decision has been made that the criteria has been met, transfer should be arranged to take place within 15 working days via a ‘transfer-in’ initial conference by the Area Safeguarding Team.

14.2 When Surrey is notified that a child subject to a child in need plan by another local authority has moved into our area, the relevant Assessment team is responsible for completing an assessment to determine Threshold of Need for on-going support and services.

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# Transfer of Family and Friends carer cases and Private Fostering to the Fostering Service

15.1 In cases where a potential Family and Friends carer has been identified who may consider SGO or Reg 24 placement this child will be transferred to the area FST Service with additional involvement of the Fostering Service (for more information please see [Assessment of Family or Friends as Foster Carers process](https://www.proceduresonline.com/surrey/cs/p_fam_frien_care_pol.html))

15.2 All new referrals requesting Private Fostering arrangements, should be allocated within the area Assessment Service to undertake a Child and Family Assessment (unless linked to other open children/ 3 month return principal). This is following a check in the C-SPA that the child is within an arrangement within the Surrey area. During the course of working with a family, if a Private Fostering arrangement has been identified, the relevant children’s team must refer to the Fostering Team so that a visit can be completed within 7 working days of the arrangement being identified. In these cases viability assessments are **not** required. However, the social worker needs to complete the Private Fostering referral form. In this case the Fostering Team is an additional involvement and the child is **not** transferred.

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# Step Down to Early Help/Targeted Help Flowchart

Decision to close is discussed with assessing/ transferring TM following C & F assessment, CIN meeting, RCPC

Management Oversight approves case to close and stepdown to Early Help

Level 3 Targeted Help from Children’s Centre, FSP or TYS

Social Worker can ring EH Hub/check FIS for advice re possible local services to provide ongoing support to family

SW discusses closure and step down with the family and professionals and agrees purpose of Early Help Plan.

What do the family want to achieve? Who could help?

**Family give consent for Early Help support**

Universal/ Early Help 2

Social worker contacts Targeted Help Service for discussion and direct referral to FSP/Children Centre and/or added to transfer list for TYS following discussion with TM

Level 3 service identify a receiving worker

Arrange a TAF within 5 working days with all professionals and families and Lead Professional identified as Step Down.

**If Services already in Place** - Arrange a TAF within 5 working days with all professionals and families and Lead Professional identified as Step Down.

**If Services are not in place -**  Referrals to be made to relevant services and arrange a TAF within 5 working days with all professionals and families and Lead Professional identified as Step Down.

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Assessing/ transferring social worker provides copy of draft closing summary with Stepdown information and date of final review or planned closure

Social Worker closes to Service. The family, new lead professional and any other agencies involved continue to meet as a TAF as agreed

Assessing/ transferring Social Worker closes to their Service. The family, new lead professional and any other agencies involved continue to meet as a TAF as agreed and future records kept on EHM

# Appendix 1: Internal Resolution and Escalation Process.

**Introduction**

The purpose of this paper is to set out clearly the action that needs to be taken when there is a lack of resolution about the potential referral of a child/family between teams, including Children’s Social Care and Early Help / TYS.

It is anticipated that the vast majority of children’s cases will be agreed at the Transfer Meetings or at the consultation meetings between Early Help/TYS and CSC, however there will be occasions where there is a lack of agreement at this stage and therefore escalation will be required to resolve this disagreement through implementation of this process.

All involved professionals need to cooperate and collaborate to minimise the possibility of children, young people or families failing to get a service when required.

It is also essential that clear agreements are reached about how children, young people and/ or families are kept informed of any decisions that will impact on the services they receive.

**Procedure**

**Consultation Meetings (between Early Help/TYS and CSC)**

A consultation meeting will be called within 3 working days, from the time of the communication between agencies re need to discuss the child’s case, for either of the incidents outlined:

* When a single agency referral has been made to the Early Help and they do not deem the referral appropriate; or,
* When Early Help teams are working a child’s case, which they consider may require progression to a service from CSC

It is the responsibility of the agency who initiates the consultation to organise the consultation meeting, but there is a responsibility on both parties to ensure that the meeting takes place within the agreed timescale.

The agency that holds accountability for the child’s case whilst the referral remains unresolved is the referring agency who must continue to ensure that the child is visited and any reviews and assessments are undertaken.

NOTE – IF THE ISSUES ARE OF A CHILD PROTECTION NATURE THEN THE CHILD PROTECTION PROCEDURES SUPERCEDE THIS PROCESS AND **MUST** BE IMPLEMENTED IMMEDIATELY.

**Recording of Decisions**

It is the responsibility of the initiator of the consultation meeting to ensure the completion of the relevant paperwork (for all stages of this process).

All discussions must be recorded at the time of the meeting on LCS (if the meeting is between Early Help and CSC, this record must also be transferred to EHM when the child’s case is transferred)

**How each decision is reached must be clearly guided by the Thresholds Criteria**.

When an agreement is NOT reached in the consultation meeting further escalation may be required as follows:

**STAGE 1**

When an agreed outcome cannot be reached in the consultation meeting then this must be recorded in the minutes and brought to the attention of the respective managers of each service within 24 hours (e.g. 1.00 pm to 1.00 pm the following day - not including weekends or bank holidays) These 2 Managers will hold a discussion within the next 24 hours of receiving the information regarding lack of agreement (not including weekends or bank holidays) to resolve the lack of resolution. If no resolution can be reached then Stage 2 needs to occur. This lack of resolution needs to again be recorded on the consultation template at the time of the meeting.

**STAGE 2**

If there is a lack of resolution at Stage1 then the process needs to progress to stage 2 – this needs to occur within the next 24 hours (not including weekends or bank holidays) of the lack of resolution being reached by the managers.

Stage 2 involves the Team Manager escalating the matter to their Service Manager and they will discuss the matter with the managers concerned, and their counterpart Service Manager and seek resolution within 24 working hours of their discussion (not including weekends or bank holidays). The outcome of this discussion (resolution achieved or not) must be recorded on the consultation template by the initiating agency of the original consultation meeting. If resolution is not achieved then the matter needs to escalate to Stage 3.

**STAGE 3**

If there is a lack of resolution at Stage 2 then the process needs to progress to Stage 3 – this needs to occur within the next 24 hours (not including weekends or bank holidays) of the lack of resolution being reached by the Service Managers.

Stage 3 involves the Service Manager escalating to their Area Head 24 hours of the discussion (not including weekends or bank holidays).

If in the very unlikely event resolution is not agreed between these 2 Heads of Service then the ultimate decision sits with the Assistant Director Children’s Social Care and this must be made and recorded on the Consultation template and the action implemented.

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# Appendix 2: Surrey CC Transfer Summary and Audit

[Transfer Example](https://proceduresonline.com/trixcms1/media/10988/case-transfer-example.pdf)

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