

Children's Transfer Policy

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Principles Underpinning the Transfer of Cases

- The child should remain the centre of the discussions and decisions at all times; and provide for a smooth and seamless transition of the support for children without creating delay.
- Children and their families should experience the minimum number of transitions when receiving our services.
- Wherever possible, children should remain with the same caseworker to ensure maximum continuity and reduce the number of handoffs.
- When the transfer of existing cases to new workers is unavoidable, children and families must be given maximum information about impending changes at the earliest opportunity, and joint introductory visits should be undertaken.
- All children and young people's files should be transferred to the receiving team in a timely manner once the transfer point has been reached.
- In sibling groups, the children should have the same social worker unless it is demonstrated that this is not in the child's best interest.
- Any disputes arising from the transfer of cases will be resolved by the Principal Managers. Only in exceptional cases will they be referred to their respective Head of Service for a final decision.

Transfer Process Overview

The allocated worker must complete the tasks identified by their manager, ensure the records are up to date and in good order, (including a current pen picture of the child/young person and their circumstances where ensure the file includes an up -to-date supervision form at the point of transfer, summarising involvement, intended and actual impact, along with associated actions. Ensuring the file includes an up -to-date supervision form, intended and actual impact, along with associated actions, and to ensure appropriate work has been authorised by the manager as appropriate. An updated chronology is a key requirement ([refer to the Best Practice Guidance documents on the Practice Hub](#)) and to include events in the last two weeks before transfer.

Best practice would advise where possible that a joint visit between workers takes place to ensure the family are supported through the transition process can build a relationship with the new worker. This is a further opportunity for the plan to be shared with the family and ensure that they understand the proposed actions.

The transfer of the child or young person's (CYP) file should take place at key points within the Journey of the child. Flexibility is to be given when considering the stages of the family e.g. if a child/young person is at the point of transition/exams etc.

Both the transferring and receiving team should be represented at any meeting linked to the transfer as an opportunity to support and ensure full awareness and involvement in the plan to move plans forward.

The relevant Principal Manager is to give notice of a meeting where it is felt appropriate for a child/young person's file to transfer to ensure sufficient consideration can be given to allocation. For children/young person's social care teams, an activity (request of case transfer) is to be assigned to the receiving team's desktop to inform them of the date they will become case accountable and incoming managers responsibility to allocate to the receiving Social Workers.

File transfer from IFD (Integrated Front Door) to CSS Duty and Assessment team are discussed daily between IFD and CSS managers and child and family assessment is allocated into the Duty Assessment Principal Managers tray for prompt allocation the same day.

File transfers between social care and supporting families team, are discussed at a weekly meeting as a minimum, in the form of a real time discussion between the CSS/Assessment and Duty Principal Manager and the Supporting Families Team Manager in the relevant locality, to consider step down and a transition period of co-working/in reach to aid the transition ahead of formally stepping down and closing the assessment/Child In Need plan.

A children/young person's transfer proceeds by agreement. Consent from the family must be sought prior to attendance at the weekly meeting. Please also see the Step Up/Step Down Guidance [on the Practice Hub Guides and Information page](#).

When a decision is made at IFD that the most appropriate outcome for a family is to receive targeted early help support, referrals are progressed directly to the relevant Advanced Family Support Worker in the relevant locality.

IFD may also make direct referrals to Locally Trusted Organisations when consent has been obtained. The contact will then be closed once the referral has been made and accepted by the relevant LTO.

Where the most appropriate outcome is for a multi-agency discussion to take place to co-ordinate the most appropriate early help support for a family from a community-based organisation, a referral can progress directly to the locality-based Family Forum where consent has been obtained, and lateral checks have been completed.

The Supporting Families Advanced Practitioner and the relevant Principal Manager to discuss the child's case. A detailed plan is to be agreed prior to the point of step down between the Social Worker, family support worker and the family. The conversation is recorded on the Child's file by the transferring Principal Manager and the Supporting Families Advanced Practitioner then records a summary and the outcome of the discussion on the Locality step up/step down/in reach tracker. A detailed plan is to be agreed prior to the point of step down between the Social Worker, family support worker and the family.

The tracker is saved in a shared TEAMS channel where all Supporting Families Advanced Practitioner's and the relevant Principal Manager can access.

Ongoing conversations should take place between the transferring and receiving managers to support an effective transfer process. Within children/young people's social work teams, the transfer of files should be completed on Liquid Logic (LCS) by Principal Managers with the receiving manager allocating the transferred file immediately to a suitably qualified worker by updating LCS to ensure that the new worker is now the primary worker, and the receiving team is the primary team. Within supporting families, the allocated worker will be designated on the supporting families case management system.

A problem-solving approach between teams is essential, an approach that seeks to prevent any potential for dispute. In the event of a dispute, between the transferring and receiving service, the escalation policy dictates that it should be escalated to the relevant Head of Service. In rare and exceptional cases, the matter will be referred to the relevant assistant director whose decision will be final.

Transfer Standards

The child/ren/young person's file should be audited using the transfer document on LCS and standards checklist (Appendix 1) by the current Principal Manager prior to a transfer. The transfer document is to be authorised by the transferring manager, to ensure all outstanding work is completed within 3 working days maximum. The transferring Principal Manager and Social Worker will ensure that any documents requested to be filed by the court are filed by the timetabled filing date.

Everything must be completed on the transfer document (where relevant) to transfer the file appropriately.

Permanency Tracker

All teams are responsible for initiating the tracker as necessary and ensuring it is up to date before a file transfer is agreed. All teams are responsible for ensuring the file has been audited, the file is up to date and the case transfer summary has been completed. The transfer of files will not be accepted by the children in care service until the tracker is completed.

Transition of children between teams

There may be times when it is in the child/young person's best interests for a period of joint working, as part of the transition, to be undertaken. In these circumstances the allocated social care team will remain the primary team allocated worker. The receiving team will identify the new lead practitioner for the children and ensure that a joint handover meeting and introductory joint visit to the children and family is completed prior to any changes within Liquid Logic.

The key areas of joint working between social care teams are as follows:

The Key functions of IFD include:

- Receiving & processing referrals from members of the public where there is a child welfare concern.
- Receiving & processing referrals from professionals where it is considered a child concern may be a child in need or that the child has suffered or is likely to suffer significant harm.
- Organising strategy meetings where children are not known and inviting duty and assessment managers to chair the strategy meeting to determine if the threshold for a S47 enquiry is met or alternative outcomes.
- Respond to information checks from CDAS, CAFCASS, Probation, temporary child protection notifications.
- Allocating to the appropriate children social care team and worker where a Section 7 or Section 37 report is requested by the court and it is an open case (or has been open in last month);
- Receipt and dissemination of legal orders from Legal Services to teams;
- Research and Attendance at MARAC and MAPPA for children with no open case file.
- Respond to referrals/safeguarding checks and DBS checks as part of Homes for Ukraine Scheme.

- Process all DV police notifications.
- LADO is located within the IFD due to enquiries where there is a risk to children, with direct line management to remain under the Head of Service for Safeguarding.

The Key functions of Assessment and Duty include:

- Undertake Child and Family Assessments.
- Respond daily to safeguarding concerns received via IFD on children not open to children social care to ensure initial safeguarding plans are in place;
- Undertake S47 enquiries for children allocated in the team.
- Prepare cases as needed for Initial Child Protection Conferences (ICPC) and begin child protection plan.
- Be responsible for any court proceedings in an emergency, such as an application for an Emergency Protection Order, until the first Directions Hearing; or planned court application until the initial hearing.
- Arrange as needed (with agreement via Accommodation Panel) initial Section 20 accommodation of children.
- Organise any professional abuse and complex abuse investigations, for children allocated in the team.
- Where an urgent application to the court may be required, they will be responsible for completing the Legal Gateway Form in LL, presentation to Legal Gateway and completion of initial SWET, Care Plan.

Case Transfer from Duty & Assessment

- Case transfer between assessment and duty and the Support and safeguarding teams (CSS) will take place at the ICPC, at the initial Child in Need Meeting. In emergency court applications the case transfer will take place at the initial court hearing between Assessment and Duty and Court Team.
- Duty and Assessment Team will make the necessary arrangements for the ICPC and CIN Meeting, and both the transferring and receiving Social Worker will attend.
- The meeting is to be chaired by assessment and duty for the purposes of introductions, and the receiving team are responsible for formulating the plan, minutes and distribution of these.
- Any financial commitments in place need to be highlighted to the receiving Head of Service and to be reviewed together to ensure that the spends continue to appropriate.

- Once duty and assessment has established through C&F the unborn/baby is being relinquished, this will be transferred to the Court team (with or without consent). Their unborn baby should be referred to the **Court** and adoption teams at the earliest point possible if referred after 16 weeks an adoption support Social Worker should co-work to ensure swift placement of the baby (foster to adopt) where this continues to be the plan.
- Consideration by Principal Managers from CSS Assessment & Duty and the Pre Birth Principal Manager will take place in respect of unborn babies who require statutory intervention. Any unborn babies who present in the later stages of pregnancy or are high risk unborn where there has been no significant change since they have last had social work intervention will not transfer to the Pre-Birth team they will follow the CSS process. Other unborn babies should transfer to the Pre-Birth team following the same process as notes for transfer to CSS.
- Where a high-risk unborn baby presents late within pregnancy and is required to be presented to Legal Gateway with a plan to initiate care proceedings at birth, consideration should be given via CSS & Court Team HOS discussion as to whether they transfer straight to the court team.

CSS to Court teams

- Within Legal Gateway Meetings where it is agreed that an application for Care proceedings will be made the paralegal and/or Court Progression Manager will notify the Principal Managers of the children to be allocated.
- The court progression manager will start to track the children within the Care Proceedings Tracker. When agreement is given to issue, the transferring team updates the spreadsheet, the Principal Manager identifies a worker who will then link in with the transferring worker so they can contribute to the development of the care plan and can attend the initial court hearing as a hand over point.
- The receiving team is to ensure the file is up to date in accordance with the court transfer summary and a hand over visit has been undertaken to the child and family. The transferring team need to ensure all documents are filed to the court that have been requested ahead of the hearing.
- The Court Progression Officer will then ensure an initial court progression meeting to be completed following the initial hearing.
- The allocated Social Worker of the Court team, the Principal Manager and Paralegal are to review the order and timetable the proceedings and assessments with the Social Worker. This is to be recorded within the child's electronic recording system.

Court Teams to Children in Care Service

Within the context of care proceedings where the final care plan is likely to be adoption the *Court Team* Social Worker will be the primary worker throughout the care

proceedings but a co-working relationship with the children in care Social Worker will commence where a plan for adoption is identified. The Court Team Principal Manager will notify the Cared for Children Service to request allocation of a SW upon the ratification of the ADM.

The purpose of this co-working arrangement is for the children in care Social Worker to start to build a relationship with the child/young person and their family. On appointment the child in care Social Worker will work alongside the CSS/Court Team Social Worker (and adoption worker in the case of an adoption plan).

The responsibility for completing all aspects of documentation related to the child/young person during the care proceedings, including seeing the child/young person, will remain with the Court Team Social Worker. The point of transfer to the child in care Social Worker will be within 5 working days of the final hearing (or the issues resolution hearing should the care proceedings conclude at this earlier stage).

At this point the child in care Social Worker will become the primary worker and the children in care team the primary team; fortnightly interface meetings between Court Team and children in care Head of Service will ensure that children in care are sighted upon children likely to require a period of joint working and support early identification of Social Workers.

It is imperative that the Lifestory Work has continued to be developed throughout the child's journey. It is must clearly visible within the child's record, and as much information/photographs as possible has been collated from parents and Carers.

When the LA concludes Care Proceedings, with the child being subject to a Supervision Order, the child will transfer to CSS. The transferring team is responsible for the completion of the Supervision Order/Child in Need plan and initiating the first Child in Need meeting. The transfer form will be sent to the respective Head of Service, who will redirect to the correct Head of Service, dependent upon the Child's location.

Child in Care to 14+ team

When a Cared for Child turns 14, they will transfer to the +14 Service. The allocated SW will prepare the transfer form and ensure the file is up to date. Subject to the completed file audit, the case will transfer upon agreement and consultation between the Principal Managers within the two services. Monthly meetings will take place so discussions around children and timely transfers can take place.

For a cared for child /young person who becomes 'eligible' for a leaving care service at the age of 16+, a leaving care personal advisor (PA) from the 14+ service will be appointed as a co-worker at the point that the pathway plan needs assessment commences. The CIC Social Worker will remain the primary worker and the CIC team the primary team until the young person reaches the age of 16. The purpose of this co-working relationship is for the personal advisor to build up a good relationship with the young person and help them start thinking about their long-term future goals and how to achieve them. The PA will remain the secondary worker until the young person turns 18, at which juncture they will become the primary worker.

Children with a Disability (CWD)

There may also be times when the primary need within a family is not the disability but there happens to be a disabled child/young person within the family. In these situations, the children with disabilities team may allocate a Social Worker as a co-worker. Where the CWD team has a cared for child with siblings who are not disabled in care, and the disabled child closes, to the service, the remaining children in care would be transferred to the children in care service.

CWD team will undertake their own child and family assessments for children with disabilities who are referred in and meet the criteria for the team. The CWD Social Worker will continue to case hold the disabled child even if they require child protection, PLO or proceedings and become looked after.

Homeless 16-17-year olds

Where a child aged 16 or 17, who is not open is referred in and the presenting need is homelessness, a joint assessment will be undertaken by the FAST Social Worker and the Young Person's Housing Needs Officer.

At the end of the assessment, if a young person has been provided accommodation under Section 17, the young person will transfer to Children's Support & Safeguarding via child in need planning. If the young person has been provided accommodation under Section 20, they will transfer to Cared For Children 14+ team.

At the end of the assessment, if a young person is not considered homeless but other support needs are identified, the young person will step down to the Local Trusted Organisations, Supporting Families or transfer to Children's Support and Safeguarding.

Edge of care

Where a child aged 10-17 is identified as being on the edge of care, a referral should be made to the Family Adolescent Support Team (FAST) for a FAST intervention worker to be allocated. The FAST intervention worker will work alongside the allocated social worker, offering intensive and meaningful packages of support and intervention to children and families.

Children with concerns around exploitation

Where a child is referred into children's social care and there are concerns around exploitation, the assessment and duty team will undertake the child and family assessment. Where the outcome of the assessment, or as part of the planning (CIN, CP, CLA) for a child, determines that the young person is at risk of exploitation, involved in a police operation or harm outside of the home concerns. The young person may also be allocated a secondary, exploitation social worker. This is determined by level of risk and is determined via discussion with the Child Exploitation Principal Manager.

Homes for Ukraine

Following the referral and completion of checks as detailed within the flow chart, [Click here to view the flowchart](#), IFD will complete the necessary assessment. Upon the child's arrival in the UK, a Children and Families Assessment will be raised for completion and re-assigned to the relevant CSS teams within 24 hours of notification of the child's arrival.

The child will need to remain open as children in need to the local authority for 3 years post-arrival in the UK as per government guidance, or up until the age of 18. Visiting and child in need meetings will take place in accordance with our local policy and procedures for children in need.

Re-referrals Within a 3 Month Period of Closure

Liquidlogic (LL) to be checked to see if the child has been closed within the 3-month timescale. An alert has been built into LL to link DOB's/names to identify if the child/young person was open within the 3-month rule.

If the child/young person falls under the three-month rule and has been closed within that time then the IFD Consultant Social Worker (CSW) will have a critical friend discussion with the previous Social Worker/team, in regard to what action is required based on the new presenting information and taking into account the knowledge of the family history. The CSW will make reasonable attempts to contact the previous team in the 24-hour period following receipt of the referral. If contact with the previous team has not been possible then the Social Worker/Principal Manager will decide on the referral based on threshold and process as they would any other referral, including information gathering.

The child/young person will be allocated to the team who best meets their needs, this will not automatically be the previous team as it may be that the child/young person is now looked after/homeless and would also take in to account the location of the child/young person.

This contact needs to be processed within 24 hours and must not be delayed for the purposes of the critical friend discussion.

However, if it is a new concern that requires an urgent/emergency response, the child/young person should be allocated to the relevant CSS team to ensure concerns can be managed swiftly in line with child protection procedures.

Out of City Transfer-in Process

The process for transferring children/young people into Stoke-on-Trent from other local authorities is via our IFD. Families whose move to Stoke-on-Trent is permanent and where concerns for the children meet the threshold for intervention will be managed in the usual way.

Children/young people with child protection plans who make a permanent move to Stoke-on-Trent will be allocated to CSS and a child and family assessment will be completed. The conferencing service will arrange an initial child protection conference.

The transferring local authority at the point of making the referral will be expected to provide the current child protection plan and any previous child protection reports, an up-to-date assessment/risk assessment of the transition and chronology to inform the CSS and conference. They will also request additional documentation, i.e. core group minutes and records from statutory visits. The resulting plan from the transfer-in conference will inform further work undertaken by CSS including further assessments required.

Children/young people temporarily living in Stoke-on-Trent and who are registered as 'children in need' in another local authority remain the responsibility of the other local authority and a referral should not be processed.

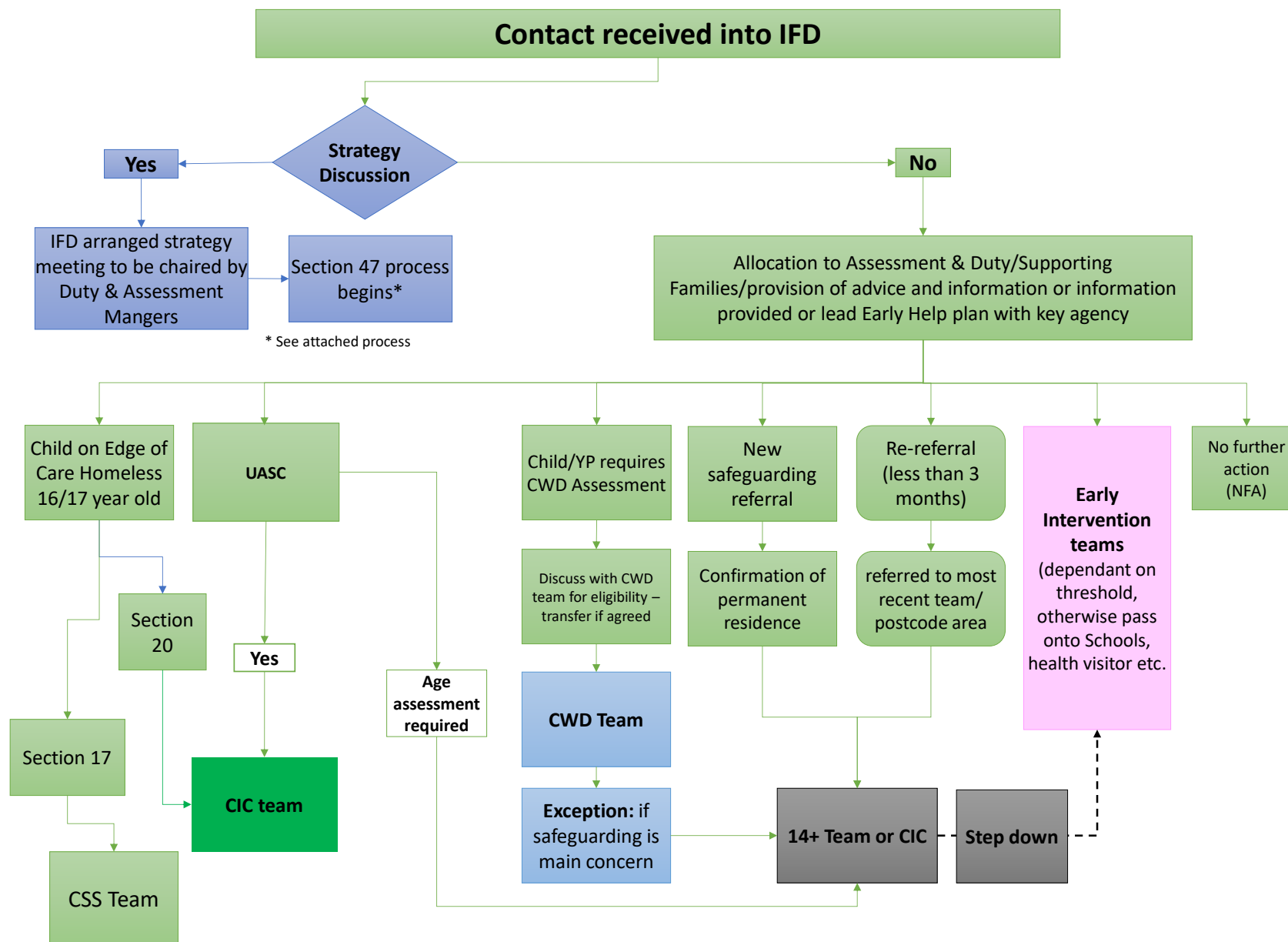
However, necessary duty visits can be negotiated between the relevant authority and the assessment and duty team where the children/young people are temporarily based where this is in the child's best interests.

If this becomes a permanent residence, then Stoke-on-Trent will determine whether threshold continues to be met for statutory intervention.

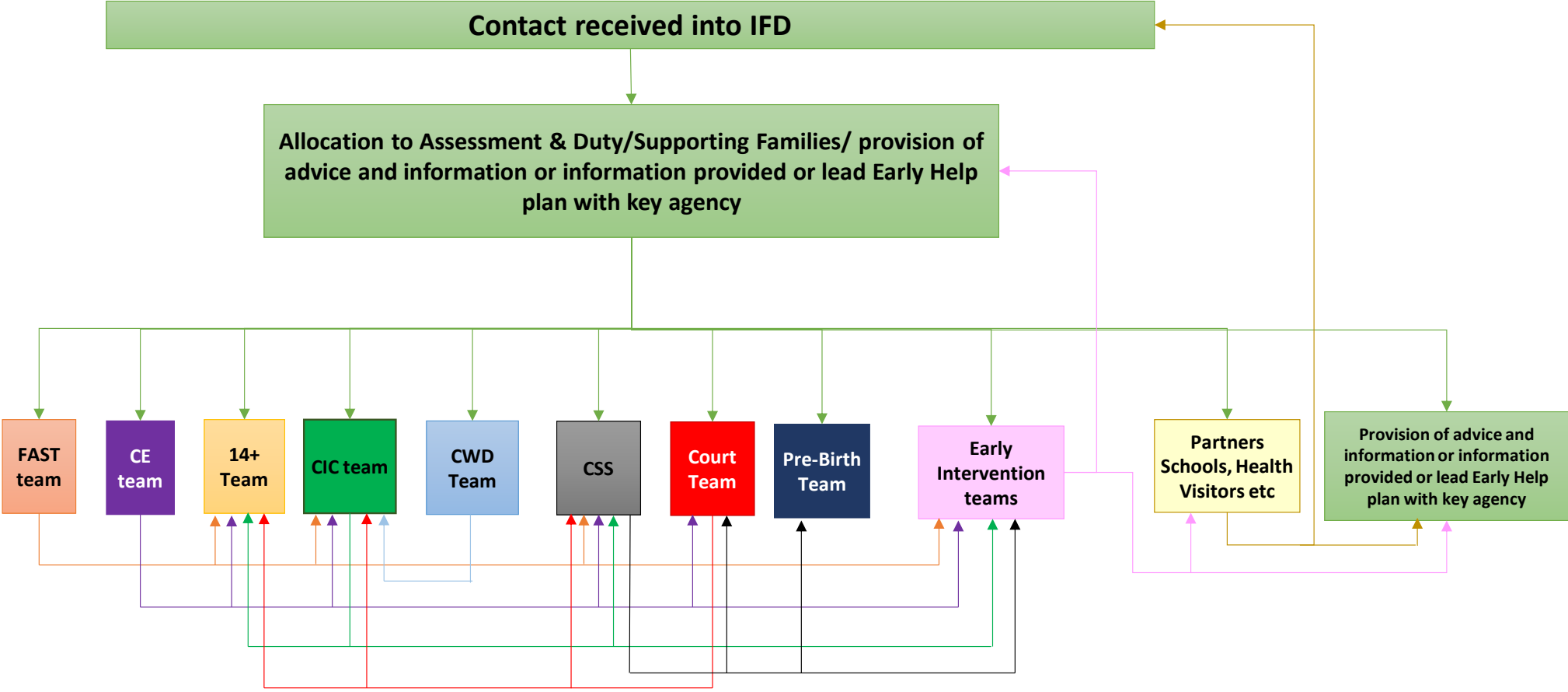
Visits should be recorded on email as 'case notes' and shared with their Principal Manager, the relevant allocated worker and team from the children's permanent residence authority and uploaded on LiquidLogic.

A child subject to Public Law Outline, Public Law Care Proceedings or Private Law proceedings should remain the responsibility of their issuing Local Authority.

Transfer/Referral Pathways



Transfer into, from and between teams



Managing Allocation Pressures

The overriding principle for Stoke-on-Trent children's services is that all children and young people who meet the threshold to receive a statutory service should be allocated to ensure those children/young people who are assessed as the most vulnerable and meet the threshold criteria are allocated to a suitably qualified worker.

Therefore, there will be no statutory cases unallocated.

Where children/young people are subject of a child protection plan or are a cared for child, they must be allocated. This must be a matter of priority. Where this is challenging, it must be flagged up with the Head of Service who will support the service and explore all options. The service director must also be notified to ensure senior management oversight.

Delays in allocating children and young people should be kept to a minimum. Where delays occur in allocation, families should be kept informed about the duration of any delay. Professionals working with the family should also be informed about any delay in allocation of the case and advised about progress in achieving allocation. A process for monitoring must be put in place and evidenced on the file.

Any periods where there are likely to be future or actual delays in allocating child protection or looked after children/young people must be reported to all senior managers including the director of children's services.

Managers need to ensure effective monitoring of workloads across teams and services and ensure discussions about workload and workflow are discussed in supervision. Staffing issues, capacity, and fluctuations of work should be pre-empted where possible to ensure there are no delays in allocation. Where persistent difficulty is evident both the assistant director children's services and the DCS need to be advised.

Checklist for a Children/Young Person Transfer/ Closure

Before a children/young person's transfer or closure, relevant assessments must be shared with children/young people, families and the professionals involved. All professionals involved must be notified of the transfer or closure and reason for it alongside children and families.

On the LCS, all personal details, network details must be up to date and payments ceased where appropriate. Assessments and activities must be completed and an up to date chronology attached to the electronic record. Reason for transfer/closure must be clear within the most recent assessment or in the closure form.

Any paper records must be properly uploaded and filed on, and their location recorded on the electronic record. Any child in need episode and any contact episode must be closed before closure.

Appendix 1: Transfer Standards (Checklist)

The following tasks should be updated and/or completed prior to transfer **in accordance with relevance for specified service area**;

Chronology must be up to date	
Up to date genogram	
Case notes must be complete, up to date and finalised	
Verify that the Life Story Work is clearly visible within the child's record.	
An up-to-date assessment clearly identifying parenting capacity and risk and authorised by a manager	
Record of case management decisions, management oversight and supervisions	
Accurate demographic information (in demographics tab on LCS)	
Signposting of relevant documents (including court statements) on LCS	
Notification of first child care review or first child protection conference to incoming team as early as possible	
Placement planning meeting (prior to start of, or within 72-hours of placement)	
Placement plan (within 5 working days)	
Initial health assessment (within 28 days)	
Personal education plan (within 10 working days)	
Pathway plan - Part 1 (where relevant)	
Contact planning meeting	
Case summary reviewed and updated	
Letter/email to all relevant agencies and family confirming the change of worker and identifying who the new worker is with contact details	
Agreement for funding for any expert assessments/interventions detailed in the care plan should be agreed prior to transfer	
Authorising Manager: Date audited and agreed ready for transfer	

Before transferring the child/young person's file should be **audited and the checklist completed** and include all court documents to be saved to file. The letter in life letter is to be saved to file. Health checks are to be completed, to include dental checks, optician's ad details of immunisations. The transferring manager is to ensure any outstanding work has been completed.

The above list is not exhaustive, and each service area must ensure compliance with the items identified on the transfer form for their respective service.

Appendix 2: Transfer Points

Receiving team	Transfer process
Re-Referrals	<p>LL to be checked to see if the child/young person has been closed within the 3-month timescale. An alert has been built into LL to link DOB's/names to identify if the child was open within the 3-month rule.</p> <p>If the child's falls under the three-month rule and has been closed within that time then IFD CSW will have a critical friend discussion with the previous Social Worker/team, regarding what action is required based on the new presenting information and taking in to account the knowledge of the family history. The CSW will make reasonable attempts to contact the previous team in the 24-hour period following receipt of the referral. If contact with the previous team has not been possible then the CSW/Principal Manager will make a decision on the referral based on threshold and process as they would any other referral, including information gathering.</p> <p>The child/young person will be allocated to the team who best meets their needs, this will not automatically be the previous team as it may be that the child/young person is now looked after/homeless and would also take in to account location of the child.</p> <p>This contact needs to be processed within 24 hours and must not be delayed for the purposes of the critical friend discussion.</p>
Strategy Meetings/ discussions	<p>Strategy discussions on new children will be chaired by a Principal Manager within Duty and Assessment and CSW will present the information detailed in the referral. IFD will alert the relevant CSS assessment team in order that the Principal Manager and Social Worker can be in attendance, participate and agree to commence agreed actions. The contact and referral must be completed by IFD, the minutes of the strategy discussion will be uploaded onto LL within 24 hours.</p>
CIN	<p>If after assessment there is some change to the child's experience but insufficient to support closure, then the child will continue to be supported through the child in need process. The assessment will identify any unmet need which will be the basis for the child in need plan. Good practice dictates that a joint visit to introduce the new worker prior to the CIN meeting both duty and assessment and CSS Social Worker should be in attendance.</p>
CP - ICPC	<p>The child/ren's case file will transfer following the initial case conference. It is expected that both the transferring Social Worker and receiving Social Worker will attend the ICPC. Good practice dictates that a joint visit to introduce the new worker prior to the ICPC should take place.</p>

Transfer in Child Protection Case Conferences	IFD need to confirm permanent residence in Stoke-on-Trent – once confirmed this will transfer to relevant CCS service who will notify the safeguarding unit requesting a transfer in case conference be convened, they will complete an assessment and attend the conference.
Court - Public law	Families not previously known or outside 3-month window, requiring immediate court action e.g. police powers of protection to transfer from IFD to the Duty and Assessment. Families open to the assessment teams requiring court action transfer at initial hearing.
Court/Private Law	<p>Where the court have ordered a S7 report to be completed, and the case is already open to assessment and duty then this worker will complete the S7. If the case was closed to D&A or locality teams within the last 3 months, then the S7 will refer back to the team who last held the case. When a S37 report is required, the case will transfer immediately to the relevant CSS service to complete the assessment as part of the S37 enquires.</p> <p>A S7 should only be picked up by the local authority:</p> <ul style="list-style-type: none"> • The child is the subject of a currently open case, when subject to a cp plan, supervision order or accommodated under section 20. • An assessment is being undertaken or has been completed within the 3 months. • Children services are carrying out enquiries pursuant to S47. • An initial assessment has commenced, and it has already become apparent that further involvement is likely; • The child is currently in receipt of services as a 'child in need'; • The child is subject to a family assistance order.
Court Team – ICO granted	<p>Where children become subject to an Interim Care Order and placed within foster care, residential or with connected carers. The children will be allocated to the identified Court Team Social Worker following a joint visit with the CSS Social Worker and the transfer form above completed with all files up to date agreed in a formal handover meeting.</p> <p>The CSS Social Worker will need to request an Initial looked after child meeting and ensure all relevant paperwork is completed. If the child was subject to Child Protection Planning it is the CSS Social Workers responsibility to ensure the Child Protection report for conference is completed.</p> <p>The court team Social Worker will then:</p> <ul style="list-style-type: none"> - Attend the Initial Hearing with the CSS allocated Social Worker - Complete a joint visit to the children either prior to the court hearing or following the court hearing but within 2 working days of the ICO being granted. - Liaise with the allocated CSS Social Worker regarding completion of the Initial Health Assessment request.

CLA	Any children who require Local Authority accommodation under S20 at the point of referral and is not an edge of care case or homeless presentation, they will be assessed by the assessment and duty service. If there is an opportunity to support the child/ren home during the assessment process, a FAST intervention worker will co-work the case with the assessing Social Worker who would remain the primary worker. If these young people present as being UASC, these young people will transfer to the CIC team. Age assessments are completed within CIC team/14+ team for all UASC.
Private Fostering	If it is identified as a possible Private Fostering (PF) arrangement, this will transfer as usual to duty and assessment team for a 20 day assessment to confirm that it is a PF arrangement. Initial safeguarding checks will be completed within the initial assessment process and once established will transfer to CSS team for full private fostering assessment.
Homes for Ukraine – Unaccompanied minors	<p>Following the referral and completion of checks as detailed within the flow chart, IFD will complete the necessary assessment. Upon the child's arrival in the UK, a Children and Families Assessment will be raised for completion and re-assigned to the relevant CSS teams within 24 hours of notification of the child's arrival.</p> <p>The child will need to remain open as children in need to the local authority for 3 years post-arrival in the UK as per government guidance, or up until the age of 18. Visiting and child in need meetings will take place in accordance with our local policy and procedures for children in need.</p>
CWD	Where a request has been received by IFD for children with disabilities assessment, contact to be made with the team to discuss the referral and eligibility – if the child is eligible for services from the children with disability service, this will be sent for assessment. The only exception to this is where the primary issue is one of safeguarding. In these cases, the safeguarding and CWD teams will consult with each other to ensure that the needs associated with the disability are assessed and met.
Children/Young People on the edge of care and those 16/17-year-olds who present as homeless	These cases go directly from IFD to FAST to assess the situation alongside the young person's housing officer. The focus is to support the child in returning to their family whenever possible and safe to do so. Following the assessment, if the young person remains in care, they will transfer to the children in care 14+ team. If they are provided with accommodation via section 17, they will transfer to Children's Support and Safeguarding via CIN planning.

Step Down to Early Help	<p>Where statutory threshold is not met but the family require support to prevent risk escalating to statutory level, transfer to Early Help team in the area where the family live (see map attached for patches). Consent must be obtained prior to transfer. Where consent is not obtained and expressly noted on the referral, a joint visit should take place. NB If the level of support required does not meet the threshold for the early intervention service, the case can be transferred to a single agency for support (i.e. school, New Era, LTO etc).</p>
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