

# Transfer Protocol - A Protocol for the Transfer of Cases between Teams within the Children's Social Care Service

## AMENDMENT

This document was significantly revised and implemented in January 2017.

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## 1. Guidance Outline and Exceptions

- 1.1 This guidance outlines the transfer process for all cases from the point of referral, this includes:
- a. Multi-Agency Safeguarding Hub (MASH). With the exception of the instances named below, all cases will transfer from the MASH to the Assessment Team or Children with Disabilities (CWD) Team, as relevant;
  - b. Assessment Team to Family Support Teams (Child in Need (CiN) cases);
  - c. Assessment Team to Family Support Teams (Child Protection (CP) cases);
  - d. Assessment Team to LAC Teams (Permanence and LAAC);
  - e. Assessment Teams to the Children with Disabilities (CWD) Some MASH enquiries will go straight into CWD without going into assessment team.);
  - f. Family Support Teams to LAC Teams (Permanence and LAAC);
  - g. Family Support Teams to the Children with Disabilities (CWD) Team.
- 1.2 **Exceptions:** the following will go directly to the relevant LAC Team (Permanence or LAAC).
- a. A care leaver from another Local Authority will transfer direct to the Leaving Care Team;
  - b. Requests for Section 37 or Section 7 Court Reports will transfer from the MASH to the Assessment Team unless the case is open to another team or has been closed for less than three months (in which case it will be completed by the most recently allocated Team);
  - c. Proceedings initiated by another Local Authority will transfer to the Permanence Team; if at an early point in proceedings or to a Family Support Team if an Order is near to being made e.g. Supervision Order;
  - d. Cases that have previously been closed in the Permanence Team and the child has been re-accommodated will transfer to the Permanence Team or LAAC (if aged over 15 yrs)
  - e. Where a case is referred within three months of closure, the case will return to the relevant Family Support Team, without going through the Assessment Team;
  - f. CIN cases transferred in from another Local Authority will transfer from the MASH to the relevant Family Support Team.

The guidance includes Public and Private Law Proceedings.

## 2. Overview of Teams

- 2.1 **MASH:** will be the point of initial referral and will undertake the primary exchange of information about the case in co-ordination with police and other partners.

- 2.2 **Assessment Team:** the Assessment Team (and the Children with Disabilities (CWD) Team) completes Child and Family (Single) Assessments and Section 47 inquiries on new or re-opened cases (where the case was not previously open in the previous three months).
- 2.3 **Family Support Teams:** complete all Child in Need (CIN), Child and Family Assessment and Child Protection (CP) work, as well as the initial care planning for Looked After Children who may or may not be subject to legal proceedings.
- 2.4 **LAC Service (Permanence and LAAC Teams):** a service for looked after children, those children subject to legal proceedings, and care leavers.
- 2.5 **Children With Disabilities (CWD) Team:** undertakes assessments of children and young people with a permanent and substantial disability. The service also works with children subject to Child Protection and Child in Need planning and those subject to legal proceedings. CWD will complete all their own Child and Family Assessments and S47 enquiries assessments. The CWD also provides all through care services to children with disabilities.

### 3. Defining Disability for Children's Social Care Services

- 3.1 The Children with Disabilities team works with children and young people in need of social care intervention and who have:
  - 3.1.a Autism Spectrum Disorder (ASD);
  - 3.1.b Severe learning difficulties;
  - 3.1.c Severe/profound physical disabilities;
  - 3.1.d Complex health needs requiring continuing care.
- 3.2 The team will also provide a service to those children who are deaf and have British Sign Language (BSL) as their main means of communication.
- 3.3 The team will process registrations for visually impaired children on receipt of referrals from Health Teams.
- 3.4 Children and young people who have a degree of disability not covered by the above categories and in need of a social care intervention will be referred to mainstream social care teams.
- 3.5 The team do not provide a service to children with Attention Deficit Hyperactivity Disorder (ADHD) or emotional or behavioural difficulties.

#### **4. General Principles**

- 4.1 The safe and smooth transition between all teams is essential in protecting the child and promoting the child's welfare.
- 4.2 The Transfer Checklist ([Appendix 2: Transfer Checklist](#)) will be referred to in all cases and all cases transferred must have a transfer summary and chronology completed in Azeus.
- 4.3 Enquiries from the MASH will usually transfer in the first instance to the Assessment Team (or to CWD) and thereafter to the appropriate Family Support Team, or to the LAC Service.
- 4.4 Upon transfer, the transferring team will complete the transfer summary in Azeus and where the transfer has been agreed in a transfer meeting send this to the Team Manager of the receiving team who will in turn allocate the case. Any immediate actions required or dates agreed must be made explicit at the time of transfer in the transfer summary. Management responsibility and oversight of the work must be clear at all times.
- 4.5 All work in the MASH will be held as a MASH enquiry and will be transferred out of MASH to social care teams as a referral with a management decision made.
- 4.6 Case transfer of those children/young people for whom there is a permanent Looked after Child (LAC) plan will be to the Permanence Team if aged under 15 and to the LAAC Team if aged over 15.
- 4.7 The MASH Team Manager is responsible for quality assurance of the information received and shared in the MASH and prior to progressing to the receiving team must confirm that they have reviewed the information to ensure the threshold for Children's Social Care involvement is met.
- 4.8 Unaccompanied Asylum Seeking Children (UASC) will be transferred to the Assessment team for completion of the Single and age assessments, prior to transfer to the LAC Service once these are completed. Under 15 year olds will be transferred to the Permanence team and 15 plus to the LAAC Team.

4.9 All episodes, case notes, minutes and plans must be completed as appropriate to the case. Specifically, information regarding financial arrangements or contact must be made explicit.

4.10 **Re-referrals:** Any closed case re-referred within three months will be returned to the Team that closed the case. Re-referral of cases that have been previously open to CWD will be re-referred directly to CWD unless the criterion for CWD is no longer met.

## **5. Transfer and Allocation Meetings**

5.1 All cases due for transfer will be agreed and confirmed at weekly Transfer and Allocation Meetings

5.2 These will be held each Tuesday at Borough Hall. Team managers will be responsible for timetabling these and ensuring attendance by a representative from the team.

5.3 Meetings will ordinarily be chaired by the Head of Social Work and will include managers from the Assessment team, the Family Support Teams, LAC, LAAC, and the CWD team. In the absence of the Head of Social Work, one of the Team Managers will chair the meeting.

5.4 These meetings will consider case transfers to any of the teams in the Borough. Any cases to be considered must be sent through to the minute taker with PRN numbers and any relevant dates (LAC Review, ICPC) as well as the completed TM audit no later than Thursday the week before.

5.6 The Team Manager of the Assessment Team will alert the managers of the Family Support Teams in advance about cases for transfer. The same principle applies for transfers to the LAC team and CWD teams. This should initially be done by e-mail and followed up by a conversation.

5.7 Transfer summaries must be informative and include important dates and urgent things that may need following up on. Summaries must be signed off by the team manager as the case file check sheet, chronology, last BAP decision sheet and Placement Referral Form (if needed).

5.8 A minute will be taken of each allocation meeting and handover meeting dates will be agreed to take place within **five working days** of the transfer meeting. A copy of the minutes will be sent to Heads of Service and relevant team managers. If there are no cases to be transferred, then minutes to evidence this will be kept.

- 5.9 **The handover meeting is the point of transfer for the case.** All files will be brought to the handover meeting which should be attended by the receiving team manager, the allocated social worker and, if available, the social worker to whom the case is to be allocated. Case file compliance audit of the files will be undertaken by the team manager that is transferring the case prior to the handover meeting; a record of this audit will be placed on the file. Following the handover meeting the receiving manager will also audit the file and alert the team manager transferring the case if there are any issues or concerns. Any identified remedial work must be undertaken by the originating team, unless agreed otherwise. Transfer should not in most cases be delayed.
- 5.10 It is the responsibility of the originating team to ensure that the Access to Resources Panel coordinator and all actively involved agencies, professionals and family members are notified in writing of the case transfer, the name and contact details of the newly allocated worker and team.
- 5.11 Wherever possible, introduction to the family to be undertaken by both social workers within 5 working days of the handover meeting. If this is not possible, other arrangements should be negotiated in the service user's best interests.
- 5.12 Azeus is to be updated by admin and approved by the Team Manager accepting the case within 24 hours of the transfer date.

## **6. Transfer Process: Unborn Babies**

There is no minimum gestational age at which a referral will be accepted, but there is an expectation that the pregnancy will have been confirmed and deemed viable. The aim of the transfer process in these cases is to ensure that good quality care planning is undertaken at an early stage, avoiding crisis intervention.

- 6.1 All enquiries that come into the MASH of a relinquished baby will be progressed, after appropriate information sharing, to the Assessment Team for a Child and Family Assessment, this can be done jointly with the Permanence Team. If it is clarified that the baby is clearly going to be relinquished the case transfers to the Permanence Team. If the baby has been deemed to have disabilities, the case should be co-worked with the CWD Team.
- 6.2 In cases where assessment of an unborn child is required and there is an older sibling case open to a Family Support Team, the Single and pre-birth assessment will be completed by the Family Support Team in which the older sibling is open.
- 6.2a In cases where assessment of an unborn child is required and there is an older sibling case open to the Permanence or LAAC teams the unborn will go to the Assessment Team to complete a single assessment and follow the pre-

birth transfer process. Expectation is that there will be close working relationship between the assessment team and LAC team ensuring sharing of information and expectation that through care will provide a chronology.

- 6.3 Where there has been a significant family history, but no CSC involvement for three months the referral of an unborn child should be dealt with initially by the Assessment Team. A Child and Family Assessment will be completed and the case might be transferred to the appropriate Family Support Team for pre-birth assessment. However, this should be considered on a case-by-case basis and due consideration should be given to the current circumstances of the older siblings.

In these circumstances, discussion is needed between the Assessment Team Manager and the relevant Family Support Team or CWD Team Manager to ensure that knowledge of the case history is utilised to provide a coherent approach to the siblings within the family. If possible and practical, case allocation should be to the worker with the most knowledge of the family.

- 6.4 If the unborn baby is deemed to be at risk of Significant Harm, an Initial Child Protection Conference (ICPC) should be held at the earliest opportunity prior to Estimated Due Date (EDD), but should be held no later than 4 weeks before the EDD.

When a referral is received in an early stage of pregnancy (by week 16) the case may be suitable for a consideration under the CAF/CASS Plus scheme in the following cases:

- Where the parents of the unborn child are known to Children's social care due to previous children being removed from their care;
- Where either parent has a conviction for offences against a child.

These cases will be referred direct from MASH to the Family Support Team who will conduct a pre-birth assessment.

- 6.5 Legal Planning Meetings: where consideration needs to be given to legal proceedings a Legal Planning Meeting (LPM) will be convened and chaired by a Head of Service or Service Manager. This meeting should take place at least 12 weeks prior to birth. If the birth is imminent, the necessary paper work for the first hearing will be prepared by the assessment team or Family Support Team (dependant on the timing of the referral) who will attend the first hearing.

If the outcome of the LPM is a Public Law Outline (PLO) meeting, the case will remain in the Family Support Team. If a subsequent decision is made to issue proceedings, the Permanency Team will be involved at the point the decision is made when there is a parallel plan for alternative permanent arrangements. The case is not transferred until the first hearing.

In all cases, the Family Support Team or Permanency Team must provide the Social Worker Evidence Template (SWET) pre-birth Child and Family Assessment and Care Plan.

- 6.6 No child should be discharged from hospital where there are safeguarding concerns unless there is an agreed plan between the responsible consultant and Children's Social Care as to how those concerns will be addressed and the child adequately safeguarded on discharge. This does not mean that delays in discharge through inadequate planning are acceptable.

The social worker and relevant health professionals should meet for a pre-birth planning meeting in good time before the EDD. Plans for discharge and any safeguarding measures need to be recorded. Where assessments indicate that the baby will be deemed a Child in Need the case will remain in the Family Support Team upon completion of the pre-birth Child and Family Assessment and Child in Need Plan.

- 6.7 The Permanence Team manager should be notified as early as possible of any unborn child where care proceedings on another sibling/s finished within the previous 6 months and family circumstances have not changed. These cases will transfer to the Permanence team.
- 6.8 Where proceedings concluded outside of the 6 month period the Assessment Team / Family Support Team should undertake a Child and Family Assessment at an early stage and bring the case to a LPM if the assessment indicates proceedings should be issued. If this outcome is agreed the case will transfer to the Permanence Team following the LPM, if the plan is to seek alternative permanent placement. If a case is identified by 16 weeks into the pregnancy a referral can be made direct to the Permanence team. They will undertake an early pre-birth assessment and consider referral to CAFCASS Plus.
- 6.9 The process for assessing unborn babies is detailed in the [BBSCB Pre-Birth Child Protection Procedure](#). This provides a framework for Children's Social Care intervention.

Social workers should utilise the Pre-Birth Assessment Tool when undertaking assessments of unborn babies (see [Appendix 1: Pre-Birth Assessment](#)).

## **7. Transfer Process: MASH to the Assessment Team**

- 7.1 The MASH Team Manager will determine the point at which a MASH enquiry will be progressed, once the relevant and necessary data collection and investigation has been undertaken.

7.2 Except for the exceptions listed above, all enquiries will progress from the MASH to the Assessment Team or CWD Team in order that the Child and Family Assessment or initial Section 47 may be undertaken. Cases will be colour-coded (RAG rated) in the MASH; below are the maximum time cases will be held in the MASH for information sharing to take place.

**Red:** Will be processed by MASH within 4 Hours. Information gathering will occur simultaneously with transfer to the Assessment Team.

**Amber:** Will be processed by MASH within 24 hours.

**Green:** Will be processed by MASH within 72 hours.

7.3 Adults of concern:

7.3.a Allegations against professionals will transfer to the Assessment team, who will organise the first strategy meeting and conduct initial enquiries. The case will transfer to Family Support Team if further follow-up work is required. If no follow up work is required for Children's Social Care, but a further meeting is arranged, the case will remain within the assessment team.

7.3.b Allegations against members of the public will transfer to the Assessment Team for a Child and Family Assessment.

7.3.c Allegations against foster carers or other carers of Looked After Children where the threshold is met for Allegations Against Professionals (AAP) this will be convened by the LAC service. The relevant Family Support Team will be invited and will take responsibility for any actions arising from the AAP thereafter that relate to the adult of concern.

7.4 Child death rapid response: where a child has died in suspicious circumstances, information gathering will take place in the MASH, leading to a Strategy Discussion in the Assessment Team. Transfer to Family Support Team will take place following the Initial Child Protection Conference (ICPC). If a follow up Strategy Meeting is agreed, but no role is identified for the Children's Social Care Service, the case will close. Children's Social Care may be requested to attend the follow up meeting. Assessment Team Manager/Social Worker will attend.

## **8. Transfer Process: Assessment Teams to Family Support Teams, LAC Teams and Children with Disabilities Team**

### **8.1 Transfer Process: Child Protection**

8.1.a The Assessment Team Manager notifies the relevant Family Support Team or CWD Manager via email of the case identified for transfer as soon as the date for ICPC is arranged.

- 8.1.b In addition to the email notification, a nominated Advanced Practitioner can meet with the respective Family Support Team or CWD to have a case discussion.

The receiving team will allocate the case, and advise the Assessment Team Manager accordingly, via email. This contact will provide an acknowledgement of receipt of the notification and identify the responsible Team Manager and social worker receiving the case and will identify which Team Manager or social worker will attend the ICPC.

- 8.1.c The date for the Core Group Meeting is set at the ICPC involving the Family Support Team or CWD. In the exceptional circumstance that there is no Family Support Team or CWD representation at the ICPC, a provisional Core Group Meeting date will be set at the meeting. The Family Support Team or CWD Manager must be alerted to this and ensure that the venue is booked.
- 8.1.d Upon completion of all tasks, the Assessment Team Manager will email the receiving Family Support Team or CWD Manager to confirm that all tasks are completed and that the case is ready to transfer. The Assessment Team Manager will ensure the transfer checklist (see [Appendix 2: Transfer Checklist](#)) is completed.
- 8.1.e The case will transfer immediately following the ICPC on the basis that the tasks/actions have been completed. In the event that there are outstanding tasks preventing the immediate transfer of the case, the Assessment Team will retain case responsibility until all tasks are completed.
- 8.1.f The Assessment Team social worker or the Assessment Team Manager will be responsible for recording the ICPC decision and any immediate actions needed on case notes.
- 8.1.g Agencies will be notified of the transfer at the ICPC or if not represented at the ICPC, via letter by the Assessment Team. Families will be notified within 5 days of the case transfer by the Assessment Team social worker.
- 8.1.h Core Groups will always be chaired by Family Support Team or CWD, and booking the room and other practical arrangements are the responsibility of the Family Support Team or CWD.
- 8.1.i Consideration should be given to undertaking a joint visit if this is necessary to facilitate the smooth handover of cases.

## **8.2 Transfer Process: Child in Need (CiN)**

Child in Need (CiN) cases should transfer to the Family Support Team after Child and Family Assessment, if CIN plan is the assessed outcome.

- 8.2.a The reason for transfer to Family Support Team or CWD must be made explicit in the transfer summary and the Assessment Team Manager needs to ensure that the assessment clearly indicates a continuing role for Children's Social Care, according to the Threshold Document.
- 8.2.b All CiN cases must have a completed and up to date Child and Family Assessment and a CiN Plan that outlines the work needed.
- 8.2.c The receiving Team Manager will be invited to a CIN planning meeting, which will be held within 10 working days, providing the receiving team with at least 5 day notice of the meeting.
- 8.2.d The Assessment Team Manager will email the relevant Family Support Team or CWD to confirm that all tasks are completed and that the case is ready to transfer. The Assessment Team Manager will ensure that the transfer checklist (see Appendix 2: Transfer Checklist) is completed.
- 8.2.e Agencies will be notified of the transfer in writing. Families will be notified of the case transfer within 5 days by the Assessment Team social worker.

## **8.3 Transfer Process: Private Fostering**

- 8.3.a Where a child or young person already has an allocated social worker, then the allocated social worker will be responsible for carrying out an initial visit and the Private Fostering Assessment, in conjunction with a social worker from the Fostering Team.
- 8.3.b Where a child or young person does not have an allocated social worker, the Assessment Team will carry out a Single Assessment and the Private Fostering Assessment, in conjunction with a social worker from the Fostering Team.
- 8.3.c See [Private Fostering Procedure](#).

## **8.4 Transfers to and from the Looked After Children (LAC) Teams**

### **8.5 Transfer Process: Looked After Children (LAC) – s.20 / UASC / Remand**

- 8.5.a In cases where children are accommodated under s.20, the case transfers from the Family Support Team to the LAC Team following the child's 2nd

Looked After Review, when the plan for medium to long term accommodation has been agreed. Cases transfer when a LPM, parenting and/or viability assessments have been completed.

- 8.5.b Cases where children are accommodated by the Emergency Duty Team (EDT) will be transferred to the Assessment Team at the start of the next working day.
- 8.5.c Unaccompanied Asylum Seeking Children (UASC) will be transferred to the Assessment team for completion of the Single and age assessments, prior to transfer to the relevant LAC team, once the LAC processes are completed. Unless there are connected persons to be explored as alternative carers to accommodation by the local authority, transfer will be once the assessments are completed.
- 8.5.d Children remanded to the care of the Local Authority will transfer to the relevant LAC Team at the 1st Looked After Review.
- 8.5.e Where a court remands a young person to Local Authority accommodation under Section 23(1) of the Children and Young Persons Act 1969 to:
  - A Local Authority Secure Children's Home; or
  - A Secure Training Centre.

The child becomes looked after by the Local Authority as they do when placed in the community. Children's Social Care has a responsibility for supervising the young person's placement, assessing and meeting their needs and their care planning, which will include holding looked after reviews at statutory intervals, both in secure and community settings. Transfer to the Family Support Team at the point of the detention placement-planning meeting which will take place within 20 days. Assessment Team will alert the Family Support Team of the date of the detention planning meeting.

## **8.6 Transfer Process: Cases in Care Proceedings**

- 8.6.a On conclusion of court proceedings, cases will transfer to the Family Support Team if a Supervision Order, Child Arrangements Order or Special Guardianship Order is the outcome and the child still needs a social work service. If a child is subject to a Care Order and the plan is "long term looked after", the case will transfer to the relevant LAC Team.
- 8.6.b Cases with adoption plans will transfer to the Permanence Team when the Placement Order is granted.

- 8.6.c Cases where a plan for adoption is not achieved and the Care Plan changes to “looked after”, the case will transfer to the Permanence Team. The Permanence Team is responsible for the revocation of the Placement Order.

## **8.7 Transfers from the Looked After Children (LAC) Teams**

- 8.7.a Children accommodated under s.20 who are subsequently rehabilitated to their parents’ care will be referred to the relevant Family Support Team should continuing social work services be required.
- 8.7.b Care Proceedings initiated within the Permanence Team will remain in the Permanence Team.
- 8.7.c Children leaving care post 15 years old who were accommodated under s.20 for a minimum of 13 weeks are entitled to services under the Children Leaving Care Act 2000. Children who return home to parents will remain open to the LAAC Team as a “Relevant” child.
- 8.7.d After 6 months, if the child remains at home their legal status converts from “Relevant” to “Qualifying” in accordance with the Children Leaving Care Act 2000. At this point the case will close to the LAAC Team. Qualifying young people (pre and post 18) are eligible for advice, assistance and befriending if they request this. This can be accessed via the Leaving Care Service.
- 8.7.e In the event that a Qualifying young person under 18 years old needs to become looked after again, the case will re-open to the Permanence Team if aged under 15 or to the LAAC otherwise.
- 8.7.f The Permanence Team will refer all looked after young people eligible for After Care Services to the LAAC Team at 14 ½ years old. At this point a Personal Adviser will be allocated in readiness for the young person leaving care at 18.

## **8.8 Transfer Process: Cases in Care Proceedings (Assessment Team)**

- 8.8.a A Case for transfer does so at the first hearing. Co-working arrangements may be put in place during the pre-proceeding process or as soon as the decision to issue proceedings is made. It should however be noted that the originating social worker will still be required to attend the case management hearing and may be needed at any subsequent contested hearing in the case if the evidence they provided is challenged.

## 9. Expectations of Team Managers

9.1 The expectations are that Team Managers will:

- Fully comply with the above protocol
- Attend the Weekly Transfer and Allocation Meeting where necessary;
- Ensure work is allocated, when appropriate to their team, in a timely manner;
- Ensure that all case files are audited and up to date prior to transfer;
- Allocate cases to an appropriate worker in line with their caseloads and experience.

## 10. Disputes

10.1 Where there are disputes, these should be resolved wherever possible in discussion between team managers. Where this is not possible, a timely discussion will be held with the Head of Service responsible for service delivery.

Every effort must be made to prevent delay in this process as the needs of the child will **ALWAYS** be paramount.

Appendix 1: Pre-Birth Assessment

[Click here to view Appendix 1: Pre-Birth Assessment.](#) (Web link – LSCB procedures)

Appendix 2: Transfer Checklist

[Click here to view Appendix 2: Transfer Checklist.](#) (link to Intranet)

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