

TITLE: Transfer Protocol

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AUTHOR: 3P Strategic Lead QA and Safeguarding

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Transfer Protocol

Introduction

The case transfer protocol is designed to ensure the smooth flow of cases between teams in a context where different teams are responsible for delivering specified services to specified groups or service users.

The aim of the protocol is to ensure that detailed knowledge about need, risks and the circumstances of individual children and young people is not lost or fragmented in the process of case transfer. Additionally, that there is clarity about which teams are accountable for which cases and assisting teams to work together effectively to achieve this objective.

This document is divided into two parts:

Part one describes general features of the case transfer system.

Part two gives detailed guidance on a case-by-case basis about the actions of transferring and receiving teams in specific circumstances. **Principles**

Once a case has been identified as suitable and ready for transfer it should go on the transfer list. The meeting is chaired by either the Service Manager for the CFAT teams or the Service Manager for the FST teams.

The following process should be the only way that transfers take place between teams, except where agreed internally i.e. unborn babies where we are going into proceedings or where agreed between service managers outside the Transfer meeting process

Part One MANDATORY DATA

The following data fields must all be completed on LCS before a case is transferred. If any data is missing, then the receiving team will notify the sending team immediately, and the sending team will complete the missing data within 3-5 working days. This should not prevent the case from transferring however the sending team must agree a deadline for this to happen.

All Cases:

- Ethnicity
- Religion
- Language
- DOB and EDOB for Unborn
- General Practitioner (GP)
- School if school age
- School Nurse or Health Visitor
- Case Status- Child In Need (CIN) Child Protection (CP) Children Looked After (CLA)
- Involvements, including Key Worker and Key Team

- Assessments authorised for all children
- Referral open for all children.
- Address on for children.
- Alias names for all children
- Family relationships on all children
- Care Plan on all children
- Chronology/Genogram
- Children with a Protection Plan (to be confirmed by LCS Work stream)
- Children Looked After (to be confirmed by ICS Work stream)
- Child seen no later than 10 working days leading to transfer.

Where appropriate there should be family network meetings, direct work, life story work.

There should be no more than 10 working days (and preferably 5) between the transfer meeting and allocation to the new worker. In order to achieve this, the following process should be followed:

1. All cases for transfer should be audited by the current Team Manager (TM) using the audit tool in LCS, located in Involvement.
2. Once the audit has been completed and the TM is satisfied that the case is fit for transfer, the transfer coordinator is notified no later than the Thursday before the Tuesday transfer meeting which takes place weekly. There is an expectation that cases should not be presented at the weekly Transfer Panel if they are NOT READY.
3. Once the transfer has been agreed the transfer Panel administrator will record the outcome on LCS
4. Transfer meetings will be attended by Team Managers (TM) from CFAT, FST, PASS, Service Manager (SM) CLA, After Care Service (ACS).
5. After transfer is agreed the case will be sent to the designated team and the new TM will audit the case within 5 working days.
6. The receiving TM should contact the sending team immediately to resolve any queries and allocate within their service within 5 working days.
7. If the sending team is not ready for the case to be presented to the transfer meeting, then the Service Manager for CFAT should be informed and the case will be removed from the transfer list. Case responsibility remains with the allocated social worker until the case transfer process is completed.
8. If the sending team and the receiving team disagree about the plan, the matter should be escalated first to the Service Managers for resolution before it is escalated to the Head of Service for the services.
9. The team manager in the receiving team will be responsible for ensuring that LCS/EHM reflects the allocation on the agreed date.

10. Transferring Social Workers must ensure that Families and Professionals are informed of the proposed transfer as part of a face-to-face meeting. As part of good practice, wherever possible there should be an introduction of the new worker by the existing worker, and the leaving social worker should ensure the children are advised and that a goodbye visit takes place. This task will be progressed by the transferring team social worker at the point when the case is identified for transfer.
11. It is acknowledged that where there are historical gaps in information which pre-date the allocation to the current worker this will not be a reason to hold up the transfer or movement of the case
12. A lack of capacity in the service receiving the case will not be a reason to delay transfer.
13. CP and CIN cases from other local authorities will also be discussed at the transfer meeting and will be allocated to the relevant team as appropriate, where possible.
14. If the receiving TM has not allocated the case at the completion of the 5 days, the sending TM will escalate to the service manager – and if the case is not transferred within two days it will be referred to the Head of Service.

Part Two

Services Covered by this protocol

- Prevention and Support Service (PASS) Team Disabled Children (CWD)
- After Care Service (ACS)
- Child and Family Assessment Teams (CFAT) Family Support Service (FSS)
- Children Looked after Teams (CLA)

We aim to create a 'whole system' approach to our services based not only on thresholds, but on identifying the best offer of support for a family or young person based on their presenting needs. Other teams should continue to provide advice and consultation to partner agencies should they contact them directly, but referrers should be directed to the MASH should they wish to make a referral. Referrals should be made via CAF Assessments or CAF Referrals. Although child protection referrals should be made without delay and are accepted via telephone or email these should be followed up by a CAF Referral within 48 hours to ensure all relevant information is passed onto the team.

Cases transferred from MASH to CFAT or to PASS, or from CLA to Aftercare Service are part of a workflow process and do not fall within the transfer criteria. MASH is the first point of contact for all professionals, members of the public and Police to raise safeguarding concerns via CAF assessment or CAF referral. MASH Practice Managers are responsible for making decisions within 24 hours of every contact per

Working Together Guidelines 2018.

MASH contacts are likely to have the following outcomes-

- Step down to PASS or Family Hubs (classified as Green)
- Step up to CSC for S47 or C&F assessment (classified as Amber /Red)
- No further intervention is required
- Transfers within the CWD Service is not part of this process and are managed internally within that service.
- In cases where PASS is of the view that an allocated case should step-up to CFAT/FST for assessment, these cases will be presented at the end of each Transfer Panel, to consider the most appropriate service for the family and decide on next steps. In the event that the concerns are significant and require an immediate safeguarding response, a decision will be made by MASH within 24 hours, to ensure there is no delay in the safeguarding response. In this instance, the case will not need to be presented to the Transfer Panel.

Transfers Process between Social Work teams

- There should be no more than 10 working days (and preferably 5) between the transfer meeting and allocation to the new worker. To achieve this, the following process should be followed.

See Mandatory DATA In Part One

Transfer of cases to Family Support Service (FSS)

The Family Support Service provides a long-term service to children who are in need of protection which includes Court Cases, Children with Protection plans and Children in Need.

Cases will be transferred from CFAT to FSS following the completion of a Children and Families Assessment that confirms a Child in Need plan is the appropriate outcome. CFAT will transfer children subject to a CIN Plan to the relevant FSS following the first CIN Meeting.

CFAT will transfer children subject to child protection plans to the relevant FSS team following the first core group meeting. Both services will be represented at the Initial Child Protection Conference (ICPC) and if possible, at the strategy meeting as well as the Core Group Meeting (CGM), and (Child in Need) CIN Network Meetings.

The CFAT social worker will produce a report for the Initial ICPC;

- a. If the ICPC is deferred, then the deferred Conference will be the point of transfer;
- b. If the ICPC does not make a Child Protection Plan (CP); the point of transfer will be at Child In Need (CIN) Meeting.

Where there is work taking place within FSS on an allocated case, unborn children will be assessed, and further work undertaken within the allocated FST team.

CP and CIN cases from other local authorities will be allocated to relevant FSS team based on their capacity and expertise. This will need to be agreed at the weekly transfer meeting.

Cases identified by the FSS where statutory intervention is no longer required, but there is still a need for targeted input from other agencies should be stepped down to Prevention and Support Services (PASS). The relevant cases should have an up-to-date CIN Review meeting and Care Plan. Cases should go through the weekly transfer process and be presented at the Transfer Panel.

Where a Child subject to a CP plan in another authority moves to Thurrock, this is notified in the first instance to the Administrative Manager in Quality Assurance for a transfer in conference to be arranged.

Where a child in care returns home and is a Child in Need, The Children Looked After Service will hold the case for a maximum of 6 weeks after the child returns home. The case will then follow the transfer process and be transferred to a FSS with an up-to-date Child and Family Assessment.

If a child returns home but is subsequently re-referred within 3 months and an assessment identifies that the child needs to be a Child Looked after, then the case will return to the CLA service (subject to case by case consideration).

The Date the case closed on LCS will be the date the three month period is calculated from, not the date that active work ceased or the previous worker left.

Transfer of cases to the Children with Disabilities Teams

All teams across Children's Service support children with disabilities. The Children with Disabilities Team is a specialist team for children where the impact of their disability is severe or profound. The allocation criteria are set out in the 'Children with Disabilities Criteria Document'. Children who meet the criteria are transferred from other teams to the Disabled Children's services via the Transfer Panel.

The CWD team works with children and young people with disabilities who meet the allocation criteria from birth to 18 years. The Social Workers carry statutory responsibility for Children Subject to Child Protection and Children Looked After, as well as assessing and providing services under Section 17 of the Children Act 1989. For children who do not meet the allocation criteria but do have a disability, services will be provided from the relevant main stream team

If the criteria for CWD's involvement are met, and where the disabled child has siblings who also have needs, the usual expectation is that the allocated worker will also address these needs as it is unhelpful to the family and an inefficient use of resource to allocate workers from different teams. If there are exceptional circumstances that may warrant two teams' involvement, this should be raised with the relevant Heads of Service.

When a referral is received in the MASH, if the child has a substantial and permanent disability the referral is immediately passed to CWD. The disability needs of the child must be the priority needs within the family.

If there is a sibling group and the concerns are mainly in relation to the child with a disability the CWD Team will log the information onto LCS, complete the referral form and undertake the assessment.

If there is a sibling group and the concerns are predominately about the siblings of the child with a disability then CFAT will log the information on LCS, complete the referral form and undertake the assessment.

When a S47 investigation is completed by CFAT, if it is found that the child has substantial and permanent disability, CFAT (in consultation with CWD) will complete the investigation and the Child and Family assessment and present to the transfer panel.

Where a child is open on a CiN plan where the primary purpose of the plan is the provision of short breaks in respect of disability needs the case will be allocated to the CWD Review and Support Team. This applies to all children open on a CiN plan. Therefore, the CWD criteria may be waived for transfer into the review team but will be applied on any transfers out should the child's needs/risks to the child escalate outside the remit of Review Team

Transfer of cases to Children Looked after Service

The Children Looked after Service is a specialist service for children who are looked after by the Local Authority and for whom there is a long-term plan that they remain looked after. Referrals will be received from other social work teams only.

CFAT and FST will refer cases to CLA Service:

1. Following legal proceedings where the court has made a Full Care Order.
2. Where a young person (aged 13 years or over) is Looked After under sec 20 and all options to support reunification or placement within the existing family network have been exhausted. In such cases legal advice will have been sought to confirm that it is appropriate for the young person to remain Looked After under sec 20 and a permanency plan will have been formally identified - If there is a need to issue proceedings in the case there should be discussion between the relevant team managers and agreement as to which team will complete this work. This will need to take account of the urgency to issue proceedings and the relative knowledge held about the case.

Children who are simultaneously in care and subject to a child protection plan or who spend periods of time in care and at home will be transferred to Children Looked After Teams only after the CP plan ceases to exist.

Where cases are entering Care Proceedings transfer to Children Looked After Teams will usually take place following the first Interim Care Order (ICO) hearing, subject to an ICO being made. Prior to the first hearing CLA teams will have been notified of the

case and a manager invited to the relevant pre-hearing legal planning meeting.

The pregnancies of service users already known to Children's Social Care, where previous children have been removed through Care Proceedings, will be managed as follows:

- The case will be referred to CFAT for a pre-birth assessment as soon as information is received about the pregnancy unless the unborn child is conceived (and known about) prior to the final hearing in family proceedings relating to siblings. CFAT should be invited to the legal planning meeting.
- Cases where sibling groups are both looked after and 'in need' will be decided on the basis of whether they are likely to be long term looked after. Although sibling groups should be kept together in one service if possible this would not apply where the plans are fundamentally different e.g. one or more siblings to be adopted and one or more is staying with the birth family.

Unaccompanied Asylum-Seeking Children/Young People

All unaccompanied asylum-seeking young people will be referred to the CLA Service. The age assessment will be undertaken by the CLA service and the case will remain within the CLA Service unless their circumstance results in them not being CLA.

Special Guardianship Orders requests

All Special Guardianship Order (SGO) assessment requests that are made by the Court and are not for children currently known to Thurrock Children Social Care (CSC) will be undertaken by the Placement Assessment Team. The SGO request is received and processed through MASH. The Team Manager responsible for SGO assessments is notified by the MASH Team Manager who will then inform legal services about the request for an SGO.

Transfer of Cases to the After Care Service

Care Leavers fall into the following categories:

- 'Eligible'
- 'Qualifying.'
- 'Relevant'

All 'eligible' and 'relevant' (under Children Leaving Care Act 2000) young people will be transferred to the After Care Team when they turn 18, however a PA will be identified to joint work the case from the age of 16. Case transferred from Team for Disabled Children will be jointly co-worked with the Adult Transition Team who takes the lead role in case management. Open cases with mental health issues are referred to Adult Community Mental Health Team.

Where a young person is an open case in the Aftercare team and becomes pregnant and there are Child Protection concerns, a referral will be made to the CFAT for a pre-

birth assessment and any child protection investigations as deemed necessary.

It should not be an automatic decision to complete a pre-birth assessment in relation to the pregnancies of all care leavers unless the thresholds are met.

After Care Service should be invited to all the CLA Reviews from the child's 16th birthday and identify a Personal Assistant prior to a child's 16th birthday.

Qualifying children should be allocated a PA at the age of sixteen (or at the point they have been looked after for 13 weeks if this is not the case upon the sixteenth birthday) to work alongside the allocated social worker.

At the age of 18 Qualifying children should be sent by team managers to the TM of the aftercare team so that the identified PA can be allocated as the primary worker

No Recourse to Public Funds Cases

Transfer to FSS if threshold is met for CIN/CP. If there are no additional Child Welfare needs identified, then the case will Step Down to PASS.

Transfer of Cases to and from the Adoption Team

Children's cases are not ordinarily held with the Adoption Team. However, there are circumstances where transfer issues may arise, relinquished children and post adoption support:

Children Placed for Adoption

Children placed for Adoption will transfer to the Adoption Team at the first adoption review after the child is placed for adoption. The Adoption Team will continue to be the allocated team for the child until the adoption order is granted, or the care plan is changed to one that is not adoption.

Relinquished children

- In these cases (usually pertaining to unborn children) workers should refer to the specific procedure for relinquished children. In cases already open to Children's Social Care there will be no transfer of the case, but a Social Worker from the Adoption Team will be allocated to undertake all aspects of the Relinquished Child process, leaving the Child's allocated social worker to continue with their previously identified plan of intervention.
- If the child or family are not previously known, and the circumstances through which the authority becomes aware of the request to relinquish do not raise immediate concerns, after initial screening by MASH the case will be allocated within the Adoption Team, and the worker will manage all aspects of the relinquished process, as well as any relevant processes for Children Looked After. However, if the parent withdraws their request to relinquish the child, any on-going concerns would be referred back to CFAT if the child is not known or CLA if the child is known for further allocation or work as appropriate.

- Where there is uncertainty about relinquishment the case needs to be jointly worked from the earliest point possible between the Family Support Team and the relevant team until the plan for the child is clear.

Early Notification to the Adoption Team

- Whilst not a formal transfer of case responsibility, early notification of potential adoption cases can ultimately speed up the process and ensure that any appropriate guidance can be offered to the Social Work Team still holding the case.
- The most likely scenario for this occurring is for cases held within the Family Support Team although it could arise from the Team for Disabled Children or CLA teams. Identification of potential cases could arise at different stages, such as the first CLA Review, or a Legal Planning Meeting, and if Adoption is a potential outcome of the latter, a representative of the Adoption Team should be invited to attend.
- At this early stage the Adoption Team role is essentially one of offering advice, for example in ensuring that appropriate medical information and history is gathered, as this may become more difficult as Care Proceedings continue.
- Once it becomes clear that an application for a Placement Order is likely, this should be confirmed to the Adoption Team, who may begin tentative exploration of possible adoptive placements. This is particularly helpful for children likely to be more difficult to place or sibling groups.

Post adoption and post SGO support

The adoption team is in contact with several adopters, offering telephone or personal support with issues that arise. They may directly complete assessments of support need for SGO and Adoption support and ongoing work which is documented via the appropriate process on LCS.

However, in instances where there are judged to be significant welfare concerns for the child, referral will be made directly to MASH, and discussion will take place as to what form of further or ongoing intervention is required. Where appropriate the child's case will be formally opened and reallocated as appropriate within CFAT or consequently within Family Support, though with the expectation of ongoing participation of the Adoption Social Worker unless it becomes clear that the situation has irretrievably broken down.

Court Proceedings Other Than Care Proceedings

Request for Section 7 or Section 37 Reports where the families are NOT known.

Requests are processed through MASH and referred to CFAT or FSS and allocated to teams according to the rota in relation to S37 and 7. Team managers and allocated social workers should liaise with Legal services immediately to ensure that the time given for the report to be submitted is reasonable. MASH will return requests for S7 where the child is not known to Legal Services immediately stating that the child is not known.

Request for Section 7 or Section 37 Reports on Families who ARE previously known within the last 3 months but whose current status is closed.

The team in which the case was previously allocated should undertake the report. This should be immediately transferred from MASH and will be counted as a re-referral if within twelve months of the case closing.

The team manager and allocated social worker should liaise with Legal Services immediately to ensure that the time given for the report to be submitted is reasonable.

Private Fostering

If it becomes apparent that a case is a Private Fostering arrangement, the referral should be passed to the Fostering service that will make an assessment of the Private Fostering arrangement. The social worker in the Fostering Service undertaking the assessments will manage the case for the duration of the Private Fostering arrangement.

- If a Private Fostering arrangement comes to an end, either by the child or young person returning to an adult carer not falling within the definition of Private Fostering, or by virtue of becoming sixteen years old, and other concerns emerge, referral will again be made to MASH.
- If during the monitoring of a Private Fostering arrangement concerns emerge about the named child or children, and consideration is required as to whether the circumstances merit either CIN or CP intervention, referral will be made to MASH, although this would not necessarily signal the ending of the monitoring of the Private Fostering arrangement.
- If during the monitoring of a Private Fostering arrangement concerns emerge about another child not covered by the Private Fostering agreement, and that child is not currently covered within an open case, referral will be made to MASH.

Process For Case Transfers That Are Not Accepted or Disputed

Usually, the decision to transfer is made at the transfer panel by the chair and recorded in the minutes. If the decision is not to transfer, then the reasons for this should be recorded in the minutes and the relevant service managers copied in.

Where the outcome of the transfer panel is disputed, the relevant Service Managers should meet within 7 days to address the issues and resolve them. If this is not effective, they should escalate via line management.

In the event of any dispute the case holding team should continue to work with the family and progress the work until this is resolved.

Glossary of Terms

ACS- After Care Service

CAF- Common Assessment Framework

EHM-Early Help Module

GM-Core Group Meeting

C&F- Child and Family Assessment

CIN-Child in Need

CLA- Child Looked After

CP- Child Protection

CSC-Children Social Care

DOB- Date of Birth

EDOB- Expected Date of Birth

FSS-Family Support Service

GP- General Practitioner

ICO- Interim Care order

ICS- Integrated Children's System

LCS- Liquid logic Children System

MASH- Multiagency Safeguarding Hub

PASS- Preventative and Support Services

PF- Private Fostering

SM- Service Manager

CWD- Children with Disabilities

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