

Internal Process for Transferring Children between Teams

Practice Guidance

Our aim is to ensure that there is a smooth and timely process between teams when children need to transfer between teams to prevent any drift and delay.

By having an open and transparent process this should ensure that transfers happen in a timely way with a clear understanding about the quality of work.

The transferring manager has a responsibility to check the child's file has been reviewed prior to any transfer taking place; the receiving manager should be confident that the case file is in good order before they accept the child into their team.

The two managers should have a discussion if there are any points of disagreement, or any issue identified with the quality of the child's file. However, the focus should always be to ensure that children receive the support or service that they need without any delay.

Transfer between Integrated Front Door (IFD) and the Duty and Assessment Teams

Once the decision has been made that a child needs an assessment, the child will be transferred to the relevant Duty and Assessment Team within one working day of the contact being received

Prior to the child being transferred, consent will be clearly recorded on the contact record. Where consent has not been obtained the reason for this or why it was dispensed with, should be clearly evidenced on the child's record.

Once the child has been transferred, the incoming team manager needs to capture their management oversight about next steps and allocation. If the receiving team disagrees with the recommendation of the IFD, the team manager will record their rationale on the child's file. This will be audited at the weekly review meeting.

Requests for **transfer in child protection case conferences** from another local authority will initially go to IFD. Once the child has been accepted as a transfer to Bradford and all the documents have been received, IFD will transfer the child through to the relevant Child and Family 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.

Children and young people who are referred back 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 unless they have moved area; this offers children and families with access to services that are familiar to them.

Transfer between IFD and Child and Family Teams

A request for a **private fostering assessment** is initially dealt with by IFD who will establish that the child is living with a non-relative. Once established, the child will be transferred to the relevant Child and Family Team for completion.

Non **agency adoption assessments** will be passed through to One Adoption West Yorkshire at the point of the referral being received.

For Court ordered **Section 7 or Section 37 assessment reports** on closed cases, IFD will establish what involvement we have had with the child and family and progress the referral to the relevant Child and Family Team once we get the court order.

When young people 16 years and above who present as **homeless** or roofless, the IFD will transfer the young person 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.

Other transfer points for IFD

For children and families who have been referred to IFD due to **no recourse to public funds**, they will be transferred for assessments under Section 17 and Section 47 to the relevant Duty and Assessment Team accordingly to the rota.

For **separated migrant children (UASC)** the 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. All separated migrant children should be transferred to Care Leavers service regardless of their age.

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 criteria is met. Children over the age of 14 years, will be transferred to the Transition Team. For situations where the main concerns are regarding the child with complex health or disability needs and criteria is met, then the child will be transfer to CCHDT. 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 child to CCHDT they will complete and arrange the strategy discussion and retain case responsibility.

When IFD receive a referral and determine that the child has a brother or sister in the same household with an allocated worker, that child will also be allocated to the same worker. This will not be the case if there have been court proceedings that have concluded, or the brother or sister is in our care.

Transfer process between Duty and Assessment and Children and Family Teams

Once the assessment has been completed and a service is required from a children and family social worker, the assessment team managers must notify the relevant children and family team manager for review at a weekly allocation meeting which allows the children and family managers to support timely allocation to their teams.

The assessment team social worker will be responsible for creating the child's plan following the outcome of their assessment.

For Children in Need, the assessment social worker will complete the assessment and offer any identified support for up to 4 months; if after this point further support is required or there is outstanding work, the child will be transferred to the child and family team.

For Child Protection, the assessment team social worker will arrange the Initial Child Protection Conference (ICPCC) within 15 days of the strategy meeting being held and will attend the ICPCC along with the children and family social worker; further to this the child will transfer to the Children and Family team.

For children and young people who are subject to S.20 or Interim Care Order (ICO) the child will transfer from the Assessment Team after the first court hearing or the first Child in Care 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 child in care review.

When a child is transferring the Duty and Assessment team manager will complete the transfer form and the receiving Children and Family manager will review the child's file to ensure that all the documents are on file along with management rationale for transfer; if there are any issues they will be raised with the Duty and Assessment team manager to be resolved without any delay for a service to a child.

Transfer process between Children and Family and Children in Care Teams

When a child meets the point for transfer to children in care service, the social worker and team manager in the children and families team complete the transfer form (appendix 1) and send this to the children in care admin with the information about the children. All requests for children to be transferred to the children in care service need to be received by 3pm on Monday each week in prep for discussion at the allocations meeting on a Wednesday.

Children in Care team manages will review any children added to the transfer list each Tuesday when on rota. The team manager will review the child's file to ensure that everything is appropriately updated in preparation for the transfer.

The weekly allocation meeting is attended by the service manager and team manager on rota to discuss any children who are on the transfer list.

If it is agreed that the child will transfer to the children in care service, a named worker is identified and all 4 Heads of Service in localities are notified. If a transfer request for a child is not accepted, then a clear reason is provided to the children and families team.

The children with the following plans should move to the children in care service –

- Long term plan of remaining in care
- Permanence panel agreement to long term section 20

If the child is in a kinship arrangement and the plan is to step down to an SGO, the child needs to remain in locality. Children with plans for adoption also remain within children and families teams.

For children who are living at home with parents, a clear needs to be provided and reviewed together by managers from the two teams to decide whether the child should transfer to the child in care team.

When possible, there should be a joint visit to the child by both the allocated child and family social worker and the identified worker in the Children in Care team.

Transfer to the Care Leavers Service

Children will be co-allocated a personal advisor from the age of 17 until they are transferred to care Leavers service at 18 years old.

All children's files should be reviewed by the transferring team manager to make sure the case file is up to date.

Step down to Early Help

Step down to Early Help should be agreed as part Child in Need Review or a Child Protection Review.

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 child's 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 Child in Need plan the Early Help worker should attend the final Child in Needs meeting so they are aware of the agreed plan moving forward.

Support Post CSC Closure

When the plan is to end our professional involvement with a child and family, a discussion should take place with the child (if appropriate) and family to understand whether or not further support from targeted or universal services is needed. The child and family's views should be understood as to whether they can access the services they need or whether they need some additional 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.

Appendix 1

Audit Check list

Social Worker's Name:	Child's name: LCS Number:
Audit Checklist CIC	
Last visit completed, visiting frequency?	
Last CIC review? Next CIC review date?	
Are case summaries up to date are using the required template within the last three months? Is the child's voice recorded clearly and their journey into care? Are the tasks clear for the receiving social worker? Is the plan of permanence clear in the case summary?	
Are SDQ's completed in timescales	
Are PEP's on file and completed within timescale. Does the quality of the PEP reflect a robust support plan in place in school?	
Has the health assessment been completed in the health tab, can this be found on documents?	
Is the care plan up to date, is the voice of the child reflected in this? Is the family time plan clear? Is the plan of permanence clear?	
Has the chronology been updated in the last three months?	
Are dental and opticians checks recorded on the system?	
Has delegated authority been completed and uploaded to documents?	
Has the last supervision been completed? Is there clear management oversight on the case?	
Are all legal episodes finalised? With legal documents uploaded to documents i.e. SWET statements, parenting assessments, final SWET, evidence and final care plan, expert and sibling assessments?	
Are birth certificates and other relevant ID such as passports documents uploaded on documents and updated in identity? Does the YP have a green file held centrally with the identity documents?	
If case is PWP, is there an updated placement plan within the last 6 months.	

Is there a contract agreement of expectation in the placement plan?	
Is the PWP assessment attached to the placement plan	
HOS approval and parents, SW signatures in the placement plan	
Is there any evidence of Care planning meetings? If not, this can be used as a point of transfer. If there is an upcoming CLA review, this can also be used as a point of transfer.	
Is the single assessment up to date?	
Is the care plan up to date?	
Other actions Involvements Life story work Later Life letter Green file transfer to admin - passport, birth certificates, photos.	

ACTION REQUIRED BY SENDING MANGER/WORKER TO DO MINI AUDIT AND MAKE A NOTE ON THE CASE FILE BEFORE TRANSFER.

ESSENTIAL

1. Case summary to be updated in the new format – social worker prior to handover.
2. Final supervision needs to be recorded.
3. Chronology needs bringing up to date to reflect conclusion of proceedings.
4. Delegated authority needs uploading.

PREFERABLE

1. Care Planning Meeting to be held as part of transfer/discussion between teams.
2. Handover to new social worker with current social worker and child needs arranging when ready for transfer.
3. Birth certificate and relevant ID documents required to be uploaded to documents if available.
4. Demographics: ensure cares are added, telephone numbers are up to date.

File audited by:

Date: