

Introduction

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

Legislative framework and standards

- Working Together, 2010
- The Munro recommendations 2011
- The Social Work Task Force recommendations

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.

Principles

- Files will be audited using the currently agreed Audit tool for compliance and quality issues prior to transfer by the relevant transferring manager.
- All managers have a shared responsibility for the work of the department as a whole and the way work flows through between services.
- The child's needs should be at the centre of any process.
- Minimising the number of social work changes for the child is essential in order to best meet the needs of children and their families.
- Adopt a flexible approach to service transfer processes.
- Processes should be simple and solution focussed.
- Teams need to be appropriately resourced.
- Delay in transfer should be minimised.
- All new referrals are currently received by Triage. It is imperative that work transfers appropriately in the correct time frame to the correct Team. All teams will need to prioritise their own workload and manage their own unallocated work.

On the horizon

- It is planned to substantially revise this protocol at or before its next annual review. The next iteration will be a transition protocol covering the whole of CYPS (not just social work teams). It will emphasise how the team working with a child/young person would evolve in line with their needs and key tasks and would be co-ordinated through an allocated key worker who may or may not be a social worker. It is anticipated that "Transfers" would no longer happen as "events" but that needs would be discussed between the family and the team around the family and changes of key worker or in composition of the team would evolve to meet the transitioning needs of the child/young person. Although this is anticipated to be a future development, workers and managers should start to consider and engage with these principles from now on.

Process for Transfer

- A list of all cases which are ready for transfer at the appropriate stages will be circulated weekly on Thursdays by the administrator in the Children's Social Work Teams to all the managers in CIC1&2, 18+ leaving care and CWD. The list will have key details of the children. This will give the transferring Team Managers/DTM time to audit the files and approve transfer plans. The relevant managers will then meet on Tuesdays of the following week to discuss transfer arrangements including the time/date of the actual transfer of files and allocation of worker in the receiving team.
- Where there are resource implications, the team/caseworker responsible must apply to the Access Resources Panel for authorisation and approval before the case is transferred.
- All cases for transfer will be audited to ensure that the following where appropriate, are completed:
 - Care plan
 - CIN plan
 - CP plan
 - Pathway Plan
 - Core Assessment / Single Assessment
 - Pathway Plan
 - Personal Education Plan
 - Health Action Plan
 - Chronology
 - Up to date case notes
 - All LAC documentation
 - Transfer summary
- The Managers will use **as a guide**, the transfer principles adopted within this document; the over riding principle being, what is in the best interest of the child/service user. Managers should however adopt a flexible approach to service transfer processes and use their professional judgement and discretion suitably.
- Cases that are ready at the point of the transfer meeting should be agreed for transfer straight away
- Cases will be transferred into the managers tray ONLY when there is an agreed date for transfer
- In terms of parallel planning, health assessment referrals may be made as they are required which may be before files are transferred
- Transfers from SWT where relatives make themselves known at point of first hearing may remain with SWT or be transferred for viabilities to continue
- CIC Teams should attend Legal Planning Meetings
- Family Finding referrals should be made by the SWT (Current practice)

The table below illustrate when cases would be transferred between teams.

Transfer Protocol for cases within LB Hillingdon's Children's Services

EVENT / TASK / CASE	TIME FRAME	TEAM TRANSFERRING TO	NOTES
CP Case – From Triage	Immediately it is deemed to be in need of a Child Protection Investigation	Children's Social Work (CSW) Team	Emergency legal proceedings may be required
CPR Case – From CSW Team	1st Child Protection Review Conference	CIC Team (if proceedings have begun)	Or if judged highly likely that Care Proceedings are going to be required during first period of the Child Protection Plan
CP/LAC – Section 20 Cases (Children who are Accommodated)	Max. 6 weeks – after initial LAC Episode	CIC Team if under 16 yrs when become LAC Young People's team if become LAC after 16yrs of age.	Initial Looked After Review held. Assessment completed Initial 6 week possible reunification work completed
CIC – Leaving Care	At 17 yrs, 9 months	18+ / Young People's Team	Possibility of earlier co-working with 18+ YP Team.

Southwark Judgement /Over 16yrs CIN or CP cases or Remand referrals

These cases will be assessed by the young people's team and supported as appropriate according to the needs of the young person.

Looked After Children

If a child/children or young person is accommodated under section 20 by the Children's Social Work Team, the transfer meeting prior to the first review (20 working days) will identify which is the most appropriate CIC team to receive the case. Case files should be presented prior to the first review and allocated workers of the current and receiving team should attend the review.

Heathrow children

The Asylum Intake Team will deal with new referrals from Heathrow. They will hold cases for a maximum of two weeks or until they have completed re-unification work with parents in the UK or where the plan is to return to the country of origin.

Relinquished 'Baby' Cases

For new referrals of a relinquished baby: Children's Social Work (CSW) Team will jointly undertake an assessment with the Adoption team. If such assessment concludes that the baby is relinquished, the case should be transferred within 72 hours to the CIC team. The CIC Social Worker will then progress the plan for permanency including the referral for permanency planning. The CSW Team will contact CAFCASS and make a referral for a

Transfer Protocol for cases within LB Hillingdon's Children's Services

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 or care proceedings

Asylum Intake Team

Files should be transferred after first review - issues that might hinder transfer (including age assessments, legal matters, trafficked children, viability assessment, return to country of origin) can be negotiated and resolved at transfer meetings but where there is a known viable option intake will transfer on completion of the assessment.

Transfers from CIC to (Young People's Team)

The transfer will take place at an appropriate time prior to the young person's 18th birthday. The most appropriate timescale for transfer should also consider other matters that are going on for the young person, such as the completion of school exams. However, the pathway plan needs to clearly identify the post 18 support required.

Court Proceedings needing to begin on CP/CIN cases in the CSW Team

The suggestion is that these cases should transfer to CIC teams. These should be at the first hearing as the CWST have the knowledge for the statement etc. There should be pre discussion with the CIC teams in the transfer meetings)

Unborn children where there is existing work with the family taking place – this could be either in the CSW team or the CIC service (including Pre Birth Assessments).

The principle that will be adopted for these cases will be:

If the case is open to the CSW Team then the allocated worker will complete the assessment. If Care Proceedings are ongoing, the assessment of the unborn child will be undertaken by the allocated worker. If the case is open within CIC or on route to adoption, then the allocated worker will undertake the assessment. If older siblings have previously been adopted then the issue of who conducts the pre-birth assessment will be decided by the managers at the weekly transfer meeting. Their decision will be based on the best interests of the service user.

Cases where sibling groups are both LAC and Child in Need

This will need to be decided at the weekly transfer meeting on the most effective solution and where work needs to be focussed. Sibling groups need to be kept together in one part of the service wherever possible and the LAC status is the dominant factor.

Transfer of cases from CIC team to CSW, when LAC child has returned home

Where there is a Court care plan of return home or SGO with a Supervision Order this should be transferred to the CWST with prior discussion.

Family Group Conferencing Service

A Family Group Conference can be introduced at different levels of social work practice. The threshold for referrals to the Family Group Conference Service are cases that are on the brink of Local Authority care.

The specific target areas within this threshold are cases subject to Public Law Outline (PLO) and children whom are voluntarily accommodated under S20 (CA1989). The majority of children in this group will be subject to a Child Protection Plan. Rehabilitation plans, where the Local Authority is formalising support for looked-after children to return back to their families, will also be a target area. Discussions will be ongoing regarding the FGC service

being offered to children who are supported under Child In Need plans. However, at the current time this is not within the referral criteria.

The referral criteria

- The case is open to Children's Social Care and a Social Worker is allocated.
- Cases in which PLO has been initiated.
- Cases in which the child is voluntarily accommodated under S20 (CA1989).
- Cases in which the Courts have directed an FGC takes place.
- A looked-after child who is returning to their families' care and rehabilitation plans include an FGC.
- The person(s) with Parental Responsibility (PR) agree and have provided written consent.

Children with Disabilities Team Cases

Any referral that comes into Triage and meets CWDT criteria will need to be transferred to CWDT, whether in need of C&F assessment, Section 47, LAC etc. This is done at contact/referral point. Any case already in the system (allocated in any SW team, very few cases) would need a decision between teams as to a time frame to transfer.