

Children's Services



Child in Need

Transfer Protocol

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Transfer Protocol

1. Introduction

This protocol applies to all social care teams working in Children's Services Operations. It outlines the expected process, accountabilities and procedures that should be applied when a case requires transfer from one team to another.

2. Legislative framework and standards.

- Working Together, 2010
- The Munro recommendations 2011/12
- The social work task force recommendations
- Health Check documentation

3. Linked documents

- Children's services Quality Assurance strategy

4. Central Bedfordshire Council Policy statement

- Central Bedfordshire Council is committed to ensuring the safe transfer of children's records when requiring transfer.
- Central Bedfordshire is committed to ensuring there is no delay in the transfer of cases during their progression through services.
- Central Bedfordshire Council is committed to ensuring there is no delay in planning for children, young people and their families in need, or in need of protection.
- Central Bedfordshire Council is committed to ensuring cases are always allocated to an appropriately qualified worker during any transitional period.

5. Purpose

- To ensure safe transition of children and young people's case files.
- To ensure plans for children and young people are clearly understood by the receiving team.
- To ensure children and young people are clear about the status of their allocated worker and team responsible for their plan.

6. Transfer Process and Allocation of Cases

- 6.1 All cases due for transfer will be confirmed at weekly transfer meetings.

- 6.2 Meetings will always include Managers, Deputy Team Managers and/or Senior staff from Intake and Assessment, Family Support Dunstable, Family Support Biggleswade, Looked After Children and Children With Disabilities Team. Early alerts in respect of issues to be transferred, pending Initial Child Protection Conference's, children about to be or recently accommodated and court proceedings should be included on the agenda.
- 6.3 Each allocation meeting will be minuted by Intake and Assessment and will include an up to date case status and highlight significant alerts or actions required. Copies will be distributed to all attendees and absent services for information.
- 6.4 Files should be brought to the transfer meeting, unless prior alternative arrangements for case file transfer have been agreed. This should be minuted.
- 6.5 The file will be audited for compliance and quality issues prior to transfer by the relevant transferring manager.
- 6.6 Transfer summaries/audits (Bic 803 & related Bic 550) must be completed in full and include all significant information and identify any actions which need to be completed urgently and/or soon after transfer. Summaries must be signed off by the relevant Team Manager (TM) or Deputy Team Manager (DTM) completing the audit. The receiving TM/DTM will audit the file on transfer and identify any remedial work that should be undertaken by the originating team.
- 6.7 It is the responsibility of the originating team to ensure that involved agencies, professionals and family members are notified in writing of the case transfer.
- 6.8 Wherever possible introduction to the family should be undertaken by both social workers. If this is not possible other arrangements should be negotiated in the service user's best interests.
- 6.9 The Case Management System will be updated by the Team transferring the case. The receiving Team Manager will email the new allocated worker's name to:
intake&assessment@centralbedfordshire.gov.uk
within five working days of the case transfer where the case is transferring from Intake and Assessment to Family Support, Looked After Children /Leaving and After Care or Children with Disabilities. The same will apply to transfers between Family Support and Looked After Children and Leaving and After Care.
- 6.10 Cases will remain with the allocated worker until a new worker is identified and confirmed.

7.0 New Contacts

- 7.1 Any information received by the service on a closed case should be entered as a contact on ICS by the contact receiving team.
- 7.2 If the new contact is within three months of closure, the Team Manager/DTM will be alerted to the new contact and be responsible for signing off the case closure and will decide if the matter progresses to referral and new assessment.
- 7.3 If the new contact is more than three months since closure the Intake and Assessment Team will be alerted and the intake manager will decide the outcome of the new contact. This should be done in collaboration with the previously allocated team if appropriate.

8.0 Initial Assessments

- 8.1 All Initial assessments (IAs) will be completed within 10 working days by the receiving team. This is usually the Intake and Assessment Team. However all teams may be required to undertake IAs.

9.0 Core Assessments

- 9.1 A core assessment will be completed within 35 days.
- 9.2 When the Core Assessment is completed the first Child in Need meeting will be held and considered for transfer and a Child in Need plan will be formulated, and the usual transfer process will apply. A further child in Need meeting date will not be set but a timescale for review will be identified.

10.0 Section 47 Enquiries

- 10.1 All s.47 enquiries on new referrals of cases not previously known to Children's Social Care, (or cases closed for more than 3 months) will be undertaken by the Intake and Assessment Team.
- 10.2 If known; (or less than three months closure) open cases will be dealt with by the team that the case is open to, or was last open to. The only exception is the Adoption Team who will refer s47 enquiries for Intake and Assessment to lead
- 10.3 If the child is eligible for Children with Disabilities (CWD) service, then the CWD team will undertake the s.47 enquiry.
- 10.4 If the case progresses to Child in Need (CIN) following completion of the s.47 enquiry, a CIN meeting, should be held, preferably within 7

days on completion of s.47. If there is a need to monitor and review the plan the case will then transfer to the relevant Family Support Team (FST) upon completion of the Core Assessment.

- 10.5 If the family would benefit from CAF the case will be stepped back to Team Around the Child (TAC).
- 10.6 If, following an Initial Child Protection Conference, the child becomes the subject of a child protection plan, the case will be transferred to the Family Support team at the first core group meeting which must be held within ten working days of the Initial Child Protection conference. The team manager/DTM and/or the allocated social worker from the Family Support team must attend this meeting. The case files will then be included in the weekly transfer meeting. Transfer of these case files will occur prior to the first core group which will be chaired by the receiving team.
- 10.7 Following an Initial Child Protection Conference, if the child does not become the subject of a child protection plan, a CIN care plan may be drawn up. This case should then be transferred to the relevant FST, unless a management decision is made for the case to be closed.

11.0 **CBAP Applications**

- 11.1 Intake and Assessment Team will complete a BAP application if necessary to prevent delays in resource allocations. The application will be submitted. However, it is not expected that they will attend the panel if the case has been formally transferred to the receiving team.

12.0 **Transfer of Child Protection Cases from other Local Authorities**

- 12.1 If any team are notified of a child subject to a child protection plan by another Local Authority that has moved into the area, the Conference & Review Service should be notified. CRS will then confirm the details with the originating authority and record the child's details on ICS as a **CONTACT** transfer recording that the child(ren) are subject to a child protection plan in another area.
- 12.2 If the originating authority is requesting a transfer in conference the case will also be referred to the relevant Family Support team. They will enter a referral on ICS by the team, the case should be allocated and an Initial Assessment undertaken. A FST manager and/or the allocated worker will attend the transfer-in-conference. It is the responsibility of the child protection conference to make the decision about whether the child protection plan should continue when the case transfers into the area. The conference can also decide if a child in need plan, steps down to Team around the child, CAF or no further

involvement is appropriate depending upon the information considered during the conference

13.0 S7 or S37 Reports

- 13.1 If a case is open (or has been closed for less than three months) any report requested will be completed by the most recently allocated social worker/team.
- 13.2 If a case is closed for 3 months or more, or the child is not known, any request for a section 7 report will be undertaken by the Intake and Assessment Team. If the child is eligible for a CWD service, the CWD team will progress their referral and undertake the report.
- 13.3 If a s.37 report is requested this will be completed by the relevant Family Support Team after completion of an Initial Assessment by the Intake and Assessment Team.
- 13.4 On occasions cases will be referred where Family Assistance or Supervision Orders have already been made. These should be transferred to the relevant Family Support Team following completion of an Initial Assessment by the Intake and Assessment Team.
- 13.5 It is likely that core assessments will be required. The Family Support Team will complete those

14.0 Children Looked After Cases

- 14.1 If a child/children or young person is accommodated under section 20 by the Intake and Assessment Team, the transfer meeting prior to the first review (20 working days) will identify which is the most appropriate team to transfer to. If necessary, consultation will take place with the relevant Head of Service. Case files should be presented prior to the first review and allocated workers of the current and receiving team should attend the review. (Representatives from each team should attend the LAC review)
- 14.2 If rehabilitation home has not been successful by the second LAC review the case should be transferred to the LAC service. The usual transfer process should apply.
- 14.3 For Unaccompanied Asylum Seeking Children who are accommodated under Section 20, arrangements will be made after completion of an initial assessment by the Intake and Assessment Team to transfer the case to the LAC service, who will undertake the Core Assessment and Care Plan directly. If the child/young person meets the criteria for CWD they will be transferred to CWD and CWD will complete a Core Assessment and care plan.

- 14.4 If a child becomes looked after by the initiation of care proceedings and is removed under section 38 (ICO) then arrangements to transfer to the LAC team should occur at or as close to, the Case Management Conference (CMC). The Care Plan and Initial Statement should be completed by the instigating team. Where possible a representative of the LAC team will attend this hearing. If the Court do not issue orders the allocated team will complete Core Assessment and management decisions to manage risk will be made. If the Care plan indicates they will remain at home then the case will remain with the current team.
- 14.5 For new referrals of a Relinquished baby: Intake and Assessment team (or CWD team if appropriate) will jointly undertake an initial assessment with the Adoption team. If the initial assessment concludes that the baby is relinquished, the case should be transferred within 72 hours to the LAC team. The LAC Social Worker will then progress the plan for permanency including the referral for permanency planning. The Intake and Assessment team (or CWD team) will contact CAFCASS and make a referral for a Guardian to meet with the birth parents and seek formal informed consent to place the child for adoption. Other options may include Reg 24 (FST), s20 Accommodation (LAC/FST) or Care Proceedings (LAC).
- 14.6 If a child/children subject to an order is placed with a family member in an emergency then the placing team will make a referral to the Fostering and Adoption team within 24 hours to seek a Regulation 24 Assessment of the circumstances. Police checks, support package and weekly visits will be required until the carers are approved by the foster panel and their legal status is confirmed. (Some children will become section 20 LAC as a consequence and some may remain in their care under a section 17 support package depending on the assessment undertaken). This work will begin in I&A and transfer on completion of the core assessment as per agreed process.
- 14.7 Referrals in relation to unborn children whose siblings are subject to ongoing proceedings will be transferred to the Looked After Children team. LAC will complete a Core Assessment and determine if a LPM or ICPC is required. Should the baby remain at home the case will transfer to the Family Support Team.
- 14.8 If a young person becomes looked after, after their 15th Birthday with no plan and assessment determines to rehabilitate the Looked After Children team will be notified with a view to early transfer for allocation and pathway planning to commence if they are eligible under the relevant legislation.
- 14.9 Once a young person reaches 18 they will transfer to a personal advisor who will continue to review the Pathway Plan and offer support as required in some cases up to 25 years old.

15.0 Case Transfers between Area Teams

- 15.1 If a family residing in one part of the Council area moves to another part of the council area on a permanent basis, and the case is open, the case will be taken to the transfer meeting and the usual process applies. Any initial assessments, core assessments or s.47 enquiries already commenced must be completed by the current team prior to transfer.
- 15.2 If a family moves to another part of the country on a temporary basis, case responsibility will remain with the currently allocated team. The case will remain open pending confirmation of the family's circumstances and referral and acceptance of this by the receiving authority. If required the team will make a referral to the relevant Local Authority.

16.0 Special Guardianship Applications/Reports

- 16.1 If notification is received of an adult's intention to apply for a Special Guardianship Order (SGO) in respect of a child living in the authority's area, and the child is not known or their case has been closed for more than three months, the Adoption and Permanence Support Team will be allocated a SGO for producing a court report.
- 16.2 If notification is received of an adult's intention to apply for a Special Guardianship Order in respect of a child living in the authority's area, and the child is the subject of an open referral, or a referral that has been closed for less than three months, preparation of the SGO court report is the responsibility of the current or most recently allocated team, with the exception of the Intake and Assessment team, in consultation with the Adoption and Permanence Support Team.
- 16.3 Intake and Assessment will complete contact / referral / initial assessment and core assessment and transfer SGO to Adoption and Permanence Support Team.
- 16.4 Family Support Team do SGO on open cases.

17.0 Private Fostering

- 17.1 If a referral is received in respect of a Private Fostering arrangement, and the child is not known (or their case has been closed for more than three months), the Fostering and Adoption Team will, undertake the appropriate assessments and checks to establish it is a private fostering arrangement and undertake the necessary actions.
- 17.2 If a referral is received in respect of a Private Fostering arrangement, (and the child is an open case), or their case has been closed for less

than three months, the allocated worker/team must take responsibility for this process.

- 17.3 If the child is an open case or the case has been closed for less than three months, the child care team will be responsible for the private fostering visits to the child. A referral must still be made to Fostering Service for an assessment of the carers and the arrangement.
- 17.4 If, at any stage, involved workers believe the child may be at risk or in need, a referral will be made to the Intake and Assessment Team and the child will be assessed further using the assessment framework as for any other child.
- 17.5 It may be agreed that the Private Foster arrangement can go ahead with or without conditions. Support via a child in need plan or a child protection plan may be needed. This will be instigated by the relevant family support team.